

**SYRIAN ARAB REPUBLIC
RAPID RESPONSE
EARTHQUAKE
2023**

23-RR-SYR-57627

Adam Abdelmoula

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

27/06/2024

On 27 June 2024, the AAR was conducted with participation of representatives from CERF implementing partners including UNFPA, UNHCR, UNICEF, WFP and WHO)

During the AAR meeting the below outlined key areas were discussed:

Adequacy of in country consultation

Regardless of the shocks and the challenges faced by the community as well as the humanitarian community after the earthquake, this allocation of the CERF grant was consulted adequately at all levels including but not limited at UNCT, ISC, within relevant organisation, local authorities and the communities to inform the responses and address the critical humanitarian needs. However, as the situation unfolds a continuous change in data and information was an issue in data collection and lack of consistency in reported figures which have made the data collection and coordination process challenging.

Appropriateness of allocation

Due to exacerbated and multi-dimensional needs arose due to the sudden onset of the earthquake and by complementing with the ongoing projects and the available funding mechanisms, the CERF RR allocation was timely and critical in addressing the humanitarian needs which enabled humanitarian actors to expand their operations to the affected locations to respond to immediate life sustaining activities.

Result and Impact

The CERF grant enabled the recipient agencies to establish new service centres for meeting the critical needs of affected populations particularly through provision of psychological support in the collective centres. The CERF grant has been appropriate bridging the immediate lifesaving needs which enabled partners to build-up on by the second phase response

Added Value

Building capacity of local partners, enhancing coordination among the humanitarian community, promoting visibility of UN partners in addressing ad hoc and time critical needs were recognized as the added value of the RR CERF grant.

Complementarity

Considering the very limited funding received through the CERF grant as compared to the huge need on the ground, exploring additional funding sources and integrating with the ongoing grant was vital. Accordingly, implementing partners witnessed the significance of the CERF grant in filling the gaps as identified in the organisations' plans

Challenges

Though there was a waiver in losing the sanctions in syria following to the earthquake, limited appetites by international suppliers in participating in the biddings; limitation on availability of project supplies; declining economic situation and devaluation of the SYP against the \$ resulted in steady increase in price; unavailability of fuel and extended delay in approval processes were the challenges affected/hindered implementation of the humanitarian responses planned under the CERF grant.

Furthermore, case managers being part of the affected community were also impacted by the earthquake and unavailability of separate rooms in the collective centres which even made timeliness and addressing some of the psychological and psychosocial support difficult.

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:

In addition to the pre-existing large-scale humanitarian needs and the logistical and access constraints in Syria, the recent earthquakes have created a disaster of colossal proportions. Many homes, essential infrastructure, and basic services have been destroyed, leaving countless people without food, water, and shelter. There is now an urgent need for emergency medical and psychosocial assistance. Public services such as water, electricity, heating, and social services, which were already strained before the earthquake, are now under severe pressure.

The swift and significant collaboration by the Humanitarian Community, including CERF recipient agencies, is commendable. Despite many NGOs and UN agencies losing colleagues in the disaster, they rapidly adapted to the evolving situation, scaling up humanitarian responses in the areas most affected.

As part of the rapid response tool, this CERF grant, with a total allocation of \$15 million, has been instrumental in delivering immediate life-saving humanitarian assistance. This support has reached around 2 million beneficiaries, focusing on food assistance, health (including sexual and reproductive health), protection (including gender-based violence), and shelter/non-food items (NFI). Furthermore, thanks to the generous contributions of donors, the CERF allocation has been complemented by a UFE allocation of \$25 million, SHF's No Cost Extensions, and two consecutive reserve allocations.

Nevertheless, the humanitarian situation in Syria remains concerning, as the scale of the needs far exceeds available funding.

CERF's Added Value:

While addressing critical life-saving humanitarian needs, the CERF grant has played a pivotal role in strengthening coordination among humanitarian actors, enhancing the capacity of local partners, and increasing the visibility of UN agencies in responding to large-scale and time-sensitive humanitarian crises. Additionally, it has promoted resource mobilization, aiming to ensure the complementarity of funding sources to maximize the impact of the response.

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

Yes | Partially | No

CERF funds played a crucial role in expediting the delivery of life-saving Emergency Shelter and NFI, Health WASH, reproductive health (RH) and gender-based violence (GBV) services to the earthquake-affected populations in Syria, ensuring timely access to critical support in emergency situations.

Did CERF funds help respond to time-critical needs?

Yes | Partially | No

CERF funds were instrumental in addressing time-critical needs by enabling the rapid deployment of essential humanitarian services, thereby effectively meeting the urgent requirements of vulnerable populations affected by the earthquake in Syria.

Did CERF improve coordination amongst the humanitarian community?

Yes Partially No

Due to the multisectoral nature of the intervention, the CERF allocation has promoted coordination efforts among the humanitarian community.

Did CERF funds help improve resource mobilization from other sources?

Yes Partially No

CERF funds catalyzed enhancing resource mobilization from other sources by demonstrating the urgency and importance of addressing the needs in Syria due to the protracted crisis and the earthquake, thereby encouraging additional support and contributions from various donors and partners.

Considerations of the ERC's Underfunded Priority Areas¹:

The earthquake in Syria exacerbated humanitarian challenges, especially for vulnerable groups like women, girls, and disabled individuals. UNFPA's program on reproductive health (RH) and gender-based violence (GBV) primarily addressed support for women and girls and aspects of protection.

Support for women and girls, particularly tackling GBV and ensuring reproductive health services, was the most urgently needed area. CERF's timely funding enabled the rapid deployment of mobile health teams providing RH services and establishing safe spaces to prevent and respond to GBV.

However, challenges like limited resources and technical capacity hindered effective response. Policy constraints and inadequate guidance also affected disability-inclusive programming.

To improve, efforts should focus on strengthening technical capacity, mobilizing resources, and enhancing policies for inclusive and gender-responsive programming. CERF's role is crucial in prioritizing funding for such initiatives and supporting capacity-building efforts for local actors. This collaborative approach can lead to more effective and sustainable outcomes in addressing the diverse needs of affected populations in Syria.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	400,000,000
CERF	15,000,000
Country-Based Pooled Fund (if applicable)	59,625,738
Other (bilateral/multilateral)	
Total funding received for the humanitarian response (by source above)	74,625,738

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](#).

Agency	Project Code	Sector/Cluster	Amount
UNFPA	23-RR-FPA-004	Protection - Gender-Based Violence	680,000
UNFPA	23-RR-FPA-004	Health - Sexual and Reproductive Health	320,000
UNHCR	23-RR-HCR-005	Shelter and Non-Food Items	2,100,000
UNHCR	23-RR-HCR-005	Protection	900,000
UNICEF	23-RR-CEF-006	Water, Sanitation and Hygiene	2,100,000
UNICEF	23-RR-CEF-006	Protection - Child Protection	900,000
WFP	23-RR-WFP-004	Food Security - Food Assistance	3,000,000
WHO	23-RR-WHO-006	Health	5,000,000
Total			15,000,000

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

Total funds implemented directly by UN agencies including procurement of relief goods	10,145,950
Funds sub-granted to government partners*	0
Funds sub-granted to international NGO partners*	1,527,192
Funds sub-granted to national NGO partners*	3,137,324
Funds sub-granted to Red Cross/Red Crescent partners*	189,534
Total funds transferred to implementing partners (IP)*	4,854,050
Total	15,000,000

* 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:

A devastating series of earthquakes and aftershocks, originating close to Gaziantep, Turkey, has impacted vast swathes of the area of operations (AoO) in Syria, including the NW of the country, in the early hours of 06 February 2023. Overall, the humanitarian community estimates that 12.8 million people live in areas that have been affected by the earthquake in Syria and have been impacted in varying degrees, apart from the thousands killed and injured. These numbers likely under-represent the true scale of needs, which will become clearer as further assessments are concluded. This situation has led to a severe shelter (and broadly NFIs) crisis due to the destruction/damage to buildings where the affected people used to live; water installations have either been destroyed or heavily damaged, and remaining health facilities are struggling to cope with the increase in number of patients and dwindling supplies, and protection concerns (including CP and GBV) have increased. Several other factors are influencing and exacerbating the severity of humanitarian needs, including pre-existing large-scale humanitarian needs, logistical and access constraints to certain areas, winter conditions, and an ongoing cholera outbreak. Prior to the earthquake, some 15.3 million people in Syria were assessed to require humanitarian assistance in 2023, an all-time high for the country that is entering its 13th year since hostilities started. Public service provisions - water, electricity, heating, and social services – which were already under strain before the earthquake, are under severe pressure, and people's access to emergency healthcare is limited with hospitals reportedly overwhelmed. Lack of fuel and heavy machinery and equipment are also major issues, hampering efforts to quickly reach those most in need. With Syria already being one of the largest-scale humanitarian situations in the world (and among the most underfunded), the resources of humanitarian actors were stretched thin even before the earthquake. This CERF allocation provided a window for fast, life-saving action before supplementary funding from other sources became available.

Operational Use of the CERF Allocation and Results:

Under this allocation, activities were implemented by WHO, WFP, UNICEF, UNHCR, and UNFPA in the Health (including RH), FSA, ES/NFI and Protection (including CP and GBV) sectors. The aim was to provide a fast, life-saving response to the earthquake-affected population in the Syria AoO. This allocation targeted 898,154 affected people. The recipient agencies have already started responding with pre-positioned stocks and a surge in field teams and have the operational capacity to deliver services under this allocation with the support of implementing partners. The CERF-funded response aimed to meet the acute needs of the most vulnerable people affected by the earthquake and is gender-sensitive, also taking into account other cross-cutting priorities including gender and age considerations, disability inclusion, protection mainstreaming, and accountability. Groups prioritized for assistance include existing and newly displaced people, in particular those living in poor/damaged shelter conditions, affected people who have lost their income or livelihood, and female-headed households.

People Directly Reached:

A total of 1,958,101 people were directly provided with humanitarian assistance under the CERF.

The figures reported are estimated based on the actual delivery of assistance to affected individuals in earthquake-impacted areas of Syria. Efforts were made to avoid counting the same individuals multiple times by implementing robust registration and tracking mechanisms. Deviations of more than 10 percent compared to planned figures in the CERF application were primarily due to logistical challenges, access constraints, and changes in the humanitarian situation on the ground. However, despite these challenges, the implementation partners endeavoured to maximize the reach of assistance to the most vulnerable populations.

People Indirectly Reached:

In addition to directly reaching affected individuals, the allocation activities have also benefited a significant number of people indirectly. This includes communities benefiting from awareness and information campaigns on reproductive health, gender-based violence, and protection measures. Furthermore, the expansion of service delivery capacity in health, shelter, and protection sectors has indirectly benefited populations beyond the directly assisted individuals. Overall, the CERF-funded response has had a multiplier effect, extending its impact to a broader range of beneficiaries beyond those directly receiving assistance.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Food Assistance	33,000	31,500	43,500	42,000	150,000	34,562	31,904	45,814	42,290	154,570
Health	258,829	216,898	196,074	226,353	898,154	485,249	219,140	263,473	267,875	1,235,737
Health - Sexual and Reproductive Health	25,670	5,153	3,110	2,567	36,500	63,634	718	13,248	2,881	80,211
Protection	3,175	3,175	3,175	3,175	12,700	11,100	8,070	9,539	9,570	38,279
Protection - Child Protection	3,500	2,000	5,500	5,500	16,500	2,976	2,037	17,769	16,528	39,310
Protection - Gender-Based Violence	33,569	225	7,000	139	40,933	38,259	1,864	8,606	1,829	50,558
Shelter and Non-Food Items	13,101	13,101	13,104	13,104	52,410	6,352	6,238	6,238	6,238	24,953
Water, Sanitation and Hygiene	87,076	73,348	76,363	78,213	315,000	79,020	72,085	92,891	90,487	334,483

* 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	
Returnees	38,251	51,550
Internally displaced people	315,000	1,244,975
Host communities	565,966	576,446
Other affected people	31,051	85,130
Total	950,268	1,958,101

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	288,020	720,882	13,932	23,104
Men	223,688	342,056	11,735	26,012
Girls	208,757	457,465	12,219	27,510
Boys	229,803	437,698	12,514	26,703
Total	950,268	1,958,101	50,400	103,329

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FPA-004

1. Project Information			
Agency:	UNFPA	Country:	Syrian Arab Republic
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	23-RR-FPA-004
	Health - Sexual and Reproductive Health		
Project title:	Provision of essential lifesaving SRH and GBV services to women and girls affected by the earthquake in Idlib, Aleppo, Hama, and Lattakia governorates		
Start date:	06/02/2023	End date:	05/08/2023
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\$ 24,808,615
	Total funding received for agency's sector response to current emergency:		US\$ 1,000,000
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 206,346.22
	Government Partners		US\$ 0.00
	International NGOs		US\$ 0.00
	National NGOs		US\$ 160,872.96
Red Cross/Crescent Organisation		US\$ 45,473.26	

2. Project Results Summary/Overall Performance

Through this action, UNFPA Syria provided essential health services, focusing on sexual and reproductive health (SRH) services, through the non-governmental organizations (NGO) implementing partners (IPs) in earthquake affected governorates and expanded integrated outreach services, including the initial package of SRH and gender-based violence (GBV) prevention services, case management, and psychosocial support (PSS). During the reporting period, key challenges included delayed government approval for some activities, the economic crisis, and the fuel shortage. Despite these challenges, UNFPA Syria reached 43,711 beneficiaries (11.6% girls, 86% women, and 2.4% men and boys) with essential SRH services.

After the earthquake crisis that hit Syria in February 2023, UNFPA supported under CERF 12 IMTs and partial support for 3 WGSS to provide immediate GBV services to affected populations in the three main affected governorates: Aleppo, Latakia and Hama. The IMTs provided GBV/RH integrated services in the temporary shelters. The IMTs were staffed with technical service providers including Case Managers, Psychosocial Support officers, gynaecologists, midwives and Community Outreach Assistants. During the project period, UNFPA and its implementing partners reached 37,485 people with GBV services, 27,993 were women and 5,790 were girls.

UNFPA Turkiye Cross Border (TXB) delivered crucial healthcare provisions, with a focus on sexual and reproductive health (SRH) services, in earthquake-affected regions in partnership with its implementing partners. The efforts included expanding integrated outreach services encompassing SRH and gender-based violence (GBV) prevention services and case management. Throughout the reporting period, UNFPA TXB benefited from the open border policy and its prepositioned stock to mobilize assistance quickly and managed to distribute 13,636 dignity kits (65% Women and 35% Girls). UNFPA TXB provided support under CERF, and also reached around 36,500 people (25670 Women, 2567 Boys, 8263 Girls) with the RH equipment (baby warmers, incubators, and oxygen generators) procured and sent to facilities.

The earthquake had significant impacts on numerous facilities. Consequently, the SRH TWG carried out a rapid assessment to evaluate the extent of damage and requirements following the event. As per the evaluation, three facilities suffered severe damage, while 17 others experienced partial destruction. Additionally, services were disrupted in eight facilities, and 75 reported a surge in workload. Among the expressed needs, many of the affected facilities highlighted the necessity for medical equipment to replace damaged ones and manage the increased demand. Thus, UNFPA opted to prioritise addressing the pressing gaps in health facilities identified through the assessment. The list of required equipment was reviewed by the SRH technical team to concentrate our response on essential SRH-related items and those deemed most urgent.

The low number of PWD reached under this grant activities can be linked to the following reasons:

- 1- Using public transportation is still a challenge for the movements of PWDs as the costs are extremely high in Syria, not widely available and the needs to be accompanied with a care giver to use the public transportation in Syria. UNFPA in 2025 will pilot the usage of cash support which will support beneficiaries to access services, PWD will be one of the main targeted groups.
- 2- The stigma in the community on PWDs which reduce their exposure, UNFPA and its partners are working to minimize this view and to raise the public awareness on PWDs rights through conducting awareness raising messages and different community interventions.

3. Changes and Amendments

Against the planned target to reach 20,650 people with GBV/RH services through the IMTs, 36,922 have accessed the services provided in the supported IMTs which represent +78% of the original target as a result for the big outreach activities done by UNFPA IPs to reach the people affected by the earthquake in the three targeted governorates. UNFPA has conducted the procurement of the Female Dignity Kits (FDKs) through UNFPA Supply Chain Management Unit (SCMU) support from a supplier in Spain to ensure the high quality and the competitive price for the kit, however the distribution of FDKs was not done within the grant duration as the items were received in Syria in June 2023. The delayed receipt of supplies in the country is due to the international procurement and custom clearance. UNFPA used the available stock allocated for other purposes for the immediate response, while the kits received from the CERF grant were used to replenish the stock.

In the planning phase, the UNFPA country office in coordination with IPs planned to support 16 health facilities including 7 static SRH clinics and 9 IMTs. Due to the government instructions for earthquake response and limitation related to provision of services inside temporary collective shelters; UNFPA team modified the plan to provide the services and meet requirement for PIN for health services through the planned 7 static facilities and 12 IMTs that mentioned in the protection sections whereas beneficiaries received integrated SRH/GBV services and reporting will be based on thematic focused areas of health and protection.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,338	0	1,324	0	6,662	11,588	0	3,005	0	14,593
Host communities	2,668	0	670	0	3,338	5,741	0	1,493	0	7,234
Other affected people	25,563	225	5,006	139	30,933	20,930	1,864	4,108	1,829	28,731
Total	33,569	225	7,000	139	40,933	38,259	1,864	8,606	1,829	50,558
People with disabilities (PwD) out of the total										
	2,223	9	499	6	2,737	128	0	36	3	167

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	1,770	4,710	150	1,470	8,100	4,369	656	5,100	1,650	11,775
Host communities	3,140	100	1,180	980	5,400	7,751	14	3,172	1,100	12,037
Other affected people	20,760	343	1,780	117	23,000	51,244	48	4,976	131	56,399
Total	25,670	5,153	3,110	2,567	36,500	63,364	718	13,248	2,881	80,211

* 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.

People with disabilities (PwD) out of the total

1,219	407	194	153	1,973	302	0	32	82	416
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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

In Syria, UNFPA and its partners provide services free of charge with zero discrimination based on race, ethnicity or any other factor. The 401,055 people who indirectly benefited from the provided services can be considered as the extendable family members for the people directly involved in attending the provided services such as the awareness-raising sessions where the beneficiary will peer-educate other family members and surrounding people on the acquired knowledge and the services available in the GBV Specialized facilities, IMTs and SRH clinics.

In Turkiye Cross Border, UNFPA and its partners deliver services free of charge and without discrimination based on age, sex, or gender. Those indirectly benefiting from these services can be viewed as extended family members of the direct recipients, such as participants in awareness sessions, and in outreach. Through this action, UNFPA TXB indirectly targeted families of women and girls receiving dignity kits as the kits contain items that are of benefit to the entire household (e.g. washing powder, clothes). Additionally, by supporting critical health facilities to continue SRH service provision, UNFPA TXB indirectly targeted women and girls benefitting from the supported service delivery points.

6. CERF Results Framework

Project objective	UNFPA seeks to reduce maternal and newborn morbidity and mortality while providing gender-based violence (GBV) prevention and response services by ensuring availability of access for earthquake-affected populations to, and utilization of, integrated sexual and reproductive health (SRH) and GBV services, supplies, and equipment in Idleb, Aleppo, Hama, and Lattakia governorates of Syria.				
Output 1	Delivery of lifesaving SRH services, medical and non-medical equipment, and supplies to ensure continuation of service provision through RH clinics, health facilities and integrated mobile teams that integrate GBV response services				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	SP.2b Number of people accessing services enabled by inter-agency emergency reproductive health kits	3900	5850	IPs reports	
Indicator 1.2	Number of people accessing integrated SRH-GBV services through mobile teams (health focused)	19100	39,140	Data collection tool/ 4Ws from IPs	
Indicator 1.3	P.2a Number of inter-agency emergency reproductive health kits delivered	54	22	Stock report	

Indicator 1.4	H.7 Number of functional health facilities supported.	SCO: 16 TXB: 1	SCO: 19 (7 static, 12 IMTs)	UNFPA supported facilities tracking
Indicator 1.5	Number of people accessing services enabled through facilities provided with medical, non-medical, and equipment supplies	13500	41,071	Data collection tool/ 4Ws from IPs
Indicator 1.6	Number of health care providers trained to provide clinical management of rape services	SCO: 14	23	Training and workshop profile

Explanation of output and indicators variance:

In Syria, During the earthquake response different scenarios applied due to government instruction related to the provision of services inside and outside shelters which affected reaching the targeted population through static facilities where UNFPA through IPs reached 34% of the target but it is 100% of the actual people in need for health services through static facilities while over achievement related to beneficiaries reached through IMTs with around 205% of the target reported due to the needs during the earthquake response in the official and non-official collective shelters.

On the other hand, 41% of the planned RHKits were purchased and distributed due to unavailability in UNFPA international stock, long lead time of international procurement, and the government's new long procedures for clearance and shipment of medicines. To mitigate this issue UNFPA distributed from its local available stock and coordinated with other UN agencies to complement the needs when necessary. Also changing the type of RH kits from only RH KIT 2 which covers the needs of 200 pregnant women per kit during a period of three months increased the target by about 50% and the kits to be three types RH kits 2,4 which targeted 375 women per kit for 3 months) and kit 5 (targeting 250 per kit for three month)

The UNFPA TXB extended assistance to 36,500 people in northwest Syria by enhancing access to services through the establishment of facilities equipped with medical, non-medical, and essential equipment supplies. This initiative aimed to cater to the needs of the local population, ensuring they receive adequate healthcare and support despite the challenging circumstances. By providing these resources, UNFPA TXB helped to improve the well-being and health outcomes of countless individuals in northwest Syria.

Activities	Description	Implemented by
Activity 1.1	Provision of SRH services at health facilities	UNFPA CO through its partnership with local NGOs in the targeted locations were able to support provision of SRH services in 7 SRH static clinics
Activity 1.2	Provision of integrated SRH and GBV services through integrated mobile teams (IMT)	UNFPA CO through its partnership with local NGOs in the targeted locations were able to support provision of SRH services in 12 IMTs
Activity 1.3	Procurement and distribution of RH Kits, medical and non-medical supplies and equipment to ensure continuation of critical and lifesaving services at health facilities	22 RH kits were procured three needed types of kits RH KIT 2A,4, and 5 and distributed during the project period in three affected governorates Aleppo, Hama and Lattakia.
Activity 1.4	Conduct CMR training for health care providers	23 midwives in Hama were trained on CMR to ensure their capacity to respond due to the estimation of increase of GBV cases during displacement and emergency situations.

Output 2 GBV survivors and vulnerable women and girls have immediate access to lifesaving and essential GBV response prevention, risk mitigation, and response services.

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

Sector/cluster Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people accessing integrated SRH-GBV services through mobile teams (protection-focused)	SCO: 20,650	36,922	Data collection tool/ 4Ws from IPs
Indicator 2.2	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits	SCO: 10,283 (5500 FDK and 4783 SNs (3 packs each women)TXB: 10,000	13,636	Data collection tool/ 4Ws from IPs
Indicator 2.3	Number of IMTs and WGSSs where caseworkers and PSS officers are able to provide PFA and case management services	SCO: 14	15	UNFPA supported facilities tracking

Explanation of output and indicators variance:

In Syria, the overachieved number of people reached by the IMTs are linked to the huge efforts made by UNFPA and its IPs to reach the affected populations. However, the underachievement of the number of people reached by the distribution of items is linked to the delay in receiving the supplies in the country due to international procurement and customs clearance. UNFPA used the available stock allocated for other purposes for the immediate response, while the kits received from the CERF grant were used to replenish the stock.

In Turkiye Cross Border, the overachievement is due to the decreasing price of DKs and freight globally which allowed us to procure more DKs and distribute them accordingly.

Activities	Description	Implemented by
Activity 2.1	Support GBV service delivery points (both at SRH facilities, IMTs and WGSSs)	UNFPA, by supporting the national IPs working in Hama, Latakia and Aleppo, supported 12 IMTs to provide GBV services to the people in need.
Activity 2.2	Procure and distribute winterised dignity kits	In Syria, UNFPA procured 5,393 FDKs and 44,420 SNs that will be distributed after the end date of the grant, for the immediate response UNFPA has used the items already in stock and they will be replenished. In Turkiye Cross Border, in response to the earthquake that struck Turkey and Syria, UNFPA TXB swiftly procured 13,636 dignity kits (DKs) and distributed them in northwest Syria (NWS) for immediate relief efforts. Additionally, UNFPA GXB utilized existing stock items to supplement the aid, later replenishing these supplies to sustain ongoing support in the region. This concerted effort ensured that essential resources reached those affected by the disaster promptly, providing critical assistance during a time of urgent need.
Activity 2.3	Provide orientation session on PFA and Case Management services to PSS officers and caseworkers	UNFPA technical field offices staff have provided direct support and guidance for the technical service provider.

7. Effective Programming

a. Accountability to Affected People (AAP)²:

During the earthquake response in Syria, the lack of IPs reporting regarding the AAP activities was noticed. When checking with the IPs, they indicated that AAP focal points were fully busy with the additional staff associated with the emergency response to the earthquake. This issue was brought to the attention of the AAP working group and the participating agencies agreed on the importance of continuous efforts to enhance accountability toward the affected population, especially during the crisis. Accordingly, close follow-up with the implementing partners responding to the EQ took place to ensure meaningful engagement of targeted communities through participatory needs assessments and focused group discussions in addition to making sure that affected populations, especially the most vulnerable, have equal and non-discriminatory access to SRH and GBV services as well as accurate and timely information about the service provisions. Following safety and confidentiality procedures were stressed with all implementing partners. Furthermore, UNFPA emphasised on the importance of managing resources responsibly.

In UNFPA TXB accountability to beneficiaries was ensured through their meaningful and continuous participation and feedback with regards to the distribution process and content of DKs. To this end, UNFPA, OCHA- Accountability to Affected Population (AAP) Taskforce and Humanitarian Field Officers joined forces to enhance AAP in DKs distribution. UNFPA TXB and AAP Taskforce launched research aimed at consulting women and girls who have received Dignity Kits during the period 2019-2023. Overall, 145 respondents were surveyed and their feedback on the appropriateness of Dignity Kits vis-a-vis their evolving needs was collected and analysed. The research revealed that the items included in the dignity kits were perceived as culturally appropriate and in line with the needs of the affected populations. The most useful items contained in DKs are sanitary napkins, washing powder, underwear, bath soap, and flashlights. The majority of respondents found the quality of the items contained in the kits as either “good” or “very good”. Many of the respondents confirmed that they had received information on GBV and available services and key messages during the distribution of the kits. Additionally, UNFPA and OCHA - AAP Taskforce also developed a specific data collection tool to consult women and girls through Focus Group Discussions (FGDs). This tool was piloted in August 2023 in Aleppo Governorate with a total of 13 participants who had received the dignity kits in the previous three months. Building on this best practice, the AAP FGDs will continue to be conducted both by UNFPA and its distributing partners, enabling it to collect regular and detailed feedback from affected communities.

b. AAP Feedback and Complaint Mechanisms:

In Syria, despite the challenges faced due to the work overload reported by the implementing partners and field offices responding to the earthquake, the field coordinators continued to obtain feedback from targeted beneficiaries through hard copies of feedback forms that ask about beneficiaries' satisfaction with the services they received, privacy, challenges faced and their access to safe and confidential feedback and complaints mechanisms. Additionally, Post-distribution monitoring was conducted following the distributions that took place in the affected areas to ensure capturing beneficiaries' feedback regarding the quality and quantity of items received.

In the operations of UNFPA TXB during distribution activities, UNFPA and its implementing partners (IPs) prioritized the establishment of readily available and easily accessible channels for complaints and feedback mechanisms. These included physical options such as complaint boxes, digital platforms like WhatsApp numbers, and a dedicated Protection from Sexual Exploitation and Abuse (PSEA) hotline. These measures were instrumental in empowering the affected population to provide feedback, voice concerns, and report any instances of mistreatment, abuse, or exploitation they encountered.

Furthermore, to ensure the effectiveness of these mechanisms, Third-Party Monitoring (TPM) was deployed at selected distribution sites. This oversight aimed to guarantee that the complaint and feedback channels remained accessible, secure, and responsive to the needs of the affected individuals. Both UNFPA and Ihsan Relief and Development (Ihsan RD) were diligent in taking corrective actions whenever

² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

issues were brought to light by the beneficiaries themselves. This involved promptly addressing complaints or concerns raised by the affected population and implementing proactive measures to prevent the recurrence of similar problems in subsequent distributions. By maintaining a robust system of accountability and responsiveness, UNFPA TXB and its partners upheld their commitment to ensuring the dignity and well-being of those they serve in the cross-border humanitarian context.

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

All UNFPA Syria staff are required to undergo rigorous pre-employment checks and to complete mandatory PSEA training. UNFPA Syria has established a network of trained PSEA focal points and is also an active member of the Syria PSEA In-Country Network (ICN). All IPs are assessed using the United Nations Protocol on Allegations of Sexual Exploitation and Abuse Involving IPs. IPs are required to display PSEA information, education, and communication materials developed by the PSEA ICN and conduct quarterly awareness-raising sessions on PSEA in all service delivery points. UNFPA Syria and IPs have a range of reporting channels available to staff, IPs and affected populations including an online form, email addresses, hotlines, and PSEA focal points. UNFPA Syria ensures that GBV and SEA integrated safe referral pathways are operational and updated regularly to respond to reported cases. UNFPA Syria is notified of all complaints and will support the IP's investigations when necessary.

In UNFPA TXB, efforts to strengthen Protection from Sexual Exploitation and Abuse (PSEA) have been undertaken. UNFPA's Technical and Programme Management (TPM) team has integrated a checklist derived from the Gaziantep PSEA network's "PSEA Field Prevention and Mitigation Checklist" into existing monitoring tools. All partners involved in the distribution of dignity kits have pledged to display a unified, conspicuous PSEA banner at all distribution points, featuring a hotline number for beneficiaries to contact if needed. Furthermore, all kits procured for this initiative include a leaflet on PSEA in Arabic. Throughout the distribution process, IhsanRD and other partners consistently provide information on PSEA, while all distribution personnel receive training on PSEA protocols and safe referral pathways. UNFPA and Ihsan RD have jointly emphasized the necessity for all dignity kit distributing partners to verbally relay instructions on how to report PSEA incidents during the distribution process, ensuring that beneficiaries, including Persons with Disabilities (PwD), fully comprehend the content of the CRM banners present at all distribution sites.

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

In Syria, the services are tailored to focus mainly on women and girl's needs, being one of the most vulnerable groups in crisis times, this includes creating a safe environment for them to get the services and following the related safety and privacy measures. Also, the referral for many cases to get more comprehensive services either supported by UNFPA or other humanitarian actors.

In the UNFPA TXB initiatives, strategies were meticulously crafted to cater to the specific needs of women, aiming not only to bolster their sense of protection and safety but also to actively contribute to their overall well-being. Recognizing the importance of inclusivity, particularly for survivors of Gender-Based Violence (GBV), the Gender-Based Violence Area of Responsibility (GBV AoR) collaborated closely with distribution partners to refine targeting approaches and facilitate the seamless integration of the "Leaving No One Behind" principle. This collaborative effort ensured that interventions were tailored to address the diverse needs and vulnerabilities within the community, with a particular focus on women who have experienced GBV. By refining targeting methodologies, the aim was to identify and reach those most in need of support, including survivors of GBV, and provide them with the necessary assistance and resources. Through this concerted approach, UNFPA TXB sought to create a more inclusive and supportive environment that prioritized the well-being and safety of all individuals, especially women, within the affected population.

e. People with disabilities (PwD):

In Syria, during the grant period support, UNFPA and its IPs reached 39 PWD with GBV services. The reached was ensured by the outreach opportunities that the IMTs enjoy reaching people where they are, this will ensure to overcome the accessibility barrier that PWDs usually face in the humanitarian context

UNFPA TXB operations efforts are made to ensure the seamless inclusion of all demographics, including Persons with Disabilities (PwD), by identifying and minimizing access barriers during the distribution of dignity kits (DKs). Distribution sites are meticulously chosen, considering potential risks both at the site itself and along the journey of DK collection. Specific challenges and obstacles encountered by

PwD are regularly assessed and addressed, with measures implemented to mitigate these issues. This may involve arranging transportation, conducting outreach activities, and providing information directly to beneficiaries' homes.

UNFPA is currently employing Third-Party Monitoring (TPM) to guarantee that services are accessible to all groups, with a particular focus on PwD and older women. During TPM field visits, assessments are conducted based on predetermined criteria, evaluating factors such as the availability of transportation, and the presence of dedicated facilities such as ramps and accessible toilets to ensure accessibility for people with disabilities.

f. Protection:

In Syria, one of the main objectives for this grant is to mitigate and directly respond to GBV risks after the earthquake crisis, UNFPA and its IPs provided services in line with global GBV standards and to all people with zero discrimination based on any factor. The local community was involved through the daily coordination between other local IPs in the same community besides having the service providers from the same community. The complementarity of services between GBV and RH has reduced the burden on women and girls to seek services from different locations as now they will be closely provided as one package.

In UNFPA TXB, the integration of protection principles is a central focus during the distribution of dignity kits (DKs), with all partners actively incorporating these principles into their practices. Firstly, all distributing organizations are members of the Gender-Based Violence Area of Responsibility (GBV AoR) and often participate in other coordination mechanisms related to protection in the field. Adhering to standard Memorandums of Understanding (MoUs), distributions are carried out by female protection workers within mobile protection teams, while male workers are specifically recruited for tasks such as loading and transportation, ensuring no direct contact with beneficiaries. Comprehensive training on safe referral pathways, Protection from Sexual Exploitation and Abuse (PSEA), Protection Mainstreaming, and Inclusion of people with disabilities is provided to all distribution personnel.

During distributions, beneficiaries receive systematic information and guidance on the safe utilization of kit items, along with assistance in transporting kits to their displacement locations following the earthquake. An integral aspect of the distribution process involves conducting information sessions and raising awareness about Gender-Based Violence (GBV) issues, as well as referring women and girls at risk of GBV and GBV survivors to appropriate protection services. These concerted efforts underscore UNFPA TXB's commitment to promoting safety, inclusivity, and protection for all individuals within the affected communities.

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.

CVA was not planned under this grant as UNFPA preferences were on the direct provision of specialized services to affected people from the earthquake and the need to have a prompt response for the protection/health needs

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Midwives, gynaecologists, and Psychosocial support workers work under complicated conditions to provide Sexual Reproductive Health and Gender Based Violence services	https://www.facebook.com/share/p/cgzDbZR6CpbCNY4p/?mibextid=oFDknk
Supporting midwives in order to provide safe birth and health care for women in rural aleppo	https://www.facebook.com/share/p/RKm65VZ26BqwqyfT/?mibextid=oFDknk
[Insert]	

3.2 Project Report 23-RR-HCR-005

1. Project Information			
Agency:	UNHCR	Country:	Syrian Arab Republic
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	23-RR-HCR-005
Project title:	Provision of emergency shelter support, non-food items and protection to people affected by the earthquake in Syria		
Start date:	06/02/2023	End date:	05/08/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Fu nding	Total requirement for agency's sector response to current emergency:		US\$ 51,285,437
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 792,845
	Government Partners		US\$ 0
	International NGOs		US\$ 251,500
	National NGOs		US\$ 405,345
Red Cross/Crescent Organisation		US\$ 136,000	

2. Project Results Summary/Overall Performance

Through this project, UNHCR supported some 56,000 individuals affected by the earthquakes in Aleppo, Latakia and Hama Governorates through the provision of lifesaving and life-sustaining non-food items (NFIs), emergency shelter support, and protection services.

UNHCR and its partners distributed 3,024 core relief item (CRI) kits covering the needs of 5,120 people affected by the earthquakes in Aleppo, Hama and Latakia. To ensure the timely distribution of CRIs, UNHCR released the items from its existing contingency stocks. Simultaneously, UNHCR procured 3,024 CRI kits to replenish the distributed kits.

UNHCR completed light repairs of two collective shelters accommodating 289 families in Latakia (Sport City and Shabibah) and three collective shelters in Aleppo supporting 105 families. One of the repaired collective shelters is a mid-term shelter which was handed over to the Operations Room.

In addition, UNHCR and partners repaired the damaged houses of 108 families affected by the earthquakes in Aleppo and Latakia Governorates

In north-west Syria, UNHCR and its partner distributed NFI kits—including high thermal blankets, plastic tarpaulins, foam mattresses, hygiene kits, kitchen sets, and solar lamps—to 11,919 individuals and provided family tents to an additional 10,189 individuals. In total, the project supported the basic needs of 22,108 individuals displaced by the earthquakes to enhance the privacy and security of their shelter. These beneficiaries reside across 32 communities within the districts of Idleb, Jebel Saman, Harim, Ariha, Jisr-Ash-Shugur, Azaz, and Afrin. The distributions took place from February to April in response to the earthquake.

UNHCR and its partners provided immediate psychological first aid to 7,940 individuals to reduce stress symptoms caused by the earthquakes, out of which 618 individuals were referred to mental health and psychosocial support (MHPSS) case management to receive additional specialized mental health services and follow-ups. More than 27,200 children participated in community-based child protection interventions and psychosocial support (PSS) group activities, out of which 1,339 children received child protection case management. Also, in line with the guiding principles and survivors-centred approach, UNHCR and partners supported a total of 382 gender-based violence (GBV) survivors with multi-sectoral responses (legal, health, PSS and socioeconomic).

UNHCR also distributed medical assistive devices benefiting 3,366 people to address their medical needs. The distributed devices include canes, wheelchairs, walkers, and medical beds. In addition, dignity kits were distributed to mitigate the risks of GBV. UNHCR's partners in the affected areas also distributed adult diapers to 49 older persons suffering from severe health situations and persons with specific types of disabilities. The number of persons with disabilities provided at the proposal stage were estimated based on the percentage of PWD in the HNO. The reports showed lower numbers of PWD among beneficiaries are reached.

3. Changes and Amendments

No changes.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	1,058	1,058	1,058	1,058	4,232	3,683	2,175	3,667	3,175	12,700
Internally displaced people	1,059	1,059	1,059	1,059	4,236	3,712	2,900	2,988	3,200	12,800
Host communities	1,058	1,058	1,058	1,058	4,232	3,705	2,995	2,884	3,195	12,779
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,175	3,175	3,175	3,175	12,700	11,100	8,070	9,539	9,570	38,279
People with disabilities (PwD) out of the total										
	412	412	412	412	1,648	1,109	1,533	1,812	1,818	6,272

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	4,367	4,367	4,368	4,368	17,470	0	0	0	0	0
Internally displaced people	4,367	4,367	4,368	4,368	17,470	6,352	6,238	6,125	6,238	24,953
Host communities	4,367	4,367	4,368	4,368	17,470	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	13,101	13,101	13,104	13,104	52,410	6,352	6,238	6,125	6,238	24,953

* 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.

People with disabilities (PwD) out of the total

1,700	1,700	1,700	1,700	6,800	157	135	113	135	540
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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

Indirect beneficiaries include more than 100 skilled and unskilled labourers from the targeted communities who were engaged in the shelter interventions. In addition, the interventions have improved the overall living conditions and safety of the communities affected by the earthquakes.

6. CERF Results Framework

-

Project objective UNHCR aims to save lives and alleviate suffering through the provision of adequate and timely shelter, NFI, and protection support to most vulnerable people in areas affected by the earthquake with the greatest needs.

Output 1 Provision of of basic core relief items to people affected by the earthquake

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 1.1	SN2.a Number of people receiving in-kind NFI assistance (CERF indicator)	26,120	27,039	SNFI UNHCR WATAN 2023 Distribution Report UNHCR multi-functional team regular monitoring visits and partner's reports.

Explanation of output and indicators variance: The number of beneficiaries mentioned in the proposal was an estimation. The total number of individuals on the ground is higher than the estimated number.

Activities	Description	Implemented by
Activity 1.1	Release and dispatch emergency NFIs from existing stock	UNHCR, SARC
Activity 1.2	Procure NFIs for replenishment	UNHCR procured 5,000 NFI to replenish the items distributed from the emergency stock

Output 2 Provision of emergency shelter response to people affected by the earthquake

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
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Indicator 2.1	Number of people receiving in-kind shelter assistance(CERF indicator)	26,290	13,034	SNFI UNHCR WATAN 2023 Distribution Report UNHCR multi-functional team regular monitoring visits and partner's reports.
Explanation of output and indicators variance:		Activity 2.1 was not implemented as debris removal was conducted by the government in the affected areas. UNHCR increased the target of damaged house repairs in the targeted locations within the same budget and implementation period. Nevertheless, the number of beneficiaries reached with housing repairs is much lower than the projected number of beneficiaries from the debris removal.		
Activities	Description	Implemented by		
Activity 2.1	Remove debris from affected locations for safe access	Not implemented		
Activity 2.2	Light upgrade and adaption to collective shelters	Premier Urgence Internationale (PUI), Greek Orthodox Patriarchate of Antioch (GOPA), Secours Islamique France (SIF)		
Activity 2.3	Light repair of damaged houses / apartments	Secours Islamique France (SIF)		
Activity 2.4	Dispatch and installation of tents	UNHCR, WATAN		

Output 3 Provision of protection integrated services to people affected by the earthquake

Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people accessing community-based protection services	12,000	38,279	UNHCR multi-functional team regular monitoring site visits and donor report.
Indicator 3.2	Number of persons with specific needs who receive general and medical in-kind assistance	700	3,415	UNHCR multi-functional team regular monitoring site visits and donor report.
Explanation of output and indicators variance:		The needs drastically increased after the earthquakes. Increased numbers of beneficiaries accessed community centre and benefitted from services targeting persons with disabilities. The community-based structures contributed to the dissemination of information on available services and procedures. Case management offered at UNHCR-supported community/satellite centres was tailored to the needs of survivors either remotely or in-person. Recreational activities for children were organized at		

		zero cost in community centres. More caregivers were engaged in prevention campaigns which were well-received by the affected communities. In addition, the distribution of dignity kits was designed to mitigate the risks of GBV.
Activities	Description	Implemented by
Activity 3.1	Provision of community-based protection services such as such as gender-based violence prevention and response, child protection and psychosocial support and first aid)	Syrian Arab Red Crescent (SARC), Syria Trust (ST), Greek Orthodox Patriarchate of Antioch and the East (GOPA), Social Care, Namaa, Ihsan, Taalouf and Monastery of Saint James the Mutilated (MSJM).
Activity 3.2	Provision of general and medical in-kind assistance for persons with specific needs	Syrian Arab Red Crescent (SARC), Greek Orthodox Patriarchate of Antioch and the East (GOPA), Social Care, Namaa, Ihsan, Taalouf and Monastery of Saint James the Mutilated (MSJM).

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 areas³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁴:

UNHCR and its partners engaged the targeted populations in all stages of the project cycle, as their views are an integral part of the planning process and essential to providing an effective response to their needs. Beneficiaries' views and feedback were gathered through direct interaction with beneficiaries during distributions, regular internal monitoring exercises, reports received from partners, as well as post-distribution surveys and monitoring exercises. In northwest Syria, at the beginning of the project, UNHCR and its partner presented the project and the beneficiary selection criteria to the targeted communities. It also involved the local authorities through their relief committees. Such feedback ensured that the community's needs were taken into consideration and informed future planning and implementation.

b. AAP Feedback and Complaint Mechanisms:

Feedback and complaint mechanisms are in place to receive requests and complaints from the targeted populations. Feedback and cross-checking of the findings on the needs of beneficiaries were shared with the sectorial Working Groups to enhance inter-agency collective response. Feedback was received via email, WhatsApp, Facebook, phone, or in person. UNHCR involved beneficiaries in the evaluation phase through post-distribution monitoring exercises. In addition, community-based protection networks formed by community outreach

³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

volunteers is an essential two-way communication channel through which UNHCR and partners disseminate timely information and solicit feedback.

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

UNHCR works at the inter-agency level and with its partners to ensure measures are in place to prevent, mitigate the risk, and respond to SEA. All SEA-related complaints follow a survivor-centred approach and respect the guiding principles of safety, confidentiality, sharing information on need-to-know bases, do not harm, and the rights of survivors.

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

UNHCR prioritized the needs of the most vulnerable and marginalized people, particularly women, girls, and persons with specific needs. Providing an adequate living environment through the upgrade of collective shelters, including installations of partitions for privacy and gender-segregated WASH facilities, as well as repairs of damaged houses improves safety and privacy, mitigating the risks of gender-based violence. Also, in line with the guiding principles and survivors-centred approach, UNHCR and partners supported a total of 382 GBV survivors with multi-sectoral responses (legal, health, PSS, and socioeconomic).

In northwest Syria, this project focused on gender equality and the protection and empowerment of women, girls, and sexual and gender minorities. Using specific selection criteria developed with UNHCR's partner WATAN, it targeted support directly to the most vulnerable groups, especially households with GBV survivors. The distribution of Non-Food Items (NFIs) and tents in northwest Syria used specific selection criteria to target the most vulnerable groups, especially households with GBV survivors to provide them with essential safety and stability.

e. People with disabilities (PwD):

UNHCR prioritized assistance of families with persons with specific needs and vulnerabilities, including persons with disabilities, whether mental or physical. Their needs were reflected in upgrading collective shelters and damaged house repairs to ensure their safe access. They also received medical assistive devices, such as wheelchairs under this project. Specialized community-based interventions were provided to persons with disabilities and their caregivers. This includes providing medical assistive devices and organizing preventive and awareness sessions for caregivers.

In northwest Syria, to ensure equitable access to resources, special consideration was given to those unable to collect their items from distribution points or carry them. Consequently, UNHCR's partner implemented home-to-home distribution services, ensuring that NFIs and tents were delivered directly to the homes of people with disabilities.

f. Protection:

Protection is always at the centre of UNHCR's response, and UNHCR ensures the protection of all persons affected and at risk across all aspects of its interventions. UNHCR and its partners provided people affected by the earthquakes in the targeted locations with various protection services to address the diverse needs of beneficiaries. This included Mental Health and Psychosocial Support (MHPSS) case management, community-based child protection interventions and PSS group activities as well as child protection case management. UNHCR also supported GBV survivors with multi-sectoral responses (legal, health, PSS, and socioeconomic). These interventions aimed to enhance the protection and well-being of people affected by the earthquakes.

In addition, the shelter interventions enhanced the safety and security of people affected by the earthquakes whether in collective shelters or damaged houses, and improved their privacy and dignity. The repair of damaged houses helped beneficiaries move out from collective shelters and return to their houses, enabling them to rebuild their lives.

g. Education:

NA

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

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

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

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

NA as no approval was received to provide cash assistance

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
UNHCR year end donor acknowledgment video	https://twitter.com/UNHCRinSYRIA/status/1741406727570862270
Earthquake response multi-donor video	https://twitter.com/UNHCRinSYRIA/status/1694343992031264973

[Insert]

| [Insert]

3.3 Project Report 23-RR-CEF-006

1. Project Information			
Agency:	UNICEF	Country:	Syrian Arab Republic
Sector/cluster:	Water, Sanitation and Hygiene Protection - Child Protection	CERF project code:	23-RR-CEF-006
Project title:	Vulnerable people and children affected		
Start date:	06/02/2023	End date:	05/08/2023
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
F und ing	Total requirement for agency's sector response to current emergency:		US\$ 0
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,564,175
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 1,564,175
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through CERF funding, UNICEF and partners were able to reach a total of 334,480 venerable girls, boys, women and men with increased access to multi-sectoral lifesaving (Child protection and WASH) services in earthquake-affected Governorates including (Idleb, Aleppo, Lattakia, Hama and Tartous).

UNICEF's implementing partners provided critical child protection interventions to a total of 39,310 (17,769 girls, 16,528 boys, 2,976 females, 2,037 males) in response to the earthquake in Aleppo, Hama, Lattakia, and Tartous. Such services were provided through mobile teams and community-based static centers. UNICEF also ensured that children and their families in the earthquake-affected governorates continued to receive services as they transitioned from collective shelters to communities until they were able to resume their normal lives.

With the generous CERF funding, UNICEF was able to reach a total of 12,728 children (7,151 girls) affected by the earthquake with structured mental health and psychosocial support (MHPSS) sessions, while 21,569 other children (10,618 girls) benefited from one-off psychological first aid (PFA) and other recreational activities. The structured sessions and one-off interventions collectively helped the children to cope with the earthquake aftermath by promoting the development of important life

skills, such as managing stress and anger, communication, negotiation, and empathy. These interventions also fostered networks and trusting relationships among children living in collective shelters and affected areas, as well as linking those at greater risk of or experiencing violence to other existing services as needed through individual case management.

Additionally, a total of 4,127 parents and caregivers (2,471 female) affected by the earthquake were provided with structured parenting support sessions while other 886 parents and caregivers (505 female) were reached by one-off psychological first aid (PFA). Parenting support sessions provided the parents and caregivers with the needed skills and tools to better cope with the stress and trauma. The parents and caregivers were acquainted with understanding of the psychological needs of children, especially during emergencies, and on non-violent communication and discipline.

The provided CERF funding has been instrumental in ensuring the delivery of safe drinking water through trucking services to a total of 334,483 (92,891 girls, 90,487 boys, 79,020 women, and 72,085 men) affected people, through water trucking, quick repair of waterworks damaged by the earthquake, and distribution of hygiene kits, baby diapers and sanitary napkins to the displaced populations.

UNICEF was able to purchase 10,000 hygiene kits, which contain the most essential hygiene supplies for vulnerable families affected by the earthquake. The hygiene kits have been distributed to the affected people in informal settlements, reception centers and internally displaced persons (IDP) sites in the Idlib and Aleppo Governorates, benefitting a total of 40,000 people (11,410 girls, 10,990 boys, 9,020 women, 8,580 men).

In addition, a total of 285,383 (79,795 girls, 78,212 boys, 67,018 women, and 60,358 men) earthquake-affected people living in informal settlements, reception centers and camps located in Idlib, Aleppo, and Latakia have improved access to safe drinking daily water through trucking.

Moreover, UNICEF supported the rehabilitation of the sanitation system in Al Ramel Al Janobi camp in Lattakia, the camp area suffered severe damage due to the earthquake, and the project supported safer sanitation services to 1,000 people (boys: 270, girls: 330, men: 160, women: 240). And supported the rehabilitation of water network and sanitation networks in Aleppo areas affected by the earthquake reaching 48,100 people (boys: 12,005, girls: 12,766, men: 11,567, women: 11,762).

The overachievement was due to the lack of accurate data and information for the damaged water and sewage facilities due to the earthquake, technical studies and detailed, more accurate assessments took place after the earthquake for the targeted communities, which justifies the differences between the targeted population and reached.

3. Changes and Amendments

-

The project exceeded the target, in particular, the number of children reached with MHPSS interventions including structured MHPSS sessions, PFA, and recreational activities. Given that children were congregated in the collective shelters the implementing partners were able to reach more children than the target with quick group activities such as PFA and recreational activities and at a lower cost than the budget. On the other hand, parents, especially fathers, showed less interest in participating in the activities as they were more occupied with meeting the living exacerbated by the earthquake and prolonged economic crisis. Another challenge was that the implementing partners were not able to reach children and adults with disabilities as targeted

because the existing tools were not tailored to their specific needs during the earthquake. Only as few as 80 children and 22 adults with disabilities were reported to have benefitted from the interventions.

Additional challenges are the lack of existing inspection equipment and tools for affected infrastructure by the earthquake, which caused few delays in identifying accurate figures for the affected population and required repairs for the damages.

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	87,076	73,348	76,363	78,213	315,000	79,020	72,085	92,891	90,487	334,483
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	87,076	73,348	76,363	78,213	315,000	79,020	72,085	92,891	90,487	334,483
People with disabilities (PwD) out of the total										
	13,932	11,735	12,219	12,514	50,400	15,804	14,417	18,578	18,097	66,896

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

Sector/cluster	Protection - Child Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	3,500	2,000	5,500	5,500	16,500	2,976	2,037	17,769	16,528	39,310
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,500	2,000	5,500	5,500	16,500	2,976	2,037	17,769	16,528	39,310
People with disabilities (PwD) out of the total										
	175	100	275	275	825	11	11	31	39	92

* 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

Almost 200,000 people indirectly benefited from the water trucking, hygiene promotion, sanitation and solid waste management activities.

6. CERF Results Framework

Project objective Vulnerable people and children severely affected by the earthquake have access to life-saving child protection and water, sanitation and hygiene (WASH) services in the targeted governorates.

Output 1 Children at greater risk of or experiencing violence, abuse, exploitation and neglect and their parents and caregivers benefit from improved prevention and response interventions in the selected governorates

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

Sector/cluster Protection - Child Protection

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of girls and boys benefiting from MHPSS activities	11,000	34,297 (12,728 MHPSS, 21,569 PFA)	4Ws
Indicator 1.2	Number of women and men benefiting from MHPSS and parenting programme	5,500	5,013 (4,127 Parenting, 886 PFA)	4Ws

Explanation of output and indicators variance:

Activities	Description	Implemented by
Activity 1.1	Provide psychological first aid to children and their parents or caregivers	Al Birr Association Hama; Al Rajaa for special needs; Al-Ihsan Charity; Fouadi Foundation; Mosaic Human Relief and Development; Social Care; SSSD; and SARC
Activity 1.2	Provide structured MHPSS activity for children via child friendly spaces, mobile teams and community structures	Al Birr Association Hama; Al Rajaa for special needs; Al-Ihsan Charity; Fouadi Foundation; Mosaic Human Relief and Development; Social Care; SSSD; and SARC
Activity 1.3	Provide a structured parenting programme through community centres and mobile teams aimed at creating a safe environment within families and communities	Al Birr Association Hama; Al Rajaa for special needs; Al-Ihsan Charity; Fouadi Foundation; Mosaic Human Relief and Development; Social Care; SSSD; and SARC

Output 2 Children and people affected by the earthquake benefit from safe drinking water, sanitation services and improved hygiene practices in targeted governorates

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 2.1	Number of people with improved access to water through humanitarian life-saving/emergency WASH facilities and services	190,0000	334,480	4Ws
Indicator 2.2	Number of people who received essential WASH NFIs	40,000	40,000	4Ws
Indicator 2.3	Number of people receiving WASH/hygiene messaging	165,000	165,000	4Ws
Explanation of output and indicators variance:		Due to the increased need for the water trucking after the earthquake		
Activities	Description	Implemented by		
Activity 2.1	Provide emergency WASH services including water trucking in collective shelters, informal settlements, IDPs centres, camps, and host communities	UNICEF, Ministry of Water Resources		
Activity 2.2	Provide hygiene kits, baby diapers and sanitary napkins to the displaced population in informal settlements, collective shelters, camps and host communities (non-cash)	IYD, IhsanRD, Binaa, MWL		
Activity 2.3	Promote hygiene practices and safe handling of water through community engagement and communication interventions in informal settlements.	IYD, IhsanRD, Binaa, MWL		

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 areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁶:

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

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

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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](#).

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

b. AAP Feedback and Complaint Mechanisms:

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

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

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

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

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

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

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

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

e. People with disabilities (PwD):

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

UNICEF also ensures that children with disabilities are able to access child friendly spaces where they can access child protection services, including mental health psychosocial support activities. Moreover, there are strong linkages with the cash programme for children with disability while ensuring that their parents are attending positive parenting sessions. UNICEF faced challenges on reaching PwDs through child protection interventions. The implementing partners were not able to reach children and adults with disabilities as targeted because the existing tools were not tailored to their specific need during the earthquake. Only as few as 80 children and 22 adults with disabilities were reported to have benefitted from the interventions.

f. Protection:

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

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

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

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

CVA is not possible for WASH and child protection services due to the nature of the proposed activities.

Parameters of the used CVA modality:

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

[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
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A human-interest story on Dima, the young girl from Rural Damascus, who received psychological help after displacement and became more positive and able to communicate actively with her family and friends.

<https://www.unicef.org/syria/stories/dimas-story-power-giving>

Anterest story published on UNICEF website about mental health psychosocial support provided by UNICEF in Deir ez -zor.

<https://www.unicef.org/syria/stories/painting-helps-lana-heal>

A blog post published on UNICEF website on the mental health and psychosocial support.

<https://www.unicef.org/syria/blog/glimpse-hope>

3.4 Project Report 23-RR-WFP-004

1. Project Information			
Agency:	WFP	Country:	Syrian Arab Republic
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-004
Project title:	Emergency Relief to communities affected by 6 February Earthquake in Syria		
Start date:	06/02/2023	End date:	05/08/2023
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\$ 27,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 10,000,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 225,000
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 225,000
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

WFP leveraged its established cash-based transfer (CBT) platform for a flexible and rapid response. WFP's monthly electronic voucher and network of capacitated and functioning retailers offered immediate relief. Under generous funding from CERF, a max of 30,914 households or 154,570 people were supported between March and July with cash assistance at the value of USD 40 in the earthquake-affected governorates of Idleb, Aleppo, Hama and Lattakia. The inclusion of CBT as a modality within the WFP Emergency Food Assistance programme not only provided beneficiaries with a dignified choice of assistance but also contributed towards the strengthening of local markets as well as the integration of those markets in remote areas. Offering a stable and consistent customer base, the CBT programme reduces uncertainty for traders, leading to increased investment, improved access to credit and financial services, and stimulates local production and should be considered an enabling condition in the post-crisis environment.

3. Changes and Amendments

No significant changes or amendments were noted during project implementation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
	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	23,100	22,050	30,450	29,400	105,000	23156	21377	30695	28,334	103,563
Host communities	9,900	9,450	13,050	12,600	45,000	11406	10527	15,119	13956	51007
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	33,000	31,500	43,500	42,000	150,000	34562	31904	45814	42,290	154,570
People with disabilities (PwD) out of the total										
	1,980	1,890	2,610	2,520	9,000	2074	1914	2749	2537	9274

5. People Indirectly Targeted by the Project

No indirect beneficiaries benefited from this project activities

6. CERF Results Framework

Project objective	To support the immediate food needs of persons affected by the 6 February earthquake				
Output 1	150,000 vulnerable people (30,000 households) in NWS and GCA to be supported with cash assistance for two months as part of WFPs emergency response.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Food Assistance				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	of targeted people receiving emergency cash assistance by appropriate modality (min 2 months covered)	150,000	154,570	Redemption lists	
Indicator 1.2	Value of cash assistance provided per person per cycle	40	40	Redemption lists	
Indicator 1.3	Total value of cash assistance in USD	2,400,000	2,122,720	Redemption lists	
Explanation of output and indicators variance:		To meet the Full Cost Recovery principle, WFP was not able to provide the 30,000 households with CBT for two months, and some of them received CBT assistance for only one month. This explains the slightly reduced value of the transfer to beneficiaries, while the number of households served is slightly over.			
Activities	Description	Implemented by			
Activity 1.1	Provide the assessed food insecure people with monthly food assistance through appropriate modalities	WFP			

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 areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

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

how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

a. Accountability to Affected People (AAP)⁸:

WFP ensured the involvement of beneficiaries in its earthquake response via increased sensitization of communities to WFP's key feedback mechanisms such as the hotline or the complaint desks within each WFP field office and or cooperating partner. These channels supported the flow of two-way information so WFP could shape its response adequately. For example, those beneficiaries who remained displaced for extended periods requested ready-to-eat rations as cooking facilities were not available. Feedback was critical for ensuring people's needs were met.

b. AAP Feedback and Complaint Mechanisms:

During the earthquake response, WFP continued with its routine CFM which included dissemination of its helpline, CP complaint desks, and WFP field office follow-ups as well as maintaining its regular M+E missions. WFP increased its field presence within the affected governorates increasing its communication with local stakeholders, including sector coordination, ensuring their inclusion in the decision-making processes.

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

PSEA complaints were channelled via the standard procedure which entailed disseminating the WFP hotline to beneficiaries. Any PSEA cases were followed up on a case-by-case basis by qualified PSEA officers via the WFP field cases with follow-up by the central AAP team if required.

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

WFP remained committed to the protection of women and girls as well as minorities in its earthquake response. Before the earthquake, all new field-level agreements included specific gender equality-related activities and costs whilst two guidelines were developed on child labour and forced marriage. These guidelines supported WFP and cooperating partner (CP) staff in identifying and handling such cases. Overall, more than 50 percent of emergency assistance by WFP is directed towards women whilst 6-7 percent is allocated towards those with disabilities.

e. People with disabilities (PwD):

WFP reached nearly 10,000 people with disabilities through this project. WFP promotes diversity and inclusivity by engaging with all community groups and consulting with all its partners including organisations for persons with disabilities. WFP developed a community engagement strategy to ensure the equal and inclusive consultation of marginalised groups including people with disabilities in the design of humanitarian assistance.

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](#).

The CFM collected and addressed appeals to facilitate the inclusion of people with multidimensional vulnerabilities, including chronic illness, disability, or protection risks. Priority lines at distribution sites and door-to-door distributions are available for people with specific needs or mobility challenges.

As part of its efforts to mainstream disability inclusion across its operations, WFP with the support of WFP's Disability Helpdesk developed guidelines on disability inclusion in focused-group discussions to ensure and guide consultations with persons with disabilities, as well as the development of disability inclusion integration checklists for partners' food distribution points to ensure meaningful access to persons with disability (roll-out of the initiative will be in 2024).

f. Protection:

Protection is mainstreamed however is not an outcome of this project. The response was designed based on needs assessment and situation analysis. The design aligns with protection principles, including 'do no harm,' prioritising safety and dignity, involving local capacities, and empowering affected communities. WFP and its partners are held accountable to affected individuals and communities. Protection considerations were mainstreamed and integrated into the PDM and OSM tools. Monitoring teams on the ground assessed the impact on safety and dignity.

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 the sole intervention in the CERF project	Yes	154,570

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, value vouchers were used however WFP does not currently implement MPC.

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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(incl. activity # from results framework above)				
Activity 1.1	154,570	US\$ 2,122,720	Food Security	No

9. Visibility of CERF-funded Activities

Title	Weblink
<p>WFP Syria on X</p>	<p><u>WFP Syria on X: "#Syria is facing unprecedented hunger after: 12 years of conflict Consecutive economic & climatic shocks Recent earthquakes @WFP is delivering: <input checked="" type="checkbox"/> Food & cash-based assistance <input checked="" type="checkbox"/> Malnutrition treatment <input checked="" type="checkbox"/> Restoration of food systems <input checked="" type="checkbox"/> Livelihoods support <input checked="" type="checkbox"/> School meals https://t.co/IR2gsGBGIt" / X</u></p>
<p>[Insert]</p>	<p>[Insert]</p>
<p>[Insert]</p>	<p>[Insert]</p>

3.5 Project Report 23-RR-WHO-006

1. Project Information			
Agency:	WHO	Country:	Syrian Arab Republic
Sector/cluster:	Health	CERF project code:	23-RR-WHO-006
Project title:	Provision of life-saving healthcare services as part of the Earthquake response in northwest Syria		
Start date:	06/02/2023	End date:	05/11/2023
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 33,753,771
	Total funding received for agency's sector response to current emergency:		US\$ 7,600,000
	Amount received from CERF:		US\$ 5,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 2,136,127
	Government Partners		US\$ 0
	International NGOs		US\$ 1,275,692
	National NGOs		US\$ 860,435
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Under this action, WHO GZT reached 955,997 people in need of health care, including 18,901 persons with disabilities. CERF grant was crucial in providing health response to the population affected by the earthquake that struck Northwest Syria on 6 February 2023. Under this action, WHO SYR CO directly supported 279,740 individuals, and ensured increased access to life-saving secondary healthcare services for a catchment population of 4 million:

Output 1: WHO GZT supported the EWARN system, including one cholera treatment centre and eight oral rehydration points. The EWARN system was reactivated successfully after the earthquake and was crucial in timely investigating outbreaks.

WHO SYR cancelled the procurement of water purification tablets initially planned to assist 10000 individuals to have better access to safe water inside shelters and health facilities due to the supplier's failure to provide the required specifications. Regional or global procurement was not possible due to sanctions.

Output 2: WHO GZT served 928,518 consultations to people in need through the operations of three networks. The networks have also provided training, rehabilitation of health facilities, and emergency and non-emergency referrals of patients. Three TB centres resumed operations through CERF support and were equipped with diagnosis kits.

WHO SYR delivered nearly 700,000 treatment courses to 15 public hospitals, 5 DOH, and IPs in EQ-affected areas, benefiting nearly 280,000 people. In addition, 700 PWDs received assistive devices. This support reduced avoidable morbidity and mortality among the affected populations.

Output 3: WHO GZT activated three ambulances that provided the required transportation of patients in the aftermath of the earthquake.

WHO SYR provided specialized medical equipment to 15 hospitals in EQ-affected areas to improve the provision of secondary health care, particularly trauma and emergency services. This included 1 CT scan, 1 X-ray, 3 mobile X-ray, 2 portable ECHO, 5 X-ray systems, 2 ultrasonic scan, 1 cardiovascular unit, 5 anaesthesia units, 5 hemodialysis machines, 1 biochemistry and 1 hematology analyzers, and 3 electroencephalographs. 2 portable X-rays were cancelled due to delays

3. Changes and Amendments

WHO GZT did not make any changes to the proposed activities. However, eight health facilities were expected to need major rehabilitation as a result of the earthquake. Eventually, only three health facilities were supported with large rehabilitation, but some 22 health facilities received minor rehabilitation services.

- Due to failed adherence to set specifications, WHO cancelled the procurement of water purification tablets for Syria. The supplier provided chlorine tablets unfit for human consumption and could not replace them. Sanctions and delayed shipments make regional procurement impossible.
- Historically, WHO has experienced long lead times and delivery delays to Syria due to disrupted supply chains, high demand, and chilling effects of sanctions which limit the number of suppliers to choose from. The timeline for manufacturing and obtaining shipment waivers further delays delivery. This forced WHO to request NCE to extend the project duration to Nov 2023. In the end, due to suppliers' inability to adhere to the promised delivery date (despite numerous assurances), WHO had to cancel the procurement of 2 portable X-rays due to delayed delivery.
- The resulting savings from both cancelations will be returned to CERF within 4 months once the certified financial statement is completed.

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	11,655	7,770	9,713	9,713	38,851	11655	7770	9712	9713	38850
Internally displaced people	83,448	66,901	68,086	74,902	293,337	277,337	126,284	145,618	154,259	703,498
Host communities	163,726	142,227	118,275	141,738	565,966	196,257	85,086	108,143	103,903	493,389
Other affected people	0	0	0	0	0					
Total	258,829	216,898	196,074	226,353	898,154	485,249	219,140	263,473	267,875	1,235,737
People with disabilities (PwD) out of the total										
	9,406	8,504	6,816	8,330	33,056	3,519	8,002	4,159	3,992	19,672

* 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 earthquake damaged numerous sensitive medical devices and equipment in hospitals, many of which had been in use long past their normal lifespan due to funding constraints and sanctions which made replacement impossible. Furthermore, non-functional devices hindered access to life-saving care at the time of the earthquake. Overall, about 4 million people in the catchment areas served by the 15 supported hospitals have indirectly benefited from the implemented activities under this project, particularly output 3 which improved overall access to secondary health care – with an emphasis on trauma and emergency services – in affected hospitals.

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6. CERF Results Framework

Project objective	Provide core emergency health interventions to reduce avoidable morbidity and mortality among populations in earthquake-affected areas				
Output 1	Maintain the surveillance system functionality (EWARN), deployment of rapid response teams, and strengthen health facilities' WASH-related activities.				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 24 hours	100	90.6	EWARN	
Indicator 1.2	CC.1 Number of implementing partner staff receiving quick refresher training to support programme implementation (staff receiving trained on EWARN topics)	150	143	EWARN	
Indicator 1.3	# of people benefiting from water purification tablets	10,000	0	Activity was cancelled.	
Explanation of output and indicators variance:		For 1.3, The procurement of this item was cancelled. The supplier failed to commit to specifications and provided chlorine tables that are not suitable for human consumption and was unable to replace them. Regional procurement was not possible as procurement of chemical products to Syria normally requires around 12 months due to sanctions. Therefore, WHO SYR cancelled the procurement of these items and remaining savings will be returned to CERF.			
Activities	Description	Implemented by			
Activity 1.1	Sustain EWARN functionality, deployment of rapid response teams, and supporting 3 surveillance Labs to the affected areas in NWS	World Vision			

Activity 1.2	Providing quick refresher training activities to the EWARN staff working in NWS	Relief International and International Rescue Committee
Activity 1.3	Improving WASH activities in 10 health care facilities affected in NWS	World Vision
Activity 1.4	Provision of water purification tablets to health facilities affected in GoS areas	Activity was cancelled (please see explanation above).

Output 2 Sustain access to essential primary and secondary health care services and ensure continuity of care, with specific focus on services for people affected or disabled by the earthquake.

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

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.8 Number of primary healthcare consultations provided	650,000	928,518	Implementing Partners reports
Indicator 2.2	# of physical rehabilitation sessions	1,000	2,091	Implementing Partners reports
Indicator 2.3	% of completed referrals	80%	79.8%	Implementing Partners reports
Indicator 2.4	# of outpatient consultation (all types)	18,500	25,388	Implementing Partners reports
Indicator 2.5	# new TB patients diagnosed	150	57	Implementing Partners reports
Indicator 2.6	# treatment courses provided	647,667	697,600	Procurement and reception documents
Indicator 2.7	# people benefiting from assistive devices (PwD)	700	700	Procurement and reception documents

Explanation of output and indicators variance: Overachievements were reported under outputs 2.1, 2.2, and 2.4. Reasons for overachievements are identified in the increase of consultations as a result of the earthquake. In particular, for 2.1, the networks have provided crucial consultations to the affected population. As of 2.2, Shmareen Surgical Hospital was paramount to supporting patients in need of rehabilitation. Closing, 2.4 was slightly overachieved because of the performance of the deployment of one mobile clinic. Differently, an underachievement was recorded under 2.5: while testing performances improved, positive cases diagnosed were less than expected. For 2.6 the slight overachievement is attributed to higher quantities of some medicines that were provided than originally estimated due to lower prices.

Activities	Description	Implemented by
Activity 2.1	Maintaining functionality of Harim, north Aleppo and Afrin Networks in NWS to implement the Essential Health Service Package (ESHP) and ensure service delivery to people affected by the earthquake, including rehabilitation sessions.	Relief International and International Rescue Committee were responsible for the operation of 3 PHC Integrated Networks in NWS.
Activity 2.2	Sustaining the referral system operations in the affected areas of NWS with focus on emergency referrals	Relief International and International Rescue Committee

Activity 2.3	Allocate deploy mobile teams/ clinics to respond to newly displaced population in NWS	AFAQ (Ufuklar Insani Yardim Dernegi) and SDI (Uluslararası Sosyal İnsani Yardımlaşma Ve Dayanışma Dernegi)
Activity 2.4	Provision of essential medicines to health districts and partners in the affected areas in GOS	Implemented by the WHO SYR Country Office. Medicines were distributed to 15 public hospitals, 5 Directorates of Health (DoH) and implementing partners (IPs) in earthquake-affected areas, sufficient to cover nearly 280K individuals.
Activity 2.5	Provision of assistive devices to health districts in the affected areas in GOS	WHO distributed to specialized health IPs in EQ-affected areas

Explanation of output and indicators variance: For 3.3, the overachievement is attributed to more in-depth assessment by WHO conducted after the proposal submission which revealed greater needs than initially reported by the preliminary assessment completed by MoH which was used in the initial proposal submission.

Output 3	Assessment and rehabilitation of critical infrastructure and equipment in health facilities within the integrated health service delivery networks affected by the earthquake.
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Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# of health facilities rehabilitated	8	3	Implementing Partner report - Relief International and IRC.
Indicator 3.2	# of ambulances activated	4	3	Implementing Partner report
Indicator 3.3	H.7 Number of functional health facilities supported (health facilities receiving light and specialized equipment)	10	15	Implementing Partner report

Explanation of output and indicators variance: As of indicator 3.1, three health facilities underwent major rehabilitation as a result of the damages caused by the earthquake. However, within the network activities, other 22 health facilities were provided with minor rehabilitation services. For 3.3, the overachievement is attributed to more in-depth assessment by WHO conducted after the proposal submission which revealed greater needs than initially reported by the preliminary assessment completed by MoH which was used in the initial proposal submission.

Activities	Description	Implemented by
Activity 3.1	Rehabilitation of critical infrastructure in 8 health facilities affected by the earthquake in NWS	World Vision and International Rescue Committee
Activity 3.2	Maintenance of ambulances operating in NWS	World Vision and International Rescue Committee
Activity 3.3	Provision of light and specialized equipment to affected health facilities in GoS areas.	WHO distributed the devices to 15 public hospitals affiliated to Ministries of Health and of Higher Education (MoH, MoHE).

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 areas⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁰:

The involvement of beneficiaries was considered during the whole project cycle. At the planning stage, beneficiary priorities were assessed through a concerted discussion within the health cluster, donor community, and local health and civil authorities.

WHO SYR conducted consultations with beneficiaries through health and local authorities, as well as health partners on the ground, to better understand needs among the affected populations and coordinate any adjustments and modifications of the provided response

b. AAP Feedback and Complaint Mechanisms:

WHO implement regular monitoring visits to meet with beneficiaries and innovate its mechanisms to listen to and meet with community leaders and vulnerable groups. Each health facility supported under this project is equipped with complaint mechanism for patients.

WHO SYR focal points conducted on-site monitoring visits to government-affiliated facilities. Supported IPs are required to have feedback and complaints mechanisms and WHO also operates a hotline for any concerns. All complaints are treated confidentially and followed up by respective hubs with the appropriate actions.

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

Complaint mechanisms are available to alert on sexual exploitation and assault cases and to submit any feedback about the provision of services at all health facilities supported through this grant. Also, dissemination materials to support beneficiaries accessing the services were distributed and displayed to raise awareness and information at the PHC centers, either fixed or mobile, and SHC facilities, including Shmareen Hospital and TB centres. Within the network, PSEA training and orientation sessions were delivered to staff working at health facilities.

Prevention of Sexual Exploitation and Abuse (PSEA) is integrated into the WHO Code of Ethics and Professional Conduct, and all staff and implementers are required to uphold and promote PSEA. With complementary funds, WHO SYR initiated refresher PSEA training for NGO partners and activated a new NGO partnership to enable response capacity for victims.

As per the PSEA policies and guidelines, WHO has many confidential mechanisms to report SEA for WHO staff, collaborators or any other person who may have been a victim of SEA or may have witnessed/been informed of a case of SEA involving WHO. Affected individuals and/or any third party may submit a formal (anonymous if desired) complaint of abusive conduct, which will be dealt with per the formal procedure set out in WHO policies.

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

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

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

WHO in GZT dedicated one output to supporting women and children through maternity care and child hospitals which makes this project fully focus on supporting women, girls, and sexual and gender minorities. To better adjust its programmes to enhance gender equality and boost women's contribution to the health service in Northwest Syria, WHO frequently organizes FGDs with women health workers. Earthquakes, in addition to the emergency and conflict settings, exacerbate risk of poor health outcomes and sexual and gender-based violence. Under this project, WHO aimed to improve access to essential health services for women and girls. With complementary funding, WCO SYR supported a specific project covering GBV/SEA victim assistance & awareness-raising in affected communities working with the concerned national authority (Syrian Commission for Family Affairs and Population)

The support was designed to improve access to health to all in need without leaving anyone behind, as the supported health facilities (including rehabilitation of critical infrastructure and replacement of damaged medical equipment and ambulances) will provide free-of-charge services to all in need in the EQ affected areas.

e. People with disabilities (PwD):

WHO in GZT reached close to 20,000 persons with disabilities through this project, including women and children. Health services at primary health care, secondary health care and referrals were made available to meet their essential needs. WHO monitors the accessibility to HFs for PwDs and IP reports/ photos to ensure that no one was left behind and equal access to the facility was ensured. This project, through supporting a surgical hospital and other rehab sessions within the network approach, was heavily involved in promoting a better life for persons with disabilities.

In addition to providing prosthetics directly to PwDs, by increasing access to secondary healthcare in 15 public facilities across affected areas, barriers to care are reduced for all populations. Furthermore, many of the devices under Output 3 enable effective emergency interventions that can prevent lasting injury and disability.

f. Protection:

WHO's corporate framework for protection mainstreaming calls for the prevention of any harm or unintended negative effects of planned interventions towards targeted vulnerable populations. This approach emphasizes the integration and mainstreaming of protection measures to address the specific needs and vulnerabilities of these populations within the provision of healthcare services.

The activities were implemented under the Do No Harm principle to ensure equitable access to healthcare services without any unintended disadvantages. This was reflected in supporting public hospitals, across numerous locations, that serve everyone without any discrimination.

g. Education:

WHO GZT did not specifically focus this project on education. However, over 95% of beneficiaries under Output 3 are children in scholar age or about to begin school. Health and health awareness in children in NWS is a condition to promote meaningful access to education. With complementary funding, WHO's emergency response to EQ include a component of risk communication and community engagement to empower affected communities around health issues of concern.

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.

Output 2 ensured that treatment courses were delivered through trained health care providers – either in static public facilities or via mobile team operated by IPs. WHO could monitor these activities and ensure adherence to treatment protocols thereby ensuring quality of care. CVA approaches prevent any monitoring of care and can even result in patients procuring directly from pharmacies without seeing a medical provider. This can also increase market prices for the rest of the population.

Output 3 was designed to increase access to life-saving healthcare services for the earthquake-affected population by supporting public hospitals affiliated with MoH and MoHE. CVA approaches would only enable one-time access to private facilities, thereby reducing impact and leaving millions without benefit.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
[Empowering displaced people in northwest Syria to regain their mental health]	[https://www.emro.who.int/syria/news/empowering-displaced-people-in-northwest-syria-to-regain-their-mental-health.html]
Vital assistance to people in Syria	https://x.com/WHOSyria/status/1762365366599028774?s=20
Acknowledgement of funding	https://x.com/WHOSyria/status/1762365364682231810?s=20

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS I

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-CEF-006	Child Protection	UNICEF	NNGO	\$20,000
23-RR-CEF-006	Child Protection	UNICEF	NNGO	\$18,144
23-RR-CEF-006	Child Protection	UNICEF	NNGO	\$79,157
23-RR-CEF-006	Child Protection	UNICEF	NNGO	\$175,970
23-RR-CEF-006	Child Protection	UNICEF	NNGO	\$70,000
23-RR-CEF-006	Child Protection	UNICEF	NNGO	\$0
23-RR-CEF-006	Child Protection	UNICEF	NNGO	\$19,814
23-RR-CEF-006	Child Protection	UNICEF	RedC	\$8,061
23-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$133,350
23-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$968,329
23-RR-CEF-006	Water, Sanitation and Hygiene	UNICEF	NNGO	\$908
23-RR-FPA-004	Protection	UNFPA	NNGO	\$27,482
23-RR-FPA-004	Protection	UNFPA	NNGO	\$56,068
23-RR-FPA-004	Protection	UNFPA	RedC	\$15,358
23-RR-FPA-004	Protection	UNFPA	NNGO	\$16,054
23-RR-FPA-004	Protection	UNFPA	NNGO	\$15,442
23-RR-FPA-004	Health	UNFPA	NNGO	\$29,852
23-RR-FPA-004	Health	UNFPA	NNGO	\$15,975
23-RR-FPA-004	Health	UNFPA	RedC	\$30,115
23-RR-WHO-006	Health	WHO	NNGO	\$250,917
23-RR-WHO-006	Health	WHO	NNGO	\$64,181
23-RR-WHO-006	Health	WHO	INGO	\$553,748
23-RR-WHO-006	Health	WHO	NNGO	\$140,010

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS II

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
23-RR-WHO-006	Health	WHO	INGO	\$318,063
23-RR-WHO-006	Health	WHO	INGO	\$184,789
23-RR-WHO-006	Health	WHO	NNGO	\$99,606
23-RR-WHO-006	Health	WHO	NNGO	\$51,398
23-RR-WHO-006	Health	WHO	NNGO	\$197,879
23-RR-WHO-006	Health	WHO	NNGO	\$56,444
23-RR-WHO-006	Health	WHO	INGO	\$219,092
23-RR-HCR-005	Shelter and Non-Food Items	UNHCR	INGO	\$126,500
23-RR-HCR-005	Shelter and Non-Food Items	UNHCR	INGO	\$125,000
23-RR-HCR-005	Shelter and Non-Food Items	UNHCR	RedC	\$75,000
23-RR-HCR-005	Protection	UNHCR	NNGO	\$55,000
23-RR-HCR-005	Protection	UNHCR	RedC	\$61,000
23-RR-HCR-005	Protection	UNHCR	NNGO	\$50,000
23-RR-HCR-005	Protection	UNHCR	NNGO	\$50,000
23-RR-HCR-005	Protection	UNHCR	NNGO	\$55,000
23-RR-HCR-005	Protection	UNHCR	NNGO	\$55,000
23-RR-HCR-005	Shelter and Non-Food Items	UNHCR	NNGO	\$140,345
23-RR-WFP-003	Food Security	WFP	NNGO	\$10,389
23-RR-WFP-003	Food Security	WFP	NNGO	\$13,780
23-RR-WFP-003	Food Security	WFP	NNGO	\$35,115
23-RR-WFP-003	Food Security	WFP	NNGO	\$32,630
23-RR-WFP-003	Food Security	WFP	NNGO	\$124,429
23-RR-WFP-003	Food Security	WFP	NNGO	\$3,631
23-RR-WFP-003	Food Security	WFP	NNGO	\$5,025