United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS EGYPT UNDERFUNDED EMERGENCY/ROUND I 2015

RESIDENT/HUMANITARIAN COORDINATOR	**Anita Nirody**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was part of the regular monitoring and evaluation processes conducted by the Inter-Agency and the Inter-Sector Working Group (IAWG and ISWG) in the context of the Egypt-specific response to the Syria Crisis (Regional Refugee and Response Plan). Stakeholders involved are UN agencies, international and national NGOs, and some development partners/donors.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

In the context of the above institutional mechanisms, the content of the Report was discussed with the implementing (CERF receiving) agencies, as well as other relevant UN agencies, funds and programmes, at both technical as well as senior management level.

c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES ☒ NO ☐

The final content of the report was shared within the institutional mechanisms of the regular monitoring and evaluation processes of the Regional Refugee and Resilience Plan (3RP), i.e. with recipient agencies, and sector coordinators and members (including implementing partners in the areas of health and food security)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 189,581,596 (3RP for Egypt for 2015)		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	3,500,065
	COUNTRY-BASED POOL FUND (*if applicable*)	
	OTHER (bilateral/multilateral)	52,291,883
	TOTAL	**55,791,948**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 17-Feb-15			
Agency	**Project code**	**Cluster/Sector**	**Amount**
WHO	15-UF-WHO-002	Health	200,090
UNHCR	15-UF-HCR-003	Health	299,975
WFP	15-UF-WFP-009	Food Aid	3,000,000
TOTAL			189,581,596 (3RP for Egypt for 2015)

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	3,000,000
Funds forwarded to NGOs for implementation	299,975
Funds forwarded to government partners	182,513
TOTAL	**3,500,065**

HUMANITARIAN NEEDS

With no end in sight to the civil war in Syria, the crisis has just entered its sixth year. Whilst the death toll continues to rise inside Syria, especially among civilian populations, over 4.8 million who have sought refuge in neighbouring countries.

Despite the absence of a land border with Syria, the Egyptian government has allowed refugees into Egypt. The number of Syrian refugees registered in Egypt grew tenfold during 2013, from 13,000 in January to over 131,500 in December.
However, during 2014 and 2015 a decrease in the rate of new arrivals was observed in Egypt, as new visa regulations and tighter border control measures were imposed, while some refugees chose to leave Egypt. As of December 2015, there were 117,658 UNHCR-registered Syrian refugees. The Egyptian authorities estimate that the figure for Syrian refugees in Egypt is higher and varies from 250,000 and 300,000 people.

Of these registered individuals 51 per cent are male, and 49 per cent female, with 43 per cent under 18 years of age. Instead of living in camps, the refugees settled in communities in the urban areas of Greater Cairo, Alexandria, and Damietta.

Although the protection environment remained stable, main challenges include residency issues, limited access to livelihood, inflation, physical safety particularly for women and children, access to quality education, emergency health care and costly secondary and tertiary health care. Refugees are exhausting their savings and resources, becoming more vulnerable, and are increasingly at risk of resorting to negative coping mechanisms. Increased in the costs of living led to a decrease in household purchasing power, and is very likely to move additional vulnerable refugee and host community households into poverty.

As a result, already high pressures on host communities and the national Government are mounting to provide additional resources and services, such as employment, health and education amongst others. Despite limited domestic resources, the Government of Egypt has extended its subsidies to services and goods in various sectors (health, education, food, transport) to Syrian refugees. At the same time, low visibility of Egypt's support in the refugee crisis, and the resulting lack of international funding, exacerbate the challenge to provide adequate services to refugees and host communities alike.

II. FOCUS AREAS AND PRIORITIZATION

Refugees are typically exposed to various dimensions of vulnerability, including exclusion, access to food, access to health and education and resulting coping strategies. As the response to life-saving needs of Syrian refugees is central to the humanitarian response in Egypt, Food Assistance and Health were identified as priority sectors for addressing these needs in 2015.

The 2015-2016 Egypt Chapter of the Regional Refugee and Resilience Plan (3RP) in response to the Syria crisis, formulated in consultation with the Government of Egypt, outlines the overall response strategy. Strategic objectives related to the Food and Health Sectors include: (i) Promote and support the access, availability and consumption of safe, nutritious and diversified food for selected poor and vulnerable households; (ii) Improve equal and non-discriminatory access to comprehensive and quality primary health care for Syrian refugees and impacted communities; (iii) Optimize life-saving assistance through essential secondary and tertiary health care for Syrian refugees; (iv) Support the capacity of national health care services to provide quality and non-discriminatory health care in the most affected governorates.

In the area of food security, the 2013 Joint Assessment on Syrian Refugees in Egypt showed that almost 50 per cent of household expenditure was spent on food. Respondents in Asyut Governorate reported they had reduced spending on non-essential health, clothing and education to cover food and rent. Sufficiency of household food intake decreased from 40 to 27 per cent from 2012 to 2013, with 27 per cent of respondents reporting insufficient, and 46 per cent barely sufficient food intake. Households receiving WFP food vouchers reported higher rates of sufficient food intake (31 per cent), and lower rates of insufficient food intake (23 per cent compared to 32 per cent). Across the governorates, Cairo and 6th of October had the highest rates of insufficient food intake at 32 per cent and 31 per cent, whereas Damietta and Giza had the highest rates of sufficient food intake at 39 per cent and 32 per cent. As a coping strategy, households reduce the quality and quantity of food consumed, spend savings (39 per cent), purchasing food on credit (27 per cent), and sell household assets (21 per cent). Few responded said that they needed to pull children out of school (3 per cent) or send household members to beg (1 per cent).

WFP monitoring found that - after receiving a food voucher - the number of households eating three meals per day increased from 19 per cent to 41 per cent, those eating one meal a day decreased from 24 per cent to 9 per cent, there was a 29 per cent decrease in reducing the number of meals eaten, a 11 per cent drop in limiting portion size, 8 per cent fewer were spending savings and 6 per cent less were borrowing or buying food on credit.

In the area of health, a 2013 joint assessment of Syrian Refugees in Egypt showed that while Syrian refugees use public health facilities, access to and quality of health service provision is unsatisfactory for them, and they lack financial means to afford health services. At the same time, most households reported having one or more persons in their family with health needs, with a high prevalence of cardiovascular diseases (27 per cent), followed by diabetes mellitus (12 per cent), among chronically ill Syrian refugees. Furthermore, refugees living in Egypt suffer therefore a 'dual burden' to their health as a result of their concentration in urban areas. This is linked to the increased risk of diseases associated with overcrowding, poor sanitation and hygiene as well as a result of a dietary transition. There is a pronounced need for emergency and secondary care services, particularly for emergency care as the high cost and lack of the available services often lead to medical conditions deteriorating into critical and life-threatening cases.

Due to costs and geographical distance, most Syrian refugees seek medical care from nearby public health facilities. Of the respondents, 42 per cent use public health facilities, 26 per cent use private sector facilities, 14 per cent depend on charity and friends' support, and 19 per cent use UNHCR's supported health services. 43 per cent of respondents noted that they need to completely settle their medical bills, and 42 per cent said that they partially pay for medical services and only 16 per cent of them get free services. 6.1 per cent of the household expenditures are on health. Since 2,500 LE is the average expenditure of Syrian households, the average spending on health is 150 LE per month.

The scattering of Syrian refugees in host communities in urban centres poses operational challenges to respond to the needs of refugees, including (i) inequitable distribution of health facilities, (ii) lack of standardization and standard treatment protocols; (iii) lack of integrated and standardized Health Information System; (iv) lack of needs-based referrals / weak referral system in place; (v) lack of transparency regarding costs and treatment protocols, especially within the private sector; and (vi) poor medical record keeping of patient care and referrals, which in turn impacts both patient treatment and epidemiological analysis of the incidence of health conditions and changing care needs.

Some of the constraints in the provision of a response strategy for Syrian refugees are evident in the security situation in Egypt as well as the restrictions related to current entry visas and security-clearance required for Syrians seeking to enter Egypt. Access in global coverage of the refugee population remains difficult as although Syrian refugees are primarily concentrated in the urban centres of Greater Cairo, Alexandria and Damietta, some remain scattered across Egypt, while the UN's primary locations are centralized in Cairo. Constraints also remain in the lacking capacity of the infrastructure in place to absorb the large number of refugees into Egypt's National Systems.

III. CERF PROCESS

The prioritization and allocation of CERF funds is entirely based on the needs assessment and prioritization underlying the Egypt chapter of the 3RP for 2015 and 2016. During the design process, the government of Egypt was consulted – both, at the level of line ministries, as well as with the chapeau Ministry of Foreign Affairs - which endorsed and publicly launched the Egypt chapter of the 3RP. In addition, the needs and priorities are closely linked to existing national strategies and plans (e.g. Egypt's Health Sector Strategy), so are an integral part of the government priorities, rather than standing in isolation.

Also institutionally, the CERF allocation was not dealt with in isolation, but as part of the institutional mechanisms to design, implement and monitor the interventions under the 3RP. The United Nations Country Team (UNCT) provides the overall guidance and supervision on the 3RP. The Inter-Agency Working Group – chaired by UNHCR - is the highest coordination level used for the refugee response in Egypt. It is a non-sectorial coordination forum – composed by UN agencies, non-governmental organizations and selected donors - which aims to strengthen inter-agency coordination and flow of information and discusses policy issues, protection and program gaps. Amongst other refugee-related issues, the 3RP is covered by the IAWG. At the operational level, the Inter-Sector Working Group (ISWG) – which meets monthly - coordinates the design, implementation and monitoring of the work carried out by five Sector Working Groups, focusing on Protection, Health, Education, Food Security and Basic Needs/ Livelihoods. Under the protection SWG, there are three sub-working groups, which cover child protection, SGBV & psychosocial support.

Each of these groups has its specific set of partners, including donors, international agencies, and international and national NGOs. The ISWG reports to the IAWG. The CERF allocation – as part of the 3RP – was consulted and prioritized, monitored and coordinated through these channels.

As a result of these consultation and prioritization processes, it was decided that the CERF funds would focus on (1) the provision of life-saving food assistance to vulnerable refugees, and (2) lifesaving emergency health care and treatment.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]

Total number of individuals affected by the crisis: 117,658 registered refugees (as of December 2015)

Cluster/Sector	Female			Male			Total		
	Girls (below 18)	**Women** (above 18)	**Total**	**Boys** (below 18)	**Men** (above 18)	**Total**	**Children** (below 18)	**Adults** (above 18)	**Total**
Health	28	159	**187**	46	214	**260**	74	373	**447**
Food Aid	4,978	6,652	**11,630**	5,355	6,605	**11,960**	10,333	13,257	**23,590**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

As per the specific project tables below, the numbers of beneficiaries in this section were determined by continuous project monitoring and reporting carried out by implementing partners and relevant UN agencies, funds and programmes, including reporting by the implementing partners on each medical emergency attended to, and through the WFP database related to the issuance of food vouchers. The existing monitoring and reporting processes and tools – and the overall moderate number of beneficiaries – simplify the estimation of the number beneficiaries, and have prevented any major challenges in gathering the numbers.

Given the very specific focus of both CERF-funded areas (health and food assistance), and given the very specific and focused health-related interventions (reflected in the relatively small number of beneficiaries in this sector), it can be assumed that double-counting has been avoided to the largest possible extent, with only a minimal margin of error.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (below 18)	**Adults** (above 18)	**Total**
Female	5,006	6,811	11,817
Male	5,401	6,819	12,220
Total individuals (Female and male)	**10,407**	**13,630**	**24,037**

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding This should, as best possible, exclude significant overlaps and double counting between the sectors.*

CERF RESULTS

In line with the Egypt chapter of the Regional Refugee and Resilience Plan for 2015-2016 (3RP), the health sector for the Syrian refugee response in Egypt aims to target the needs of the total Syrian refugee population with a general objective to reduce morbidity and mortality for women, girls, boys and men. The CERF funds targeted the second priority of the Health sector 3RP response, which aims to "Ensure life-saving assistance is provided through essential secondary and tertiary health care". CERF funding filled a gap of much needed secondary and tertiary health service provision for Syrian refugees in Egypt, and allowed the patients to make use of their right to use these emergency health services. Without the funding, all of the patients' medical condition would have deteriorated imminently, and many lives would have been lost.

Approximately 1,200 beneficiaries received life-saving health care (emergency care) in 2015, compared to 1,400 in 2014. Out of the total figure assisted in 2015, 447 persons (187 or 42 per cent of women and girls, and 260 or 58 per cent of men and boys) have been assisted with emergency health care under CERF funds. These life-saving interventions/cases were mainly related to cardiovascular diseases followed by cerebrovascular and respiratory problems, and CERF funding allowed covering the costs for intensive care, medication, case management, ambulatory care, check-ups and surgical interventions.

Due to the lack of highly specialized services such as Intensive Care Units (ICU) and Pediatric Neonatal Units with incubators (the average cost of one day in the ICU can reach USD 200), cardiovascular complications, and neonatal and obstetric care are very expensive. In addition to subsidizing the above-mentioned amount of emergency cases to up to 40 per cent (meeting the level of subsidies Egyptian patients received for such treatment), CERF funding also allowed to upgrade the medical equipment were equipped through six ICU beds with additional two beds for isolation, one Neonatal unit.

In order to ensure adequate response, and with the direction and follow-up of UNHCR and WHO, medical services were provided through Specialized Medical Centers (SMC), a governmental entity and network of more than 20 hospitals that cover most Egyptian Governorates, which are able to provide appropriate and adequate emergency care to beneficiaries.

The commencement of services was announced to Syrian refugees and community leaders, groups and associations through social media portals and face-to-face awareness raising meetings. Syrian community focal persons helped facilitate and manage access to emergency services, to ensure admission of patients was focusing on the most urgent needs.

There was no discrepancy between planned and actual outcomes, outputs and activities, which illustrates realistic design and planning, effective implementation, and adequate monitoring.

Regarding the area of food security, the UN – through WFP and also under the overall umbrella of the 3RP – used CERF funding to distribute vouchers and e-vouchers under secure conditions and for a period of 6 months to 23,590 Syrian refuges in Greater Cairo, Alexandria, Damietta, Mansoura and Marsa Matrouh. Given the geographic spread of refugees in urban areas and Egypt's existing good infrastructure and functioning local markets, pre-paid food vouchers were adopted as the primary modality of assistance.

Food vouchers (85 per cent prepaid e-cards and 15 per cent paper vouchers) allowed the beneficiaries to buy from close to 50 pre-selected retailer shops, and enabled them to diversify and balance food basket that provided the minimum required caloric intake. The food voucher scheme helped restore a sense of normalcy to the lives of refugees by allowing them to purchase foods of their choice and thereby meet their individual consumption and nutritional needs more effectively.

Additionally, in the case of e-vouchers, the monthly credit is automatically transferred to the beneficiaries at the beginning of each month, which means that beneficiaries no longer need to travel to distribution sites, reducing their transportation costs. Together with the expense saved for food purchases (usually around 50 per cent of household expenditure), this money became available for other expenses, including health, clothing and education. This also prevented the refugees from potentially using other coping strategies, such as spending savings, purchasing food on credit, selling household assets, or even withdrawing their children from school, or sending them out to beg.

The voucher scheme is a very cost-effective assistance modality which – in partnership with and support from national cooperating partners and competitively selected service providers - allowed an average of 90 percent of CERF funds to go directly to the beneficiaries. At the same time, it also ensured that US$ 2,406,213 were injected into the local economy, and thereby supported local business and food suppliers, supporting indirectly the Egyptian communities that are hosting Syrian refugees.

As for Damietta, the voucher distribution site was set up in line with safe distribution principles, including segregation of men and women, crowd control measures, the use of security guards, separate entry and exit areas, and priority lines for pregnant women, older people and persons with disabilities.

Across all targeted governorates, no safety/protection incidents were encountered or reported in relation to the distribution activities. Particularly results regarding the safety of women were improved to a great extent compared to the previous year.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

CERF funds could be immediately applied in food voucher scheme, and in cases of health emergencies. As mentioned above, in the case of food vouchers, an average of 90 per cent of CERF funds go straight to the targeted beneficiaries, making this a very fast, direct and cost-effective modality.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

As per the CERF definition, both the response to health emergencies, as well as providing food vouchers were life-saving activities. In both cases, CERF funds responded to time critical needs – and did so in a timely manner.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

The CERF funding allowed the UN to not only address life-saving needs, but also to achieve important and quick impact, which – in combination with other funding received – allowed respective UN agencies to mobilize additional resources. In fact, in addition to CERF, the UN and 3RP partners managed to mobilize US$ 52,291,883 in 2015. The results achieved with CERF funding strengthened the case made to the respective donors, and therefore contributed to catalysing additional funding.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☐ PARTIALLY ☒ NO ☐

Overall, coordination amongst humanitarian partners improved during the course of 2015, thanks mainly to the ISWG and IAWG. While CERF contributed to the overall 3RP interventions and improved coordination, it is not possible to attribute changes in coordination to CERF in particular and in isolation from other funding available.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
CERF funds to be made accessible and available to fill temporary and urgent resource constraints and gaps	Share sourcing and implementation status updates with CERF Secretariat to allow access to additional funding as required	WFP EGY CO / CERF Secretariat

[1] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Programme decisions, including coverage/targeting and modality selection, were improved to include quality analysis of markets, gender, food insecurity, local contexts, conflict dynamics or cost-effectiveness	Reinforce joint, coordinated and integrated approaches and implementation of multi-sector assessments and surveys.	EGYPT CT / Inter-Agency WG
SOP for the entire implementation process to include roles and responsibilities, partner selection and evaluation, contracting, programming and allocation of funds, distribution, redemption payment, reconciliation, post distribution monitoring, transportation of vouchers and distribution staff and voucher printing were reviewed and compliant with corporate rules and regulations.	Periodic review of SOP according to changing operational requirements and modalities.	WFP EGY CO EMOP unit
Advocacy with the host Government to be considered a priority task to find alternative durable, viable and sustainable solutions in view of the protracted refugee ops and the shift to resilience-building.	Reinforce joint donor, international community and humanitarian actors' advocacy vis-a-vis the Government to allow conducive legal conditions for durable solutions.	EGY CT / RC

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	11/03/2015– 31/12/2015
2. CERF project code:	15-UF-WHO-002	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Provision of emergency Care for life threatening conditions to Syrian refugees in Egypt		

7.Funding		
a. Total project budget:	US$ 2,100,000	d. CERF funds forwarded to implementing partners:
b. Total funding received for the project:	US$ 450,090	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 200,090	▪ *Government Partners:* US$ 182,513

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	25	30	55	12	19	31
Adults (above 18)	77	93	170	83	118	201
Total	**102**	**123**	**225**	**95**	**137**	**232**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	225	232
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**225**	**232**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework			
9. Project objective	Reducing the morbidity and mortality for the displaced Syrians in Egypt		
10. Outcome statement	Provision of life saving assistance through essential secondary and tertiary health care for Syrian refugees in Egypt		
11. Outputs			
Output 1	Access to quality secondary and tertiary care for medical emergencies is ensured to 125 Syrian refugees.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of patients accessed emergency health services	125	132
Indicator 1.2	# of facilities providing secondary and tertiary care for patients from selected governorates	4	10
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provision of emergency related secondary and tertiary health care services	Specialized Medical Centres, SMC, hospitals (contracted public hospitals)	Specialized Medical Centres, SMC, hospitals (contracted public hospitals)
Output 2	Provision of medical treatment for chronic non communicable diseases for 100 Syrian refugees.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of patients received medical treatment from chronic NCDs	100	100
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provision of medications for Syrian refugees with chronic disease at selected governorates	Specialized Medical Centres, SMC, hospitals (contracted public hospitals)	Specialized Medical Centres, SMC, hospitals (contracted public hospitals)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project supported the provision of secondary and tertiary health care services for life saving medical emergencies and chronic diseases, and allowed 232 patients to benefit from their basic right of accessing health care with dignity. CERF resources were directed to maintain the lives of the targeted beneficiaries, and filled a big gap of much needed secondary and tertiary health services provision for displaced Syrian refugees in Egypt. The beneficiaries were carefully selected based on the level and types of vulnerability, and included patients living with chronic diseases, elderly people, as well as children and women. Special attention was given to those whose vulnerabilities resulted from their displacement, and their inability to work and earn their livelihoods outside their home country.

CERF funding allowed to subsidize hospital bills of 232 patients who faced acute life threatening emergencies and who required urgent emergency secondary and tertiary levels of health care. The funding addressed all related case management aspects, including ambulatory care, check-ups such as laboratory and radiological investigations, surgical interventions, and costs related to intensive care and medications. Most of the cases were related to accidents and trauma, cardiac cases, complicated medical conditions, intensive care units related costs, incubators for new-borns, and costs for deliveries in cases of caesarean sections.

In addition, 100 individuals accessed their daily medications against chronic diseases for the total duration of the project. Without CERF, the all of these patients' medical condition would have deteriorated imminently.

There was no discrepancy between planned and actual outcomes, outputs and activities, a sign of very realistic estimation and planning, and effective implementation was followed from project design to interventions.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project design was based on the Health Needs Assessment Survey for the displaced Syrian refugees in Egypt conducted by WHO Egypt in 2015, and formulated in line with Egypt's Health Sector Strategy, as well as the Egypt chapter of the Regional Refugee and Resilience Plan (3RP), aiming to reduce the mortality and morbidity of displaced Syrians in Egypt. The project was also designed based on actual and urgent need to fill very particular gaps in secondary and tertiary health care services, namely (1) the attention to people living with chronic diseases requiring daily medication, and (2) provision of lifesaving medical interventions.

Medical services were provided through Specialised Medical Centres (SMC), a governmental entity and network of hospitals that cover most Egyptian Governorates. The scope of the CERF funded interventions focused on the two governorates of Giza and Sharkia, where the density of Syrian refugee is amongst the highest.

As the SMCs charge for medical services, they are in a position to provide relatively better quality of services than the average free of charge district hospitals. Around 40 per cent of health bill is subsidised for Egyptians. WHO Egypt managed to successfully negotiate with SMCs to apply the same fee rates to Syrian refugees seeking their medical services.

The commencement of services was announced to Syrian refugees to Syrian community leaders, groups and associations in the two governorates, through social media portals and personal meetings to raise awareness about the accessibility of services. Subsequently, WHO appointed a Syrian community focal person to facilitate and at the same time manage access to services, so that the admission of patients was based not only on needs, but also on vulnerabilities and personal knowledge about patients living circumstances. For the same reason, WHO Egypt applied a limit to benefit from paid services for each patient, and exceptional approvals had to be attained to sponsor cases exceeding this limit and based on the assessment of the medical condition of each patient.

WHO staff conducted field and monitoring visits to the contracted services outlets, met with providers and beneficiaries and intervened to troubleshoot any obstacles. Reporting was integral part of the whole process, as the SMC provided financial and technical reports for each patient.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Given the focused scope and specific character of the interventions funded, no evaluation is planned. This said, based on the technical and financial reports for each patient, the contracted service provider SMC will furnish a final report regarding the CERF-funded interventions. Additionally, during the course of the project, WHO staff conducted regular visits to the hospitals to follow up on both, the patients' medical conditions, matters related to finances, monitored and – if necessary - immediately addressed issues identified.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	09/03/2015–31/12/2015
2. CERF project code:	15-UF-HCR-003	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☐ Concluded
4. Project title:	Reduction of mortality for acute lifesaving health conditions for Syrian refugees in Egypt		

7.Funding

a. Total project budget:	US$ 9,276,181	d. CERF funds forwarded to implementing partners:	
b. Total funding received for the project:	US$ 5,498,302	▪ *NGO partners and Red Cross/Crescent:*	US$ 299,975
c. Amount received from CERF:	US$ 299,975	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	20	25	45	16	27	43
Adults (above 18)	70	100	170	76	96	172
Total	**90**	**125**	**215**	**92**	**123**	**215**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	215	215
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**215**	**215**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		

CERF Result Framework			
9. Project objective	Reduction of mortality and disability associated to acute lifesaving health conditions for Syrian refugees in Egypt		
10. Outcome statement	Improved coverage of emergency health care services for Syrian refugees and reduction of its related mortality		
11. Outputs			
Output 1	Access to quality Emergency and Critical Care is insured for 215 Syrian refugees.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# patients referred for life-saving secondary and tertiary level of care	190	190
Indicator 1.2	# of facilities offering Emergency care	6	6
Indicator 1.3	# of women with direct obstetric complications who are treated in emergency obstetric care facilities	25	25
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provide emergency and critical care	Mahmoud Mosque Society and Arab Medical Union	Mahmoud Mosque Society and Arab Medical Union
Activity 1.2	Contracting hospitals for providing secondary and tertiary health emergency care services for displaced Syrians	Mahmoud Mosque Society and Arab Medical Union	Mahmoud Mosque Society and Arab Medical Union
Activity 1.3	Provision of emergency obstetric and neonatal intensive care	Mahmoud Mosque Society and Arab Medical Union	Mahmoud Mosque Society and Arab Medical Union

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

In line with the Egypt chapter of the Regional Refugee and Resilience Plan for 2015-2016 (3RP), the health sector for the Syrian refugee response in Egypt aims to target the needs of the total Syrian refugee population of 138,240[2] with a general objective to reduce morbidity and mortality for women, girls, boys and men.

The CERF project targeted the second priority of the Health sector 3RP response, which aims to "Ensure life-saving assistance is provided through essential secondary and tertiary health care". The total number of beneficiaries that received Life-Saving Health Care (Emergency care) in 2015 were approximately 1,200 compared to 1,400 in 2014. Out of the total figure assisted in 2015, some 215 persons (92 of 43 per cent of women and girls and 123 or 57 per cent of men and boys) have been assisted with emergency health care under CERF funds. The HIS statistics show that 190 Syrian refugees out of the total figure were referred to life-saving secondary and tertiary level of health care and 25 women victims of direct obstetric complications were treated in emergency obstetric care facilities.

[2] Total number of refugees as of 31 December 2014

These life-saving interventions/cases were mainly related to cardiovascular diseases followed by cerebrovascular and respiratory problems. In terms of cost, the cardiovascular complications, and neonatal and obstetric care were the most expensive due to the lack of highly specialised services such as Intensive Care Units (ICU) and Paediatric Neonatal Units with incubators (the average cost of one day in the ICU can reach USD 200).

In order to ensure adequate response, and with the direction and follow-up of UNHCR, the implementing partners Arab Medical Union (AMU) and Mostafa Mahmoud Society (MMS) managed to expand and build upon their existing network/connections to more than 20 hospitals that are able to provide appropriate and adequate emergency care to beneficiaries. MMS has ensured the provision of the needed capacity to UNHCR beneficiaries in need of emergency services through six ICU beds with additional two beds for isolation, and one Neonatal unit & three Ventilators in Cairo.

AMU ensured access to quality Emergency and Critical Care through a network of three emergency hospitals in Alexandria, which included as well, the transportation, emergency room and specialised surgery, amongst others.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNHCR conducted a situation analysis prior to the project which comprised of three closely interlinked phases:

Phase 1: Analysis of existing information
Phase 2: Participatory assessments where structured discussions have been organized in the beginning of the year with refugee women, girls, boys, and men of all ages and backgrounds, providing them with an opportunity to explain the protection risks they face as well as their needs in terms of health, and allowing them to participate as partners in the design of programmatic responses to issues affecting their lives. Participatory planning included donors, host government authorities, implementing and operational partners, and refugees.
Phase 3: Together, the information available was reviewed and analysed and operational objectives were developed at the country level.

Reporting was fundamental to the monitoring and evaluation conducted by UNHCR. Both implementing partners, MMS and AMU submitted a monthly report, which included description of activities, achievements, indicators and medical data.

UNHCR also assigned a referral coordinator to monitor referral expenses and to contribute to improving the referral pathway for secondary, tertiary and emergency health care facilities. The referral coordinator monitored the outcomes and expenditures and ensured that partners adhere to strict conditions of patient confidentiality.

UNHCR mechanisms aimed at ensuring that activities remain cost-effective. Mechanisms were undertaken by partners and through the already negotiated price of care provided by a known network of hospitals. All services were provided in both public and private hospitals/facilities.

Due to the nature of providing assistance for emergencies during the first 24 hours, patients have received medical care at the nearest available facility. However if the patient was in a private hospital, UNHCR and partners assessed the patient's case within the first 48 hours and, if needed, they ensured the patient was referred to a public and partner hospital to ensure the provision of the most quality and cost effective service.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
	EVALUATION PENDING ☐
Specific, sensitive, and reliable indicators that measure the different aspects of the project's outcomes (performance indicators) have been used to measure progress towards achieving the project's objectives and to further UNHCR's accurate and timely monitoring. Furthermore, quality of interventions (effective indicators) as well as short and intermediate term outcomes (outcome indicators) have also been assessed. To ensure appropriate cost control, UNHCR project leadership team conducted monthly reviews of financial performance. It also discussed any significant and/or unusual variances with respective staff, and took immediate corrective action, when necessary. UNHCR used the data provided to strengthen the collection and analysis of conditions in order to further improve health outcomes for Syrian refugees. The project has been partially evaluated, as only one partner (AMU) has undergone an evaluation. AMU being responsible for the implementation of a referral mechanism in Alexandria and Damietta (by establishment of a network composed of public and private hospitals, and several laboratories and pharmacies attached to several operational Hubs), evaluated this project in October 2015 from a quality prospective including three integrated components: 1- Provider (Network) assessment a) Based on patient experience (satisfaction) b) Clinical outcome 2- Damietta Hospital quality improvement Project 3- Internal project operations (all project internal operations & patient care services related to hubs & central office) The link to the evaluation report is: 01 final Initial assessment Report for Damietta Specialized Hospital.pdf	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WFP	**5. CERF grant period:**	17/03/2015-31/12/2015
2. CERF project code:	15-UF-WFP-009	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Food Aid		☒ Concluded
4. Project title:	Food assistance to vulnerable Syrian populations in Egypt affected by the conflict in Syria		

7.Funding

a. Total project budget:	US$ 127,038,468	d. CERF funds forwarded to implementing partners:
b. Total funding received for the project:	US$ 69,626,373	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 3,000,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (below 18)	3,294	4,025	7,319	4,978	5,355	10,333
Adults (above 18)	4,630	4,761	9,391	6,652	6,605	13,258
Total	**7,924**	**8,786**	**16,710**	**11,960**	**11,630**	**23,590**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees	16,710	23,590
IDPs		
Host population		
Other affected people		
Total (same as in 8a)	**16,710**	**23,590**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Given financial constraints to cater for the high number of Syrian refugees in need, the voucher value was reduced to US$ 17	

CERF Result Framework			
9. Project objective	Save lives and protect livelihoods in protracted crisis situation		
10. Outcome statement	Improved food consumption of 16,710 Syrian refugees in Greater Cairo, Alexandria, Damietta, Mansoura and Marsa Matrouh out of total planned of 89,371 targeted vulnerable refugees for 2015.		
11. Outputs			
Output 1	Vouchers distributed in sufficient quantity and quality to targeted 16,710 vulnerable refugees under secure conditions for a period of 6 months		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of women, men, girls and boys receiving vouchers, disaggregated by sex, as percentage of planned distribution	100% (16,710)	141 per cent (23,590)
Indicator 1.2	Total value of vouchers distributed to targeted beneficiaries (expressed in cash), disaggregated by month, as of percentage of planned	100% ($2,426,219)	99 per cent ($2,406,213)
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Distribution of food vouchers to vulnerable Syrian refugees in Greater Cairo, Alexandria, Damietta, , Mansoura and Marsa Matrouh	WFP	WFP
Activity 1.2	Monitoring of activities (see details under section 13c)	WFP and SCDAWI (Community Development Association for improving the conditions of women and children in Sohag)	WFP and SCDAWI

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Due to continued funding shortfalls and resources constraints, the voucher value had to be maintained at a 30 percent reduction from initially planned US$ 24.2 to US$ 17 throughout 2015. Several prioritization exercises were applied to target only those most vulnerable identified out of the joint UNHCR/WFP socio-economic household vulnerability assessment. According to post-distribution and impact monitoring exercises, reduced assistance, an inflation of 10 per cent during 2015, and exclusion of beneficiaries due to the necessary increase of prioritization, have led to the reduction in the food consumption score, and to beneficiaries resorting to negative coping mechanisms to meet food needs. These include spending savings, borrowing money, relying on cheaper food of less nutritional quality, and resorting to crime or illegal employment.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

WFP is committed to ensuring that the needs of vulnerable beneficiaries are firmly integrated into its operational response, particularly in relation to their safety and protection.

Through e-vouchers in almost all targeted governorates except for Damietta, monthly credit is automatically transferred to the beneficiaries at the beginning of each month. Beneficiaries therefore no longer need to travel to distribution sites, reducing their transportation costs, and making this money available for other expenses.

As for Damietta, the voucher distribution site was set up in line with safe distribution principles, including segregation of men and women, crowd control measures, the use of security guards, separate entry and exit areas, and priority lines for pregnant women, older people and persons with disabilities.

In line with WFP's 'Commitments on Accountability to Affected Populations', WFP has implemented various information and feedback mechanisms to inform beneficiaries and incorporate suggestions and feedback received from beneficiaries into program design and monitoring.

WFP has also enabled a two-way communication with beneficiaries including through the use of social media (dedicated Facebook page), by creating suggestion boxes at the distribution sites, and by offering a telephone hotline that beneficiaries could call during office hours.

Due to recent funding shortfalls and the cut of assistance to some beneficiaries based on vulnerability assessment criteria, provision of information to beneficiaries about the program (who is included, what people will receive, where people can complain) - although it is still within the target - decreased compared to last year.

In order to swiftly deal with these challenges, a pilot monitoring exercise was undertaken to assess the impact of the cut of assistance on a sample of the excluded beneficiaries. One of the key questions asked during this exercise was the extent to which beneficiaries are informed about the appeal process, and its clarity as a complaint mechanism. Findings revealed that all interviewed beneficiaries were informed about the appeal process and were clear about its steps and 96 per cent of which had already used the system and filed an appeal.

WFP and UNHCR are now working together to agree on the review process of these appeals, and to provide proper and timely feedback to excluded beneficiaries.

WFP met its accountability target for its beneficiaries, with all of its beneficiaries indicating that no safety/protection incidents were encountered in relation to the distribution activities. Particularly results regarding the protection/safety of women were improved to a great extent compared to the previous year.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
An external evaluation was conducted by the Overseas Development Institute (ODI) at the end of 2014. The main findings and recommendations were: (a) specific program decisions should be based on comprehensive in-depth cross-sector vulnerability assessments, (b) the cost-effectiveness argument for vouchers over food, (c) gaps in beneficiary data prevented more accurate results analysis, (d) continued resource constraints and the protracted nature of the crisis require a more sustainable long-term approach, (e) there is need to assess vulnerability levels of those not assisted to improve measurement of results attributable to WFP assistance, (f) need for analysis of alternative transfer modalities.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
15-UF-HCR-003	Multi-sector refugee assistance	UNHCR	NNGO	$299,975
15-UF-WHO-002	Health	WHO	GOV	$182,513

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

3RP	Regional Refugee & Resilience Plan
AMU	Arab Medical Union
EMOP	Syria Regional Emergency Operation
FCS	Food Consumption Score
IAWG	Inter-Agency Working Group
ICU	Intensive Care Unit
ISWG	Inter-Sector Working Group
MMS	Mostafa Mahmoud Society
ODI	Overseas Development Institute
PDM	Post Distribution Monitoring
RRP	Regional Response Plan
SRP	Strategic Response Plan
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNRWA	United Nations Relief Works Agency
WFP	World Food Programme
WHO	World Health Organization