RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS LEBANON

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Robert Watkins**

PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US$)		
Breakdown of total response funding received by source	CERF	**2,978,910***
	EMERGENCY RESPONSE FUND (*if applicable*)	1,241,460
	OTHER (Bilateral/Multilateral)	118,568,985
	TOTAL (Note this includes RRP plus other non-appeal response)	**131,795,608**
Breakdown of CERF funds received by window and emergency	**Underfunded Emergencies**	
	First Round	0
	Second Round	0
	Rapid Response	
	Syrian Refugees	**2,978,910**

* Allocation in response to Syrian refugees is included in this 2012 funding summary table but, due to the late approval, not reported in Part 2 of this document.

II. REPORTING PROCESS AND CONSULTATION SUMMARY

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

YES NO

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

YES NO

The report was shared with members of the UNHCT, and the draft report was sent to all UN contributors and the HC/RC before final submission by the HC.

PART 2: CERF EMERGENCY RESPONSE – SYRIAN REFUGEES (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 105,943,585		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,978,910
	EMERGENCY RESPONSE FUND	1,241,460
	OTHER (this does not include non-appeal contributions)	75,076,777
	TOTAL	**79,297,147**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – Date of Official Submission: 24 May 2012			
Agency	**Project Code**	**Cluster/Sector**	**Amount**
IOM	12-IOM-017	Shelter and NFIs	300,000
UNFPA	12-FPA-029	Health	381,562
UNHCR	12-HCR-032	Health	450,042
UNICEF	12-CEF-069	Protection[1] / Human Rights / Rule of Law	300,670
UNICEF	12-CEF-070	Water and Sanitation*	497,550
WFP	12-WFP-044	Food	899,286
WHO	12-WHO-042	Health	149,800
Sub-total CERF Allocation			**2,978,910**
TOTAL Allocated			**2,978,910**

[1] UNICEF returned US$95,334 related to Child Protection and $154,215 related to WASH as unspent funds to the CERF Secretariat as the funds were not utilized prior to expiry date. The total returned to the Secretariat was $249,549. Discrepancy from total allocation is caused by the return of UNICEF funds as per table 2.

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of Implementation Modality	**Amount**
Direct UN agencies/IOM implementation	1,863,320
Funds forwarded to NGOs for implementation (WFP, UNHCR, UNICEF)	866,041
Funds forwarded to government partners	0
TOTAL*	2,729,361

OVERVIEW OF THE HUMANITARIAN CRISIS

Following the increase of Syrian refugees in Lebanon, UNHCR launched an inter-agency appeal in March 2012, being the Regional Response Plan for Syria. Regional Response Plan 1 (RRP1) was for $28,997,551 covering the period March to September for a caseload of 25,000, and this was updated twice during the year as beneficiaries and needs increased. RRP3, which covered the period from March until 31 December 2012, requested $105,943,585 for an estimated 120,000 beneficiaries.

As of May 2012, the international aid community was assisting 25,000 Syrian refugees in Lebanon. Syrian refugees in the north relied on assistance provided by the Government's High Relief Commission (HRC), which had been providing food and secondary health care to all registered refugees. The international community provided some complementary assistance, e.g., non-food items, shelter, primary health care and education. In May 2012, the Government announced it could no longer cover food requirements and requested the IC for assistance to cover the gap. Additionally, as a result of fighting in the Homs Governorate in March 2012, there was a substantial influx of Syrian refugees into the Bekaa Valley, with several thousand crossing in just a few weeks. Because of the sensitive political, confessional and security characteristics of the Bekaa, the Government's HRC had at that point not been mandated to operate in this area, leaving a humanitarian vacuum. Assistance in the Bekaa was thus provided by the international community that quickly scaled-up the response. Many refugees in Akkar (northern Lebanon) were staying with host families while others rented apartments or stayed in collective shelters. Thus by May, and increasingly throughout the year, interventions by the international community were critical to the support of the refugee community and also to Lebanese returnees and the host communities.

Regarding registration, in June 2012, 900 refugees were registered each week, increasing to 5,000 per week by the end of the year, as a result of increased numbers and a larger response capacity. At the time the of the CERF proposal submission, UNHCR jointly with the HRC was registering refugees in North Lebanon. However, as of June 2012, refugees have been registered by UNHCR solely. Given increased arrivals, UNHCR identified an urgent need to upscale registration capacity, including the provision of secure registration documents. Using data gathered during the registration process, UNHCR and partners then responded to protection concerns and followed-up on cases with specific needs, including separated children, isolated elderly and victims of violence, including gender-based violence, and ensured that those needing specialized care were being referred.

The number of refugees in need of health care sharply increased during the course of the year. This included persons with pre-existing conditions, as well as those with conflict injuries. Since the onset of the crisis, UN agencies and partners worked to ensure that primary and secondary health care needs were met, including admission to hospitals through set referral systems. The response was integrated into the national health care system to increase effectiveness. Additionally, due to the additional strain on the existing health care system, WHO procured essential drugs for distribution though the public health system and ensured vaccination coverage for the displaced population less than 15 years of age.

According to WFP's April 2012 Rapid Assessment, 78 per cent of refugees were dependent on humanitarian assistance, ad-hoc charity, sharing host families' resources and using credit for their survival. As such, the Syrian refugee population was in need of food assistance in order to ensure their nutritional well-being. The April assessment also found that families had already started using negative coping mechanisms as a result of depletion of their resources. Such coping mechanisms included reducing the size of the meal, reducing the number of meals, opting for cheaper and lower quality commodities, credit, sharing with host families, as well as relying on local charity.

In addition to the refugee population, at the time of the CERF submission, IOM with local communities had identified and profiled up to 530 Lebanese returnee families who had been living in Syrian villages along the northern and north-eastern border with Lebanon for generations, and who had recently fled Syria, crossing into Lebanon and settling in areas where Syrian refugees were also concentrated. The living conditions of the returnee population were also seen to be critical. Lebanese returnee families settled in rural areas, which are traditionally poor and underserved in terms of public infrastructure and services, with high rates of unemployment and economic dependence. The influx of refugees and returnees added pressure on already impoverished host communities already affected by the disruption of cross-border trade and seasonal movement. Living in overcrowded spaces, many with host families, families were exposed to the risks of poor hygiene conditions and disease. The geographically dispersed character of the settlements represented an additional obstacle to the coping mechanisms of this population, composed in its majority of women and children with pressing needs.

I. FOCUS AREAS AND PRIORITIZATION

The UNHCR registration and health project responded to identified needs in the North and Bekaa. As of 31 May, registration data indicated that these were locations where the majority of the refugees were staying. By the same date 17,041 Syrian refugees had been registered, with an estimate of up to 9,500 awaiting registration (3,000 persons in the North and 6,500 in the Bekaa). With increasing rates of arrival, UNHCR commenced registration operations in the Bekaa, requiring significant capacity support. Moreover, a high proportion of refugees in the North and Bekaa were women and children (77 per cent and 84 per cent respectively) with some 20 per cent of the overall population identified as having vulnerabilities requiring targeted response. This pointed to the need to upscale cross-sectoral support, including health. By the end of the year the number of registered Syrians increased to 129,106, with a further 45,936 Syrians awaiting registration. Some 65,000 registered refugees were living in the North of Lebanon while some 50,000 were living in the Bekaa Valley. Among them, approximately 51 per cent of the refugees registered as of 31 December 2012 were female, while 52 per cent were minors. The provision of registration certificates was vital to ensure protection and access to services in Lebanon.

In the health sector, UNHCR complemented WHO and the Ministry of Health by focusing on the identification and support to selected primary health care centres (PHCs), payment of consultation, diagnosis and lab test fees, provision of essential medication and medical equipment/supplies, health awareness sessions for the displaced and hosting communities and building the capacity of health workers in case management and in health information systems. Additionally, UNHCR provided support to meet those secondary health care needs that were not covered by the Lebanese HRC, particularly outside northern Lebanon. This included covering hospitalization costs (with priority for lifesaving interventions and obstetric care), the costs of referral for post-operative care and the cost of catastrophic illnesses. Additionally, WHO filled the gaps in terms of medications required for acute and chronic diseases, vaccination of children to prevent outbreaks such as Measles and Polio, and coordination and facilitation of access to emergency care, especially for trauma and pregnancy-related conditions.

The available funds were used to purchase vaccinations (IPV, DPT, Hib and Measles) and to implement pulse and routine strengthening vaccination, training of PHC workers on case management of the most common medical problems for displaced populations, the purchase of medication stocks based on 'the Essential Drugs List' as well as for rare diseases such as Thalassemia and coordinating the field health response in terms of referral and access to health care including obstetric emergency care. Of the refugee population targeted, 60 per cent are estimated to have been women and 50 per cent children who particularly benefitted from the vaccination coverage. Based on available data and the pattern of services provided at PHC level, it can be estimated that around 45 per cent of primary health care was provided to children, around 43 per cent to women, and some 1-2 per cent of the population required special medications (thalassemia, Tb, anti-epileptic, acute psychotic conditions). The prevalence of non-communicable diseases is close to 9 per cent among the adult population, hence the need to ensure proper access to chronic medications (cardiovascular, diabetes, asthma).

UNFPA planned to reach a total of 16,000 refugees (15,000 women and girls and 1,000 men). However, in view of the increase in numbers during the second half of 2012 and the increased demand to fill critical gaps, UNFPA extended the assistance to 23,081 refugees (i.e. 21,486 women and girls, and 1,595 men). This was made possible by engaging key implementing partners, expanding to a wider geographical coverage, readjusting the budget items, and ensuring close coordination with various humanitarian actors to respond to critical needs in a complementary fashion. While all of UNFPA's activities reached refugees in the Bekaa, North and South Lebanon, it is worth noting that the latter was not foreseen as an area of intervention in the initial proposal plan; however, given that the numbers of refugees in the South increased from 28 in July 2012 to 6,898 by the end of December 2012, it obviously became a necessity to avail RH services throughout centres in the South with agglomerations of Syrian refugees.

WFP's initial emergency operation targeted 15,000 Syrians seeking refuge in the Bekaa Valley and North Lebanon. For the Bekaa Valley, WFP planned to target 8,500 beneficiaries through a voucher programme. For North Lebanon, WFP supported the HRC, given the latter's financial constraints, by funding food parcels for 6,500 individuals and covering the operational costs of the INGOs directly attributable to the implementation of the voucher and food kit programme. Operational costs included those of staff, travel, office rent/equipment and transport/communication costs.

In coordination with other partners, IOM responded to the unmet needs of the vulnerable Syrian refugees through the distribution of essential NFIs in the North of Lebanon (Akkar governorate, 36 villages) and the Bekaa Valley (21 villages), especially Baalbeck district, which was still inaccessible to other humanitarian actors. The distribution methodology varied from door-to-door individual delivery mechanism in remote areas (to build confidence bridges, assess urgent needs in the vital environment of recipients and monitor the adequacy of registration lists provided by community leaders), to community-based delivery approach in a pre-defined locale (through the coordination of distribution with other UN partners and local community leaders handling registration).

UNICEF's child protection emergency response to the Syrian refugee crisis focused on providing imminent psychosocial care and support services to vulnerable refugee children and host communities. With the partial disengagement of the HRC in northern Lebanon leaving a humanitarian vacuum, and at the same time experiencing an influx of Syrian refugees in the Bekaa, a significant investment was required to address the psychosocial impact on the children generated by the conflict within Syria and the subsequent displacement. The following geographical areas were chosen for project implementation: Northern Bekaa region - Arsal municipality (Jdeideh, Fekah, Zaitouni, Al Labouni, Al Ain); Hermel region - Northern Bekaa, Hermel municipality; Aakar region - Halbaand Wadi Khaled municipalities and the Tripoli region. Key partners were identified through consultation with the Child Protection Working Group (CPWG) to ensure coverage of prioritized areas, i.e. locations with a high number of refugee children and poor access to support services. All of the identified partners were assessed to have well-established operations and be actively collaborating within the sector.

With the onset of refugees living in host communities, especially in the north and Bekaa Valley, urgent water issues arose, such as the economic burden of water trucking, water storage and sewage disposal for the host families, as additional people to the household increased the pressure on water and sanitation facilities. The increasing inability to pay for clean water in sufficient volume was an important aspect of this situation affecting refugee and host populations alike. UNICEF, through its partners provided safe drinking water and baby kits.

II. CERF PROCESS

As there was no UNHCT or sector/ clusters in Lebanon at the time of the CERF proposal in May 2012, in order to prioritize project areas for CERF, a meeting was called by the HC with the UN humanitarian agencies for discussion of priorities. The RRP1 (March 2012 -- a regional plan to respond to the Syrian refugee crisis) was used as the base document for areas and priority needs already identified. Under the HC, the agencies quickly agreed on prioritizing needs and activities as well as on the allocation of funds between sectors. The review process of the proposals and activities was also conducted quickly, allowing a rapid disbursement of funds.

Additionally, an Emergency Response Fund (ERF) was established for the Syrian Crisis in May 2012, and throughout the rest of 2012, five ERF projects for Lebanon, covering health, WASH, NFIs and shelter, were implemented at a total cost of $1,241,460.The projects were all part of the RRP and there was no overlap with CERF funding.

The registration of refugees was a priority for UNHCR as the foundation for protection and assistance activities. In the absence of a national system for the registration of refugees, UNHCR supported the Government to ensure that refugees were identified and provided with secure registration certificates. UNHCR prioritized registration activities in order to address rising backlogs, recruited additional staff and identified new registration sites to increase capacity.

The health sector prioritized activities related to the provision of primary health care (PHC) and secondary health care (SHC) to Syrian refugees in Bekaa. In 2012, HRC covered the provision of PHC in the North and thus UNHCR prioritized the coverage of SHC in the North through its implementing partner, IMC.

Gender is mainstreamed across UNHCR activities. In particular, UNHCR ensured that the views of women and girls, as well as diverse groups within the refugee community, were included in programme design, through the use of participatory assessments. All adult refugees are registered, if they wish to be so, and receive registration certificates, ensuring the protection of women refugees and access to services for them and their children during displacement.

The health working group, which is chaired by WHO and co-chaired by UNHCR, and which encompasses UN agencies involved in health humanitarian response, as well as international and national NGOs and representatives from line ministries, discussed the health needs of the displaced Syrians, and priority interventions were proposed in the RRP. The estimation of the targeted beneficiaries was based on the data provided by UNHCR from registration, and analysis of utilization of PHC centres providing services to the refugees was used to estimate needed vaccines and medications.

Child protection activities were prioritized based on the identified assessed needs.[2] Activities were prioritized to take place in locations with high numbers of refugee children and in areas with poor access to support services. The activities chosen to be covered by CERF

[2] During the first half of 2012, few thorough needs assessments had been conducted in the Northern and Eastern areas of Lebanon, the areas to be most affected by the influx of refugees. In addition to the Mercy Corps Rapid Assessment – Syrian Refugees in North Bekaa

funding constituted the most urgent components of the overall child protection emergency response. In order to strengthen the overall protective environment for Syrian refugee children, as well as for Lebanese children from host communities, emergency psychosocial services offered through a mix of centre-based structured activities within Safe Spaces and outreach to caregivers and community members was regarded as an appropriate approach to reach the most vulnerable. Activities were designed with a six-month implementation timeframe. In some areas critical preparatory activities (e.g. identification of project sites, schools and local partners) were already well underway. In some geographical areas (e.g. Bekaa, north), psychosocial interventions through school-based centres were already being delivered, but would be strengthened and scaled up within the frame of this proposed intervention, with the help of CERF funding. Field assessments were undertaken to identify major protection risks to girls and boys faced by refugee children and to map existing capacities and services to prevent and respond appropriately to the differing child protection needs.

III. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: **120,000 refugees** (planning figure) by the end of the year

	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Food	6,957	6,684	13,641
	Health	30,530	12,085	42,615
	Protection/Human Rights/Rule of Law	32,640	31,360	64,000
	Shelter and NFIs	25107	11,064	36,171
	Water and Sanitation	6,505	6,005	12,510

The estimated beneficiary numbers were calculated using the data as below. A total of 32,000 secure registration certificates were funded by CERF at a unit cost of $1. All refugees over 16 years of age received a security paper and minors younger than 16 years old were included in the mother's/father's security paper. It was assumed that every family is composed of 5 individuals, of which approximately 50 per cent are reported to be under 16 years old. A total of 98,872 Syrian refugees were registered in the North and Bekaa during the implementation period. As CERF funded secure registration certificates for 32,000 adults, it is estimated that 64,000 individuals (adults and their children) benefitted from CERF funding in the North and Bekaa. Among the refugee community, 51 per cent are reported to be female and 49 per cent male. Therefore, UNHCR estimates that 32,640 female individuals benefitted from secure registration certificates and 31,360 male individuals benefitted from secure registration certificates. Around 20 per cent of the total number of refugees targeted was under 5 years old, thus 12,800 individuals.

Regarding health, for UNHCR, 800 Syrian refugees received PHC assistance with the support of CERF funding: The average cost of PHC consultation per person was $67.5. The amount allocated for PHC consultations was $54,000, therefore 800 individuals. 200 Syrian refugee patients were assisted with the payment of hospitalisation costs. The average cost of SHC assistance per person is $700. The amount allocated for SHC was $140,000, therefore 200 individuals. For WHO, the planned target number of beneficiaries was based on data provided by UNHCR regarding the registered refugees. However, the numbers increased and thus did the demand on and the provision of the health services. The estimated number of actual beneficiaries is based on the PHC records of utilization as reported by UNHCR/IMC, and on the MoPH records both for PHC services and vaccination.

For WFP, there was no separate estimation of beneficiary numbers at the start of the operation, as WFP's beneficiaries, both in the Bekaa Valley and North Lebanon, were based on refugees registered by UNHCR, and thus the figures followed suit.

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valley (March 2012) (and the DRC Livelihood Assessment in the Bekaa Valley (May 2012), UNICEF based its work on continuous on-site assessments, field visits, coordination with partners on the ground, as well as with other international agencies and the Government. The challenge during the first half of 2012 was the lack of substantial information and data collection in the affected areas. Therefore, prioritizing activities and areas was based on the input from various sources.

For shelter and NFIs, IOM ensured that the targeted population participated in needs identification and service delivery. The special needs of women, children, the elderly and all groups particularly exposed to risks and vulnerabilities were duly addressed throughout the operations and given special priority. IOM sought the assistance of local community leaders in order to administer questionnaires or distribute the NFIs. In line with the existing distribution coordination mechanisms, IOM focused on the identification of remaining gaps in the humanitarian assistance planning for Syrian refugees, whether through uncovered geographical areas or uncovered themes/items. As the Lebanese returnee population, was not considered a beneficiary group for humanitarian interventions in any existing coordination mechanism set in the Bekaa and the North, between May and June 2012, IOM carried out a Rapid Assessment in order to identify areas where targeted interventions and policy changes could have the greatest impact. The assessment covered a sample of 536 Lebanese families who used to live in Syria and had fled into Lebanon, settling in areas where refugees were concentrated (Wadi Khaled, Akkar, Hermel, Baalbeck, Mount Lebanon). Consistent with field-visit observations, the results of the assessment revealed the necessity of providing assistance in securing alternatives to the absence or scarcity of power resources, mainly electricity through rechargeable lamps and heating through winterization items. The main sources of heating in the surveyed households were wood and fuel heaters (due to the high altitude villages). Additionally, a relevant proportion of households traced in the poorest cities/villages reported the use of blankets and coal as heating means, whereas a non-negligible number of households reported no means of heating at all. As for the cost of heating, it is considerably high in remote villages, particularly in the winter time, due to the rise of fuel prices and the necessity of constant heating. For these purposes, IOM arranged for the distribution of essential Non Food Relief Items (NFRI), mainly targeting power-cut alternatives and winterization needs, in cooperation with municipal, religious and community leaders in conflict-affected areas, for beneficiaries identified through the needs assessment (the total number of households assessed in the Bekaa was 162 (977 individuals; 478 males and 499 females; 212 children below 5), in the North: 337 (1915 individuals; 857 males and 1058 females; 515 children below 5), in Mount Lebanon: 37 (142 individuals; 69 males and 73 females; 25 children below 5).

UNICEF's child protection beneficiary number- 1,750 was based on the assessed needs in the targeted geographical areas, funding availability and the assessed capacity of the implementing partner. CERF was therefore crucial in order to ensure an immediate response in the North and the Bekaa to reach the most vulnerable. More funding came to UNICEF throughout 2012, allowing the initial CERF activities to continue and also reach more areas and more children, as the influx of refugees escalated dramatically throughout 2012. UNICEF returned $95,334 to the CERF Secretariat due to capacity issues.

UNICEF WASH estimated the total number of beneficiaries to be 25,000, a figure based on the number of registered refugees. Whilst the growing needs could not fully be met, UNICEF and its partners did meet the needs of 12,510 beneficiaries through interventions initiated using CERF funds. The number of beneficiaries served (12,510) was in direct proportion to the amount of CERF funds allocated and utilized from CERF funds. Whilst the full allocation of CERF funds was not fully used in a timely manner by UNICEF, the interventions initiated with CERF funds continued uninterrupted, using alternate funding sources available to UNICEF.

The total number of beneficiaries assisted with CERF funding is hard to determine as many beneficiaries will have received multiple-services (different sectors, e.g. registration and food vouchers). Hence, given that most services were received by registered refugees (though a few host community members and Lebanese returnees also received assistance), the figures above are based on the numbers registered as a result of CERF funding. This provides a good estimation of overall numbers.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	15,000	33,150
Male	10,000	31.850
Total individuals (Female and Male)	25,000	65,000
Of total, children under 5	4,250	13,000

CERF allowed a prompt response in many sectors due to fast availability of funds. It initiated crucial activities and allowed rapid gap-filling in several main areas.

A total number of 65,000 refugees in Bekaa and the North were registered by UNHCR during the implementation of the project through the use of CERF funding. The target of 12,000 individuals registered was therefore exceeded. CERF funding contributed to ensuring the registration of refugees, as well as the subsequent monitoring and protection of vulnerable cases identified during the registration. The

CERF allocation for the registration security papers allowed the registration teams to speed up the operations and increase the number of registration clerks.

The UNHCR health allocation, allowed 1,000 refugees to receive medical assistance, of which 800 received PHC consultations and medication, and 200 received hospitalization coverage. The target included in the proposal was met. The CERF contributed in ensuring the coverage of medical expenses that most refugees cannot afford, contributing to their overall wellbeing during displacement. The impact of the CERF allocation to the health sector was significant, as 1,000 individuals accessed PHC and SHC through the funding provided.

For WHO, the CERF project allowed the timely implementation of key activities related to the health humanitarian response. The key achievements included the procurement of 13,000 doses of vaccines for the MoPH, which allowed the acceleration of the routine vaccination at the PHC level, and intensified the outreach vaccination in the areas with the highest concentration of refugees. Additionally, training of trainers from hospitals (private and public) on hazards (chemical, nuclear and biological) case management took place, with 40 participants from hospitals and health units, the Ministry of Environment, the Ministry of Industry and the armed forces. The training allowed further training for 95 hospitals across the country. Procurement of three batches of essential and chronic medications to fill gaps also took place. The quantities procured served communities of 10,000 people for a period of three months. Recruitment of field coordination staff to allow regular field monitoring and active participation in humanitarian coordination meetings was also conducted. CERF allowed a prompt response due to fast availability of funds. It constituted seed money for crucial activities in the health sector capacity building, such as training on hazards case management, and it allowed rapid gap-filling in main areas such as medications and vaccines.

With the allocated CERF funds, UNFPA responded to the critical needs of women and girls as substantiated in the reproductive health (RH) assessment supported by UNFPA July-August 2012. UNFPA made essential RH related informative material, drugs/medicines and medical supplies available to 22 health centres across Lebanon, thus making RH services available to almost 1,000 women and girls of reproductive age. Furthermore, CERF funds allowed more than 11,000 women and girls access to a 5-6 month supply of essential basic female items and hygiene materials in areas that were lacking basic WASH services. Through the CERF proposal, UNFPA succeeded in procuring and providing 42 Reproductive Health Kits to 22 health centres, conducting MISP training to 20 health providers, procuring and distributing 11,925 dignity kits and 12,114 packs of sanitary pads.

For WFP, food parcel distribution began in June and in July, 6,500 (out of 25,410) beneficiaries were reached. However, the start of the voucher necessitated a “pilot” that reached 822 beneficiaries in Arsal (Bekaa Valley) in June and after scaling up in July, it reached 5,747 beneficiaries in Bekaa, and the rest was distributed in August (7,141 beneficiaries from CERF funding out of a total of 24,412). Moreover, as the financial pressure on host families increased, a 25 per cent increase in the value of each voucher was applied and intended to be shared with the host family, thus increasing the price of each voucher from $25 to $31. This was compensated by additional funds allocated for the emergency operation.

For IOM, CERF funding contributed to the immediate response to the unmet urgent needs of Syrian refugees and Lebanese returnees and it improved the standard of living and alleviated the strain of the host community. Within the project period 1 June 2012 - 1 Dec 2012, IOM achieved the following results within the framework of the project *“Emergency Support to Syrian Refugees and Vulnerable Lebanese Returnees Who Fled to Lebanon for Safe Haven”*: 2,500 winterization kits were purchased and distributed to 18,528 individuals (5,558 Lebanese returnees, 12,970 Syrian refugees); and 1,000 shelter kits were purchased and distributed to 6,177 individuals (1,853 Lebanese returnees, 4,324 Syrian refugees). Following the CERF-funded project, IOM started tracing and profiling the Lebanese returnee population.

In November 2012, the HRC, IOM and WFP signed an agreement to provide targeted assistance to the most vulnerable Lebanese returnees. The agreement set out areas of needed interventions, including profiling and registering Lebanese returnees. These activities will take place in 2013. Regarding child protection, CERF contributed to emergency psychosocial intervention through the establishment of 10 Child Friendly Spaces (CFS) through implementing partners in order to reach out to caregivers and community members in areas most affected by the refugee influx. Locations for an additional 6 safe spaces were identified. The needs assessment on psychosocial care was carried out by each implementing partner in North Lebanon and the Bekaa. A total of 5,810 children (about 50 per cent are girls) and 158 caregivers (88 per cent of them are mothers), both Syrian refugees and Lebanese, received immediate psychosocial support, as well as recreational support. Hence, the following main outcomes were achieved: Service Delivery: 10 Child-Friendly Spaces were established in cooperation with schools in the targeted communities while locations of additional 6 Child-Friendly Spaces were identified. At least 4,494 children, both Syrian refugees and Lebanese, directly received structured school and community-based psychosocial interventions. Among them, 1,173 children received direct psychosocial support, such as individual counselling by social workers. Outreach activities reached at least 1,316 children and caregivers with special recreational and sports events as part of basic psychosocial care to bring them back a sense of normalcy after being displaced; Capacity building for Child Protection Response: 51 NGO staff and local service providers and caregivers working for Child-Friendly Spaces staff were trained on child protection in emergency in order to increase their basic skills and knowledge in the delivery of psychosocial interventions and case management. They were involved in the implementation of Child-Friendly Spaces in order to respond to the immediate psychosocial needs of children and their caregivers in communities. Likewise, 158 caregivers (140 women, 10 men) increased their basic knowledge on child protection

through awareness-raising sessions by social workers. During the reporting period, 10 cases were referred from Child-Friendly Spaces to more specialised service providers, such as hospitals. Additionally, CERF funding allowed for the immediate implementation of 10 safe spaces in the identified priority geographical locations. Due to limited funding during 2012, UNICEF Lebanon was not able to cover all the needs identified among the children within the Syrian refugee and host community populations. Through the CERF funds, UNICEF was able to provide support to vulnerable children in need and target more children faster through solid cooperation with implementing partners in the North and the Bekaa Valley.

Regarding WASH, though CERF funding, UNICEF was able to target more children faster through solid cooperation with implementing partners in the North and the Bekaa Valley. In line with the expected outcomes, UNICEF ensured that refugee children, women and their families had access to safe drinking water and improved hygiene. The risk of potential outbreaks of water-related diseases was kept under control and to a minimum, preventing the need to seek expensive medical assistance. Sustained health of children and improved hygiene was ensured with the distribution and use of hygiene kits for babies. The Danish Refugee Council (DRC) distributed baby kits to 3,510 beneficiaries and Accion Contra la Faim (ACF) provided safe drinking water to 9,000. Thus a total of 12,510 beneficiaries were reached. The initial target of reaching 25,000 people proved to be too ambitious and UNICEF lacked the capacity to meet the full needs of the initial target of 25,000 beneficiaries. The influx of refugees strained the resources of UNICEF, as well as other aid agencies, and it did not utilise the funds in full on time, hence the return of funds to the Secretariat.

a. Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES PARTIALLY NO

CERF funds allowed the quick delivery of assistance and services to refugees who would not have otherwise received assistance at that time due to lack of other funding. The CERF funds allowed WFP to respond in a timely manner to the emergency and provide critical food assistance, thus helping prevent the Syrian refugee beneficiaries from resorting to negative coping mechanisms such as skipping meals and reducing meal portions. Upon disbursement of funds, IOM was immediately able to launch the foreseen action plan, which otherwise would not have been funded. For health, the availability of funds allowed for a fast procurement of medications to respond to the shortages reported at PHCs in areas with a high concentration of Syrian refugees. CERF funding allowed a quicker scale up of the registration process and therefore quicker access to other assistance. CERF funding allowed for the immediate implementation of ten safe spaces for children in the identified priority geographical locations. With CERF funding UNICEF was able to target more children faster through solid cooperation with implementing partners in the North and the Bekaa Valley. For WASH, the funding allowed a rapid response to be initiated.

b. Did CERF funds help respond to time critical needs[3]?
YES PARTIALLY NO

CERF funding allowed for time critical needs such as food delivery and health care to be met. CERF funds enabled WFP to preserve livelihoods of Syrian refugee populations in Lebanon at a critical time. At the start of the operation, a high percentage of refugees were dependent on humanitarian assistance, ad-hoc charity, sharing host families resources and using credit for their survival. Many of these families had already started using negative coping mechanisms as a result of the depletion of their resources, such as reducing the size of the meal, reducing the number of meals, opting for cheaper and lower quality commodities, and relying on credit. The timely start of the operation due to the timely availability of the resources, including the CERF funds, helped end these negative coping mechanisms and ensure food security, as well as the nutritional well-being of the refugees. The distribution of winterization items and shelter support in high altitudes and remote areas was particularly critical, especially as the majority of the beneficiaries did not have any heating sources. In addition to the medications, CERF funding allowed for a fast procurement of additional quantities of vaccines (13,000 doses of TETRACT-HIb) to address the increased demand at the level of PHC. With a steady increase in the number of refugees approaching UNHCR for registration, the availability of CERF funding helped UNHCR respond quickly to critical needs. Additionally the funding allowed quick delivery of psychosocial support to vulnerable children traumatized by war and conflict and the delivery of baby kits and water to vulnerable families.

c. **Did CERF funds help improve resource mobilization from other sources?**
YES PARTIALLY NO

WFP managed to secure other donor funds for its emergency operation in the country following the CERF allocation. In line with the CERF funded project, IOM was able to sustain particular emphasis on the Lebanese returnee population and mobilized additional funds from IOM's internal funding in 2012 (the Migration Emergency Funding Mechanism), the German MFA (2012), and ERF. The

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

Ministry of Public Health (MoPH) mobilized resources to complement the shortages in vaccines and essential medications. UNFPA used the results of the CERF funded activities in several funding proposals. CERF contributed to four Child Protection implementing partners' projects in North Lebanon and Bekka, which were complemented by other donors' financial contribution (including SIDA, the Government of Italy and the Government of the Netherlands). The CERF funding helped provide an immediate response, and all these funds contributed to the overall results of child protection projects described in the CERF proposal. UNICEFs provision of psychosocial support continues and is now reaching more vulnerable children with funding from additional donor sources. CERF funds helped UNICEF initiate WASH activities and thereby drew attention to the need to prioritize water, sanitation and hygiene. WASH activities were severely underfunded, and, through CERF, attention was drawn towards this important area of the humanitarian response that to a certain extent had been neglected.

d. Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funding allowed fast and timely funding for the inter-agency response plan, thereby helping to promote a coordinated and reliable response to the growing needs of the refugees. WFP's voucher system for food depended on UNHCR registration and the food parcel distribution depended on HRC's system in place; hence, coordination between the different actors was vital. For WHO, CERF allowed the recruitment of a field coordinator who was able to participate in all coordination meetings in Akkar and Bekaa, and conduct monitoring visits to areas where activities were implemented (such as vaccination and training) to ensure activities were monitored and coordination was on-going. For child protection, coordination and standardization of all emergency psychosocial activities to be implemented within the frame of this project is, as all UNICEF Child Protection activities, ensured through the Child Protection in Emergency Working Group (CPWG). The CPWG brings together all key child protection agencies and meets monthly chaired by UNICEF. Through these meetings, efforts are made to avoid overlap and assure coordination of activities among the involved partners. It cannot be said that the activities implemented through the CERF funding directly led to improved coordination in the humanitarian community, as the WASH sector was small and not coordinated in the first half of 2012. However, it can be said that as a result of more WASH activities being implemented, including the activities funded through CERF, a need for coordination was identified, leading to the WASH Sector Coordination Group.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity

TABLE 7: OBSERVATIONS FOR Humanitarian Country Teams

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Health/WHO: The involvement of government counterparts is a key issue for the success and sustainability of the implemented activities.	Ensure that government counterparts are involved in the relevant working groups from the very beginning of the project.	Working groups/sector leads related to the health response

UNICEF: The increased humanitarian needs, resulting in the need to provide immediate response to Syrian refugees and host communities, resulted in a heavy workload during 2012. As a consequence, follow-up on proper monitoring and reporting was challenged.	In order to adequately follow up on timely monitoring and reporting, UNICEF is strengthening its internal controls. Accordingly additional resources have been recruited and systems and procedural controls have been reinforced.	UNICEF
UNICEF: Ensure timely commitment of resources.	As a result of the UNICEF unspent allocation, and hence loss of resources for an emergency response, in the future the UNHCT will request confirmation of spent allocations at the end of the project period from agencies.	UNHCT
UNFPA: Ensure better information collection and prioritization of needs.	In order to improve and scale up humanitarian responses for RH issues, a closer collaboration with various humanitarian actors (UN agencies, the Government and INGOs/NGOs) will help mainly in identifying needs, gaps, and necessary information for planning response services. This will be ensured through the recently established RH sub-working group under the health working group (January 2013).	Relevant working groups/sub-working groups (i.e. health, reproductive health, protection, SGBV)
UNFPA: The implementation of the CERF project proved to be essential in enhancing the collaboration with and in highlighting the role of the Government of Lebanon, mainly the Ministry of Social Affairs (MOSA) and the Ministry of Public Health (MOPH).	The good collaboration with the government counterparts proved to be an essential part which contributed to the successful implementation of the CERF project. UNFPA coordinated with MOSA's Social Development Centres and MOPH Primary health care centres, as well as local health centres affiliated to both ministries. This allowed for work on enhancing their capacity especially on the Minimum Initial Service Package for RH in humanitarian services. More coordination is necessary especially at a joint planning level.	Responsible line ministries and relevant groups/working groups.

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	15/ 5/2012- 14/12/2012
2. CERF project code:	12-HCR-032	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	Protection (registration) Health		Concluded
4. Project Title:	Emergency Response to Syria Situation (Protection and Health Care for Syrian refugees in Lebanon)		

7. Funding		
	a. Total project budget:	US$ 6,571,945[4] *
	b. Total funding received for the project:	US$ 1,929,179
	c. Amount received from CERF:	US$ 450,042

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	15,000	33,150	Health targets were met while the target for registration (12,000 individuals) was exceeded. This was due to the increased number of Syrian refugees approaching UNHCR during the implementation period and parallel efforts to increase registration capacity. As a result, the overall number of direct beneficiaries reached increased significantly.
b. Male	10,000	31,850	
c. Total individuals (female + male):	25,000	65,000	
d. Of total, children under 5	4,080	13,000	

9. Original project objective from approved CERF proposal

[4] UNHCR's requirements for health and registration increased significantly during the implementation period of the project, linked to rising numbers of refugees. UNHCR's overall budgetary needs for Protection and Health in Lebanon, including the specific activities for which CERF funding was requested, stood USD 5,892,107 and USD 4,026,714 in the 3rd Regional Response Plan issued in June 2012.

- UNHCR, with HRC (The High Relief Committee - UNHCR's government counterpart, will register Syria refugees in the North. In the absence of HRC in the Bekaa, registration will be conducted by UNHCR. Registered refugees will be provided with registration certificates.
- UNHCR's health programme aims to strengthen access of the displaced to primary health care by covering gaps, taking into consideration the profile of the population.

10. Original expected outcomes from approved CERF proposal

- 12,000 recently arrived refugees in the Bekaa and in Tripoli city are registered by UNHCR and provided with registration certificates.
- 800 Syrian refugees receive primary health care medical consultations through the PHC network.
- All Syrian refugee patients who approach the PHC supported network can access health services including cost coverage for diagnostic and lab tests.
- 200 Syrian refugee patients are assisted with the payment of hospitalization costs.

11. Actual outcomes achieved with CERF funds

- 64,000 Syrian refugees arrived in Bekaa and North Lebanon and were registered and protected by registration certificates.
- 800 Syrian refugees received primary health care medical consultations through the PHC network.
- The monitoring (through reports and visits) performed by implementing partners suggests that all Syrian refugee patients who approach the PHC supported network can access health services and benefit from cost coverage for diagnostic and lab tests (85 per cent coverage with 100 per cent of costs covered in emergency cases).
- 200 Syrian refugee patients were assisted with the payment of hospitalization costs.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Numbers of individuals who benefited from the registration is higher than the expected because of the increased number of refugees approaching UNCHR and improvements in registration capacity.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Gender is always mainstreamed in UNHCR projects planning and implementation. The access to registration and health coverage is ensured for women, children, boys, girls and men.

14. M&E: Has this project been evaluated?	YES NO

Registration is constantly monitored through registration teams, daily and weekly reports. Health is constantly monitored through field visits and implementing partners' reports. No final evaluation was undertaken.

*

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	WFP	5. CERF Grant Period:	1 May 2012 – 31 October 2013
2. CERF project code:	12-WFP-044	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	Food		Concluded
4. Project Title:	Emergency Food Assistance to Syrian Refugees in Lebanon		

7. Funding		
	a. Total project budget:	US$ 1.500,000
	b. Total funding received for the project:	US$ 1.500,000
	c. Amount received from CERF:	US$ 99,286

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	7,500	6,957	The food parcel distribution for July reached 6,500 (out of 25,410) beneficiaries. However, the start of the voucher required a "pilot" which reached 822 beneficiaries in Arsal (Bekaa Valley) in June. The scaling up in July reached 5,747 beneficiaries in Bekaa, and the rest was distributed in August (7,141 beneficiaries from CERF funding out of a total of 24,412). Moreover, as the financial pressure on host families increased, a 25 per cent increase in the value of each voucher was applied and intended to be shared with the host family, thus increasing the price of each voucher from $25 to $31. This has been compensated by additional funds allocated for the emergency operation.
b. Male	7,500	6,684	
c. Total individuals (female + male):	15,000	13,641	
d. Of total, children under 5	2,550	2,319	

9. Original project objective from approved CERF proposal

- Save lives and maintain food security of Syrian refugees in the Bekaa Valley and northern Lebanon.
- Help prevent the depletion of refugee assets, thus preserving their livelihoods.

10. Original expected outcomes from approved CERF proposal

- 15,000 refugees receiving their monthly food vouchers and food kits.
- Number of vouchers actually redeemed and food kits distributed.
- A decreasing trend in negative coping mechanisms (such as depending on credit).

11. Actual outcomes achieved with CERF funds

- 13,641 refugees received food vouchers and food kits.
- Timely intervention through food-voucher and direct food assistance programmes has helped prevent the Syrian refugee beneficiaries from resorting to negative coping mechanisms such as skipping meals and reducing meal portions. These observations were made through WFP post distribution monitoring surveys.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The food parcel distribution reached 6,500 (out of 25,410) beneficiaries in July. However, the start of the voucher required a "pilot" that reached 822 beneficiaries in Arsal (Bekaa Valley) in June. The scaling up in July reached 5,747 beneficiaries in Bekaa, and the rest was distributed in August (7,141 beneficiaries from CERF funding out of a total of 24,412).

Moreover, as the financial pressure on host families increased, a 25 per cent increase in the value of each voucher was applied and intended to be shared with the host family, thus increasing the price of each voucher from $25 to $31. This has been compensated by additional funds allocated for the emergency operation.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): At the start of the operation, WFP distributed 60 per cent of the vouchers directly to women, and this increased over time with sensitization efforts. However, WFP maintained consideration for gender roles and norms in the Syrian culture with regards to the handling of the household budget to avoid further disruption to existing social mechanisms. WFP is well integrated and participates in the protection referral system in place in Lebanon.

14. M&E: Has this project been evaluated?	YES NO

WFP conducted several household and shop visits and assessments to build a more comprehensive picture of the process and to ensure proper follow up and monitoring of recipients and use of the assistance. WFP is working with UNICEF on a nutrition Survey to assess nutritional impact. Underway with UNHCR is the Joint Assessment Mission (JAM). WFP will also begin a profiling exercise which will assess vulnerability of all registered refugees. WFP also regularly conducts PDM which gives indicators for coping strategies and needs gaps.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	1 June 2012 – 30 Nov 2012
2. CERF project code:	12-IOM-017	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	Multi-Sectoral		Concluded
4. Project Title:	Emergency Support to Syrian Refugees and Vulnerable Lebanese Returnees Who Fled to Lebanon for Safe Haven		
7. Funding	*a. Total project budget:*		US$ 1,525,000
	b. Total funding received for the project:		US$ 130,000
	c. Amount received from CERF:		US$ 300,000

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	10,000	13,641	IOM accurately verified all the elements which could have directly or indirectly influenced the implementation of the project in order to forestall constraints and avoid overlapping of activities or duplication of beneficiaries. Densely populated informal settlements in hazard-prone locations, together with the absence of reliable statistics, demanded from our side a deeper investigation of the spatial and social structure of concentration areas and a flexibility so as to forge assistance delivery on the ground. In order to ensure a cost effective access of people in need to essential, life-saving items, IOM implemented foreseen activities through: 1) the deployment of its national staff, 2) use of warehouses provided by local communities free of charge and 3) logistical support provided by community leaders through the distribution process. This has enormously helped, reducing the delivery cost and increasing the number of beneficiaries.
b. Male	7,500	11,064	
c. Total individuals (female + male):	17,500	24,705	
d. Of total, children under 5	1,250	1,274	

9. Original project objective from approved CERF proposal

To contribute to the humanitarian effort aimed at meeting the most urgent unmet basic needs of Syrian refugees and Lebanese returnees who fled into Lebanon.

10. Original expected outcomes from approved CERF proposal

- NFIs are distributed to vulnerable population (Syrian refugees and Lebanese returnees) whose needs are currently unmet and residing in geographical areas inaccessible to other humanitarian actors.
- Living conditions of vulnerable populations (Syrian refugees and Lebanese returnees) are enhanced through the provision of household shelter support items required for the alleviation of health/safety problems.

11. Actual outcomes achieved with CERF funds

- **2,500 winterization kits were purchased and distributed to 18,528 individuals (5,558 Lebanese returnees, 12,970 Syrian refugees). The winterization kit comprised one 4x6 sq.m carpet and five blankets (or quilts).**
- 1,000 shelter kits were purchased and distributed to 6,177 individuals (1,853 Lebanese returnees, 4,324 Syrian refugees). The shelter kit comprised tarpaulin plastic sheets, a wooden pole, ropes, sieve nets, a hammer, iron pins and iron rings.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Based on the socio-demographic characteristics of the population, mostly consisting of children and women, particular needs of vulnerable women (widows, single ladies, elderly) and children with special needs were easily depicted and taken into account.

14. M&E: Has this project been evaluated?	YES NO

If yes, please describe relevant key findings here and attach evaluation report or provide URL

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	WHO	5. CERF Grant Period:	11 June 2012 – 10 December 2012
2. CERF project code:	12-WHO-042	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	Health		Concluded
4. Project Title:	Emergency health support to Syrian Refugees in Lebanon		

7. Funding	*a. Total project budget:*	US$ 317,000
	b. Total funding received for the project:	US$ 149,800
	c. Amount received from CERF:	US$ 149,800

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	15,000	20,000	More Syrian refugees were provided with health services due to the accelerated influx during the period of CERF implementation.
b. Male	10,000	10,000	
c. Total individuals (female + male):	25,000	30,000	
d. Of total, children under 5	4,250	5,000	

9. Original project objective from approved CERF proposal

The overall objective is to reduce mortality and morbidity among the new caseload of displaced Syrians through accessing proper and timely health services and preventing epidemic spread. The specific objectives include:

- Ensure proper prompt preventive measures for outbreak control in the Bekaa and North areas of Lebanon
- Ensure adequate access to medications for displaced Syrians.
- Ensure timely access to primary health care services for displaced Syrians.

10. Original expected outcomes from approved CERF proposal

- Access to health services is optimized.
- Outbreaks are prevented in areas where Syrian refugees are clustered (10 districts).
- Medications are readily available in PHC centres providing services to DS under contract with Health sector members.

11. Actual outcomes achieved with CERF funds

- A total of 13,000 doses of DTP-Hib were provided to the MOPH to replenish its depleted stocks for the routine vaccination. In addition, and with support from UNICEF, 300,000 doses of measles and polio were provided to the MOPH to intensify the local outreach vaccination activities. In total, 64,000 displaced children less than 15 years old received measles and polio vaccines and as a consequence no outbreaks were reported in any areas with a high concentration of displaced Syrians.
- Three batches of chronic and essential medications were delivered to the 7 PHC centres providing services to displaced Syrians in the North and Beqaa.
- All displaced Syrians who presented to the PHC centres subcontracted to deliver health services, received primary care services.
- Regular field monitoring visits (at a rate of two per week) were conducted, in addition to monthly Health Working Group meetings and monthly meetings of health sub-working group in mental and reproductive health respectively.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

More children were vaccinated because of the sudden influx of displaced Syrians, and less men received primary health care services due to the fact that women attended PHC services more frequently as evidenced by the data from PHC centres utilization records.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Health services including vaccination were provided without discrimination to both males and females.

14. M&E: Has this project been evaluated?	YES NO

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	UNICEF	5. CERF Grant Period:	15.05.2012 – 14.11.2012
2. CERF project code:	12-CEF-069	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	Child Protection		Concluded
4. Project Title:	Strengthening protection and psychosocial support for vulnerable Syrian children and host communities in targeted areas of displacement in Lebanon.		

7.Funding	*a. Total project budget:*	US$ 1,200,000
	b. Total funding received for the project:	USD 1,801,099 (Figure end Nov 2012, programmable amount-SIDA, USA, Italy, Global Thematic)
	c. Amount received from CERF:	US$ 300,670

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female (UNICEF: Girls)	750	2,905	More children than planned were reached (5,968). This is due to the fact that the implementing partners were able to establish more Child Friendly Spaces than planned and thereby reached more children. 158 caregivers reached – 88 per cent were mothers. Out of the reached number of children, about 50 per cent are girls and 50 per cent are boys, therefore sharing the total figure between the categories girls and boys. It is difficult to target children under 5 with psychosocial support – caregivers are therefore often targeted on their behalf in order to provide a safe environment and support to their young children.
b. Male (UNICEF: Boys)	750	2,905	
Other (UNICEF: Caregivers)	250	158	
c. Total individuals (female + male):	1,750	5,968	
d. Of total, children under 5	240	43	

9. Original project objective from approved CERF proposal

- Provide boys and girls who are seeking refuge from Syria with immediate psychosocial care and support services and the means to address their problems through the active engagement of their caregivers and host communities.

10. Original expected outcomes from approved CERF proposal

- Structured school and community based psychosocial interventions designed and implemented directly reaching an estimated 1,750 children and 250 women in targeted areas of displacement. Outreach activities are anticipated to reach indirectly an additional 4,000 people in the targeted communities.
- A core group of social workers from NGOs and local service providers, caregivers working in the "Safe Spaces" and teachers are trained in each target location on child protection in emergency issues, delivery of psychosocial services, identification and response to violence and abuse against children and are thus equipped to better respond to the needs of children on the ground.
- Field assessments are undertaken to identify major child protection risks to girls and boys faced by refugee children and map existing capacities and services to prevent and respond appropriately to the differing child protection needs.

11. Actual outcomes achieved with CERF funds

- 10 Child-Friendly Spaces were established, while locations of additional 6 Child-Friendly Spaces were identified. At least 4,494 children, both Syrian refugees and Lebanese, directly received structured school and community-based psychosocial interventions. Among them, 1,173 children received direct psychosocial support, such as individual counselling. Outreach activities reached at least 1,316 children and caregivers with special recreational and sports events as part of basic psychosocial care.
- 51 NGO staff and local service providers and caregivers working for Child-Friendly Spaces staff were trained on child protection in emergency. 158 caregivers (139 women, 9 men) increased their basic knowledge on child protection through awareness-raising sessions by social workers. During the reporting period, 10 cases were referred from Child-Friendly Spaces to more specialised service providers, such as hospitals.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Funds allocated to Child Protection (CP) were not entirely spent before the expiry date and hence returned to CERF. The main reason was the rapidly increasing work load for UNICEF and its implementing partners, combined with the in-house challenge of recruiting qualified staff quickly enough to follow-up on monitoring and reporting. However, UNICEF fulfilled its obligations to fund the partner interventions, by providing funding from other sources than CERF. The total amount of non-utilized CEERF funding is $95,333.78.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0) UNICEF is always focusing on gender balance when implementing programme activities. The targeted and reached population is always based on assessed needs by UNICEF staff, its partners or through other reliable sources. When the CERF proposal was submitted, the needs of the Syrian refugee boys, girls and their caregivers were not as well-defined as at present. However, Child Protection activities funded through CERF in 2012 were targeting at least 50 per cent girls

14. M&E: Has this project been evaluated?	YES NO

This project has not yet been evaluated. The project has been monitored as part of UNICEF's routine monitoring of project activities implemented through implementing partners and according to the signed PCAs. This project will be evaluated as part of UNICEFs overall evaluation of on-going activities within the programme period.

TABLE 8: PROJECT RESULTS

CERF Project Information

1. Agency:	UNICEF	5. CERF Grant Period:	13.05.2012 - 12.11.2012
2. CERF project code:	12-CEF-070	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	Water and Sanitation (WASH)		Concluded
4. Project Title:	Emergency Water and Sanitation (WASH) in Bekaa Valley and Lebanon North.		

7.Funding		
	a. Total project budget:	US$ 1,500,000
	b. Total funding received for the project:	US$ 2,281,010
	c. Amount received from CERF:	US$ 97,550

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	12,500	6,505	The initial target of reaching 25,000 people turned out, as stated above, to be too ambitious. As 25,000 Syrian refugees were estimated to be present in Lebanon in May 2012, little was known about their whereabouts. There are no refugee camps in Lebanon, thus reaching refugees who are residing within friends and family in host communities is therefore difficult. The huge influx of refugees stretched the resources of UNICEF, as well as other aid agencies, not allowing for appropriate response in the beginning of the emergency, as funding was not sufficient to cover the needs.
b. Male	12,500	6,005	
c. Total individuals (female + male):	25,000	12,510	
d. Of total, children under 5	4,250	Data not available	

9. Original project objective from approved CERF proposal

- Provide 25,000 people (refugees and host population) with safe and equitable access to a sufficient quantity of water for drinking, cooking and personal hygiene (15 litres – in accordance with the SPHERE Standards).
- Ensure access to safe drinking water, water for sanitation and hygiene, as well as safe water for food preparation in accordance with the minimum requirements (SPHERE Standards), in order to reduce the risk of outbreaks of water-borne diseases, such as cholera, measles and other diarrheal diseases which occur due to poor sanitation in overcrowded areas and in areas with displaced populations. Good hygiene practices can minimize, or at best prevent any such outbreak.

10. Original expected outcomes from approved CERF proposal

- Displaced children, women and their families have access to safe drinking water and sanitation facilities and can practice improved hygiene (especially hand washing and personal hygiene) and reduce the risk of illnesses.
- Minimize the risk of potential outbreaks of water related diseases, which can be kept under control and to a minimum, preventing the need to seek expensive medical assistance.
- WASH response is coordinated with other agencies to provide water, sanitation and improved hygiene.
- Sustained health of children and improved hygiene with distribution and use of hygiene kits for babies.

11. Actual outcomes achieved with CERF funds

- Displaced children, women and their families had access to safe drinking water and sanitation facilities and could practice improved hygiene (especially hand washing and personal hygiene), as well as reduce the risk of illnesses.
- The risk of potential outbreaks of water-related diseases was reduced. Sustained health of children and improved hygiene with distribution and use of hygiene kits for babies, as observed by UNICEF.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The initial target of reaching 25,000 people turned out, as stated above, to be too ambitious. As 25,000 Syrian refugees were estimated to be present in Lebanon in May 2012, little was known about their whereabouts. The fact that people were not living in camps is positive, but locating people who are entitled to help and the most vulnerable is made difficult by the fact that they were not always easy to reach, as they were settling within the host community. The huge influx of refugees stretched the resources of UNICEF as well as other aid agencies, not allowing for appropriate response in the beginning of the emergency, as funding was not sufficient to cover the needs.

Funds allocated to WASH were not entirely spent before the expiry date and hence returned to CERF. The main reason was the rapidly increasing work load for UNICEF and its implementing partners, combined with the in-house challenge of recruiting qualified staff quickly enough to follow-up on monitoring and reporting. However, UNICEF fulfilled its obligations to fund the partner interventions, by providing funding from other sources than CERF. The total amount of non-utilized CEERF funding is $154,215.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a, 2b): **N/A**

If 'NO' (or if GM score is 1 or 0):): UNICEF is always focusing on gender balance when implementing programme activities. The targeted and reached population is always based on assessed needs made by UNICEF staff, its partners or through other reliable sources. When the CERF proposal was submitted, the needs of the Syrian refugee boys, girls and their care givers were not as well-defined as at present. Their whereabouts were not clear either, as most of the affected population were living with host communities. It was not possible to provide exact data on the gender balance of WASH recipients. UNICEF knows that 12,510 people were reached and benefitted for the CERF funded WASH activities. The breakdown is based on the UNHCR demographic breakdown, indicating that 52 per cent of the refugees are female and 48 per cent are male, a little more than half of them being children.

14. M&E: Has this project been evaluated? YES NO

This project has not yet been evaluated. This project has been monitored as part of UNICEF's routine monitoring of project activities implemented through implementing partners and according to the signed PCAs. This project will be evaluated as part of UNICEF's overall evaluation of on-going activities within the programme period.

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	5 June 2012 – 4 November 2012
2. CERF project code:	12- FPA -029	6. Status of CERF grant:	Ongoing
3. Cluster/Sector:	HEALTH		Concluded
4. Project Title:	Emergency Support for Refugee Women and Girls		
7. Funding	*a. Total project budget:*		US$ 800,000
	b. Total funding received for the project:		US$ 500,000
	c. Amount received from CERF:		US$ 381,562

Results

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	*Planned*	*Reached*	*In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:*
a. Female	15,000	21,486	As mentioned earlier, the number of beneficiaries reached by the end of the project exceeded the planned figures by 144 per cent. This was due to the rapid increase of the refugees fleeing to Lebanon and hence more efforts were exerted to maximize the reach to this vulnerable population.
b. Male	1,000	1,595	
c. Total individuals (female + male):	16,000	23,081	
d. Of total, children under 5	0	0	

9. Original project objective from approved CERF proposal

Support provision of critical Reproductive Health as well as family dignity/hygiene supplies catering mostly for the needs of women and girls.

10. Original expected outcomes from approved CERF proposal

- 8-10 health units (mobile clinics/existing centres/clinics) in the north and Bekaa valley are supplied with RH Kits to prevent excess morbidity and mortality and catering for an estimated 5,000 women/girls.
- 10,000 women and girls are provided with a 5-6 month supply of personal hygienic items to help them maintain their minimum dignity.
- An estimated 1,000 men will be provided with condoms through existing mobile and health clinics to reduce Sexually Transmitted Infections and unwanted pregnancies.

11. Actual outcomes achieved with CERF funds

- 20 Health Centres in the North, Bekaa and South were supplied with 42 RH kits.
- 11,466 women and girls were provided with 5-6 months' supply of personal female and hygienic items.
- Approximately 1,595 men were provided with condoms through the health centres existing in the North and Bekaa.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

Between the time of drafting the proposal and the actual implementation time, the needs of the Syrian Refugees increased more than 10 fold as a result of the growing influx in Lebanon. The assessment missions conducted by UNFPA staff in Bekaa, North and South Lebanon identified additional needs by the health centres and the high demand for the RH services and information in areas with refugee concentration. This high increase in the demand was further validated by the results and findings of the RH assessment supported by UNFPA between June and August 2012. As a result, UNFPA opted to respond through increasing the allocation of reproductive health kits (from 22 to 42 reproductive health kits), as well as the number of health centres receiving the RH kits (from 8 to 22), which exceeded the planned figure to avail the needs. The same applied for the dignity kits for women, where assessments and UNFPA field visits showed increased number of women and girls living under dire harsh circumstances. The original number of dignity kits increased from 10,000 kits to 11,925 kits in addition to 12,114 packs of sanitary pads to be added to the dignity kits allowing longer serving period for the kit (5-6 months) for each woman and/or girl. The increasing number in RH kits and dignity kits compared to the initially planned number in the original proposal was made possible after negotiating budget of the memorandum of understanding with the 5 implementing partners to utilize the savings on their budget to meet the needs of Syrian Refugee women and girls. It is worth noting that UNFPA succeeded in securing few volunteer university students to one implementing partner during the distribution of dignity kits and hence cutting down on the budget allocation and resulting in further savings.

More so, the engagement of the RH technical advisor was substituted with engaging the services of the Lebanese Society for Obstetrics and Gynaecology that provided a wider array of RH technical advise throughout the project including a training on the Minimum Initial Service Package (MISP) for 20 health service providers who availed their services to more than 5,000 women through the health centres across Lebanon that received the RH kits (also under the CERF funding).

As such, while ensuring that the activities remain aligned with the original objective of the UNFPA proposal, this slight shift allowed the CERF funding to serve more beneficiaries, as well as expand the geographic coverage of the services provided under the CERF.

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES NO **X**

If 'YES', what is the code (0, 1, 2a, 2b): N/A

If 'NO' (or if GM score is 1 or 0): Although the CERF activities are not part of a CAP project that applied IASC Gender Marker Code, still UNFPA gives special consideration to gender while planning and implementing its projects. The services delivered under this project cater for specific needs of women and girls in an emergency context which have to be highly considered in a humanitarian response. The project provided awareness raising for women and girls in addition to Reproductive Health items necessary for both men and women to reduce Sexually Transmitted Infections and unwanted pregnancies.

14. M&E: Has this project been evaluated?	YES NO

Although the project was not evaluated, the UNFPA team continuously monitored both the implementation of the project, as well as the situation on the ground at various levels of monitoring as follows: 1) The Field Coordinator systematically assessed the needs of the health centres in target areas in order to provide them with the required RH kits. She regularly visited the health centres to ensure that the distributed RH kits are well received and that the recipients of the kits are adequately sensitized on the content, purpose and beneficiaries of the Kits. 2) The RH Program Officer monitored the work of the field coordinator and provided substantive technical assistance and support to partners ensuring overall supervision, guidance and production of progress reports. 3) The Protection Officer monitored the dignity kits distribution process in the targeted areas to ensure the distribution process is according to best standards and the challenges are timely addressed as they arise in addition to ensuring that progress reports are submitted on time by implementing partners. 4) There was also monitoring from the Logistics side of UNFPA operations, which was responsible for purchasing (both locally and overseas), receiving, inspecting, storing and delivering the goods to the implementing partners in accordance with UNFPA's procurement procedures while documenting the whole process through delivery notes and other logistics tools. 5) The overall guidance and advise was ensured by the Assistant Representative of UNFPA in Lebanon. Monitoring also included the reported feedback of beneficiaries on the services through UNFPA's implementing partners on the field. For example, the International Orthodox Christian Charities (IOCC), who was a distribution partner of UNFPA for the dignity kits, reported the following from a woman in the field who received dignity kits: "I had nothing!" said Khawlah. "A mother always puts her children ahead of her, but she has needs too." For Khawlah, the kit not only provides her with some of the items she desperately needed and couldn't easily have, but also provides reassurance that she and thousands of women like her are not forgotten. "This kit is going to be extremely helpful to me, I truly need it. People don't know that in some circumstances, any help is a great one."

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-HCR-032	HEALTH	UNHCR	IMC	INGO	306,600	19.07.2012	01.06.2012	The implementing partner was already operating in the project before the CERF funding.
12-WFP-044	Food	WFP	DRC	INGO	62,974	26.10.2012	01.06.2012	For WFP- Late payment was primarily related to delayed reconciliation reporting with our partners, due to capacity issues. In addition, operational costs to be paid by the partner is done through an advance at signature of the FLA and then at reconciliation of the end of the cycle, in this case the partners sent reconciliation of the operational costs late to WFP.
12-CEF-069	Protection	UNICEF	Terre des Hommes (TdH)	INGO	68,640	25.05.2012	15.05.2012	
12-CEF-069	Protection	UNICEF	War Child Holland (WCH)	INGO	81,673	25.05.2012	15.05.2012	
12-CEF-069	Protection	UNICEF	Association Culturelle Hermel	NGO	29,043	25.06.2012	15.05.2012	

12-CEF-069	Protection	UNICEF	Save the Children	INGO	6,316*[5]	16.08.2012	15.05.2012	
12-CEF-070	Water and Sanitation	UNICEF	Danish Refugee Council (DRC)	INGO	141,279	19.09.2012	13.05.2012	
12-CEF-070	Water and Sanitation	UNICEF	Action Contra la Faim (ACF)	INGO	169,516	03.09.2012	13.05.2012	Funds allocated to CP and WASH were not entirely spent before the expiry date and hence returned to CERF. The main reasons for this situation are caused by the rapidly increasing work load for UNICEF and its implementing partners following the influx of Syrian refugees, combined with the challenge of recruiting qualified staff quickly enough to follow-up on monitoring and reporting. UNICEF fulfilled its obligations to fund both of the partner interventions, by providing funding from sources (other than CERF), to replace the amounts that had expired against the CERF fund.

[5] $75,810 was disbursed to the implementing partner, however $69,494 was returned to UNICEF.

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical) - Lebanon

ACF	Action Contre la Faim
CFS	Child Friendly Space
CP	Child Protection
CPWG	Child Protection Working Group
DRC	Danish Refugee Council
DTP	Diphtheria, tetanus , Pertussis vaccine
HRC	High Relief Committee
HRW	Human Rights Watch
IC	International Community
IMC	International Medical Corps
IPV	Injectable Polio Vaccine
MOPH	Ministry of Public Health
PHC	Primary Health Care
Polio	Poliomyelitis vaccine
RH	Reproductive Health
RRP	Regional Response Plan
TdH	Terre des Hommes
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WCH	War Child Holland