



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
LEBANON
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Robert Watkins

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Agencies were individually consulted regarding the CERF allocations during the periods of implementation and afterwards to ensure projects were implemented as planned, this was in place of a formal after action review.

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

YES NO

The draft report was sent to members of the HCT for comment.

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

YES NO

The draft report was shared with all participating partners for comment.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 1,216,189,393 USD RRP5		
Breakdown of total response funding received by source	Source	Amount
	CERF	2,012,137
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	625,877,487
	TOTAL	627,889,624

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 20 December 2012			
Agency	Project code	Cluster/Sector	Amount
UNRWA	13-RWA-002	Multi-sector	1,000,000
Sub-total CERF Allocation			1,000,000
Allocation 2 – date of official submission: 10 January 2013			
UNICEF	13-CEF-011	Water and sanitation	250,115
FAO	13-FAO-005	Agriculture	105,609
UNFPA	13-FPA-002	Health	102,533
IOM	13-IOM-002	NFIs	101,564
WFP	13-WFP-003	Food	301,205
WHO	13-WHO-004	Health	151,111
Sub-total CERF allocation			1,012,137
TOTAL			2,012,137

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	1,990,207
Funds forwarded to NGOs for implementation	21,930
Funds forwarded to government partners	0
TOTAL	2,012,137

HUMANITARIAN NEEDS

The CERF request being reported upon covered assistance to host communities, Lebanese returnees and Palestine Refugees from Syria (PRS), as well as Syrian refugees in Lebanon.

At the time of the request there were an estimated 178,000 Syrian refugees in Lebanon, registered or waiting to be registered. As the Government of Lebanon has not pursued a policy of refugee camps, the majority of refugees was and still are living amongst host communities, many of whom with host families and others renting separate accommodation. This led to a growing crisis among Lebanese host and border communities trying to cope with the additional strain in an already harsh socio-economic environment. Many refugees are living in the border regions of the north which are among the poorest regions in Lebanon, and the Bekaa Valley, rural and traditionally poor. Local infrastructure and capacity to provide for life-saving basic service delivery was already stretched in these areas prior to the crisis and was significantly overburdened by the sharp increase in demand. Furthermore, local authorities were ill-equipped to mediate the increase in competing demands between populations. The ongoing and increasing influx of refugees led to frustration among some Lebanese communities who felt neglected and marginalised in the midst of a robust humanitarian response to support refugees. Humanitarian actors expressed concern that the lack of a rapid increase in support to Lebanese communities and efforts to reduce tension could lead to conflict, jeopardizing the larger humanitarian effort and adversely affecting the lives of refugees and Lebanese alike.

The north of Lebanon houses 46 percent of the extremely poor Lebanese population and 38 percent of the overall poor Lebanese population. The influx in the north of Lebanon worsened the already difficult socioeconomic conditions of the local population, high rate of unemployment, urban poverty and child labour. Urgent water issues such as the economic burden for water trucking, water storage and sewage disposal were raising tension among the host communities. The augmented population increased the pressure on the water and sanitation facilities of households already unable to pay for safe water in sufficient volume, further worsening the humanitarian situation of refugee and host populations. There was also a need for quick impact projects that could contribute towards improving both the rural livelihood opportunities and food security. The influx of Syrian refugees placed additional strain on the already limited health resources. The influx of refugees almost double the utilization of the PHC centers which greatly affected access of Lebanese host communities to health services and medications in particular, threatening the capacity of the MOPH to respond appropriately to the needs at PHC level. The shortages in medications and vaccines were more of concern in areas with high Syrian refugee concentrations in Tripoli, Akkar, Bekaa and the new areas to which refugees are expanding such as Zghorta, Batroun, Koura. Throughout 2012 it was also evident that the demand for reproductive health supplies had augmented as a result of the increased consumption by refugees and thus the need to replenish the emergency stock which had been used as a result of the emergency context. Those findings were further validated by the outcome of a Rapid Assessment on the Impact of Syrian Crisis on Socio-Economic Situation in the North and the Bekaa supported by UNDP (May-June 2012). The study highlighted decreased access to health care by Lebanese communities.

In addition to the needs of the host communities, at the time of the CERF request, there were an estimated 25,000 Lebanese returnees from Syria, many of whom required assistance, however, as they are not Syrian, they could not access the assistance offered to Syria refugees. With time, their initial resources were depleted and overall living conditions deteriorating. The Lebanese returnees had mostly been living in Syria for decades and over several generations. Returning to Lebanon as a result of the conflict, they found themselves in circumstances that reflected those of the refugees; most came without their belongings, had no regular source of income and were concentrated in poor areas of the North and Bekaa governorates that were already overburdened by the presence of large numbers of Syrian refugees. An IOM rapid assessment in August 2012 showed that more than 70% of the Lebanese returnees come from Homs Governorate and arrived through the north of Lebanon (Akkar governorate) and the Bekaa Valley. Some of the returned Lebanese families were seen to be using negative coping mechanisms such as 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. Without assistance, they may have had to adopt further negative coping mechanisms such as very high credit levels, begging etc. Hence, WFP and IOM signed a MoU with the High Relief Commission, with the aim of assisting Lebanese returnees with, amongst other items, food vouchers similar to those given to Syrian refugees, and NFIs. Agricultural interventions and shelter support were also provided to the Lebanese returnees.

UNRWA Lebanon experienced a significant increase in the number of Palestine refugees crossing its borders seeking safe haven from the fighting in Syria in December 2012. The number of Palestine refugees normally resident in Syria seeking refuge in Lebanon increased from a handful in the period up to June 2012 to more than 10,000 by the start of December 2012. This number drastically increased from 16 December 2012 following increased fighting and attacks in the Yarmouk area of Damascus in Syria and by mid-December over 13,000 Palestine refugees had fled Syria to Lebanon. UNRWA in Lebanon was struggling to help meet the needs of a refugee population with limited rights and severely curtailed access to public services and job opportunities. The arrival of additional refugees multiplied the burden on both Palestinian communities and UNRWA services, and therefore additional resources were required. The main needs of Palestine refugees arriving from Syria were non-food items such as bedding, hygiene kits, and kitchen kits; food assistance; cash for shelter assistance; winterization assistance; health assistance; access to education; and protection. UNRWA provides health assistance and access to education to Palestine refugees fleeing Syria as it does for Palestine refugees normally

resident in Lebanon but had been unable to provide adequate cash for shelter, food and NFI assistance due to lack of funding. Pressure from the refugee community for additional assistance was intense and protection concerns were growing, and hence the application for CERF funding.

II. FOCUS AREAS AND PRIORITIZATION

For UNICEF, as the affected population is scattered throughout the country the WASH response has been expensive, time-consuming, logistically challenging and difficult to coordinate. The increase in tented settlements, where both refugees and seasonal workers reside, has been a particular challenge to which to respond. Many sites have lacked adequate sanitation and water, and have been prone to flooding. Populations are increasing rapidly, poor hygienic conditions are commonplace and there is a high risk of water-borne disease. Since 2012, there have been a total of four WASH assessments and 12 multi-sectoral assessments conducted in different parts of the country, mainly focusing on North Lebanon and Bekaa. Initial assessments highlighted the need for WASH support at the household level in terms of upgrading sanitation facilities, supporting water treatment and storage and providing hygiene items for the host community as well as refugees. In some communities refugees outnumber the local population. Tensions at the community level have increased as WASH resources have been stretched and local authorities have needed assistance to deal with the influx of refugees. In that context, there has been a need to improve overall WASH conditions at informal tented settlements (ITS), collective shelters and unfinished buildings and support existing communal WASH infrastructure such as water systems, sewerage systems and solid waste collection and disposal. Assessments highlighted that about one-third of the Syrian refugees requires water and sanitation assistance. This is in line with findings from a vulnerability assessment conducted by WFP, UNHCR and UNICEF to inform targeting. The assessment found that 30 per cent of households reported not having access to sufficient water for domestic purposes, 40 per cent did not have access to adequate latrines and 15 per cent lacked access to hygiene items.

It was planned that CERF funding for this project would provide 5,950 refugees and the host community in North Lebanon with safe and equitable access to a sufficient quantity of water for drinking, cooking and personal hygiene through: distribution of ceramic water filters; installation of water storage tanks; distribution of water vouchers; construction/upgrading of sanitation and washing facilities; establishing a septic tank desludging voucher system; distribution of family hygiene kits; hygiene promotion awareness sessions and; improving WASH facilities in schools.

Funds were allocated to provide WASH supplies to enable a rapid and flexible response as needs arose. Under the Regional Response Plan January to December 2013 (RRP5), UNICEF has committed to holding contingency WASH equipment for 50,000 people.

The WHO proposal consisted of procuring and distributing needed vaccines and medications to the PHC centres with shortages, and provided training to health workers on proper clinical management of the selected most common medical conditions encountered at PHC level.

For UNFPA, this project came in response to the reported increasing needs from both the local host community and the pressure on Service Delivery Points, being both Primary Health Care centres (PHC) and Social Development Centers (SDC) to provide additional Reproductive Health (RH) services in areas where demand had increased, mainly North Lebanon, Bekaa and South Lebanon. The project mainly focused on providing RH kits and RH drugs/pharmaceuticals to replenish the stocks of the PHC/SDCs which have been used as a result of the emergency. The project managed to cover a total of 14 health centres, mobile clinics, as well as 27 PHCs across Lebanon selected based on UNFPA's on-going assessment of the needs and monitoring of existing RH kits and pharmaceutical stocks. Consumption monitoring conducted by UNFPA to the partners recipients of the RH kits indicated the following consumption rates: 62% for male condoms, 72% for sexually transmitted infections, and 88% for oral, injectable, and emergency contraceptives. The project also managed to reach 3,037 women in awareness raising activities on RH (kindly refer to output results indicated in UNFPA section below).

WFP activities were planned for all areas of Lebanon where Lebanese returnees were present. However, the money was returned to CERF unspent after WFP was unable to agree intervention modalities on a timely basis with the various stakeholders (WFP/IOM/Government of Lebanon) on the provision of assistance to Lebanese returnees.

FAO's objectives were to contribute to the humanitarian efforts aimed at meeting the most urgent unmet basic socio-economic needs of Lebanese returnees and Syrian refugees who have fled into Lebanon from Syria and the host communities in the north of Lebanon and other border villages, and reduce the socio-economic burden of displacement on both communities, as well as to save the livestock of Lebanese returnees and the host communities from a food crisis, and to maintain livestock productivities for household food security. Field surveys were conducted to identify Lebanese returnees and Syrian refugees that were residing in the border villages of Akkar, the North, Baalback and Hermel. More than 1000 case studies were conducted on Lebanese host communities who were small-scale dairy

farmers-come-producers and accommodating Lebanese returnees or Syrian refugees. Urgent humanitarian needs to prevent the deterioration of livelihood and improve the living conditions of refugees, returnees and hosting communities in Lebanon were identified.

The rationale of IOM's intervention to assist vulnerable Lebanese returnees was based first of all on a rapid assessment conducted in May-June 2012, after which IOM continued to trace and profile the returnee population through a series of field visits and assessments. The initial rapid assessment revealed that many Lebanese returnees were living in bad or critical conditions (75% without any income; majority arriving without property; 90% reporting need for humanitarian support in terms of food and non-food items). In December 2012, IOM estimated the number of returnees to be 24,000 (9,153 in North Lebanon; 8,180 in the Bekaa; 1,867 in Beirut; and 4,800 in South Lebanon). Due to a concentration of previous interventions (by both IOM and other partners) in the North and a lack of coverage in other areas, it was decided that the CERF funded activities would focus on returnee populations in the Bekaa and South, addressing unmet needs in terms of NFIs (shelter support items).

For UNRWA, the rationale for prioritization was the large influx of Palestine refugees from Syria (PRS) following increased fighting in Yarmouk Area of Damascus, Syria in mid-December 2012. The most effective means of providing emergency assistance to these newly arrived and to those PRS who have been in Lebanon for the previous weeks and months but who had yet to receive assistance was to provide cash assistance whereby the PRS could respond to their most urgent needs as they saw fit. Emergency health assistance was also included in the project as the increased numbers of PRS would have placed an extra strain on UNRWA Health Centres. The project covered all areas of Lebanon as PRS were, and remain, residing in and out of camps throughout the country.

III. CERF PROCESS

The processes and consultations behind the prioritisation of CERF were conducted through and within the Humanitarian Country Team HCT and relevant sector working groups of the RRP as well as The Host Community Task Force. Local communities and officials were also consulted, and these consultations are an integral part of the humanitarian response in Lebanon.

UNICEF: The prioritisation of CERF funds for UNICEF WASH supplies occurred in response to the lack of access to safe drinking and domestic water and very poor hygiene conditions prevalent amongst refugee and host communities especially in the Bekaa and Northern Lebanon. Furthermore, UNICEF completed a vulnerability mapping exercise with the Information Management Unit of the Prime Minister's Office. Using the latest Lebanese poverty data and UNHCR registration information associated with registered Syrian refugees, Lebanon's 182 most vulnerable localities were identified, out of almost 1,600 localities nationwide. These localities host 85 per cent of the registered refugee population and more than 68 per cent of vulnerable Lebanese. It is in these 182 localities that UNICEF has focused its interventions.

WHO: Based on the analysis of utilization of health services (data obtained from UNHCR/ IMC from the PHC centres January-May 2012) and assessments done (rapid participatory appraisals by partner NGOs in Dec 2011- March 2012), vaccines and medications for primary health care including for acute and chronic diseases were clearly needed. A request to fill a gap for 200 Tb cases and some 10 cases with Multi drug resistant Tb was already made by the MOPH.

UNFPA: The process adopted for identifying the required commodities was based on internal consultation regarding consumption patterns, targeted population and estimated needs. Consultation with partners was also carried out to assess and guarantee their capacity for delivering the commodities and services.

FAO: The processes and consultations behind the prioritisation of CERF were conducted through the HCT and FAO was an integral part of this process and highlighted the urgent needs of the host communities that had been assessed to need quick intervention to maintain livelihoods. The interventions were also in line with the Task Force on Host communities Task Force and the Regional Response Plan (RRP).

IOM: IOM designed its intervention in coordination with all relevant partners (UN agencies, local municipalities, community leaders and other actors) and in accordance with the priorities set by the NFI/Distribution working group, which at the time included winterization and shelter support items.

UNRWA: This CERF grant request was developed in coordination with the Humanitarian Coordinator and the Humanitarian Country Team. Emergency cash and health assistance was provided to all PRS with cash assistance being provided to each individual to ensure women, girls, boys, and men were provided assistance equally and health assistance was based on need with beneficiaries receiving medications from UNRWA Health Centres.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 1,000,000 refugees plus host community				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Multi-sector	18,100	17,247	35,347
	Water and sanitation	8,622	7,958	16,580
	Agriculture	1,460	1936	3,396
	Health	111,292	36,500	147,792
	Food	*0	0	0

*Note: CERF funding returned **

BENEFICIARY ESTIMATION

CERF funding covered several sectors and in different geographical locations and thus double counting within sectors is unlikely however there can be overlap between the sectors as it is possible that an individual refugee benefitted from several services.

UNICEF: The CERF funding was utilized to provide 3,316 water filters for approximately 16,580 refugees and host community members living mainly in the Bekaa and North Lebanon. One water filter services a household comprising five individuals, reaching a total of 16,580. The disaggregation by gender and age of beneficiaries reached was calculated based upon the proportion of Syrian refugee males, females and children under 5 registered by UNHCR in North Lebanon and the Bekaa at the time of preparing this report (end July 2013).

WHO: Based on the pattern of services provided at PHC (from records available at MOPH records), it was estimated that around 20% of all primary health care would be provided to children and hence the need to secure vaccines. Around 65% to women and 1-2 % of the population would require special medications.

UNFPA: For UNFPA projects estimates of beneficiaries were based on actual direct implementation of some activities such as the awareness raising, and beneficiaries of the information leaflets and the awareness raising material distributed directly as part of the project. The same calculation was applied for the RH pharmaceuticals/drugs (based on reporting as well as average intake by women for each medication).

IOM : Beneficiary estimates were acquired by referring to the number of households reached (as per internal monitoring and reporting), as well as the demographic statistics revealed through the recently concluded Lebanese returnee registration and profiling project.

UNRWA: Through the CERF project, UNRWA provided direct assistance to an estimated 28,571 PRS individuals. Through the cash assistance component, CERF funding assisted a total of 17,765 PRS individuals with a once-off contribution of \$40. CERF funding assisted in the provision of food vouchers to 4,006 out of a total of 17,762 PRS individuals that received food vouchers. These figures were calculated through sign-off sheets from each beneficiary who received assistance and were reconciled with UNRWA's financial system. The project also assisted an estimated 6,800 PRS individuals with medications in UNRWA Health Centres. This figure was calculated based on the average cost per beneficiary in UNRWA Health Centres is approximately \$20 over a six-month period.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	76,000	93,182
Male	44,000	62,141
Total individuals (Female and male)	120,000	155,323
Of total, children <u>under</u> age 5	11,691	20,340

CERF RESULTS

UNICEF: It was expected that CERF funding for this project would provide 5,950 refugees and the host community in North Lebanon with safe and equitable access to a sufficient quantity of water for drinking, cooking and personal hygiene through: distribution of ceramic water filters; installation of water storage tanks; distribution of water vouchers; construction/upgrading of sanitation and washing facilities; establishing a septic tank de-sludging voucher system; distribution of family hygiene kits; hygiene promotion awareness sessions and; improving WASH facilities in schools.

Funds were allocated to provide WASH supplies to enable a rapid and flexible response as needs arose. Under the Regional Response Plan January to December 2013 (RRP5), UNICEF has committed to holding contingency WASH equipment for 50,000 people.

The CERF funding was utilized to provide 3,316 water filters for approximately 16,580 Syrian refugees and host community members in Lebanon. The importance of these supplies became apparent in July 2013, when UNICEF WASH staff discovered a community of more than 200 Syrian refugees living in a previously unknown tented settlement. Diarrheal diseases were prevalent among the community due to the poor quality of their water source and poor hygiene conditions, with three children hospitalised in June and July. UNICEF immediately prioritised response to this settlement, and alongside other interventions, was able to fast-track the provision of water filters from contingency stock.

WHO: The CERF funds were able to ensure that medications and vaccines were available to the most vulnerable beneficiaries. Accordingly, medications were readily available in PHC centers to provide services to refugees and the host community. Additionally WHO was able to provide vaccines and medications and distributed them to PHC centres located in areas with a high concentration of Syrian refugees. The quality of health care was also improved and training and capacity building was enabled. In addition, the training was coupled with production of information, education and communications material that were used in awareness-raising and distributed to patients attending PHCs. Moreover, the project funds allowed the recruitment of a field coordination officer for 6 months.

UNFPA: A total of 47,792 women and men were reached under this project which exceeded the planned target figure. This variance between the planned and reached figures is an indication of the actual needs on the ground. Services were improved and RH supplies were made available to a larger number of PHCs and SDCs than planned. The supplies and services were provided across Lebanon and specifically to Lebanese host communities with a high concentration of Syrian refugees.

FAO: Direct project beneficiaries including Lebanese returnees and host community members constitute 566 households (average household has 6 individuals of which one is under five), i.e. about 3396 individuals. Five new milk collection centres were provided with cooling tanks and accessories in Akkar, Donnieh and Baalbak. A total of 200 stainless steel milk cans distributed to 200 farmers in Akkar, Bekaa and Donnieh & Minnieh. Twenty-five mini-dairy processing units were distributed to 25 female-headed farmers in Donnieh and are current producing 70 - 140 kg dairy products per day depending on the number of collections per day. Forty milking machines with detergents were provided to forty female heads households.

IOM: The first phase of the project involved the mapping of specific needs of Lebanese returnee families in the Bekaa and South of Lebanon, conducted through a series of field visits and rapid assessments. The assessments identified a need for winterization items – as anticipated in the prioritization of the sector working group – particularly blankets and weatherproofing items. Winterization and shelter support items procured and assembled into kits that included three blankets, one large tarpaulin sheet and sieve nets. The kits were distributed to around 932 households in the Bekaa region, and roughly 300 families in the South. As a result of the interventions it is estimated that roughly 6,776 individuals (approximately 50%male / 50%female) benefited from improved living conditions in the difficult

winter months. The number of households reached, at least 1,232, was slightly less than the target of 1,250 households. The fact that distributions were often carried out through coordination with local community leaders may account for the small difference in number of households reached, due to some of these local partners distributing more than one kit to large households

UNRWA: The key outcomes from the CERF funding were that all PRS in-country at the end of December 2013 received a first-round of cash assistance of \$40 per person to a total of 17,765 individuals. This helped to provide PRS already in-country with extra support to face the winter season and other requirements as needed. It also provided immediate assistance to the many newly arriving PRS who had fled Yarmouk area as fighting intensified in this predominantly Palestinian area of Damascus and who had arrived in Lebanon with little or no belongings. The CERF funds also helped provide \$24 food vouchers to over 4,000 PRS individuals to help meet their food needs. PRS health needs were also assisted with medications support provided to approximately 6,800 individuals throughout UNRWA's 27 Health Centres located across Lebanon. UNRWA achieved its overall targets and provided additional support than expected under the cash component as some of the funds were provided for food vouchers following approval from CERF. The overall impact was that all PRS in Lebanon were assisted before the end of 2012, with immediate assistance that allowed them to support their most urgent needs as they saw fit in a dignified manner.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

UNICEF: As CERF funding was available for six months, it was able to be allocated effectively to provide fast delivery of assistance to Syrian refugees and host communities in Lebanon.

WHO: The funds were available shortly after the CERF proposal was approved. The preparations for the procurement of medications and the training were initiated before the CERF approval. Once the funds were made available, the implementation proceeded.

UNFPA: The CERF funds were utilized to ensure a rapid response in the field. The reproductive health (RH) awareness campaign along with the procurement of goods started once the funds were received. The network of partners UNFPA has maintained and expanded since the first response in early 2012 facilitated the quick action.

FAO: CERF funding allowed a fast delivery of assistance as the dairy programme was already established through the FAO's LRF-funded dairy project. CERF's contribution allowed a much needed extension of the programme.

IOM: CERF funds directly contributed to the rapid procurement and delivery of winterization kits to vulnerable Lebanese returnee households, at a time when only limited funds had been devoted to this caseload.

UNRWA: UNRWA submitted its funding request on 20 December and received an approval letter on 21 December 2013. This allowed UNRWA, following confirmation from CERF, to start implementation immediately and the cash distribution was undertaken from 27-30 December 2012 to provide assistance to all PRS accounted for in Lebanon. Health assistance through medications took slightly longer due to time factors involved in purchasing medications.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

UNICEF: The CERF funds have been vital in responding to the time critical needs of beneficiaries, as water filters held in contingency stock can be deployed immediately when urgent needs are identified, especially in areas with high concentrations of refugees and vulnerable Lebanese. For example, this was a life-saving intervention in the Minieh tented settlement, as children had been hospitalized with diarrheal diseases due to the poor quality of water available.

WHO: The CERF allowed the timely procurement of vaccines and TB medications, which was an urgent need given the sharp rise in Syrian refugees during the reporting period. Vaccination was a critical issue, noting that the MOPH stocks were depleted and the

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

need to replenish was high. The first half of 2013 also witnessed an increased number of Syrian refugees with TB. The production of relevant health information material was also beneficial, especially as it coincided with the outbreak of measles, and scabies and lice outbreaks in some refugee communities.

UNFPA: The CERF funds came at the same time as the Government of Lebanon (GoL) endorsed the Syria Response Plan earlier in January 2013, in which was expressed the need to support government facilities which were under pressure as a result of the high refugee numbers, thus affecting service delivery to Lebanese host communities. The project supported the 27 SDCs designated by the GoL to be in most need of support taken the increased number of Syrian refugees in their areas.

FAO: The CERF funds contributed to improving dairy farmers' livelihoods. It also increased milk and dairy production through organizing milk collection centres along with small-scale dairy processing facilities. In addition, it improved the nutritional value of milk and dairy products by replacing plastic jars with stainless steel, milk cooling facilities and training in proper milk and dairy processing.

IOM: The CERF project began in January, and thus allowed vulnerable Lebanese returnee households that had been unassisted to weatherproof their shelters and better endure the cold winter months.

UNRWA: The CERF funds did respond to time critical needs as approximately 700 PRS were arriving in Lebanon on a daily basis from 16 December 2013 onwards for several weeks, often with little or no belongings and in need of urgent assistance, especially given the winter conditions in the Bekaa valley where PRS were arriving from Syria. Without the CERF funds, the newly-arrived PRS would have been left without assistance as UNRWA did not have sufficient funds to cover their needs.

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

YES PARTIALLY NO

UNICEF: The CERF allocation covered some of the WASH needs of beneficiaries. UNICEF was also able to mobilize funding from other sources to fund the complete package of WASH interventions, however, UNICEF will not be able to respond to the needs of all future Syrian refugees and host communities with the current level of funding.

The WASH interventions in informal tented settlements have been complemented by free, direct primary healthcare, provided by mobile medical teams that are supported by UNICEF.

WHO: The activities initiated under CERF were considered as an illustration for the larger needs that emerged, especially in terms of outbreak control and improvement of the PHC system capacity to cope with the caseload. It also helped demonstrate that capacity building activities are equally important to ensure quality of care. WHO was able to obtain subsequently additional funds from WHO emergency standby funds, as well as from other donors.

UNFPA: The CERF funding under this project were fully utilized to cater for the needs of host communities in the form of RH services and information. The results of these interventions were utilized to validate the need for further addressing the needs of host communities in addition to Syrian refugees.

FAO: The CERF funding raised the profile of the project and led to subsequent resource mobilisation efforts, for example through DFID and CIDA to support the farmers.

IOM: Since January 2013, IOM has received funds from the governments of Canada, Germany, Japan, Kuwait, Italy and the United States to support activities both in the provision of NFIs and other sectors (including shelter, psychosocial support and health) that benefit the growing Lebanese returnee population. In particular, an ERF funded project was launched in June 2013 to register and profile returnees, providing a better understanding of the situation and needs of this often under-assisted caseload, and allowing for better targeted interventions in the future.

UNRWA: The funds from CERF partially assisted in resource mobilization as it showed the donor community that UNRWA was able to provide efficient and effective assistance to the PRS population once sufficient funds were received.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

UNICEF: The CERF funding allowed the provision of essential equipment as part of the wider response provided by humanitarian

actors in Lebanon. In particular, health interventions in tented settlements must be accompanied by access to water for drinking, cooking and hygiene purposes. One example of this was UNICEF’s response to the spread of lice and scabies amongst refugees and host communities. The humanitarian community needed a coordinated response across different agencies, as the medical response required access to clean water for applying lice shampoo and enabled refugees to attend to personal hygiene including disinfecting clothing and bedding.

WHO: The coordination improved due to the fact that the CERF allowed the recruitment of a full time Field Coordinator.

UNFPA: The project made it feasible to enhance already existing coordination among the humanitarian agencies responding in the same area of intervention as UNFPA. More coordination with the Ministry of Health, Ministry of Social Affairs, and UNICEF ensured a better response and better targeting of the areas which were mostly in need of the service. Also, working with partners expedited the delivery process and made it possible for this project to achieve its goals.

FAO: The coordination element was not directly foreseen in the project document as this is a separate stand-alone activity which did not require coordination among other humanitarian agencies. However, information available from IOM and UNHCR was used to target poverty pockets.

UNRWA: For this project, CERF funds did not help improve coordination amongst the humanitarian community as UNRWA directly implemented the activities under this contribution.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
NTR		

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
WHO: response can be faster if administrative procedures are initiated early	Administrative preparations should be initiated as soon as the CERF is submitted	WHO
WHO: sharing updated information on Refugee health patterns and needs is crucial to respond adequately	Data on health utilization should be collected in a standard form and shared periodically	HCT and stakeholders
UNFPA: The consumption rates for RH kits and drugs monitored by UNFPA and its partners indicates the huge demand for RH services on the ground. UNFPA and partners are trying to expand the efforts and utilizing resources to meet	During any prioritization process, RH should be always considered as a priority to ensure the minimum standards of response are taken into consideration. This involves allocation of funds and human resources to make RH services accessible and available to beneficiaries.	Donors, Humanitarian Agencies, and GoL

those needs.		
UNFPA:Information which was made by the on going monitoring of service delivery at the agency level was found to be of benefit once shared with other actors involved in the health as well as the protection sector.	Need enhance data collection and information sharing within the country team as well as other stakeholders including the government, international NGOs, and local NGOs.	Country team and stakeholders
UNFPA:Clearing commodities (at sea port and airport) through national authorities is resulting in significant delays given the newly introduced procedures by the Government that are cumbersome and tedious.	It is suggested that the UNCT discusses this matter with the concerned national authorities to ensure unified and smooth procedures in place that would allow speedy action particularly in humanitarian contexts	UNCT
WFP : N/A	Agree terms for provision of assistance to Lebanese Returnees with all stakeholders.	WFP and partners
FAO: N/A	Consider assessment of agricultural livelihood sector in order to improve availability of data / information	FAO, Inter-Agency
IOM: Need for stronger IOM field presence to contribute to improved targeting and M&E	Since the completion of the project, IOM has established sub-offices at the governorate level, ensuring all distributions (whether conducted by IOM staff or through local partners) are more effectively monitored and evaluated. This development has also allowed for more sophisticated beneficiary assessments and identification practices.	IOM
UNICEF : need for multi-sectoral needs assessments that address both host and refugee communities for improved planning	Engage the IM Working Group to streamline multi sectoral assessment tools for improved data collection of vulnerable host communities and refugees	HCT/IM Working Group

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNRWA	5. CERF grant period:	27 December 2012– 26 June 2013
2. CERF project code:	13-RWA-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency cash and health assistance for Palestine refugees from Syria in Lebanon		
7. Funding	a. Total project budget:	US\$ 50,929,163	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 19,879,117	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1,000,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,000	14,714	N/A
b. Male	9,000	13,857	
c. Total individuals (female + male):	20,000	28,571	
d. Of total, children <u>under</u> age 5	2,400	4,200	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Meet emergency needs of up to 20,000 Palestine refugee individuals from Syria into Lebanon through the provision of cash assistance Provide additional emergency health assistance for approximately 6,729 Palestine refugee individuals who have recently fled Syria into Lebanon due to the increased influx from Yarmouk area. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Up to 20,000 Palestine refugees from Syria receive cash assistance through UNRWA distribution points Approximately 6,729 Palestine refugees from Syria have access to basic healthcare in UNRWA Health Centres. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> 17,765 PRS received cash assistance and 4,006 PRS received food vouchers through UNRWA distribution points 6,780 PRS received basic healthcare assistance in UNRWA Health Centres 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
<p>The actual outcome includes 4,006 PRS individuals that received food vouchers. This was not in the original proposal however there were savings in the cash component as not as many PRS came forward for assistance as originally planned. As a result, UNRWA contacted the CERF secretariat and requested that the remaining balance of funds under the cash budget line be used to help provide food vouchers to some of the PRS population with the remainder of the PRS population being covered from other</p>			

funding sources. Out of a total of 17,762 PRS that received food vouchers, 4,006 were covered through CERF funding.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): N/A</p> <p>If 'NO' (or if GM score is 1 or 0): Gender equality was mainstreamed as all Palestine refugees from Syria were provided cash assistance and food vouchers no matter if they were women, men, boys or girls. Access to medications in UNRWA Health Centres is also provided equally.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', please describe relevant key findings here and attach evaluation reports or provide URL</p> <p>If 'NO', please explain why the project has not been evaluated</p> <p>The project was not officially evaluated, however, a lessons learned exercise was undertaken internally to help inform the subsequent cash distributions. The lessons learned exercise helped better inform provision of assistance in subsequent distributions in particular in relation to vulnerable persons, communication to the beneficiaries, crowd control, site assessments, appeal committees for beneficiaries that have complaints, and roles and responsibilities of UNRWA various staff members.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	31 December 2012 -30 June 2013
2. CERF project code:	13-CEF-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	WASH Interventions in North Lebanon Host Communities		
7. Funding	a. Total project budget:	US\$46,370,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$21,670,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 250,115	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,450	6,622	The planned beneficiaries were based on provision of a comprehensive package of WASH interventions. The CERF funding was used for the purchase of water filters, which are one part of the comprehensive package.
b. Male	1,500	7,958	
c. Total individuals (female + male):	5,950	16,580	
d. Of total, children <u>under</u> age 5	1,170	3,283	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> All 5,950 beneficiaries targeted under this programme, including the refugees and the host community, have safe and equitable access to a sufficient quantity of water for drinking, cooking and personal hygiene. Ensure access to basic minimum requirements of safe drinking water, water for sanitation and hygiene, and food preparation specifically in places with displaced population within host communities. Contribute to reduce the risk of outbreak of water-borne diseases, such as cholera, measles, and other diarrheal diseases which might occur as a consequence to poor sanitation in overcrowded areas and in places with displaced population. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 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			
Access to clean water improved through the provision of 3,316 water filters for 16,580 refugees and host community members as part of the wider WASH package.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
The planned beneficiaries were based on provision of a comprehensive package of WASH interventions. The CERF funding was			

used to provide water filters, which are one part of the comprehensive package and which met an urgent need.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): N/A</p> <p>If 'NO' (or if GM score is 1 or 0): Gender differences, especially the needs of women and girls, are taken into consideration when designing, delivering and monitoring UNICEF WASH programs, in general. Toilets and washing facilities are being provided at the household level in cases where some community members (especially women and girls) are unable, for cultural or security reasons, to use shared latrines in tented settlements. Hygiene kits distributed to families include feminine hygiene products and men, women, boys and girls are involved in decision making within WASH Committees, assisting in overcoming gender barriers to accessing appropriate WASH services.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Since the commencement of this project, UNICEF Lebanon has substantially increased its monitoring and evaluation, through the employment of dedicated WASH field staff in Zahle and Qobayat, as well as through engagement with an external third party monitoring agency.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	[2013.01.01 – 2013.07.31]
2. CERF project code:	13-FAO-005	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Livelihood Support for Vulnerable Lebanese Returnees who fled from Syria to Lebanon seeking refuge and their host families		
7. Funding	a. Total project budget:	US\$ 1,305,609	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,200,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 105,609	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,170	1,460	N/A
b. Male	1,000	1,936	
c. Total individuals (female + male):	2,170	3,396	
d. Of total, children <u>under</u> age 5	195	180	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To contribute to the humanitarian efforts aimed at meeting the most urgent unmet basic livelihood needs of Lebanese returnees who fled into Lebanon from Syria and the host communities in the North of Lebanon, and reduce the socio-economic burden of displacement on both communities To save the remaining livestock belonging to the “Lebanese returnees” and host community livestock from a food crisis and to maintain livestock productivity for household food security 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Agricultural inputs and equipment are distributed to “Lebanese returnees” and the host communities where livelihood needs are currently unmet and are residing in rural and underprivileged geographical areas Enhance family income through the sale of dairy products (Laben, Labneh) while improving protein nutritional status of refugees, mainly children and women 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Direct project beneficiaries including Lebanese returnees and host community members constitute 1,203 households (average household has 6 individuals of which one is under five), i.e. 7,218 individuals. Seven new milk collection centres were established in Akkar, Donniah and Baalbak and 6 previous milk collection centres upgraded in Baalbak and Hermel. A total of 872 stainless steel milk cans were distributed to 580 farmers in Akkar, Bekaa, Donniah and Minnieh. Thirty mini-dairy processing units were distributed to 40 female-headed farmers in Donniah and are current producing 70 - 140 			

kg dairy products per day depending on the number of collections per day. • One hundred and thirty farmers were trained in milk processing and milk handling.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): N/A If 'NO' (or if GM score is 1 or 0): Direct beneficiaries (distribution of project inputs and supplies) were selected according to the following criteria: A) The main source of income should be from dairy farming; B) Women are sponsors of the family or directly involved in managing and running the farm; C) Presence of handicapped or disabled persons; D) Presence of Syrian refugees hosted by the farmer in residing in the vicinity; E) Small size farms are to be considered; and F) Poor and very poor farmers who lack assets and capital.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The project was a compliment to the on-going dairy programme that will complete its current phase by September 2014 and hence it will be evaluated in its totality at a later stage.	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	31 January- 30 June 2013
2. CERF project code:	13-FPA-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of Emergency Reproductive Health Kits, drugs/Pharmaceuticals and Rapid Information Sharing to Host Community in Lebanon		
7. Funding	a. Total project budget:	US\$ 250,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 250,000	▪ NGO partners and Red Cross/Crescent: US\$ 21.930
	c. Amount received from CERF:	US\$102,533	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	20,000	46,292	A total of 47,792 women and men were reached under this project which exceeded planned targets. This variance between the planned and reached figures is indicative of the actual needs on the ground, taken into account the fact that services have improved and RH supplies were made available to a larger number of PHCs than planned.
b. Male	1,500	1,500	
c. Total individuals (female + male):	21,500	47,792	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>UNFPA has been committed to the well-being of women and young girls at risk during the Syrian crisis and in accordance with its mandate. This commitment is expressed in the RRP4 covering Jan-June 2013 in a set of objectives under both the health and protection sectors and to continue in addressing both. For example, it is important for the UN to address the needs of the refugees and host communities in order to mitigate future conflicts or inequity issues that might arise by providing assistance to one community and forgetting about the host community that is struggling in the same way to provide support and stretching their resources to the limit. For example, UNFPA objectives under the health sector are:</p> <ul style="list-style-type: none"> • Health of the population improved through: 1) improved access to primary health care services including for reproductive health care services, 2) Provision of food supplements for pregnant women (folic acid, Ferrous Sulphate) and procurement and distribution of RH kits. 3) Providing health care education to the host and displaced refugee population • Developing the capacities of health care providers <p>The project also responds to the Government response plan for the Syria crisis, and more specifically to the health sector plan which aims at ensuring: “provision of Primary Health Care Services to both host Lebanese and Syrian families”.</p> <p>This project hopes to link to UNFPA efforts in the humanitarian response plan for the year 2013, to cover gaps and complement the current work.</p> <p>The objectives of this project is to contribute to life saving interventions by reducing mortality and morbidity associated with reproductive health issues targeting mainly host community Lebanese women and girls.</p>			
10. Original expected outcomes from approved CERF proposal			
Outcomes expected from the implementation of this project are:			

- 8-10 health centres/clinics in the North, Bekaa and South are supplied with RH Kits to prevent excess morbidity and mortality
- 8-10 health centres/clinics in the North, Bekaa and South are supplied with RH pharmaceuticals to support pregnant and lactating women and to clinically manage incidents of rape.
- 2,000 women and girls from the local community receive awareness raising sessions on sexual and reproductive health issues
- 7,000 women benefit from the RH medication
- 7,000 women benefit from the RH kits
- 1,500 men benefit from the contraceptives
- 400 information leaflets produced targeting medical and paramedical workers in health facilities.
- 4,000 information leaflets produced targeting women and girls beneficiaries

11. Actual outcomes achieved with CERF funds

- 14 health centres/clinics in the North, Bekaa, and South were supplied with 4 types of RH Kits to prevent excess morbidity and mortality and to clinically manage incidents of rape through 9 health service providers.
- 27 health centres/clinics, in the North, Bekaa, and South supplied with 4 types of RH drugs/pharmaceuticals through 3 UNFPA local partner NGOs to support pregnant and lactating women.
- 3,037 women and girls from the local community receive awareness raising sessions on sexual and reproductive health issues
- 46,292 women benefit from RH medication
- 10,675 women benefit from RH kits
- 1,500 men benefit from contraceptives
- 500 information leaflets produced targeting medical and paramedical workers in health facilities on RH issues
- 40,000 information leaflets and awareness raising material on RH produced targeting women and girls beneficiaries

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

N/A

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 or 2b): N/A
If 'NO' (or if GM score is 1 or 0): The main beneficiaries from this project are women and girls and hence the project ensured responding to their needs in terms of services (RH kits, contraceptives and RH drugs) as well as information (i.e. awareness raising on prenatal care, postnatal care, safe deliveries, health eating habits, good hygiene, etc).

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 (FC) systematically assessed the needs of the health centres in target areas in order to provide them with the required RH kits. The FC regularly visited the health centres to make sure the distributed RH kits are well received and the recipients of the kits are adequately sensitized on the content, purpose and beneficiaries of the Kits. Furthermore, the partners reported on the consumption of the RH kits guided by UNFPA through tools prepared specifically by UNFPA; 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) Progress reports and continuous communication received by the 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 as well as maintaining easily trackable inventory system in the warehouse; and 5) The overall guidance and advise was ensured by the Assistant Representative of UNFPA in Lebanon.

It should also be noted that the outcome of this project was reviewed by the external evaluation team entrusted to evaluate UNFPA's 3rd country programme (2010-2014). The evaluators concluded – and within the humanitarian response operation - UNFPA's ability to move quickly, identify needs, avail commodities and support implementation of interventions including

awareness raising.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	21 Jan 2013 – 21 Jun 2013
2. CERF project code:	13-IOM-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	NFIs		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Support for Vulnerable Lebanese Returnees who fled from Syria to Lebanon seeking refuge		
7. Funding	a. Total project budget:	US\$ 700,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 601,926	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 101,564	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,350	3,386	Reports were based on the number of households reached, while the number of women, men, boys and girls are here calculated (on the basis of an average of 5.5 individuals per household) according to the latest demographic data collected through the Lebanese returnee registration and profiling exercise. Since the time of project formulation, the demographic make-up of the returnee population appears to have shifted (when comparing the results of this exercise with those of the rapid assessment conducted in May-June 2012).
b. Male	2,900	3,390	
c. Total individuals (female + male):	7,250	6,776	
d. Of total, children <u>under age 5</u>	326	677	
9. Original project objective from approved CERF proposal			
To contribute to the humanitarian effort led aimed at meeting the most urgent basic needs of the Lebanese returnee population.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> At least 1,250 Lebanese returnee households have benefited from the distribution of NFIs, particularly those whose needs are currently unmet and residing in geographical areas inaccessible to other humanitarian actors. The Living conditions of at least 1,250 Lebanese returnee households 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			
<ul style="list-style-type: none"> At least 1,232 Lebanese returnee households have benefited from the distribution of winterization/shelter support NFIs, living in areas of the Bekaa and South Lebanon governorates where needs had as yet been unmet due to inaccessibility or a concentration of resources in other areas. The living conditions of at least 1,232 Lebanese returnee households were enhanced through the provision of shelter support items that ensured they were adequately protected from the winter climate and that the durability of their shelters was improved. 			
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? N?A			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'YES', what is the code (0, 1, 2a or 2b): N/A
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

As a result of the fact that distributions were largely carried out through community-based deliveries and local authorities, meaning that it proved challenging to fully evaluate the project.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	23 January – 22 July 2013
2. CERF project code:	13-WFP-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance to Lebanese Returnees from Syria in Lebanon		
7. Funding	a. Total project budget:	US\$ 301,205	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 301,205	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 301,205	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,250	0	The money was returned unspent by WFP.
b. Male	4,250	0	
c. Total individuals (female + male):	8,500	0	
d. Of total, children <u>under</u> age 5	1,700	0	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Save lives and maintain food security of Lebanese Returnees from Syria in Lebanon Help prevent the depletion of returnees assets, thus preserving their livelihoods 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 8,500 Lebanese Returnees receiving their monthly food vouchers Number of vouchers actually redeemed A decreasing trend in negative coping mechanisms (such as depending on credit) 			
11. Actual outcomes achieved with CERF funds			
N/A - The money was returned unspent by WFP after WFP was unable to agree modalities with partners, including the High Relief Commission, within a suitable timeframe. At the time of reporting, discussions continue and a survey on the vulnerabilities of Lebanese returnees has been completed and is being analysed. WFP intends to implement this activity in 2014.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
The money was returned unspent by WFP.			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): N/A If 'NO' (or if GM score is 1 or 0): N/A - The money was returned unspent by WFP.			
14. M&E: Has this project been evaluated?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The money was returned unspent by WFP.			

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	23 Jan- 22 July 2013
2. CERF project code:	13-WHO-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency health support to Lebanese host communities in the context of the Syrian Crisis in Lebanon		
7. Funding	a. Total project budget:	US\$584,111	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$584,111	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$151,111	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	65,000	65,000	The number of children who benefited from the vaccination procurement exceeded the number planned by 2000.
b. Male	35,000	35,000	
c. Total individuals (female + male):	100,000	100,000	
d. Of total, children <u>under</u> age 5	10,000	12,000	
9. Original project objective from approved CERF proposal			
<p>The overall objective is to ensure sustainability of PHC services to the Host communities in areas with recent high concentration of Syrian refugees.</p> <ul style="list-style-type: none"> • Ensure adequate access to medications at PHC • Ensure quality care and case management at PHC 			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome 1. Medications are readily available in PHC centers providing services to DS under contract with Health cluster members</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of PHC centers receiving medications (target 10 PHC centers) • Number of beneficiaries receiving needed medications (target 100%) <p>Outcome 2. quality of clinical health care is improved</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of training workshops implemented (target: 2 workshops) • Number of staff trained (target 50) 			
11. Actual outcomes achieved with CERF funds			
<p>The CERF funds ensured that medications and vaccines were available to the most vulnerable beneficiaries. Accordingly, the first outcome: "Medications are readily available in PHC centers providing services to DS under contract with Health cluster members" was fully achieved.</p>			

WHO was able to provide the following vaccines and medications :

- 12,000 Doses Penta Vaccines , distributed to 10 PHC centers located in the areas with highest concentrations of DS (Akkar and Beqaa) ; they will cover more than 10,000 children
- First line TB drugs for 200 patients (treatment courses of 6 months each) distributed to the 8 Tuberculosis treatment centers across the country, through the National TB program

Therefore, the two indicators were fully reached:

Indicators:

- Number of PHC centers receiving medications (target 10 PHC centers)
- Number of beneficiaries receiving needed medications (target 100%)

As for the second outcome: "Quality of clinical health care is improved ", it was also completed through training and capacity building as follows:

- Training on Epidemiological Surveillance for dispensaries and medical centers in the different regions (7 sessions; 300 persons)
- Measles Surveillance and investigation training for MOPH peripheral teams (2 sessions, 53 persons total number of participants)
- Measles Surveillance for hospitals at mohafaza levels (4 sessions in Nabatieh, South, Mount Lebanon and Beirut and Bekaa, 210 persons in total)
- Leishmania training for doctors (2 sessions one at RHUH and one at AUB for 20 medical doctors)
- Advanced training for two WHO staff on Chemical Biological and nuclear weapons case management

In this outcome, the target indicator was fully achieved ; the number of beneficiaries was exceeded

Indicators:

- Number of training workshops implemented (target: 2 workshops)
- Number of staff trained (target 50)

In addition, the training was coupled with production of Information Education and Communications material that were used in awareness raising and distributed to patients attending the PHC; the following material was produced:

- 700,000 Scabies, 250,000 hand hygiene, 10,000 posters, Leishmania and food handling education material, 200 hospital log book leishmania, 1,000 treating books, 1,000 reporting for leishmania, 30,000 leishmania brochures and 300,000 food handling cards.

Note is made that the funds initially planned to purchase IT material were reshuffled to the production of IEC material, due to the emerging need.

Moreover, the project funds allowed the recruitment of a field coordination officer for 6 months.

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

It was originally planned to procure Insulin. However, with the depletion of the Vaccines stocks at the MOPH, and the rapid increase in the number of refugees, funds were used to purchase needed vaccines (penta vaccines)

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 or 2b): N/A

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

The project was monitored all through the implementation phase. Monitoring was done as follows:

- Procurement of vaccines and medications: reports of receipt and utilization
- Training: direct observation and reports of workshops implementation

Evaluation was done internally, no external evaluation was undertaken.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Implementing 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
13-FPA-002	Health	UNFPA	Young Men Christian Association	NNGO	\$21,930	4-Apr-13	4-Nov-13	Activities included the preparation and implementation of the RH awareness raising campaign

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CERF	Central Emergency Response Fund
FAO	Food and Agriculture Organization of the United Nations
IEC	Information Education Communication
IOM	International Organization for Migration
IT	Information technology
LRF	Lebanese Recovery Fund
PHC	Primary Health Care
RH	Reproductive Health
RRP	Regional Response Plan
PRS	Palestine Refugee from Syria
SDC	Social Development Centres
Tb	Tuberculosis
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Agency
UNRWA	United Nations Relief and Works Agency
WFP	World Food Programme