



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Yacoub Elhillo

REPORTING PROCESS AND CONSULTATION SUMMARY

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

On 15 May 2014, the CERF 2014 September rapid response grant reporting process was launched at the Inter-Sector meeting. The meeting allowed the sharing of information on lessons learned from previous CERF reporting experiences in order to facilitate the reporting process for this allocation. The importance of good reporting on the results of CERF projects to demonstrate overall UN achievements was highlighted during the meeting. Food and Agriculture Organization (FAO), World Food Programme (WFP), United Nations Development Programme (UNDP), World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA) and International Organization for Migration (IOM) participated in the meeting and discussion was held as per their involvement in the respective sectors. The sectors requested more time to enable them to submit the report with the narrative. OCHA emphasised the importance of including the added value and lessons learned into the report.

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

YES ☒ NO ☐

The report has been shared with the sector leads after its consolidation in order to clear the provided information related to 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 focal points designated from the UN Agencies for the preparation of the report. The report was shared with all UN Agencies receiving the grants detailed in this report.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 1,409,812,466		
Breakdown of total response funding received by source	Source	Amount
	CERF	19,970,354
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	17,575,533
	OTHER (bilateral/multilateral)	915,419,533 ¹
	TOTAL	952,965,420

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 25-Sep-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-130	Health	1,301,040
UNICEF	13-RR-CEF-131	Health-Nutrition	995,100
UNICEF	13-RR-CEF-132	Water and sanitation	2,001,439
FAO	13-RR-FAO-038	Agriculture	599,572
UNFPA	13-RR-FPA-048	Health	496,324
UNFPA	13-RR-FPA-049	Water and sanitation	398,040
UNHCR	13-RR-HCR-063	Shelter and non-food items	2,999,846
UNHCR	13-RR-HCR-064	Health	399,170
IOM	13-RR-IOM-035	Shelter and non-food items	900,251
WFP	13-RR-WFP-063	Food	5,296,739
WFP	13-RR-WFP-064	Health-Nutrition	500,004
WHO	13-RR-WHO-069	Health	1,279,328
WHO	13-RR-WHO-070	Water and sanitation	202,658
UNDP	13-RR-UDP-014	Water and sanitation	500,974
UNRWA	13-RR-RWA-008	Multi-sector	2,099,869
TOTAL			19,970,354

¹ FTS report as per 25 July 2014

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	19,821,396
Funds forwarded to NGOs for implementation	148,958
Funds forwarded to government partners	0
TOTAL	19,970,354

HUMANITARIAN NEEDS

An estimated 6.8 million Syrians (April 2013 estimate), or almost one-third of the entire population, require humanitarian assistance, including 4.25 million IDPs. About 3.1 million, or almost 50 per cent of those who require assistance, are children. With more than 100,000 lives estimated lost and over 500,000 persons injured since March 2011, projections are that these figures will continue to increase during the next 12 months. Following the incidents of alleged chemical weapon attacks in Damascus and Rural Damascus in August, 2013, some Members States debated the possibility to launch air strikes against the Syria Arab Republic. The security situation rapidly deteriorated, especially in Damascus and Rural Damascus, with a spike in mortar attacks against residential areas, in the close proximity of UN premises. The SMT decided on 28 August 2013 to reduce the number of UN international staff in-country and relocate non-essential staff either within other areas of the country (such as Tartous) and or outside Lebanon. However, in September 2013, the Syrian government declared its intention to join the Chemical Weapons Convention and agreed to the destruction of its stockpiles of chemical weapons and the facilities used to manufacture and store them. Following this agreement and also the deployment of the Joint UN-OPCW mission, the Air Strikes did not happen in Syria.

The ongoing conflict has interrupted livelihoods and compromised income generation to the extent that household food security is believed to have drastically reduced, forcing a resort to negative coping mechanisms amongst the most vulnerable. Many households are cutting back substantially on the consumption of fruits, meat, dairy products and eggs. According to the finding of the latest joint FAO/WFP Crop and Food Security Assessment Mission (CFSAM) 2013, the food security situation has deteriorated in the last 12 months and it can further deteriorate in the next 12 months if the present conflict continues. Approximately 4 million people are facing food insecurity (December 2012 estimates). Most vulnerable groups include the internally displaced, small scale farmers, and herders; casual labourers, petty traders, the urban poor, children, pregnant and lactating mothers, the elderly, the disabled and the chronically sick.

The crisis had a huge impact on the health sector in Syria. As of 24 July 2013, 60 per cent of public hospitals, 34 per cent of public health centres and 92 per cent of public ambulances have been affected. Lack of fuel and electricity have forced many hospitals to operate with reduced capacity despite being overburdened by ever-growing number of patients. In some cases hospitals that are non-functioning are being used as shelter by IDPs. Moreover, there are critical shortages of life-saving medicines, including anesthesia, antibiotics, serums and intravenous fluids, as well as those needed for the continuous treatment of chronic diseases. The prolonged conflict resulted in a severe deterioration of the healthcare system, shortage of qualified health personnel, and the disruption of reproductive health supplies. In besieged areas, women give birth in unsanitary conditions without any skilled birth attendants. The health situation is further aggravated by the lack of clean water availability in different parts of the country. The clean water availability currently represents almost one third of its availability before the crisis. Collective centres for internally displaced people are those who are significantly suffering from the water shortage.

The crisis in Syria has pushed the capacity of basic social services to a breaking point, with a devastating impact on education access and quality for children countrywide. A generation of Syrian children risks being lost amidst the crisis, an estimated one million children still remain out of school due to ongoing conflict and massive internal displacement. Nearly 4,200 schools – or one in five – are estimated to be affected by the crisis in Syria². Out of these, some 1,500 schools (35%) have been supported with humanitarian assistance, and have resumed functioning since the beginning of 2014.

As of 20 August 2013, around 5 per cent of displaced population were housed in 859 supported collective shelters. The plan foresees the rehabilitation of 464 shelters and provision of basic needs and essential services in collaboration with different humanitarian agencies. Besides, there are concerns about protection of civilians who are increasingly caught in the conflict. Clashes and attacks are taking place on densely inhabited areas in different parts of the country. Different locations of Aleppo, Rif Damascus, Homs and Idlib governorates have been under siege for long durations and some are still under siege. The siege includes also restrictions on the free passage of food and other essential supplies.

² Ministry of Education, 2013, National school infrastructure information, March 2014

Palestine refugees in Damascus, Dera'a and Aleppo are most vulnerable to patterns of conflict and resulting displacement. Over 75 per cent of Palestine refugees in Syria are based in Damascus, and have been temporarily displaced multiple times due to conflict. The largest displacement continues to be from Yarmouk, an unofficial camp to the south of Damascus which was once home to approximately 150,000 refugees. Only 18,000 civilians remain in the camp, with the majority of refugees fleeing to neighboring areas. These refugees now require significant support including shelter, food, cash and NFIs.

II. FOCUS AREAS AND PRIORITIZATION

The UNCT revised the contingency plan based on the primary premise that humanitarian agencies are committed to “stay and deliver”. Most likely scenario, anticipates the additional displacement of 300,000 newly displaced persons and additional conflict-affected 400,000 people who will be in need of humanitarian aid, mainly in Rural Damascus, around Damascus city, Aleppo, Dara'a, Homs, Lattakia and Tartous. Humanitarian needs will revolve around increased displacement, access to basic items such as food, WASH, essential NFIs and medical care including support to Palestine Refugees. Identified preparatory activities include repositioning of emergency stocks in key locations and mapping resources available in country with focus on life-saving programs.

Prioritization of allocations at sectoral level was undertaken by the UNRC/HC, in consultation with the HCT, based on critical gaps identified by the interagency contingency planning exercise. The UNRC/HC requested sector leads to consult with members and propose allocations per agency within their respective sectors, taken into consideration critical life-saving components and implementation capacities. The final allocation was presented and endorsed by the Syria HCT meeting of 19 September. Allocations within the sector were guided by capacity of the agencies for procurement, prepositioning and implementation, partnerships with NGOs and geographical coverage, in addition to support to Palestine Refugees.

Food:

The sector comprises 44 per cent of total Syria Humanitarian Assistance Response Plan (SHARP) needs and is currently 48 per cent funded. Food rations are available with WFP for around 3 million- out of the 4 million estimated in need- up to end of September- at reduced rations. In case no further funds are received pipeline breaks are anticipated. Food distribution is a high priority based on unmet needs on the grounds.

Agriculture

Despite the potential of agriculture to address mounting food unavailability and the impact of access constraints, little has been invested to protect and support recovery of the staple crops and animal production sectors. Assessments confirm a low 2012/13 cereal production caused by a number of factors including reduced areas under cultivation, reduced access to farmland, reduced availability of key inputs, physical damage to land and farming equipment, lack of fuel, adverse climatic conditions, and internal population displacement. Although local wheat and barley production in Syria is being negatively affected by the crisis, it remains the main source of food available. There is therefore the need and opportunity to support such production and the associated livelihoods of millions of rural families. Support provided to cereal production could help alleviate the scarcity of bread and reduce the need for more food aid. FAO designed a large multi-donor programme in support of the 2013/2014 winter wheat and barley production in Syria. Small-scale vulnerable farmers from the main cropping areas of the country – Idleb, Aleppo, Hama, Al Hasakeh and Ar Raqqa, have been targeted in order to help them meet the basic nutritional needs of their households in terms of cereals and supplement their income through the sale or exchange of the surplus.

Health:

The contingency planning exercise identified the critical need for lifesaving medicines and supplies including trauma kits, blood bags and blood screening kits, vaccines and first aid kits. The health sector was at 46 per cent funded. Supporting the delivery of Emergency Obstetric Care (EmOC), including safe delivery, and the improvement of the hygiene conditions of violence- affected families in support of their protection and dignity is also prioritized within the sector. Supporting the primary and secondary health facilities with RH equipment and supplies was essential for increasing access of women to RH services, including emergency obstetric care and safe delivery. The distribution of safe delivery kits was also prioritized since it saves lives by supporting safe delivery at the community level in cases where women cannot leave their home due to the security constraints. The projects also prioritized support to violence affected families with female and male hygiene kits, as it was deemed necessary to support the displaced families with these kits to preserve their dignity. Such kits have proven to be essential for preserving the dignity of the affected people as they can look for better life options and conditions when they are hosted as Internally Displaced Persons (IDPs), keeping good hygiene conditions and appearance.

NFI/Shelter:

IDPs are typically compelled to leave behind their homes and belongings, many even experiencing multiple displacements, thereby increasing their vulnerability and reliance on host communities and humanitarian aid to survive. Likewise, the host community considerably lost its support capacity and coping mechanisms, and became equally in need of assistance itself. The stocks available

within the country fall short of the number of people estimated in need. NFI/Shelter response is critical given the upcoming winter season. The NFI/shelter also remains poorly funded at 6 per cent.

WASH:

The solid waste problem has been reported at all levels and by different partners including local NGOs, IDPs themselves, UN agencies and local actors. Indeed, the amount of solid waste is relatively increasing as a result of IDPs influx to “safer” regions in Syria. Targeted governorates, namely Hama, Homs, Aleppo, Deir Ezzor, Lattakia and Tartous, are hosting around 2.8 million IDPs residing in shelters and host communities. As such, these governorates are experiencing an increase in basic services demand and an overwhelming increase in the solid waste production, both in shelters and host communities/neighborhoods. The sector takes into consideration the critical need to sustain water, hygiene and sanitation services for IDPs and to adequately prepare for potential outbreaks of water borne diseases. The WASH sector was at 64 per cent funded.

The urgency of emergency interventions for solid waste collection and disposal in shelters was highlighted through different partners and international agencies. The project of garbage bins and containers targeted the areas most affected as per the needs identified by field teams. It was designed as an integrated component of a larger programme on emergency employment for solid waste management. Moreover, this problem was mentioned by almost all sectors (health, shelter, wash, early recovery and livelihoods) in the stakeholders meeting held on 24 September for the SHARP 2014 preparations.

In addition to the feasibility of implementation in such volatile security conditions, the criteria for selection of interventions were based on the following: a) targeting the communities with the largest concentration of affected people, especially IDPs residing in shelters, and b) the capacity of implementing partner in the provision of the respective services and to use RH commodities and supplies. The Hygiene kits were distributed to the targeted men and women who had been recently displaced to shelters and host communities.

Gender mainstreaming was ensured through the following: a) ensuring sex desegregated data for its monitoring of response, b) prioritising the provision of RH services for women, and c) including men in the distribution of dignity kits.

III. CERF PROCESS

The Under-Secretary-General (USG) for the Office for the Coordination of Humanitarian Affairs (OCHA) and Emergency Relief Coordinator (ERC), Ms. Valerie Amos, allocated a total of US\$50 million from the rapid response window of the Central Emergency Response Fund (CERF) in support of humanitarian response to the Syria crisis, both in country and within the region. Of this amount, US\$20 million was allocated to support humanitarian response inside Syria. The key trigger for this allocation was the recent increase in population displacement both within and from Syria and the potential sudden spike in population displacements due to anticipated air strikes. The humanitarian situation is deteriorating, any potential strike will further worsen the situation and increased the number of displaced. The purpose of this CERF allocation was therefore to support a rapid scale-up of operations, specifically the pre-positioning of essential supplies to support contingency stockpiles for timely and rapid delivery of urgent supply. UNCT and HCT have stressed the importance of readiness to respond by having prepositioned lifesaving items, equipment and supplies available so that agencies responsible for critical interventions be promptly in a position to reach/respond to an escalation of the conflict particularly in “hot areas”. The grant came at a time when an imminent and severe deterioration of the security environment was anticipated, following the threat of an external military intervention. While the US air-strikes did not occur, the escalation of the conflict continued causing new waves of population displacement and worsen the humanitarian situation, the violence in Syria and the number of deaths and injured have steadily increased in many areas, thus the risk was not reduced by the fact that the airstrikes did not occur.

While the grant allowed the majority of UN Agencies for fast procurement of the supplies, some of them reported that the procurement for them is ongoing year round as for the Food, the medicines and the NFIs, due to the evolving and severity nature of the crisis. The grants helped them to respond to unforeseen and emerging needs. Only few projects faced delays in the procurement process like for UNRWA because of the need for international procurement at the HQs level. While for UNICEF and due to the bureaucratic procedures of the Syria Government, the supplies faced delay to access the Syria territory at their arrival to Lattakia port.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 6.8 Million people				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	361,980	316,964	678,944
	Health-Nutrition	155,404	154,750	310,154
	Water and sanitation	1,904,016	1,377,603	3,281,619
	Agriculture	10,010	9,618	19,628
	Shelter and non-food items	111,020	91,603	202,623
	Food	336,543	310,655	647,198
	Multi-sector	48,673	48,673	97,346

BENEFICIARY ESTIMATION

Different methodology of beneficiaries estimation are used by different UN Agencies, the method is depends on the kind of the services were provided to the targeted population, if the project is targeting the whole community like waste solid management, WASH or health services provided to the health centers, the calculation is based on the number of the inhabitant of the community, while in the case of humanitarian services provided directly to individual; beneficiaries are estimated upon direct people who received the services. Some UN Agencies has their own tracking system, while others gather beneficiary data through field monitoring missions. Some also depend on implementing partner reporting who has their own registration systems to account for the beneficiaries.

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 30 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, ensuring that refugees only collected one food parcel per family per month. All recipients were given collection times, sent by SMS, and were required to produce their refugee ID and provide finger prints for verification against Refugee Registration Information System (RRIS) records at collection points. UNRWA distributes two standard food parcel sizes, with parcel A distributed to families of three persons or fewer, and parcel B to families of four persons or more. This furthermore enables the Agency to calculate beneficiary numbers based on the quantity of food items procured with donor funding. The total number of beneficiaries under the project includes this number in addition to the total number of individual receiving blankets. One blanket was distributed per person, with mattresses and hygiene kits distributed concurrently per family. UNRWA acknowledges there may be some overlap in beneficiary numbers from the food, NFI distributions and essential medicines. While it was not possible to track the exact number of beneficiaries under this project, the total provided thus reflects the most appropriate method of calculating total unique beneficiary numbers.

FAO: Although the average size of the households (HH) in Syria is estimated to be 6 members per HH, FAO has adopted an average of 7 given that the size of rural families is bigger. Therefore, FAO has based the calculation of total number of beneficiaries reached (individuals) by the project on an average of 7 people per HH. FAO's aim is to monitor directly the majority of the implemented activities to the maximum possible extent, given the complexity of the context in which it operates in Syria. The Organisation has field M=monitoring staff based in Damascus (covering Rural Damascus and Dara'a Governorates when access and security allow) and at Governorate level in Homs, Idleb, and Al Hasakeh. However, as UN staff, they must comply with UNDSS security regulations and mitigating measures. As a result, monitoring visits cannot always take place as planned due to security restrictions. Therefore, in order to complement the work of the FAO field monitors, direct monitoring is also supported by FAO focal points within the Ministry of Agriculture and Agrarian Reform (MAAR). These are national staff of the MAAR seconded to FAO on a temporary basis, and as such are not subject to the same restrictions of the UN staff. Furthermore, FAO also relies on information provided by counterparts and

implementing partners. Partners have to make available to FAO beneficiaries lists and distribution reports countersigned by the beneficiaries with registration of the identification document. The role of FAO field officers is to verify the information, check for consistency, and forward the documentation to the country office in Damascus.

UNFPA identified the number of beneficiaries based on the data collected through monitoring activities including data collection forms. The forms include details on the number of beneficiaries and delivered services. The beneficiaries of the RH kits is estimated based on the RH kits guideline that was approved by Inter-agency Standing Committee (IASC).

UNHCR Relief items are delivered to various locations on the request of UNHCR field offices across the country, implementing partners (IPs) or local partners. Normally one family should receive a full package of relief items which includes blankets, mattresses, kitchen sets, sleeping mats, hygiene kits, plastic sheeting, sanitary napkins, diapers, solar lamps, in addition to a rechargeable fan in summer. For winter, normal blankets are replaced with high thermal blankets; and additional plastic sheets are added as well as winter clothes for adults and children (for the family kit), as decided by the NFIs/Shelter Working Group. The full package is designed for a family of five. However, in some cases, relief items are distributed separately, meaning; only selected items might be dispatched by UNHCR to a specific location. For instance, in cases where one partner already provided mattresses and another partner provided hygiene kits, UNHCR would not include these items. In that case, the number of beneficiaries is not multiplied by five, only the quantities distributed are added when counting the number of beneficiaries. If 2-3 items are dispatched to a specific area, only the items with the highest number are counted.

WFP has an internal tracking system, able to verify in which monthly cycle and coverage areas, CERF procured commodities were distributed. Through this system and based on monthly food basket, WFP is able to estimate the number of beneficiaries reach through the CERF procured commodities.

WHO has set up comprehensive supply chain system to track all medical items distributed across the country. Data extrapolated from this system are verified by receipt reports from the end user/implementing partner and triangulated by reports from WHO focal points in the field. Medical items distributed are then translated into beneficiaries reached through standardized calculations for medicines and supplies needed per one surgical intervention/medical treatment sufficient for one month for chronic disease patients disaggregated by gender and age. With regards to WASH items, direct beneficiaries are calculated using standard formulas. To avoid double counting, the number of beneficiaries is systematically monitored on a weekly basis and aggregated on a monthly basis cross-checked by location, implementing partner and date of delivery.

UNDP: Given that the original purpose of the project was to respond to the growing problem of waste piles in affected communities and the proliferation of rodents and related diseases, UNDP estimated the direct beneficiaries based on the number of inhabitants residing in target areas which benefited from a cleaner neighbourhood and better hygiene conditions as a result of garbage collection and the use of garbage bins provided thanks to CERF funding. This number includes as well local businesses and workers who manufactured the garbage bins and containers locally.

All those number of reached beneficiaries are reported using the 4Ws tool of OCHA under sector avoiding overlapping of reached beneficiaries or duplication of their number.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned³	Estimated Reached
Female	2,738,546	2,927,646
Male	2,191,438	2,309,866
Total individuals (Female and male)	4,929,984	5,237,512
Of total, children under age 5	1,409,561	1,127,948

³ Planned beneficiary figures were revised as per the planned beneficiaries provided in the project results and in the project proposals.

CERF RESULTS

Food and Agriculture sector:

- The CERF-funded project was implemented as part of a larger FAO winter cereal programme which targeted some 33,000 households with the provision of 8,250 MT of wheat and barley seeds. With the CERF contribution, FAO distributed 701 MT of wheat and barley seeds to 2,804 households (approx. 19,628 people).
- Overall, this CERF contribution allowed WFP to assist approximately 647,198 people in the country for a period of one month.

Health & Nutrition:

- WFP was able to purchase the supplementary product Plumpy'Doz® to assist over 75,000 children at risk of acute malnutrition. Distributions of this commodity are still ongoing and to date approximately 26,154 children in Syria have received a Plumpy'Doz® ration.
- Through UNICEF-CERF grant 603,000 bags of super cereal are under distribution in all governorates to children to prevent the malnutrition. Awareness sessions for the use of the super cereal have been conducted also with the support of other donor resources, including the distribution of 400,000 flyers of the super cereal usage and preparation.

NFIs & Shelters sector:

- IOM distributed 61,675 different kits to 142,388 beneficiaries in 12 governorates (Aleppo, As Sweida, Damascus, Dara', Der Ez-Zor, Hama, Idleb, Lattakia, Quneitra, Rural Damascus, Hasakeh and Homs). Beneficiaries reached in cross-line areas were 14 per cent, and 86 per cent in Gos (host community 81 per cent, public shelter 4 per cent and unregistered camps 1 per cent)
- IOM completed 104 per cent of its shelter work by reaching 1,060 beneficiaries in 2 governorates (Rural Damascus and Homs).
- Using the CERF fund, UNHCR distributed non-food items benefiting a total of 59,175 mostly vulnerable IDPs.

WASH sector:

- The collection of solid waste is an integral part of a comprehensive approach adopted by UNDP to contribute to solving the solid waste management problem during the crisis in Syria. It helped improving the environmental conditions by placing garbage bins and containers (of different sizes) for solid waste collection in 336 targeted shelters and neighbourhood in Hama, Homs, Aleppo, Deir Ezzor, Lattakia and Tartous governorates; it also promoted healthy hygienic behaviours among IDPs. 953,100 people benefited from the project including 291 job opportunity created.
- 305,000 people were assisted by safe drinking water through UNICEF project.
- UNFPA distributed hygiene kit to 23,500 beneficiaries under CERF project.
- 2,000,000 people exposed to water borne diseases have access to safe drinking water in healthcare centres and in their houses by WHO-CERF grant which improve the quality of drinking water through the improvement of water quality monitoring system and rehabilitation of laboratory and provision of supplies and equipment.

Health sector:

- WHO-CERF grant provided medical assistance to 139,949 people through provision of Life-saving medicine and haemodialysis sessions.
- UNFPA ensured through CERF projects, that hygiene kits contingency stock was available whenever there was an emerging needs due to the humanitarian situation inside Syria and the continues displacements in conflict-affected areas. The transportation of kits was carried out through WFP in coordination with the logistic cluster. Local NGOs contributed to the distribution of the hygiene kits to the affected people as planned. 58,000 beneficiaries including 4,200 pregnant women were reached through the project.
- UNHCR has built upon its existing refugee health programme to form its IDP response in the Health Sector, providing life-saving medicines to 75,000 IDPs.
- 400,000 people including children received primary Health care through UNICEF project.

Multi-sector:

- UNRWA supported 97,346 Palestine refugees in Damascus through a multi-sectoral project, responding to growing food, non-food and sanitary needs. The project reached 18,088 families with a monthly food parcel designed to provide 700 kcals per person per day.
- UNRWA operates 37 collective shelters across Syria, including 30 within Damascus and 7 outside. The project enabled the Agency to procure 24,994 blankets, 15,043 mattresses, 4,809 family hygiene kits and 400 newborn baby kits. The blankets and mattresses were distributed at 30 of its collective shelters and refugee gatherings across Damascus. The project only covered distributions to the 30 collective shelters within Damascus), whilst the hygiene and baby kits were only distributed at collective shelters, resulting in improved insulation through winter months, improved personal hygiene, and provision of basic swaddling, diapers and other essentials for new born babies.
- CERF funding was used to procure essential medicines for nine primary health centres and eight health points in Damascus, serving a total estimated population of over 420,000 Palestine refugees in the city. UNRWA provided more than 183,000 patient consultations in the project implementation period.

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

With the CERF Fund, UN Agencies was able to pre-position commodities and materials, and this allowed timely and targeted procurement and distribution of items. IOM was able to pre-position commodities and shelter materials, which made it possible to promptly meet the sudden influx of IDPs' dire needs in areas such as Aleppo rural and hard to reach areas in Idlib and Rural Damascus. The timely funding to UNHCR was essential to ensure an uninterrupted supply of items. With CERF funding, the provision of NFIs to displaced families helps preserve their dignity and well-being. Without such support, the displaced may find themselves in desperate living conditions, become more vulnerable to health risks and resort to negative coping mechanisms to buy basic and lifesaving items. In the health sector, CERF funds contributed to supporting Syrian Arab Red Crescent (SARC), clinics, which were the main source of Primary Health Care (PHC) for IDPs, with life-saving medicines. The fast delivery of assistance to people in need was made possible by timely funding. For UNFPA and WHO, the grant allowed the prepositioning of the medical supplies and providing the safe-drinking water in the health facilities was essential to ensure the timely supply and delivery of these items to the affected facilities and targeted people. Delivery of RH services including Emergency Obstetric Care (EmOC), services in public health facility was secured through the CERF fund and enabled women to get timely services when needed. As such, the project was essential to meet newly emerging needs for RH services and for improving the conditions of the newly displaced people.

The NFIs procured and distributed in Damascus under the project were timely in providing Palestine refugees with vital food parcels, mattresses and blankets as part of UNRWA's winterization campaign, providing important insulation and warmth to displaced refugees ahead of the colder months of the year.

Only for WFP the CERF help partially led to fast assistance to beneficiaries. The distribution of food assistance was conducted as soon as the commodities arrived in country but some delays were experienced. A number of reasons account for this shortcoming: long lead times for the procurement of the Plumpy'Doz® meant that the commodity, called forward in December, was received only over the course of January and this significantly slowing down distributions of the supplementary feeding product. Distributions were implemented by a narrow partnership-base challenged by haphazard access to many locations.

b) Did CERF funds help respond to time critical needs⁴?

YES ☒ PARTIALLY ☐ NO ☐

According to all UN Agencies, CERF grants for prepositioning of emergency stocks in key locations and mapping resources available in country with focus on life-saving programmes was effective to respond to time critical needs. IOM with this fund was able to meet the dire needs of the besieged population in Duma, Rural Damascus area, and other besieged population in Aleppo and Idlib. The CERF contribution to the FAO multi-donor winter cereals programme allowed the provision of assistance to 2,804 vulnerable small-scale farmers in time for the winter planting season (excluding those in Aleppo governorate).

⁴ 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.).

CERF provided readily available funds enabled UNHCR to respond to vital and sometimes life-saving needs of IDPs whether in NFI or Health. As IDPs seek refuge in communal shelters and unfinished buildings, non-food items (NFIs) provided by UNHCR are a genuinely lifesaving and critically needed contribution to the overall humanitarian effort. As for medicines, they directly contributed to saving the lives of thousands of IDPs. Under WASH sector, solid waste was piling, rodents, insects, as well as Leishmania and other vector-borne diseases were proliferating. The grant also was key to ensure the timely delivery of EmOC including safe delivery for the affected women. The overall criticality of the projects were related with the fact the items procured and stockpiled remained ready for dispatching to the affected people and health facilities that became newly affected during the crisis. 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.

UNRWA received CERF funding ahead of its winterization campaign, at a time when it is estimated more than 270,000 Palestine refugees were displaced within Syria and over 54,000 refugee homes had been destroyed or damaged. Approximately 14,000 refugees were located in UNRWA-managed shelters across Syria, and this assistance enabled the Agency to address significant needs ahead of winter.

The food commodities purchased through the CERF were distributed immediately and were used to offset critical pipeline breaks over the first quarter of 2014. This ensured a food basket of nutritional value of over 1,500 kcal per person per day for the first three months of 2014. Additionally, to prevent a further deterioration of food security of conflict affected populations, the CERF grant allowed WFP to distribute 660 mt of ready-to-eat rations to newly displaced families which over the first 10 days have limited access to food and cooking facilities. Additionally, over 98 mt of the supplementary product Plumpy'Doz® was purchased and is currently under distribution. This product for the prevention of acute malnutrition has so far assisted approximately 26,154 children aged 6-59 months across the country and is expected to support a total of 75,600 children by the time all quantities have been distributed.

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

YES ☒ PARTIALLY ☐ NO ☐

Since the start of the crisis, UNRWA has been grateful for support from CERF, which continues to form an essential part of the Agency's crisis response fundraising with multiple donors. UNFPA Country Office (CO) has built a good historical record with CERF funded projects including this grant. This enabled UNFPA CO to continue mobilising resources through other donors, including the Governments of Australia and Canada, Kuwait, ECHO and USAID. CERF funding encouraged also other donors to contribute more to UNHCR's response to the Syrian crisis and enabled UNHCR to leverage more funding from other donors, while the grant allowed UNDP to leverage other donor funds such as the EU.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

During its preparation and implementation, the grant led to increased coordination with humanitarian actors especially UN agencies and local NGOs. Coordination with WFP on logistics and transportation of RH equipment and supplies, and hygiene kits (NFI Working Group (WG)) to the affected areas, as well as on overall humanitarian response interventions including CERF projects was also enhanced. The linkages between the humanitarian actors (local NGOs) at the community level with the providers of health services at the health centres and facilities have increased through established referral mechanisms. The CERF-funded project enhanced UNHCR's coordination and strengthened its partnerships with other UN agencies and humanitarian actors. Coordination and partnership contribute to improving operations management, facilitating planning processes and providing a platform for all partners to mobilize resources. For instance, within the NFI Working Group, coordination on distribution of relief items greatly enhances information sharing, and allows joint efforts in identifying gaps and avoiding duplication. CERF strengthened also coordination among the humanitarian community in Syria, by increasing availability of relief supplies to be distributed in areas not easily accessible by regular programme deliveries through inter-agency convoys. Over the grant-period, WFP's 20 inter-agency convoys delivered assistance to approximately 226,500 beneficiaries besieged or trapped under cross fire. IOM coordinated closely with the Ministry of Foreign Affairs (MoFA) and the Ministry of Social Affairs (MoSA), the High Relief Commission, Homs governorate, Rural Damascus governorate, Governors, and Heads of municipalities, and a network of local NGOs as the implementing partner of the Sector Lead. IOM also collaborated with UN sector leads, UN agencies (UNHCR as the shelter sector lead and UNICEF as the WASH sector lead to attend scheduled meetings and Work Groups in addition to submitting the 4Ws reports).

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

CERF grant provided the urgently needed assistance of emergency shelter support and non-food items to the most vulnerable IDPs populations living in host communities, besieged and hard-to-reach areas, and hot lines in different places in Syria.

The CERF project was of high added value as it enabled UNFPA to continue its response program to the public health facilities to meet the newly emerging needs by providing life-saving services for the people regardless of their status using the items procured and delivered through the CERF projects. CERF funding has provided essential support to UNRWA's humanitarian programmes, which have had to adapt significantly to meet the emergency needs of an increasingly vulnerable population within Syria. As the crisis in Syria becomes more entrenched and damaging, WFP has consistently scaled up its emergency response to target up to 4.25 million people from an initial 1.5 million at the beginning of 2014. Furthermore, in 2014, in response to deteriorating food security, WFP has augmented the food basket to provide a nutritional transfer of 1,919 kcal per person per day from a previous 1,620. CERF funding has allowed WFP to implement and largely reach these targets in 2014 by offsetting pipeline shortfalls experienced due to delayed funding on long-lead procurement times.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Based on the current conflict in many parts of Syria, the affected people seek sheltering under any safe haven.	Urgent humanitarian intervention is required to assist those people to meet basic life-saving needs.	IOM
IOM set plans to arrange to preposition NFI and shelter materials to allow for timely and efficiently response during the crisis.	With funds like CERF, and from other donors, IOM will be able to act promptly in the event of the sudden influx of IDPs and will extend support and optimize during emergency response to: save lives; respond to urgent needs; to strengthen humanitarian response for vulnerable internal displaced people; and to enhance community resilience.	IOM
Community based initiatives, where communities contribute to the development and implementation of initiatives, proved to be an effective strategy to achieve even beyond estimated results: the solid waste removal project in addition to its effect in improving environment conditions, it focused on local procurement and was complemented by investment in local businesses, leading to the revival of 35 local blacksmiths and creating 260 job opportunities.	Upscale this livelihoods approach and promoting local procurement in affected communities where possible.	UNDP
The costs of production varies from one governorate to another, especially in a crisis context, depending on the availability of raw materials and the accessibility to targeted areas.	Plan for contingency funds in the project to offset the cost variations.	UNDP

Stockpiling of RH and hygiene kits is important to meet the emergent needs for RH services and essential hygiene items	<p>Mobilize resources to ensure storing and timely distribution of needed RH and hygiene kits</p> <p>Coordinate with other COs for stockpiling of RH and hygiene kits in support of the implementation of the SG 2139</p> <p>Secure needed staff for needed logistical support</p>	<p>UNFPA , UN Agencies, donors</p> <p>UNFPA Syria and COs in neighbouring countries</p> <p>UNFPA CO</p>
Importance of expanding partnership with local NGOs to ensure the best outreach to affected communities.	<p>Mapping of potential NGOs partners and selecting suitable NGOs from the list accredited by MoFA, Ministry of Foreign Affairs;</p> <p>Capacity building of Local NGOs in MISP</p>	<p>UNFPA and other UN agencies</p> <p>UNFPA</p>
Delays in obtaining official and security permissions and approvals	Obtain all required official approvals for accessing private shelters by close coordination with the related governmental sides, ministries and SARC, Syrian Arab Red Crescent.	IOM
Challenges in gaining Access to the private shelters that are subject to approvals from the authorities and from SARC.	Maintain smooth work mechanism with all actors through SOPs	IOM
The deteriorated security situation and the dangers connected to the landing mortars in different areas.	IOM faced challenges, which postponed the NFI distribution, mainly due to insecurity. Despite some delays, all works and activities were completed.	IOM
The increasing number of IDPs and shortage of space inside shelters	IOM is checking for other solutions in addition to adding more partitions in the spaces to allow for IDPs to have privacy despite the tight spaces.	IOM
Lack of fuel, power outages, lack of materials in the local markets, the fluctuation of the currency and the high prices of goods in the local market.	Provide work locations (shelters) with power generators. IOM sets up power generators in the shelter work locations to avoid the trouble of power outages during the working time. IOM reached long-term agreement with contractors to maintain fixed prices and exchange rates so as to secure stable flow of materials and goods during the implementing period.	IOM
IOM encountered a difficulty among IDPs in understanding the notion of shelter upgrade works.	Therefore, and according to that, IOM planned to issue a manual for shelter works to explain and to give a clear idea about its work stages and process.	IOM
Early planning and preparation are crucial to ensure an uninterrupted supply of items, especially that the majority of items have to be purchased internationally, which could take up to three months.	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.	UNHCR
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 more effectively to various arising displacement needs while giving higher consideration to Value for Money and additional cost-effectiveness.	UNHCR

The potential for overlap of activities cannot be excluded which can duplicate efforts.	Regular sharing of information among members of working groups within the respective sector are crucial to coordinate plans, identification of beneficiaries and geographical locations to ensure complementarity in provision of assistance and reduce instances of overlapping.	UNHCR

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	16 Oct 2013 – 15 Apr 2014
2. CERF project code:	13-RR-CEF-130	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project title:	Pre-positioning of Essential health items to ensure primary health care for IDP affected children through mobile teams and fixed centres		
7. Funding	a. Total project budget:	US\$ 10,300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,801,630	■ NGO partners and Red Cross/Crescent: US\$ 41,379 ■ Government Partners: US\$ 0
	c. Amount received from CERF:	US\$ 1,301,040	
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	200,000	203,000	A total of 400,000 IDPs were reached with health supplies and additional 6000 were reached through provision of health services through a UNICEF partner NGO.
b. Male	200,000	203,000	
c. Total individuals (female + male):	400,000	406,000	
d. Of total, children <u>under</u> age 5	400,000	54,404	
9. Original project objective from approved CERF proposal			
400,000 vulnerable children under-five (IDPs and in host community) will have access to primary health care services Health care providers (local NGOs, MOH, fixed health centres and mobile teams) have critical supplies and equipment to provide essential child and maternal care.			
10. Original expected outcomes from approved CERF proposal			
400,000 children under five years and their mothers have access to primary health care services by the end of 2013, and essential healthcare items will be pre-positioned in key areas.			
11. Actual outcomes achieved with CERF funds			
<p>UNICEF procured 250,000 tablets of Zinc, 250,000 tablets of Mebendazol for deworming, and 210,000 boxes of ORS as well as 100 midwifery kits to assist safe delivery, 30 diarrhoea sets 90 full IEHK kits. All the supplies were received in country in June 2014. Distribution of the 40 IEHK, for use of primary health care services for up to 400,000 people is ongoing and will be completed during the period July – September. The remaining supplies are being prepositioned in UNICEF warehouses in Lattakia, Tartous, Damascus and Homs for use during a sudden outbreak of diseases in line with the initial proposal.</p> <p>UNICEF also supported a local NGO called the Social Care Society in Damascus to implement a project for providing health services to 6,000 orphan IDP children and their families from all governorates.</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
There had been delays in procurement of IEHK as the supplies were not available in the UNICEF warehouse in Copenhagen at the time purchase orders were raised by SCO, hence the UNICEF Supply Division in Copenhagen had to go through a full procurement			

cycle. The full kits were received in June 2014. Delays in health supplies (IEHK) dispatch and delivery were encountered due a new set of procedures with regard to movement of humanitarian goods, entailing that trucks loading is supervised by government representatives and sealed to facilitate movement across check points. Requirements were also made for submission of monthly distribution plans and bi- weekly loading plans. Furthermore, these new procedures were not interpreted in a consistent and harmonized manner leading to considerable delays in the delivery of the urgently needed life-saving supplies to children and women.

In line with the initial project proposal, UNICEF procured life-saving medical supplies used in responding to an increased movement of IDPs and host communities, part of the supplies were also delivered to UNICEF partners to ensure that the partners have the capacity to respond to an increase in caseloads. Accordingly, 40 full health kits were distributed to UNICEF partners, SARC, Ministry of Health and local NGOS to respond to the immediate primary health care needs of IDPS in line with the initial proposal. The remaining 50 full health kits and other health supplies have been pre-positioned in UNICEF ware houses in Damascus, Tartous, Lattakia, Aleppo, and Quamishli to ensure preparedness for a sudden emergency response. Only NGO partner costs were supported by this CERF project, while other partners' costs were funded by complementary donor resources.

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

YES ☒ NO ☐

Gender Marker Code: 1

Gender equality is a mandatory part of UNICEF's Programme cooperation agreements with partners. UNICEF monitor project implementation s regularly through weekly reports and monitoring missions to field sites

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

EVALUATION CARRIED OUT ☐

Distribution will be monitored by UNICEF staff in the hubs and from the central level, and through UNICEF facilitators in the field. Partners will provide distribution reports which will be cross checked by UNICEF.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	09 Oct.13 – 08 Apr.14
2. CERF project code:	13-RR-CEF-131	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health-Nutrition		
4. Project title:	Complementary nutrition for IDP children and vulnerable children in host communities		
7. Funding	a. Total project budget:	US\$ 15, 200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,801,630	■ NGO partners and Red Cross/Crescent: US\$ 0 ■ Government Partners: US\$ 0
	c. Amount received from CERF:	US\$ 930,000	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	25,000	142,000	The number of targeted beneficiaries have increased due to the following reasons: 1. According to SHARP 2014, over 569,500 children under the age of five years were believed to be in urgent need of the micronutrients and based on increased needs in the number of population displaced internally, thus it was necessary to reach at least of 50 per cent of the emerging needs of this vulnerable groups in IDP population. 2. Increasing food prices, decreased availability of food, huge waves of displacement, poor infant and young child feeding practices, disruption of services in health, and WASH Disrupted livelihoods resulting increased adoption of negative coping mechanisms by the affected population As access to food and basic services deteriorated over the last few months due the escalation of the conflict, the need of the children under five has been increasing warranting more preventive nutrition intervention across Syria
b. Male	25,000	142,000	
c. Total individuals (female + male):	50,000	284,000	
d. Of total, children <u>under</u> age 5	50,000	284,000	
9. Original project objective from approved CERF proposal			
50,000 children (IDPs and in host communities) at risk of malnutrition have access to supplementary nutrition items (Supercereal Plus) for the prevention of malnutrition			
10. Original expected outcomes from approved CERF proposal			
50,000 children under-24 months have access to nutrition complementary feeding between mid-October to end of December.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> As stated above with increased needs of children under five years of age across all governorates, the target coverage of the beneficiaries has increased to 284,000, nearly half of the 569,500 under five children targeted to have access to improved access to nutrition complementary feeding, according to SHARP 2014. Distribution of the Supercereal could not proceed as planned due to critical challenges faced by UNICEF. Even though the first batch, consisting 50,000 kgs of Supercereal plus were received in country in October 2013, the Ministry of Health could not approve the standards on the ground that the initial lab assessments of the sample taken from the Supercereal did not 			

<p>comply with the Syrian standards of biological assessment. The remaining consignment of the Supercereal shipment reached in country in December 2013, however, distribution could not proceed due to above mentioned reasons.</p> <ul style="list-style-type: none"> • UNICEF had to look in to different options and modalities and hence carried out several meetings with MOH and the Central Lab Departments to address this issue which delayed the receipt and distribution of the Supercereal. • Finally, following successful advocacy and follow up meetings, further lab assessments by the Central lab and negotiations with the MOH, the product has been accepted by the Ministry and distribution plans developed. Approval from the Prime Minister's cabinet clearing the super cereal distribution and use in Syria was received only on 16 April 2014. • A distribution plan for the entire Supercereal stock was developed and shared with implementing partners for execution. Distribution of the total super cereal quantities have been completed in Rural Damascus, Lattakia, Idlib, Homs, Hama, Daraa, Aleppo, Quneitra, Sweida, Tartous and Damascus. • UNICEF had taken stock of various health and nutrition partners in the different governorates to carry out the distribution in target areas to accelerate the distribution process. Among partners are Syrian Family Planning Association, Al Tawahod, Circassian Charity, Social Care, Syrian Arab Red Crescent and Ministry of Health (MoH). Programme Cooperation Agreements, supported with other funding sources, were signed with partners to ensure accountability and efficient use of the Super Cereal product. • Implementation of the programme is now on track following the revised modality of distribution and the agreement with the MoH. UNICEF has already identified partners to distribute the Supercereal to the children in need. With support from other grants, activities are being carried out including awareness raising sessions to implementing partners on the use of the Supercereal. User-friendly Information, Education and Communication materials on preparation and use of the product were developed by UNICEF in collaboration with MoH, This include distribution of 400,000 flyers to implementing partners to disseminate to beneficiaries along with Supercereal, A video clip with key messages on preparation of the product was produced by UNICEF and MoH and aired on Syrian TV channels. In addition, capacity building activities were implemented to enhance the knowledge and awareness of mothers', caretakers and practitioners including MoH staff responsible for the distribution and utilization of Supercereal. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <p>The initial plan of the project was to cover 50,000 children with 2 bags of Super Cereals per month for 3 months. However due to the change of the situation and the need to reaching more children, the plan was revised to target 284,000 children with 2 bag of Seper Cereals for 1 month while some of the children received more than 2 bags. This was achieved through health and nutrition implementing partners who were running programmes supported by UNICEF.</p> <p>In line with the initial proposal, UNICEF procured the super cereal supplies timely and the first consignment arrived in country in October 2013. However, due to the challenges mentioned under section 11 above, the supplies were not cleared by the Ministry of Health. The CERF secretariat was informed of these challenges through OCHA at the time. Following several negotiations and efforts by UNICEF, the Prime Minister's office granted the Ministry of Health the clearance to use the super cereals on 16 April 2014 UNICEF immediately developed a distribution plan in coordination with the Ministry and its partners to ensure timely use of the products. All supplies have been distributed through UNICEF partners in Homs, Aleppo, Tartous, Lattakia, Hama, Qunietra, Sweida, Damascus, Rural Damascusa, Daraa and Idlib governorates.</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>Gender Code: 2a</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNICEF has put in place monitoring and evaluation systems namely through field monitoring by its staff; facilitators deployed in 12 governorates and are playing a critical role in the monitoring of distribution of supplies as well as reports from partners.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	22 Oct.13 – 21 Apr.14
2. CERF project code:	13-RR-CEF-132	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 and host communities		
7. Funding	a. Total project budget:	US\$ 20.392.990	d d. CERF funds forwarded to implementing partners: ■ NGO partners and Red Cross/Crescent: US\$ 21,600 ■ Government Partners: US\$ 0.00
	b. Total funding received for the project:	US\$ 21,302,248	
	c. Amount received from CERF:	US\$ 1,870,545	
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	152,500	The use of CERF funds to cover a backup alternative for a 85 km Homs- Hama water network serving 200,000 local residents in addition to IDPS coming from neighbouring districts is the major reason for the doubling of the number of beneficiaries
b. Male	50,000	152,500	
c. Total individuals (female + male):	150,000	305,000	
d. Of total, children <u>under</u> age 5	75,000	40,870	The CERF funds were used to support life-saving activities i.e. repair and rehabilitation of damaged water infrastructure in Hama in line with the initial proposal.
9. Original project objective from approved CERF proposal			
150,000 IDPs & host communities will have access to adequate sanitation facilities, sufficient drinking water and hygiene kits.			
10. Original expected outcomes from approved CERF proposal			
Indicators		Targets	
Number of displaced families having access to potable water (15L per person per day)		150,000 persons.	
Number of displaced families having access to sanitation facilities (1 latrine per 20 people max)		150,000 persons.	
Number of displaced families receiving NFI assistance. (1 hygiene kit per family)		50,000 persons. ⁵	
Number of displaced families receiving hygiene education & skills.		20,000 persons ⁶	
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The CERF grant was used to procure 3 Reverse Osmosis Units which were received in country in August 2014 and currently being installed to serve 200,000 people in AL-Salamia (Hama Governorate) with sustained access to safe water through pumping from well water into drinking water distribution networks. Out of the total 200,000 beneficiaries 25per cent are IDPs { from Homs, Telbeseh, AL-Rastan, Deir Alzoor, Raqa and Hama), and 70per cent of them are women and children, The CERF grant financed the freight cost of 147 tons of Calcium hypochlorite to Aleppo. Other grants were used to procure 			

⁵ Part of the total 150,000 beneficiaries

⁶ ditto

<p>the Calcium hypochlorite currently benefiting 4,000,000 people with safe drinking water for more than 10 months.</p> <p>SARC (Talbiseh & Homs projects) through CERF Grant, accomplished rehabilitation of water system and carried solid waste management activities. Project benefitted 50,000 IDPs (8,500 family) with safe drinking water, and 55,000 individuals with environment not littered by solid waste.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The CERF funds were used to procure three RO units to address a major problem of the Homs/Hama water network that provides access to water to 200,000 IDPs and residents in Salamia City in Hama. The arrival of the RO units was delayed as there was a need for a specifically designed units which required a longer lead time as opposed to the standard units which only require a 3 month lead time for delivery. The initial plan was to procure standard RO units, however, following the outcome of water assessment in the targeted wells in Salamia it was found necessary to procure specifically designed RO units. The Units were received in country in August 2014 and will be used in ensuring access to safe water to the residents in Al-Salamia.</p> <p>The district (AL-Salamia) is facing a dangerous deficit of drinking water supply. Situated 80 kilometres to the south of this district, Al-Qusair pumping station is the most important source of drinking water for AL-Salmia's residents. The station and the transportation pipes (located in a hard to reach location) were damaged due to the conflict and could not pump water for several weeks cutting IDPs and host communities from access to safe water subsequently putting the affected people living in Salamia district at real threat and in need of urgent assistance.</p> <p>A contingency strategy developed by the WASH coordination meetings proposed to equip the local wells as an alternative source of water during emergencies. Based on this 8 wells (High concentration of Sulphur and salts) should be equipped by RO units (Reverse Osmosis unit) out of which 3 will be equipped through the CERF project. The remaining were supported by others donors and partners</p> <p>In the area of hygiene Services other grants were used to reach the planned target with hygiene awareness raising, and NFI distribution activities as a complementarity to the CERF grant.</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>Gender Code: 2a</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Monitoring and Evaluation of the project is being carried through UNICEF facilitators, UNICEF staff field monitoring and performance report from partners.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	1 Oct. 13 – 31 Mar. 14
2. CERF project code:	13-RR-FAO-038	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Agriculture		
4. Project title:	Emergency prepositioning of agricultural inputs in the Syrian Arab Republic		
7. Funding	a. Total project budget:	US\$ 17,540,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,944,637	■ NGO partners and Red Cross/Crescent: US\$ 63,760 ■ Government Partners: US\$ 0
	c. Amount received from CERF:	US\$ 599,572	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	8,925	10,010	
b. Male	8,575	9,618	
c. Total individuals (female + male):	17,500	19,628	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
To preposition essential wheat and barley seeds in Homs, Hama, Idleb, Aleppo, Raqqa and Al Hassakah Governorates of the Syrian Arab Republic.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Issuance of purchase orders for 625 tonnes of wheat and barley seeds • Inspection of purchased good for quality control • Transportation of seeds from supplier warehouses to Governorates • Transportation of seeds from Governorates to district level warehouses 			
11. Actual outcomes achieved with CERF funds			
<p>This CERF-funded project was part of a larger FAO programme in support of the 2013/2014 winter wheat and barley crop in Syria. The main objective of the programme was to ensure an increased crop production in the targeted crisis affected areas in order to help vulnerable farmers to meet the basic nutritional needs of their households in terms of cereals and possibly generate an additional income through the sale or exchange of the surplus. The programme has been planned in response to the third specific objective of the Syria Humanitarian Assistance Response Plan (SHARP 2013)⁷. Considering the seasonality of the assistance provided by FAO, it was crucial to procure the seeds and transport them to the selected warehouses in time for the cereal planting season. The CERF grant has contributed to the achievement of this task.</p> <p>The total cost of the programme was USD 6 982 092 and it was co-funded by the Government of the United Kingdom and Northern Ireland through the Department for International Development (DFID), the Government of Belgium through its Federal Public Service of Foreign Affairs, the Government of the Republic of Italy through the Italian Development Cooperation, the U.S. Agency for International Development (USAID) through the Office of U.S. Foreign Disaster Assistance and the Central Emergency Response Fund (CERF) of the United Nations. The CERF contribution represents some 8.3 percent of the overall value of the</p>			

⁷"Contribute to improved food security of vulnerable groups (small-scale farmers, herding families, IDPs and hosting families) through crop, livestock and back-yard food production", SHARP 2013

programme.

The following outcomes were achieved with the funds received from CERF:

- A total of 701 MT of cereals seeds were procured (247 MT irrigated wheat, 74 MT of rain-fed wheat and 380 MT of barley)
- In order to ensure compliance with FAO technical standards, with the standard quality protocols of the Government of Syria and to conduct quantitative and qualitative inspections on the procured seeds, a third party international superintendence company was contracted by FAO. A statistically significant number of seed samples were taken and sent to an International Seed Testing Association (ISTA) accredited laboratory to be analysed. At the same time, visual inspections were also carried out locally in order to verify volumes, correct packing and labelling and quality. In addition, given the fact that a small quantity of seeds was made available by the supplier in a different location than that initially planned, FAO contracted a local superintendence company to carry out additional inspections.
- Considering the existing security concerns and access limitations, it was decided to carry out the beneficiary selection, transportation and distribution of agricultural inputs through two implementing partners: the Federation of Syrian Chambers of Agriculture (FSCA) and the Syrian Arab Red Crescent (SARC).
- Support was provided to 2,804 families (19,628 individuals) across Idlib, Aleppo, Hama and Al Hasakeh governorates. Each family received the same quantity of seeds (250 kg) in order to avoid social tensions.

Variety of seeds	Quantity	Beneficiaries (250kg/HH)
Wheat (irrigated)	247 MT	988
Wheat (rain-fed)	74 MT	296
Barley	380 MT	1,520
Total	701 MT	2,804

- With only 250 kg of cereals seeds (wheat and barley) a small-scale farmer can cultivate at least 1 ha of land and produce at least 2.2 tons of cereals. Such quantity is sufficient to cover the farmer households' needs (seven members/households on average) for staple food during 12 months (based on a daily consumption of 0.5 kg of grain per person to the extent possible)

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

The CERF grant was received in October which contributed to the swift procurement of wheat and barley seeds and allowed the distribution in time for planting for most of the targeted areas.

The FAO winter cereals programme targeted vulnerable small scale farmers in the main cropping areas of the country, i.e. Idlib, Aleppo, Hama, Al Hasakeh and Ar Raqqa governorates. With the CERF funds, FAO assisted beneficiaries located in the governorates of Idlib, Aleppo, Hama and Al Hasakeh.

The continuing violence in Aleppo governorate made it impossible to access the selected areas there until early March 2014 and distributions had to be delayed. Despite the relative truce, some of the targeted districts in the eastern parts of Aleppo, remained hard to reach and reprogramming was needed to complete the distributions. By the beginning of April 2014 all distributions implemented under the CERF project were duly completed.

Those beneficiaries in Aleppo governorate who could not be reached on time for planting were advised to stock the received inputs until the next planting season.

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

YES ☒ NO ☐

Gender Marker Code: 1.

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

EVALUATION CARRIED OUT ☐

Due to the volatile security situation and the limited access to many of the targeted areas, it has been difficult to conduct a comprehensive postharvest monitoring. Nevertheless, beneficiaries' feedback is crucial for FAO and therefore the FAO field monitors and focal points have tried to conduct follow up visits to the extent possible.

EVALUATION PENDING ☐

Furthermore, FAO is finalising the setup of a post-distribution/post-harvest monitoring system, which will give a better understanding of the overall impact of the implemented activities. As part of this system FAO field monitors and focal points will conduct standard rapid post-

NO EVALUATION PLANNED ☒

distribution surveys either in person (if the security situation allows it) or by phone. The functionality of this system is subject to the accuracy of the beneficiaries' details collected by the implementing partners.	
--	--

TABLE 8: PROJECT RESULTS

CERF project information					
1. Agency:		UNFPA		5. CERF grant period:	09 Oct.13 - 08 Apr. 14
2. CERF project code:		13-RR-FPA-048		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Health			
4. Project title:		Provision of Lifesaving Reproductive health Services for Women in Violence –Affected Governorates			
7.Funding	a. Total project budget:		US\$ 13,000,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 12,890,082	■ NGO partners and Red Cross/Crescent: US\$ 0	
	c. Amount received from CERF:		US\$ 496,324	■ 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).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		50,000	58,000		
b. Male		0	0		
c. Total individuals (female + male):		50,000	58,000		
d. Of total, children <u>under</u> age 5		0	0		
9. Original project objective from approved CERF proposal					
Contribute to improved accessibility of women to life –saving RH services with focus on emergency obstetric care through stockpiling of RH commodity and security					
10. Original expected outcomes from approved CERF proposal					
Timely availability of RH services through stockpiling of RH medicines and supplies.					
11. Actual outcomes achieved with CERF funds					
<p>Thanks to the timely allocation of the project financial resources, and procurement and stockpiling of RH items, UNFPA CO was able of providing RH services including EmOC for the people that were newly affected by the crisis during the project reporting period. It is worth noting that UNFPA CO keeps its RH goods in its stores in Damascus, Rural Damascus, Homs and Tartous to be delivered immediately and easily once newly affected people are identified by UNFPA and its implementing partners further to any newly escalated violence.</p> <p>T As such the results of the projects implementation are that around 58,000 beneficiaries, including 4,200 pregnant women, in Rural Damascus, Aleppo, Homs, Idlib, were provided with RH services and EmOC following the procurement and distribution of RH tools and medical supplies that were delivered to 25 health facilities.</p>					
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:					
As the anticipated air strikes did not happen, based on the discussions made with implementing partners, UNFPA prioritized the importance of using the procured materials to meet the increased needs for RH services including the EmOC. This was shared with the health sector group and the IPs, which endorsed this step to ensure the effective project implementation and better services to the affected people.					
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. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Despite no systematic evaluation was carried out, the project achievements were verified based on the following:</p> <ul style="list-style-type: none"> - The operational research that was carried by UNFPA Syria country office (CO), on the quality of Emergency Obstetric Care (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.. 	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	09. Oct.13 - 08. Apr.14
2. CERF project code:	13-RR-FPA-049	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Water and sanitation		
4. Project title:	Ensure the availability of contingency hygiene kits stock to meet the emergency emerging hygiene needs of vulnerable population in Syria		
7.Funding	a. Total project budget:	US\$ 2,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 398,040	■ NGO partners and Red Cross/Crescent: US\$ 0 ■ Government Partners: US\$ 0
	c. Amount received from CERF:	US\$ 398,040	
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	13,020	8,249	During the course of the project implementation supporting affected male with hygiene kits was also prioritized due to increased displaced men. UNFPA CO however, secured additional funds to support women with the hygiene kits to compensate the slight shortage in the female kits. The overall number of beneficiaries is more than the planned figure, since the quantity of male kits was increased due to competitive price UNFPA got from UNFPA vendors listed in the HQ roster
b. Male	5,580	15,270	
c. Total individuals (female + male):	18,600	23,519	
d. Of total, children <u>under</u> age 5	0	0	
9. Original project objective from approved CERF proposal			
Ensure the availability of contingency hygiene kits stock to meet the emergency emerging hygiene needs of vulnerable population in Syria.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Procured 18,600 personal hygiene kits to meet the emerging hygiene needs of most vulnerable groups of women, men, girls and boys inside Syria. Stocked 18,600 personal hygiene kits (13,020 female and 5,580 male) in UNFPA warehouse 			
11. Actual outcomes achieved with CERF funds			
The timely procurement and stockpiling of hygiene kits in the stores of UNFPA in Damascus, Rural Damascus, Homs, and Tartous was key to ensure the effective implementation of the project. The geographic locations of these stores smoothed the timely delivery of these kits in the Syrian Governorates. As such the results of project implementation are that around 23,500 were stocked in UNFPA stores to be ready for distribution as the crisis embeds. 8,249 female kits and 15, 270 male kits were distributed to the affected people in Damascus, Rural Damascus, Homs, Aleppo and Idlib			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
As the anticipated air strikes did not happen, based on the discussions made with implementing partners, UNFPA prioritized the importance of using the procured materials to meet the newly emerged needs for dignity kits in Damascus, Rural Damascus, Homs, Aleppo and Idlib. This was shared with the protection and NFI sector groups to increase coordination among related stakeholders			

and for effective project implementation and better services to the affected people.	
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"/>
Gender Marker Code: 2a	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Despite no systematic evaluation was carried out, the project achievements were verified based on the following:</p> <ul style="list-style-type: none"> - Follow up on UNFPA procurement plan progress of implementation - Feedback obtained from IPs and beneficiaries on the effectiveness of the hygiene kits especially during the interagency convoys. - 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. . 	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information											
1. Agency:	UNHCR	5. CERF grant period:	10 Oct.13 – 9 Apr. 14								
2. CERF project code:	13-RR-HCR-063	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:	Non-food item assistance for Syrians displaced by the civil unrest SYR 13SNF57234R										
7. Funding	a. Total project budget: US\$ 182,263,800 ⁸		d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> NGO partners and Red Cross/Crescent: US\$ 0 Government Partners: US\$ 0 								
	b. Total funding received for the project: US\$ 98,000,000										
	c. Amount received from CERF: US\$ 2,999,846										
Results											
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).											
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:								
a. Female	37,872	37,872									
b. Male	21,303	21,303									
c. Total individuals (female + male):	59,175	59,175									
d. Of total, children <u>under</u> age 5	15,386	15,386									
9. Original project objective from approved CERF proposal											
Maintain capacity to deliver life-saving assistance to displaced persons in the event of a massive internal displacement. <ul style="list-style-type: none"> CERF support will enable UNHCR to pre-position and maintain stocks of core relief items for 59,175 IDPs. 											
10. Original expected outcomes from approved CERF proposal											
<p>The CERF contribution will help UNHCR meet the needs of newly displaced in the event of sudden displacements and will limit the impact of such assistance on UNHCR's capacity to serve existing displaced populations. Newly affected populations will receive the core and lifesaving items necessary to cope with the impact of displacement on their well-being and to prevent health and protection risks, such as developing winter-related diseases and resorting to negative coping mechanisms.</p> <p>UNHCR will monitor the effective use of CERF contribution using the following indicators:</p> <ul style="list-style-type: none"> Outcome: 59,175 displaced persons are provided with NFIs supporting their health and welfare, and preserving their dignity. Indicators: # of NFIs procured, received and stored. <p>Output indicators</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Number of items procured and received</th> </tr> </thead> <tbody> <tr> <td>High Thermal Blankets</td> <td>59,175</td> </tr> <tr> <td>Mattresses</td> <td>35,505</td> </tr> <tr> <td>Diapers Children</td> <td>333,138</td> </tr> </tbody> </table>				Item	Number of items procured and received	High Thermal Blankets	59,175	Mattresses	35,505	Diapers Children	333,138
Item	Number of items procured and received										
High Thermal Blankets	59,175										
Mattresses	35,505										
Diapers Children	333,138										

⁸ Figure amended as per the revised 2013 SHARP dated 7 June 2013.

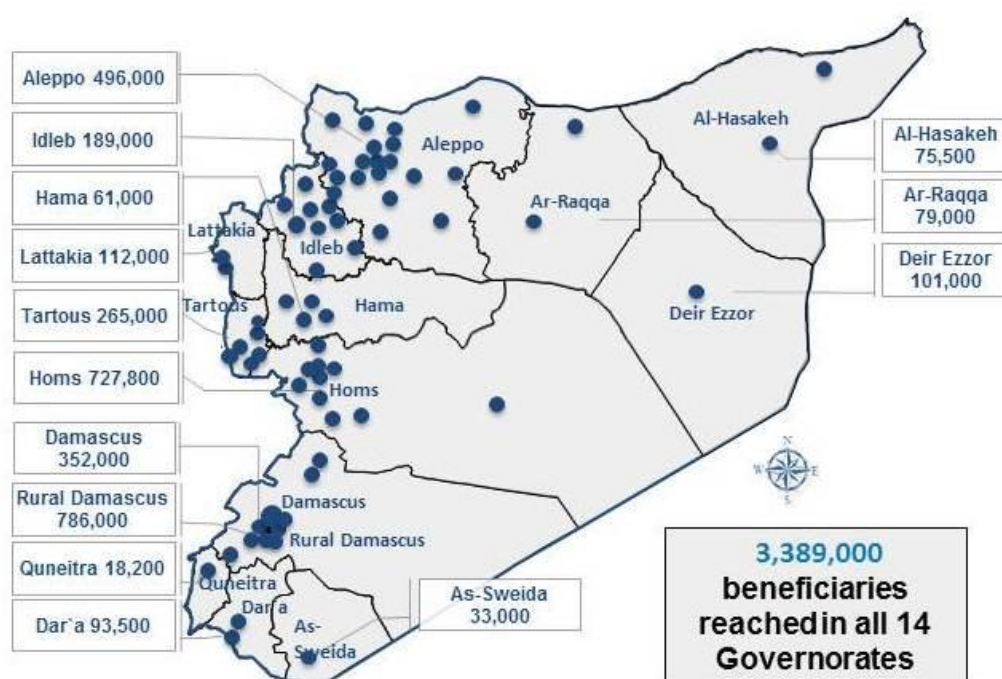
Diapers Elderly / Disabled	4,734
Sanitary napkins	23,670
Kitchen Sets	11,835
Hygiene Kits	11,835
Plastic sheets	23,670
Jerry Cans Collapsible	11,835
Sleeping mats	35,505
Solar Lamp	11,835

11. Actual outcomes achieved with CERF funds

Using CERF funds, UNHCR provided 59,175 displaced persons with 562,737 NFIs thus supporting their health and welfare, and preserving their dignity. These life-saving items were distributed to displaced people in Syria in accordance with the needs assessed by the field staff and by implementing partners on the ground.

UNHCR has a weekly delivery schedule which is based upon requests coming from the field. Each week, 250 trucks are dispatched carrying NFIs for 75,000 individuals.

Overall in 2013, UNHCR has dispatched NFIs to approximately 3.4 million individuals across all 14 governorates of Syria, exceeding its three million beneficiaries' target for 2013. From January to end of March 2014, 1,126,028 individuals received NFIs in 13 governorates. The map below shows NFI beneficiaries by governorate in 2013:



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

With the CERF fund, and with the withering away of the US strike possibility, UNHCR was able to focus on rapid response needs for NFI (and medical needs as far as the other project is concerned) particularly in a number of hard to reach governorates. The fund also allowed UNHCR to step up NFI procurement – helping ensure partners can respond efficiently and effectively to arising displacement needs in the noted governorates. The intervention targeted previously unreached people in need and were lifesaving – reinforcing resilience and improved coping of displaced families from the risk elements, ensuring their safety and dignity, and contributing their warmth, hygiene, meals, and shelter after they have almost lost all their belonging during the displacement process. The fund was also a reliable source of funding that filled an urgent gap while waiting for other funds to arrive hence

<p>contributing to the effectiveness of the emergency response in the NFI sector by allowing the timely and targeted procurement and distribution of mostly needed NFI (plus medicine as far the other project is concerned). The funding to UNHCR was essential to ensure an uninterrupted supply of items and to plan for the most economical means of transport while utilizing UNHCR's presence on ground, whether offices or warehouses, and logistical local, regional and global networks.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>UNHCR's life-saving assistance to IDPs takes into consideration the specific needs of women and men in the design of the family NFI package</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNHCR Policy Development and Evaluation Service (PDES) planned to 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> <p>Though an external evaluation of the project was not possible, UNHCR relied for evaluation and monitoring on the reports and observations of the partners and on regular direct observation and on-going assessment by UNHCR (e.g. spot visits to project sites) and the comparison of achievements and related financial expenditures with objectives.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

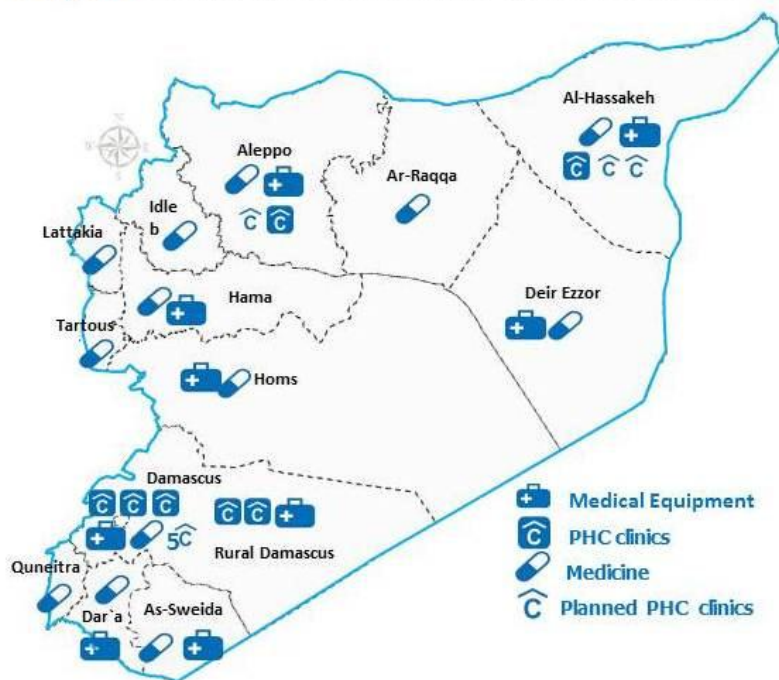
CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	01.Sept 13 – 28 Feb. 14
2. CERF project code:	13-RR-HCR-064	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency medical assistance for Internally Displaced Persons (IDPs) in Syria		
7.Funding	a. Total project budget:	US\$ 16,329,643 ⁹	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\$ 0
	c. Amount received from CERF:	US\$ 399,170	▪ 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).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	45,000	45,000	
b. Male	30,000	30,000	
c. Total individuals (female + male):	75,000	75,000	
d. Of total, children <u>under</u> age 5	9,750	9,750	
9. Original project objective from approved CERF proposal			
<p>Maintain the capacity to deliver lifesaving medication to 75,000 IDPs</p> <p>CERF contribution will enable UNHCR to preposition adequate quantities of medicine in order to provide lifesaving treatment to 75,000 displaced persons suffering from acute and chronic diseases.</p> <p>This objective, which directly contributes to saving lives, is in line with the CERF life-saving criteria: “Health in emergencies” and encompasses more specifically the following sub-headings:</p> <ul style="list-style-type: none"> • “Ensuring equitable and timely access to Emergency Primary Health Care”; • “Provision, distribution and replenishment of quick turnover emergency stockpiles which have been used in an emergency context”; • “Addressing life-threatening conditions related to chronic diseases which have been interrupted in an emergency context”; • “Support the provision of Psychological First Aid - protect and care for people with severe mental disorders (suicidal behavior, psychoses, severe depression and substance abuse) in communities and institutions”. 			
10. Original expected outcomes from approved CERF proposal			
Outcome: 75,000 IDPs suffering from acute and chronic illnesses are provided with adequate medication (impact to be measured by the number of patients receiving treatment).			
11. Actual outcomes achieved with CERF funds			
<p>Under this CERF-funded project, a total number of 75, 000 IDPs benefitted from essential and life-saving medicines in UNHCR-supported health services. The beneficiaries were from different governorates such as Homs, Aleppo, Idlib, Hama and Hassakeh.</p> <p>Throughout 2013, UNHCR supported various health facilities with life-saving medicines. These medicines have been delivered to hospitals mainly in Damascus, Idlib and Aleppo. In addition, medicines procured by UNHCR have been supplied to allow for</p>			

⁹ Figure amended as per the revised 2013 SHARP dated 7 June 2013.

continued availability of medicines in functioning health centres. Overall in 2013, 703,000 IDPs have received medicines, or a course of medicines, 3,000 were patients of kidney transplant.

In the first quarter of 2014, UNHCR accessed 78,734 IDPs with health services in 6 Governorates. The map below shows beneficiaries of UNHCR's response in the Health Sector by governorate in 2013:

991,350 Individuals Assisted with Access to Health Care



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

Considering that the anticipated airstrikes did not take place, and following consultations within the UN and relevant partners, the decision was made to utilize the pre-positioned stocks for meeting the ongoing needs among persons of concern.

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

YES ☐ NO ☒

Health services are provided to all populations requiring health care irrespective of their gender, race, religion or political opinion. However, 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.

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

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

UNHCR Policy Development and Evaluation Service (PDES) planned to 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.

Though an external evaluation of the project was not possible, UNHCR relied for evaluation and monitoring on the reports and observations of the partners and on regular direct observation and on-going assessment by UNHCR (e.g. spot visits to project sites) and the comparison of achievements and related financial expenditures with objectives.

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	9 Oct. 13 – 8 Apr. 14
2. CERF project code:	13-RR-IOM-035	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Shelter and non-food items		
4. Project title:	Emergency Multi-sector Assistance to Affected Population in Syria		
7. Funding	a. Total project budget:	US\$ 23,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 12,660,486	■ NGO partners and Red Cross/Crescent: US\$ 0 ■ Government Partners: US\$ 0
	c. Amount received from CERF:	US\$ 900,251	
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	52,010	73,148	For NFIs: 142,388 received basic life-saving supplies (49 per cent males and 51 per cent females). For Shelter: 1,060 IDPs benefitted from emergency shelter intervention. (54 per cent male and 46 per cent female)
b. Male	52,010	70,300	
c. Total individuals (female + male):	104,020	143,448	
d. Of total, children <u>under</u> age 5	31,206	17,214	
9. Original project objective from approved CERF proposal			
To contribute in alleviating the suffering of 104,020 IDPs and affected population by preparing them to cope with the harsh winter through provision of thermal blankets, basic lifesaving cleaning items and shelter repair and rehabilitation.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 12,600 IDPs and affected population received thermal blankets (# of IDPs assisted disaggregated by age, gender, and location) 90,400 IDPs and affected population received hygiene and house cleaning kits (# IDPs assisted disaggregated by age, gender, location and type of kit received) 1,020 IDPs improved their living conditions by shelter repair and rehabilitation (# of IDPs assisted disaggregated by age, gender and location) A minimum of 2 shelters repaired in 2 governorates (# of shelter repaired disaggregated by locations) 			
11. Actual outcomes achieved with CERF funds			
<u>Planned and reached direct beneficiaries through CERF funding:</u>			
Actual proposed and reached numbers under CERF 05	# of Planned NFIs	# of Distributed NFIs/ Kits	
IDPs and affected individuals to receive # of blankets	12,600	22,564	
IDPs and affected individuals to receive # of hygiene, house cleaning kits and Quilts	22,600	26,372	
IDPs to receive Baby diapers, Winter clothing kits, Slippers, Hats and Baby blankets		12,739	
Total number of distributed items		61,675 kits	

Below table of number of beneficiaries reached per service(s) received:

Activity	# of IDPs and Affected Individuals	# of NFIs/kits received
Number of beneficiaries received one type of kits	122,467	Received 46,124 Kits
Number of beneficiaries received more than one type of kits	19,921	Received 15,551 Kits
Sub-total reached beneficiaries (NFI)	142,388 IDPs	
IDPs to benefit from shelter works	1,060 IDPs	
Grand total of beneficiaries under CERF 05	143,448 IDPs	

Below details of NFIs distributions:

19,921 individuals who received more than one type of NFIs kits including one or more of the following:

Blankets (each blanket is for one individuals)	8,779
Quilts (each quilt is for one individuals)	2,200
Hygiene Kits (each Hygiene kit is for a family of 5 members)	3,000
Family Hygiene Kits (each Hygiene kit is for a family of 5 members)	33
Winter Clothing Kit (each Hygiene kit is for a family of 5 members)	293
Baby Diapers (each diaper bag is for one child under 2 years old)	900
Slippers kits (for a family of 5 members)	100
Hats kits (for a family of 5 members)	200
Baby blankets (each baby blanket is for one child under 2 years old)	46
	15,551 Kits

122,467 Individuals who received one type of kits, received one of the following:

Blankets	13,785
Quilts	500
Hygiene Kits	8,275
Family Hygiene Kits	12,364
Baby Diapers	11,200
	46,124 Kits

CERF Results:

:

- IOM distributed 61,675 different kits to 142,388 beneficiaries in 12 governorates (Aleppo, As Sweida, Damascus, Dara', Der Ez-Zor, Hama, Idleb, Lattakia, Quneitra, Rural Damascus, Hasakeh and Homs). Beneficiaries reached in cross line areas 15 per cent, and 86 per cent in Gos (Host community 81per cent and public shelter 4 per cent)
- IOM completed 104 per cent of its shelter work by reaching 1,060 beneficiaries in 2 governorates (Rural Damascus and Homs). IOM completed shelter repair and rehabilitation of 248 living spaces/rooms in 137 private shelters (unfinished apartments/buildings and partially damaged houses) improving the lives of 1,060 IDPs, 225 families.
- IOM participated in 9 convoys led by OCHA to 4 governorates (Idleb, Rural Damascus, Aleppo and Homs) and distributed 7,552 kits to 19,552 beneficiaries (this number of beneficiaries is already included in the total beneficiaries number of the CERF project).
- IOM reached 142,388 beneficiaries with NFI assistance: Infants (0-2 years old) 4per cent, Children (3-5 years old) 8 per cent, Children (6-12 years old) 16 per cent, Adults (19-64 years old) 58 per cent and Elderly (+65) 4 per cent
- The family hygiene kit and the house cleaning kit as well as other kits are designed for a family of 5 members, remaining NFI individual items are for individual distribution.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The pre-positioning nature of this action allowed IOM to respond promptly to urgent and ongoing needs on the ground for core relief assistance.</p> <p>IOM efficient use of resources resulted in achieving and even exceeding the targeted figures in the proposal. IOM has been able to reduce the unit cost of its relief items and to reach more IDPs with the same budget by negotiating long-term agreements with local vendors.</p> <p>IOM could use interagency and logistic cluster trucks during distribution works in addition to use NGOs, vendors, and logistic cluster's warehouses without additional cost.</p> <p>Regarding shelter works and concerning both the fluctuation in prices and lack of material in the local market.</p>	
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"/>
Gender Marker Code: 2a	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Monitoring and post-monitoring evaluations are ongoing works that IOM undertakes as part of the activities, including: IOM field visits assessments in coordination with local NGOs, IOM participation in inter-agency assessment mission, IOM direct delivery of services, post distribution field visits where services carried by partnering local NGOs, beneficiaries registration, as well as weekly field reports. IOM's Monitoring and Evaluation team will carry out an internal evaluation upon the completion of the project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	16 Oct.13 – 15 Apr. 14
2. CERF project code:	13-RR-WFP-063	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\$ 467,559,213	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 371,413,420	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 5,296,739	▪ 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).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	364,000	336,543	This CERF contribution was originally programmed to purchase 3,869 mt of assorted commodities, including rice, ready-to-eat rations, canned pulses, sugar and vegetable oil. This quantity would have been sufficient to assist 700,000 beneficiaries. However, only 3,577 mt of food commodities were actually purchased owing to differences in commodity rates. The actual purchased commodities were able to assist approximately 647,197 beneficiaries (or an 8 per cent reduction from the original plan).
b. Male	336,000	310,655	
c. Total individuals (female + male):	700,000	647,198	
d. Of total, children <u>under</u> age 5	98,000	90,608	
9. Original project objective from approved CERF proposal			
The objective of a WFP pre-positioning effort is to maximise the availability of food items in areas where a sudden upsurge in violence may create new needs, necessitating an immediate response. In turn, the strategy for WFP relief assistance is guided by the goal of meeting basic emergency food needs amongst conflict-affected populations, through the conduct of general food distributions, with the aim of saving lives and averting hunger.			
10. Original expected outcomes from approved CERF proposal			
Ultimately, once pre-positioned food stocks are distributed, the key output and outcome indicators to be monitored will include:			
<ul style="list-style-type: none"> Household Food Consumption Score (FCS) (target: 80 percent of assisted families have an acceptable Household Food Consumption Score); Number of women, men, girls and boys receiving food; and Tonnage of food distributed. 			
11. Actual outcomes achieved with CERF funds			
<p>The percentage of households with acceptable food consumption did not meet the 80 percent target established in the original funding proposal. The food assistance purchased with this grant arrived in country and was distributed between January and March 2013. Monitoring data, while not representative of the situation at country level (owing to sample size limitations), indicates that on average 41 per cent of monitored households had an acceptable food consumption score, 43 per cent a borderline and 16 per cent a poor FCS during the first three months of 2014</p> <p>All food items purchased were distributed allowing WFP to assist over 647,000 beneficiaries across the country. The distribution of these commodities contributed to mitigating pipeline breaks and ensuring an adequate nutritional transfer of the food basket provided which during the grant period was never lower than 1,500 kcal per person per day.</p> <p>Timely distribution of assistance: The timely arrival of the procured commodities allowed WFP to distribute all received quantities</p>			

over a three month period (between January and March 2014).	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>As the expected airstrikes did not happen the assistance was prioritized to support the immediate needs of suddenly displaced populations and civilians under siege. The September 2013 CERF grant was originally intended for the procurement of emergency food stocks to be prepositioned in strategic locations inside Syria, so as to facilitate an immediate life-saving response in the event of sudden and unforeseen needs. The grant came at a time when an imminent and severe deterioration of the security environment was anticipated, following the threat of an external military intervention.</p> <p>While the expected US air-strikes did not occur, the conflict continued unabated and escalated in many areas of Syria, forcing large waves of population displacements and increasing humanitarian needs in many areas. At the time of the grant, a staggering 6.5 million people were estimated to have been displaced by the conflict and 6.3 million people in critical need of food assistance. The Food and Agriculture sector had developed a response strategy to provide food assistance to 4.7 million people affected by the crisis, particularly displaced persons.</p> <p>Upon receipt of the CERF funds in October 2013, WFP procured 3,577 mt of mixed food commodities with deliveries taking place in December. These food stocks were prepositioned in our warehouses in Tartous and Rural Damascus in readiness to respond to sudden displacements. The CERF funds were particularly useful in allowing us to procure ready-to eat rations which were instrumental as a first response during the initial days of displacement when displaced families do not have the means to cook dry rations.</p> <p>Continuing escalation of the conflict in the January to April period led to multiple displacements and required WFP to tap into the pre-positioned stocks in support of displaced families. During this period, the entire 3,577mt of food procured was distributed to over 647,000 people, including displaced families and those in besieged areas. As part of the Inter-Sector Coordination Working Group, WFP participated in over 20 humanitarian convoys to deliver emergency food assistance to people under siege and in hard-to-reach areas of Rural Damascus, rural Homs and Idleb. Food rations were also airlifted in support of IDPs in Al Hasakeh governorate where road access for humanitarian deliveries has been completely cut off since June 2013. Intense fighting in parts of Al Hasakeh and the neighboring governorates of Raqqah and Deir Ez-Zor saw an influx of IDPs into urban areas of Qamishly and Al Hasakeh. WFP was able to provide food assistance to some families through limited quantities airlifted to the governorate.</p> <p>WFP emergency response in Syria aims to support 4.25 million people with food assistance. An unprecedented record of almost 100 percent of this target was achieved in August when WFP dispatched food for over 4.16 million people. Complementing these monthly deliveries, the September 2013 CERF grant has been instrumental in preparing WFP to sudden and unforeseen crises, allowing for the most appropriate assistance to be rapidly and flexibly delivered to populations suddenly displaced by violence.</p>	
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>Being an emergency operation, providing life-saving food assistance to the most vulnerable populations affected by the civil unrest, WFP does not target assistance on the basis of sex and gender. However, WFP and its partners explicitly aim to facilitate its receipt by women and female-headed households by affording priority attention at distribution sites. 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. These measures have contributed to triggering prompt action when cases of abuse were detected or denounced. WFP does not have a gender marker code for this project.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Monitoring and verification of WFP activities are ongoing on a regular basis. This includes weekly monitoring visits to distribution sites, post distribution monitoring visits, as well as verification of activities in areas where UN staff have limited or no access through a team of project facilitators. In addition, in order to adequately adjust targets and ensure that the most vulnerable receive assistance, WFP together with the humanitarian community have conducted several joint assessments to determine the food and nutrition situation in the country as well as livelihoods and health conditions of the affected population. In 2014, a nutrition sector-led assessment is currently underway and several other inter-agency assessments are being planned including a crop assessment, food security assessment, joint humanitarian assessment and livelihood assessment. The final evaluation of WFP emergency response will be performed upon completion and closure of this project. .</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:		WFP	5. CERF grant period: 16 Oct.13 – 15 Apr.14	
2. CERF project code:		13-RR-WFP-064	6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Health-Nutrition		
4. Project title:		Provision of emergency food assistance for the prevention of under-nutrition		
7.Funding	a. Total project budget:		US\$ 5,607,459	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:		US\$ 500,004	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:		US\$ 500,004	▪ 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).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		54,261	13,404	The original CERF contribution was programmed to purchase 144 mt of Plumpy'Doz® to assist over 104,000 children in Syria. However only 98.280 mt of this commodity were actually purchased owing to a differing exchange rate between euro and USD. While funds were programmed in dollars, the Plumpy'Doz® was procured in France and had to be purchased in euros. As a result, each metric tonne of Plumpy'Doz® cost USD 3,731 (or Euro 2,750) instead of the originally planned USD 2,800 per metric tonne. While distributions of this commodity are still ongoing, they are expecting to reach a total of 75,600 children by the end of June (representing a 27 percent drop compared to the original plan).By 19 May a total of 34 mt of Plumpy'Doz® have been distributed to reach approximately 26,154 children
b. Male		50,087	12,750	
c. Total individuals (female + male):		104,348	26,154	
d. Of total, children <u>under</u> age 5		104,348	26,154	
9. Original project objective from approved CERF proposal				
The objective of a WFP pre-positioning effort is to maximise the availability of food items in areas where a sudden upsurge in violence may create new needs necessitating an immediate response. In turn, WFP's blanket supplementary feeding programme specifically intends to prevent the nutritional status of those at greatest risk (children aged 6-59 months) in targeted families from declining to life-threatening levels.				
10. Original expected outcomes from approved CERF proposal				
Ultimately, once pre-positioned food stocks are distributed, the key output and outcome indicators to be monitored will include: <ul style="list-style-type: none">Household Food Consumption Score (target: 80 percent of assisted families have an acceptable Household Food Consumption Score);Number of girls and boys receiving supplementary food assistance; andTonnage of supplementary food distributed.				
11. Actual outcomes achieved with CERF funds				
Distributions of Plumpy'Doz® could not be completed within the established time-frame of the grant which closed on 15 April 2014.				

<p>Out of the 98.280 mt of Plumpy'Doz® purchased, only 34mt were distributed by the first half of May. These quantities are sufficient to assist a total of 26,154 children of the expected 75,600, or 35 per cent of the plan.</p> <p>Furthermore, lower total quantities of Plumpy'Doz® were purchased than originally planned. The original CERF contribution was programmed to purchase 144 mt of Plumpy'Doz® to assist over 104,000 children in Syria. However only 98.280mt of this commodity were actually purchased owing to a differing exchange rate between euro and USD. While funds were programmed in dollars, the Plumpy'Doz® could only be procured in France and had to be purchased in euros resulting in each metric tonne of Plumpy'Doz® costing USD 3,731 (or Euro 2,750) instead of the originally planned USD 2,800 per metric tonne.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>A number of reasons account for outcomes falling below targets. Long lead times for the procurement of the Plumpy'Doz® meant that the commodity, called forward in December, was received only over the course of January, significantly slowing down distributions of the supplementary feeding product. Furthermore distributions of Plumpy'Doz® are implemented through a limited number of cooperating partners in addition to the Ministry of Health staff which have often been challenged by haphazard access which has limited their capacities to distribute at the planned scales. The absence of a solid partner-base continues to complicate the scale-up and ability to improve coverage of this programme.</p> <p>Finally, starting in 2014, WFP is re-prioritizing the blanket supplementary feeding programme to target children aged 6-23 months only (from a previous 6-59 months). This approach aims to focus resources on the most critical age group and prevent acute and chronic malnutrition in a total of 240,000 children. Furthermore, WFP is also substituting the supplementary product Plumpy'Doz® with the complementary age-appropriate product, Super Cereal®, once all Plumpy'Doz® stocks in country have been expended.</p> <p>However, as Super Cereal® has yet to arrive in country, WFP is slowing down rate of distributions of Plumpy'Doz® and limiting its target to only the most critical cases. This also is contributing to the delay in finalizing distributions of all quantities of the supplementary product purchased through this grant.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): Being an emergency operation providing life-saving food assistance to the most vulnerable populations affected by the civil unrest, WFP does not target assistance on the basis of sex and gender. However, WFP and its partners explicitly aim to facilitate its receipt by women and female-headed households by affording priority attention at distribution sites. 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. These measures have contributed to triggering prompt action when cases of abuse were detected or denounced.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Monitoring and verification of WFP activities are ongoing on a regular basis. This includes weekly monitoring visits to distribution sites, post distribution monitoring visits, as well as verification of activities in areas where UN staff have limited or no access through a team of project facilitators. In addition, in order to adequately adjust targets and ensure that the most vulnerable receive assistance, WFP together with the humanitarian community have conducted several joint assessments to determine the food and nutrition situation in the country as well as livelihoods and health conditions of the affected population. In 2014, a nutrition sector-led assessment is currently underway and several other inter-agency assessments are being planned including a crop assessment, food security assessment, joint humanitarian assessment and livelihood assessment. The final evaluation of the emergency response will be performed upon completion and closure of this project.</p>	<p>EVALUATION PENDING <input checked="" type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:		WHO		5. CERF grant period:	16 Oct. 14 – 15 Apr. 14	
2. CERF project code:		13-RR-WHO-069		6. Status of CERF grant:	<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Health			<input checked="" type="checkbox"/> Concluded	
4. Project title:		Support critical medical interventions SYR13H57245R122				
7. Funding	a. Total project budget:		US\$ 34,481,550		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\$ 0
	c. Amount received from CERF:		US\$ 1,279,328			▪ 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).						
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:		
a. Female		48,850	55,980			
b. Male		73,275	83,964			
c. Total individuals (female + male):		122,125	139,944			
d. Of total, children <u>under</u> age 5		16,365	18,753			
9. Original project objective from approved CERF proposal						
To support contingency stockpiles for timely and rapid delivery of urgent medical needs to respond to critical shortages of life-saving and NCD medicines in areas witnessing an abrupt escalation of violence.						
10. Original expected outcomes from approved CERF proposal						
<ul style="list-style-type: none"> Life-saving medicines (anaesthetics, analgesics- anti-infective and IV fluids for an approximate of 121,000 injured cases) prepositioned in four regions to be delivered efficiently upon an urgent increase in the number of injured. Consumables for critical haemodialysis sessions prepositioned for 1250 patients. 						
11. Actual outcomes achieved with CERF funds						
<p>The overall project was requested to support contingency stockpiles for timely and rapid delivery of urgent medical needs to conduct life-saving interventions for injuries and provide treatment for life-threatening chronic diseases. UNCT and HCT have stressed the importance of readiness to respond by having prepositioned lifesaving medicines, equipment and supplies including for WASH available so that agencies responsible for critical interventions be promptly in a position to reach/respond to an escalation of the conflict particularly in “hot areas”. The violence in Syria and the number of deaths and injured have steadily increased in many areas, thus the risk was not reduced by the fact that the airstrikes did not occur. Accordingly medicines and supplies procured under the project were optimized, considering shelf-life and effectively, to respond to emerging injuries and chronic disease patients. Nonetheless, through the established procurement and logistic systems at WHO country office, procurement and prepositioning of medicines has been ongoing year-round, medicines and supplies are stockpiled in WHO warehouses in Damascus, Homs, Tartous and Rural Damascus to ensure availability of contingency medicines and supplies for emerging needs, IA cross-line convoys, etc; apart from regular WHO shipments to locations across the country especially hard-to-reach.</p> <p>Anesthetic, anti-dotes, analgesics and anti-infective essential medicines provided for 116,366 beneficiaries in need of surgical and emergency interventions and post-operative intensive care at main referral hospitals in Damascus, Homs, Idleb, and Derezor.</p> <p>Life-saving medication for specialized surgical interventions and post-operative intensive care for 3500 trauma patients.</p>						

<p>Life-saving albumin infusion has been provided for 500 post-traumatic patients experiencing haemorrhage and massive protein loss.</p> <p>IV Fluids distributed for 10,000 patients in need for inpatient intensive care at public and NGO hospitals in Damascus, Homs and Derezor.</p> <p>Filling in the gap for life-dependent insulin for 8,333 patients in Damascus, Homs, Idleb and Derezor</p> <p>Consumables for 10,000 haemodialysis sessions were distributed to health facilities in Damascus, Homs , Aleppo, and Lattakia hospitals to serve a total of 1,250 hemodialysis patients. Detailed distribution as follows:</p> <ul style="list-style-type: none"> • 3700 sessions provided to MOH in Damascus for 463 patients dependent on hemodialysis • 3400 sessions provided to specialized Renal dialysis hospital in Aleppo for 425 patients dependent on hemodialysis • 1200 sessions provided to Al-asad Hospital- MOHE Hospital and MOH hospital in Latakia for 150 patients dependent on hemodialysis • 1700 sessions provided to AIAfyeh NGO to provide hemodialysis services to 212 patients dependent on hemodialysis <p>Of note, by August 2014 WHO has almost doubled the number of treatments delivered across Syria compared to the number delivered from January – December 2013.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>In the procurement process, WHO faced numerous challenges to procure Helium gas due to logistical and security restrictions. Unfortunately, the local supplier did not comply with the WHO procurement standards, furthermore due the sensitivity of the item, international procurement would not be feasible during the time-frame of the grant. Accordingly, the planned list of medicines under this grant was reviewed, Helium gas was excluded and replaced with other life-saving medicines which have been requested repeatedly by health partners increasing the number of beneficiaries reached. On a security level, at the time of implementation the targeted private hospital in Homs became inaccessible by the targeted catchment population due to a shift in demarcation lines in Homs the location around the hospital in Homs (Al-Waer) was besieged. Helium gas shortages will be compensated once international procurement is possible using other funding sources.</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>Gender Marker Code: 1</p> <p>Life-saving medical interventions and treatments provided under this grant, targeted all affected populations especially vulnerable groups including men, women and children suffering from direct violent related injuries and neglected chronic diseases.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Even though this project has not been individually evaluated, WHO continuously monitors outputs of projects and assesses the impact of the outcomes through real-time assessments and monitoring missions to evaluate the implementation of the activities. This has been regularly conducted via an increased presence in the field to 22 focal points across the country. WHO has focal points in all governorates and submit monthly reports on activities progress and implementation. Program managers also monitor activities implementation through field visits and tele-communication and feed-in data evaluating outcomes of activities against on a strategic WHO workplan with set indicators, baseline and targets.</p> <p>WHO response is reported to donors through information products including donor updates and annual reports on a quarterly and yearly basis highlighting key priorities, achievements, challenges and lessons learnt</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	18 Oct.13 – 17 Apr. 14
2. CERF project code:	13-RR-WHO-070	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Building up the buffering stocks of healthcare facilities in the Rural Damascus area for supply of clean drinking water in case of potential emergencies		
7. Funding	a. Total project budget:	US\$ 2,100,000 ¹⁰	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,442,658	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 202,658	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,200,000	1,200,000	
b. Male	800,000	800,000	
c. Total individuals (female + male):	2,000,000	2,000,000	
d. Of total, children <u>under</u> age 5	600,000	600,000	
9. Original project objective from approved CERF proposal			
To provide safe drinking water to the local population exposed to water-born diseases whether in healthcare centres or in their houses.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> The drinking water supply situation (quantity and quality) in healthcare facilities is improved. <ul style="list-style-type: none"> Indicator: Number of hours of access to clean drinking water in healthcare facilities has improved to 24 hours where filter systems have been installed. The drinking water supply situation (quality) in residential dwellings is improved. <ul style="list-style-type: none"> Indicator: Number of patients referring to healthcare centres exposed to water-born diseases has decreased by 50per cent upon completion of project activities (compared to number of patients at the same time of last year). 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> The accessibility to safe drinking water improved in local communities as a result of supply with chlorine disinfecting materials. The quality and safety of supplied water to healthcare facilities was improved as a result of improvement of water quality monitoring system. Drinking water quality has improved as water quality laboratories were rehabilitated and equipped with necessary supplies and equipment. <p>Number of hours of clean drinking water has increased in Damascus, Aleppo and various rural areas across the country which were supplied with chlorine disinfecting materials.</p>			

¹⁰ CAP/Flash Appeal code was revised to reflect WHO WASH project code. CAP/ Flash appeal code inserted in the original proposal was under WHO's PHC project under SHARP

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The overall project was requested to support contingency stockpiles for timely and rapid delivery of urgent supply of clean drinking water to conduct life-saving interventions for injuries and provide treatment for life-threatening chronic diseases. UNCT and HCT have stressed the importance of readiness to respond by having prepositioned lifesaving medicines, equipment and supplies including for WASH available so that agencies responsible for critical interventions be promptly in a position to reach/respond to an escalation of the conflict particularly in "hot areas". Water shortages and use of contaminated water has been reported in many of the affected areas like Derezzor, Aleppo, and Rural Damascus, thus the risk was not reduced by the fact that the airstrikes did not occur. Accordingly water purification equipment and material procured under the project were optimized, considering shelf-life and affectivity, to respond to emerging water shortages in areas exposed to water-borne diseases. Nonetheless, through the established procurement and logistic systems at WHO country office, procurement and prepositioning of WASH materials has been ongoing year-round, medicines and supplies are stockpiled in WHO warehouses in Damascus, Homs, Tartous and Rural Damascus to ensure availability of contingency medicines and supplies for emerging needs, IA cross-line convoys, etc; apart from regular WHO shipments to locations across the country especially hard-to-reach.</p> <p>Funds were targeted to local communities including their healthcare facilities instead of focusing only on hospitals and health centres. As part of this project, some funding was used for refurbishing vandalized water quality laboratories in order to assess water quality on a continuous basis, which also contributed to achieving the expected of the project through testing clean drinking water at health facilities and communities. Funds utilized for refurbishing laboratories was co-funded by other funds for WASH WHO projects.</p>	
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"/>
Gender Marker Code: 1- The project will targeted children, women and men deprived of safe drinking water in Rural Damascus especially groups more vulnerable to communicable diseases including children U5 for which diarrheal diseases are the main cause of death, as well as malnourished children, women and men	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Even though this project has not been individually evaluated, WHO continuously monitors outputs of projects and assesses the impact of the outcomes through real-time assessments and monitoring missions to evaluate the implementation of the activities. This has been regularly conducted via an increased presence in the field to 22 focal points across the country. WHO has focal points in all governorates and submit monthly reports on activities progress and implementation. Program managers also monitor activities implementation through field visits and tele-communication and feed-in data evaluating outcomes of activities against on a strategic WHO work plan with set indicators, baseline and targets.</p> <p>WHO response is reported to donors through information products including donor updates and annual reports on a quarterly and yearly basis highlighting key priorities, achievements, challenges and lessons learnt.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNDP	5. CERF grant period:	9 Oct. 13- 8 Apr. 14
2. CERF project code:	13-RR-UDP-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of garbage bins and containers for solid waste collection in shelters		
7. Funding	a. Total project budget:	US\$ 6,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 2,146,465	▪ NGO partners and Red Cross/Crescent: US\$ 22,219
	c. Amount received from CERF:	US\$ 500,974	▪ 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).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	500,000	543.267 ^[1]	
b. Male	500,000	409.833	
c. Total individuals (female + male):	1,000,000	953,100 Indirect beneficiaries	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>The overall project objective is to improve the living conditions in the target 350 shelters and their surrounding neighborhoods in 6 governorates.</p> <p>The specific objectives of this project are:</p> <ul style="list-style-type: none"> To alleviate the solid waste problem in shelters and surrounding neighbourhoods and to prevent health and environmental problems; and To procure garbage bins and containers for garbage collection in the target shelters. 			
10. Original expected outcomes from approved CERF proposal			
<p>350 shelters and their surrounding areas in 6 governorates enjoy improved living conditions</p> <ul style="list-style-type: none"> Amount of solid waste collected from each target shelter and surrounding neighborhoods Satisfaction of community members (random interviews with a representative sample of the community) 350 shelters and surrounding areas receiving 1200 garbage bins and 500 garbage containers 			
11. Actual outcomes achieved with CERF funds			

^[1] Based on the Humanitarian sub-committees' in the targeted governorates. % of women differs from governorate to another: in Hamah: 54% , in Tartous : 58% , Idleb 57%, Rural Damascus: 55% .

In coordination with local municipalities, and active local partners, UNDP conducted needs assessment in 236 shelters in 8 governorates, namely Homs, Hamah, Tartous, Idleb, Deir Ezzor; Rural Damascus, Hasakeh and Aleppo with a focus on garbage containers and bins. The results showed an urgent need to manage and remove the solid waste in the assessed shelters. Consequently, UNDP contracted blacksmiths from the local market in the aforementioned governorates, to manufacture **550 garbage containers and 1,397 garbage bins and carriages**. The provided garbage containers, bins and carriages covered the needs of 236 shelters and 84 surrounding neighbourhoods inhabited by more than 1 million people.

Given the fact that this project is a rather community project targeting neighbourhoods and shelters communities, the calculation of direct beneficiaries is not a straightforward procedure, therefore, reporting against the indirect beneficiaries is perceived as a more accurate figure.

It should be noted that UNDP adopted a local procurement strategy aiming at providing jobs for more than 291 workers in blacksmithing, painting and accessories production workshops. This strategy has in this way contributed to the improvement of the economic cycle in the targeted areas, with an ultimate objective of increasing the resilience of the affected population to cope with the crisis impact.

Provided Garbage containers, bins and carriages per governorate

Governorate	garbage containers	garbage bins	Shelters	Target neighborhood	# of beneficiaries	Number of revived blacksmiths	number of workers
Hama	65	100	34	5	1836	5	45
Homs	95	125	60	27	380000	7	30
Idleb	40	200	5	15	300.000	6	41
Tartous	60	400	27	5	7750		
Aleppo	100	125	100	26	185000	4	30
Deir El Zorr	60	100	10	6	60510	1	8
Hassakeh	100	250	49	0	3848	8	63
Rural Damascus	30	97	62	0	14500	6	74
	550	1397	236	84	953.084	37	291

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 ☐

Gender marker is 1 as it is a cross cutting issue considered in the design as well as implementation. The project team endeavours to ensure representation of women in the local committees not to mention that women were consulted during the monitoring process.

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

EVALUATION CARRIED OUT ☐

No evaluation was originally foreseen; however, field teams in the targeted areas conducted timely field visits throughout the project phases. The teams visited local workshops where the bins and containers were manufactured, assembled and painted. Also, the teams were monitoring the distribution according to the pre-agreed plan to the targeted neighbourhoods and shelters. Accordingly reports supported by pictures were submitted.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNRWA	5. CERF grant period:	16. Oct.13 – 15. Apr.14
2. CERF project code:	13-RR-RWA-008	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project title:	Urgent food, NFI and emergency medical supplies for conflict affected Palestine refugees in Syria		
7. Funding	a. Total project budget: US\$ 62,212,786 ¹¹		d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> NGO partners and Red Cross/Crescent: US\$ 0 Government Partners: US\$ 0
	b. Total funding received for the project: US\$ 25 902,272		
	c. Amount received from CERF: US\$ 2,099,869		
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	39,608	48,673	UNRWA reached an additional 18,116 refugees due to the establishment of provision of two daily meals to refugees living in UNRWA collective shelters, funded by other donors. This enabled the agency to distribute food parcels to more refugees outside UNRWA shelters, whilst distributing the same number of planned NFIs within the shelters.
b. Male	39,608	48,673	
c. Total individuals (female + male):	79,216	97,346	
d. Of total, children <u>under</u> age 5	9,506	11,679	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Provide life-saving humanitarian assistance to conflict-affected Palestine refugees in Syria; Procuring contingency stocks to increase their resilience throughout the conflict; and Enhance social stability and mitigate conflict 			
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 NFIs distributed – blankets, mattresses and hygiene kits; Number of mothers assisted with hygiene kits after childbirth. Number of new born infants assisted; <p>Number of health centres provided with essential medical supplies</p>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Number of families assisted; <p>Total: 24,336 families. UNRWA delivered food parcels to a total of 18,088 families and NFIs including blankets, mattresses and newborn baby kits to 6,248 families.</p> <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</p>			

¹¹ Revised 2014 SHARP figure.

440,000 Palestine refugees will continue to require intensive ongoing assistance to meet their minimum food, non-food and health needs.

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 64.5 metric tons of refined sugar, 65,622 packets of pasta (400g each), 17,329 kilograms of halawa, 65,621 tins of Halal canned meat, 37 metric tons of milk powder (1kg packets), 65,137 litres of cooking oil, 67.99 metric tons of long grain rice and 64.5 metric tons of red lentils. These food items provided contents for 18,088 family food parcels.

- Number of female-headed families assisted;

75 female-headed households received NFIs in the 30 collective shelters. UNRWA is currently unable to monitor the number of female headed families collecting food. UNRWA's refugee database is currently being linked to its "Emergency Module" which tracks which families have received particular assistance. At present, only cash assistance is linked between the two databases, with food and NFI to be included later in 2014. NFI distribution to female headed households is monitored by weekly headcounts of those living in UNRWA collective shelters, which also provides summaries of other vulnerable groups such as unaccompanied children, single elderly refugees and persons with a disability.

- Number of NFIs distributed – blankets, mattresses and hygiene kits;

UNRWA procured and distributed 4,809 family hygiene kits, 24,994 blankets and 15,043 mattresses. Blankets were distributed one per person to 6,248 families, whilst mattresses were distributed approximately one per two family members to those families who also received blankets.

All non-food item beneficiaries were located in 30 collective shelters within Damascus (14 UNRWA shelters and 16 shelters managed by UNRWA) or gatherings of displaced refugees. Transportation was completed by UNRWA, and distribution was coordinated by Agency social workers located at each shelter. The number of refugees leaving and entering the collective shelters varied throughout the project implementation period. Shelter records were collected weekly and distribution took place over a five month period from November 2013 to March 2014, whilst refugee numbers fluctuated due to new displacement and returns.

- Number of mothers assisted with hygiene kits after childbirth;

4,809 family hygiene kits were procured and distributed in 30 UNRWA collective shelters in Damascus. The hygiene kits contained the following items: 8 bars of soap, 4 adult toothbrushes, 2 children's toothbrushes, 3 tubes of toothpaste, 2 bottles of adult shampoo, 2 bottles of children's shampoo, one packet of sanitary towels, 4 towels, 2 plastic combs, nail clippers, garbage bags, laundry bucket, laundry detergent, dish washing liquid and disinfectant.

- Number of new born infants assisted;

The Agency responded to the specific needs of mothers and newborn infants, distributing 400 baby kits to mothers living in 30 collective shelters in Damascus. The baby kits contained the following items: 1 baby blanket, baby swaddle, cotton baby vest, baby bath towel, woollen hat, safety pins, baby shampoo, 100g hypoallergenic soap, cotton socks, two large towels, 12 re-usable diapers, 4 disposable diapers, zinc oxide (nappy rash) cream.

- Number of health centers provided with essential medical supplies;

UNRWA procured a total of 41,484 packets of assorted drugs (including Gabapentine, Clodiprogel, Esomeprazol, One-Alpha, Cefuroxime and Co-Amoxiclav. The drugs were distributed across UNRWA's nine operational health centres and eight health points in Damascus to ensure continued stock of emergency drugs.

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

The Agency was able to procure an additional 3,354 blankets and 111 mattresses due to reduced costs for these items through established local suppliers in Damascus. The extra NFIs were distributed to additional displaced and conflict affected refugees in the Damascus governorate. Fluctuations in international procurement of food items resulted in the Agency procuring an additional 2.37 metric tons of rice, whilst procuring 1.12 fewer metric tons of sugar, 1.12 fewer tons of lentils, 275 fewer kilograms of halawa, 485 fewer liters of cooking oil and 0.88 less metric tons of milk powder. Budget lines were not changed by these fluctuations and the total expenditure on food remained the same as set out in the donor-approved proposal. Lead times for food procurement were approximately 20 weeks – under the Agency's average for the year – delayed somewhat by the need to resort to international procurement. The majority of food items were received in January 2014, with remaining items received and distributed in March 2014. NFI procurement and distribution took a much shorter length of time, at approximately two months, due to long term agreements (LTAs) with local suppliers in Damascus. Due to the significant and deepening needs throughout this period, including continued displacement of approximately 270,000 refugees from camps and informal gatherings, all food items and NFIs were

distributed as soon as they were received at UNRWA's central warehouse in Damascus. Refugees living in collective shelters require regular provision of basic NFIs following displacement and lack of income, and those living outside collective shelters continue to suffer from displacement and higher living costs as a result of inflation.

UNRWA originally planned to reach 79,216 displaced and conflict affected refugees. The Agency currently distributes two daily meals to all refugees located in its collective shelters (currently over 14,500 persons, including 11,100 Palestine refugees and 3,400 Syrian IDPs), resulting in food parcels being distributed solely to refugees living outside the shelters. The original target population in the proposal assumed that refugees in collective shelters would receive both food parcels and NFIs, but as a result of this development, 18,088 refugee families (72,352 individuals) affected by conflict living outside received food parcels, in addition to 24,994 refugees in collective shelters receiving NFIs. Therefore a total of 97,346 unique beneficiaries received some form of assistance under this project.

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

YES ☒ NO ☐

Gender Marker Code: 2a

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

EVALUATION CARRIED OUT ☐

While this project was not evaluated individually, 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 and visits with randomly selected beneficiaries to ensure they have received their recorded assistance.

EVALUATION PENDING ☐

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.

NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-FAO-038	Agriculture	FAO	Syrian Arab Red Crescent	Yes	RedC	\$49,897	1-Dec-13	1-Dec-13	Food and Agriculture sector
13-RR-FAO-038	Agriculture	FAO	Federation of Syrian Chambers of Agriculture	Yes	NNGO	\$13,863	1-Dec-13	1-Dec-13	Food and Agriculture sector
13-RR-UDP-014	Early Recovery	UNDP	Smart Women	Yes	NNGO	\$22,219	1-Mar-14	1-Mar-14	
13-RR-CEF-132	Water, Sanitation and Hygiene	UNICEF	SARC	Yes	RedC	\$21,600	15-Apr-14	22-Oct-13	Reimbursement to SARC
13-RR-CEF-130	Health	UNICEF	Social Care Society	Yes	NNGO	\$41,379	31-Dec-13	16-Oct-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

CFSAM	Crop and Food Security Assessment
DFID	Department for international Development
EmOC	Emergency Obstetric Care
FAO	Food and Agriculture Organization
FCS	Food Consumption Score
FSCA	Federation of Syrian Chamber of Agriculture
IDP	Internlly Dispalced Person
IEHK	Inter-agency Emergency Health Kit
IOM	International Organization for Migration
IPs	Implementing Partners
ISTA	International Seed Testing association
LNGOs	Local NGOs
LTAs	long-term agreements
MoFA	Ministry of Foreign Affaires
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MoSA	Ministry of Social Affairs
NFIs	Non-Food Items
PDES	Policy Development and Evaluation Service
PHC	Primary Health Care
RH	Reproductive Health
ROU	Reverse Osmosis Unit
RRIS	Refugee Registration Information System
SARC	Syrian Arab Red Crescent
SFPA	Syrian Family Planning Association
SHARP	Syria Humanitarian Assistance Response Plan
UNDP	United Nations Development Porgramme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
URL	Uniform Resource Locator
USAID	U.S. Agency for International Development
WFP	World Food Programme
WHO	World Health Organization