



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. Ross Mountain

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The first stage of the AAR was conducted during the visit of the Chief of CERF Secretariat on 9 May 2014. WHO, UNICEF, UNHCR, and IOM attended the meeting in person, while other agencies which received CERF were not available that day. The AAR was completed through an online questionnaire which was circulated in June and completed by all agencies. A copy is attached to this report.

- 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

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

YES NO

The final version was shared with the recipient agencies first and then the Humanitarian Country Team (HCT).

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$1.2 billion		
Breakdown of total response funding received by source	Source	Amount
	CERF	15,519,380
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	10,600,000
	OTHER (bilateral/multilateral)	1,040,489,348
	TOTAL	1,066,608,728

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 18-Sep-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-127	Multi-sector	4,499,990
UNFPA	13-RR-FPA-047	Protection / Human Rights / Rule of Law	399,865
UNHCR	13-RR-HCR-061	Multi-sector	5,035,420
IOM	13-RR-IOM-034	Shelter and non-food items	500,362
UNRWA	13-RR-RWA-007	Health	499,999
WFP	13-RR-WFP-062	Food	3,484,281
WHO	13-RR-WHO-066	Health	600,000
TOTAL			15,519,380

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	14,872,413
Funds forwarded to NGOs for implementation	646,967
Funds forwarded to government partners	0
TOTAL	15,519,380

HUMANITARIAN NEEDS

Since the onset of the Syria crisis more than three years ago, Lebanon has been hosting a Syrian refugee population. At the beginning of January 2013, there were 130,799 registered and waiting to be registered Syrian refugees, and this number now (08 July 2014) stands at 1,120,518 (including 47,966 waiting registration). Additionally, there are more than 53,000 Palestine refugees from Syria (PRS) in Lebanon, adding to the 270,000 plus Palestinians already residing in the 12 official camps and many 'gatherings', as well as almost 20,000 Lebanese returnees. Lebanon's population is just over 4 million, thus the added population amounts to over 25 per cent rise in population, thus straining the economy and putting pressure on existing services such as health and education, as well as host communities.

Syrian refugees in Lebanon are hosted in over 1,600 villages and areas across the country, straining the capacities of local responders and putting pressure on public services and jobs. The living conditions of refugees and other displaced persons are increasingly difficult, and with the crisis entering its third year, the resources of both displaced and host communities are diminished.

Refugees are mainly concentrated in the north and Bekaa Valley: Beirut – Mt Lebanon: 296,820; North: 282,842; Bekaa: 407,345; South: 133,511. The Government has so far maintained a no-camp policy for Syrian refugees. A UNHCR shelter survey carried out in March 2014 revealed that 81 per cent of the sampled refugees pay rent for their accommodation. 57 per cent of refugees rent apartments, compared to 68 per cent in August 2013. It is estimated that 40 per cent of refugee families presently live in substandard accommodation, including 25 per cent in unfinished houses, garages and on worksites, and 15 per cent in informal settlements. There are over 1,200 informal settlements.

Palestine Refugees: Since December 2012, Lebanon has seen a rapid growth in the number of PRS fleeing from Syria. Following a headcount in August 2013, 45,000 PRS individuals were identified as being physically present in Lebanon. There are now just over 53,000 PRS of whom 51 per cent are residing in the camps, while the rest live outside the camps or in informal gatherings. Almost half of the PRS are staying in Saida and Tyre districts while the rest has relocated between Beirut, the Bekaa and Tripoli. Increasing tension has been observed within Palestinian refugee camps as a result both of security incidents - though these have been successfully contained - and of over-crowding, competition for employment, rising prices and other factors. PRS arriving in Lebanon are highly dependent on the host community and UNRWA, and are in need of humanitarian aid in a large range of areas, including emergency cash for food and housing, protection, non-food items, health care, emergency education, psycho-social support, and environmental health. Since August 2013, fewer PRS have entered Lebanon from Syria, existing entry laws were being applied more stringently. Entry procedures were reinforced even more in May 2014 when PRS were prevented from entering Lebanon except on exceptional or medically documented cases. UNRWA expects the number of PRS in Lebanon to continue to increase slightly to 55,000 PRS by the end of 2014 as set out in the RRP6.

Lebanese Returnees: In May 2013, IOM and the High Relief Commission (HRC) reached an agreement and registration of Lebanese returnees started in June pending the formal MoU. The bulk of the caseload has been identified in the North and Bekaa. Between July and October, the HRC and IOM registered Lebanese returnees and established a detailed profile of their location, circumstances and needs. A total of 3,206 households (17,510 individuals) were registered across the country. IOM estimates there were around 20,000 Lebanese returnees as of March 2014. From the profiling exercise IOM and HRC found that the conditions of Lebanese returnee households are broadly similar to those of Syrian refugees: most came without their belongings, are unemployed and are either renting accommodation or being hosted by Lebanese families, while some are living in collective centers and tents. They are concentrated in areas already overburdened by the presence of huge numbers of refugees, where opportunities for work are scarce and public services are over-stretched. The majority of Lebanese returnees from Syria have returned to Bekaa and the North, which is also hosting the largest number of refugees. With most returnees have arrived with few belongings, and generally in a similar state as refugees, humanitarian partners ensured that the winterization programme benefitted returnees as well.

The Refugee Response Plan 5, which was the humanitarian funding plan for Lebanon in 2013, requested US\$1.2 billion for the refugee response. At the end of 2013, it received 73 per cent of its funding request. Overall, over \$1 billion humanitarian funding has been received in 2013 (including funding outside the RRP).

The escalation of conflict in Syria following the suspected use of chemic weapons led to a threat of air strikes against the country in September 2013 which triggered contingency planning for a potential massive and sudden influx of Syrian refugees into Lebanon. This CERF proposal requested funding for pre-positioning of stocks including NFIs, WASH items, food and medicines, in case of an onset of refugees

II. FOCUS AREAS AND PRIORITIZATION

For this CERF allocation, sectors were prioritized based on the assumption that refugees would require lifesaving support in terms of health, non-food items, food and protection. Since there are no officially-recognized camps in Lebanon, refugees area spread throughout the country. However, the assumption for this allocation was that the majority of them would settle in the Bekaa and north Lebanon.

Multi-sector:

UNHCR: For UNHCR, the content and quantities of core relief items included in the request have been informed by the joint vulnerability assessment conducted by UNHCR, UNICEF and WFP (VASyR) in mid-2013, as well as ongoing household assessments. The content and quantities of shelter kits have been informed by the UNHCR shelter survey conducted in April 2013, as well as mapping of informal tented settlements conducted between February and July 2013. At end August 2013, UNHCR's programmes were 53 per cent funded, with significant shortfalls in the shelter, NFI and WASH sectors. While capacity to respond to the immediate needs of some 50,000 persons was in place, a high proportion of UNHCR funding is tightly earmarked (55 per cent) and much of the existing stock had to be distributed through UNHCR's regular assistance programmes before the end 2013.

UNICEF: Refugees arriving in Lebanon have already gone up to two years without adequate medical care in Syria. Many children have missed routine vaccinations and there are increasing cases of diarrheal diseases, acute respiratory infections, hepatitis A and measles.

These health concerns were likely to be exacerbated in the event of a sudden influx, adding to the current pressure on services and living conditions. The proposed lifesaving contingency supplies were procured to respond to urgent health and nutrition needs of a possible rapid refugee influx. In addition, WASH contingency supplies would ensure access to safe drinking water and sanitation in informal tented settlements (ITS), collective shelters and sharing space and facilities with impoverished Lebanese families. UNICEF noted that the majority of boys and girls arriving from Syria have witnessed and experienced violence and lost family members and friends, with recent arrivals having already experienced three years of conflict. High levels of psychosocial (PSS) distress among children, as well as anecdotal information on adolescent boys being recruited into armed groups and children voluntarily separating from their families as a coping mechanism, have been documented. These experiences significantly impact children's psychological and social wellbeing and development, both in the short and long-term. The proposed supplies would enable children to participate in PSS services in safe spaces and provide items for maintaining the urgent safety and dignity of women and children. UNICEF also prepared for the winter conditions by ensuring availability of winter clothing kits for all newly arriving children.

Food sector:

WFP: Large influxes of refugees and the 4-6 weeks required to register with UNHCR, has led to an increased need for food-in-kind amongst newly arrived Syrian families. New refugees are not incorporated into WFP's voucher programme until formal registration by UNHCR. As a result, food parcel distribution to Syrian refugees awaiting registration is an important life-saving activity designed to meet the minimum food needs of refugees. WFP Lebanon currently distributes food parcels to new comers (42.8 kg of mixed rations for a family of five for one month) and food vouchers to registered refugees (valued at US\$30/person/month, up from \$27 during the summer in 2013). In order to meet the needs of any sudden new influx of refugees, WFP intended to build a contingency stockpile of 35,000 parcels for up to 150,000 new comers for one month.

Health sector:

WHO: WHO's project consisted essentially of reinforcing the health sector capacity in terms of preparedness to respond to a sudden sharp increase in demand of primary health care services, such as medications, and on the national capacity to respond to massive influx aggravated by hazards exposures (especially chemical hazards). Available funds were prioritized for procuring medication stocks, surgical supplies stocks and personal protective equipment stocks for health responders, in coordination with the key national stakeholders.

UNRWA: The overall objective of UNRWA's project was to provide emergency health assistance to Palestine refugees from Syria arriving in Lebanon. This was achieved through the replenishment of UNRWA medications stocks so that UNRWA could respond to a sudden influx of PRS into Lebanon. This project was implemented through the local procurement of medications to cater for the influx of up to 50,000 individuals based on the assumption that approximately 54 percent of PRS arriving in Lebanon would avail of UNRWA's health services. Medications that were procured were vital medications for NCD and also seasonal medications for the winter period.

Protection sector:

UNFPA: Many women especially pregnant women are not obtaining the adequate pre and post natal care. More so, women (whether lactating and /or pregnant) are not receiving the necessary food supplement such as folic acid and ferrous sulfate. Anemia followed by hypertension and diabetes were reported, while an assessment of 15 supported health centres offering RH services within PHC to Syrian refugees indicated that more than half did not have contraceptive methods available. In 2013, it was estimated that about twenty per cent of the shortage in reproductive health commodities, pregnancy supplements and vitamins was covered by UNFPA and distributed through MOPH to the health centres in areas of most demand with a high concentration of Syrian refugees. UNFPA's reproductive health kits were designed to respond to life saving conditions and to meet the needs in different circumstances as follows: 1) surgical kits in health facility also for C-section or normal deliver; 2) midwifery delivery kits for deliveries in communities; 3) clean delivery kits for home deliveries; 4) reproductive health kits are equipped with contraceptives. As such they contributed to enhanced family planning and prevented excess neonatal and maternal morbidity/mortality. Results from UNFPA assessment and monitoring visits throughout Lebanon in 2013, indicated the constant need for dignity kits and sanitary pads, especially since women and girls living in remote areas have no free mobility and available services for women specifically are limited. These items are considered life-saving particularly to women and girls in view of the infections they could contract if they do not keep a minimum level of personal hygiene.

Shelter/NFI sector:

IOM: Under this project, IOM sought to ensure timely and adequate procurement of essential non-food items for Lebanese returnees from Syria. The intervention was timely given the rapidly increasing number of displaced persons arriving in the country, and the possibility of a large influx due to the growing threat of direct foreign military intervention in the conflict.

III. CERF PROCESS

With the escalation of conflict in Syria in 2013, and the threat of US-led air strikes within the country, contingency planning was undertaken for a potential influx of Syrian refugees into Lebanon. The CERF allocation processes followed an unusual procedure given the urgency of establishing preparedness measures at a time when a mass influx of refugees was very likely to happen. Agencies in the field were asked to present their requirements when the ERC announced the availability of CERF funds for Lebanon during her visit in September 2013. The CERF allocated \$2.5 million for multi-agency interventions to support Lebanese host communities, Lebanese returnees, Palestinian Refugees from Syria and Syrian refugees earlier in 2013 and \$1.5 million to UNRWA to support PRS and Palestinian refugees from Lebanon in Nar el Bared camp in northern Lebanon. In 2013, just over \$10 million from the Syrian ERF were also allocated to local and international NGOs, IOM and UN agencies for emergency assistance to people in need.

At the sector level, preparedness and procurement planning was conducted followed by a contingency planning operationalization meeting at the inter-sectorial level involving UN agencies and international and national NGOs. As agreed in the inter-sectorial meetings, the trigger for the use of these contingency supplies would be 30,000 new arrivals into Lebanon in one day or 50,000 people in three days. The total planning number for the contingency was 150,000 people arriving over several weeks. 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.

In December 2013, and in light of the continuing arrival of refugees, but lack of sudden mass influx as the airstrikes did not happen, agencies requested advice on the use of the CERF allocation for regular arrivals. Following an analysis of existing stocks and discussion at the HCT, and advice from the CERF Secretariat, the CERF secretariat, on 17 January 2014, approved the use of the CERF rapid response allocation to cover the needs of incoming refugees and for winterisation purposes.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 731,000 plus a potential influx of 150,000 persons over one month				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Protection / Human Rights / Rule of Law	70,000	30,000	100,000
	Multi-sector	82,866	78,434	161,300
	Shelter and non-food items	0	0	0
	Health	39,644	28,428	68,072
	Food	70,125	67,375	137,500

BENEFICIARY ESTIMATION

Table 4 above takes into account the aggregated number of beneficiaries reached by different agencies per sector. The totals in table 5 represent a summarized account of beneficiaries reached through interventions in the four sectors listed above. For children under 5 years old, the number represents those who at least received vaccinations. Other distributions have benefitted all children up to 18 years of age and as such, were difficult to be reflected under that age-group.

Multi-sector

UNHCR

Most refugees falling into the category of 'vulnerables' are targeted with more than one kind of interventions/distributions. The number of beneficiaries for hygiene kits' distributions is the highest, compared to beneficiaries reached with other items purchased and distributed using CERF funding. Some 132,000 hygiene kits were distributed as part of monthly assistance to 22,000 refugee families for four months (October - December 2013 and January - March 2014) reaching a total number of 110,800 beneficiaries (considering the average family-size of five). To avoid the double-counting that would be generated by adding beneficiary figures for distributions of other items, the total beneficiary figure indicated in this report is equal to the number of refugees who received hygiene kits.

The calculation of the female/male and children under age of 5 break-down is based on the current estimation of the female population representing 52 per cent of the total number of refugees and the children under five representing 19.1 per cent, as per UNHCR's latest registration records (April 2014 monthly registration report).

UNICEF

UNICEF's estimation of beneficiaries took into account distributed contingency supplies purchased with CERF funding.

A blanket distribution of emergency nutrition supplies, namely emergency food rations and high energy biscuits, reached 2,018 pregnant/lactating women and 1,327 children, preventing further deterioration and incidences of malnutrition. In total, 17,132 children aged under 5 were screened for malnutrition (15,561 at the community level and 3,259 in PHC centres), of which 322 were referred and treated with therapeutic and supplementary food products at identified primary health care centres and 6,800 were supplied for one month with multiple micronutrient supplements.

More than 6,282 pregnant women benefitted from emergency antenatal care visits at primary health care centres from the CERF-funded midwifery and obstetric supplementary drugs. To date, 70 per cent of these drugs have been used and the remainder are available as contingency stock. Health and nutrition supplies remain prepositioned (in Bekaa) with our partners and counterparts and are available for any potential large influx of 30,000 people for a period of three months, excepting vaccinations, which have been administered completely.

UNICEF's Child Protection team successfully procured and delivered the planned supplies during the project period, providing essential basic protective materials and services to thousands of children and women made vulnerable by the Syrian conflict: 14,625 Dignity Kits

were made available to partners, 80 ECD Kits were distributed and used, 11,500 winter clothing vouchers and 21,595 winter kits were distributed and used. With the aim of enabling children to participate in psychosocial services in safe spaces and to support the safety and dignity of women and children, protective supplies were procured and distributed.

UNICEF child protection partner INTERSOS, in its child-friendly spaces, youth centres and Child Smart Buses, carried out community mobilization and outreach activities, as well as awareness-raising sessions on hygiene and child protection/GBV issues, during which 2,727 dignity kits were distributed to women and girls. In addition, 1,500 women and girls received dignity kits during basic emotional support group sessions through mobile outreach conducted by UNICEF partners The International Rescue Committee (IRC) and Terre des Hommes (TDH) Italy during the emergency response to the refugee influx at the border town, Aarsal in November and December 2013. Finally, 250 women and girls living in collective shelters and ITS in Lebanon's north-western T5 region received dignity kits during focus group discussions on GBV through mobile outreach in identified vulnerable locations.

At the end of May 2014, 1,000 women and adolescent girls of reproductive age received these kits through mobile outreach and focus group discussions in the Bekaa through UNICEF partners KAFA, which established safe spaces for adolescents in the Bekaa, and AVSI, an implementing partner working in South Lebanon providing GBV awareness sessions, identification and referral. The remaining 6,875 Dignity Kits will be distributed to UNICEF partner Relief international upon a May 2014 new agreement. These kits will provide assistance to vulnerable Lebanese and Syrian women and girls through several gateways in Mount Lebanon and the Tripoli area and be accompanied by information sessions and basic emotional support. UNICEF and UNFPA coordinated at the time of the proposal to avoid duplication.

UNICEF procured 128 Recreational Kits to implementing partners TDH Italia, The Association of Volunteers in International Service (AVSI), Beyond Association, War Child Holland, INTERSOS and Arc en Ciel in the five target regions of Lebanon. UNICEF procured 80 ECD Kits with CERF funding, all of which were distributed and used by partners

The tables below summarize the number of beneficiaries reached per intervention and remaining stocks prepositioned. For the purpose of accounting for beneficiaries who received multi sector assistance and avoid double-counting, the highest number of beneficiaries reached in one sector will be used, in this case 50,500 beneficiaries who received child protection assistance.

HEALTH		
Intervention Type	# reached	# potentially served with prepositioned supplies
MMR, Hep B, pentavalent, polio	25,000 children	9,400 children - BCG
multi micronutrient supplements	6,800 children	30,000 people - health/nutritn supplies
rations/high E biscuits	2,018 women	
rations/high E biscuits	1,327 children	
therap/suppl foods	322 CU5	
antenatal drugs	6,282 pregnant women	2,690 obstetric/midwifery drugs
Total	41,749	12,120

Child Protection		
Intervention Type	# reached	# potentially served with prepositioned supplies
Dignity kits	4,477 girls/women	14,625 girls/women
ECD kits @ 50 children ea.	4,000 children	
Winter clothing vouchers	11,500 people	
Winter kits	21,595 people	
Recreation kits at 90 children ea.	11,520 children	5,040 children
Tents for child-friendly spaces @ 500 children ea.	50,500 children	14,500 children
Total	50,500	26,415

The number of total person reached is 50,500 bearing in mind that one person has benefitted from more than one type of intervention.

WASH		
Intervention Type	# reached	# potentially served with prepositioned supplies
Water filters for family of 5	1,985 people	98,015 people
Aquatabs - water purification @ 5/person	1,400 people	38,600 people
1m3 water tanks for family of 5	1,985 people	8,015 people
Tarpaulin	0	15,000 school-aged children
Squatting plates	0	10,000 people
Total	1,985 people	98,015 people

The number of total person reached is 1,985 bearing in mind that one person has received more than one supply.

Food security

WFP

The CERF funding has been used to provide 16,380 food parcels for approximately 81,900 newly arrived refugees awaiting registration throughout Lebanon. Parcels are only provided as families await formal registration by UNHCR.

Additionally, through the CERF project, WFP was also able to build a contingency stock which allowed responding to some major influxes in the Bekaa Valley and North Lebanon, in November and December 2013 as well as in February and March 2014: 11,120 food parcels were distributed for influx purposes reaching approximately 55,600 Syrian refugees.

Beneficiary estimates were acquired by referring to the number of food parcels distributed (as per internal monitoring and reporting). One food parcel is designed to meet the minimum basic food requirements of a family for one month. One family is composed on average of five members. It is estimated that 25 per cent are women over 18, 22 percent are men over 18 years old, 16 per cent are girls between 5 and 18, 17 per cent are 5 to 18 year old boys, 10 per cent are girls under 5 and 10 per cent are boys under 5.

Health

WHO

The beneficiaries for the WHO health component of this CERF were estimated taking into consideration the following

- Refugees estimated at around 150,000, 60 per cent of whom at least will be women and children;
- Host communities most affected by the Syrian influx, estimated around 30% per cent of the Lebanese population with around 500,000 in North (Akkar Tripoli and Menieh), 350,000 in Beqaa (Zahle, West Beqaa and Baalbeck / Hermel), 150,000 in the South/ Nabatieh, and 200,000 in Mount Lebanon and Beirut, of which a proportion will benefit;
- Health staff responding to massive influx of groups exposed to hazardous material;
- Designated referral hospitals.

It is estimated that medications will be available for at least 250,000 beneficiaries (150,000 Syrian refugees plus host community members), that at least 150 sets of PPEs level C (field responders) and 300 PPE sets level D (hospital responders) will be available to around 100 health staff, and that surgical supplies will be available for 1,700 surgeries. The CERF funds allowed to reach twice the number of beneficiaries in terms of medications, four times more the number of PPE level C and the planned number of PPE level D. However, while the procurement of the above items was done during the grant period, the actual distribution started after the end of the grant.

UNRWA

During the implementation period, adequate medication was provided to PRS beneficiaries through a total of 68,072 PRS consultations. Beneficiaries included any Palestine refugee from Syria who arrived in Lebanon and was in need of medical assistance in UNRWA's Health Centres. The planned target was reached and as a result of CERF interventions, adequate medication was provided for 68,072 beneficiaries for a period of three months. During reporting period, the UNRWA central warehouse did run out of stock of vital and essential drugs, so PRS patients were benefiting from this donation directly during the first quarter of 2013 as there were no other project funded stocks expended. This helped to alleviate the suffering of Palestine refugees from Syria affected by the Syrian humanitarian crisis.

Shelter / NFIs

IOM

Within the project duration (until the end of March) no distributions of stockpiled NFIs took place. In April, however, 1,017 Lebanese returnee households received kits, including: 747 in the Bekaa, 177 in North Lebanon and 93 in South Lebanon. In total, these items have benefited approximately 5,087 Lebanese returnees. A further 1,130 kits remain stockpiled in warehouses in those three governorates, and will continue to be distributed, whether returnees that have previously been registered or others newly arriving in the country. Some stockpiled items will be distributed to vulnerable Lebanese fleeing the fighting that broke out in Aarsal in August 2014. Following the distribution of all stockpiled items, roughly 10,735 returnees will have benefited from this project – more than those originally targeted.

Protection

UNFPA

Based on the RH Kits global calculation, the quantity of RH kits and drugs procured under this project cover the needs of a population of more than 1.5 million; however, direct beneficiaries planned in the original proposal were estimated at around 100,000 men and women. Furthermore, UNFPA procured 6,515 dignity kits for women though it should be noted that the latter beneficiaries are within the overall 100,000 beneficiaries reached under this project. The identification of the beneficiaries for the dignity kits was done through ongoing activities supported by UNFPA and implemented by the partners such as awareness raising, information sessions, outreach, etc. Using this approach to identify beneficiaries for the provision of dignity kits has proven to multiply the benefits for the targeted population. By supplying them with the needed items, the beneficiaries are more likely to come back for follow up awareness sessions and to spread the word to other women to attend sessions, etc.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	75,000	82,866
Male	75,000	78,434
Total individuals (Female and male)	150,000	161,300
Of total, children <u>under</u> age 5	37,500	27,500

The figures used for the estimated number of beneficiaries reached are extracted from the highest sector number.

CERF RESULTS

Multi-sector

UNHCR:

Some 132,000 hygiene kits were distributed as part of monthly assistance to 22,000 refugee families for six months (October 2013, November 2013, December 2013 and January - March 2014) reaching a total number of 110,000 beneficiaries (considering the average family-size of five). To avoid the double-counting that would be generated by adding beneficiary figures for distributions of other items, the total beneficiary figure indicated in this report is equal to the number of refugees who received hygiene kits. The assumption is that most of the vulnerable families who received hygiene kits have also benefitted from other items' distributions, while it is likely that a relatively low number of refugees received winterization assistance (blankets and weatherproofing shelter kits) because they were living in Informal Tented Settlements (ITS) or in locations above 500m of altitude, but were not entitled to receive hygiene kits. Nonetheless, by using the number of hygiene kits beneficiaries as the total, the estimation is kept at the lowest approximation possible. The calculation of the female/male and children under age of 5 break-down is based on the current estimation of the female population representing 52 per cent of the total number of refugees and the children under five representing 19.1 per cent, as per UNHCR's latest registration records (April 2014 monthly registration report).

UNICEF

CERF-funded contingency medical supplies were procured as planned during the project period.

As part of the overall strategy of UNICEF, following the HCT decision to re-direct the use of stocks and to mitigate the impact of the harsh winter on children and families in the most vulnerable 225 locations, 21,595 girls and boys 0 to 14 years of age received winter kits containing warm clothes, gloves, scarves and boots through the Ministry of Social Affairs as well as UNICEF Child Protection partners TDH-Italia, SAWA, Beyond Association, Relief International, Comitato Internazionale per lo Sviluppo dei Popoli (CISP), and INTERSOS. In addition, 11,500 winter clothing vouchers were distributed through implementing partners INTERSOS and Arc en Ciel.

Finally, 130 tents were procured and distributed to partners Beyond Association, AVSI, IRC and War Child Holland for the purpose of establishing Child-Friendly Spaces. Of these, 101 were distributed and established in ITSs in Bekaa and South and North Lebanon.

UNICEF procured health-related items in October 2013 (5 orders placed) and March 2014 (1 order placed). Supplies were received at UNICEF's warehouses in December 2013, February and April 2014. Three sets of supplies were distributed to partners between January-March 2014, two from February to May 2014 and one set outside the grant period from May to July 2014.

For child protection kits, two sale orders were placed in October, two in December 2013 and one in March 2014. Supplies were received at UNICEF warehouse in December 2013, February and April 2014, and distributed to partners from January to February (two sale orders), two from March to July and one from May to July.

WASH items were procured in February and March 2014, received at UNICEF warehouse in March and April and one set of items distributed to partners from March to July and another one from May to July.

Food Security

WFP

The CERF funding was aimed to support WFP's relief assistance in Lebanon by meeting the basic emergency food needs through general food distribution. As part of the emergency food assistance to newly arrived refugees awaiting registration, WFP provides family food parcels to meet the basic food requirements of vulnerable Syrian families. The main objective of CERF funds was to procure, store and deliver over 35,000 food parcels from two contracted suppliers in Lebanon, while also provide enough left over to form the nucleus of a standing emergency stock of parcels. The distribution of in-kind food assistance allowed WFP to distribute a total of 27,500 food parcels reaching approximately 137,500 newly arriving vulnerable refugees across Lebanon, through regular food distributions as well as sudden influxes. Given the deteriorating security situation inside Syria, and Lebanon's continued open-border policy, maintaining an emergency stock allowed WFP to effectively and efficiently provide families affected by the crisis in Syria with the minimum food requirements. The remaining 7,500 food parcels from the initially planned stock of 35,000 are planned for distribution by the end of June 2014. CERF contribution has not only allowed to help refugees to save lives and avert hunger, but also to improve WFP assistance focusing on preparedness stock in case of a sudden influx of refugees, such as with the Aarsal influxes in November and December 2013 and in February and March 2013, as well as North Lebanon influx in March 2014. CERF contribution has been supporting WFP to build a contingency stock, respond to major influxes Lebanon has been facing as well as provide food parcels to new comers through Cooperating Partners ensuring secure conditions.

Health

WHO

The stocks were not used during the time of the project but are in place for emergency deployment. The MOPH currently has a stand -by stock of essential medications that can be immediately distributed in case of massive influx or severe shortage observed in any region of the country with large concentration of Syrian refugees. The Public hospitals, mainly those at the Borders areas, can have immediate access to surgical kits in case of massive casualty influx or any severe shortage observed to perform lifesaving health interventions. The 17 designated Referral Hospitals for Chemical Biological Radiological and Nuclear (CBRN) case management have sufficient stocks of PPE to provide safe medical interventions. The Health contingency plan was updated according to the new available medications and surgical kits and PPEs; all Health partners were informed regarding the mechanism to request support from these stocks. The CERF funds were complemented by WHO funds to implement a set of training on PPE and case management to the designated Hospital staff (Budget from outside the CERF) as well as to develop Education material and guidebooks for case management on CBRN that were distributed to all hospitals across the country. In total: 50 IAEHK, 30 surgical kits and 300 Level C and 800 Level D Personal Protection Equipment (PPEs) were procured.

The stocks will serve the following number of people after the period of the project:

- 50 IAEHK will serve a total of 500,000 population with essential and chronic medications for a period of 3 month.
- 30 surgical kits will allow general surgeries for 3,000 patients
- 300 level C PPE will allow protection from CBRN hazards for 300 primary responders/health staff –use
- 800 level D PPE will provide protection to 800 health staff-use in 17 designated hospitals.

UNRWA

CERF funding was used as contingency stocks or in case of a sudden influx before the contingency stock arrived, and were used to replenish UNRWA medication stocks that were used to respond to the sudden influx of PRS to ensure that PRS in need of urgent medical support were assisted. The project more than achieved its objectives. During the implementation period, PRS benefited from the procurement of medication, and adequate medication was provided to PRS through 68,072 consultations at UNRWA health centers. Beneficiaries included any Palestine refugee from Syria who arrived in Lebanon and was in need of medical assistance in UNRWA's Health Centres. The planned target was reached and as a result of CERF interventions, adequate medication was provided for 68,072 beneficiaries for a period of three months. During reporting period, the UNRWA central warehouse did run out of stock of vital and essential drugs, so PRS patients were benefiting from this donation directly during the first quarter of 2013 as there were no other project funded stocks expended. This helped to alleviate the suffering of Palestine refugees from Syria affected by the Syrian humanitarian crisis.

Protection

UNFPA

This project enabled UNFPA to procure 64 RH kits, 6,515 Dignity Kits for women, in addition to a supply of RH drugs including anti-fungal/yeast Infection treatment. Pregnancy related vitamins, folic acid, and Ferrous Sulfate are items of high consumption as indicated by the Ministry of Public Health. As such and through UNFPA, this project assisted the Ministry's Primary Health Care Centers in providing those supplies to refugee pregnant women. UNFPA managed to provide the above mentioned supplies to 13 partners in more than 20 locations across Lebanon in February and March 2014. To be able to ensure timely and efficient procurement, storing - and later on delivery - of the goods, a full time logistician was recruited based on clear TORs. In addition and due to the fact that this grant consisted initially of procurement and stockpiling of commodities (for the first 3 months), hence warehousing facilities were secured until the goods were distributed starting February 2014. UNFPA coordinated with UNICEF at the start of the project to avoid duplication.

Shelter / NFIs

IOM

CERF funding allowed IOM to stockpile 2,147 full NFI kits – 463 more than the originally proposed amount after a better price was secured than anticipated. The kits included a hygiene kit, baby hygiene kit, kitchen set, dignity kit, blankets and mattresses, as per NFI sector guidelines and IOM Lebanon's ongoing multi-donor NFI assistance. The kits were prepositioned in warehouses in the North and the Bekaa by December 2013. As no sudden influx of returnees occurred during the duration of the project (until the end of March), IOM – in consultation with sector partners – decided to begin distributing the kits to those vulnerable Lebanese returnees that had been identified through the registration exercise and were still in need of essential core-relief items. Beneficiaries were selected using a set of criteria that prioritised single-headed households, large families with limited or no income and families with individuals who were chronically ill or disabled. Thus far, 1,017 such Lebanese returnee households have received kits, including: 747 in the Bekaa, 177 in North Lebanon and 93 in South Lebanon. In total, these items have benefited approximately 5,087 Lebanese returnees.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The main objective of the project was to purchase core relief items that would allow humanitarian partners to deliver life-saving assistance to 150,000 Syrian refugees in the event of a mass influx. The mass influx did not materialize, while the rate of new arrivals continued to be high, with thousands of refugees being registered daily across the country. The items purchased with CERF funding were therefore mainly used for the humanitarian assistance programme, including new arrival kits and monthly assistance provided to vulnerable families.

The funds were made available within weeks and procurement could start immediately.

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

YES PARTIALLY NO

The CERF funding allowed agencies to meet the time critical needs of refugee populations and Lebanese returnees as they arrived in Lebanon. These included: children exposed to war, violence and extreme winter weather conditions; sick children and/or women requiring immediate medical attention; pregnant women requiring immediate prenatal care; undernourished and malnourished women and children and those with emergency water, sanitation and hygiene requirements, newcomers requiring food assistance, etc.

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

YES PARTIALLY NO

Agencies reported that CERF funds did help or partially helped improve resource mobilization. The fact that this project was

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.).

intended initially to procure commodities for contingency planning - as opposed to services and information provision – allowed agencies to use earmarked contributions differently, while raising the profile of the intervention.

Over \$1 billion humanitarian funding was allocated to Lebanon in 2013, with the US, UK, EU being the main donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

As the CERF funding requirements were based on contingency-planning purposes and on availability of stocks, the allocation contributed to encourage partners to speed up the process of assessing their stocks, sharing information and coordinating for the procurement of missing items. As part of a coordinated response to the Syrian Crisis, the CERF process enhanced communication between agencies and helped to identify and avoid overlap.

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

It led to an updating of the contingency plan.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Preparedness in health is a key issue in prevention and control of outbreaks	Advocate for flexibility in Funds allocation to preparedness in selected humanitarian areas such as Health	CERF

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Sharing information is crucial to optimize resource utilization in humanitarian response	Maintain the information sharing through periodical meetings and bulletins	RCO and OCHA and Country offices
UNHCR cooperation with UNFPA in agreeing to reduce its financial requirements in favour of UNFPA's component under this project. This good example of cooperation has led to ensuring provision of necessary RH supplies and dignity kits that were highly in demand.	Continue enhanced cooperation among agencies	HC and OCHA
Preparedness in health is a key issue in prevention and control of outbreaks	Advocate for flexibility in Funds allocation to preparedness in selected humanitarian areas such as Health	OCHA and RCO

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	01/10/13 – 31/03/14
2. CERF project code:	13-RR-CEF-127	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	UNICEF Lebanon Contingency Supplies for 150,000 influx scenario: Health, Nutrition, WASH and Child Protection		
7. Funding	a. Total project budget:	US\$125,426,407	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$121,937,983	▪ NGO partners and Red Cross/Crescent: US\$431,144
	c. Amount received from CERF:	US\$4,499,990	▪ 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	50,000	25,250	The anticipated influx of refugees did not occur during the project period. Supplies not disbursed/used remain in stock and are being used on an as needed basis according with the agreement with the HCT.
b. Male	50,000	25,250	
c. Total individuals (female + male):	100,000	50,500	
d. Of total, children <u>under</u> age 5	19,700	9,948	
9. Original project objective from approved CERF proposal			
Provisions of contingency health, nutrition, WASH and Child Protection supplies for a potential influx of 100,000 Syrian refugees in Lebanon.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Contingency health, nutrition, WASH and Child Protection supplies procured by 1 October Contingency supplies pre –positioned with up to 18 partners nationally (North, South, Bekaa, Mount Lebanon, Beirut) 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Contingency health, nutrition, WASH and Child Protection supplies procured by 1 October 2013. Contingency supplies pre –positioned with up to 18 partners nationally (North, South, Bekaa, Mount Lebanon, Beirut), mainly between January and March. Limited number of WASH, health and child protection items were distributed between May and July 2014 and based on placement orders made early in 2014. 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
UNICEF WASH awaits the shipment of 2,000 squatting plates, which were ordered on 25 March 2014. These sanitation supplies were not ordered earlier in the project period because the acute 30,000 refugees/day threshold was not triggered during the anticipated			

<p>period.</p> <p>Stocks were re-directed for distribution to new refugees following the HCT decision in January 2014.</p> <p>With regards to funds transferred to partners, as part of Winterisation 2013/14, voucher modalities were used to increase dignity and options for beneficiaries in choosing their own style of clothing, suitable to each child's individual needs. IPs were engaged for this process in order to target a high number of difficult-to-find beneficiaries living in collective centres, and collective shelters including unfinished buildings and garages across Lebanon. IPs first identified areas of high need and established agreements with local vendors in the area. Teams of representatives from the IPs then conducted sweeps of the areas – in some cases literally moving door to door through neighbourhoods– in order to find families that were, based on the available data at the time, impossible to find via any other methods. When they found a vulnerable family, they conducted a household assessment and issued a voucher to the value of \$40 for each child under 15 which could be redeemed for up to a week at the nearby stores. Meanwhile, other roving teams monitored transactions at the stores to assure transparency. At the end of the distribution period and after the period of voucher validity had passed, IPs would work with the vendor to collect the vouchers and issue payment accordingly. Cash payments from Unicef were used to make these payments.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): The programmes contribute to gender mainstreaming by ensuring that NFIs are relevant and appropriate for girls and women in the context of this emergency.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNICEF continually oversaw and evaluated CERF-funded activities via on-site visits by sector staff as well as through collection of quarterly activity reports from relevant implementing partners. As well, UNICEF employed a range of innovative tools to guarantee accuracy and efficiency in information management. For example, UNICEF used Equitrack software to comprehensively manage implementing partner agreements from start to finish. In counterpart, ActivityInfo software allows partners to input data, allowing UNICEF to track, analyze and map project activities and identify where gaps may exist. Finally, UNICEF contracted a third party monitoring agency that consulted with individuals from target populations in order to confirm reliability and accuracy in service delivery.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	01/10/2013 – 31/03/2014
2. CERF project code:	13-RR-FPA-047	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection / Human Rights / Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project title:	UNFPA Lebanon Contingency Supplies for 100,000 influx scenario: Health and Women Protection		
7. Funding	a. Total project budget:	US\$ 3,790,306	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 399,865	▪ NGO partners and Red Cross/Crescent: US\$ N/A
	c. Amount received from CERF:	US\$ 399,865	▪ Government Partners: US\$ N/A
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	70,000	70,000	
b. Male	30,000	30,000	
c. Total individuals (female + male):	100,000	100,000	
d. Of total, children <u>under</u> age 5	0	0	
9. Original project objective from approved CERF proposal			
Provision of contingency reproductive health and women Protection supplies for a potential influx of 100,000 Syrian refugees in Lebanon.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Contingency Reproductive Health and women Protection supplies procured by 30 October Contingency supplies pre –positioned with up to 10 partners nationally 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Contingency Reproductive Health and women Protection supplies procured and distributed as per the quantities in the proposal. The request for procurement was placed 10 days following the approval of the funds. The procurement was made by UNFPA Procurement Support Branch through various suppliers worldwide with whom UNFPA has a long term agreement. Contingency supplies pre-positioned with 14 partners in more than 20 locations including with the Ministry of Public Health (MoPH), the main partner of distribution for UNFPA, The supplies were delivered as soon as agencies received confirmation to distribute the pre-positioned following the HCT decision in January 2014. The MoPH and UNFPA put in place a distribution plan which ensured all RH kits and drugs are distributed to the areas with the most concentration of Syrian refugees and where influxes are likely to happen based on the actual influx areas in Lebanon. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Decision to re-direct contingency stock for distribution to new refugees followed the HCT decision in January 2014. While all the goods were procured as planned and successfully reaching all beneficiaries following distribution, the only discrepancy was related to the non-utilization of the full amount allocated for Freight and Shipping Cost of the drugs estimated at US\$ 27,975 and representing 25 per cent of the total value of drugs (equivalent to US\$111,900) in accordance to UNFPA procurement rules and regulations. The reason is that in late March 2014, UNFPA Lebanon office was notified by its Procurement Service Branch (PSB) that the shipping and freight cost were significantly reduced by the supplier. As such the remaining amount from this budget line that remains unutilized is approximately US\$25,700 . (UNFPA Lebanon is discussing with PSB its new/revised policy on this matter for future estimations).	
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):</p> <p>If 'NO' (or if GM score is 1 or 0): Although this project under CERF was not part of a CAP project applying the Gender Marker Code, UNFPA ensured that the design and services under this project cater for the needs of both males and females of reproductive health age.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Although the project was not evaluated, the UNFPA team continuously monitored both the implementation of the project as well as the situation on the ground at various levels of monitoring as follows: 1) The Field Coordinator systematically assessed the needs of the health centres in target areas in order to provide them with the required RH kits and drugs. She 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; 2) The RH Programme Officer monitored the work of the field coordinator and provided substantive technical assistance and support to partners ensuring overall supervision, guidance and production of progress reports; 3) the Operations and Logistics unit of UNFPA, that was responsible for purchasing, 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; 4) Progress reports and continuous communication received by the partners; and 5) The overall guidance and advise was ensured by the Assistant Representative of UNFPA in Lebanon.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	27/09/13 – 26/03/14
2. CERF project code:	13-RR-HCR-061	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency assistance for Syrian refugees in Lebanon		
7. Funding	a. Total project budget:	US\$149,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 96,000,000	▪ NGO partners and Red Cross/Crescent: US\$ N/A
	c. Amount received from CERF:	US\$5,035,420	▪ Government Partners: US\$ N/A
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	51,000	57,616	The difference between regular program's requirements and emergency interventions during mass influx, explain the discrepancies in the number of beneficiaries per type of item distributed. Since under its humanitarian programme UNHCR procures and distributes a much higher number of blankets in kind to respond to the winter condition, the number of beneficiaries is overall higher than initially planned. The breakdown of female/male and children under the age of 5 refugees is updated to 52 per cent and 19.1 per cent as per the latest UNHCR monthly registration report issued in April 2014.
b. Male	49,000	53,184	
c. Total individuals (female + male):	100,000	110,800	
d. Of total, children <u>under</u> age 5	19,700	21,162	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Maintain capacity to deliver life-saving assistance to 100,000 refugees in the event of a mass influx <p>CERF support will enable UNHCR to preposition adequate quantities of core relief items as agreed with inter-agency partners for response to a mass influx of refugees. The additional core relief items procured will enhance the Agency's capacity to meet the emergency needs of 100,000 persons.</p>			
10. Original expected outcomes from approved CERF proposal			
<p>In the absence of large-scale reception capacity for new arrivals, CERF support will ensure that the most vulnerable refugee families have basic items to survive the first months of displacement without adverse impact on their health and well-being in the event of a mass influx. The rapid distribution of core relief items will also mitigate against resort to negative coping strategies by refugees such as taking exploitative work, begging or selling the few possessions they have.</p> <p>CERF support will also enable UNHCR to continue regular assistance programmes without disruption. It will underpin ongoing emergency preparedness actions, enhancing the Agency's capacity to respond simultaneously to the needs of mass arrivals and the existing refugee population. Activities supported by the CERF will be coordinated with other partners in the response, and follow existing contingency arrangements. In setting out the targets in this proposal UNHCR has considered the stock availability of its partners to avoid duplication, and will continue to regularly review inter-agency readiness. In particular, in responding to emergency</p>			

needs in the area of WASH, UNICEF will implement collective interventions (e.g. provision of water tanks, drilling of boreholes); while UNHCR will ensure that individual needs are met through the provision of hygiene items and jerry cans.

UNHCR will monitor the effective use of CERF support using the following indicators:

Outcome indicator

- # of refugees whose emergency shelter needs can be met within 72 hours of a mass influx (Target: 100,000 persons)
- # of refugees whose emergency assistance needs can be met within 72 hours of a mass influx (Target: 100,000 persons)

Output indicators

- # shelter kits procured and received (Target: 5000)
- # of hygiene kits procured and received (Target: 120,000)
- # of blankets procured and received (Target: 60,000)
- # of kitchen sets procured and received (Target: 6,000)
- # of Jerry cans procured and received (Target: 20,000)

11. Actual outcomes achieved with CERF funds

Given the re-prioritized needs for core relief items, due to the shift from contingency planning to humanitarian assistance programme, activities changed as follows:

- # of shelter kits procured and received: 3,000
- # of hygiene kits procured and received: 132,960
- # of baby kits procured and received: 62,100
- # of mid-thermal blankets procured and received: 78,800
- # of high-thermal blankets procured and received: 98,365
- # of kitchen sets procured and received: 3,300
- # of jerry-cans procured and received: 2,000

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

While the items were initially purchased for contingency-planning purposes, since the mass influx of 100,000 refugees did not materialize, the CRIs were utilized for humanitarian programme assistance targeting new arrivals (with kitchen sets, blankets and jerry-cans) and vulnerable refugee families (with hygiene and baby kits) and refugees living above 500m of altitude during the winter (with blankets and weatherproofing shelter kits).

There are a number of reasons for the discrepancy in the number of beneficiaries per items distributed:

- 1) Shelter kits – the number reached with the CERF contribution during the period concerned was lower than anticipated while more families were reached with the hygiene kits.
- 2) The items distributed only to the two comers (kitchen sets and jerry cans were indeed less than planned as the massive influx did not materialized.
- 3) High-thermal blankets were distributed, in addition to the mid-thermal blankets, in line with the recommendations of the inter-agency working group on winterization and have proven to be a key element in the response to the harsh condition in winter.
- 4) Change in unit costs of some of the items:
 - Cost of mid-thermal blankets from \$10 to \$6.2, as the blankets were received from UNHCR global stockpile, therefore the cost is lower
 - Cost of kitchen sets from \$16 to \$23.55 due to inflation of costs
 - Cost of shelter kits as part of winterization response for unfinished buildings (including two plastic sheets up to 6

plastic sheets for new arrival shelter kits) is \$239 instead of \$350, which was an indicative estimation of the average costs.	
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): If 'NO' (or if GM score is 1 or 0):</p> <p>Gender marker is not a tool currently being utilized in the Regional Response Plans. However, gender equality principles are fully integrated in UNHCR assistance and distribution policies.</p> <p>UNHCR Lebanon prioritized assistance to vulnerable refugee households, which represent 72 per cent of the total registered refugee population in the country. Some 78 per cent of the vulnerable individuals targeted with assistance are women and children. Women-headed households and women with other special needs (linked to maternal care, urgent psycho-social support needs for survivors of sexual and gender-based violence, etc.) are fast-tracked for registration and prioritized for assistance.</p> <p>UNHCR assistance programs are based on Age, Gender and Diversity Mainstreaming (AGDM) policy that require assessments of specific needs of gender and age groups. Also outreach programs and monitoring and evaluation mechanisms of UNHCR and its partners have gender-specific components.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
CERF-funded projects will be subject to an upcoming independent evaluation on UNHCR programs implemented from 1 January 2013 to 31 March 2014 that will take place in May-June 2014. In addition, an evaluation of the impact of winterization assistance is on-going.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	25/09/13 – 24/03/14
2. CERF project code:	13-RR-IOM-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and non-food items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Essential Non-food Items for Lebanese Returnees		
7. Funding	a. Total project budget:	US\$ 7,051,483	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,748,046	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 500,362	▪ 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	4,126	0	See below section 12.
b. Male	4,294	0	
c. Total individuals (female + male):	8,420	0	
d. Of total, children <u>under</u> age 5	926	0	
9. Original project objective from approved CERF proposal			
Support the GoL and the humanitarian community in ensuring timely and adequate delivery of essential non-food items to returning Lebanese population through pre-positioning in Bekaa and North Lebanon governorates.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Availability of at least 1,684 full NFI kits good for 1,684 returnee families (approximately 8,420 individuals) • Establishment and operation of 2 field warehouses towards timely delivery of NFI kits • Availability of stand-by emergency teams to undertake NFI distribution in response to sudden influx of returnees 			
11. Actual outcomes achieved with CERF funds			
<p>With CERF funds, IOM was able to procure 2,147 full NFI kits, to be distributed to approximately 10,735 individuals. Using these funds, alongside those from other projects, IOM was able to identify and maintain three warehouses, in the North, Bekaa and South, to allow the timely delivery of NFI kits. As no sudden influx was experienced during the duration of the project, in April 2014 IOM began distributing the NFIs to vulnerable Lebanese returnees and has so far reached 1,017 households. The remaining 1,130 kits will remain as contingency stock to respond to any urgent needs or sudden influx. In the event of no such emergency, they will be distributed as part of regular programming no later than the end of next winter (March 2015). In total, 5,650 beneficiaries will have been reached by the end of distributions.</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

As no sudden influx of returnees occurred during the duration of the project, IOM – in consultation with sector partners – decided to begin distributing the kits to those vulnerable Lebanese returnees that had been identified through the registration and profiling exercise and were in need of essential core-relief items. The registration and profiling exercise had been completed at the end of 2013, and distributions for those returnees began after some minor delays on agreeing with HRC and the Lebanese government the terms related to the use of data collected. Initial distributions focused on the provision of winterization assistance, while the provision of full NFI kits (from the stockpiled items) began in March.

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):
If 'NO' (or if GM score is 1 or 0): Although the RRP response does not use the IASC gender marker code, IOM used this coding System, in this case 2a, for its internal project.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
--	---

IOM Lebanon will conduct post-distribution monitoring and evaluation assessments of this and other multi-donor NFI activities in the coming months.	EVALUATION PENDING <input checked="" type="checkbox"/>
---	--

NO EVALUATION PLANNED <input type="checkbox"/>
--

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNRWA	5. CERF grant period:	30/09/13 – 29/03/14
2. CERF project code:	13-RR-RWA-007	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency health assistance for Palestine refugees from Syria in Lebanon		
7. Funding	a. Total project budget:	US\$ 70,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 58,800,000	▪ NGO partners and Red Cross/Crescent: N/A
	c. Amount received from CERF:	US\$ 499,999	▪ Government Partners: N/A
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	14,000	39,644	During the implementation period, the number of beneficiaries that sought services from UNRWA health centers was more than expected. Based on records of numbers of consultations during the first quarter of 2014, a total of 68,072 PRS patients visited UNRWA health centers versus the 27,000 that was originally planned.
b. Male	13,000	28,428	
c. Total individuals (female + male):	27,000	68,072	
d. Of total, children <u>under</u> age 5	Not available	9,130	
9. Original project objective from approved CERF proposal			
To provide emergency health assistance to Palestine Refugees from Lebanon at UNRWA's Health Centres			
10. Original expected outcomes from approved CERF proposal			
Approximately 27,000 PRS individuals are provided with adequate medications in UNRWA Health Centres over a period of three months			
11. Actual outcomes achieved with CERF funds			
CERF funding allowed UNRWA to provide PRS with adequate medication through 68,072 consultations in UNRWA Health Centres over a period of three months. Specifically, medications were procured as contingency stock, but then proved vital in UNRWA's response to the influx of PRS into Lebanon. During the implementation period, the UNRWA central warehouse ran out of stock of these vital and essential medications, thus the medications procured with CERF funding proved absolutely vital for the health of Palestine refugees from Syria who sought treatment at UNRWA health centers.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
During the implementation process, and despite the lack of massive influx anticipated from possible airstrikes which did not take place, UNRWA health clinics experienced a high rate of patients and hence higher beneficiaries treated with CERF funded supplies. During the implementation period, beneficiaries sought a total of 68,072 consultations for various ailments at UNRWA health			

centers and were recorded accordingly.	
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):</p> <p>If 'NO' (or if GM score is 1 or 0): Gender equality is mainstreamed in terms of project design and implemented on the basis that the provision of health assistance will be given to those who approach UNRWA's Health Centres be they women, girls, boys or men, irrespective of age or gender considerations.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Due to the nature of project implementation (procurement and direct disbursement of medications) a formal evaluation is not planned as UNRWA already has in place monitoring and evaluation systems to track procurement of medications, as well as number of beneficiaries that attend UNRWA health clinics.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	02/10/2013 – 01/04/2014
2. CERF project code:	13-RR-WFP-062	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Food assistance to vulnerable Syrians in Lebanon		
7. Funding	a. Total project budget ² :	US\$239,789,101	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project ³ :	US\$40,461,411	▪ <i>NGO partners and Red Cross/Crescent</i> : ⁴
	c. Amount received from CERF:	US\$3,484,281	▪ <i>Government Partners</i> :
			US\$215,814
			US\$ 0.00
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	88,600	70,125	WFP reached 78 percent of the operational figure planned for the CERF contribution. The remaining 22 percent correspond to the beneficiaries who should be reached through the remaining 7,500 food parcels distribution by the end of June 2014.
b. Male	87,000	67,375	
c. Total individuals (female + male):	175,671	137,500	
d. Of total, children <u>under</u> age 5	35,000	27,500	
9. Original project objective from approved CERF proposal			
The strategy for the CERF component of WFP's relief assistance in Lebanon is guided by the goal of meeting basic emergency food needs amongst conflict-affected populations, through conducting general food distributions. The key specific objectives of this activity are to save lives and avert hunger.			
10. Original expected outcomes from approved CERF proposal			
Key expected outputs and outcomes:			
<ul style="list-style-type: none"> Improved food consumption over the assistance period for targeted Syrian refugee households in Lebanon. Food distributed in sufficient quantity and quality to target groups of refugees (women, men, girls and boys) under secure conditions. 			
Key indicators to be measured:			
<ul style="list-style-type: none"> Households with "acceptable" food consumption score (Target: 85 percent of targeted population has acceptable food consumption). Number of women, men, girls and boys receiving food and as percentage of planned distribution. Tonnage of food distributed, by type, as percent of planned distribution. 			

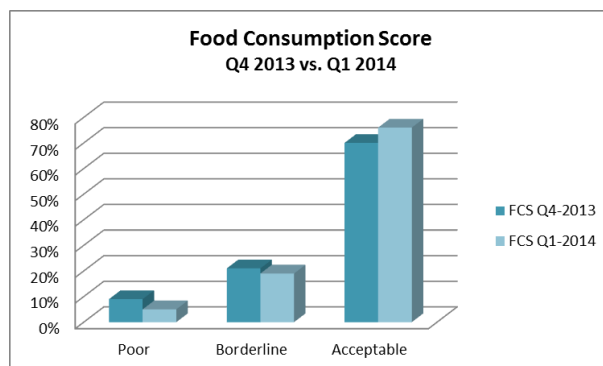
² Total project budget is US\$ 713,033,210 as of May 2014. The budget is accumulative since beginning of the operation in 2012.

³ Total project funding received is US\$ 306,469,693 as of May 2014. This is accumulative since beginning of the operation in 2012.

⁴ After budget revision, the total funds forwarded to IPs are US\$ 215,814 and this is inclusive of all fundings

11. Actual outcomes achieved with CERF funds

- 137,500 newly arrived Syrian refugees received food parcel assistance on their first month while waiting for registration.
- The CERF contribution falls into a larger project to respond to Syrian refugees' food needs; outputs and outcomes are monitored through a larger response programme which aims to save lives. Furthermore, the food parcel assistance is one-off for the targeted population - that is, newly arriving refugees awaiting registration. WFP's performance is observed through the overall food consumption score which has been improving since the last quarter of 2013.



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

A total of 1,506.84 metric ton of food was procured in October 2013 with US\$ 2,929,075.97. The first food parcel was delivered on 14 November 2013 for pre-positioning in NGO partner's warehouse in Tripoli, Tyre, Zahle and Beirut. Remaining parcels were delivered gradually when requested by the partners. WFP reached 78 percent of the operational planned for the CERF contribution. The remaining 22 percent correspond to the beneficiaries who should be reached through the remaining 7,500 food parcels distribution by the end of June 2014.

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): Gender equality was mainstreamed as all Syrian refugees were provided food parcels no matter if they were women, men, boys or girls.

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

EVALUATION CARRIED OUT

No evaluation is carried out or pending as the CERF contribution falls into a larger project response to Syrian refugees. Furthermore, food parcels assistance is one-off assistance.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	09/10/13 – 08/04/14
2. CERF project code:	13-RR-WHO-066	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Health Preparedness to Massive Influx of Displaced Syrians into Lebanon		
7. Funding	a. Total project budget:	US\$ 30,962,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,689,834	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$599,463	▪ 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	125,000	0	Stocks were procured during the grant period, but distributions took place after the end of grant period since no influx took place during the grant period
b. Male	125,000	0	
c. Total individuals (female + male):	250,000	0	
d. Of total, children <u>under</u> age 5	62,500	0	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Ensure medications are available at the level of PHC centers Ensure surgical supplies are available at the level of designated referral hospitals Ensure PPEs are available for health responders 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Outcome: MOPH has a stock of supplemental medications sufficient to cover needs of a population of 300,000 (150,000 Syrian displaced and 150,000 Lebanese host population directly affected by the influx) -Indicators: Number of Inter-Agency Emergency Health Kits (IAEHK) procured to MOPH Outcomes 2.1.1.The 17 designated referral hospitals have sufficient supplies to perform a total of 2,200 surgeries -Indicators2.1.1- Number of surgical supply kits procured Outcomes 3.1.1: MOPH has a stock of Personal Protective Equipment (PPE) level C and D for around 100 health staff -Indicators: Number of PPEs sets levels C and D procured Outcome 4.1.1: Key stakeholders concerned with management of massive influx understand the coordination mechanism and their respective roles 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The MOPH has currently a stand -by stock of essential medications that can be immediately distributed in case of massive 			

<p>influx or severe shortage observed in any region of the country with large concentration of Syrian refugees</p> <ul style="list-style-type: none"> • The Public hospitals , mainly those at the Borders areas, can have immediate access to Surgical kits in case of massive casualty influx or any severe shortage observed to perform lifesaving health interventions • The 17 designated Referral Hospitals for Chemical Biological Radiological and Nuclear (CBRN) case management have sufficient stocks of PPE to provide safe medical interventions. • The Health contingency plan was updated according to the new available medications and surgical kits and PPEs.; all Health partners were informed regarding the mechanism to request support from these stocks • The CERf funds were complemented by WHO funds to implement a set of training on PPE and case management to the designated Hospital staff (budget from outside the CERF) as well as to develop Education material and guidebooks for case management on CBRN that were distributed to all hospitals across the country • In total the following medical equipment and medications were made available: • 50 IAEHK were procured in September 2013 and distributed in May 2014 • 30 surgical kits were procured in September 2013 and distributed in June 2014. • 300 Level C and 800 Level D PPEs were procured in November 2013 and distributed in January 2014 • Unexpected delays were encountered at the port for custom clearance which explains delays at delivery to final destination. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The estimated cost of the IAEHK and surgical kits and PPE were slightly higher than the actual cost that WHO was able to obtain. Therefore the number of IAEHK kits procured was increased 50 kits instead of 30 kits, and the number of Surgical kits procured was 30 instead of 22. this was highly welcome by the MOPH team and partners</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/></p> <p>NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): Goods and products provided through this project will be delivered to beneficiaries based on needs irrespective of gender</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>No evaluation was planned due to the nature of the project consisting essentially of procuring stocks of goods (medical products) to fill the Gaps for health service delivery at PHC level. A confirmation report for receipt and distribution of medication and surgical kits and PPE was provided by the MOPH and will be complemented by WHO reports of procurement. The distribution of medical products is monitored and WHO noted that the provision of the medical and surgical Kits has significantly improved the MOPH preparedness to massive influx of refugees and potential hazards exposure of Health Care workers.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-WFP-062	Food Assistance	WFP	Danish Refugee Council	No	INGO	\$167,786	5-Dec-13	30-Oct-13	
13-RR-WFP-062	Food Assistance	WFP	Islamic Relief Worldwide	No	INGO	\$37,119	31-Jul-14	7-Nov-13	The payment was for the project period of Oct-Dec 2013. Islamic Relief used their own funds in the mentioned period and WFP reimbursed them once it received their financial report, which was submitted late.
13-RR-WFP-062	Food Assistance	WFP	Shield	No	NNGO	\$10,919	18-Dec-13	28-Oct-13	
13-RR-CEF-127	Child Protection	UNICEF	Intersos	Yes	INGO	\$112,218	5-Dec-13	18-Nov-13	7,000 Winter clothing vouchers
13-RR-CEF-127	Child Protection	UNICEF	Arcenciel	Yes	NNGO	\$318,925	17-Dec-13	20-Oct-13	4,550 Winter clothing vouchers

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGDM	Age, Gender and Diversity Mainstreaming
CBRN	Chemical Biological Radiological and Nuclear
AVSI	Association of Volunteers in International Service
CERF	Central Emergency Response Fund
CISP	Comitato Internazionale per lo Sviluppo dei Popoli
ERC	Emergency Relief Coordinator
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender—Based Violence
HCT	Humanitarian Country Team
HRC	High Relief Commission
IAEHK	Inter-Agency Emergency Health Kits
IOM	International Organization for Migration
IRC	International Rescue Committee
ITS	Informal Tented Settlements
LRF	Lebanese Recovery Fund
MoPH	Ministry of Public Health
NCD	Non Communicable Disease
NFI	Non-Food Item
PHC	Primary Health Care
PPEs	Personal Protection Equipment
PRS	Palestine Refugee from Syria
PSS	Psychosocial
RH	Reproductive Health
RRP	Regional Response Plan
SDC	Social Development Centres
TDH	Terres des Hommes
UNFPA	United Nations Population's Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Agency
UNRWA	United Nations Relief and Works Agency
WFP	World Food Programme
WHO	World Health Organization