



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
SYRIAN ARAB REPUBLIC
RAPID RESPONSE
COMPLEX EMERGENCY - INTERNAL STRIFE**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Yacoub El Hillo

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The Reporting process was launched at the Inter sector meeting of 23 January 2014. All the UN Agencies were informed about the reporting process, the new reporting methodology, and the information needed to be provided by them.

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

YES NO

The report has been shared and discussed with the sector leads to revise their overall inputs after the consolidation of the information provided by each sector.

- 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 report has been shared with all UN Agencies who received CERF funds along with the humanitarian sector leads.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 519,627,047 (Revised SHARP Jan. to Dec. 2013)		
Breakdown of total response funding received by source	Source	Amount
	CERF	20,433,455
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	17,575,533
	OTHER (bilateral/multilateral)	651,156,094
	TOTAL	689,165,082

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 25-Mar-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-053	Health	1,505,490
UNICEF	13-CEF-054	Water and sanitation	1,989,128
FAO	13-FAO-018	Agriculture	1,499,994
UNFPA	13-FPA-019	Health	999,637
UNHCR	13-HCR-031	Shelter and non-food items	3,501,302
IOM	13-IOM-016	Shelter and non-food items	1,499,914
WFP	13-WFP-022	Food	3,000,045
WHO	13-WHO-022	Health	1,541,845
WHO	13-WHO-023	Health	682,604
WHO	13-WHO-024	Health	736,363
UNRWA	13-RWA-003	Multi-sector	1,999,998
UNDP	13-UDP-008	Water and sanitation	1,000,001
UNDP	13-UDP-009	Security	477,134
TOTAL			20,433,455

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	18,770,671
Funds forwarded to NGOs for implementation	1,585,888
Funds forwarded to government partners	76,896
TOTAL	20,433,455

HUMANITARIAN NEEDS

Following the onset of events in March 2011, the humanitarian situation in Syria has at March 2013 reached catastrophic levels, with civilians bearing the brunt of the violence. **Violence has escalated in scale and scope**, with new densely populated urban areas joining the conflict which resulted in increasing levels of displacement, destruction and casualties. At March 2013, the time of preparation of the humanitarian response of CERF March Grant, the brutal conflict has become increasingly indiscriminate and has impacted a heavy toll on most of the Syrian civilians. The opposition has launched new military offensives mainly in the north of the country leading to the takeover of the city of Raqaa and the strengthening of its positions in most of the northern governorates. However also in the South, near the border with Jordan the confrontation has escalated even in areas that had remained untouched by the violence before. Since most of the fighting including shelling and aerial bombardment has taken place in heavily populated areas, the number of affected population and IDPs has continued increasing. Furthermore, the **ability of the government to operate most of the essential basic services including health, education and WASH facilities is significantly diminishing** adding to vulnerabilities.

Despite mounting political efforts to end the crisis in Syria, violence continued unabated throughout 2013 and escalated in many areas resulting in a dramatic deterioration of humanitarian conditions and worsening food security. **At the beginning of 2013, 6.8 million people were estimated in need of humanitarian assistance. By the end of the year this number increased by 37 percent, reaching 9.3 million people.** Official estimates indicate that the majority (80 per cent) of those internally displaced are living with host families, or in collective shelters including schools and buildings under construction. Although most of the displaced in Syria are hosted in family homes throughout the country, about 20 per cent (more than 700,000 individuals) seek refuge in formal collective shelters, in informal group shelters such as unused buildings, or in unofficial camps. The number of formal collective shelters is estimated at 686. The exceptionally hard winter in 2013 exacerbated the suffering of the displaced especially those at living in makeshift camps and abandoned buildings. Many of the IDPs had to flee in a hurry, carrying very little of their belongings. Often, their homes are either destroyed or in areas that remain inaccessible due to active hostilities, the displacement caused disruption of health services and education delivery, the proportion of people almost entirely reliant on WFP assistance to cover their monthly food needs grew dramatically.

Among those impacted by the violence, are the Palestine refugees in Syria. It is estimated that 440,000 out of the 540,420 Palestine refugees living in Syria are in need of assistance. Similar to other vulnerable groups, their humanitarian needs are compounded by internal displacement, exposure to violence in addition to limitations of access to basic services. The United Nations Relief and Works Agency (UNRWA) estimates that over 50 per cent of Palestine refugees in Syria have been displaced. In Yarmouk camp alone, 130,000 of the 150,000 residents have been displaced.

According to World Bank estimates, the economy of Syria contracted by 31 percent in 2013 alone, reflecting a deepening of economic crisis. The socio-economic status of the Syrian population further deteriorated, resulting in widespread unemployment rate exceeded 48.6 per cent and the doubling of poverty levels since 2010, more than half of the Syrian population lives in poverty, with 7.9 million people becoming poor since the beginning of the crisis and 4.4 million living in extreme poverty, while the extent of poverty has increased across all regions of Syria all accompanied by soaring inflation. All of this contributed to eroding households' purchasing power and access to basic market commodities and the Human development index (HDI) lost 20.6 per cent of its value compared to 2010 (UNDP, UNRWA, and SCPR, June 2013).

The conflict had also aggravated sectarian tensions and there is an increasing likelihood that acts of reprisal targeting groups perceived to be supporting one side or the other might gradually become more widespread and systematic. Furthermore, the situation in Syria is having a spillover effect with more than 1.1 million Syrian refugees either registered or awaiting registration in neighboring countries, namely Lebanon, Jordan, Turkey, Egypt and North Africa.

II. FOCUS AREAS AND PRIORITIZATION

An update of the Humanitarian Needs Review in Syria was finalized by 21 March. This CERF submission was informed by the findings and recommendations of this review. The review relied mainly on analysis of secondary data in addition to primary data on the humanitarian situation and response collected from field missions by UN/NGO staff to different governorates across the country and through monitoring visits. Furthermore, a number of sectorial assessments were conducted at the end of 2012, namely for Education (lead by UNICEF on 4-13 December 2012) and WASH (lead by UNICEF on 27 November to 18 December 2012). Findings of a Rapid Joint Food Security Needs Assessment were also validated in December 2012, led by WFP and FAO in collaboration with the Ministry of Agriculture & Agrarian. Furthermore, the status of health and education infrastructure is monitored respectively by the ministries of health and education. WHO in collaboration with MOH, maintains an Early Warning Alert System. Looking at data from different sources, there is a clear indication that **the situation has deteriorated significantly due to the protraction of the conflict and expansion in areas that are severely affected by the violence.** An assessment conducted by the Assistance Coordination Unity (ACU) of the Syrian Oppositions Coalition (SOC) in 6 governorates in the north indicated that 3.2 million people were on urgent need of humanitarian assistance, of which 1.1 million being displaced people. While the SHARP (January to June 2013) aimed to provide humanitarian assistance to 4 million beneficiaries affected by the crisis in Syria, of whom 50 per cent were children, and presented 61 projects across ten sectors for implementation by UN agencies in cooperation with the

Syrian Arab Red Crescent (SARC), counterpart ministries and other international and national partners, the level of funding of SHARP at the time of preparing CERF-March Grant was 22 per cent only of the total budget estimated at \$ 519 million. The UN and its humanitarian partners prioritized the provision of life-saving interventions to contribute to alleviation of suffering of affected population, including food, emergency livelihood support, access to basic health care, access to clean water, adequate sanitation and hygiene, emergency shelter and essential relief items. However, effective delivery of humanitarian assistance to address critical needs is continuously challenged by high levels of insecurity, shifting of frontlines, proliferation and fragmentation of different parties to the conflict with whom access have to be negotiated and inadequate funding.

The Joint Rapid Food Security Needs Assessment (JRFSNA) conducted in 2012 by WFP and FAO in collaboration with Ministry of Agriculture and Agrarian Reform (MAAR) estimates that **four million people** in Syria are food insecure, 2.5 million of them are in urgent need of food assistance. The widely reported lack of bread throughout the country, a consequence of fuel and wheat flour shortages, is affecting the general food security situation of the displaced population and increasing the risks of malnutrition. With the escalation of the violence at the beginning of year 2013 the number of population displacements across the country escalated from an estimated 4.25 million internally displaced persons (IDPs) to 6.25 million IDPs, the majority of IDPs were depend on WFP to ensure their daily need of food, while the most critical priority in terms of agriculture was to ensure maximum production at household level. Poor pastoral and agro-pastoral families with small flocks have already lost or sold a significant number of animals, due to limited access to grazing areas, high animal feed prices and insufficient veterinary services. Likewise, many farmers have been unable to plant or harvest crops, as a result of insecurity, inability to afford or access essential farming inputs, as well as damaged irrigation infrastructure. Furthermore, there was also the need to increase the availability of protein and vitamin rich foods in peri-urban areas through backyard gardening and poultry rearing, targeting the most vulnerable conflict-affected groups in all 14 Syrian governorates.

The current events have also disrupted the delivery of basic health services. The lack of access to health care facilities and services, in addition to severe shortages of lifesaving medicines, remains among the key obstacles continuously faced by patients and healthcare providers. The escalation of clashes has resulted in substantial damages to the big percentage of pharmaceutical plants, public hospitals, health centres and ambulances, adding that about 70 per cent of health workers in heavily affected areas face difficulties in accessing their workplaces. Furthermore, there are clear risks of measles outbreaks given that measles is a highly contagious viral infection and that the government is no longer able to procure routine vaccines. Pregnant women feel it is safer to book a health facility for a Caesarean Section (C-section) than risking a complicated and unsupervised delivery. This has led to a significant increase in the percentage of C-Section delivery. Individuals are increasingly exposed to outbreaks of communicable diseases such as diarrheal diseases and leishmaniasis due to overcrowded living conditions, and diminished availability of water. The number of cases with complications of non- communicable diseases (NCDs), including hypertension, diabetes, cancer, epilepsy, asthma and renal failure, are increasing. The protracted crisis has also led to an increased rate of mental health and psychological distress. An estimated 0.6 – 10 per cent of IDPs living in collective shelters have special needs and require a range of health services, including physical rehabilitation, wheelchairs, crutches, assistive and prosthetic devices and splints. As outlined in SHARP 2013, the health sector prioritized the activities under this CERF grant to cover critical life-saving health interventions through the provision of life-saving medicines and medical supplies, vaccination and strengthening of health services provided by local NGOs especially for the following vulnerable populations: children Under Five of their age, pregnant and/or lactating women, injured people because of violent clashes taking place across the country, and people with chronic diseases. Primary and secondary health facilities were prioritized for delivering basic and comprehensive maternal health services including life-saving emergency obstetric care, based on the guidelines for the Minimal Initial Service Package (MISP). Supporting the primary and secondary health facilitates with RH equipment and supplies is essential for increasing the access of women to RH, including emergency obstetric care and safe delivery.

The water, sanitation and hygiene infrastructure was equally severely damaged with per-capita availability of water supply being decreased to one third of pre-crisis levels (from 75 litres/p/d to 25 litres/p/d) due to damages, shortage of fuel and maintenance, and shortage of chlorine. Furthermore, with the current sanctions, commodities such as generators and power regulators are becoming so expensive and hard to get in country. In addition consistent power interruptions & blackouts have left many of the drinking water treatment & pumping stations (of all kind, water and waste water) non-operational. Findings of WASH assessment (conducted in December 2012) further indicate that national production of water treatment chemicals has halted causing the cost of water treatment to double. Due to the poor water and hygiene conditions at the IDPs collective centres, an increase was reported in cases of lice, scabies and diarrhoea. In the current circumstances there are increased risks of water borne diseases, so far for Hepatitis A and Typhoid since the last quarter of 2012. In this context of CERF March Grant 2013, the WASH sector focused its intervention to reduce water borne diseases in the most affected areas of destruction, where there were high levels of solid waste and increases of pests and vector-borne diseases like Typhoid, Hepatitis A, Leishmaniasis, and Diarrheal.

Given the strategic objective of enhancing capacity to deliver humanitarian assistance in an effective manner, the UN is working on establishment of joint field presence (hubs) in 4 priority areas in support of decentralized assistance delivery and coordination, namely in Homs, Tartous, Deraa and Qamishly. With the current high level of insecurity, adequate management of security related risks in an essential prerequisite for enhanced field presence and effective response. Resources are therefore required for deployment of security personnel and staff safety assets. UNDSS aimed to support the creation of these humanitarian hubs through an extra Field Security Coordination Officer and two Local Security Assistants (LSAs) for Homs and 2 LSA for Tartus. The establishment of UN field presence in the form of UN Hubs, in the most affected regions is an immediate requirement considering

better decentralized assistance delivery and coordination whereby the UN Hubs will enable direct interaction between representatives of UN humanitarian agencies and their Syrian counterparts in the concerned locations.

Despite the high level of insecurity, since the beginning of the year 2013, access opportunities materialized to reach most vulnerable groups that were besieged and/or not reached for a long time, a large part of those are in areas no longer under the control of the Syrian Government, including Der-ez Zour, Rural Damascus, parts of Homs & Deraa and rural areas of Idlib and Aleppo. As the conflict became increasingly more entrenched, a significant portion of the Syrian population remained trapped in besieged locations, beyond reach of any humanitarian assistance and facing acute shortages of food, medicines and other basic items. The capture in March 2013 of Ar Raqqa by opposition forces drove new displacement north (to Tal Abyad) and back towards Deir Ezzor, which was the origin of many of the displaced in Ar Raqqa. Displaced households who had lost their main source of income and poor communities in urban and rural areas hosting large number of displaced families also prioritized, the UN and partners are prioritizing to reach most vulnerable communities, especially those that could not be fully accessed due to the conflict, a large part of those are located in the northern parts of the country. Given that the situation is very dynamic and that people are subject to multiple displacements, it is very difficult to establish the exact number of IDPs, however with the protraction of violence, erosion of coping mechanisms and deterioration in provision of basic services, **it is evident that the number of affected people in need of assistance has increased dramatically compared to the time when the SHARP was prepared.** The highest numbers of IDPs are residing in the governorates of Rural Damascus, Aleppo, Idlib and Homs.

III. CERF PROCESS

The decision to make this CERF application was discussed in the extended Humanitarian Country Team (HCT) (with participation of INGOs) meeting of 6 March 2013. The prioritization of needs was informed by the findings of the updated Humanitarian Needs Overview (March 2013). Immediate needs within each sector were identified by the respective sector lead agencies in consultation with sector members. Given the significant increase in number of people in need of urgent assistance, the agencies have scaled up their response including through negotiation of access across conflict lines and through engagement in new partnerships to enhance outreach. This Rapid Response CERF submission is based on prioritization of life-saving time critical interventions, taking into consideration as well the funding situation. The response has specifically targeted new areas where access opportunity materialized to reach population that were not adequately supported before including across lines of conflict. **Attention** has also given to the most vulnerable group at a different level of activities of the projects funded through this CERF grant, going from equal targeting between girls and boys, women and men, other agency like UNDP has encouraged women to participate actively in the project activities and FAO has added a specific gender element in the identification of the beneficiaries in distribution of inputs targeting specifically women-headed household. UNHCR conducted a participatory planning exercise were all planned intervention designed in line with UNHCR AGDM mainstreaming and gender equality policies and guidelines, women empowerment strategy adopted in promote equal access of women to services and assistance, and play a key role in raising awareness on women related issues as the increase of burden on women-headed household and domestic violence. IOM took into consideration of the specific needs of women and men in designing of hygiene kit as well installation of partition of privacy, separate latrines for women.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 4,000,000				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Health	1,051,102	861,901	1,913,003
	Water and sanitation	2,562,399	2,445,686	5,008,085
	Agriculture	6,528	6,272	12,800
	Shelter and non-food items	176,844	148,354	325,198
	Food	1,332,500	1,267,500	2,600,000
	Multi-sector	50,200	50,200	100,400
	Security	N/A	N/A	N/A

BENEFICIARY ESTIMATION

UN Agencies has used different methodologies to estimate the beneficiaries of CERF grant, the W4 reporting tool of OCHA used by UN Agencies –Mainly used by sector leads- allowed them to track the achievement of different projects-including those funded by CERF grant - implemented by different UN Agencies in the same sector. On the other side, each UN Agency has his own estimation methodology to calculate the beneficiaries of the project. WFP has an internal logistics tracking system, which using the shipping instruction number (unique for each purchased batch and commodity), is able to verify in which month and coverage areas, commodities procured by each grant are distributed. In this way, WFP is able to calculate how many beneficiaries and in which locations the CERF procured commodities were distributed this was calculated taking into account the food basket distributed during that monthly cycle, While FAO has based the calculation of the total number of beneficiaries reached (individuals) by the project on the average of 7 people per HH. The family size in Rural areas is bigger than the family size in cities.

IOM beneficiaries estimation is based on number of beneficiaries targeted. For NFIs, each kit is for a family of 5 members. Individual items are for individual use. A beneficiary targeted with more than one item is counted as one to avoid double counting. Beneficiaries of the shelter intervention are as per beneficiaries count by shelter managers when repair is ongoing. Beneficiaries from the Health intervention, for medical equipment to two public health hospitals (beneficiaries estimated as per MoH standards on number beneficiaries in relation to type of medical equipment on daily basis). Noting that the medical equipment were operating in the last month of the project, hence the calculation made for that period only. Disability support items are for individual use.

UNRWA monitors and records all distributions of food and non-food items which are distributed by the Agency's own staff at 11 distribution points in Aleppo, Damascus, Dera'a, Hama, Homs and Lattakia. Beneficiaries were identified by submitting applications for assistance, followed by a rapid vulnerability assessment, ensuring distribution to all displaced refugees located in 24 collective shelters in Damascus or otherwise displaced and living with host families in safer locations. Displacement was identified through the refugee ID coding system, which indicates where refugees are normally registered on the Refugee Registration Information System (RRIS). All distribution took place at UNRWA facilities and beneficiaries were checked against lists of eligible refugees. All recipients were given collection times, sent by SMS, and were required to produce their refugee ID and provide finger prints for verification against RRIS records at collection points. UNFPA established a monitoring mechanisms including collecting and disseminating of data about the project beneficiaries on monthly basis using systematic data collection forms. The beneficiaries of RH kits and supplies were estimated based on RH manual guidelines which are internationally approved by the Interagency Working Group (IAWG) on RH in Emergency.

The total number of reached beneficiaries as is shown in the table 5 under is 9,959,468 versus 5,300,852 people, the reached beneficiaries number includes not only the direct beneficiaries, but also the indirect beneficiaries as agreed between OCHA and The UN Agencies, that for some sector like WASH and Health, the estimation of the targeted beneficiaries represent of most of the entire population including direct and indirect affected population.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	2,651,359	5,190,189
Male	2,549,493	4,779,227
Total individuals (Female and male)	5,300,852	9,969,416
Of total, children <u>under</u> age 5	1,115,564	1,703,724

CERF RESULTS

Food and Agriculture:

- 1 600 vulnerable households, comprising destitute farmers and peri-urban dwellers benefited from the distribution of laying hens. Each household received 15 adult laying hens. FAO is finalising a post-distribution monitoring methodology which will be used for a follow up six months after the completion of the distributions and will provide a comprehensive picture of the project's impact on the beneficiaries' livelihoods and food security.
- WFP has continued to progressively scale up the emergency response to meet growing needs across the country. By October 2013, when this grant expired, WFP reached up to 4 million people across the country. Assistance was provided in the form of unconditional monthly food rations consisting of rice, bulgur wheat, pasta, dry pulses, canned pulses, fortified vegetable oil, sugar and iodized salt. Ready-to-eat rations were also distributed to newly displaced families with limited access to food or cooking facilities, during the initial days of their displacement. The food basket was augmented with fortified wheat flour at 25

kg per family in April 2013 in response to growing shortages of bread in many parts of the country. Targeting approximately 70 percent of WFP's beneficiary caseload, distributions of fortified wheat flour were conducted in areas facing severe shortages in availability or that had witnessed significant destruction of public bakeries. WFP succeeded to keep an acceptable level of food consumption score by substituting the cut of 20 per cent calories from the food basket due to the some critical pipeline breaks at the time of the grant by providing the planned quantity of rice and pasta through CERF grant. The grant allowed WFP to exceed the originally planned beneficiaries' caseload to reach approximately 2.6 million people in 14 governorates.

Health:

- Primarily under the CERF grant, WHO provided kits, medical supplies and equipment for life-saving surgical interventions, NCD, filled in the gap of critical medicine shortages to strengthen availability of essential primary health care services, including preventive and curative care to around 300,000 affected people, in Homs, Hama, Idlib, Rural Damascus, Damascus, Deir Ez-Zour, Aleppo, Hassakeh.
- Furthermore, under the CERF grant, WHO has decentralized of interventions across Syria through partnerships with 16 local NGOs operating health facilities, mobile clinics or providing referral services to reinforce outreach health services provided in hard to reach and inaccessible areas of Homs, Hassakeh, Rural Damascus, Aleppo, Raqqa, Derezzor, Hama, and Damascus governorates.
- Supporting hospitals in Damascus, Rural Damascus and Deir Ez-zour by laboratory supplies.
- Further to the complete implementation of the project, the following results were attained; a) around 103,000 beneficiaries were assisted through the procurement and distribution RH tools and medical supplies delivered to 40 health centres, b) 1,200 women received EmOC services including safe delivery through RH vouchers, c) Around 38,000 women supported through the delivery of female dignity kits and sanitary napkins and 14,500 through male dignity kits, d) 150 professionals from MoH, SFGA, SARC and UNRWA were trained on MISP, PSS and PFA which enables around 180,000 of the affected people to have access RH and Psychosocial support services.
- UNFPA also continued to support traditional RH emergency interventions such as emergency obstetric care and deployment of staff to static and mobile clinics through other financial sources
- IOM has reached to 17,513 displaced and affected individuals through increased access to health care facilities (Homs) and provision of disability support items to vulnerable affected individuals with special needs in 5 governorates (Damascus, Tartous, Aleppo, Homs and Rural Damascus).

WASH:

- WASH sector succeed to Sustain access to potable water through the provision of equipment such as water pumps, cables, control panels, and generators, which are currently being used to run vital pumping stations in the event of an interruption or total loss of power, or lab materials for testing the quality and safety of water, 4,760,000 people (IDPs and host communities) were assisted in Homs, Tartous, Aleppo, and Damascus.
- Provided access to at least 1,275 IDPs in different collective shelters in Tartous, Homs, and Aleppo to proper sanitation facilities through the provision of 17 prefabricated toilet and shower units.
- A total of 102,500 IDPs in collective shelters throughout 7 governorates received family and baby Hygiene Kits, soap bars, and lady sanitary napkins.
- Over 243,900 IDPs and host communities received hygiene education and were made aware of good hygiene practices in Deir Ez Zour and Homs Governorates through four local NGO partners.
- UNDP contributed to restoring livelihoods in Homs and Deir Ezzor Governorates through creating emergency employment opportunities for 613 workers generating 56,134 working days in the two mentioned governorates. UNDP also mobilized in the process 400 volunteers who participated in hygiene promotion campaigns, generating 13,700 volunteer days in target areas. This has improved health and living conditions for the 338,000 inhabitants living in target areas in both Governorates. UNDP ensured the inclusion of women, as such 32 per cent of workers and volunteers were women.

NFIs/Shelters:

- Utilizing the CERF fund, UNHCR accomplished the following results benefiting a total of 101,750 mostly vulnerable IDP:
 - NFI for 95,000 (19,000 families) in Aleppo, Idlib, Raqqa, Dara'a and Deir Ezzor;
 - Emergency rehabilitation works in 27 shelters benefitting 6,750 (1,350 families).
 - The Program, which was launched in 2013, has proven to be a successful community based strategy on the promotion of women empowerment and participation. As of today 70 per cent of the volunteers are committed women that promote equal access to services and assistance among the population and play a key role on awareness raising on women related issues.
- Through CERF IOM reached total number of **201,070** beneficiaries from NFIs (Baby diapers, Family hygiene kits, Underwear, House cleaning kits, Kitchen set, Jerry can, Wheel chair, Air splint, and Neck traction) in 12 Governorates.

- Percentage of beneficiaries reach as per location types: cross line area (34 per cent), GoS controlled area (60 per cent: 2 per cent public shelters and 58 per cent IDPs in host communities), and conflict areas (6 per cent).
- In coordination with the Ministry of Local Administration (MOLA), IOM carried out emergency repair and rehabilitation works in 18 shelters in dire need. In total, **4,865** IDPs received shelter assistance in **18** shelters in **4** governorates.
- Through CERF funded NFIs activities in 12 governorates: IOM partnered with 8 local NGOs.

Multi-sector:

UNRWA supported 100,400 Palestine refugees in Damascus, Aleppo and Hama through a multi-sectoral project, responding to growing food, non-food, shelter and environmental health needs. The project reached 25,100 families with a monthly food parcel and two daily meals to 12,300 refugees and Syrian IDPs receiving shelter in UNRWA and UNRWA-managed facilities. UNRWA operates 34 collective shelters across Syria, and the project also enabled the Agency to install 65 water tanks in 17 shelters in Damascus, Aleppo and Hama, upgrade toilet facilities in 5 shelters and install new piping at the central well in Hama Camp. These interventions resulted in improved personal hygiene and sanitation in collective shelters which were extremely crowded at times. UNRWA also utilised CERF funding to procure 22,301 mattresses, 3,022 family hygiene kits and 200 newborn baby kits. These items were distributed at 26 collective shelters across Damascus, resulting in improved insulation through winter months, improved personal hygiene, and provision of basic swaddling, diapers and other essentials for new born babies. UNRWA continues to operate its regular health programme across Syria, providing more than 654,000 patient consultations through health centres and smaller health points in Damascus, Aleppo, Hama, Homs, Lattakia and Dera'a. CERF funding was used to procure essential medicines for 6 primary health centres and 8 health points in Damascus, serving a total registered population of over 420,000 Palestine refugees.

Additionally, the monitoring of the humanitarian response especially in the humanitarian hubs in Tartus and Homs was enhanced through the project. This enabled to identify the gaps and inform the overall humanitarian response on quality and effectiveness improvement.

CERF's ADDED VALUE

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

YES PARTIALLY NO

To mitigate the negative consequences of the crisis on the conflict affected people, the CERF funds were used to ensure the supply of RH supplies and tools, and dignity kits quickly. Delivery of RH services including EmOC services through RH vouchers in public health facility was secured through the fund and enabled women to get timely services when needed. As such, the project was essential to fulfil the needs for RH and PSS services that were identified during the field needs assessment, UN joint missions, and through meeting with implementing partners and beneficiaries.

All supplies procured through CERF funding was distributed within the established timeframes and the beneficiaries assisted exceeded the planned beneficiary caseload.

UNDSS enabled conducting the Humanitarian operations in the field while ensuring the safety and security of all concerned UN staff.

The CERF fund allowed UNCHR to respond to vital and sometimes life-saving needs of IDP whether in NFI or shelter. As IDPs seek refuge in communal shelters and unfinished buildings, core relief items (CRIs) provided by UNHCR are a genuinely lifesaving and critically needed contribution to the overall humanitarian effort. The components of the kit are in much demand improving families' coping mechanism and making accommodation more liveable with a minimum level of hygiene and dignity means to cook food, a mean to transfer water, and protection from both cold and hot weather.

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

YES PARTIALLY NO

The lack of resources at the time of preparing the CERF grant eroded the capacity of the UN agencies and partners to effectively respond to significant time-critical life-saving humanitarian interventions, especially for population in unreached areas across lines of conflict. CERF grant helped the UN Agencies and sector to respond to respond in a time critical needs. The timely antenatal care and availability of emergency obstetric care for normal delivery and caesarean sections is important for reducing the maternal mortality and morbidity, which tends to be increasing in crisis. Moreover, the burden of psychosocial health problems increases in crisis. Around 10-15 per cent of pregnant women can be exposed to pre-postnatal (pre-

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.).

postpartum) depression. For WHO and UNFPA CERF grant was essential to address all these critical needs for RH, including emergency obstetric care and PSS services.

WFP programmed the CERF funds for the procurement of 3,763 mt of wheat flour. However, by the time the grant was approved WFP had received a substantial in-kind contribution of wheat grain sufficient to cover all needs for the following four to six months. As a result, WFP requested to procure much needed pasta and rice instead. These commodities made up 30 percent of the food basket at the time and represented the main breaks in the pipeline. WFP risked having to substantially reduce quantities of these commodities in the food basket, cutting the caloric intake by 20 percent from June onwards. The approved re-prioritization of the CERF funds allowed WFP to offset these shortfalls and meet the dietary requirements of the most vulnerable populations for a two month period while providing WFP more time to seek for additional funds to cover the needs of the subsequent months.

UNDP used CERF grant in a time critical to cover emergency employment interventions to support resilience through restoration of livelihoods and resolving an exacerbating health issue caused by accumulation of solid waste in communities due to the disruption of municipal services.

In the case of UNHCR, the CERF fund was a reliable source of funding that filled an urgent gap while waiting for other funds to arrive hence contributing to the effectiveness of the emergency response in the shelter and NFI sector. CERF funds allowed timely and targeted procurement and distribution of mostly needed NFI and emergency shelters. The timely funding to UNHCR was essential to ensure an uninterrupted supply of items and to plan for the most economical means of transport.

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

YES PARTIALLY NO

Since the onset of the Syrian crisis, UNFPA CO has built a good historical record with CERF funded projects including this one. This enabled UNFPA CO to submit successful resource mobilisation proposals for other donors including the Governments of Australia and Canada, Kuwait, ECHO and USAID. The CERF funding enabled UNDP to leverage more funding from a number of donors, including Kuwait, EU, and Russia, and to expand the scope of its support geographically and thematically to reach a larger number of affected people.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

For UNFPA, CERF project increased linkages between the humanitarian actors, such as NGOs at the community level with providers of health services at the health centres and facilities through RH vouchers and established referral mechanisms. Moreover, the project increased coordination with UN agencies through the HCT and respective sectors. Coordination with WFP on logistics and transportation of RH equipment and supplies, including dignity kits (NFI WG) to the affected areas; and with UNICEF and UNHCR on mainstreaming GBV in their humanitarian response interventions under CERF projects was also enhanced.

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

UNFPA continued its fund raising endeavours and efforts to successfully cover the financial gaps, and to finance the 2013 SHARP projects. Most importantly, the project's added-values are associated with increasing the accessibility of conflict affected people to RH services. This contributed to decreased morbidities and risks associated with complicated pregnancy and deliveries.

The funding has supported livelihoods initiatives to resolve an exacerbating public health problem (accumulation of waste), enhancing as such resilience, improving living conditions in affected communities and complementing humanitarian efforts. Through using the CERF, UNDP was able to reach out to local partners and access the Governorate of Deir Ezzor, which is a breakthrough for UN agencies. Moreover, the funding allowed UNDP to set a precedence in Deir Ezzor in terms of cultural/ behavioural change through employing women workers and volunteers in a sector predominantly managed by men. The fund also enhanced the spirit of volunteerism among youth and provided them with an opportunity to participate positively in their communities which gave them a sense of pride and direction.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
In UNHCR's case, there is a gap of at least 3 months between the actual receipt of funds and procurement of items considering the reliance on regional procurement.	The enhanced predictability and speed of disbursing funds will allow UNHCR to align its plans with actual implementation and needs and accordingly ensure partners can respond effectively to various arising displacement needs in the governorates noted.	CERF Secretariat
The CERF contribution of US\$3 million of WFP was initially programmed for the procurement of 3,763mt of wheat flour to be distributed to a targeted 1.6 beneficiaries in the governorates of Deir-Ezzor, Rural Damascus, Idleb, Aleppo and Homs, , upon receipt of a substantial in-kind donation of wheat grain, sufficient to cover all needs in the country for 4-6 months.	the CERF-secretariat approved the re-prioritization of these funds to purchase 1,752mt of pasta and 1,250mt rice instead, which allowed WFP to exceed the originally planned beneficiary caseload to reach approximately 2.6 million people in all 14 Syrian governorates.	CERF Secretariat
The purchase of 1,752mt of pasta and 1,250mt of rice contributed to offsetting some critical pipeline breaks which would have forced WFP to significantly reduce the food basket and cut caloric intake by 20 percent	Through the CERF contributions, almost all planned quantities of rice and pasta were provided and during the months of July and August only minor cuts to the food basket, of 7 and 11 percent respectively, were applied. Moreover, the timely arrival of the procured commodities allowed WFP to distribute all quantities over a two month period and within the established time-frame of the grant.	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>The potential for overlap of activities cannot be excluded which can duplicate efforts.</p>	<p>Regular sharing of information among members of working groups within the respective sector are crucial to coordinate plans, verify beneficiaries and geographical locations to ensure complementarity in provision of assistance and reduce instances of overlapping.</p>	<p>Country Team/Cluster Leads</p>
<p>According to the feedback obtained from the protection sector, Implementing partners and beneficiaries, UNFPA deemed appropriate to change the shape and content of the dignity kits as follows: a) add three sanitary napkins to the kit instead of one, b) distinguish between the colour of male and female kits, and c) improving the quality of the towel and the washing</p>	<p>UNFPA initiated a new long term agreement considering these changes in the dignity kits</p>	<p>UNFPA and vendor</p>
<p>Clear and easy to complete data collection forms is important for enhancing monitoring of humanitarian response and reporting on the projects achievements</p>	<p>Standardise and simplify the data collection forms in coordination with implementing partners Improve the capacity of IPs on reporting and monitoring</p>	<p>UNFPA and implementing partners</p>
<p>Direct implementation of procurement of medical equipment and RH kits, and series of capacity building sessions was essential to ensure the accountability of UNFPA CO in achieving the project outcomes within its timeframe.</p>	<p>Deployment/ recruiting needed staff to ensure the quality and timely implementation of humanitarian interventions using direct execution modality. Enhance coordination with other UNFPA COs in the region to better streamline the application of direct execution modality, especially for procurement of RH commodities, logistical support and capacity building interventions.</p>	<p>UNFPA</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	11 Apr 2013 – 10 Oct 2013
2. CERF project code:	13-CEF-053	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Immunization and health supplies for IDP children in Syria		
7. Funding	a. Total project budget:	US\$ 4,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,000,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 1,505,490	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,250,000	650,000	Access to many parts of Syria has been constrained by the crisis. Mobile vaccination teams could not reach all children in need of vaccination due to the high insecurity and escalation of violence in some parts of the country. The CERF grant financed the procurement of 1 million doses of Measles, Mumps and Rubella (MMR) vaccine. So far 0.5 million doses were delivered and used in the April and October rounds. However, due to a global shortage of MMR vaccines the remaining quantity could not be purchased at the time, hence MMR vaccines from the Ministry of Health vaccines were used to cover the gap and ensure that children receive the vaccines timely. UNICEF is currently in the process of procuring additional 0.5 million doses which are in the pipeline, when arrived will be used to replenish the MOH MMR vaccines stock. The MMR campaign aimed to reach 2.5 million children. UNICEF and the MOH were able to reach 2.4 million in two rounds with the contribution of CERF and other grants.
b. Male	1,250,000	650,000	
c. Total individuals (female + male):	2,500,000	1,300,000	
d. Of total, children <u>under</u> age 5	700,000	200,000	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> 2.5 million vulnerable children have access Measles, Mumps and Rubella (MMR) vaccine. IDP mothers and children have access to health services for prevention of waterborne diseases. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 700,000 IDP children under five vaccinated with MMR vaccine in all governorates by the end of April 2013. 300,000 IDP children aged 6 months to 15 years in IDP shelters vaccinated with MMR by the end of April 2013. 1.5 million school children in grades 1-4 vaccinated with MMR vaccine in all governorates by the end of April 2013. 100,000 IDPs in all governorates have access to medical services for the prevention and control of waterborne diseases before summer season (by the end of May 2013). 			
11. Actual outcomes achieved with CERF funds			
UNICEF utilized the CERF fund for the procurement of MMR vaccines, Inter-agency Emergency Health Kit (IEHK) medical kits, diarrhea kits and other supplies to reach children with life-saving vaccines, primary health care as well as for the prevention and			

<p>treatment of waterborne diseases. The grant has enabled UNICEF and partners to achieve the following outcomes:</p> <ul style="list-style-type: none"> • 200,000 IDP children under five vaccinated with MMR vaccine in all governorates by the end of April 2013. • 100,000 IDP children aged 6 months to 15 years in IDP shelters vaccinated with MMR by the end of April 2013. • 1 million school children in grades 1-4 vaccinated with MMR vaccine in all governorates by the end of April 2013. • 100,000 IDPs in all governorates in Syria have access to primary health care services and were reached with medical kits and supplies for the prevention and control of waterborne diseases through timely distribution of supplies before summer season (by the end of May 2013). This includes the distribution of 100 IEHK sufficient to treat 100,000 people; 17 diarrhoea kits for the treatment of 10,200 cases and 6,000 bottles of lice shampoo for the benefit of 12,000 children in IDP shelters in all governorates 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Nearly 1.3 million children were reached with MMR vaccination during the immunization campaign in April 2013. The second round of vaccination campaign was implemented in October and November 2013 reaching around 1.1 million children with MMR vaccines, bringing the total number of children protected from MMR to 2.4 million. This was less than the targeted number of 2.5 million mainly due to the deteriorating security situation across the country limiting the movement of health workers from reaching children living in besieged areas or in areas of conflict. For example, Raqqa and Dar'a Governorates were not able to implement the MMR vaccination campaign in April due to escalated violence in the governorates during the campaign. Rural Damascus, Aleppo, Idleb, Hassakeh and Deir Ezzor had low vaccination coverage due to the security situations. The movement of population by the continuing conflict has also left many children go unvaccinated. The CERF fund covered the procurement of 1 million doses of MMR vaccines of which 0.5 million doses were used during the two MMR campaigns and the remaining 0.5 million doses are still in the pipeline which when received in- country will be used to replenish the MOH strategic MMR vaccines stock, used to cover the gap during the two MMR vaccination rounds. The delay in receiving the second batch of the MMR vaccines is due to a global shortage of the vaccines.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>GM code: 1 All children are targeted in the supplementary vaccinations in Syria with no discrimination between boys and girls, Girls and boys are equally targeted during the vaccination campaigns and in the provision of health care services. Reports from NGOs which are providing health services to IDPs show no discrimination against girls in providing services. MOH reports in vaccinations also corroborate the same findings that both girls and boys were equally reached with the services.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Small scale monitoring visits were conducted during the immunization campaign through joint field visits due to the deteriorating security situation – including to UNICEF field offices in Tartous and Homs – as well as to other parts of the country whenever feasible. Reports from the MOH and other implementing partners, including SARC and NGO's, were used in monitoring implementation of activities.</p> <p>A full-scale evaluation could not be conducted as yet, since the security situation did not allow free movement of immunization teams or supervisors.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	1 Apr. 2013 – 30 Sep. 2013
2. CERF project code:	13-CEF-054	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Integrated WASH programme and assistance for internally displaced populations		
7. Funding	a. Total project budget:	US\$ 22,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 29,333,115	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 94,800
	c. Amount received from CERF:	US\$ 1,989,128	▪ <i>Government Partners:</i> 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	260,000	2,562,000	The reported high number of beneficiaries reached, compared to the planned, is mainly due to the nature of low-input high impact WASH services financed through the CERF grant enabling UNICEF and partners to reach over 5 million people with sustained access to clean water services. Specifically, the CERF grant was utilized to procure control panels for the main water pumping in Homs, enabling access to safe drinking water to almost 1,000,000 people (both IDPs and host communities). Another example of a high impact intervention financed through the CERF grant is the provision of two 1000 KVA generators to Hama and Damascus governorates. The generators ensured sustained access to water to 500,000 people in the two governorates. Therefore, the reported "Reached" numbers should be understood in this context instead of an exact count of beneficiaries as would be possible in an IDP shelter, for instance.
b. Male	240,000	2,445,000	
c. Total individuals (female + male):	500,000	5,007,000	
d. Of total, children <u>under</u> age 5	100,000	1,000,000	
9. Original project objective from approved CERF proposal			
500,000 IDPs in collective shelters and living among host communities have access to adequate sanitation facilities, sufficient drinking water and non-food items, and a child-friendly environment and supplies are provided to 100,000 displaced children.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of displaced families having access to potable water: 500,000 persons. • Number of displaced families having access to sanitation facilities: 500,000 persons. • Number of displaced families receiving WASH NFI assistance: 100,000 persons. • Number of displaced families receiving hygiene education & skills: 500,000 persons. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 4,760,000 people (IDPs and host communities) in Homs, Tartous, Aleppo, and Damascus were given access to sustained potable water through the provision of equipment such as water pumps, cables, control panels, generators which are currently being used to run vital pumping stations in the event of an interruption or total loss of power, or lab materials for testing the 			

<p>quality and safety of water.</p> <ul style="list-style-type: none"> • At least 1,275 IDPs in different collective shelters in Tartous, Homs, and Aleppo were given access to proper sanitation facilities through the provision of 17 prefabricated toilet and shower units. • A total of 102,500 IDPs in collective shelters throughout 7 governorates received family and baby hygiene kits, soap bars, and lady sanitary napkins. • Over 243,900 IDPs and host communities received hygiene education and were made aware of good hygiene practices in Deir Ez Zour and Homs Governorates through four local NGO partners 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<ul style="list-style-type: none"> • The variance between the planned and reached sanitation targets is due to the shift in priority to address the urgent and critical needs for the provision of safe drinking water in IDP shelters and to host communities during the project implementation period. There is still a gap in the provision of improved sanitation services in IDP shelters. However, the sheer scale of the need to provide clean water to families in shelters took precedence over sanitation. • The planned WASH interventions in schools could not be achieved during the grant period due to a delay by the Ministry of Education in identifying the schools with a need for the required WASH services. • Hygiene Services: Other grants were used to reach the planned target with hygiene awareness raising activities as a complementarity to the CERF grant. 	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>2a</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>It is planned to be evaluated along with other projects in 2014.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	13 May 2013 – 31 Dec, 2013
2. CERF project code:	13-FAO-018	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Security and livelihood assistance to rural and periurban households in Homs and Dara'a		
7. Funding	a. Total project budget:	US\$ 3,300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2 994 402	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1 499 994	▪ 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	32 640	6,528	Due to the details provided in section 12 the total number of planned beneficiaries was not reached.
b. Male	31 360	6,272	
c. Total individuals (female + male):	64 000	12,800	
d. Of total, children <u>under</u> age 5	8 765	1,792	
9. Original project objective from approved CERF proposal			
Food security livelihood and nutrition conditions of vulnerable groups living in areas hosting displaced population have improved and effective food security and livelihood analysis of actors active in the food security and livelihood sectors is established.			
10. Original expected outcomes from approved CERF proposal			
Outcome: The availability, accessibility and utilisation of micronutrient and protein rich foods are enhanced for 8,000 households (64,000 people) comprising poor farmers and peri urban dwellers living in areas with high concentration of displaced people.			
Outputs:			
1) 1,600 targeted vulnerable households, comprising destitute farmers and peri urban dwellers (12,800 people) will receive awareness sessions on basic good practice and receive 15 adult laying hens and 50 kg of feed (sufficient for 2 months), selected with particular attention to women headed households and households with elderly and/or disabled members;			
2) 6,400 additional targeted vulnerable households, comprising destitute farmers and peri urban dwellers (51,200 people) will receive awareness sessions on basic good practice and receive vegetable input packages (seeds, hand tools and fertilisers) selected with particular attention to women headed households and households with elderly and/or disabled members;			
3) 50-100 beneficiary representatives trained as Trainers of Trainers (TOT) in poultry keeping, nutrition and marketing to train the targeted households;			
4) 50 additional beneficiary representatives trained as TOT in vegetable growing in nurseries, nutrition, food processing/preservation and marketing to provide awareness and support the targeted households.			
11. Actual outcomes achieved with CERF funds			
24 000 adult laying hens were distributed to 1 600 vulnerable households in Homs Governorate. Each household received 15 hens.			

District	Delivery/Distribution Point	Number of beneficiaries	Number of poultry
Homs (east)	Maskaneh	200	3000
Homs (east)	Al Hazleh	200	3000
Homs (south)	Hisya	200	3000
Homs (west)	KafrAyaa	200	3000
Homs (west)	Quatineh	200	3000
Homs (west)	Kherbet Al-tine	200	3000
Homs (north-west)	Al-M'hanaya	200	3000
Homs (north-east)	Al-Mushrefeh	200	3000

Beneficiaries comprise destitute farmers and peri-urban dwellers, including women-headed households.

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

The security situation in the two Governorates (Homs and Dar'a) initially targeted by the project changed drastically since the start of the project, in particular from June 2013 onwards. The intensification of the conflict especially in Dar'a governorate had significant repercussions on the implementation, negatively affecting the commercial sector and availability of supplies, as well as access to target areas and logistics arrangements for actual distribution of inputs. In this context, project activities could not be conducted as per the initial workplan and a certain delay was accumulated. In order to be able to complete the intervention a no-cost extension was required. Following the official FAO request submitted on 30 October the project duration was extended until the end of December 2013.

Nevertheless, the project implementation continued to be seriously challenged – difficulties with the procurement of the required agricultural inputs persisted and access to the targeted areas was still problematic.

Despite the initial information collected on the commercial capacity of the poultry and vegetables seeds sectors, none of the suppliers contacted at that time was able to submit an offer for the requested inputs. They either did not have the required quantities and/or the exact type of agricultural input (as per technical specification) and/or the capacity to deliver in the targeted areas. As a result, several tender procedures could not be completed. Considering the delay of project activities due to the challenges with the procurement of inputs, FAO requested a second no-cost extension. This extension would have provided additional time to conduct another rapid market survey in order to identify further medium-small size suppliers who could absorb partial purchases of inputs in the target areas. However, FAO request was rejected and the project ended on 31 December 2013 while not all activities were yet completed.

As a result, the total number of initially targeted beneficiaries was not reached, as some of the project activities could not be completed. For instance, the vegetable inputs packages were not distributed as planned to the 6 400 vulnerable peri-urban and rural households. This was due to difficulties faced by FAO in finalising the composition of the vegetable composite packages. Indeed, the approval of the Ministry of Agriculture and Agrarian Reform on the vegetable species to be selected was required in order to proceed with the procurement. However, this process took much longer than expected in particular due to negotiations related to the variety of seeds to be included and the fertilisers to be used (in the current context fertilisers are perceived as an input that could be misused).

Furthermore, due to the prevailing security situation in the targeted areas and in order to minimise the risks to the beneficiaries, it was not possible for the implementing partner and its staff to conduct the planned awareness sessions and the training of trainers. Finally, although it was initially planned to implement the project in Homs and Dar'a Governorates, the intensification of the conflict in Dar'a significantly challenged accessibility to the area and no activities could be conducted in such Governorate.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

GM code: 2b.

Although the project did not consider a specific strategy to address gender needs, efforts were made to add a specific gender element in the identification of the beneficiaries and in the distribution of inputs specifically targeting women-headed households, therefore addressing a specific gender group.

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

YES NO

A monitoring system was designed and implemented enabling the evaluation of project achievement. The following steps were taken:

- A virtual project task force (VPTF) was established at the beginning of the project, to include technical/operational officers from FAO-HQs and field office which undertook periodical consultations and follow up meetings.
- FAO team led the selection process of beneficiaries in close cooperation with the Ministry of Agriculture and Agrarian Reform.
- FAO team joined the superintendence contractor team to take samples of agricultural inputs for laboratory tests to ensure their adherence to FAO standards in terms of quality. Only once the quality of the inputs was ensured, the inputs were distributed to beneficiaries.
- During the second and third weeks of inputs procurement, FAO team supervised the distribution of inputs to the selected beneficiaries and reported back to the FAO Representative.
- Field visits were conducted by the FAO team to targeted areas, to follow up on project progress and report back to the FAO Representative.
- A final project report was prepared, summarizing project performance and impact, for further submission to project management and OCHA.

FAO is currently finalizing a post distribution monitoring methodology through which a follow up will be done six months after completion of the distribution. This will provide a better understanding of the use of the distributed inputs and a comprehensive picture of the impact the project is having on beneficiaries' livelihoods and food security.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	9 Apr. 2013 - 8 Oct. 2013
2. CERF project code:	13-FPA-019	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Life Saving Reproductive Health Services for Violence Affected People		
7. Funding	a. Total project budget:	US\$ 10,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,000,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 999,637	▪ <i>Government Partners:</i> US\$ 76,896
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	100,000	105,000	The project prioritised targeting more male beneficiaries of the dignity kits which proved to be reflecting positively on the whole family. The kits assisted men to take part in activities in their communities and maintain good personal hygiene; a difficult thing in the crowded and underprivileged environments of many of the shelters and host communities
b. Male	3,500	14,500	
c. Total individuals (female + male):	103,500	119,500	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Improve access of women residing in 6 selected governorates to life –saving RH services with focus on emergency obstetric care. The dignity of affected people is maintained through distribution of personal hygiene materials and dignity kits. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> At least 25 primary health care centers and medical points in the affected governorates are provided with RH and midwifery kits and reproductive health commodities; (this will contribute to that 100,000 women have improved access to these facilities). At least 6000 women received reproductive health services, including normal and C-section deliveries. At least 1000 women received emergency obstetric care through RH vouchers. At least 40000 people residing in the violence affected areas are supported by dignity kits. 			
11. Actual outcomes achieved with CERF funds			
The actual outcomes of the project are as follows:			
<ul style="list-style-type: none"> a) 40 primary health care centres and hospitals provided with RH tools and supplies b) 6,500 women received RH services, including normal and C-section deliveries, c) 1,200 women received emergency obstetric care through RH vouchers d) 38,000 women and 14,500 men supported by dignity kits 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy between planned and actual outcomes.			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

2a

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

YES NO

Despite no systematic evaluation was carried out, the project achievements were verified based on the following:

- The operational researches on the lesson learnt of the applications of the RH vouchers and the quality of EmOC
- Regular progress report shared by implementing partners.
- Field visits and joint UN mission were carried out in a limited scale due to the prevailing security circumstances.
- Verifying information with other sources, including meeting with representatives of different stakeholders including beneficiaries.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	11 Apr. 2013 – 10 Oct. 2013
2. CERF project code:	13-HCR-031	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:	Emergency shelter and non-food item assistance for displaced Syrians		
7. Funding	a. Total project budget:	US\$ 54,841,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 20,433,455	US\$ 247,531 (with the applicable exchange rate then)
	c. Amount received from CERF:	US\$ 3,501,302	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>
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. <i>Female</i>	65,120	65,120	
b. <i>Male</i>	36,630	36,630	
c. <i>Total individuals (female + male):</i>	101,750	101,750	
d. <i>Of total, children under age 5</i>	26,455	26,455	
9. Original project objective from approved CERF proposal			
<p>With UNHCR's remit covering all areas of the displaced Syria – this CERF proposal focuses on rapid response needs for NFI and Emergency Shelter in Aleppo, Idlib, Ar Raqqa, Dara'a and Deir Ezzor governorates. As noted above, this assistance targets these areas and a new beneficiary caseload within – beyond the assistance of CERF support received by UNHCR in 2012. The new CERF funds will allow UNHCR to step up NFI procurement – helping ensure partners can respond effectively to arising displacement needs in the governorates noted. Emergency shelter interventions will also provide a rapid alternative to the more time-consuming ongoing rehabilitation of formal 'collective' shelters. Both interventions target previously unreached people and are lifesaving - protecting displaced families from the elements and ensuring their safety. The rapid response in these otherwise 'inaccessible' areas is within the current capacity of UNHCR and partners and a window of opportunity to access now exists.</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • 95,000 displaced individuals are provided with basic domestic items (NFI) supporting their health and welfare, and preserving their dignity. • 27 informal emergency shelters rehabilitated and 7,500 displaced persons (1,350 families) protected from the elements, safeguarding their safety, health and welfare. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 95,000 displaced individuals are provided with basic domestic items (NFI) supporting their health and welfare, and preserving their dignity. • 27 informal emergency shelters rehabilitated and 7,500 displaced persons (1,350 families) protected from the elements, safeguarding their safety, health and welfare. • The kit, which is adjusted to the size of the family, generally included 3 Mattresses, 5 Blankets, 3 Sleeping mats, 1 Jerry can, Diapers, Sanitary napkins, 1 Kitchen Set, 1 Hygiene Kit, 1 Solar Lamp, 1 Plastic Sheet; the summer kit included 1 rechargeable fan while the winter one encompassed 5 high thermal, blankets instead of regular, blankets + 1 extra plastic, sheet + winterized clothes. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There was no discrepancy.	
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>GM code: 1</p> <p>In all of its activities, UNHCR pays particular attention to the needs of vulnerable groups including women and children, and seeks to promote the equal rights of women and girls. For this specific project, UNHCR's life-saving assistance to IDPs took into consideration the specific needs of women and men in the design of the family NFI package as well as in the rehabilitation of collective shelters.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>UNHCR Policy Development and Evaluation Service (PDES) planned contract an external company to conduct an evaluation of its intervention in the context of the Syria crisis. The evaluation was intended to cover a wide range of sectors, including those covered in the proposed CERF action and as such was to be funded by different donors. However, and considering the current security situation, it is unlikely that the external evaluation will cover Syria.</p>	

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	1 Apr. 2013 - 30 Nov. 2013
2. CERF project code:	13-IOM-016	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:	Emergency Relief Assistance to Syrian Populations Affected by the Crisis		
7. Funding	a. Total project budget:	US\$ 43,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 5,831,649	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 1,499,914	▪ <i>Government Partners:</i>
			US\$ 0
			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	23,666	111,724	For Health: IOM managed to reach 17,513 IDPs exceeding its target number of beneficiaries. The equipment provided benefitted a larger number of beneficiaries than initially expected.
b. Male	23,666	111,724	
c. Total individuals (female + male):	47,332	223,448	
d. Of total, children <u>under</u> age 5	5,680	33,517	For NFI: IOM reached 201,070 IDPs beneficiaries (49 per cent male and 51 per cent female). Through long-term agreements and negotiations with local vendors, IOM managed to reduce its unit cost, hence was able to exceed beneficiary targets largely within the same budget For Shelter: IOM reached 4,865 IDPs beneficiaries
9. Original project objective from approved CERF proposal			
To address the urgent humanitarian needs of displaced populations in Syria through the provision of NFIs, rehabilitation of shelters, and to improve access to health care services in coordination with established networks of UN agencies, 9 NGO partners, and local authorities.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of IDPs individuals received NFIs assistance. Target: 37,750 IDPs • Number of IDPs individuals received shelter assistance. Target: 4,862 IDPs • Number & type of relief services provided • Number & type of technical shelter assessment provided. Target: 20 shelter • Number of NGOs provided with capacity building activities. Target: min of 7 NGOs • Number of medicines, health kits, medical supplies and/or equipment provided to health facilities. Target: 4,720 IDPs • per cent of total assistance covered by post-monitoring visits by IOM and partners: min. 10per cent 			

11. Actual outcomes achieved with CERF funds

Non-Food Items (NFIs):

- Total number of beneficiaries under CERF is **201,070** as per the following:
- About 1 per cent of population reached are vulnerable groups including pregnant women, people with disability and/or people with chronic diseases.
- Total number of distributed kits is **53,457 NFIs** (baby diapers (10,272), family hygiene kits (16,152), underwear (5,000) house cleaning kits (13,666), kitchen set (200), jerry cans (7,958), wheel chairs (170), air splint (9), and neck traction (30)). Each hygiene kit, house cleaning kit and kitchen set is for a family of 5 members. The remainder items are for individual use.
- Through CERF funded NFIs activities in 12 governorates, IOM partnered with 8 local NGOs: Ahel Al Cham Initiative, Dar Anis Saade, Greek Orthodox Patriarch Association (GOPA), Hand By Hand, Labina Al Nidaa, Lamset Shfaa , SARC, and Syria Trust for Development. The mentioned 8 local NGOs are umbrella for additional 9 NGOs that IOM coordinated with them as well, namely: Al Birr Society, Al Ga'frie Association, Al Sana Association, Al Nour Association, Aoun Society, Eithar Association ,Insha'at, Said Quraish Orphanage and Shahba Charity Association.
- IOM directly monitored **68** per cent of NFIs distribution carried out. Percentage of beneficiaries reached as per location types: cross line area (34per cent), GoS controlled area (60 per cent: 2 per cent public shelters and 58 per cent IDPs in host communities), and conflict areas (6 per cent).
- **2** per cent of distributions were carried out by UNHCR, SARC, Syria Trust for Development or the Ministry of Social Affairs personnel in some localities; such as Qunaitra, Homs, As Sweida, and Damascus where the mentioned partners were present.

Shelter Intervention:

- IOM improved living conditions of **4,865** IDPs beneficiaries as per number of IDPs currently hosted in the shelter at the time of the intervention
- IDPs received shelter assistance in **18** shelters in **4** governorates (**5** in Damascus targeting **1,862** IDPs (**1** Bab Musalla, **1** Bustan Eldoor, **1** Mazzeh 86 area, **1** Dummar and **1** Alzahira neighbourhoods), **7** in Hama targeting **128** IDPs (**1** Tawheed, **5** Almokhayam and **1** Alalawneh neighbourhoods), **2** in Homs targeting **930** IDPs (**1** Alinshaat and **1** Alghouta neighbourhoods) and **4** in Lattakia targeting **1,945** IDPs (**1** Blue beach street, **3** in Alraml Alsh mali neighbourhood (1 in Badawi Aljabal street and 2 in Al Jumhoriyh street)).

Relief intervention

IOM provided prompt life-saving interventions to sudden influx of displaced population who were in dire need of shelter and basic amenities to alleviate the harsh living conditions and winter climate. Immediate outreach to vulnerable populations **201,070 IDPs** with NFI materials and, at the same time, rehabilitation and /or upgrade of shelters (including unfinished buildings or private apartments, 18 shelters reaching **4,865** IDPs) were essential relief interventions which helped IDPs to tolerate the sudden circumstance. With health intervention, IOM reached to **17,513 IDPs** with equipment and utilities that made their lives easier. Capacity building will enhance the capabilities of LNGOs to meet the increasing needs of Syrian populations under the current circumstances.

Technical and Need Assessments:

- IOM carried out **42** technical assessments in public shelters in **3** governorates targeting **1,780** families of **9,337** IDPs (**3** in **Damascus** targeting **153** families, **765** IDPs individuals, **26** in **Homs** targeting **1,234**families, **6,608** IDPs individuals, and **13** in **Rural Damascus** targeting **393** families, **1,964** IDPs individuals).
- With funds provided by other donors, during the period of April to November, IOM conducted 328 need assessment visits in the 14 Syrian governorates to explore the displaced populations' most dire needs to design prepositioning of emergency required materials enabling IOM to carry out immediate response.
- Need assessments were conducted in coordination with 9 local NGOs: Syria Trust for Development, SARC, Al Ehsan Friends, Al Birr and Social Services, Hand by Hand, Arab Women , Social Charity Association , SOS and Raqqa Youth Volunteering
- During the need assessments carried out (Apr-Nov), urgent needs were observed for clothes, mattresses, family hygiene kits, jerry can, kitchen sets, blankets, house cleaning kits, adult diapers, water filters, electric heaters and baby diapers.

Health:

- Under CERF 13-IOM-016, IOM reached **17,513** IDPs beneficiaries (Aleppo 9%, Ar-Raqqa 4%, As-Sweida 3%, Damascus 3%, Dar'a 8%, Hama 20%, Homs 36%, Idleb 11%, Lattakia 1%, Quneitra 2%, Rural Damascus 2%, and Tartous 1%).
- In coordination with the Ministry of Health, medical equipment was provided to two hospitals in Homs city and Homs rural areas since they are still operational but in dire need for equipment (**200** equipment items to Tal Kalakh Hospital and **18** equipment to Al Sukhneh Hospital) assisting **17,280** IDPs beneficiaries.
- Procurement and distribution of disability support items: 170 wheel chairs were distributed in Aleppo (50), Damascus (21), Homs (80), Rural Damascus (9), and Tartous (10). In addition, 30-neck traction and 30 air splint were procured and distributed in Rural Damascus.
- In total, IOM has reached to 17,513 displaced and affected individuals through increased access to health care facilities

<p>(Homs) and provision of disability support items to vulnerable affected individuals with special needs in 5 governorates (Damascus, Tartous, Aleppo, Homs and Rural Damascus). Number of beneficiaries estimated as per MoH and WHO standard for medical equipment whereas the remainder physical support items are for individual use.</p> <ul style="list-style-type: none"> • Until drafting this report, IOM conducted post monitoring evaluation as circumstances permitted and reached 1% of the populations who received services. IOM will provide further information when received. <p>Capacity Building activities to LNGOs:</p> <ul style="list-style-type: none"> • Under several donor contributions, IOM conducted 2 capacity-building trainings on Collective Shelter Management & Emergency Response in Damascus on September 21-24 and in Lattakia on September 26-29 . • Under CERF 4 fund contribution, a total of 32 participants attended; 10 participants from 9 NGOs, 4 participants from local municipality workers and social workers from MoLA and MoSA, as well as 1 UN, and 6 IOM field staff. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>IOM managed to exceed targets in the health and NFI spheres thanks to the availability of goods in the local market at lower prices than expected in addition to the procurement of some medical equipment benefitting a large number of beneficiaries. IOM consulted with the CERF secretariat on reprogramming on 29 July 2013 in order to extend implementation activities to Lattakia. This was agreed by the CERF secretariat without the need for a formal approval. Further to that, IOM requested a no-cost-Extension on 23 Sept 2013 due to delays in the implementation of the health activities. This was approved on 25 Sept 2013. Both reprogramming and no-cost extension were necessary for lifesaving response in shelter repair in one of the biggest public shelters in Syria as well as in IOM health response.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>The lifesaving assistance to IDPs and affected population, through this action, took into consideration the specific needs of women and men in the design of the hygiene kit as well as in taking extra measures as part of shelter repair and rehabilitation through installation of partitions for privacy, separate latrines for women, etc.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>IOM carried out a post distribution monitoring visits to ensure delivery and quality of assistance provided throughout the action. IOM conducted post-monitoring evaluation visits in 4 governorates: Damascus, Lattakia, As-Sweida and Tartous governorates. See below a sample of the results from the survey that were distributed to 1 per cent (2,011 individuals) who received NFIs assistance through CERF funds.</p> <p>Is the provided assistance enough for your family?</p> <ul style="list-style-type: none"> • 47 per cent expressed the NFIs kits provided enough assistance to sustain their living, 45per cent partially enough, and 8per cent articulated that it was not enough. <p>Is the method and organizing assistance satisfactory?</p> <ul style="list-style-type: none"> • 73 per cent expressed their satisfaction with services delivered, 23 per cent partially satisfied, and 4per cent not satisfied. 	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	22 May 2013 – 21 Nov. 2013
2. CERF project code:	13-WFP-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance to People Affected by Unrest in Syria		
7. Funding	a. Total project budget:	US\$ 1,509,322,560 ²	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 517,365,806	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$ 3,000,045	▪ <i>Government Partners:</i>
			US\$ N/A
			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	764,523	1,332,500	The CERF funds were initially programmed to procure 3,765 mt of wheat flour. However, following receipt of a substantial in-kind donation of wheat grain, sufficient to cover needs for a 4-6 month period, the CERF secretariat approved the re-prioritization of these funds to purchase 1,752 mt of pasta and 1,250 of rice instead. This commodity switch allowed WFP to reach a larger number of beneficiaries than originally planned. Distributions of CERF funded commodities reached 2.6 million people in all 14 Syrian governorates over the months of July and August rather than the initially targeted 1.6 million people for a one month period. This commodity change, explains the discrepancies in the beneficiary figures reported
b. Male	795,727	1,267,500	
c. Total individuals (female + male):	1,560,250	2,600,000	
d. Of total, children <u>under</u> age 5	213,834	364,000	
9. Original project objective from approved CERF proposal			
The objective of the WFP emergency operation is to save lives and protect livelihoods in emergencies by providing food assistance to targeted vulnerable households, whose food and nutrition security has been adversely affected by the unrest, including by the increasing shortages of fuel and bread. In view of this, WFP aims to use CERF funds to procure wheat flour, an essential staple in the Syrian diet, to ensure that this essential commodity is provided in the main food basket as planned.. More specifically, wheat flour distribution will allow beneficiaries (particularly in rural areas, with an initial focus on the north-eastern governorates of Deir Ezzor, Al-Hasakeh and Al-Raqqa) to make bread.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Improved food consumption over assistance period for targeted households, in terms of quality and diversity of food intake and frequency, <ul style="list-style-type: none"> ○ Outcome indicator: 50 per cent of interviewed beneficiaries will have acceptable food consumption score. • Food items distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions. <ul style="list-style-type: none"> ○ Outcome indicator: (i) number of women, men, boys, and girls receiving food by category and as per cent of planned figures: (ii) tonnage of food distributed by type as percentage of planned distribution. 			
11. Actual outcomes achieved with CERF funds			

² At the time of the proposal the total budget for the project was US\$525,864,773 however the budget was revised in June and December and the total budget on the time of submission of this report was the one reported above.

- The re-prioritization of CERF funds (to purchase rice and pasta instead of the originally planned wheat flour), allowed WFP to **exceed targets both in terms of beneficiary caseload and geographical coverage**:
 - A total of 2.6 million beneficiaries were assisted, representing a 62 percent increase from the originally planned 1.6 million people.
 - Distributions of CERF commodities were conducted in all 14 Syrian governorates rather than the originally planned governorates of Deir-Ezzor, Rural Damascus, Dara'a, Idleb, Aleppo and parts of Homs.
- **Food items were distributed in sufficient quantity and quality**: critical pipeline breaks were avoided, which would have forced WFP to significantly reduce the food basket and cut caloric intake by 20 percent. Through the CERF contributions, 100 percent of the rice and 80 percent of the planned pasta rations were provided during July and August and only minor cuts to the food basket, of 7 and 11 percent respectively, were applied. This eventually made it possible to distribute a food basket with a caloric value equivalent to 93 percent of the planned basket in July while in August the food basket provided 89 percent of the planned nutritional content.

Timely distribution of assistance: The timely arrival of the procured commodities allowed WFP to distribute all received quantities over a two month period and within the established time-frame of the grant.

- The CERF contribution of US\$3 million of WFP was initially programmed for the procurement of 3,763mt of wheat flour to be distributed to a targeted 1.6 beneficiaries in the governorates of Deir-Ezzor, Rural Damascus, Idleb, Aleppo and Homs. However, upon receipt of a substantial in-kind donation of wheat grain, sufficient to cover all needs in the country for 4-6 months, the CERF-secretariat approved the re-prioritization of these funds to purchase 1,752mt of pasta and 1,250mt rice instead. The same targeting criteria was employed in the distribution of these new commodities which however, allowed WFP to exceed the originally planned beneficiary caseload to reach approximately 2.6 million people in all 14 Syrian governorates (rather than to 1.6 million people in 5 governorates as per the original plan).
- Despite, these results, monitoring findings, while not representative of the situation at country level, owing to sample size limitations and lack of complete and adequate coverage, point to a worsening food security situation across the country. As a result, outcome findings for this period fell short of the original target of 50 percent of households with an acceptable food consumption score
- During the months of July and August, monitored households with a poor food consumption score increased from a previous 27 percent of households in June to 30 percent in July and 36.4 percent August, while households with an acceptable food consumption score decreased from 31 percent in June to 24 and 29 percent in July and August respectively. A number of factors contributed to these results: during these months, access to a number of areas was particularly challenging and WFP could not distribute assistance at the planned scales in all targeted locations. Food prices, particularly of vegetables, dairy and meat escalated from July onwards, contributing to decreasing the dietary diversity of some of the poorest and most vulnerable households
- The purchase of 1,752mt of pasta and 1,250mt of rice contributed to offsetting some critical pipeline breaks which would have forced WFP to significantly reduce the food basket and cut caloric intake by 20 percent. Through the CERF contributions, almost all planned quantities of rice and pasta were provided and during the months of July and August only minor cuts to the food basket, of 7 and 11 percent respectively, were applied. Moreover, the timely arrival of the procured commodities allowed WFP to distribute all quantities over a two month period and within the established time-frame of the grant.

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

The percentage of households with an acceptable food consumption did not meet the 50 percent target established in the original funding proposal. Over the months of July and August, only 24 and 29 percent of households respectively, had an acceptable food consumption score while monitored households with both poor and borderline food consumption scores increased over these two months, compared to June levels. A number of factors contributed to these results: during these months, access to a number of areas was particularly challenging and WFP could not distribute assistance at the planned scales in all targeted locations. Food prices, particularly of vegetables, dairy and meat escalated from July onwards, contributing to decreasing the dietary diversity of some of the poorest and most vulnerable households. Moreover with the conflict escalating in many parts of the country and resulting in widespread population displacements, the number of people almost entirely reliant on WFP assistance to cover their most basic food needs also significantly increased during this period, partly explaining the increase in households with a poor food consumption score, which in July and August totalled 30 and 36 percent respectively.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

The objective of WFP emergency operation is to provide life-saving food assistance to the most vulnerable populations affected by the civil unrest. As a result, WFP has not been tailoring food assistance on the basis of sex and gender. However, acknowledging that women and particularly women-headed households represent a particularly vulnerable category for food insecurity, WFP and its partners have been affording particular attention to this beneficiary category at distribution sites, with the explicit aim of facilitating receipt of food by women. Moreover, protection of women and other vulnerable groups is also ensured through the active presence of field monitors at sites during distributions and follow-up visits as well as through the sensitization of cooperating partners on gender-based violence and sexual exploitation.

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

YES NO

Monitoring and evaluation remains challenging in Syria. Escalating, insecurity delayed or withheld approvals and other restrictions to physical access have limited WFP's capacity to systematically collect outcome data in all targeted locations and evaluate activities.

Notwithstanding, WFP continued to perform direct monitoring of the emergency response wherever possible, regardless of the area of control of the affected area. In order to ensure as broad coverage as possible over time, WFP monitoring teams rotated between locations each month. This allowed WFP to monitor, 194 main final distribution points at least once from June to December in 11 of the 14 Syrian governorates, as owing to volatile security conditions, no monitoring could be conducted in Al-Raqqa, Deir-Ezzor and Quneitra.

Limited post-distribution monitoring was also conducted in formal or informal shelters for the displaced. Furthermore, participation in inter-agency convoys allowed WFP to assess humanitarian conditions and collect information in some of the most hard-to-reach locations. In November, the first deployment of a team of project facilitators, recruited to verify implementation in areas inaccessible to United Nations staff, increased monitoring coverage from an average 15 percent to 26 percent of all distribution sites.

Due to significant coverage and sample size limitations, monitoring findings cannot be considered representative of the situation at country level. However these observations provide useful insights on the food security situation of some of the most vulnerable and conflict-affected households. According to WFP monitoring, the food security of interviewed households in July and August, deteriorated. During this period, the percentage of households with a poor food consumption score increased to 30 percent in July and 36 percent in August from a previous 27 percent recorded in June. These findings reflect the increasingly damaging effects of the conflict on the civilian populations which resulted in widespread population displacements, a progressive erosion of coping capacities and an exacerbation of vulnerabilities

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	5. CERF grant period:	13 May 2013 – 12 Nov. 2013
2. CERF project code:	13-WHO-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support primary health care delivery		
7. Funding	a. Total project budget:	US\$ 56,553,500	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 478,329 ▪ <i>Government Partners:</i> US\$ 0
	b. Total funding received for the project:	US\$ 22,753,855	
	c. Amount received from CERF:	US\$ 1,541,845	
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	120 000	149,285	The increased number of beneficiaries reached relates to a higher number of consultations/treatments provided by partnered local NGOs. Beneficiaries reached through medicines distributed are calculated through standardized calculation for medicines and supplies needed per one surgical intervention or medical treatment sufficient for one month for chronic disease patients.
b. Male	80 000	99,523	
c. Total individuals (female + male):	200,000	248,808	
d. Of total, children <u>under</u> age 5	22,000	33,340	
9. Original project objective from approved CERF proposal			
To reinforce availability of essential primary health care services, including preventive and curative care to the affected population in previously and newly affected government- and opposition-controlled areas.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Medical kits and medicines were provided to cover the basic health needs of 200,000 beneficiaries among the affected population. • PHC services were delivered by mobile clinics, mobile teams and NGO health facilities supported to serve 25,000 consultations in 6 months. • Critical PHC services were delivered to populations in conflict affected areas including insulin and treatment of diarrhoea cases. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Provided essential medicines to cover basic health needs for 200,000 beneficiaries ; Insulin was provided for 4,000 diabetic patients; 8 diarrhea kits were distributed providing 5,600 interventions for men, women and children suffering from diarrhea; covering the following governorates Homs, Hama, Idleb, Rural Damascus, Damascus Daraa, Aleppo, Hassakeh and Derezzor. • Contracted 9 local NGOs in Aleppo, Damascus, Derezzor, Hama, Homs and Rural Damascus to provide primary health care services including consultations, treatments and medication for 39,208 beneficiaries. • Fully equipped 10 vans into mobile clinics to provide basic primary health services. 6 were distributed to MOH, 1 to UNRWA and 3 to NGOs located in Derezzor, Idleb and Hama 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy			

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Code 1: Health services are provided to all populations requiring health care especially vulnerable groups including women and children	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>WHO has monitored the implementation of this project through field reports by WHO focal points in Aleppo, Hassakeh, Homs, Rif Damascus, Idlib, Sweida, Quneitera, Hama, Daraa, Derezzor, Homs, Latakia and Damascus to follow up on distribution and contracted NGOs activities.</p> <p>Distribution and provision of kits, medicines and supplies to implementing partners - namely, MOH, MOHE, and local NGOs, was also monitored by the WHO supply tracking system categorized by governorate, end-user and beneficiaries reached.</p> <p>This project has been monitored and evaluated as part of WHO regular M&E process of medicine and medical supplies distribution and contracts with implementing partners.</p>	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:		WHO	5. CERF grant period:	18 Apr. 2013 – 17 Oct. 2013
2. CERF project code:		13-WHO-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project title:		Provision of essential medicines and medical equipment for operating theatres and lifesaving surgeries		
7. Funding	a. Total project budget:		US\$ 48,483,626	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:		US\$ 18,156,213	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 196,055
	c. Amount received from CERF:		US\$ 682,604	▪ <i>Government Partners:</i> 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>	
<i>a. Female</i>	42,000	66,093	The 10 emergency health kits distributed provided primary and surgical health needs for a catchment population of 100,000 beneficiaries for 3 months, while the medicines distributed provided medical treatment for 10,956 direct beneficiaries.	
<i>b. Male</i>	28,000	44,062		
<i>c. Total individuals (female + male):</i>	70,000	110,155		
<i>d. Of total, children <u>under</u> age 5</i>	7,000	14,760		
9. Original project objective from approved CERF proposal				
To increase access to urgently needed, life-saving specialized health care in previously and newly affected government and opposition-controlled areas.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> 70,000 individuals benefitted from life-saving medicines, medical supplies and medical equipment; Life-saving surgical interventions were made available for vulnerable groups, including IDPs in host communities, through NGO referral systems to medical networks. 				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> Provided emergency medical kits to cover urgent surgical interventions, treat injuries and life-saving operations for 800 patients, and medical supplies for 100,000 beneficiaries in Homs, Hassakeh, Aleppo, Damascus, Rural Damascus, Derezor and Latakia governorates. Contracted 4 local NGOs in Homs and Hassakeh to provide life-saving surgical interventions for 4,056 beneficiaries of vulnerable populations. Provided 2 defibrillators and 2 ventilators to strengthen ICU/ Emergency units in Albir Homs Hospital and MOHE Main emergency hospital in Latakia. NCD life-sustaining medication provided for 6100 patients suffering from ARI, kidney failure and CVD or in Hama, Damascus, Rural Damascus and Aleppo governorates Supported hospitals in Derezor, Damascus and Rural Damascus governorates with laboratory supplies and equipment to improve diagnostic capacity of hospitals and improve operation theatres. 				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				

N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>GM code: 1</p> <p>Life-saving surgeries are provided to vulnerable populations requiring secondary and tertiary health care, a significant proportion of which consists of women and children.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>WHO has monitored the implementation of this project through field reports by WHO focal points in Aleppo, Hassakeh, Homs, Rif Damascus, Idlib, Sweida, Quneitera, Hama, Daraa Derezor, Homs, Latakia and Damascus to follow up on distribution and contracted NGOs activities.</p> <p>Distribution and provision of kits, medicines and supplies to implementing partners - namely, MOH, MOHE, and local NGOs, was monitored by the WHO supply tracking system categorized by governorate, end-user and beneficiaries reached.</p> <p>This project has been monitored and evaluated as part of WHO regular M&E process of medicine and medical supplies distribution and contracts with implementing partners.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:		WHO	5. CERF grant period:
2. CERF project code:		13-WHO-024	18 Apr. 2013 – 17 Oct. 2013
3. Cluster/Sector:		Health	6. Status of CERF grant:
4. Project title:		Critical treatment and care of trauma cases	
7. Funding	a. Total project budget:	US\$ 43,195,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 13,423,755	▪ NGO partners and Red Cross/Crescent: US\$ 162,893
	c. Amount received from CERF:	US\$ 736,363	▪ 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	90,000	80,724	There is a discrepancy between the planned and reached beneficiaries because the planned beneficiaries portrayed the catchment population targeted, while the reached figures show beneficiaries that have received direct surgical interventions and medication
b. Male	60,000	53,816	
c. Total individuals (female + male):	150,000	134,540	
d. Of total, children <u>under</u> age 5	20,100	18,023	
9. Original project objective from approved CERF proposal			
To reduce mortality and morbidity through increased availability to trauma care for affected population in previously and newly affected government- and opposition-controlled areas			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • A catchment population of 150,000 received timely, adequate health care for conflict-related injuries; • Hospitals in targeted areas received supplies to conduct a minimum of 1,500 surgical interventions; • IV fluids were provided to 123,000 beneficiaries. 			
11. Actual outcomes achieved with CERF funds			
<p>NGO implementing partners were contracted to provide health care for conflict related injuries covering a catchment population of more than 150,000.</p> <p>Contracted 3 local NGOs to provide life-saving surgical and trauma interventions for 10,540 beneficiaries of vulnerable populations in Rural Damascus, Aleppo and Raqqa.</p> <p>Provided emergency medical kits to cover critical surgical interventions, treat injuries and life-saving operations needs for 1,000 surgical interventions in Homs, Latakia, Derezzor governorates.</p> <p>Provided life-saving IV fluids for 123,000 injured and critical ICU cases in 10 governorates</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

GM Code: 1

Emergency trauma care, the main intervention under this grant, is provided to all affected populations especially vulnerable groups including injured men, women and children

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

YES NO

WHO has monitored the implementation of this project through field reports by WHO focal points in Aleppo, Hassakeh, Homs, Rif Damascus, Idlib, Sweida, Quneitera, Hama, Daraa Derezor, Homs, Latakia and Damascus to follow up on distribution and contracted NGOs activities.

Distribution and provision of kits, medicines and supplies to implementing partners - namely, MOH, MOHE, and local NGOs, was monitored by the WHO supply tracking system categorized by governorate, end-user and beneficiaries reached.

This project has been monitored and evaluated as part of WHO regular M&E process of medicine and medical supplies distribution and contracts with implementing partners.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNRWA	5. CERF grant period:	12 Apr.2013 – 31 Dec. 2013
2. CERF project code:	13-RWA-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Humanitarian Support for Conflict-affected Palestine Refugees in Syria SYR13F572015593		
7. Funding	a. Total project budget:	US\$ 26,643,301	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 23,291,615	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 1,999,998	▪ <i>Government Partners:</i> 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	46,790	50,200	
b. Male	46,790	50,200	
c. Total individuals (female + male):	93,580	100,400	
d. Of total, children <u>under age 5</u>	11,230	11,837	
9. Original project objective from approved CERF proposal			
To provide life-saving humanitarian assistance to conflict-affected Palestine refugees in Syria in order to increase their resilience throughout the conflict. This assistance will focus on new locations of Palestine refugees who are internally displaced.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of families assisted • Number of female-headed families assisted • Number of new born infants assisted • Number of UNRWA facilities (used as makeshift shelters) with enhanced access to water/sanitation • Number of health centres provided with essential medical supplies 			
11. Actual outcomes achieved with CERF funds			
<p>UNRWA successfully implemented a multi-sector project, consisting of food parcel distribution to vulnerable refugees, two daily meals to approximately 14,000 refugees and displaced Syrians living in UNRWA and UNRWA-managed collective shelters, mattresses and hygiene kits to displaced refugees in collective shelters and baby kits to new mothers and newborns in collective shelters. The project also covered the upgrading and maintenance of sanitation services at 17 UNRWA facilities operating as collective shelters in Damascus and Hama.</p> <ul style="list-style-type: none"> • Number of families assisted – 40,585 families (25,100 families received food parcels, 2,375 families received two daily meals at collective shelters, 5,575 families received mattresses, 3,022 families received hygiene kits, 200 new mothers received baby kits, 2,375 families were ensured access to medicines at health points, 1,938 families benefitted from improved water and sanitation services at UNRWA collective shelters in Damascus and Hama) <p>Food and non-food items remain available on the open market in most residential areas, but inflation and reduced household incomes have resulted in increasing numbers of refugees unable to buy basic food items. It is expected that throughout 2014 over 440,000 Palestine refugees will continue to require intensive ongoing assistance to meet their minimum food, non-food and health needs.</p>			

A combined funding, or 'pooling' approach was adopted in order to maximize efficiency savings and procure bulk quantities of each food item contained in the standard food parcel. This furthermore enabled the Agency to more closely track procurement and transportation of food items, ensuring efficient and timely delivery. The Agency is in the process of establishing a procurement office at the Port of Tartous in order to further improve delivery times and facilitate the release of food items through customs. Standard delivery times are currently approximately 26 weeks from receipt of funds.

Utilising CERF funds, the Agency procured 64.4 metric tons of refined sugar, 78,820 packets of pasta (400g each), 21,000 metric tons of halawa, 78,820 tins of Halal canned meat, 86,017 tins of chickpeas, 86,017 jars of apricot jam (400g each), 85,000 tins of broad beans (380g each), 45 metric tons of milk powder (1kg packets), 78,820 litres of cooking oil, 78.8 metric tons of long grain rice and 78.8 metric tons of red lentils. These food items benefitted an average of 9,500 displaced Palestine refugees per day between October and November 2013, whilst also providing contents for 25,100 family food parcels. A total of 148,382 food parcels was distributed across Syria up to the end of December 2013.

All non-food item beneficiaries were located in 26 collective shelters within Damascus (14 UNRWA shelters and 12 shelters managed by UNRWA). Transportation was completed by UNRWA, and distribution was coordinated by Agency social workers located at each shelter. The location of beneficiaries was as follows:

The number of refugees leaving and entering the collective shelters varied throughout the project implementation period, and the present table is typical of refugee numbers living in UNRWA and UNRWA-managed collective shelters in Damascus. All 200 baby kits, 22,301 mattresses and 3,022 family hygiene kits were distributed to refugees, including new mothers, in 26 UNRWA and UNRWA-managed collective shelters. Shelter records were collected weekly and distribution took place over a three month period from October to December, whilst refugee numbers fluctuated due to new displacement and returns.

- Number of female-headed families assisted – 643 female headed households received two daily meals at UNRWA collective shelters. UNRWA monitored the number of female headed households in all UNRWA and UNRWA-managed collective shelters, ensuring two meals per day were provided to all displaced refugees.
- Number of new born infants assisted – 200 new born infants were provided with baby kits at UNRWA collective shelters. The Agency responded to the specific needs of mothers and newborn children, distributing 200 baby kits containing blankets, warm clothing, diapers, zinc oxide cream, soap and antimicrobial cream. The baby kits were distributed in 26 collective shelters in Damascus.
- Number of UNRWA facilities (used as makeshift shelters) with enhanced access to water/sanitation – 17 UNRWA facilities received maintenance and upgrading of sanitation facilities.

UNRWA continues to provide regular maintenance and improved sanitation to all operational facilities in Syria, including regular maintenance of 18 UNRWA collective shelters. Using CERF funding, the Engineering and Construction Services Department replaced sewer lines at a school/collective shelter in Rukn Eddin, Damascus, installed 65 water tanks at 17 collective shelters in Damascus, Aleppo and Hama, installed a water pump at a school/collective shelter in Neirab Camp, Aleppo, upgraded toilet units in five collective shelters to provide additional washing facilities, and installed new galvanised water pipes at the central well in Hama Camp. Minor maintenance works were carried out in an additional five facilities in Damascus and Hama.

3,022 family hygiene kits were also distributed in collective shelters, enabling 3,022 families to meet their essential hygiene needs for one month.

- Number of health centres provided with essential medical supplies – 6 health centres and 8 health points in Damascus. Through this CERF project, UNRWA procured the following medicines, and distributed them to six health centres and eight operational health points located in collective shelters in Damascus, where approximately 9,500 refugees currently receive shelter. The medicines will be administered as part of the UNRWA health programme, which serves approximately 428,555 Palestine refugees registered in Damascus. This number fluctuates due to displacement, both within Syria and to neighbouring countries. The medicines were pooled as part of UNRWA's broader health programme, and the Agency distributes these as part of its regular services.

Some medicines are still under delivery as they have short shelf lives and the supplier therefore requires customs clearance before shipping, but clearance has now been received and the shipping to Beirut port is expected to be completed in the coming weeks.

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

N/A

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

Gender Code: 1

Gender equality was mainstreamed through the project by targeting men, women – including female headed households, persons with disabilities and boy and girl children for food, NFI and health assistance. The number of beneficiaries was disaggregated by gender and age.

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

YES NO

Whilst this project was not evaluated individually, UNRWA is currently undertaking an evaluation of its cash assistance programme, which will focus on cash distribution but will also provide analysis the related impact of food distribution in Syria. UNRWA conducts regular monitoring of its emergency interventions through refugee applications for assistance, maintaining up-to-date lists of eligible refugees, maintaining identification criteria at distribution points, financial implementation rates, and feedback from refugees through the Agency's programme-wide complaint and appeal mechanism. UNRWA social workers also conduct follow up phone calls with randomly selected beneficiaries to ensure they have received their recorded assistance.

UNRWA monitors regular programme and emergency indicators through its internal programme strategic framework, the results of which are reported to donors annually. All financial transactions and financial statements are subject to internal and external auditing procedures laid down in UNRWA's financial regulations, rules and directives, and all financial statements are subject to the UN Board of Auditors

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:	UNDP		5. CERF grant period:	12 Apr. 2013 – 10 Jan 2014
2. CERF project code:	13-UDP-008		6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation			<input type="checkbox"/> Concluded
4. Project title:	Emergency restoration and stabilisation of Livelihoods for Syrian people			
7. Funding	a. Total project budget:	US\$ 15,000,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$ 15,000,000	▪ NGO partners and Red Cross/Crescent:	US\$ 406,280
	c. Amount received from CERF:	US\$ 1,000,001	▪ 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	6,620	399	Please note that the planned target in the proposal refers to UNDP's overall programme of 15m, and not only to the CERF 1m fund	
b. Male	7,320	686		
c. Total individuals (female + male):	13,940	1,085		
d. Of total, children <u>under</u> age 5	500	N/A		
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> • To alleviate the solid waste problem in selected communities in Homs and Deir-ez-Zor to prevent health problems. • To improve the livelihoods of affected population through cash for work and humanitarian assistance. 				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> • Selected communities enjoy improved living conditions <ul style="list-style-type: none"> ○ Amount of solid waste removed from each target community ○ Satisfaction of community members (random interviews with a representative sample of the community) ○ Number of families receiving hygiene kits • Short-term employment opportunities are created in affected/ host communities to alleviate financial pressures and support spontaneous recovery of livelihoods <ul style="list-style-type: none"> ○ Number of people who have benefitted from short-term employment opportunities (25 per cent should be women) ○ Total number of work-days ensured. 				
11. Actual outcomes achieved with CERF funds				
<p>With the CERF funding, UNDP made a breakthrough in Deir Ezzor governorate and targeted the affected population with the most crucial livelihood support, a source of income while also improving the surrounding environment and reducing the environmental and health risks.</p> <p>In Deir Ezzor governorate:</p> <ul style="list-style-type: none"> - UNDP created more than 320 emergency employment opportunities to IDPs labourers and host community in "Solid Waste Removal and Disposal through local partners in Deir Ezzor (33,280 working days), thus supporting at least 1600 dependents. - Mobilized 400 youth volunteers to support hygiene awareness campaigns (10,400 volunteering days). - Conducted hygiene promotion campaigns, targeted 16,100 IDPs and affected persons from hosting communities of which 70 per cent were women and children. - Environmental & health hazards were reduced, with the enhancement of solid waste removal services, 4,455 k.g. of pesticides utilized, and 1644 tons of solid waste removed from 6 affected neighbourhoods, inhabited by 83,500 persons. 				

Pesticides were purchased in lieu of hygiene kits originally planned since other agencies covered that need. This was necessary to mitigate health hazards and avoid escalation of potential diseases.

- 39 per cent of the workers and volunteers working in the solid waste removal were women, reflecting a change in the culture of the local community
- Local businesses were revived through the procurement of necessary, uniforms, tools and containers from the local market

In Homs:

- UNDP created more than 293 emergency employment opportunity to IDPs labourers and host community through solid waste removal and disposal projects, 22854 working days so far, and 3445 tons of solid were removed from targeted areas inhabited by almost 300,000 persons.
- UNDP conducted hygiene promotion campaigns through series of awareness sessions provided by young volunteers from local communities (1300 volunteering days).
- Local businesses were revived through the procurement of necessary uniforms, tools and containers from the local market
- 10 per cent of the workers in solid waste removal activities in Homs were women.

The story in numbers:

Total amount of solid waste removed: 5,089 Tons

Total amount of work days ensured: 56,134 working days

Total number of people benefited from emergency employment: 613 (32per cent were women)

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

No significant discrepancy between planned targets and actual targets achieved

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

GM code 2a: gender equality was mainstreamed in the project design and implementation through a set of procedures at the selection process:

- A percentage of female beneficiaries was defined in all project proposals
- Priority is always given to female headed households

Where possible, females are encouraged to actively participate in all project activities.

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

YES NO

An external evaluation of this project was not planned. However, UNDP relied on field staff for follow up and monitoring on implementation.

In Homs a coordinator was assigned to monitor all on-going activities and follow up on implementation and progress according to the agreed upon plans. Progress reports were submitted by implementing partners on a monthly basis to the field coordinator who reviewed them, ensured their accuracy and submitted them to UNDP's central office for their final review, comments and direction. Issues were escalated by the field coordinator to UNDP's management for quick and timely decisions and response. Field spot checks were conducted to the neighbourhoods where cleaning activities were taking place. Photos before and after the action were kept in a file reflecting the progress of the works conducted by the daily workers.

In Der Ezzor and due to the critical security situation within the Governorates, UNDP was not able to assign a coordinator, however, the team in Damascus maintained thorough and continuous communications primarily with the partner NGO and with various stakeholders such as shelters' supervisors and representatives of local municipalities to ensure proper and satisfactory implementation in the field. Progress reports were submitted by implementing partner and were reviewed by UNDP's central office and issues were addressed through timely management's responses. In addition to the above, UNDP's management used media coverage reports and cross data analysis to verify received information from various parties and to monitor progress.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNDP	5. CERF grant period:	19 Apr. 2013 – 18 Jan. 2014
2. CERF project code:	13-UDP-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Security and Logistic Support to UN Hubs in Syria		
7. Funding	a. Total project budget:	US\$ 3,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,500,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 447,134	▪ <i>Government Partners:</i> 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	N/A	N/A	
b. Male	N/A	N/A	
c. Total individuals (female + male):	N/A	N/A	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To ensure safety and security of staff in newly established UN hubs, including MOSS compliant premises security components. Facilitate program delivery of UN hubs. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Increased capacity of 5 international and 4 national DSS staff to enable UNCT program delivery in very high risk areas. Ability to conduct an advanced team and assessment mission prior to every planned UNCT mission in the hub areas. Reinforced security arrangements at each hub premises. 			
11. Actual outcomes achieved with CERF funds			
<p>Using CERF fund, UNDSS achieved the following outcomes:</p> <ul style="list-style-type: none"> Recruiting 1 international security officer and 7 national staff in each UN Hub in Homs Tartus city Increase the capacity of DSS staff in the Hubs to support the Humanitarian field missions Provide DSS staff with the required ICT equipment Conduct security risk assessment (SRA) prior to every field missions in Homs & Tartus UN Hubs Ensure safe access to area of operations for humanitarian activities <p>Provide security support in establishing the UN Hubs by following the mitigation measures in UN premises and minimizing the risks around them in tense areas</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
<p>A no-cost extension was requested by UNDSS to amend the project completion date to 18 Apr 2014 instead of 18 Oct 2013. Approval was granted to continue project implementation until 18 Jan 2014 as CERF grants a maximum of 3 months extension for rapid response projects.</p> <p>UNDSS faced many difficulties and constraints regarding staffing recruitments for several reasons. In addition, there were restrictions in procuring the ICT equipment locally.</p>			

To face such issues, UNDSS made intensive efforts to recruit the local staff in time. That included hiring qualified candidates from different regions from the duty stations. As for procuring the ICT equipment, UNDSS managed to perform the procurement case through the international market, to avoid the restrictions caused by the crisis in Syria.

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

N/A

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

N/A

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 Instalment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-054	Water, Sanitation and Hygiene	UNICEF	SARC	Yes	RedC	\$8,549	5-Aug-13	1-Mar-13	Reimbursement to SARC for 70 chlorine gas cylinders provided to Aleppo Water Authority. This was an emergency request as part of the Programme Cooperation Agreement (PCA) signed between UNICEF and SARC. Even though the activity started prior to the CERF project, the provision of the chlorine gas cylinders was in line with the proposed CERF activities and contributed to the overall project objectives. The release of CERF funds coincided with the timeline to reimburse SARC for the provision of the cylinders, hence the grant was transferred to the partner.
						\$322	5-Aug-13	5-Jul-13	Reimbursement to SARC for payment of transportation services to 15 participants of a hygiene promotion training, in line with objectives stated in the original CERF proposal.
13-CEF-054	Water, Sanitation and Hygiene	UNICEF	Aoun	Yes	NNGO	\$12,594	19-Sep-13	25-Sep-13	
13-CEF-054	Water, Sanitation and Hygiene	UNICEF	AlBirr - Deir Ezzour	Yes	NNGO	\$28,660	5-Sep-13	27-Sep-13	
13-CEF-054	Water, Sanitation and Hygiene	UNICEF	SFPA - Deir Ezzour	Yes	NNGO	\$10,935	5-Sep-13	25-Aug-13	

13-CEF-054	Water, Sanitation and Hygiene	UNICEF	AIBirr - Homs	Yes	NNGO	\$19,740	19-Nov-13	26-Sep-13	NGO started implementation of activities prior to the transfer of the first installment. The activity did not involve financial commitments on the part of the NGO; rather, it was confined to distribution of hygiene supplies provided by UNICEF
13-CEF-054	Water, Sanitation and Hygiene	UNICEF	HELP	Yes	INGO	\$14,000	20-Jul-13	1-Jan-13	Reimbursement to HELP for procurement of bed sheet sets The project agreement with the NGO was to respond to the spread of skin diseases among IDPs in Adra Omaliyeh in Rural Damascus. The objective was to provide the IDPs with bed sheet sets that can easily be exposed to sunlight; removed from mattresses, and cleaned.
13-UDP-008	Livelihoods	UNDP	Chamber of Commerce and Industry in Der EIZor	Yes	NNGO	\$280,000	15-Sep-13	15-Sep-13	
13-UDP-008	Livelihoods	UNDP	Youhanna Al Mamadan church	Yes	NNGO	\$13,786	1-Oct-13	1-Oct-13	
13-UDP-008	Livelihoods	UNDP	AlWadi Church	Yes	NNGO	\$13,357	30-Sep-13	30-Sep-13	
13-UDP-008	Livelihoods	UNDP	AIBsharah Church	Yes	NNGO	\$99,137	1-Oct-13	1-Oct-13	
13-FPA-019	Health	UNFPA	MoHE maternal Hospital	yes	GOV	\$76,896	15-Apr-13	1-May-13	
13-HCR-031	Shelter & NFI	UNHCR	SIF	Yes	INGO	\$247,531	25-Apr-13	28-May-13	IPFR 2/3 SIF

13-WHO-022	Health	WHO	Islamic Charity	Yes	NNGO	\$48,106	25-Jul-13	20-Jun-13	PHC and secondary -Deir Ezzor As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-022	Health	WHO	AL-BIRR ASSOCIATION CHARITABLE AND SOCIABLE SERVICES ORGANIZATION	Yes	NNGO	\$37,209	15-Aug-13	20-Jun-13	PHC Hassakeh- Qamishly As per MOU, NGO initiated implementation prior to transfer of funds, due to difficulties in bank transfers due the security situation in Hassakeh, the transfer was further delayed
			AL-BIRR CHARITY ASSOCIATION FOR SOCIAL SERVICES		NNGO	\$51,047	30-Jun-13	20-Jun-13	PHC Hassakeh
13-WHO-022	Health	WHO	Alihsan	Yes	NNGO	\$49,364	12-Jun-13	1-May-13	PHC Aleppo
13-WHO-022	Health	WHO	Al-Afyeh Fund	Yes	NNGO	\$51,771	9-Jul-13	1-Jul-13	PHC Damascus
13-WHO-022	Health	WHO	Union Chartiable Association	Yes	NNGO	\$90,600	7-Aug-13	1-Jul-13	PHC Damascus As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-022	Health	WHO	Syrian society for social development	Yes	NNGO	\$41,400	19-Jul-13	1-Jul-13	PHC Damascus As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-022	Health	WHO	Charity for social care	Yes	NNGO	\$53,610	30-Jul-13	1-Jul-13	PHC Hamah As per MOU, NGO initiated implementation prior to transfer of funds

13-WHO-022	Health	WHO	Dummar Association Charity	Yes	NNGO	\$55,222	31-Aug-13	1-Jul-13	PHC Damascus-rural As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-023	Health	WHO	Afia Fund Homs	Yes	NNGO	\$49,370	30-Jun-13	15-May-13	PHC Homs As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-023	Health	WHO	Mar Assia	Yes	NNGO	\$49,369	11-Jul-13	15-Jun-13	PHC Hasakeh As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-023	Health	WHO	Shabab Elkher	Yes	NNGO	\$47,313	23-Jun-13	1-Jun-13	PHC Homs As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-023	Health	WHO	Albir	Yes	NNGO	\$50,003	9-Jul-13	1-Jun-13	PHC and secondary - Homs As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-024	Health	WHO	Palestinian Charity	Yes	NNGO	\$67,674	5-Aug-13	15-Jul-13	PHC Damascus As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-024	Health	WHO	Metraniet Halab	Yes	NNGO	\$67,224	15-Jul-13	1-Jul-13	PHC Aleppo As per MOU, NGO initiated implementation prior to transfer of funds
13-WHO-024	Health	WHO	Arabian Woman Charity	Yes	NNGO	\$27,995	29-Aug-13	15-Jul-13	PHC Deir Ezzor As per MOU, NGO initiated implementation prior to transfer of funds, due to difficulties in bank transfers due the security situation in Derezzor, the transfer was further delayed

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ARI	Acute Respiratory Infection
CVD	Cardiovascular Disease
EmOC	Emergency Obstetric Care
ICU	Intensive Care Unit
IDPs	Internally Displaced Persons
IEHK	Inter-agency Emergency Health Kit
JRFSNA	Joint Rapid Food Security Needs Assessment
MAAR	Ministry of Agriculture and Agrarian Reform
MMR	Measles, Mumps, and Rubella
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MOSS	Minimum Operating Security Standards
NCD	Noncommunicable disease
PCA	Programme cooperation Agreement
PHC	Primary Health Care
POC	Persons of Concern
RH	Reproductive Health
RRIS	Refugee Registration Information Service
SARC	Syrian Arab Red Crescent
SFPA	Syrian Family Planning Association
SHARP	Syrian Humanitarian Assistance Response Plan
VPTF	Virtual Project Task Force
WASH	Water, Sanitation, and Hygiene
UNRWA	United Nations Relief and Works Agency