

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
UKRAINE  
RAPID RESPONSE  
DISRUPTION OF BASIC SERVICES  
2018**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Ms. Osnat Lubrani**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*This report has been revisited by the 2018 CERF funding recipient agencies on a number of occasions. Additionally, sector/Cluster specific parts of the report have been drafted and discussed together with the partner agencies during cluster coordination meetings, both at the field and Kyiv levels. Funding recipient agencies also considered that the details of challenges, gaps, achievements and lessons learned from the implementation that were documented and described in this report would suffice for reporting purposes. Also, there was a broad understanding among partners about discussions that led to identification of challenges, gaps, achievements and lessons learned from the implementation were in a way the substitute to AAR.*

**b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.**

*Cluster Coordinators and Cluster Leads as well as relevant UN agencies were consulted, have provided their inputs and feedback to this report. The final version of this report has been cleared by the Humanitarian Coordinator prior to submission to the CERF secretariat.*

YES  NO

**c. Was the final version of the RC/HC Report 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)?**

*See above.*

YES  NO

## PART I

### Strategic Statement by the Resident/Humanitarian Coordinator

The 2018 CERF request was triggered by the opening of humanitarian access for UN agencies to operate in the non-Government controlled area of eastern Ukraine. The CERF RR allocation enabled the agencies to provide rapid delivery of humanitarian and protection assistance to the people in need. The rapid response was critical to keep the positive momentum and build on the trust gained by demonstrating the value of humanitarian response in support of the population. It allowed the UN to demonstrate tangible results to maintain and increase the access for both UN agencies and its partners. By utilizing CERF funds, the agencies were able to assist the most vulnerable people in the NGCAs and expand critically-needed basic humanitarian service provision and life-saving activities in six prioritized sectors (education, health, livelihood, protection, shelter/NFI and WASH). Moreover, CERF supported the UN to uphold the principled approach and collective commitment in responding to humanitarian needs of conflict-affected people in need. CERF allocation also afforded the UN agencies and other humanitarian organizations not only to maintain humanitarian programmes, but also encompass households in the NGCAs who have never received any humanitarian support since the beginning of the conflict.

### 1. OVERVIEW

**18-RR-UKR-30772 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>23,730,000</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	5,904,612
COUNTRY-BASED POOLED FUND (if applicable)	0
OTHER (bilateral/multilateral)	10,338,251
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>16,242,863</b>

**18-RR-UKR-30772 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>Allocation 1 – date of official submission: 18/06/2018</b>			
Agency	Project code	Cluster/Sector	Amount
IOM	18-RR-IOM-021	Emergency Shelter and NFI - Non-Food Items	2,170,039
OHCHR	18-RR-CHR-002	Protection - Human Rights	350,058
UNHCR	18-RR-HCR-020	Protection - Protection	849,099
UNICEF	18-RR-CEF-067	Education - Education	1,910,750
WHO	18-RR-WHO-025	Health - Health	624,666
<b>TOTAL</b>			<b>5,904,612</b>

**18-RR-UKR-30772 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)**

<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>4,899,945</b>
<i>- Funds transferred to International NGOs partners*</i>	204,519

- Funds transferred to National NGOs partners*	800,148
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,004,667</b>
<b>TOTAL</b>	<b>5,904,612</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

For almost five years, millions of people have suffered the complex humanitarian consequences of the active armed conflict in eastern Ukraine. Despite numerous ceasefire agreements, civilians are regularly exposed to active hostilities, particularly along the 427-kilometre 'contact line' that divides the affected areas. Over 3,000 civilians have been killed and approximately 9,000 injured since the beginning of the conflict. The hostilities have also damaged and destroyed homes, hospitals, schools, roads, water supply systems and other civilian infrastructure, disrupting or cutting off people's access to these critical services. The protracted nature of the crisis has also diminished the livelihoods of conflict-affected Ukrainians.

People's access to critical basic services and life-saving activities such as education, health, water and other utilities has been severely limited due to active armed conflict. Since 2017, 46 education facilities in the NGCAs came under fire while access to education for 300,000 school-aged children in the NGCAs has been severely constrained. Healthcare systems in the NGCA are also fragmented and weakened due to the lack of qualified health care staff and attacks on health care<sup>1</sup>. Approximately 1.4 million in the NGCAs were in need of WASH assistance due to repeated attacks against critical water facilities. In 2017, 135 incidents affecting water or sanitation supply of services were recorded<sup>2</sup>. In 2018, there were 89 incidents, which cumulatively, stopped water supply for millions of people sometimes for days. Lack of access and continuous hostilities make emergency repairs extremely challenging and at times, impossible.

The cumulative impact of severe restrictions on the movement of millions of civilians across the 427-kilometre 'contact line', active hostilities and limited humanitarian access have resulted in 2.2 million people, over half a million of them are the elderly aged over 60<sup>3</sup>, in dire need of humanitarian assistance and protection in the NGCAs. The vast majority of civilian casualties have occurred in the NGCAs. In 2018 alone, OHCHR recorded 279 conflict-related civilian casualties (55 killed and 224 injured), mostly in NGCAs. The main cause of casualties has been shelling, small arms and light weapons fire, mines and explosive remnants of war. Over 60% of returnees to the NGCA reported having 'enough funds only for food', or 'having to limit their expenses even for food', forcing them to make impossible choices in terms of how they spend their limited resources<sup>4</sup>. Damage to houses caused by shelling continues to negatively impact households across the NGCA, especially those closest to the 'contact line'.

The 2018 HRP was severely underfunded at 37 per cent (US\$ 69 million received against US\$ 187 million requirement)<sup>5</sup>.

The request for CERF was triggered by the opening of humanitarian access for UN humanitarian agencies<sup>6</sup> in the NGCA of eastern Ukraine. Following extensive dialogue and demonstration of being principled humanitarian actors, the UN has successfully secured unprecedented permissions from the de facto authorities to operate, where the humanitarian needs are the most acute. Access to the affected population in the NGCA has been severely restricted for three years (since July 2015) when most aid agencies were asked to leave the NGCA following the de facto authorities' introduction of extensive bureaucratic restrictions for humanitarian operations. Whilst the UN has maintained operations, the scale, flexibility and predictability has been insufficient to meet the rising needs. This is why granting of permission to operate to the UN

<sup>1</sup> According to health cluster reports during the last six months, four health care facilities and three ambulances were damaged.

<sup>2</sup> Water facilities and pipelines supplying both the GCA and NGCA are located in the vicinity of the 'contact line'.

<sup>3</sup> Thirty per cent of the 3.4 million people in need is the elderly, according to the 2018 HNO.

<sup>4</sup> IOM, National Monitoring System, Round 9 report (March 2018).

<sup>5</sup> As of 27 March 2019.

<sup>6</sup> In Luhanska oblast NGCA, UNICEF, UNHCR, IOM and OCHA have received a six-month permission to operate (extendable) by the de facto authorities. In Donetsk oblast NGCA, UNHCR, IOM and UNICEF have received a one-month permission to operate (extendable) by the de facto authorities. Permission to operate for OCHA is highly anticipated in the coming days.

agencies in the NGCAs presented a unique opportunity to scale up the response in the area, where needs are the most acute and require urgent response.

### 3. PRIORITIZATION PROCESS

In 2018, the HRP requested US\$ 187 million to meet the needs of 2.3 million targeted people. However, only US\$ 69 million were received against US\$ 187 million requirement, according to FTS.<sup>7</sup> WASH, Protection and Education clusters were amongst least funded under the HRP. Additional funding was not anticipated given that Ukraine did not have a humanitarian country-based pooled fund (CBPF).

The total financial requirement for the emergency response in the NGCAs was estimated at US\$ 24 million for a period of six months. This included Protection, FSL, Health, Shelter/NFI, WASH and Education. Of this, the requested CERF amount was US\$ 6,068,450 million, which was the funding gap of the activities within the six prioritized sectors.

The Humanitarian Country Team (HCT), under the leadership of the Humanitarian Coordinator in Ukraine engaged donors through a number of platforms to highlight the funding situation and the need to step up funding for Ukraine.

The HCT had a fundraising strategy and was actively pursuing funding opportunities, but it was unlikely to be in time to support the immediate activities that could be implemented within the opening of access. The HCT endeavoured to utilise the CERF allocation as a catalyst to secure additional funding to address the remaining urgent needs.

In line with the 2018 HRP, which prioritized interventions aimed at delivering principled and effective emergency humanitarian and protection assistance to civilians affected by the active conflict, the strategic objectives of the CERF funding were threefold.

First, the CERF was allocated to address immediate needs of 134,000 people (42,306 male, 56,506 females, 35,188 children) who had been isolated for four years by expanding critically-needed basic humanitarian service provision and life-saving activities in education, health, food, protection, shelter/NFI and WASH services. The target population was particularly the elderly single-headed households, female-headed households with children, severely food insecure households and the households whose homes have sustained heavy damage. Winterization activities within the sectors were also included in this request. Limited humanitarian access to the NGCAs severely hampered the implementation or scale-up of these activities over the past three years.

Secondly, the CERF-funded activities were also aimed at preventing further deterioration of an already fragile humanitarian situation. Interventions proposed under the CERF are anticipated to avoid the risks of mortality, especially for an estimated 35,000 children and other vulnerable people. For example, urgent repairs to critical water systems would have not only improve life-saving access to clean water, but also improve the centralised hot-water heating systems, which are one of the critical basic services.

Third, it was also hoped that the CERF would act as a strategic catalytic impact that will have enabled the humanitarian organisations to build trust, demonstrate results and therefore, maintain and increase access to previously inaccessible populations with high levels of need. Rapid reaction was also important to demonstrate to the de facto authorities the value of humanitarian activities in support of the population.

One of the drivers for the CERF funding was to allow a diversification of agencies in the NGCA to operate, and therefore CERF for some sectors allowed for more than one actor to work, for example in WASH. Immediate needs are great, and coordination via the cluster system eliminated any duplication in programming.

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<sup>7</sup> According to FTS as of 27 March 2019

Following the notification of UN agencies receiving the permission to operate in the NGCA by the de facto authorities, the RC/HC, with support of OCHA, convened a number of ad-hoc consultations with the concerned agencies and within the broader HCT to develop the CERF Rapid Response strategy. Simultaneously, OCHA facilitated discussions at the technical level with the Inter-Cluster Coordination Group (ICCG) to solicit their technical inputs to enrich the CERF strategy. Previously conducted needs assessments, notably the Multi-Sector Needs Assessment (MSNA) conducted by REACH, in consultation with the Area-Humanitarian Coordination Group (A-HCG), and incoming reports from the field from a variety of partners had laid the basis of the prioritisation of needs and sectors. The CERF request was also built upon the 2018 Humanitarian Needs Overview (HNO), which was extensively informed by a total of 72 assessments conducted in 2017 – four of which focused specifically on the NGCA.

This led to the development of a CERF Rapid Response Concept Note, which was shared with CERF Secretariat and subsequent exchange of communication between CERF and the HC. The HCT jointly prioritised this CERF request solely based on the needs of the most vulnerable people, prioritizing core life-saving needs, with due consideration for the capacity of agencies to meet those needs, against a situation of low funding. The HCT prioritisation criteria for the 2018 HRP, in which the NGCA was given high priority, was fully capitalised on for developing agency project proposals under this CERF request.

The agencies prioritised activities and projects based on the acuteness of needs and the vulnerability of the people in the affected and previously non-accessed areas. The focus has been on core life-saving activities to target the most vulnerable children and families, including those that are still exposed to fighting and lack access to basic services and life-saving assistance.

#### **4. CERF RESULTS**

CERF allocated US\$ 5,904,612 to Ukraine for to enable rapid delivery of humanitarian and protection assistance to the conflict-affected people in need living in NGCAs. The response enabled the UN agencies to maintain the positive momentum, capitalise on the opening of access and demonstrate the value of humanitarian activities. The UN agencies were able to assist the most vulnerable people in the NGCAs and expand critically-needed basic humanitarian service provision and life-saving activities in six prioritized sectors (education, health, livelihood, protection, Shelter/NFI and WASH).

The allocation enabled UNICEF to provide uninterrupted access to safe water, sanitation and hygiene to more than 269,097 people; and safe educational and psychosocial activities for children and their community members. WHO delivered trauma and essential emergency health care services for 64,000 vulnerable people. UNHCR provided protection and life-saving assistance to 3,631 conflict-affected in the newly accessible areas; and support the repairs of 306 conflict-damaged houses. IOM distributed critical hygiene items and winterization items for 46,000 people and livelihoods assistance to help vulnerable households meet their basic needs. OHCHR provided protection support to 1,500 people through the deployment of human rights monitoring teams to document civilian casualties; and promotion of remedy and reparation to survivors.

##### Protection - Human Rights

CERF UFE grant enabled OHCHR to reach timely victims and witnesses of violations; remote sites, shelled areas, grey zones, hotspots, checkpoints and vital civilian infrastructure; record civilian casualties. It also provided a snapshot of the plight of the most vulnerable groups, especially women, children and elderly, triggering specific advocacy activities, fostering protection, reducing civilian casualties, and paving the way for peacebuilding in Ukraine. Estimated 1,500 civilians<sup>8</sup> have been reached as part of the life-saving component of this project aimed at mitigation of civilian casualties, and additional 400,000 people living in the active conflict zone have benefited from the project.

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<sup>8</sup> The number of direct beneficiaries is calculated based on the same methodology used for estimation in the project proposal, i.e. the difference between average monthly civilian casualties in July-August 2015 and July-August 2016, when hostilities were quite active (115 on average a month) and average monthly civilian casualties in July and August 2018, which totalled 15. The difference of 100 is multiplied by an average family size of Ukraine (2.56 according to State Statistics Service of Ukraine) and by 6 months.

### Protection – Protection

Through this CERF UFE grant, UNHCR and its national NGO partners operating in NGCA were able to carry out 1,628 protection counselling, referrals to protection services and individual case management to beneficiaries, which enabled UNHCR to identify the needs of conflict-affected populations and inform the protection interventions prescribed by this project. Through its shelter assistance programme, UNHCR repaired 306 houses of 740 individuals. Through its community-based approach to protection, UNHCR provided 10 communities either with community support initiatives (trainings and workshops on strengthening community-based approach to protection) or with peaceful coexistence projects (support to community infrastructures) impacting 500 persons.

### Education – Education

With the support of this CERF grant, UNICEF and its partners reached over 269,097 people in NGCA. A total of 5,792 children benefitted from improved access to education through the rehabilitation of 11 educational institutions and distribution of essential supplies in selected areas/schools. Over 200 communities benefitted from awareness sessions on different child protection issues and over 1,000 children were provided with winter clothing sets. 8,640 children benefitted from improved psychosocial situation in educational institutions, child friendly spaces and communities, and 9,821 children improved their access to water and sanitation as a result of rehabilitation works targeted to improve WASH facilities and installation of water tanks.

### Health – Health

Through this CERF grant, WHO and its partners delivered medicines and medical supplies for trauma care, surgery and blood transfusion to assist 34,000 patients and in partnership with MdM, WHO reached an additional 14,352 adults and 16,116 children through the delivery of 39 life-saving medical equipment units to 4 hospitals in Luhansk.

The project assisted a total of over 64,000 people in need in NGCA areas of Donetsk and Luhansk regions. These were the delivery of an emergency life-saving health interventions, trainings in trauma care and mass casualty management and enhancement of a disease surveillance.

### Emergency Shelter and NFI - Non-Food Items

Through the implementation of the CERF project a total of 46,123 vulnerable persons affected by the conflict could meet the basic and urgent humanitarian needs; 3,932 households in Donetsk and Luhansk regions (NGCA) were assisted through coal distributions; 5,210 family winterization kits were distributed among vulnerable households; 3,294 individuals were supported through distribution of winterization kits among 22 social institutions; 3,270 vulnerable households were supported with hygiene kits; 5,968 individuals residing in 33 social institutions were supported with diapers and hygiene kits; and 14,240 students in 73 schools located in Luhansk region (NGCA) benefitted from hygiene kits distribution.

## **5. PEOPLE REACHED**

The CERF allocation enabled UN agencies to reach the most vulnerable conflict-affected people in need of humanitarian assistance and protection services. The target population and people reached are particularly the elderly single-headed households, female-headed households with children, severely food insecure households and the households whose homes have sustained heavy damage. Overall, almost all of the people targeted by the CERF RR were reached, despite operational concerns were highlighted by the agencies throughout the implementation process. The overall achievement was triggered by improved access, increased number of field monitoring visits, broader advocacy with relevant stakeholders, continuous information collection exercise and capitalizing on active engagement of National partners operating in NGCA. The overall achievement added up to 114, 617 people, including 62,162 females and 52,455 males reached.

Despite the multiple challenges encountered during CERF implementation, such as bureaucratic impediments, unpredictable security situation and harsh weather conditions during the winter months, many difficulties were addressed through advocacy interventions and the involvement of national partners. For example, with the support of this CERF grant, UNHCR and its national NGO partners operating in NGCA were able to carry out 1,628 protection counselling, provided 10 communities either with community support initiatives and peaceful coexistence projects impacting 500 persons. A significant coverage of beneficiaries was ensured by UNICEF and its NGO partners covering some 269,097 people in NGCA (Donetsk -96,514 and Luhansk-172,583) through multisectoral projects in WASH, Child Protection, Education and Health sectors.

The discrepancies in planning figures were caused by reluctance of 'de facto' entities in sharing sex and age disaggregated data of the targeted population which was a precondition of full-fledged pre-intervention assessments in the NGCA. Hence, most of the calculations were based on assumptions and rough estimations. To avoid any duplication while calculating the number of people reached by the UN agencies, it was agreed to use the in-country inter-cluster calculation methodology, which counts the people reached by some type of assistance at least once. The overall achievement represents the total sum of the number of people reached by each sector, using the second highest achievement for those sectors to which more than one UN agency contributed to avoid duplication in the number of people reached. Sector-specific achievement with interventions of a single UN agency captures the full achievement, while the achievement of two or more agencies for the same sector counts only the second highest achievement, as in line with the inter-agency methodology. The main challenge with this approach is the difficulty in determine to what extent a person was reached by interventions in more than two sectors. However, as this is a solid methodology agreed at the inter-cluster level, endorsed by the Humanitarian Country Team (HCT), achievements contributed to and were in line with the 2018 HRP reporting.

**18-RR-UKR-30772 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR<sup>1</sup>**

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Education - Education	3,218	0	3,218	2,742	0	2,742	5,960	0	5,960
Shelter - Non-Food Items	3,863	5,242	9,105	3,014	5,142	8,156	6,877	10,384	17,261
Shelter - Shelter	65	380	445	45	250	295	110	630	740
Health - Health	2,754	15,606	18,360	2,346	13,294	15,640	5,100	28,900	34,000
Protection - Child Protection	4,430	407	4,837	4,210	386	4,596	8,640	793	9,433
Protection - Human Rights	20	565	585	60	855	915	80	1,420	1,500
Protection - Protection	171	1,003	1,174	146	808	954	317	1,811	2,128
WASH - Water, Sanitation and Hygiene	32,683	88,393	121,076	27,505	107,285	134,790	60,188	195,678	255,866 <sup>9</sup>

**18-RR-UKR-30772 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING<sup>2</sup>**

	Female	Male	Total
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<sup>9</sup> The overachievement of people reached by WASH-related activities is mainly a result of UNICEF activities. As per the explanation provided by UNICEF, the achievement for indicator 1.6 (number of people with access to safe drinking water) is as per the data provided by a water utility company of Luhansk NGCA, on the number of people benefitting from drilling complementary boreholes. However, it is difficult to differentiate the breakdown of direct and indirect beneficiaries.

	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	18,815	56,506	<b>75,321</b>	16,373	42,306	<b>58,679</b>	35,188	98,812	<b>134,000</b>
<b>Reached</b>	40,322	100,724	<b>141,046</b>	34,691	120,763	<b>155,454</b>	75,013	221,487	<b>296,500<sup>10</sup></b>

<sup>2</sup> 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.

<b>18-RR-UKR-30772 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY</b>		
<b>Category</b>	<b>Number of people (Planned)</b>	<b>Number of people (Reached)</b>
Refugees		
IDPs		
Host population		
Affected people (none of the above)	134,000	296,500
<b>Total (same as in table 5)</b>	<b>134,000</b>	<b>296,500</b>

## 6. CERF's ADDED VALUES

a) Did CERF funds lead to a fast delivery of assistance to people in need?  
 YES  PARTIALLY  NO

The CERF allocation was utilized to early jumpstart the humanitarian response in NGCAs, to ensure an adequate coverage in an area which has been reached by limited support in the past years. The target population was particularly the elderly single-headed households, female-headed households with children, severely food insecure households and the households whose homes have sustained heavy damage and may be unable to afford winterization, particularly heating cost. The rapid allocation of funds enabled to meet the most urgent humanitarian needs in a timely manner.

b) Did CERF funds help respond to time-critical needs?  
 YES  PARTIALLY  NO

The past several years of experience show winterization assistance should be delivered ahead of the start of the cold season (preferably starting in the summer) to allow target groups to plan and prepare themselves for the winter; and that the winterization receives typically low levels of funding. Therefore, early funding helped to start operations and allow the response to be more efficient and effective. With available funds, the agencies were also able to provide uninterrupted access to safe water, sanitation and hygiene; restore and provide safe educational and psychosocial activities beneficiaries majority of which live near the 'contact line'; distribute critical hygiene items and winterization items to meet critical heating needs; deliver emergency, trauma and essential emergency health care services; provide protection and life-saving assistance to persons affected by the conflict in the newly accessible areas as well as support the repairs of damaged houses.

c) Did CERF improve coordination amongst the humanitarian community?

<sup>10</sup> The total number of people reached represents the sum of the highest number of people reached by sectors by agencies included in this CERF Rapid Response Emergency package. For example, there were two agencies providing WASH assistance – UNICEF (reaching 226,241 people) and IOM (reaching 29,625 people). The former reached a higher number of people. Hence, UNICEF figure of people reached by WASH activities (226,241) was used to represent WASH sector's achievement in the overall calculation of the number of people reached. This methodology was also applied for the calculation of the NFI achievement where two agencies – UNHCR and IOM – provided NFI support.

YES PARTIALLY NO 

The CERF allocation enabled the expansion of critically-needed basic humanitarian service provision and life-saving activities in NGCA in the area of education, health, protection, emergency livelihoods, emergency shelters, including winterization, and WASH services. To effectively address the most urgent needs of vulnerable people, inter-sectoral consultations were conducted. In addition, CERF funds were utilized to support coordination between UN agencies and amongst local partners, as well as it contributed to sector coordination mechanism to boost collective response strategy, complementarity and to solution of the operational challenges. In order to find solutions and ensure better coordinated approach, multiple meetings among humanitarian agencies were arranged.

**d) Did CERF funds help improve resource mobilization from other sources?**

YES PARTIALLY NO 

The last two HRP were funded at a similar level at around 37 per cent, with \$137 million humanitarian funding to Ukraine in 2018. The proportional distribution of the humanitarian funding during 2017 and 2018 also remained similar, with over half of the funding (51 per cent) was channelled through the HRP to support the HRP projects and the remaining 49 per cent to projects outside the HRP. Consolidated monitoring data throughout 2018 showed that the achievement to reach people living in NGCA was even lower than that of the previous year, especially during the first two quarters of 2018. However, when the access situation improved in NGCA in mid-2018, followed by the CERF rapid response allocation, humanitarians were able to promptly scale up their response to address urgent and unmet needs. The Humanitarian Coordinator (HC) is currently leading a joint effort to maintain and increase the access to the NGCAs – particularly for NGOs, capitalizing on the opening of access in 2018 and the recent CERF allocation as strategic catalysts. As part of this effort, the HC is leading the establishment of a Country-Based Pooled Fund in Ukraine, which is to be operational by end of June 2019.

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

N/A

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
Non-Cost Extension opportunity allowed Agencies to successfully complete the project. Flexibility in utilisation of funds.	Provide advice and guidance on how to adjust programming to allow flexible implementation in cases of unexpected delays. Due to volatile situation on ground in acute emergencies the field reality changes very frequently and this needs flexibility and adjustments in CERF project requirements and planned activities.
One-month period between proposals submission and CERF's approval.	The official start date of the project is the date when funds are transferred to the recipient agency.
Modest funding compared to needs rising.	Bigger allocation of CERF needed for Ukraine.
It is difficult to obtain disaggregated data on people targeted in the NGCAs.	Allow context-adjusted reporting on beneficiaries reached by the CERF funding.
The time frame for implementation of the project was short.	There should be a longer timeframe for any similar project in the future.

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The internal changes within de facto authorities	Continued dialogue with the 'de facto' entities.	Implementing agencies, with

and the humanitarian committee chair replacement in particular, resulted in lengthy bureaucratic processes to obtain the lists of potential project beneficiaries.		support from OCHA
Restriction imposed by the 'de facto' entities to conduct comprehensive assessments and monitoring, including data sharing.	Maintain dialogue with the 'de facto' entities and trust-building efforts, led by the HCT.	Implementing agencies and the HCT with support from OCHA
Ensure response strategies and plans are based on assessments and identified gaps. Plus promotion of decentralised decision making based on assessment results.	For effective CERF implementation, assessments and identified gaps should be followed up and addressed.	HCT and All Clusters/Agencies
Volatile Security Situation	Security analysis prior to and during implementation of activities.	HCT
Close partnership between UN and implementing partners is particularly noteworthy.	Information-sharing and participation in coordination mechanisms.	HCT
Due to the situation, changing every day and unexpected needs arising from time to time, priorities needed to change to reflect that.	Enhanced ability to be flexible in approach.	HCT

## PART II

### 8. PROJECT REPORTS

#### 8.1. Project Report 18-RR-IOM-021 - IOM

1. Project information			
1. Agency:	IOM	2. Country:	Ukraine
3. Cluster/Sector:	Emergency Shelter and NFI - Non-Food Items	4. Project code (CERF):	18-RR-IOM-021
5. Project title:	Provision of Lifesaving Non-Food Items and WASH a Support for the Most Vulnerable Households in Luhansk and Donetsk (NGCA)		
6.a Original Start date:	02/07/2018	6.b Original End date	01/01/2019
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	28/02/2019
6.d Were all activities concluded by the end date (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	<b>a. Total requirement for agency's sector response to current emergency:</b> <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For rapid response requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For underfunded emergency requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 16,200,000
	<b>b. Total funding received for agency's sector response to current emergency:</b> <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 8,264,343
	<b>c. Amount received from CERF:</b>		US\$ 2,170,039
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> <li>▪ Government Partners <span style="float: right;">US\$ 0</span></li> <li>▪ International NGOs <span style="float: right;">US\$ 0</span></li> <li>▪ National NGOs <span style="float: right;">US\$ 2,015</span></li> <li>▪ Red Cross/Crescent <span style="float: right;">US\$ 0</span></li> </ul>		<b>US\$ 2,015</b>

### 2. Project Results Summary/Overall Performance

Through the implementation of the current project, important results were achieved, in particular a total of **46,123 vulnerable persons**

affected by the conflict could meet the basic and urgent humanitarian needs, including:

- 3,932 households, representing **6,357 individuals** in Donetsk and Luhansk regions (NGCA) were assisted through coal distributions;
- 5,210 family winterization kits were distributed among 5,210 vulnerable households, representing 10,095 individuals, residing in Donetsk region (NGCA);
- **3,294 individuals** were supported through distribution of winterization kits among 22 social institutions in Donetsk and Luhansk regions (NGCA);
- 3,270 vulnerable households, representing **9,417 individuals** in Donetsk region (NGCA) were supported with hygiene kits;
- **5,968 individuals** residing in 33 social institutions located in Donetsk region (NGCA) were supported with diapers and hygiene kits; and **14,240 students** in 73 schools located in Luhansk region (NGCA) benefited from hygiene kits distribution.

The results of direct monitoring and communication with the beneficiaries in the region confirm the timeliness and relevance of the support to the vulnerable households and social institutions. According to the obtained Post Distribution Monitoring (PDM) findings, the vast majority of the project beneficiaries (90%) improved their access to lifesaving winterization and hygiene non-food items.

### 3. Changes and Amendments

Saving occurred in the course of the project implementation under Staff and Office, B.1.3 (Winterization Kits/Social Institutions), B.2.1 (Hygiene Kits), E.1 Coordination of loading/unloading of the winterization and hygiene kits, E.2 Coordination of loading/unloading of the winterization and hygiene kits, E.3 Monitoring and Coordination Visits and F.1 Trainings for NGO lines, resulted in submission of request for a Reprogramming of Activities submitted by IOM on 12 November 2018. Following local assessment of needs and requests from relevant social the reprogramming contributed to provision of additional 2,060 family winterization kits, 1,300 hygiene kits for schools and 7,700 adult diapers for social institutions. Taking into consideration that provision of winterization and hygiene in-kind support will address the needs of additional vulnerable individuals residing in Donetsk and Luhansk regions (NGCA) the total number of individuals to be supported was revised. Thus, the target on number of individuals to be supported with winterization items reached 31,566, while the number of vulnerable conflict-affected individuals targeted to receive hygiene support was increased to 26,103.

Staff changes in the de facto Inter-ministerial Commission for Accreditation of Foreign Non-Commercial International Organizations, Humanitarian Missions and Accreditation Commission (AC) of the self-proclaimed Luhansk People's Republic (LPR) in September 2018 and the elections that took place in LPR in November 2018, resulted in lengthy bureaucratic processes to obtain the lists of potential project beneficiaries (households and social institutions) from the AC. In a view of the expected delays in distribution process, in December 2018, IOM requests the approval of a No-Cost Extension till 28 February 2019 to implement Activity 1.3 and 1.4 (for distribution of winterization kits) and Activities 2.3 and 2.4 (for distribution of hygiene kits) in Luhansk (NGCA) highlighted in the submitted project proposal.

Despite the multiple reminders and meetings with active participation of OCHA representatives in the past months, IOM was not yet able to receive the distribution lists as they are still being prepared by the AC. Therefore, IOM was not able to start the verification process of the beneficiaries in Luhansk region (NGCA) and to hold distributions of 7,630 family hygiene kits and 2,200 winterization kits. IOM completed procurement of winterization kits and hygiene kits and delivery to Luhansk region (NGCA). As of March 21, 2019, IOM has not received preliminary lists of households for hygiene and winterization assistance. IOM's request for No-Cost Extension to finalize the distribution process was not approved by CERF Secretariat. IOM plans to use funds of similar projects implemented to complete the distribution. For example, hygiene and winterization kits could be delivered within upcoming CERF-funded project that IOM applied for.

Procured during the project implementation period hygiene kits are currently stored in the warehouse located in Luhansk (NGCA). The items of the hygiene kits such as shampoo and toothpaste have expiry dates in year 2021. Therefore, the duration of preservation of hygiene kits in appropriate conditions will not affect the quality of the product and will not cause any harm to project beneficiaries. Difficulties that arose with the distribution affected not only the project timeframe but also reflected on the achievement as overall number of project beneficiaries and under each result separately. The number of beneficiaries increased due to distribution of 7,630 family hygiene kits and 2,200 winterization kits to additional households.

### 4. People Reached

#### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	2,999	26,992	<b>29,991</b>	1,687	15,182	<b>16,869</b>	4,686	42,174	<b>46,860</b>
<b>Reached</b>	10,607	15,322	<b>25,929</b>	8,324	11,870	<b>20,194</b>	18,931	27,192	<b>46,123</b>
<b>4b. Number of people directly assisted with cerf funding by category</b>									
<b>Category</b>		<b>Number of people (Planned)</b>				<b>Number of people (Reached)</b>			
Refugees									
IDPs									
Host population									
Affected people (none of the above)						46,860			
<b>Total (same as in 4a)</b>						<b>46,860</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		<p>Despite multiple reminders and meetings in the past months, IOM was not yet able to receive the distribution lists from the self-proclaimed Luhansk People's Republic (de facto authorities) to proceed with distribution of procured 7,630 family hygiene kits and 2,200 winterization kits during the project implementation period. Taking into consideration that committed activities were not finalized by IOM in Luhansk (NGCA), the overall target was not reached.</p> <p>Upon the request from the Luhansk de facto authorities to support schools located near the Line of Contact through the hygiene kits distribution, the number of children supported increased in four times from initially planned.</p>							

<b>5. CERF Result Framework</b>	
<b>Project objective</b>	To provide lifesaving winterization and hygiene non-food items to the most vulnerable individuals in conflict-affected communities in Donetsk and Luhansk NGCA

<b>Output 1</b>	27,240 vulnerable conflict-affected individuals in Luhansk and Donetsk (NGCA) have improved access to winterization items to meet their critical heating needs.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of people benefitting from the provision of winterization items	27,240 individuals (M 9,806; F 17,434)	16,498 individuals (M 7,858; F 8,640)	Lists of project beneficiaries; results of the verification process; Certificates of Donation and Acts of Acceptance
Indicator 1.2	Percent of winterization support recipients confirming their increased preparedness to face the winter	80%	90%	Post Distribution Monitoring (PDM) reports
<b>Explanation of output and indicators variance:</b>		Based on the PDM findings of the previous project implemented by IOM and observations of IOM staff, the average size of the households was estimated as 2.1 persons per household during project implementation period. During the verification process among the potential beneficiaries, it was discovered that the large share of beneficiaries that meet project requirements are single-headed households and the average size of the household was estimated as 1.8 persons. Despite the fact the target number of the households to be		

		supported with NFIs was reached, due to the disappearance of the household size the number of individuals were not reached. During project development phase, it was foreseen that average number of individuals residing in one social institution was 300. Within project implementation period orphanages and houses for elderly people were targeted mainly for winterization kits distribution, with the average number of individuals per household 100 individuals that resulted in reaching the target.
Activities	Description	Implemented by
Activity 1.1	Coordinate selection criteria and identification with the de facto authorities	IOM
Activity 1.2	Procure coal in the NGCA and winterization kits in the GCA and transport winterization kits for storage to IOM warehouse in Kramatorsk and further distribution in NGCA	IOM
Activity 1.3	Distribute coal and winterization kits to targeted households and social institutions	IOM, IP (Charity Foundation "Donbass Development Center")
Activity 1.4	Conduct Post Distribution Monitoring of distributed materials	IOM

<b>Output 2</b>	19,620 vulnerable conflict-affected individuals in Luhansk and Donetsk (NGCA) have improved access to critical hygiene items to improve sanitation practices			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people benefitting from the provision of hygiene items	19,620 individuals (M 7,063; F 12,557)	29,625 individuals (M 12,336; F 17,289)	Lists of project beneficiaries; results of the verification process; Certificates of Donation and Acts of Acceptance
Indicator 2.2	Percent of hygiene support recipients confirming their improved sanitation practices	70%	90%	Post Distribution Monitoring (PDM) reports
<b>Explanation of output and indicators variance:</b>		The target on number of individuals who received hygiene support was overreached due to the savings occurred in the course of the project implementation and provision of in-kind support to additional households and social institutions. During the project implementation period, IOM distributed diapers among 13 social institutions in Donetsk region (NGCA) and hygiene kits among 73 schools in Luhansk region (NGCA).		
Activities	Description	Implemented by		
Activity 2.1	Coordinate selection criteria and identification with the de facto authorities	IOM		
Activity 2.2	Procure hygiene kits and transport to IOM warehouse in Kramatorsk for storage and further distribution in NGCA	IOM		
Activity 2.3	Distribute hygiene kits to targeted households	IOM, IP (Charitable Organization "International Children's Fund "Mira")		
Activity 2.4	Conduct Post Distribution Monitoring of distributed materials	IOM		

<b>6. Accountability to Affected People</b>
A) Project design and planning phase: Given the protracted nature of the conflict and outstanding humanitarian needs in NGCA, IOM offered winterization and WASH support to the most vulnerable groups of population such as elderly, people with disabilities, low income families and single parents. These

actions included coal distribution for upcoming winter, winterization kits, hygiene kits and diapers. As demonstrated by the results of PDM on coal distribution conducted in April 2018, three tons of coal were recommended for distributions by the Shelter Cluster was rated as enough to cover the harshest period of winter by 74% of respondents. It was noted that the supplied coal allowed them to keep the room temperature above 18 degrees Celsius. Most of the interviewers (68%) stated that three tons of coal will be enough at least for the harshest winter months. Thus, for the current project it was considered distribution of three tons of coal per household.

Prior the distribution of hygiene and winterization NFIs, project beneficiaries were informed about the date and time of the in-kind support delivery. According to the *Shelter Cluster Winterization Recommendations 2018-2019*, IOM prioritized economically vulnerable households such as households headed by women with children, elderly persons living alone and persons with disabilities. To make sure that all targeted groups have equal access to the non-food items (NFIs) assistance, coal and winterization kits were delivered directly to the beneficiaries' households. Due to the huge amount of winterization kits, hygiene kits and diapers to allocated per one social institution, IOM proceeded with door-to-door delivery too.

The distribution sites in the targeted communities were allocated in the area that could be easily reached by the project beneficiaries and the distribution was conducted according to the list of verified project beneficiaries. As about 70% of the project beneficiaries live in the areas along the line of contact IOM requested windows of silence from both conflicting parties for the places reported to be the riskiest (Zolotoye-5, Zholtoye and Prishyb).

**B) Project implementation phase:**

Each component and subsequent activities were closely monitored to ensure assistance is provided to intended beneficiaries in a timely and efficient manner. Challenges with implementation and feedback from beneficiaries were analysed and corrective measures for the implementation modality were taken, wherever necessary.

Based on IOM observations and discussions with beneficiaries and partners in conflict affected areas, the need for diapers and hygiene supplies was confirmed as essential, especially for vulnerable individuals such as: elderly, people in social institutions, women, children, newborns among others. In a view of identified savings within the current project, diaper for adults and children were procured and distributed among 13 social institutions such as medical facilities and houses for elderly people.

Feedback and complaints mechanism was established by the NGO-partners during the project implementation period. The hotline operators informed the beneficiaries about delivery dates as well as receiving feedback on the quality of received goods and performance of the team. Requires from project beneficiaries were registered by the NGO-partners and shared with IOM for immediate response.

**C) Project monitoring and evaluation:**

During the project implementation agreement, IOM conducted post distribution monitoring on coal distribution in Luhansk and Donetsk regions (NGCA), winterization kits distribution in Donetsk region (NGCA), hygiene kits distribution in Donetsk region (NGCA) and diapers distribution in Donetsk region (NGCA). Overall findings indicated that the quality, quantity, usefulness and actual use of items received as very good. For example, PDM results on hygiene kits distribution among the social institutions demonstrated that the assistance was relevant and 100% of the respondents confirmed relevance and high usefulness of the provided support. PDMs also aimed to assess the needs of similar support for the future as well as to better understand additional needs for the preparation of SIs and households for the winter period. The benefited social institutions mentioned hygiene items, essential medical equipment, diapers and furniture for persons with disabilities as priority needs. Efficiency and cost-effectiveness was ensured through IOM's procurement and finance units, which also guarantee transparency and the best value for money for the purchase of goods and services carried out by IOM or the IP. This was entail a close monitoring of all activities carried out by the IP, both of operational and administrative activities.

<b>7. Cash-Based Interventions</b>	
<b>7.a Did the project include one or more Cash Based Intervention(s) (CBI) ?</b>	
<b>Planned</b>	<b>Actual</b>
No	No
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.	

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i> Not applicable.				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
There is no evaluation planned for this project.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.2. Project Report 18-RR-CHR-002 - OHCHR

1. Project information			
1. Agency:	OHCHR	2. Country:	Ukraine
3. Cluster/Sector:	Protection - Human Rights	4. Project code (CERF):	18-RR-CHR-002
5. Project title:	Protection of civilians living along the 'contact line' in NGCA in the context of armed hostilities in eastern Ukraine, and promotion of remedy and reparation to survivors		
6.a Original Start date:	28/06/2018	6.b Original End date:	27/12/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	<b>a. Total requirement for agency's sector response to current emergency:</b> <i>Guidance: Refer to the project proposal for the amount in 7a.            For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.            For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 1,400,000
	<b>b. Total funding received for agency's sector response to current emergency:</b> <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 1,400,000
	<b>c. Amount received from CERF:</b>		US\$ 350,058
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		US\$ 0

## 2. Project Results Summary/Overall Performance

The funding received from CERF enabled OHCHR to better focus on life-saving component of its activities by applying a wider 'protection by presence' approach. OHCHR was able to reach timely victims and witnesses of violations; remote sites, shelled areas, grey zones, hotspots, checkpoints and vital civilian infrastructure; record civilian casualties. It also provided a snapshot of the plight of the most vulnerable groups, especially women, children and elderly, triggering specific advocacy activities, fostering protection, reducing civilian casualties, and paving the way for peacebuilding in Ukraine.

Estimated 1,500 civilians<sup>11</sup> have benefited from the life-saving component of this project, i.e. from OHCHR activities aimed at mitigation of civilian casualties. These activities were coordinated with similar efforts by other key actors, such as the OSCE Special Monitoring Mission to Ukraine, and amplified each other. The project activities, including advocacy engagement on remedy and reparation to civilian victims of the conflict, have additionally benefitted to communities located in the active conflict zone (within 5 km along the 'contact line' of the NGCA) reaching around 400,000 people.

### 3. Changes and Amendments

N/A

### 4. People Reached

#### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned <sup>12</sup>	15	415	430	45	625	670	60	1,040	1,100
Reached <sup>13</sup>	20	565	585	60	855	915	80	1,420	1,500

#### 4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		

<sup>11</sup> The number of direct beneficiaries is calculated based on the same methodology used for estimation in the project proposal, i.e. the difference between average monthly civilian casualties in July-August 2015 and July-August 2016, when hostilities were quite active (115 on average a month) and average monthly civilian casualties in July and August 2018, which totalled 15. The difference of 100 is multiplied by an average family size of Ukraine (2.56 according to State Statistics Service of Ukraine) and by 6 months.

<sup>12</sup> The estimated number of direct beneficiaries was calculated based on the difference between average monthly civilian casualties in July-August 2015 and July-August 2016, when hostilities were quite active (115 on average a month) and average monthly civilian casualties in July and August 2017, when the hostilities were relatively low (45 on average a month). The difference of 70 was multiplied by an average family size of Ukraine (2.56 according to State Statistics Service of Ukraine) and by 6 months. Note: the multiplication by 2.56, which was not explained in the application for funding, has been supported by the following: 1) if a member of a family is injured or killed, the whole family is affected; 2) if a member of a family is killed or injured, chances for his/her other family members also to be killed or injured in the same incident are much higher than for other civilians resident in the area. Gender and age breakdown of the 1,100 estimated direct beneficiaries was made based on the share of men, women, boys and girls in total number of civilian casualties recorded by OHCHR by the time of submission of the project proposal to CERF. For instance, children comprised 5.5 per cent of the total number of civilian casualties; so, the estimated number of child beneficiaries was 60 (5.5 percent of 1,100). Gender breakdown between boys and girls was made based on their shares in the recorded civilian casualties among children (boys comprised 75 per cent and girls comprised 25 per cent).

<sup>13</sup> During the six-month reporting period, OHCHR recorded 88 conflict-related civilian casualties (48 men, 25 women, 12 boys and 3 girls), i.e. 15 civilian casualties on average per month. The number of direct beneficiaries (1,500) was calculated as follows: the difference between baseline 115 civilian casualties on average per month and 15 civilian casualties on average per month during the reporting period (100) was multiplied by an average family size of Ukraine (2.56) and by 6 months. Age and gender breakdown of direct beneficiaries is based on age and gender breakdown on the share of men, women, boys and girls in total number of civilian casualties recorded by OHCHR by the time of reporting (the same as by the time of submission of project proposal).

Host population		
Affected people (none of the above)	1,100	1,500
<b>Total (same as in 4a)</b>	<b>1,100</b>	<b>1,500</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The increase in the number of direct beneficiaries is explained by mutual amplification of OHCHR activities aimed at mitigation of civilian casualties with similar activities by other key actors, such as the OSCE Special Monitoring Mission to Ukraine, and by some other humanitarian actors (such as ICRC). Longer-term trend of de-escalation of hostilities, which reached their lowest in the second half of 2018, was another contributing factor (because of direct correlation between the intensity of hostilities and the number of civilian casualties).	

5. CERF Result Framework	
<b>Project objective</b>	Increased protection of civilians living in the active conflict area along the 'contact line' in NGCA by 'protection by presence' approach and field visits of human rights monitoring teams, and through related civilian casualty recording, reporting and advocacy.

<b>Output 1</b>	All conflict-related civilian casualties have been recorded in accordance with OHCHR methodology.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of field visits along the contact line to document civilian casualties and other manifestation of negative impact of armed hostilities on civilian population	60	53	Weekly reports, driver logs
Indicator 1.2	Civilian casualty records disaggregated by date, sex, age, place of the incident, control over the place of the incident, weapon by which civilian casualty is caused	100%	100%	Copies of reports on civilian casualties
<b>Explanation of output and indicators variance:</b>		The decrease in the number of achieved field visits against the target is explained by the limitations imposed by the self-proclaimed 'Donetsk people's republic' and the self-proclaimed 'Luhansk people's republic' on OHCHR operations in July 2018, including on field visits along the contact line. These limitations were in force during the entire project period. To compensate for it, OHCHR increased the number of field visits along the contact line by Kramatorsk office (29 visits during the reporting period) and Mariupol office (24 visits during the reporting period).		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Interviews with victims and witnesses of civilian casualty incidents	OHCHR		
Activity 1.2	Visits to the sites of incidents which resulted in civilian casualties	OHCHR		
Activity 1.3	Analysis and corroboration of information from open sources	OHCHR		

<b>Output 2</b>	All actors concerned have full information on conflict-related civilian casualties			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of monthly civilian casualty	6	6	Copies of updates

	updates circulated to national and international stakeholders			
Indicator 2.2	Number of OHCHR thematic reports covering civilian casualties during the entire period of the armed conflict in eastern Ukraine	1	0	OHCHR Website
Indicator 2.3	Number of ad hoc civilian casualty analyses and updates for international and national fora	10	10	Email correspondence and meeting notes
<b>Explanation of output and indicators variance:</b>		The release of the OHCHR thematic report covering civilian casualties during the entire period of the armed conflict in eastern Ukraine has been moved to April 2019. Note: during the reporting period, OHCHR released a thematic report on human rights violations and abuses and international humanitarian law violations committed in the context of the Ilovaisk events <sup>14</sup> , which covered, <i>inter alia</i> , the issue of civilian casualties during the events.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Processing and analysis of collected information on civilian casualties	OHCHR		
Activity 2.2	Writing of updates and analyses on civilian casualties and their translation into Ukrainian and Russian	OHCHR		
Activity 2.3	Dissemination of updates and analyses among actors concerned	OHCHR		

<b>Output 3</b>	Key duty bearers have been advocated on civilian casualty mitigation and on remedy and reparation to survivors			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of advocacy interventions (letters, meetings, presentations) with the Government of Ukraine (JFO, Ministry of Defence, Office of the Military Prosecutor, Ombudsperson)	12	12	Copies of the documents shared, trip reports, briefing notes
Indicator 3.2	Number of advocacy interventions (letters, meetings) with the armed groups of the self-proclaimed 'Donetsk people's republic' and 'Luhansk people's republic'	12	10	Copies of the documents shared, trip reports, briefing notes
Indicator 3.3	Number of advocacy interventions (letters, meetings, presentations) with the civil authorities in charge or medical and socio-economic remedy and reparation to injured civilians and families of those killed	6	6	Copies of the documents shared, emails, trip reports, briefing notes
<b>Explanation of output and indicators variance:</b>		The decrease in the number of advocacy interventions with armed groups of the self-proclaimed 'Donetsk people's republic' and 'Luhansk people's republic' is explained by the limitations imposed by the self-proclaimed 'Donetsk people's republic' and the self-proclaimed 'Luhansk people's republic' on OHCHR operations in July 2018 (which remained in force during the whole project period), including on meetings with armed groups.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

<sup>14</sup> The report is available at: [https://www.ohchr.org/Documents/Countries/UA/ReportOnIlovaisk\\_EN.pdf](https://www.ohchr.org/Documents/Countries/UA/ReportOnIlovaisk_EN.pdf)

Activity 3.1	Advocacy interventions (letters, meetings, presentations) with the Government of Ukraine (JFO, Ministry of Defence, Office of the Military Prosecutor, Ombudsperson)	OHCHR
Activity 3.2	Advocacy interventions (letters, meetings) with the armed groups of the self-proclaimed 'Donetsk people's republic' and 'Luhansk people's republic'	OHCHR
Activity 3.3	Advocacy interventions (letters, meetings, presentations) with the civil authorities in charge or medical and socio-economic remedy and reparation to injured civilians and families of those killed	OHCHR

<p><b>6. Accountability to Affected People</b></p> <p><u>A) Project design and planning phase:</u></p> <p>Affected population has been informed through relevant field offices of OHCHR, social media and broader advocacy with relevant stakeholders. Project design was based on on-going work to document civilian casualties, as well as consulting with various sources of information as means of corroboration.</p> <p><u>B) Project implementation phase:</u></p> <p>Accountability towards affected population during the implementation stage was ensured through various means, such as by first-hand contact during field visits, interviews with the victims, witnesses and survivors, and with population living on along the contact line on both sides. Affected population have been also informed during public presentation of the quarterly reports and public online releases and interviews on TV.</p> <p><u>C) Project monitoring and evaluation:</u></p> <p>Monitoring and Evaluation is based on feedback received from the affected population, which also served as a two-way communication tool. Relevant updates were publicly presented during specially organized public events, field offices, field visits, and mass-media.</p>
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<b>7. Cash-Based Interventions</b>				
<b>7.a Did the project include one or more Cash Based Intervention(s) (CBI)?</b>				
<b>Planned</b>		<b>Actual</b>		
No		No		
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
<b>CBI modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Conditionality</b>	<b>c. Restriction</b>
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
The project is scheduled to be evaluated by an external consultant in 2019 as part of broader programme evaluation agreed by the HRMMU.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>



### 8.3. Project Report 18-RR-HCR-020 - UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	Ukraine
3. Cluster/Sector:	Protection - Protection	4. Project code (CERF):	18-RR-HCR-020
5. Project title:	Protection and shelter for internally displaced and conflict affected persons in east Ukraine		
6.a Original Start date:	28/06/2018	6.b Original End date	27/12/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	<b>a. Total requirement for agency's sector response to current emergency:</b> <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 2,830,000
	<b>b. Total funding received for agency's sector response to current emergency:</b> <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 2,405,500
	<b>c. Amount received from CERF:</b>		US\$ 849,099
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 0</li> <li>▪ National NGOs US\$ 185,000</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

### 2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR and its national NGO partners operating in NGCA were able to carry out 1,628 protection counselling, referrals to protection services and individual case management to beneficiaries, which enabled UNHCR to identify the needs of conflict-affected populations and inform the protection interventions prescribed by this project. Thanks to these, UNHCR identified 763 persons who needed individual protection in-kind assistance (within the group covered by protection counselling and individual case management); which were then provided people with individual protection in-kind assistance. Through its shelter assistance programme, UNHCR repaired 306 houses of 740 individuals.

Through its community-based approach to protection, UNHCR provided 10 communities either with community support initiatives (trainings and workshops on strengthening community-based approach to protection) or with peaceful coexistence projects (support to

community infrastructures) impacting 500 persons.

The total number of people reached by the project is 3,631. This was achieved in NGCA side of east Ukraine where the humanitarian access is normally quite challenging because of restrictions from the *de facto* authorities as well as the security conditions near the 'contact line'. UNHCR's presence in NGCA Donetsk and Luhansk also ensures that protection considerations are mainstreamed in distribution/assistance activities.

### 3. Changes and Amendments

See explanation for increased number of beneficiaries in table 4b.

### 4. People Reached

#### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	410	1,000	1,410	410	1,000	1,410	820	2,000	2,820
Reached	304	1,780	2,084	236	1,311	1,547	540	3,091	3,631

#### 4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	2,820	3,631
<b>Total (same as in 4a)</b>	<b>2,820</b>	<b>3,631</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

The number of people reached (3,631) was higher than the number of people planned (2,820). In the end UNHCR managed to reach additional beneficiaries than planned. In the beginning of the year humanitarian access in the non-government-controlled areas of Ukraine was challenging and therefore implementation was slow in the beginning of the year. Nevertheless, because UNHCR managed to maintain its presence, both offices (Luhansk and Donetsk) continued to be informed of needs for the activities planned under this project proposal. Once humanitarian access was granted, UNHCR offices in both Luhansk and Donetsk started implementing their yearly planned activities. Because identification of needs continued throughout, this means that the offices had a large "back log" of protection and humanitarian need to respond to. This resulted in a larger number of beneficiaries being reached.

### 5. CERF Result Framework

<b>Project objective</b>	Provide protection and life-saving assistance to persons affected by the conflict in NGCA newly accessible areas.
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<b>Output 1</b>	Protection monitoring missions to reach out to conflict affected population			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>

Indicator 1.1	Number of persons who benefitted by protection counselling, referrals to protection services and individual case management	1,600 (F 800   M 800)	1,628 (F 917/M 717)	<p>These activities included: persons who received protection information over the phone, through face-to-face counselling, as well as during activities in the field. Also, UNHCR in both Luhansk and Donetsk are facilitating legal support for persons in NGCA with NGOs offering legal assistance in GCA (such as <i>the Right to Protection</i>). Some of the referred cases received positive court decisions on reinstatement of Pension entitlements by the Pension Fund of Ukraine.</p> <p>Otherwise, both Luhansk and Donetsk operate in different manners. In Luhansk counselling is provided directly by UNHCR. Therefore, source of verification are our own internal reports. In Donetsk, counselling is provided by UNHCR national NGO partners, therefore source of verification are the internal reports of UNHCR's NGO partners that are submitted monthly as per signed partnership agreement with them.</p>
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**Explanation of output and indicators variance:** Through counselling, UNHCR advises concerned individuals and addresses their main needs including shelter, hygiene and other basic needs through individual protection assistance (in-kind), access to pensions and social benefits, documentation issues, access to medical care and medicines, education, freedom of movement, problems connected to disabilities and other key concerns. The overall target is much higher and achieved through UNHCR Donetsk, where contrary to Luhansk, the UNHCR office is working with partners. As explained above, as the so-called 'registration' came later in the year, UNHCR had already a back log of identified cases that need to receive legal counselling.

Activities	Description	Implemented by
Activity 1.1	UNHCR will organize 500 protection monitoring missions to reach out to conflict affected population	UNHCR provides protection monitoring through its presence in the fields while it carries out different activities in the field, including monitoring of the implementation of UNHCR funded projects by the service providers; shelter material and non-food item distributions; delivery and installation of other in-kind assistance; damage/needs assessment, impact monitoring etc. The findings of the individual confidential interviews, meetings, group discussions helped the office to analyse and understand key concerns, identify the main concerns, most vulnerable families and plan its interventions. The missions were conducted in different villages near the 'contact line'.

Output 2				
Provision of Basic Non-Food items for affected populations and hosting families.				
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people receiving individual in-kind assistance (within the group covered by protection counselling and individual case management)	750 (F 375   M 375)	763 (F 465 /M 298)	In the framework of UNHCR's individual protection Programme in-kind, 763 individuals received in-kind assistance such as glucometers, test-strips, special equipment and devices for persons with disabilities, medical examination, household assets, cloths, shoes and other items. In Luhansk, UNHCR provides individual protection assistance directly. Therefore, source of verification are our own internal reports. In Donetsk, individual

				protection assistance is provided by UNHCR national NGO partners, therefore source of verification are the internal reports of UNHCR's NGO partners that are submitted on a monthly basis as per signed partnership agreement with them.
Indicator 2.2	Number of people identified for individual in-kind assistance	750(F 375   M 375)	763 (F 465 /M 298)	
<b>Explanation of output and indicators variance:</b>		Provided assistance to different categories of conflict-affected population residing along the 'contact line' served its main objective of life saving, where due to negative impact of the conflict, mobility, availability and financial ability of the people including SGBV survivors severely affected. Like other activities, this program is implemented under the implementation program of the office, and the findings of the conducted impact monitoring indicate that it served the purpose.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Identification and selection of vulnerable persons conducted. Procurement of different supplies for vulnerable persons	Directly by UNHCR		
Activity 2.2	Distribution of different supplies for vulnerable persons	Directly by UNHCR		

<b>Output 3</b>	Shelter for population in NGCA parts of the country is improved to enable dignified living conditions.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	# of houses repaired	300 houses, with some 720 persons (F 360   M 360)	306 houses, with some 740 persons (F 445   M 295)	In NGCA, UNHCR implements its shelter programme either through a construction company or directly by UNHCR. Distribution of construction material was conducted directly by UNHCR.
Indicator 3.2	# of houses identified for repairs	300 houses, with some 720 persons (F 360   M 360)	306 houses, with some 740 persons (F 445   M 295)	N/A
<b>Explanation of output and indicators variance:</b>		Access to adequate standard of living ensured conflict-affected people to have their shelters repaired. It is also important to note that more shelter were able to be completed because the shelter tenders are announced with an average price of repairs/heavy reconstruction of each shelter. As the shelters repairs and reconstruction were cheaper than the tendered price, then UNHCR was able to achieve more shelters.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Damaged houses repair works conducted	Medium and heavy repairs are performed by UNHCR local contractor; distribution of construction materials for light repairs is done by UNHCR Teams.		
Activity 3.2	Damaged houses identified	UNHCR		

<b>Output 4</b>	Participatory management systems that ensures the immediate protection and assistance needs of affected population is established.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	# of communities supported with Community Based	10 communities with 500 beneficiaries (F 500)	10 communities with 500 beneficiaries (F 263/M 237)	UNHCR Luhansk implemented two peaceful coexistence projects.

	Protection assistance	250   M 250)		Examples include "Support of Khriashchuvate House of Culture with the sound-screen system" and "Rehabilitation of the administrative centre in the v. Velyka Verhunka". Furthermore, UNHCR Luhansk office conducted partial rehabilitation of three schools affected by the hostilities through a private contractor. In addition, UNHCR implemented two community support initiatives, such as for example: "Life in the rhythm of sport"; "Mine awareness" in the supported by UNHCR Khrashchuvate House of Culture, Velyka Verhunka Administrative-Community Center and the secondary school #23.
<b>Explanation of output and indicators variance:</b>		Implementation of peaceful coexistence projects is linked with community support initiatives to build the capacity of local community groups and promote social cohesion. Those projects are implemented in coordination with conflict-affected people and other vulnerable groups.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Communities supported with Community Based Protection assistance	Directly by UNHCR		

## 6. Accountability to Affected People

### A) Project design and planning phase:

In this project, UNHCR utilizes a community-based approach to ensure that the affected people were involved in the design of the activities described herein. The main way that UNHCR ensures a community-based approach is through regular participatory assessments. During the 2017 UNHCR participatory assessment, internally displaced persons and conflict affected persons continuously reiterated the protection challenges they are facing.

For Shelter, the Shelter colleagues, together UNHCR Protection teams, continuously monitors shelter damage through its KoBo system together with the conflict affected persons that has had her/his house damaged or destroyed, the local *de facto authorities*, partners and the Shelter cluster.

For its Individual Protection Assistance (IPA) in-kind (for NGCA) that UNHCR provides as part of its wider protection response to the most vulnerable, potential beneficiaries are identified either by UNHCR or NGO partners during case management or protection monitoring missions to the field. UNHCR and its partners verify the vulnerabilities, identify the needs through home visits and decide on a case-by-case basis through a multifunctional team. The multi-functional team then study whether the cash or in-kind assistance will have a protection outcome and empower the beneficiary.

For the identification of community protection needs for the implementation of either peaceful co-existence projects or community support initiatives, UNHCR is continuously identifying projects that could improve the coexistence between internally displaced persons (IDPs), conflict-affected persons and communities that welcomed IDPs among them. These projects are then evaluated by a multi-functional team before being submitted for implementation.

As the lead protection agency, UNHCR also ensures that its actions (as well as that of other actors) are protection sensitive and implemented through an "Age, Gender and Diversity Mainstreaming" (AGDM) approach. The AGDM approach of UNHCR ensures that the organization is continuously consulting with and including the most vulnerable in its humanitarian programming and delivery. As Global Protection Cluster lead, UNHCR ensures that Protection Mainstreaming of its activities as well as those of partners and cluster members. UNHCR's protection approach includes case management, legal aid, individual protection assistance, community-based

protection and local as well as national level advocacy.

B) Project implementation phase:

For shelter, please note that there are two modalities of shelter repair/reconstruction, either UNHCR undertakes the entire shelter repair/reconstruction or the materials are provided for the beneficiary to undertake the repair/reconstruction her/himself. In both modalities, beneficiaries are fully involved throughout the shelter repair/reconstruction process. In some instances, beneficiaries were able to provide feedback on the ongoing construction works in order to better suit their needs.

For Individual Protection Assistance (IPA) in kind, the beneficiary is fully involved during the provision of the in-kind assistance. The In-kind assistance provided through UNHCR's IPA programme is in the form of household items, clothing and medical and other equipment to meet protection needs and ensure an adequate standard of living of their recipients. The type of IPA in-kind is decided by the beneficiary themselves. Such assistance is distributed directly by UNHCR and its partners in locations where there is no functioning banking system. Like cash, this is also a one-time assistance, rather than continuous support, in order to reduce the risk of dependency. Examples of IPA in-kind assistance have included: special equipment for persons with disability, cushions for wheelchairs, blood glucose monitoring equipment, various furniture (such as fridges), winter clothes, school equipment for kids and radiators. Therefore, the beneficiary is 100% involved in selecting the individual protection assistance that best suits her/him.

In order to strengthen peaceful co-existence between internally displaced persons and host communities UNHCR has two modalities. UNHCR has supports a variety of peaceful co-existence projects (PCPs) along the 'contact line' in NGCA which include repairs and/or refurbishment of community centres, health facilities, schools, kindergartens and even bridges. These projects support communities with access to healthcare, psychosocial support, education, and pensions and social payments. UNHCR also empowered communities through, mentoring, counselling or trainings on self-organization and establishment of community-based protection mechanisms. Both of these modalities heavily include the communities for feedback on the implementation of the project. For Community Support Initiatives, community members are asked to provide their feedback throughout the trainings to UNHCR. For Peaceful Coexistence Projects, individuals are also asked to provide feedback and are sometimes involved in the construction works that these projects imply.

C) Project monitoring and evaluation:

With regard to Shelter Project, post-distribution monitoring is systematically done for all shelter interventions. During the post-distribution monitoring of the shelter the quality of the shelter works are evaluated as well as protection considerations. For example, beneficiaries are systematically asked whether they feel safe.

Post-distribution monitoring for IPA (non-cash) is also undertaken to see whether the in-kind intervention has had a protection impact on the beneficiary. In general, UNHCR beneficiaries expressed their satisfaction with the Programme.

As already mentioned, UNHCR has a continued presence in the field, undertaking protection monitoring, which involves collecting, verifying and analysing information in order to identify violations of rights and protection risks encountered by IDPs and other conflict affected populations in eastern Ukraine. This also involves continuously collecting information on all of our protection activities in the field, including from our community centres. The information that UNHCR's collects is then used either for the purpose of informing an effective and protection mainstreamed response or for local or national level advocacy in favour of our persons of concern. The information that UNHCR collects in the field is also triangulated with the assessments of other organizations or across different units within UNHCR (shelter, protection, community protection, etc...) to ensure a comprehensive and holistic analysis.

**7. Cash-Based Interventions**

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

Planned	Actual
No	No

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

guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>Please note that UNHCR prepares annually an End Year Report on its entire Country Operation Plan (COP) for the previous year, which includes feedback provided by persons of concern as part of its corporate requirement of implementing accountability to affected people in its operational management cycle. For some specific activities, UNHCR undertakes a post-distribution (or execution) monitoring. However, <b>there are not done by donor, but for its entire country programme as UNHCR operates on a programme-based budget.</b> For this specific CERF project proposal, both individual in-kind assistance and shelter repairs underwent evaluations prepared for internal purposes and to feed UNHCR's learning and adaption as per its Age, Gender and Diversity Policy from 2018. Here are some highlights from our PDM from both these activities mentioned:</p> <ul style="list-style-type: none"> <li>• <b>Individual In-Kind Assistance:</b> The survey targeted beneficiaries in all location covered by the individual in-kind assistance programme. The survey was conducted with a randomized sample of 10% assistance recipients. 87% of recipients in total provided their consent to respond to the questionnaire. 95% of respondents expressed their satisfaction with the quality of the assistance they received, and only 1 respondent out of all surveyed claimed that he was not satisfied with the quality of received goods. All the respondents confirmed that they did not have to pay any money for the assistance they received.</li> </ul> <p><b>Shelter Repairs:</b> A post-execution monitoring of all the houses repaired by UNHCR in the frame of the 2018 shelter programme in the east of Ukraine on both sides of the 'contact line' were evaluated. The monitoring visits took place between September 2018 and March 2019 and were performed by teams composed by at least two members, one from the Shelter team and one from the Protection unit. The collection of the information was done through Kobo and looked at both technical aspects and Protection aspects. The monitored sample covers all five UNHCR offices in the field (Mariupol, Sloviansk and Severodonetsk in GCA; Donetsk and Luhansk in NGCA). Please note that this CERF project proposal earmarked funding only for NGCA. UNHCR visited 34% of repairs conducted in 2018 by UNHCR. The monitoring of 2018 shelter activities confirms the main findings of the 2017 campaign: the repair of houses damaged by conflict-related incidents is still highly appreciated by recipients (95% of respondents, compared to 97% in 2017) and is largely executed with good quality (99% of cases, compared to 100% in 2017)</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## 8.4. Project Report 18-RR-CEF-067 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Ukraine
3. Cluster/Sector:	Education - Education	4. Project code (CERF):	18-RR-CEF-067
5. Project title:	Provision of essential basic services for conflict affected children in non-government-controlled areas of Donetsk and Luhansk		
6.a Original Start date:	01/07/2018	6.b Original End date	31/12/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	28/02/2019
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	<b>a. Total requirement for agency's sector response to current emergency:</b> <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For rapid response requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For underfunded emergency requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 9,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b> <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 2,300,000
	<b>c. Amount received from CERF:</b>		US\$ 1,910,750
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> <li>▪ Government Partners (Humanitarian Committee/as coordination body in NGCA) US\$ 0</li> <li>▪ International NGOs US\$ 0</li> <li>▪ National NGOs (DDC, MOST, Water Research Funds and SOS Kinder Dorf) US\$ 717,652</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

## 2. Project Results Summary/Overall Performance

With the support of this CERF grant, UNICEF and its partners reached over 246,451 people in NGCA (Donetsk -85,191 and Luhansk-161,260) through multisectoral projects: WASH, Child Protection, Education and Health. Partnership agreements were signed with local NGOs – DDC, MOST (Donetsk area), WRF, SOS Children's Villages (Luhansk area) – to deliver essential services for conflict affected children and their families: provision of sufficient quantities of water and adequate sanitation to 9,821 children (4,228/5,593) children through the rehabilitation of WASH facilities and installation of water tanks in educational/medical institutions; Around 210,160 (160,000 /50,160) people residing in NGCA improved their access to safe water thanks to the assistance provided to water utility companies; 8,640 children (4,975/3,665) with improved psychosocial situation in

educational institutions, child friendly spaces and communities through relevant psychosocial services and distribution of education, recreation and ECD kits.

A total of 5,792 (4,242/1,550) children benefitted from improved access to education through the rehabilitation of 11 (6/5) educational institutions and distribution of essential supplies in selected areas/schools. Over 200 communities were provided with awareness sessions on different CP issues, such as violence prevention, positive parenting, neglect and MRE in Donetsk/NGCA and over 1,000 children were provided with winter clothing sets.

### 3. Changes and Amendments

UNICEF provided procurement and delivery of educational and child protection supplies in accordance with the plan of activities submitted by the implementing partner in Luhansk for further distribution. However, as of 4 March, the supplies have not been distributed due to lack of approval from de-facto authorities for distribution lists and routes of transportation. Without the go head from the de-facto authorities, the implementing partner cannot proceed with the distribution and continues storing the items in the warehouse. UNICEF's taking measures to facilitate the process of distribution, negotiating with de-facto authorities and OCHA on this matter. This delay has not caused any unspent balance, the supplies were procured and delivered to the site in compliance with timeline and plan and will reach beneficiaries as soon as the de-facto authorities provide relevant permission. Due to the above exposed facts, UNICEF requested two months no-cost extension which was granted by the CERF secretariat and this will permit UNICEF in coordination with OCHA to negotiate with de-facto authorities and obtain the access to targeted communities.

### 4. People Reached

#### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	13,932	19,548	<b>33,480</b>	11,868	16,652	<b>28,520</b>	25,800	36,200	<b>62,000</b>
<b>Reached</b>	23,866	108,724	<b>132,590</b>	20,494	93,367	<b>113,861</b>	44,360	202,091	<b>246,451</b>

#### 4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	62,000	246,451
<b>Total (same as in 4a)</b>	<b>62,000</b>	246,451 [85,191] – Donetsk / [161,260] – Luhansk

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

Significant discrepancies could be noted between the initial planned targets and results achieved. These inconsistencies are due to the difficulties and restrictions to access the affected zones to collect the data and information required for planning. Most of the targets were calculated based on assumptions and estimations.

UNICEF has managed to implement two challenging large-scale projects covering many settlements affected by the conflict in Luhansk (NGCA). There was limited clarity on these projects at the planning stage of the CERF, but it was lately developed in cooperation with stakeholders such as water utility companies and local authorities. The drilling of boreholes and provision of water purification equipment is a good example which allowed to provide additional quantity of water and improved access to quality

	<p>water for affected people residing in Luhansk NGCA.</p> <p>The total number of beneficiaries were disaggregated by sex and age despite of multiple challenges faced as following:</p> <ul style="list-style-type: none"> <li>- restrictions set by de-facto authorities in NGCA with regards to disclosure of disaggregated data by administrations of institutions benefitting from the distribution and installation of water tanks and repair of water facilities;</li> <li>- for the boreholes drilling project, the stakeholder Luhnaskvoda provided number of beneficiaries – population of two districts of Luhansk city benefitting from the additional volume of water, but the disaggregation of this affected population is unavailable;</li> <li>- for the water purification equipment project for Krasnolimanskaya pump station, the stakeholder Luhnaskvoda provided number of beneficiaries – population of nearby settlements benefitting from the improved quality of water, but the disaggregation of this affected population is unavailable;]</li> </ul>
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5. CERF Result Framework	
<b>Project objective</b>	Conflict-affected children, adolescents, and their caregivers in NGCA have access to uninterrupted water and sanitation and to a protective environment in educational facilities and in their community to respond to their immediate needs.

<b>Output 1</b>	50,000 conflict affected people have access to safe drinking water through support to education facilities and water utility companies			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of children provided with access to sufficient quantities of water through rehabilitation of WASH facilities in education facilities (disaggregated by sex and age, rural/urban, where possible)	4,000 (2,160 girls and 1,840 boys)	Total 6,078 [4,228 Donetsk – 2,275 girls and 1,953 boys] [ 1,850 Luhansk - 844 girls and 972 boys]	Monitoring, post-monitoring, certificates of completion, lists of distribution, photos
Indicator 1.2	Number education facilities with urgent water and sanitation repairs rehabilitated	15	Total 23 [16 Donetsk] [7 Luhansk]	Monitoring, post-monitoring, certificates of completion lists of distribution, photos
Indicator 1.3	Number of children provided with improved access to adequate sanitation through rehabilitation of WASH facilities in education facilities (disaggregated by sex and age, rural/urban, where possible) (sub-population of indicator 1.1)	1,000 (540 girls and 460 boys)	Total 3,960 [ 2,410 Donetsk] [ 1,550 Luhansk (664 girls and 852 boys)]	Monitoring, post-monitoring, certificates of completion, lists of distribution, photos
Indicator 1.4	Number of children provided with access to sufficient quantities of water through installation of water tanks in education facilities (disaggregated by sex and age, rural/urban, where possible)	6,000 (3,240 girls and 2,760 boys)	10,003 [ 4,410 Donetsk] [5,593 Luhansk]	Monitoring, post-monitoring, certificates of completion, lists of distribution, photos
Indicator 1.5	Number provided water tanks to ensure emergency water supply to conflict-affected population	30	50 [30 Donetsk] [20 Luhansk]	Monitoring, post-monitoring, certificates of completion, lists of distribution, photos
Indicator 1.6	Number of people with access to safe drinking water (disaggregated by sex and age, rural/urban, where possible) through	40,000 (6,000 children and 34,000 adults)	Total 210,160 [50,160 Donetsk] [160,000 Luhansk]	Monitoring, post-monitoring, certificates of completion, lists of distribution, photos

	assistance to water utility companies		
<b>Explanation of output and indicators variance:</b>		<p>The variance of <b>indicator 1.4</b> is caused by the restrictions set by de-facto authorities in Luhansk NGCA about disclosure of disaggregated data by administrations of institutions benefitting from the distribution and installation of water tanks.</p> <p>The number of reached beneficiaries under <b>indicator 1.6</b> exceeds the planned one because water utility company of Luhansk NGCA confirmed the number of beneficiaries benefitting from drilling complementary boreholes exceeding rough estimation provided at the beginning of the project. However, due to restrictions and unavailability of data on population in open sources, it is not feasible to receive disaggregated data on beneficiaries. Also, the planned results were exceeded as UNICEF managed to directly implement the provision of water purification equipment for pump station, serving for several settlements resided by more than 100,000 people.</p>	
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>	
Activity 1.1	Rehabilitation of WASH facilities in 15 education facilities, assisting 4000 children, with urgent water and sanitation repairs.	UNICEF in partnership with Water Research Fund (WRF), Donetsk Development Centre (DDC)	
Activity 1.2	Provision of 30 water tanks for emergency water supply to conflict-affected population, improving water supply at institutional level to 6000 children.	UNICEF in partnership with Water Research Fund (WRF), Donetsk Development Centre (DDC)	
Activity 1.3	Provision of equipment, materials and machinery to water utility companies (pipes, fittings, pumps, repair equipment, service truck), so that centralized and decentralized water systems are repaired, supplying clean water once more to 40,000 people.	UNICEF in partnership with Water Research Fund (WRF), Donetsk Development Centre (DDC)	

<b>Output 2</b>	3,000 boys, girls and their caregivers have access to psycho-social support (PSS) in educational facilities and in their communities to respond to their immediate needs			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of children (girls and boys) and caregivers provided with improved access to the psychosocial support in educational institutions, child-friendly spaces and communities	3000 (2,800 children and 200 caregivers)	8,640 children [4,975 (M-2551/F2,424) children and 142 care givers Donetsk] [4,4316 (3,665 children and 651 caregivers) Luhansk]	Lists of beneficiaries, activity logs, photos (where applicable)
Indicator 2.2	Number of professionals working with children reached out with PSS and supervision	100	240 [approx. over 30 Donetsk] [210 Luhansk]	Activity log Monitoring, post-monitoring, list of distribution, photos
Indicator 2.3	Number of recreations, education and ECD kits distributed to CFS and communities for provision of PSS activities	520	580 [160 Donetsk] [420 Luhansk]	Monitoring, post-monitoring, list of distribution, photos

Indicator 2.4	Number of communities and child-friendly spaces received recreation, education and ECD kits for PSS activities at community level	TBC <sup>15</sup>	165 [only Donetsk]	Monitoring, post-monitoring, list of distribution, photos
<b>Explanation of output and indicators variance:</b>		*As of 04.03.2019 the Indicator 2.4 lacks data as the distribution of educational, recreational and ECD kits were not provided to the final beneficiaries due to lack of approval of distribution lists by de-facto authorities in Luhansk NGCA. The implementing partner has stored the supplies in the warehouse where they were delivered through UN humanitarian convoys as planned. UNICEF's taking measures to facilitate the process of distribution, negotiating with de-facto authorities and other stakeholders. Once the permission and distribution lists are received, the Implementing Partner will complete the distribution of supplies.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Psycho-social support to children and caregivers in educational institutions, CFS and communities	UNICEF in partnership with SOS Children's Villages, Local NGO		
Activity 2.2	Psycho-social support and supervision provided to professionals working with children	UNICEF in partnership with SOS Children's Villages, Local NGO		
Activity 2.3	Procurement of recreation, education and ECD kits to CFS and communities to support the PSS activities	UNICEF in partnership with Water Research Fund, DDC, Local NGO		
Activity 2.4	Distribution of recreation, education and ECD kits to CFS and communities to support the PSS activities	UNICEF in partnership with Water Research Fund, DDC		

<b>Output 3</b>	9,000 children living along the contact line in NGCA have access to quality and safe learning environment through rehabilitation of the damaged educational facilities and provision of essential supplies			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of children provided with improved access to the education infrastructure (subpopulation of indicator 3.2)	3,000 (1380 boys /1620 girls)	3,960 [2,410 Donetsk] [1,550 (664 girls and 852 boys) Luhansk]	Monitoring, post-monitoring, certificates of completion, list of distribution, photos
Indicator 3.2	Number of children benefited from the improved learning environment in their classrooms (subpopulation of indicator 3.4)	6,000 (2760 boys /3240 girls)	3,960 [2,410 Donetsk] [1,550 (664 girls and 852 boys) Luhansk]	Monitoring, post-monitoring, certificates of completion, list of distribution, photos
Indicator 3.3	Number of children received the winter clothes from the most-in-need families	2,000 (920 boys /1080 girls)	2,000 [1,000 Donetsk] [1,000 Luhansk]	Monitoring, post-monitoring, certificates of completion, list of distribution, photos
Indicator 3.4	Number of children received Educational and ECD kits in educational facilities	7,000 (3220 boys /3780 girls)	2,410 (to be updated) [2,410 Donetsk]	Monitoring, post-monitoring, certificates of completion, list of distribution, photos
Indicator 3.5	Number of educational facilities (schools and kindergartens) received repairs	10	Total 11 [6 Donetsk] [5 Luhansk]	Monitoring, post-monitoring, certificates of completion, list of distribution, photos
Indicator 3.6	Number of educational facilities (schools and kindergartens) received educational and ECD kits	20	Total 31 [31 Donetsk]	Monitoring, post-monitoring, certificates of completion, list of distribution, photos

<sup>15</sup> UNICEF agreed with the de-facto authorities to cover 200 communities.

<b>Explanation of output and indicators variance:</b>		*Indicator 3.2, 3.3, 3.4, 3.6 as of 04.03.2019 lack of data as the distribution of educational and ECD kits were not provided to the final beneficiaries due to lack of approval of distribution lists by de-facto authorities. The implementing partner stores the supplies in the warehouse where they were delivered through UN humanitarian convoy in timely manner. UNICEF's taking measures to facilitate the process of distribution, negotiating with de-facto authorities and other stakeholders. Once the permission and distribution lists are received, the implementing partner will complete the distribution of supplies.
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 3.1	Emergency repairs of 10 schools and kindergartens	UNICEF in partnership with Water Research Fund, DDC
Activity 3.2	Procurement of educational supplies, winter clothes and educational & ECD kits	UNICEF in partnership with Water Research Fund, DDC
Activity 3.3	Provision of educational supplies (school furniture and classroom supplies) to 20 schools and kindergartens	UNICEF in partnership with Water Research Fund, DDC
Activity 3.4	Distribution of winter clothes for children from the most-in-need families	UNICEF in partnership with Water Research Fund, DDC
Activity 3.5	Distribution of 2,000 Educational kits and 500 ECD kits in educational facilities (schools and kindergartens)	UNICEF in partnership with Water Research Fund, DDC

## 6. Accountability to Affected People

### A) Project design and planning phase:

UNICEF conducted several consultations with UN agencies, Humanitarian Committee and non-government partners to agree on the focus areas and as well to identify the needs of the most vulnerable and affected communities. The outcomes of rapid consultation and feedback from the cluster groups, helped to determine the magnitude and geographical areas where the current humanitarian response is most required. The geographical areas and locations for the future interventions and partners to be involved in the implementation process have been identified based on the evidence of the outcome of discussions held with local beneficiaries and *de-facto* humanitarian committees. Due to the volatile situation and admin restrictions imposed by *de-facto* authorities it revealed a limited number of non-government actors which operates in non-government-controlled areas; therefore, most of the activities/operations have been implemented by four major partners (2 in Donetsk area-DDC, and Most - and 2 in Luhansk area - WRF, SOS Children's Villages. Project activities for Donetsk/Luhansk Oblast NGCA were designed in consultation with different stakeholders, beneficiaries and *de-facto* humanitarian committees, as well as through estimation of the local humanitarian situation by UNICEF field offices and external technical missions. As comprehensive assessments in the field are prohibited by *de-facto* authorities and could constitute security risks, UNICEF and its partners conducted generic estimation of the needs and actual humanitarian situation through strong community relations and continued communication with local professionals and beneficiaries.

### B) Project implementation phase:

In the framework of this CERF funded project, UNICEF implemented activities through partnerships with NGOs and direct implementation. In accordance with established mechanism of coordination in circumstances of NGCA, UNICEF negotiated access and modalities of implementation directly with *de-facto* Humanitarian Committees. The Implementing Partners were provided with mechanism for activities implementation and involved sub-contractors for specific types of work to achieve the overall expected results. The project on repair of health education facilities and drilling of complementary boreholes were rather challenging and complicated in terms of organizational structure as many different actors were involved in implementation at various stages. Despite all challenges met, the expected results were achieved.

### C) Project monitoring and evaluation:

The project activities implemented in Luhansk Oblast NGCA were monitored by UNICEF staff based in Luhansk and Donetsk offices, with a support of staff from the Country Office. In total, 7 programmatic visits and 30 more field monitoring visits were conducted during project implementation, which lasted from beginning of August 2018 to the end of February 2019. The access to conduct programmatic visits was in advance negotiated with *de-facto* humanitarian committees. While conducting the PVs and field monitoring visits, UNICEF staff has an opportunity to visit the sites of implementation, communicate with the direct beneficiaries, stakeholders.] Visit of project

sites sometime maybe a challenging. In several occasions' visits were postponed due to the delay of df in providing the permission to visit the sites. Sections, program coordination and cluster meetings held regularly to discuss the project implementation and assess the challenges and propose way forward. These internal and partners coordination mechanism played critical role in ensuring the project are on track and quality results are delivered.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

## 8. Evaluation: Has this project been evaluated or is an evaluation pending?

At this stage there is no specific evaluation was conducted. The lessons learnt from the planning phase of the project predict that conduct an assessment or evaluation will not be an easy task. The limitation to access certain information and locations imposed by local authorities during the planning and even after the project have been implemented will for sure constraint any future evaluation.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## 8.5. Project Report 18-RR-WHO-025 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Ukraine
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-WHO-025
5. Project title:	Delivery of emergency, trauma and essential emergency health care services in non-Government controlled area of eastern Ukraine July to December 2018		
6.a Original Start date:	02/07/2018	6.b Original End date	01/01/2019
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	31/01/2019
6.d Were all activities concluded by the end date (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	<b>a. Total requirement for agency's sector response to current emergency:</b> <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 2,500,000
	<b>b. Total funding received for agency's sector response to current emergency:</b> <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 2,223,020
	<b>c. Amount received from CERF:</b>		US\$ 624,666
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 100,000</li> <li>▪ National NGOs US\$ 0</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

## 2. Project Results Summary/Overall Performance

Through this CERF grant, WHO and its partners delivered medicines and medical supplies for trauma care, surgery and blood transfusion to assist 34,000 patients and in partnership with MdM, WHO reached an additional 14,352 adults and 16,116 children through the delivery of 39 life-saving medical equipment units to 4 hospitals in Luhansk. WHO also trained 34 health workers on Advanced Trauma Care and Mass Casualty Incident Management to improve the quality of health care services and reduce health risks. In addition; WHO conducted 6 mentoring visits to the laboratories in the conflict affected areas and carried out trainings on the concept and practice of quality management in laboratories for about 30 laboratory specialists.

The project assisted a total of over 64,000 people in need in NGCA areas of Donetsk and Luhansk regions by means of implementation of three key elements of the WHO response in NGCA:

- Delivery of an emergency life-saving health interventions;
- Training health-care workers in trauma care and mass casualty management;
- Enhancement of a disease surveillance.

In this project WHO and implementing partner were able to reach an increased number of people through diversified health interventions supporting 24 selected health facilities in Donetsk and Luhansk NGCA.

## 3. Changes and Amendments

The active conflict in eastern Ukraine continues to limit access to essential and life-saving health care services for 5.2 million people living in eastern Ukraine. Local health care providers continue to face significant challenges to meet basic needs among the most affected which include women, children under 5 and the elderly. Restrictions of movement for people, goods and services between GCA and NGCA reinforce a strong sense of isolation. People living along the “contact line” and in NGCA are still unable to meet their basic health care needs due to lack of access to quality specialized medicines, medical supplies, and medical equipment as well as lack of sufficient income to cover the out-of-pocket medical costs. Long travel times to reach appropriate health care services are mainly due to insecurity and poor road conditions. The protracted conflict affects people’s resilience and prevents them from recovering.

The conflict has also resulted in a brain drain of qualified health workers. The lack of trained medical staff affects the quality and availability of essential and life-saving health care services. The longer this situation prevails, the less resilient the health system and the populations in need will be. This will inevitably result in a decreased ability to cope with current and additional threats such as an increase in hostilities, disease outbreak or other threats.

A non-cost extension has been requested and approved for one month to allow the delivery of 40 kits to 20 hospitals in NGCA areas of Donetsk and Luhansk regions. A delay of the delivery has been caused by lengthy importation procedures and unforeseen bad weather conditions temporarily blocking the trucks to move across the contact line.

An advanced Trauma Care Training was initially planned to be held in November 2018 in Donetsk for more than 100 participants has been postponed several times after Sea of Azov crisis. WHO received the green light of the local health authorities in Donetsk NGCA after the end of the award. In the meantime, WHO was able to train 34 health care professionals in trauma care and mass casualty management in Luhansk NGCA in January 2019.

## 4. People Reached

### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	2,754	15,606	<b>18,360</b>	2,346	13,294	<b>15,640</b>	5,100	28,900	<b>34,000</b>
<b>Reached</b>	2,754	15,606	<b>18,360</b>	2,346	13,294	<b>15,640</b>	5,100	28,900	<b>34,000</b>

### 4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	34,000	34,000
<b>Total (same as in 4a)</b>	<b>34,000</b>	<b>34,000</b>
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A.	

5. CERF Result Framework	
<b>Project objective</b>	Reduced morbidity and mortality through the delivery of essential life-saving medical supplies to health facilities across all three levels (primary, secondary and tertiary) including mobile clinics and improved management of health care in conflict-affected areas NGCA via the training in trauma care, mass casualty management and disease containment.

Output 1	Deliver emergency health life-saving interventions			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of trauma kits delivered	32 trauma kits	24 trauma kits	Consignment Note
Indicator 1.2	Number of surgical kits delivered	5 surgical kits	5 surgical kits	Consignment Note
Indicator 1.3	Number of acute watery diarrhea kits delivered	3 acute watery diarrhea kits	3 acute watery diarrhea kits	Consignment Note
Indicator 1.4	Number of inter-agency emergency medical kits delivered	3 inter-agency emergency medical kits	3 inter-agency emergency medical kits	Consignment Note
Indicator 1.5	Number of emergency blood screening supplies delivered	6 emergency blood screening supplies	5 blood transfusion kits	Consignment Note
Indicator 1.6	Number of treatments provided through mobile clinics	3,000 patients	3,000 patients	MdM report
<b>Explanation of output and indicators variance:</b>		<p>Indicator 1.1 Number of trauma kits delivered is lower than targeted considering procurement challenges caused after Azov Crisis and unpredictable weather conditions. It was planned to deliver 16 (A) +16 (B); in fact, it was 12 (A) + 12 (B) delivered.</p> <p>Indicator 1.5 Transfusion kits were purchased.</p> <p>Indicator 1.6 Due to the strong acceptance of MdM with the local health authorities in Luhansk, the decision was made to partner with MdM to purchase medical equipment for maternity and children hospitals instead of engaging in mobile units. This change allowed to support maternity health facilities in Luhansk NGCA and thereby improved access to life-saving maternal and neonatal care.</p>		
Activities	Description	Implemented by		
Activity 1.1	Procure and distribute medical supplies	Procurement and delivery: WHO, UN HCR logistic group Distribution: local NGO DDC in Donetsk, de facto MoHs in		

		Donetsk and Luhansk regions.
Activity 1.2	Provide treatments through mobile clinics providing primary health care and mental health services	Procurement and distribution: MdM

<b>Output 2</b>	Train health care workers in trauma care and mass casualty management			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of health care workers (physicians, nurses and felchers) trained in mass casualty management and trauma care	100 health care workers	34 health care workers in Luhansk	List of participants of ATCT in Luhansk and certificates of participation in the training; Photos; ATCT report (internal use only).
<b>Explanation of output and indicators variance:</b>		Advanced Trauma Care Training (ATCT) in Donetsk GCA has been postponed in November 2018 due to the Azov crisis. The training will be held in Donetsk in March 2019 with more than 50 participants expected. In the meantime, WHO trained 34 health care workers in trauma care and mass casualty management in Luhansk NGCA.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Train health care workers on trauma care and mass casualty management	WHO, local health authorities; Training delivery WHO.		

<b>Output 3</b>	Enhance disease surveillance including prepositioning of acute watery diarrhoea kits			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of assessments on current situation of data collection and data sources	2 assessments	2	Travel reports and information management tools developed
Indicator 3.2	Number of dashboards for improved data analysis for health cluster coordination	3 dashboards	3	Dashboards were developed for the internal use of the Health Cluster in Ukraine and can be viewed using the link below, using User Name: whoukr and Password: whoukr <a href="https://whe-ukraine.org/superset/welcome">https://whe-ukraine.org/superset/welcome</a>
<b>Explanation of output and indicators variance:</b>		No variance		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Carry out assessments and action plans	WHE information manager and consultant		
Activity 3.2	Develop dashboards for data analysis of the health cluster	WHE information manager		

<b>6. Accountability to Affected People</b>
<p><u>A) Project design and planning phase:</u>  WHO has a presence on both sides of a so-called 'contact line' with the area offices in Donetsk and Luhansk (NGCA) and field offices in Severodonetsk and Kramatorsk (GCA). The proposed project activities were developed in consultation with the health authorities in eastern Ukraine and as well as with partners on the ground. WHO field offices in collaboration with consultants in Trauma Care and Laboratory mentoring conducted needs assessments during their missions to Donetsk and Luhansk NGCA. Local health authorities of in Luhansk oblasts NGCA were very supportive during the design and the planning phases of the project. Challenges were encountered with the local health authorities in Donetsk NGCA following the Azov Sea crisis. In the meantime, the relationships have been restored and WHO can continue providing life-saving health interventions in Donetsk NGA.</p> <p><u>B) Project implementation phase:</u></p>

WHO implemented the project in coordination with the local health care actors and partners such as the Ministry of Health in Ukraine, the Ministry of Social Policy, the de facto health authorities in NGCA and Medecins du Monde (MdM). Key achievements of the project are as follows:

- MdM played a key role in procuring life-saving medical equipment for Luhansk NGCA;
- WHO procured medical supplies and medical equipment in collaboration with UN HCR logistic group. These supplies were distributed according to the needs highlighted by the de facto MoHs in Donetsk and Luhansk regions;
- WHO Trauma and Emergency Medicine Consultant developed and trained 34 physicians, nurses and felfshers in Advanced Trauma Care Training (ATCT).
- Laboratory mentoring activities were driven by WHO Laboratory Consultant and tailored to the needs of each laboratory considering unique requirements and regulations, existing capacities of laboratory and competences of laboratory staff.

C) Project monitoring and evaluation:

Monitoring and Evaluation systems were designed, and feedback has been collected from the selected health care workers and reports provided by the implementing partner (MdM).

MdM performed regular monitoring mission of the usage of the equipment. The monitoring measured the daily demand for the delivered equipment and included not only raw data (number of daily operation cycles) but also interviews with the hospital staff, conducted by the MdM Health Officer on site.

Final project reports on ATCT in Luhansk, Laboratory Mentoring Activities have been finalized by WHO experts.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
The individual components of the CERF project have been evaluated. For example, the transfer of knowledge during the ATCT training has been evaluated via pre and post training tests. The impact of the laboratory mentoring missions have also been evaluated by the WHO expert but only available in Russian. The impact of the MdM interventions have been evaluated and reported in their final project report.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-WHO-025	Health	WHO	INGO	\$100,000
18-RR-IOM-021	Shelter & NFI	IOM	NNGO	\$119
18-RR-IOM-021	Water, Sanitation and Hygiene	IOM	NNGO	\$1,896
18-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	NNGO	\$192,022
18-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	NNGO	\$257,045
18-RR-CEF-067	Child Protection	UNICEF	NNGO	\$34,483
18-RR-CEF-067	Child Protection	UNICEF	INGO	\$104,519
18-RR-CEF-067	Child Protection	UNICEF	NNGO	\$6,583
18-RR-CEF-067	Child Protection	UNICEF	NNGO	\$6,558
18-RR-CEF-067	Education	UNICEF	NNGO	\$66,187
18-RR-CEF-067	Education	UNICEF	NNGO	\$50,255
18-RR-HCR-020	Multi-sector refugee assistance	UNHCR	NNGO	\$45,000
18-RR-HCR-020	Multi-sector refugee assistance	UNHCR	NNGO	\$65,000
18-RR-HCR-020	Multi-sector refugee assistance	UNHCR	NNGO	\$75,000

## ANNEX 2: Success Stories

**Project title:** Delivery of emergency, trauma and essential emergency health care services in non-government-controlled area of eastern Ukraine in July 2018 – January 2019.

To improve the quality of health care services and reduce health risks for over 40 000 people in need in non-government-controlled areas of Ukraine's Luhansk region, WHO trained 34 health workers on 23—25 January 2019. Participants were from both Luhansk Medical University and Central Luhansk EMS. The training focused on supporting emergency health care specialists in trauma emergency care and lifesaving procedures.

After nearly five years of crisis in eastern Ukraine, millions of people on both sides of the contact line still need humanitarian assistance. A lack of trained health care workers and appropriate health care services can result in an increase in avoidable deaths, diseases and disabilities.

The training structure included:

- advanced trauma care training theoretical and practical;
- introduction on Mass Casualty Management provided both theoretical and desktop-based exercise;
- public health response in CBRN and hazard mitigation;
- an introduction to providing mental health first aid;
- desktop exercise on types of triage;
- practical training on different modalities of airway management including endo tracheal intubation.

WHO chose a modular approach for the training to adapt the course to the different specialties and areas of work of the trainees. The local health authorities also identified an appropriate location in Luhansk NGCA to conduct the training.

To ensure a standardized and up-to-date transmission of knowledge in emergency medicine, the course and training material followed the structure of the standard ATLS and the structure, scientific guidelines and standard operating procedures of WHO's courses<sup>216</sup>. This approach ensured that a standardized knowledge and skills are applied during emergencies which will improve the response during the new golden hour and thereafter.

The next Advanced Trauma Care Training (ATCT) is planned for March 2019 in Donetsk NGCA for 50 participants.

Dr Omar Saleh, Trauma Care Consultant for the WHO Emergency Programme in Ukraine led the design and coordination of the Advanced Trauma Care Training.

### Links:

[Eastern Ukraine: WHO Emergency Programme July 2018 – February 2019](#)  
[32 000 people receive life-saving medicine and treatment in the conflict-affected areas of eastern Ukraine](#)  
[Better emergency health care for 40,000 people in eastern Ukraine](#)  
[Ukraine situation report: October–December 2018](#)  
[Ukraine situation report: July–September 2018](#)

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<sup>16</sup> <sup>2</sup> WHO Mass casualty management systems, available at [http://www.who.int/hac/techguidance/tools/mcm\\_guidelines\\_en.pdf](http://www.who.int/hac/techguidance/tools/mcm_guidelines_en.pdf)

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGDM	Age, Gender and Diversity Mainstreaming
ATCT	Advanced Trauma Care Training
ATLS	Advanced Trauma Life Support
CBRN	Chemical, biological, radiological or nuclear
CFS	Child-Friendly School
CP	Check Point
DDC	Donetsk Development Centre
ECD	Early Childhood Development
EMS	Emergency Medical Survey
GCA	Government controlled area
HRMMU	Human Rights Monitoring Mission in Ukraine
ICRC	International Committee of the Red Cross
IOM	International Organisation for Migration
IPA	Individual Protection Assistance
MDM	Médecins du Monde
MRE	Mine Risk Education
NGCA	Non-government-controlled area
NGO	Non-government organization
OHCHR	The Office of the United Nations High Commissioner for Human Rights
OSCE	Organization for Security and Co-operation in Europe
PCP	Peaceful Co-Existence Project
PSS	Psycho-Social Support
SGBV	Sexual and Gender Based Violence
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHE	World Health Emergency
WHO	World Health Organization
WRF	Water Research Fund