ANNUAL REPORT OF THE HUMANITARIAN/RESIDENT COORDINATOR ON THE USE OF CERF GRANTS

Country	**Lebanon**
Humanitarian / Resident Coordinator	**Marta Ruedas**
Reporting Period	**July – October 2006**

I. Executive Summary / Background

Total amount of humanitarian funding required and received (per reporting year)	**Required:** US$ 5,000,000.00 **Received:** US$ 5,000,000.00			
Total amount of CERF funding received by funding window	**Rapid Response:** US$ 5,000,000.00 **Underfunded:** **Grand Total:** US$ 5,000,000.00			
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	**Total UN agencies/IOM:** US$ 5,000,000.00 **Total implementing partners:** US$ 5,000,000.00 ***Note: The grand total must equal the total CERF funding allocated***			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	**Total**	**under 5 years of age**	**Female (If available)**	**Male (If available)**
	Around 1 million			
Geographic areas of implementation	South Lebanon			

II. Coordination and Partnership-building

Decision-making process to decide allocation and prioritazation process: the first Flash Appeal was set to run for 90 days and include life-saving response but no early recovery. It was planned that the three-month, life-saving focus would be reviewed once new information had become available. The Flash Appeal was issued on 24 July.

The CERF application was dated 27 July 2006, and included projects from WHO, UNICEF and WFP. Projects were prioritized through discussion that took place at two different levels:

- The daily humanitarian coordination meetings of UNCT Heads of Agencies convened by the RC, which were combined with daily SMTs convened by the RC/DO.
- Discussions that took place with the working groups that automatically were set up and that, over the time, turned into the IASC clusters.

Coordination amongst the humanitarian country team:
At the UNCT level, daily humanitarian coordination meetings of UN Heads of Agencies were convened by the RC, combined with daily SMTs convened by the RC/DO, until 2 August.

As a separate Humanitarian Coordinator took up his responsibilities on 2 August and with the adoption of SCR 1701 nine days later, early recovery planning became the focus of RC coordination activities with the UNCT and with Government. This involved, inter alia, converting the "Recovery Cluster" led by UNDP into sectoral working groups organized around two broad themes: "Restoring Lives" and "Restoring Livelihoods." Each of the sectoral working groups was co-led by the relevant line ministry representative and a lead UN agency (with UNDP leading several at country level until such time that the relevant development agency with a mandate in that sector, could return from evacuation). These sectoral working groups became the engine supporting the Government in the preparation of the document it presented to the Stockholm Conference held on 31 August, which focused primarily on Early Recovery priorities. This work under the RC System, and supported by DGO/UNDG and OCHA/NY, reaffirmed Government leadership and national ownership of Early Recovery.

Operationally, IASC cluster meetings (9) and a working group were set up: nine clusters (IT/ telecommunications, Food, Logistics, Food aid, Education, Protection / mine action, Shelter, Water and Sanitation (WATSAN), Early Recovery and Health) as well as the Data Coordination Working Group met regularly. Certain clusters met on a daily basis while others also met regularly at different intervals both in Beirut or in Tyre as access improve. Inter-cluster meetings: an inter-cluster meeting chaired by OCHA also took place once a week. Finally, a general coordination meetings focused on information sharing took place also once a week either in Beirut or in Tyre (as access improve), or both. These coordination structure evolved as the time went by, shifting from relief to recovery.

Partnerships:
The UN Resident Coordinator established a coordinating mechanism with the Higher Relief Council of the GoL. OCHA placed a GIS staff member in the HRC at the beginning of August.

An IASC Country Team approach to humanitarian coordination was quickly implemented by the HC enabling UN agencies, ICRC, IFRC/LRC and NGOs to share information effectively. This coordinating structure was recommended in the 2005 Humanitarian Response Review and was championed by the Emergency Relief Coordinator.

Partnership with the NGO community was cemented around the cluster system (see above), with a good representation of national and international NGOs, though more efforts could have been done to facilitate and reinforce the presence of the national NGOs and CSOs, which represent the bulk of a vibrant civil society here in Lebanon. Donors, through their technical staff, also used to attend the cluster meetings, which contributed to their support to the implementation of the relief and recovery projects.

In terms of partnership, and as previously indicated, some criticism was raised regarding the insufficient engagement of national NGOs and local government entities in the UN coordinated humanitarian response.

III. Implementation and Results

Rapid Response Projects

The CERF application covered projects in the following sectors: health, food and WASH. A summary of the major results per sector (except for food as data has not been received at the RCO level from WFP) can be found hereunder:

a) ***The Health Cluster***, established with the support of the CERF fund, under the WHO leadership, succeeded in coordinating the health interventions with several partners, including the Government counterparts, the UN agencies the local NGOs and the International NGOs.

   The partnership with the MOH focused on facilitating logistics for rapid supply of medications and other medical supplies to health facilities, both at the forefront and in the host communities. It also focused on damage assessment of the health facilities. The WHO sub office in Tyr was established to facilitate and take care of these activities.

The partnership with the local NGOs focused on the following aspects:

- community based interventions;
- direct service provision at the grass route level; and
- raise awareness with regard to public health issues in emergency (local agreements were made with the most active local NGOs for that purpose)

The partnership with INGOs focused mainly on:

- access to chronic and PHC medications;
- support to local NGOs in areas such as mental health and protection; and
- deliver PHC services to selected areas[1].

The partnership with UN agencies focused on coordinating transport of medications, as well as implementing and coordinating certain training activities. Joint projects were implemented in that sense, such as the Training on Reproductive health issues. Joint statements on nutrition with several UN, Government and INGO partners were also prepared.

b) In the first weeks of the conflict, UNICEF as sector lead for ***WASH*** under the leadership of the Ministry of Energy and Water and with support from local water authorities, other UN agencies, national and international NGOs, aimed to carry out a package of WASH emergency measures with the aim to:

- Establish and lead a coordination mechanism involving all Emergency WASH Response / Sector partners for Coordination and Information Management;
- Mitigate strain on host families facilities and subsequent risk of inadequate hygienic living conditions for 510,000 directly affected population with the provision of water and sanitation support;
- Ensure that 100,000 affected/displaced populations in accessible areas public spaces – schools/gardens…had access to minimal potable water service through the use of bottled water, water purification tablets and limited water tankering (especially to IDP areas and health facilities);
- Set up water storage tanks for centers of displacement, as well as water distribution points for isolated areas (where possible); provide family water and hygiene kits;
- Ensure that IDPs - with particular emphasis on women and children - had access to facilities i.e. toilets, bathing and washing areas, supplies and information to contribute to their hygienic status and protect them from water-borne diseases;
- Ensure the availability of relevant information and communication material (IEC) concerning safe water and hygiene, especially related to water purification and prevention of water-borne diseases;
- Ensure access to adequate level of services – at least SPHERE standards- in the WASH sector for some 200,000 populations living in the southern areas of the country affected by the conflict;
- Provide a limited number of generators and fuel in displacement centers;
- Support the assessment of damage to water and sanitation infrastructure.

The portion of CERF funding was among the first donations to arrive and enable UNICEF to launch the implementation of the above activities (see results table hereunder for more info). More specifically, CERF funds were utilized to cover the procurement of:

- water tanks for the immediate installation in IDP gathering points in the very first days/weeks after the eruption of the crisis;
- standard hygiene kits for babies and adults;
- water cans and
- water purification tablets.

These were considered priority supply items for more than 100,000 IDPs (out of the estimated 900,000 displaced population) who found shelter in public schools, gardens and other public

[1] for example, the International Health Partners, based in the UK , were very active partners in mobilizing donated medications to Lebanon, and Health International was very active on issues related to Mental Health and protection, etc.

locations (obviously, unequipped for housing such large numbers of people) in the first days after the eruption of the hostilities.

Underfunded projects

(a) **How was the monitoring and evaluation of the CERF projects conducted?**
The monitoring of the CERF projects was implemented a) through the agencies (i.e. UNICEF, WHO nad WFP) regular monitoring system, and b) through the especific cluster in which the proposal was being implemented and monitored (i.e. WASH, Health and Food crisis)

(b) **How did other initiatives complement the CERF-funded projects?** (e.g.

Complementary with other initiatives was achieved through the proper functionning of the cluster system, which served as the anchor and coordinator of the whole relief operation. Clusters were not only responsible for ensuring a smooth implemnetation of existing projects, but they also served as "facilitators" in terms of chanelling supply and demand. Moreover, these projects were identified within the framework of the Flash Appeal, and proper coordination with different actors had already taken care in terms of what was needed.

IV. Results

Sector/ Cluster	CERF projects per sector	Amount disbursed (US$)	Number of Beneficiaries	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Health	***Hospital/ Referral Care Services (Secondary/ Tertiary levels)***	*145,501*	*Around 1million IDP*	*MOH, academic centers,local and intl NGOs*	Create a clear database regarding the magnitude of the damages. Support planning for early recovery and reconstruction of the health sector to ensure medium and long-term sustainability in meeting the health needs of the affected populations. Ensure operations of Health service outlets	All health facilities in affected areas located in Mohafazat Nabatieh and South, Baalbeck and Hermel, and Beirut Suburbs were targeted by the Service Availability Assessment. 9 PHC centers were rehabilitated in the South Fuel to sustain the functioning of Public 8 hospitals at the forefront was provided
Health	***Provision of primary health care services***	*292,885*	*1,000,000 persons have directly or indirectly benefited from these projects*	*National NGOs (selected besed on their geographic location, the population to be served and their capacity to implement the intervention)*	Provide relief and health services to the displaced persons as well as to the host communities through the implmentation of community based projects. Improve medical services for acute and chronic conditions Focus on mental health in emergencies Create awareness on selected Public health issues pertimnent to Emergency situations	Contribution to basic emergency health services and education to the communities most affected by the war, including IDPs in the host communities and the returnees, reached around one million persons directly and indirectly through 11 CBI. Around 500 children received psychological care and support. Awareness and voluntary counseling and testing targeting the youth in the south areas reached around 550 young persons considered most at risk for HIV/STI. Increase the care of children with asthma, whereby a specialized NGO created a mobile clinic in the most affected regions of the South, targeting children with asthma.

Health	***Support to initial Emergency and releif Health needs assessment and WHO operations***	*198,640*		*WHO regional office, Amman and Syria CO*	▪ Reinforce the mobility of the WHO crisis team ▪ "Establishment of Tyr Sub-Office" ▪ "Reinforcement of Syria WHO CO" ▪ "Reinforcement of Amman WHO CO"	▪ Relocation of WHO five times: first within its same premises, to the inner safer parts of the office; then to the UN house, then to the Movenpick hotel and then back to the original premises. ▪ Procurement of 12 notebooks. ▪ WHO provided 33 Very High Frequency (VHF) Mobil units and training for WHO staff on their use the 10 WHO cars with VHF radio having a call sign matching the WHO country office, 13 Thuraya phone system for the WHO international staff, and tracking system to monitor the distribution of equipments. ▪ -Recruitment of seven additional staff namely one expert in security, one expert in Logistics, one expert in Environmental health, and four general staff. ▪ Recruitment of one driver and one national logisticians to reinforce WHO's Tyr Sub-Office, and one national secretary to assist the team of the Minister of Health cabinet. ▪ Procurement of logistics and equipment to support the office in Syria.
Health/ WATSAN	***Establish a water quality monitoring system***	296,327		*MOH, Ministry of water and energy*	▪ Establish an early warning and response system for diseaes to contain outbreaks and reduce mortality and morbidity	▪ 10 portable labs that can detect bacterial and chemical polluants in water, along with supply kits for 6 months. were provided to the designated water quality monitoring teams across the country

Water, Sanitation and Hygiene		3,823	25,000 IDPs	South Lebanon Water Establishment (SLWE), Municipalities in affected areas, private suppliers contracted by UNICEF	▪ Respond to the challenge of immediate relief assistance to displaced populations.	▪ Distribution of potable water through 10 UNICEF-installed rigid water tanks (5,000 litres each) funded by CERF to IDPs temporarily sheltered in schools and other public spaces in Beirut and other nearby towns in Mount Lebanon (including Aley, Metn and Chouf areas). This quantity covered the minimum daily ration of up to 2 litres per person during a three-week period. The portion of CERF funds totalling USD 3,823 was used to cover the cost of 10 out of 50 water tanks.
Water, Sanitation and Hygiene		226,496	80,000 IDPs in Beirut, Mount Lebanon, the South, North, and Bekaa	South Lebanon Water Establishment (SLWE), Municipalities in affected areas, private suppliers contracted by UNICEF	▪ Enable families to collect and store water from the tanks (each kit containing collapsible containers, water buckets and purification tablets for 10 families or approximately 60 persons) at the time of massive population outflow from the South by providing them with water kits.	▪ Procurement and distribution of 450 boxes of water purification tablets and 100,000 collapsible water containers.
Water, Sanitation and Hygiene		623,481	40,000 Adults and 10,000 Babies	South Lebanon Water Establishment (SLWE), Municipalities in affected areas, private suppliers contracted by UNICEF	▪ Meet basic hygienic needs of young children and their parents in the South (towels, shampoo, toothpaste, baby powder, diapers, etc)	▪ Procurement and Distribution of 40,000 adult hygiene kits and 10,000 baby hygiene kits, each hygiene kit for adults serves the needs of one adult person for two months.

N.B:

- The CERF fund covered also the WHO Co program support cost during the emergency, including some transportation and distribution costs, as well as cost of clearing vehicles and other equipments necessary for the rapid response to the emerging needs.

- The CERF funds covered also the two day mission to WHO region office of the WHO representative and the technical administrative officer , in order to discuss the reallocation of the remaining Emergency funds and the proposed Recovery interventions.

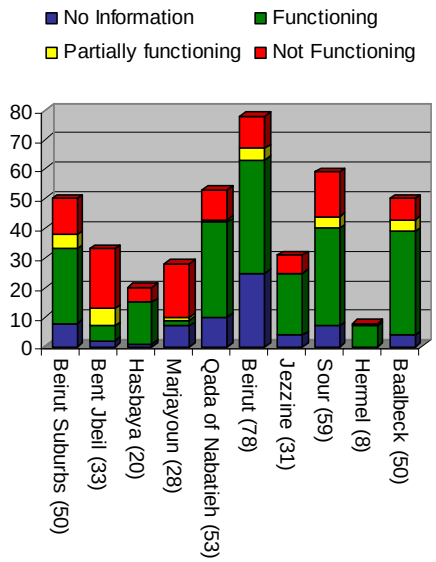
- The CERF funds covered also the cost of accommodating a UNICEF liaison officer in the South (Tyre) in summer 2006 (USD 3,450).

V. CERF IN ACTION

As soon as the Embargo on the South was relieved, ie 54 days after the cessation of the aggression, WHO, with the support of the American University of Beirut, and in coordination with the MOH team, implemented a Health facilities damage assessment in the most affected areas.

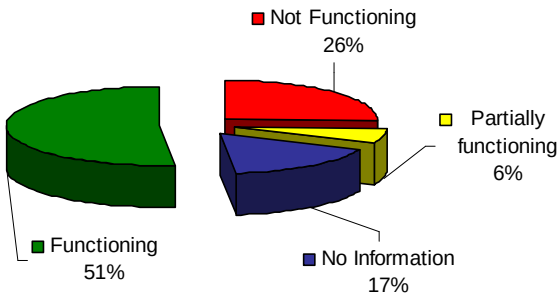
- In total, 410 health facilities were surveyed, both in terms of physical as well as functional damage.
- ***Graph 1: Status of health facilities assessed in total numbers (total = 410)***
  (total number of health facilities per district is mentioned between brackets)

The damage assessment was a crucial intervention. This intervention was a success story in the following aspects:



- in terms of its timing: immediately upon the lifting of the embargo, while the roads were not yet repaired and the infrastructure severely destroyed in the most affected areas
- in terms of its impact: it allowed the MOH to promptly address the needs of the IDPs, especially after the abrupt and massive return of the one million displaced. Moreover, this assessment was used as a baseline for the recovery Interventions aiming at restoring the Health system functions, particularly to donors and the related ministries.
- In terms of coordination: it is a clear example how the Civil society (in this case the American University of Beirut) contributes to major health related issues. It also illustrates the excellent coordination mechanism between the WHO and the MOH, based on the previous trust relationship established.
- In terms of immediate outcome: WHO rehabilitated 9 PHC centers identified among the most affected areas.

Graph 2: Status of all health facilities in percentage (n=410)



Filling the assessment questionnaire in one of the destroyed health facilities