



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN SYRIA 2011 TO RESPOND TO THE CIVIL UNREST CRISIS

COUNTRY	SYRIAN ARAB REPUBLIC (SAR)
RESIDENT/HUMANITARIAN COORDINATOR	Ismail Ould Cheikh Ahmed

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response	13,403,520 (And UNHCR in kind assistance)		
	2. Breakdown of total response funding received by source	2.1 CERF	3,664,730	
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)	N/A	
		2.3 OTHER (Bilateral/Multilateral)	1,000,000	
		2.4 TOTAL	N/A	
	3. Breakdown of funds received by window	<input type="checkbox"/> Underfunded	N/A	
		1. <i>First Round</i>	N/A	
		2. <i>Second Round</i>	N/A	
		<input checked="" type="checkbox"/> Rapid Response	3,664,730	
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation	3,664,730	
		4.2 Funds forwarded to NGOs for implementation	N/A	
		4.3 Funds forwarded to government partners	N/A	
		4.4 TOTAL	3,664,730	

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	2.8 million
Total number of individuals reached with CERF funding	Female	
	Male	
	Total individuals (Female and male)	1,528,939
	Of total, children <u>under</u> 5	

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

Entire or parts of the following governorates: Dara'a, Sweida, Damasucs, rural Damascus, Baniyas, Homs, Hama, Idleb, Dayr Az Zor, Lattakia, Hassakeh, Tartous, and Aleppo. In general, the implementation of activities funded through both CERF submissions in 2011 cover areas directly or indirectly affected by unrest, military operations and sieges.

IV. PROCESS AND CONSULTATION SUMMARY

- i) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks: the report was discussed with the UN Country Team and particularly with agencies involved in the implementation of CERF funding. It is important to note that this report mostly covers activities implemented under the first CERF rapid response allocation in 2011, dating back to May and disbursed shortly thereafter. The second CERF rapid response allocation for 2011 was approved in October and funds disbursed only in November, for which most of the reporting of those activities will fall under the 2012 CERF Annual Report.

- ii) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The final report was shared with CERF recipient agencies only due to the sensitive operating environment in Syria. Currently there are no clusters in Syria as explained in detail in the report.

V. ANALYSIS

1. The humanitarian context

One year on since the civil unrest began in Syria, the subsequent violence has caused a serious deterioration in the humanitarian situation in the country. What started as peaceful demonstrations in March 2011 against the Government has spiralled into violent confrontations between Government / security forces and increasingly, armed opposition groups. The situation in some governorates remains critical, with continued military operations and sieges in some cities, leading to increased insecurity, which has resulted in, increased violence and the limited mobility of people. According to OHCHR, the number of casualties surpassed 8,500 civilians, including an estimated 500 children and, according to the Government of Syria (GoS), nearly 2,000 government forces. Since December 2011, there has been an escalation of violence in Dara'a, Homs, Hama, Idlib, and rural Damascus.

In total, an estimated 750,000 people are estimated to have been displaced either temporarily or for longer-term periods during the crisis. At least 200,000 of these are in urgent need of humanitarian assistance. However, it is difficult to estimate the number of families who have fled their homes due to insecurity and physical damages to seek shelter in safer areas. Indications are that hundreds of families have been relocating from Homs, Hama, Idlib, Zabadani and other areas to perceived safer parts of the country, including neighbourhoods in and around Damascus. This has put an additional strain on their limited financial resources as they seek alternative rented accommodation if they do not have extended family members who can support them. Others are reportedly being accommodated temporarily in mosques, in buildings run by charitable organizations, and even closed hotels are being opened up for families. Furthermore, accommodating families fleeing violence has placed an additional strain on the limited financial resources of host communities.

Further displacement has also taken place across the border to neighbouring countries, and the number of Syrians who have crossed the border and registered with UNHCR and host governments in Jordan, Lebanon and Turkey has now surpassed 30,000. As of 15 March, this number could even be over 100,000 people.¹ The overarching concern remains in the area of protection, notably on the use of excessive force in civilian residential areas, arbitrary detention, torture, and interference with access to medical care. Recent bombings in the two largest cities, Damascus and Aleppo² and the escalation of violence in Homs and Idlib indicates that the situation may deteriorate even further.

A slowdown in the economy because of the crisis and sanctions has created more hardship for poor communities and families. While jobs are already being lost mostly outside of the public sector, mass arrests of men as well as military and security presence in neighbourhoods and towns limits the mobility of residents to earn income as well as access to nutrition and medical attention. In both cases, many communities are suffering from increased poverty. In addition, the stress and tension that many communities and areas are living in are having a negative impact on the mental and social wellbeing of the family unit, including its impact on the capacities of parents to care for and protect their children.

Also, in many cases, women and young children are vulnerable to various forms of violence in the absence of males in the household. Losing the male head of the family, to death or imprisonment, led to an increase in the number of female-headed households, which are more vulnerable and subject to threats. Furthermore, many children have lost both parents and are unable to be cared for by their immediate or extended families. There is a clear gap in responding to the humanitarian needs and psycho-social needs of affected families/children in addition to the weakened capacity of local NGOs working at the community level to provide necessary assistance.

2010, WFP estimated that about 1.4 million food insecure people were living in areas that have now become conflict hotspots and the concern is that they have now become even more vulnerable. Most recently, FAO has indicated that Syria must raise cereal imports by a third to offset a loss in output, as last year's cereal production in

¹ Lebanon: 7,913 refugees registered with UNHCR. In 2012 there has been an additional influx of 2,000 – 3,000 refugees in the east (Beqa'a Valley). Turkey: over 17,005 refugees registered with UNHCR and an increasing number of Iraqi refugees are reportedly crossing from Syria into Turkey. Jordan: 5,391 refugees registered with UNHCR: however, Jordanian Government sources indicate more than 80,000 Syrians have crossed the border since March 2011.

² 23 December and 6 January in Damascus, and 9 February in Aleppo. More recently, new explosions took place in Damascus on 17 March 2012 in and in Aleppo on 18 March 2012.

the country -- estimated at 4.2 million tonnes -- was about 10 per cent less than the previous five years' average, following late and erratic rains and widespread civil unrest.

At the time of the first CERF submission back in May 2011, OHCHR had estimated that at least 850 people had been killed since 15 March 2011, when the wave of popular unrest that affected many major cities began. By that time, armed security services had confronted the peaceful demonstrations with live ammunition. After 25 April 2011, the Syrian army had conducted military operations in the main cities affected by the protests, with multi-day curfews and disproportionate use of live ammunition and tank fire against civilians. Civilians were already, at that stage, reluctant to seek medical aid at the hospitals and primary healthcare centres due to curfews, the risk of being shot and/or arrested while at the facility.

The main, immediate humanitarian needs by May 2011 were civilians' access to medical services, both in terms of being able to reach a hospital or clinic and to receive quality medical assistance. Due to the reported occupation of some hospitals by security services, arrests of wounded and general feeling among the wounded that their identities might be revealed by accessing state-run medical services, there were multiple reports that civilians were not accessing state-run hospitals and clinics. The already increasing number of wounded over the two-month long crisis had placed a considerable strain on health facilities in the affected cities. At that stage, the Ministry of Health had already requested WHO for the provision of emergency drugs. Other than these immediate needs, livelihoods were also beginning to be severely disrupted, particularly for poor farmers and herders who had already been affected by the drought in the east and northeast of the country for the fourth consecutive year, and thence by the wave of unrest.

By October 2011, when the second CERF request was submitted, OHCHR had estimated that 2,900 civilians had been killed and thousands more injured and detained. The GoS reported that 1,100 security force members had been killed until then. The deteriorating security situation was already exacerbating pre-existing vulnerabilities and increasing poverty levels amongst the poor in both urban and rural areas in Syria. It was also generating new needs in a country where about one-third of the population was already under the national poverty line before the crisis. In addition to the mounting insecurity, the impact of economic sanctions was placing an increasing burden on the population and vulnerable refugee communities. As a result of the crisis, large numbers of rural people were unable to farm or market their products and hundreds of female-headed households lost their only available source of family income from small herds of sheep and/or casual labour.

Syria also hosts over a million and a half refugees³, one of the largest urban refugee populations in the world. Well over half a million of these refugees, mainly Palestinians and Iraqis⁴ are registered with UN organizations. UNHCR in partnership with other UN agencies have provided services and assistance to around 109,000 vulnerable Iraqi refugees and to some 6,000 refugees of varying nationalities. In addition, UNRWA has provided services to over 460,000 registered Palestine refugees as well as ex-Iraqi Palestinian refugees. There are also an estimated 150,000 to 200,000 third country nationals (TCNs) in Syria, notably from the Philippines, India, Indonesia, Turkey, Iraq and China.

Men have overwhelmingly been the most affected as they have generally suffered the most direct violence, including gunshot wounds and detentions. Male youth also continue to be targeted by security forces in widespread arrests and detentions. Female-headed households and children are increasingly vulnerable due to the loss of male-headed households, insecurity, and the flight of males into nearby countries. While there appears to be no pattern of directly targeting refugee or TCNs populations, aside from incidents in Dara'a, Hama and Lattakia, due to their precarious legal status, their vulnerability will increase in the event of the situation deteriorating.

Agencies are currently operating under significant security, access and capacity constraints, including by targeting humanitarian personnel and assets. However, distributions and service provision to people affected by the violence is on going, where possible, including in the sectors of Food Security, Health, Protection, Non-Food Items (NFIs) and Shelter. This assistance is mainly channelled through the Syrian Arab Red Crescent (SARC) and local partners, drawing on agencies' emergency funds, as well as the CERF).⁵ While a lack of direct access to people in

³ According to the Government of Syria.

⁴ 500,000 registered Palestinian refugees (UNRWA 2011), 102,000 Iraqi refugees and some 8,000 refugees of varying nationalities (UNHCR 2011).

⁵ CERF allocations: \$978,000 in May 2011, \$ 2.1 million in October 2011, \$7 million in December 2011. Approval for an additional CERF request in the amount of over \$ 10 million is pending a joint needs assessment with the Government.

need and the limited presence of international and national humanitarian organizations have been the main response challenges faced by the humanitarian community in Syria, CERF has proved to be a valuable funding tool at a time when donors were still reluctant to fund expanded agencies' operations mainly due to limited access. This despite there being a significant budget gap related to the needs that were not covered by the regular programmes of agencies. In that respect, the first CERF rapid response grants were utilized to kick-start time-critical interventions in healthcare and assistance to the population in rural areas, which were initially the main gaps and had received no new donor funding by that time.

As the UN agencies were not able to conduct detailed needs assessments; the UN was able to undertake a humanitarian mission in late August 2011. The mission concluded that while there was no nationwide humanitarian crisis, there were growing pockets of humanitarian needs and that there remained an urgent need to protect the civilian population from ongoing violence. Notwithstanding, the findings of the UN humanitarian mission were limited to those areas visited, there was a need for humanitarian assistance in other areas that were severely-affected by the unrest. The UN had collected information from ongoing information-sharing meetings with humanitarian actors, including ICRC and its partners, international NGOs currently assisting Iraqi refugees and host communities, IOM assisting TCNs, and UN agencies regular monitoring missions, which covered the most affected governorates.

Where possible, given the ongoing access limitations, agencies tried to adapt their activities to respond to needs arising from the crisis. For instance, WFP already expanded food distribution through SARC in December 2011 and is currently targeting 20,000 vulnerable families (approximately 100,000 individuals). Conditions vary greatly across this large and geographically-diverse country and the UN continues to have access to its existing programmes in parts of the country where there are no military operations. However, no independent assessments, monitoring and evaluation of the humanitarian situation have been possible in Homs and other areas that have been under siege and shelling. The UN Resident / Humanitarian Coordinator (RC/HC) has consistently appealed to the GoS to allow humanitarian actors unfettered access to these areas to assess the needs and to provide urgently needed food and medical supplies.

In that context, UNDP aimed at supporting service provision of local NGOs with an emphasis on organizations providing medical care for disability, and support to affected households in meeting nutritional and basic needs (heat, clothing). UNDP also recognized that due to increased levels of stress among affected communities, there was a need for training and awareness on the provision of psychosocial support (or psychological first aid) and gender-based violence. This would be a timely intervention given that women and children are adversely affected. Due to the ramifications of the current crisis, UNDP focused on populations and areas that are particularly vulnerable (Homs, Hama and Rif Damascus); particularly those that are supported by local NGOs for basic subsistence and children who are parentless or cared for by organizations. At a time when donor financing is low, local NGOs are particularly in need of support to continue their services for vulnerable children and families and are especially vulnerable in times of crisis and unrest. Consultative meetings indicated that most local NGOs in affected areas were facing difficulty in maintaining the level of services for their beneficiaries as well as an increase in the number of people that are in need of services and support.

UNDP is addressing family protection in three Governorates, namely rural Damascus, Homs and Hama. The first priority is to support health providers with relevant supplies and ensure that a range of appropriate psychosocial interventions are in place and accessible to both men and women. Additionally, UNDP interventions aim to improve the access for victims of gender-based violence and awareness raising on this issue in the current context of secure and appropriate reporting, follow up and protection.

In discussions with local NGOs in affected areas, UNDP was able to assess needs as well as baseline and target indicators to ensure the accurate monitoring of CERF activities during its implementation. For organizations in Homs and Hama, the number of individuals, families and children was specified and monitored as per funding agreements signed with the organization.

Similarly, since the beginning of the civil unrest a year ago, UNFPA has prioritized support to local NGOs, primarily and referral level facilities, and community outreach teams to meet the demand in the violence-affected areas for reproductive health (RH).⁶ This also included emergency obstetric care and the provision of psychosocial support

⁶ Generally, around 75 to 80 per cent of all crisis-affected populations are women, children and youth in need of emergency reproductive health services. In the aftermath of a crisis, pregnancy-related deaths and incidences of rape and sexual violence

to the affected communities. The affected people are scattered within different governorates in urban settings. Therefore, rendering support through local NGOs and health facilities was the most appropriate and feasible approach in order to reach out to these people and improve their access to reproductive health services.

This was also based on the assumption that, due to challenges faced by the Syrian population in accessing healthcare facilities in the violence-affected governorates; pregnant women have not been able to benefit from regular medical assistance and therefore are at risk of developing obstetric complications. Relying on the estimates adopted for the provision of the RH Minimum Initial Service Package, around 25 per cent of the population can be women of reproductive age, with a crude birth rate of 4 per cent. In accordance with global evidence, at least 15 per cent of all pregnant women develop sudden serious complications and require life-saving access to adequate emergency obstetric care. Based on the evidence that an estimated 10-15 percent or more women experience depression during pregnancy or after childbirth, women were provided with psychosocial support as part of antepostnatal care.

It is worth noting that CERF projects were also informed by the needs assessment conducted by the concerned staff of the Ministry of Health (MoH) and shared with the UN RC, UNFPA and WHO on 12 May 2011. UNFPA carried out regular programme criticality analyses, along with consultations with concerned stakeholders, in support of sharpening UNFPA response in the current circumstances⁷.

In hindsight, in April 2011, the UN RC raised the need of channelling CERF rapid response grants to meet two urgent needs of the population affected by the civil unrest: 1) emergency health, and 2) food security and livelihoods. Consequently, UN agencies used those funds allocated for emergencies to design response activities and served as an opportunity to maintain presence in various hotspots.

During the first CERF submission, affected areas included five governorates and the total number of those affected was estimated at 1.8 million people. After more than six months of unrest, in October 2011, when the second batch of CERF projects was submitted, the geographical coverage for submission included areas which had been most affected by ongoing military operations, and where the entire population of the affected areas was considered as affected population. To prioritize interventions, the UN Country Team agreed to consider, as beneficiaries of CERF funded projects, the following vulnerable groups, including the injured, women, children and the elderly: female and child-headed households living in affected areas; affected families that had lost their head of household / breadwinner since March 2011; internally displaced families (from one governorate to another); families hosting IDPs for long durations; elderly living alone as rest of the family members migrated; daily workers (farm labourers, herders, migrant seasonal workers) who had lost their source of income; and poor small farmers and small herders who had been directly affected by the ongoing crisis.

Overall, assessing humanitarian needs in Syria has been difficult. However, where needs were evident or strong anecdotal evidence was available, there were emerging key consequences of the crisis and resultant needs. Initial assessment data has been difficult to collect due to access limitations and inconsistent availability of information. However, priority needs and sectors were identified through consultations among the sector leads and members, with other operational partners such as SARC and national NGOs, government ministries, and after reviewing available assessment data and response capacities.

2. Provide brief overview of CERF's role in the country

It is worth noting that UN implementation modalities in Syria vary greatly from those in other countries as the UN is not allowed to undergo direct implementation, with the exception of FAO. All activities have to be channelled through or at very least done hand-in-hand with GoS line ministries or SARC. No international NGOs are allowed to work on projects targeting Syrian citizens and they must restrict their implementation to Iraqi refugees programmes.

may rise. Many women lose access to family planning services, exposing themselves to unwanted pregnancies and with limited access to GBV support including counselling for cases of sexual violence.

⁷ As a result, UNFPA earmarked around \$411,000 from internal resources to address the newly emerging humanitarian demands.

Meanwhile, under the current crisis scenario and taking into consideration the ongoing political situation in Syria, the Cluster system is not foreseen to be activated and operational. In response to the current scenario, UN agencies have adopted a rolling 90-day Response Plan⁸ which observes 'do no harm' approaches in all implemented activities, to ensure the following:

- The UN maintains a presence in the country;
- assistance programmes continue;
- preparedness measures for the worst case scenario are developed;
- coordination and monitoring is strengthened.

The CERF process was initiated by the United Nations Country Team (UNCT) following the request received from the MoH and other implementing partners to meet the emerging needs, highlighting that the GoS has the overall responsibility for crisis management in the country. Following consultations between the UN RC and the USG for Humanitarian Affairs in late April 2011, the UNCT in Syria agreed to proceed with a CERF application on 12 May 2011 and allocated funds to four agencies. The development of the CERF package was delayed due to postponement of an assessment mission to Dara'a and subsequent challenges in identifying feasible implementation arrangements for UN-funded assistance programmes in the violence-affected cities. The project prioritization was based on allocation per sector: 75 per cent for health, and the remaining 25 per cent for assistance to the population in rural areas, mainly food security. Prioritization was also considered in terms of implementation mode: 70 per cent direct implementation or implementation under direct UN supervision, and the remaining 30 per cent implementation through the MOH with indirect supervision of the distribution.

While the UNCT Syria approached CERF RR for \$ 1 million in May 2011, some months later the participating agencies had successfully completed most activities designed under the projects submitted for the initial CERF funding. However, the complexity of the humanitarian context led the RC/HC to raise the increasing needs with the ERC and to discuss the possibility of approaching CERF for a second allocation that would meet some of the urgent needs and promote UN presence in areas affected by the violence through regular monitoring missions. Thus, the second CERF proposal covered additional hotspots and sectors, for which the projects submitted would allow CERF to guarantee seed funding to initiate humanitarian response in areas severely affected by the civil unrest. CERF grants were also aimed at mobilizing funds for further humanitarian interventions and maintaining or expanding humanitarian presence in various areas.

The second CERF package was then designed based on information collected from humanitarian partners, regular UN monitoring missions and recommendations from the UN humanitarian mission led by OCHA in August 2011.⁹

⁸ The main objectives of the rolling 90-Day Response Plan aim to:

- Ensure that the basic needs of people are met (priority is given for people directly affected by civil unrest); Continue to advocate for unimpeded access to populations in need and provide protection and humanitarian assistance to affected populations when access is granted.
- Reprioritize areas of intervention to respond to the current crisis; organize joint UN integrated response programmes where possible; preposition resources in-country as agency mandates and resources allow (e.g. food items).
- Continue to implement a "soft approach" in programme and project delivery in coordination with existing governmental and non-governmental agencies.
- Liaise with the relevant authorities to advocate for respecting basic rights and the protection of civilians (and create a core protection cell to unify messaging). Ensure advocacy strategies at headquarters, regional and country level are followed.
- Identify new actors for the implementation of humanitarian activities and assess their capacity. Strengthen community resilience and readiness capacity at the community level through capacity building activities, including training and the provision of equipment and materials, especially to CBOs. In addition to responding to the identified current needs, these measures will also contribute to the level of preparedness within the Worst Case Scenario Contingency Plan.
- Continue monitoring the situation and wherever possible, carry out assessments in areas/populations affected by a surge of violence, to identify any new needs. Increase field presence as much as possible and as much as needed. Identify new monitoring mechanisms to ensure that assistance reaches targeted communities.
- Strengthen inter-agency coordination, including by setting up sector working groups.
- Raise awareness of prevailing hazards and risks for the worst-case scenario. Safeguard UN agencies' staff, in particular, national staff.
- Review UN agencies' current capacity, identify gaps, and prepare plans for strengthening capacity in the case of a worst-case scenario response.

⁹ Based on the findings of the OCHA led humanitarian mission conducted between 20 and 25 August 2011, observations of regular UN monitoring missions and information collected from other actors, the crisis can be characterized as following:

- The protection of civilians crisis, in particular from military operations and sieges.
- Widespread human rights violations.

Humanitarian needs were prioritized based on these sources and also patterns of needs consistently identified in areas undergoing sustained military operations and sieges. UNCT met on 14 September 2011 and decided to intervene in the following priority sectors; the protection of civilians as an overarching umbrella for inter-agency response, and emergency health activities. Education and psychosocial support, food security, and the restoration of household resilience and livelihoods were also deemed to be important. On 19 and 20 September 2011, an Inter-agency technical meeting agreed on needed activities, funds required to implement the proposed activities, the prioritization of geographical areas of intervention (Dara'a, Homs, Hama, Idleb, rural Damascus, Dayr Ez Zor, Lattakia, Tartous and Aleppo) and general selection criteria for most vulnerable groups.

In the case of UNFPA, and coupled with its contingency plan, the CERF project also served as an effective platform for the prioritization of the humanitarian response, including programme criticality, reprioritisation and the re-allocation of regular resources to provide RH services, targeting the most affected people equitably. UNFPA also mainstreamed gender aspects in the CERF project during the planning, implementation and monitoring process. Accordingly, the CERF project complemented UNFPA regular programme activities on gender, particularly contributing to meeting the needs of vulnerable groups of women and girls.

3. What was accomplished with CERF funding

More recently and by the end of the year, shortages in some food items such as bread, and reduced availability of other basic supplies (notably fuel and gas for heating and cooking) and increased vulnerability during the last harsh winter season was being reported throughout the country. Shortages have been worse in areas of ongoing military operations where access to supplies is severely-restricted due to the security situation. Reduced livelihood opportunities and a decrease in household income due to the rapid devaluation of the Syrian pound are undoubtedly increasing poverty levels.¹⁰

Through CERF funding UNDP managed to finance two local NGOs and supported a third with in-kind assistance. Due to UNDP's support, local NGOs managed to access some of the affected and displaced population, provided them with hygiene kits, blankets, heaters, and supported NGOs medical activities with life-saving consumable and mid-life medical equipment and supplies, especially targeting the needs of the disabled. These local NGOs were able to sustain and expand their services in two badly affected areas; Homs and Hama at a critical time, due to the stark escalation of violence in both cities. In Homs in particular, the Society of Charity and Social Services was able to access much needed medical supplies for the Al-Burr Hospital. Given an increase in the level of violence, CERF funding facilitated the provision of life-saving support to affected families, children and individuals. In Hama, support to families in need also came at a critical time as violence continued to escalate.

CERF's contribution, albeit modest, was able to reach areas in a difficult time through local NGOs active in conflict areas and areas where the displaced population was located. Local NGOs managed to reach more than 500 displaced families, supporting over 500 families in rural Damascus, 350 families in Homs and giving 200 families in Hama life saving materials and hygiene kits. Also in Hama, the orphan centre run by the Islamic Society for Orphan Security was able to accommodate 60 extra children, including those who have lost their parents due to the conflict.

Furthermore, UNDP has been working on the design and implementation of a series of trainings on psychosocial support, women's empowerment and gender-based violence prevention for local NGOs operating throughout Syria with focus on conflict areas.

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- A lack of timely and unimpeded humanitarian access to conduct rapid needs assessments and provide principled humanitarian assistance.
 - Access for emergency responders is difficult to secure.
 - A lack/limited access to basic services (water, electricity, food and telecommunications) remains a major challenge during ongoing military operations (sieges, curfews), especially in the areas most hit by the conflict.
 - Deteriorating socio-economic conditions and increased marginalization mainly due to limited local market capacity linked to a slowdown in the economy, disturbance in in-country trade and sanctions.

¹⁰ Deteriorating socio-economic conditions and increased marginalization of vulnerable communities mainly as a result of limited local market capacity linked to a slowdown in the economy, a disturbance of in-country trade, and sanctions. It is estimated that at least nine million people would have been directly or indirectly affected at some point over the last 10 months in the governorates, which have experienced most unrest. Of these, at least three million people may now be more vulnerable given that 30 per cent of the overall population in Syria was living under the upper poverty line – \$2 or less per day – prior to the crisis.

In the case of the UNFPA CERF funded projects, the following deliverables were observed:

- mobile clinics providing community outreach programmes including RH/FP and mental health and psychosocial support were secured and operated in the affected areas;
- around 82,000 beneficiaries received RH services and counselling;
- outreach campaigns and mobile services resulted in the provision of psychosocial support and reproductive health counselling and services to 5,375 beneficiaries residing in violence-affected governorates;
- 1,040 beneficiaries were reached with reproductive health messages coupled with sensitisation on GBV issues;
- around 2,400 beneficiaries received psychological counselling. This was the result of training on psychological first aid for 94 professionals in addition to a core group of 20 health care professionals who received advanced training in counselling and communication and who served as national trainers at the grassroots level;
- the distribution of 1,100 hygiene kits, and RH and midwifery kits.

In general, the main issue that hindered implementing CERF-funded activities was access to hot spots. However, due to a stringent selection criteria based on access to affected populations and a good standing in the community, UNDP was able to ensure delivering life saving services, goods and/or skills to badly-affected areas. UNDP managed to mobilise local communities through local NGOs. Working with community-based organizations that were operating at the micro-level, with the advantage of enjoying a special connection with local communities at the smallest circles (families and even individuals), UNDP managed to deliver some humanitarian assistance in areas that were difficult to reach.

In the case of UNFPA, the project was faced with two main challenges. Firstly, identifying the vulnerable population, particularly in urban settings, remained difficult logistically and questionable from an equitable service delivery perspective. This is especially true given the underprivileged settings in which the affected people reside. To address this challenge, UNFPA Syria built sustainable partnerships with local NGOs that have continued access at the grass roots level and were able to identify the most vulnerable women and girls (UNFPA mandated target group). UNFPA has also been exploring delivery mechanisms in coordination with other sectors, such as food. This can be utilized for the distribution of home delivery and hygiene kits and/or to facilitate other UNFPA humanitarian activities.

The second major challenge was related to the circumstances prevailing in the country for the procurement and delivery of medical equipment and supplies. Vendors who were previously stable and reliable sources of supplies were no longer available or declined agreed offers as a direct result of the following:

- the devaluation of the Syrian Pound vis-à-vis the US dollar resulted in unpredictable instability of prices;
- the scarcity of some reproductive health commodities due to a variety of reasons including the sanction imposed on the importation of goods, including medicines and medical supplies, and
- challenges related to the transportation of materials to main governorates in the country, which complicated the availability of medicines at the right time and place. UNFPA decided to activate its emergency procurement procedures, partially to compensate for these challenges.

Other CERF-funded-activities were also instrumental in achieving different responses during 2011 and continue today, as noted in the rolling “90-day response plan”. In that respect, the Food Security Sector has distributed food to approximately 60,000 people in 12 governorates. However, only 54 per cent of the planned sites were reached due to insecurity and access constraints. In addition to direct food distribution, income-generating activities have targeted 7,400 small herder households, 1,000 farming households and 750 women-headed families. The health sector has provided emergency medical supplies and surgical support to health facilities in Syria and supported the continuity of healthcare services. A catch-up immunization campaign for one million children aged under five has also been initiated. In order to increase protection, school-based child-friendly spaces were opened in Dara’a in the summer 2011. These spaces have provided psycho-social support, remedial education and recreational opportunities to roughly 1,000 children. Agencies have also assisted in the repatriation of 106 vulnerable migrant workers and are making departure arrangements for a further 213 including pre-departure health services. During the crisis, agencies have also distributed urgently required Non-Food Items, including 5,000 mattresses, 10,000 blankets and 5,000 kitchen sets. In addition, agencies have provided the infrastructure to establish additional distribution centres.

For additional sector achievements, partly funded through CERF, see attached table below:

Sector	Activities
Food	<ul style="list-style-type: none"> ▪ WFP dispatched monthly food rations in January for 11,900 families (approximately 60,000 people) in nine governorates. Distribution is done through the SARC. However, WFP was only able to reach 54 per cent of SARC sites normally used for these distributions to monitor due to the security situation. ▪ The February cycle started on Sunday 19 February with the aim of distributing 18,000 food rations. To date, close to 17,000 families have received food assistance. ▪ The March cycle started on 15 March and aimed to distribute 20,000 food rations; over 33 per cent of food rations have arrived in targeted areas and distributions have started in rural Damascus and Dara'a. ▪ FAO has provided over the last 12 months humanitarian assistance in support of 2,940 small herder households (with animal feed) in Hassakeh, Dayr Az Zor and Homs Governorates, as well as 1387 farming households (with seeds) in Dayr Az Zor and Homs, and 769 women-headed families with income generating activities in Hassakeh and Idleb governorates.
Health	<ul style="list-style-type: none"> ▪ WHO provided the MoH with four emergency kits, three surgical kits and three trauma kits, life-saving drugs and medication in addition to eight ambulances and other emergency medical equipment. ▪ WHO has provided 16 trauma kits, two surgical kits and two emergency kits to SARC. ▪ UNICEF completed first aid training for community volunteers for participants from Douma, Homs, Lattakia, Dayr Az Zor, Rif Damascus and Dara'a. ▪ UNICEF supported a catch up immunization campaign for one million children aged under five in October and November 2011. ▪ UNICEF provided 10,000 hygiene kits to the SARC in August 2011. ▪ UNDP is currently distributing 900 hygiene kits, 380 heaters, 580 blankets, 10 oxygen canisters, 10 medical beds and other medical equipment to affected areas through local charity organization networks. ▪ UNHCR has provided the SARC with eight ventilators, six beds for intensive care, and two surgical tables. One of the surgical tables was delivered to the SARC branch in Idleb. UNHCR has established cooperation with SARC psychosocial support case management system in three SARC centres in Damascus, which refer and follow-up cases to polyclinics. ▪ UNFPA has supported outreach campaigns and mobile services in the violence-affected governorates, and as a result, 6,415 Syrian beneficiaries have received reproductive health services and psychosocial support/psychological first aid. ▪ UNFPA completed training for community volunteers and mobile teams from the Syrian Association for Health Promotion and Development. ▪ As a preparedness measure, UNRWA has equipped its health centres (that provide primary health care services to Palestinian refugees) with generators, water tanks, and has provided additional fuel to last until the end of April.
NFIs	<ul style="list-style-type: none"> ▪ UNHCR will dispatch (by end February) 5,000 mattresses, 10,000 blankets, and 5,000 kitchen sets to SARC for their emergency assistance to affected families in the north. ▪ UNICEF has pre-positioned in Syria supplies (hygiene baby kits, family hygiene kits, clothes for children, blankets for babies and children, stoves for cooking, food for children, small generators).
Protection	<ul style="list-style-type: none"> ▪ IOM assisted with the repatriation of 312 migrant workers by the end of April and more than 150 were undergoing departure arrangements. ▪ UNICEF supported the opening of five school-based child friendly spaces in Dara'a Governorate and is currently working with the Ministry of Education and SARC for the operationalization of such CFS in 50 schools across five affected governorates. ▪ UNDP has trained more than 50 local NGOs on conflict resolution and is planning on training 90 local NGOs on gender based violence, protection, assessments, etc.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

At the time of their approval, the CERF grants, coupled with the funds mobilized from the ongoing UN agency programmes should have been sufficient to address the immediate humanitarian needs, with current access, security and humanitarian situations in place. There is a considerable donor interest in funding UN activities in case access to affected cities becomes available. Meanwhile, the main elements behind the fast delivery of assistance were the quick transfer and preparation of funds for disbursement, and the use of existing local NGOs that led to the fast identification of the affected population.

CERF facilitated quick emergency response on the ground (also by applying UNFPA emergency procurement procedures) as follows: timely delivery of essential medical supplies, equipment, medicines and kits, securing an immediate response to the gap in health services. This was achieved by deploying outreach mobile teams, which provided community-based care in violence-affected governorates including Dera'a and rural Damascus.

With CERF grants, UNFPA was able to support local NGOs and other implementing partners in delivering RH services, taking into account their ability to access affected areas. The community outreach campaigns by mobile teams and clinics were effective mechanisms for minimizing delays in reaching RH and emergency obstetric care services by targeted beneficiaries.

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

YES NO

Both CERF submissions in Syria during 2011 had the following objectives:

- provide time-critical assistance to violence-affected population, focusing on the protection of civilians, emergency health, education and psychosocial support, and food security and livelihood sectors' needs;
- enable the provision of direct assistance in rural areas and the cities in the hot spots (Dara'a, Homs, Hama, rural Damascus, Dayr Az Zor and Idlib), and affected areas of Lattakia, Hassakeh, Tartous, and Aleppo;
- expand humanitarian space and the ability of UN agencies' to implement and monitor modalities directly.

As a result of the ongoing crisis, UN agencies undertook a considerable effort to redirect funds from their regular programmes towards emergency response. In this respect, UNHCR and WHO were able to reallocate some in-kind supplies and funds to co-fund interventions in non-food assistance and medical aid respectively. Nevertheless, there was a significant budget gap related to the needs that were not covered by regular programmes and due to limited access, foreign donors were reluctant to commit any funds at that time. In this respect, the CERF rapid response grants were utilized to kick-start time-critical interventions in healthcare and assistance for the population in rural areas.

Given the sharp increase in the level of violence in Homs, Hama and Rural Damascus, CERF funding facilitated the provision life-saving support to families, children and individuals at a critical time and different ways. CERF funds responded to time-critical needs, especially regarding life saving medical supplies and equipment, in addition to non-food items such as heaters and blankets for displaced population. In communities affected by the crisis in the UNFPA project selected areas, it was critical to limit reproductive (including maternal) mortality and morbidity. Hence, due to a lack of RH services, including emergency obstetric care, it was important for pregnant women in those communities to deal with stress and post-natal depression and to ensure their access to antenatal care. Moreover, the community outreach campaigns also included strengthening community coping mechanisms through the provision of psychological first aid to women and their family members.

c) Did CERF funds result in other funds being mobilized?

YES NO

CERF grants, while paving the way for humanitarian interventions, have also had as an additional effect of mobilizing resources from the donor community. Some of the UN agencies undertook considerable efforts to redirect funds from their regular programmes towards emergency response and to mobilize donor resources directly. In this respect, UNHCR, UNFPA, UNICEF, WFP and WHO were able to reallocate some in-kind supplies and funds to cost share interventions of different humanitarian assistance.

Nevertheless, there continued to be a significant budget gap related to actual needs that were not covered by the regular programmes of agencies. Due to factors such as the duration of the crisis, levels of violence, increased number of affected households, the expansion of areas affected and limited access, the humanitarian context in Syria became more complex by the end of 2011. Donors were still reluctant to commit any funds due to the limited access and a misinterpretation of the August 2011 humanitarian mission's findings regarding pockets of vulnerability. In this respect, the CERF rapid response grants also served to kick-start the protection of civilians time-critical interventions including medical assistance to the most affected population. CERF funding also addressed the main gaps that had received limited donor funding to date.

Through the UN partnership window, UNDP is trying to mobilize resources for the affected disabled population and their families in an attempt to ensure the inclusion of the most vulnerable. UNDP is also exploring with other donors, potential mobilization channels. In the case of UNFPA, the CERF project served as a basis for conducting programme criticality analysis exercises in support reprioritizing the programme and re-allocating resources for upscaling the humanitarian response. As a result, the UNFPA Country Office succeeded in earmarking \$ 411,000 from its regular resources for life saving interventions.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

Humanitarian partners were present in Syria before the current crisis, with a focus on providing assistance to refugees. The International Committee of the Red Cross (ICRC)/International Federation of Red Cross and Red Crescent Societies (IFRC) also had a pre-crisis presence. Currently, a number of UN agencies, as well as two peacekeeping forces, have a presence in the country. In addition, 11 international NGOs are registered with the Syrian authorities and mainly limited to responding to the needs of the pre-crisis Iraqi refugee population in Syria.

Though relatively small-scale, some response efforts are underway in accessible areas. Through its agreement with SARC, which remains the only organization on the ground with significant operational access at this time, WFP has been able to deliver food assistance, aiming to distribute monthly emergency food assistance to 20,000 households (through December 2012). Since 12 February, the SARC and ICRC teams have also managed to enter the cities of Dara'a, Tal Kalakh, Homs, Hama, Bludan, Zabadani and Madaya to provide humanitarian relief. WFP recently highlighted that food assistance monitoring visits were ongoing in 101 locations. Whereas 70 locations remained accessible for monitoring, some 31 locations remained inaccessible due to security reasons. Of the accessible locations 54 per cent have been monitored through WFP's implementing partner SARC alongside WFP national staff.

It is worthwhile noting that UN implementation modalities in Syria are *sui generis* and vary greatly from those in other countries as the UN is not allowed to implement directly. All activities have to be channelled or at least done hand-in-hand with GoS line ministries or SARC. No international NGOs are allowed to work on the projects focusing on Syrian citizens. The key challenge to the UN humanitarian operations in Syria is to identify implementation modalities that would be in line with the general GoS policy, yet open the possibility of implementation through other institutions.

The current unrest has shown that GoS institutions are also ill-suited to implementing some of the programmes (affected themselves, or potentially not trusted by some parts of the population), while SARC is already implementing a multi-million programme funded by IFRC, other than its large and regular programmes implemented with UNHCR, UNICEF and other agencies. By providing humanitarian assistance, both CERF packages have enabled UN agencies to expand their implementation and direct monitoring modalities.

Due to the nature of the humanitarian crisis and emergencies and partly due to operational constraints, UN agencies previously considered SARC, GoS and its line technical ministries as their main implementing partners. Internally, Syria has witnessed displacement influxes from Palestine, Iraq and Lebanon and also drought and water resource issues. To meet the needs of the current humanitarian context, UN agencies have considered expanding their cooperation with SARC, local NGOs and other stakeholders to ensure the most direct implementation mechanism to target local communities and expand humanitarian space in Syria. Coordination with other humanitarian actors, including SARC/ICRC and local NGOs has improved in the course of the project implementation with shared challenges and lessons learned. The established coordination mechanism including the UN Group on Contingency Planning was also an effective forum for sharing information and avoiding duplication.

CERF also enabled UNDP to forge stronger partnerships with local NGOs and to gain their trust. This approach will contribute to enhance the capacity of NGOs as it introduces specific tools related to coordination through its capacity development component. This component will bring together local NGOs from different governorates to ensure better coordination efforts.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Delays in delivery due to unpredictable security environment, instability, political change and serious economic difficulties including international sanctions and an overvalued official exchange rate.	Stock up with sufficient quantities in line with contingency plans and take into account implementing partners' vulnerabilities in the course of humanitarian programme implementation.	UN agencies
The added value of building cooperation and coordination mechanisms with civil society.	Continue to seek local level partners for cooperation on humanitarian assistance and longer-term development initiatives in the country.	UNDP and civil society groups
Research well capacity and standing of NGO for humanitarian assistance.	Conduct brief assessments of NGOs to ensure capacity and a wide reaching humanitarian assistance.	UN agencies
Expanding partnerships along with capacity building support to NGOs including community-based entities is essential for reaching beneficiaries at the grassroots level.	Carry out stakeholder analysis exercise, including the mapping of potential local NGOs partners.	UNFPA and other UN agencies if allowed by GoS

<p>Syria has hosted a large number of Palestinian and Iraqi refugees for a number of years and mostly in urban settings, which has increased the load on the health system to provide in these areas.</p> <p>A further deterioration of security in the country and subsequent migration of families from the crisis-affected governorates has increased demands on the health sector. As a result, people in the affected areas, either refugees or the host population, face difficulties in accessing health services.</p> <p>Other than the difficulty in actually identifying the displaced population, there is concern that the categorization of vulnerabilities based on IDP profiling, refugee status or host population marginalization from socio-economic variables has led to an inequitable approach to service delivery</p>	<p>Develop and adopt a context-specific data collection mechanisms that can assist in identifying the most vulnerable groups;</p> <p>Propose carrying out a study/research on how to provide equitable health services for refugees and the host population in the affected areas.</p>	<p>UNCT/UN agencies and other humanitarian actors</p>
<p>Deployment of emergency surge capacity i.e. detail assignment of a logistics expert with RH background from UNFPA Somalia worked well in terms of reducing the lead time for assembling and delivering mobile clinics, the local procurement of medical equipment and supplies as well as ensuring on-the-job training on emergency procurement procedures</p>	<p>Continue the practice of deploying technical experts (emergency surge capacity) for addressing capacity gaps in humanitarian response, taking into account cultural and gender aspects of target beneficiaries.</p>	<p>UN agencies</p>
<p>Lengthy and complicated procurement procedures within the current circumstances, coupled with the scarcity of medical equipment and supplies resulted in long lead times for delivery</p>	<p>Apply fast track and flexible procurement procedures. Adopt direct implementation modalities to minimize lengthy administrative procedures. Local procurement when available and appropriate.</p>	<p>UNFPA</p>
<p>Supplementing reproductive health package with a psychosocial support and family oriented component turned out to be an effective approach. (The rationale of supplementing the focus on reproductive healthcare with a psychosocial support component was based on the proven evidence, which estimates that around 10-15 per cent or more women experience depression during pregnancy or after childbirth)</p>	<p>It is equally important to prioritize the use of RH services for identifying women and other family members suffering from depression, GBV and/or psychological trauma, related to the crisis in the country and provide counselling and/or referring them to seek specialised care.</p>	<p>UNFPA with WHO and UNICEF as part of protection activities</p>
<p>In high security risk contexts, it is important to be cognizant of the safety and security of national field actors/implementing partners.</p>	<p>Take into account implementing partners' vulnerabilities in the course of humanitarian programme implementation.</p>	<p>UN agencies</p>

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

UNDP- PROTECTION/HUMAN RIGHTS/RULE OF LAW						
CERF PROJECT NUMBER	11- UDP- 012	Total Project Budget	\$ 428,000	Beneficiaries		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Enhance psychosocial support to victims of violence	Total Funding Received for Project	\$ 321,000	Individuals	2,000	1,800
				Female	1,000	900
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 321,000	Male	1,000	900
				Total individuals (Female and male)	2,000	1800
				Of total, children under 5	500	450
				TOTAL	2,000	1,800
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS
Enhance the prevention, protection and response to vulnerable groups with special attention being given to the protection of women/girls with a focus on children, orphans, the elderly and people with disabilities.		<p>Based on the needs expressed by the NGOs and as per the submitted proposal, the following has been achieved:</p> <ul style="list-style-type: none"> UNDP conducted the procurement process of 900 hygiene kits and healthcare supplies related to enable persons with disabilities. Hygiene kits were delivered to NGOs and distributed to the affected population in Hama, Homs and rural Damascus. Agreement with the Society of Charity and Social Services (Homs) detailing supplies and items needed by the NGO signed and contribution transferred – agreement stipulates the purchase of needed medical supplies for the Burr hospital as well as food baskets for over 350 families in Homs. Agreement with the Islamic Society for Orphan Security and Charity (Hama) detailing supplies and items needed by the NGO signed and contribution transferred – agreement stipulates that the organization will cover expanding the Centre to receive greater numbers of orphaned children, including those who have lost their parents during the crisis TOT for NGOs in the provision of psychological support to affected men, women and children (particularly new orphans, special needs children) is being prepared and will be launched in early March 2012. Interviews are being organized to select a suitable trainer who will develop the training materials and will train representatives from different NGOs, specifically those functioning in the affected areas. 				Reports submitted by local NGOs, in which they include targeted areas and the number of individuals receiving assistance. This was supported by UNDP field visits to a number of distribution campaigns.

UNICEF - PROTECTION/HUMAN RIGHTS/RULE OF LAW						
CERF PROJECT NUMBER	11-CEF-058-B	Total Project Budget	\$ 450,000	Beneficiaries		Gender Equity
PROJECT TITLE	Ensure access to psychosocial support for children in affected areas of the Syrian Arab Republic	Total Funding Received for Project	\$ 450,000	Individuals	Targeted	Reached
				Female	10,400	1,100
				Male	5,200	
				Total individuals (Female and male)	5,200	
				Of total, children under 5		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 309,230	TOTAL	10,400	1,100
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS
<p>UNICEF, in collaboration with partners, aims to ensure that school-aged children in affected areas of Dara'a, Homs, Hama, Lattakia, Idleb and rural Damascus governorates have access to PSS first aid and remedial education.</p> <p>The expected outcomes are:</p> <p>10,000 children participate in recreational and psychosocial activities.</p> <p>10,000 children receive support for back to school (5,000 for supplies) and remedial education.</p> <p>400 teachers, SARC volunteers, NGO staff and community workers are competent in identifying PSS needs and providing recreational and psychosocial activities.</p>		<ul style="list-style-type: none"> ▪ 70 recreation kits procured and are being distributed to 10 mobile CFS and CFS in 50 targeted school clubs. ▪ Education supplies procured for 5,000 students to help them with reintegrating back to school and organizing remedial education. ▪ 50 schools selected from affected areas and PSS training offered to roughly 80 teachers, school management, counselors from 27 schools from rural Damascus, Daraa and Lattakia and volunteers from SARC branches. ▪ 25 CSO/NGO staff and community volunteers trained on PSS first aid to children and provided with recreation kits for running the mobile child-friendly spaces in affected areas of Hama, Homs, Lattakia, Sweida and Rural Damascus (with UNICEF complementary funding). Each trained volunteer/expert will provide PSS to a minimum of 10 affected children 0-18y and their families. <p>TO NOTE: <i>The reporting period of this report is for 2011, and this explains the low level of achievement. A request for no-cost extension has been submitted to OCHA Syria on 6 May. In addition, this request provides details on the results achieved during the Jan – Apr 2012 Period. As 4,000 children reached: 185 SARC and school staff trained.</i></p>				<p>10,400 girls and boys were equally targeted for PSS first aid through child-friendly spaces and school clubs.</p> <p>400 men and women from SARC staff, teachers, NGO/CSO staff and community workers/volunteers are trained on PSS First Aid for children.</p> <p>Training sessions for community volunteers and NGOs are organized and monitored by UNICEF. UNICEF together with the MOE and SARC headquarters organized CFS planning workshop and FPA technical training, thus having direct contact with all trained professionals and monitoring the quality of trainings.</p> <p>UNICEF receives regular updates from CSOs/NGOs and community volunteers running the mobile CFS in affected areas that cannot be reached by UNICEF staff due to security reasons.</p>

IOM - PROTECTION/HUMAN RIGHTS/RULE OF LAW																											
CERF PROJECT NUMBER	11-IOM-040	Total Project Budget	\$ 1,075,350	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>225</td> <td>312</td> </tr> <tr> <td>Female</td> <td>195</td> <td>282</td> </tr> <tr> <td>Male</td> <td>25</td> <td>30</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>215</td> <td>312</td> </tr> <tr> <td>Of total, children under 5</td> <td>5</td> <td>9</td> </tr> <tr> <td>TOTAL</td> <td>225</td> <td>312</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	225	312	Female	195	282	Male	25	30	Total individuals (Female and male)	215	312	Of total, children under 5	5	9	TOTAL	225	312	Gender Equity The majority of these migrants are women. This includes foreign domestic workers who have lost their jobs, fear for their safety and reside in areas affected by serious conflict, in addition to migrants held in detention, etc.
Beneficiaries	Targeted	Reached																									
Individuals	225	312																									
Female	195	282																									
Male	25	30																									
Total individuals (Female and male)	215	312																									
Of total, children under 5	5	9																									
TOTAL	225	312																									
PROJECT TITLE	Life-saving evacuation of most vulnerable Third Country Nationals (TCNs) from conflict areas in Syria	Total Funding Received for Project	\$ 247,421	<i>TO NOTE: This is the number of assisted TCNs under this CERF by April 2012, the old numbers reflect assisted migrants until Feb 2012.</i>																							
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 247,421																								
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																						
The CERF project will offer immediate life-saving evacuation assistance for up to 225 highly vulnerable migrants stranded in Syria and with no other means of returning home to escape the increased unrest.		<ul style="list-style-type: none"> 312 TCNs provided with land and air evacuation assistance to countries of origin. 150 vulnerable third country nationals (TCNs) already registered and will be assisted to return home. 			IOM' monitoring and evaluation was conducted with the support of the regional office in Cairo where financial reports and weekly situation reports were prepared in order to track departures and expenditures ensuring the project was implemented according to agreed criteria. All registration and manifests were prepared according to IOM movement guidelines and entered into movement management database. Statistical reports were also prepared and shared with the regional office and HQ.																						

WFP – FOOD

CERF PROJECT NUMBER	11-WFP-065	Total Project Budget	\$2,000,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>20,000</td> <td>20,000</td> </tr> <tr> <td>Female</td> <td>10,250</td> <td>8,597</td> </tr> <tr> <td>Male</td> <td>9,750</td> <td>8,590</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>20,000</td> <td>17,187</td> </tr> <tr> <td>Of total, children under 5</td> <td>2,850</td> <td>2,813</td> </tr> <tr> <td>TOTAL</td> <td>20,000</td> <td>20,000</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	20,000	20,000	Female	10,250	8,597	Male	9,750	8,590	Total individuals (Female and male)	20,000	17,187	Of total, children under 5	2,850	2,813	TOTAL	20,000	20,000	Gender Equity	
Beneficiaries	Targeted	Reached																											
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Total individuals (Female and male)	20,000	17,187																											
Of total, children under 5	2,850	2,813																											
TOTAL	20,000	20,000																											
PROJECT TITLE	EMOP 200339 Food assistance to population affected by civil unrest	Total Funding Received for Project	\$4,407,112				<p>The project targeted affected people living in identified pockets of humanitarian need and who have lost their main source of income, have been displaced, and/or are hosting displaced families. Female-headed households are one of the eligibility criteria for assistance under this project. These households were recognized by SARC as being especially vulnerable to the unrest affecting Syria.</p>																						
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 799,783	<i>TO NOTE: Total of children under 5 as per the final proposal.</i>																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																							
<p>Save lives and protecting the livelihoods of affected people through provision of emergency food assistance in line with SO1 of WFP corporate strategic objective.</p>		<ul style="list-style-type: none"> ▪ Food commodities distributed in sufficient quantity and quality to targeted women, men, girls and boys under secure conditions. ▪ The unrest and consequential insecurity in the country have been a challenge for WFP's ability to ensure timely distributions to vulnerable beneficiaries. Of the three planned distributions from October to December 2011, only one was possible, which took place in mid-December. ▪ The CERF grant allowed for the procurement of 685 mt of assorted food commodities (rice, canned meat, sugar and salt). During the reporting period, in cooperation with the Syrian Arab Red Crescent (SARC), WFP distributed 155 mt of CERF-funded food commodities, which complemented the monthly food basket requirements of 225 mt, to 20,000 beneficiaries (out of total 50,000 targeted) living in the following areas affected by the unrest: rural Damascus, Homs, Hama, Idleb, Lattakia, Dara'a, and Dayr Az Zor governorates. The remaining quantity (530 mt) has been allocated for an additional two months of food assistance to the same number of beneficiaries (January – February 2012). ▪ As the volatile situation continues with increasing concerns on the humanitarian situation in areas affected by the crisis, the operation was extended from January to June 2012 and the number of beneficiaries was increased from 50,000 to 100,000. ▪ Improved food consumption of the targeted beneficiaries, in terms of quality and diversity of food intake and frequency. ▪ Due to security reasons WFP was unable to conduct post-distribution monitoring to report on food consumption scores. In 2012, WFP will continue to try to access the areas to carry out post-distribution monitoring. 				<p>WFP monitors developed an 'On-site Monitoring' check-list composed of three parts:</p> <p>organization of distribution, including the availability of beneficiaries list and rations information.</p> <p>Household food accessibility, i.e. the number of shops in the area, the price situation</p> <p>Food availability, i.e. food reserves at home, any other food assistance from other sources, etc.</p> <p>On-site monitoring visits were conducted jointly by WFP and SARC at distribution centres of accessible areas where distributions took place.</p> <p>Given travel restrictions due to insecurity, WFP staff have not been able to attend some of the distributions located in areas specified as No-Go by the United Nations Department of Safety and Security (UNDSS): Out of the 101 distribution locations, 31 were located within UN No-Go areas and 13 locations in Aleppo were unreachable due to logistic constraints related to road security. Out of the remaining 57 accessible sites, WFP staff were able to visit 31 sites.</p>																							

FAO - FOOD

CERF PROJECT NUMBER	11-FAO-023	Total Project Budget	1,757,588	Beneficiaries		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Emergency response to support livelihoods and food security of migrant farmers and herders returning from Dara'a Governorate due to the ongoing Crisis in the Syrian Arab Republic	Total Funding Received for Project	\$ 257,588	Individuals		The emergency assistance targeted the most needy households, while giving priority to female-headed households, families with disabled persons and larger number of dependents.	
				Female	500 WHHs		420 WHHs
				Male	700 HHHs		1,225 HHHs
				Total individuals (Female and male)	10,800		14,805
				Of total, children under 5			
TOTAL	10,800	14,805					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 257,588				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
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<p>Provision of 40 chickens/egg layers per HH to 500 of the poorest migrant returnee HHs that have no other source of income, as an income generation activity. This activity will enable families to generate some income and help survive the difficult situation, improve family nutrition and enable the targeted households to send their children back to schools. This intervention will target female-headed households.</p> <p>Provision of poultry feed enough to feed the distributed chicken until they begin to lay eggs.</p> <p>Provision of animal feed to 700 households of migrant returnees that will enable these disadvantaged households to sustain their remaining small/eroded herds. Targeted households will get 350 kgs of animal feed (enough for three-four months for up to eight heads of sheep) to enable them sustain their remaining small herds, which is the only available source/base of family income.</p>	<p>1645 poor herders households and Women Households were assisted under the CERF 1 (OSRO/SYR/101/CHA) fund as follows:</p> <ul style="list-style-type: none"> ▪ 1. 420 WHHs received 10578 laying chickens (26 birds each). ▪ 2. 420 WHHs received 21 MT of poultry feed (50 kgs each) ▪ 3. 1225 HHs received 440 MT of animal feed (250 MT of wheat bran and 190 MT of grazing barley). <p><i>NOTE: the number of chicken received by each WHHs adjusted in response to actual market increasing/fluctuating prices of chicken due to the ongoing crisis.</i></p>	<p>A virtual project taskforce (VPTF) was established at the beginning of the project, to include technical/operational officers from FAO-HQs and field office, once the project is approved, which will undertake periodical consultation and follow up meetings.</p> <p>FAO team led the selection process of beneficiaries, during the first two weeks of the project approval, and sent the report back to FAO representatives.</p> <p>FAO team joined the superintendent/contractor team to take samples for lab tests once suppliers were selected by FAO according to FAO standard rules and procedures.</p> <p>During the second and third weeks of input procurement, FAO team supervised the distribution of inputs to the selected beneficiaries and reported back to FAO representatives.</p> <p>Field tour conducted by the FAO team to targeted areas, at the end of the second and third month of the project period, to follow up on</p>
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		<p>the project's progress and to report back to FAOR.</p> <p>FAO Team will prepare a final project report, summarizing project performance and impact, to be handed over to the FAO representative at the end of the project.</p>
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FAO - FOOD

CERF PROJECT NUMBER	11-FAO-040	Total Project Budget	\$ 1,435,966 (\$ 1,000,000 Gov + \$ 435,966 CERF)	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td>300 WHHs</td> <td>300 WHHS</td> </tr> <tr> <td>Male</td> <td>2,800 HHs</td> <td>1,715</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>30,600</td> <td></td> </tr> <tr> <td>Of total, children under 5</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>30,600</td> <td>1,715</td> </tr> </tbody> </table>	Beneficiaries	Targeted	Reached	Individuals			Female	300 WHHs	300 WHHS	Male	2,800 HHs	1,715	Total individuals (Female and male)	30,600		Of total, children under 5			TOTAL	30,600	1,715	Gender Equity
Beneficiaries	Targeted	Reached																								
Individuals																										
Female	300 WHHs	300 WHHS																								
Male	2,800 HHs	1,715																								
Total individuals (Female and male)	30,600																									
Of total, children under 5																										
TOTAL	30,600	1,715																								
PROJECT TITLE	Emergency response to support livelihoods and food security of migrant farmers and herders returning from Dara'a Governorate due to the ongoing Crisis in the Syrian Arab Republic	Total Funding Received for Project	\$ 435,966		The emergency assistance targeted the most needy households, while giving priority to female-headed households, families with disabled persons and larger number of dependents.																					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 435,966																							
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																				
<p>Provision of barley seeds in support of 1,000 poor farmer households in the northeastern region to enable them to restore their farming activities in the upcoming cropping season, due to start in October/November 2011, each of the targeted households will get 150 kgs of seeds, which is enough to plant two hectares. If those households are not supported with inputs/seeds, they will not be able to farm. This will lead to the deterioration of household food security, more malnutrition, with many more poor families not being able to send their children to schools, leading to more dropouts.</p> <p>Provision of animal feed to 2,100 households of poor small herders, enabling these disadvantaged households to sustain their remaining small/eroded herds. Targeted households will get 300 kgs of animal feed (enough for three-four months for up to eight heads of sheep) to enable them to sustain the remaining of their small herds, which is the only available source/base of family income. If these poor households are not supported with animal feed, they will be forced to sell the remainder of their small herds, which is the base of their family resilience, due to lack/high price of animal feed and hence lose their</p>		<p>3,015 poor herders and farmer households will be assisted by the CERF 2 (OSRO/SYR/102/CHA) fund as follows:</p> <ul style="list-style-type: none"> ■ 1,387 poor farmers will benefit from 208 MT of barley seeds procured and will be distributed in the next season due to delayed receipt of funds. ■ 1,715 poor herders benefited from 685 MT of animal feed (grazing barley and wheat bran) in Dayr Az Zor and Homs. ■ 300 WHHs received 6,000 chickens and 15 MT of poultry feed in Idleb. <p>NOTE: the number of animal feed beneficiaries was reduced due to the fact that the ration to be distributed was increased from 300 kg/HH to 400 kg/HH to ensure sustaining the remaining herd till growth of natural pastures and, hence, achieve more project impact.</p>			<p>A virtual project taskforce (VPTF) was established at the beginning of the project, to include technical/operational officers from FAO-HQs and field office, once the project was approved, which will undertake periodical consultations and follow up meetings.</p> <p>FAO team led the selection process of beneficiaries, during the first two weeks of project approval, and reported back to an FAO representative.</p> <p>FAO team joined the superintendent/contractor team to taking samples for lab tests once suppliers selected by FAO according to FAO standard rules and procedures.</p> <p>During the second and third weeks of input procurement, the FAO team supervised the distribution of inputs to the selected beneficiaries and reported back to an FAO representative.</p> <p>Field tour conducted by the FAO team in targeted areas, at the end of the second and third month of the project period, to follow up on the project's progress and to report back to</p>																					

<p>main or only source of family income.</p> <p>Provision of 20 chickens/egg layers per household to 300 of the poorest female-headed households that have lost their source of income, as an income generation activity. These activities will enable families to restore their resilience, livelihoods and/or generate some income and help them to survive the difficult situation, improve family nutrition and enable the targeted households to send their children back to school.</p>		<p>FAOR.</p> <p>FAO team will prepare a final project report, summarizing project performance and impact, to be handed over to an FAO representative at the end of the project.</p>
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HEALTH – WHO

CERF PROJECT NUMBER	11-WHO-034	Total Project Budget	\$ 7,000,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Rapid response for the Ministry of Health	Total Funding Received for Project	\$ 866,410	Individuals			The target population includes men, women and children. Due to males being at higher risk, a higher percentage of men were target beneficiaries. However, the items provided to the Ministry of Health ensured that equal health services were available for all men and women of all ages in addition to children.
				Female	90,000	62,000	
				Male	360,000	248,000	
				Total individuals (Female and male)	450,000	310,000	
				Of total, children under 5	22,500	15,500	
TOTAL	450,000	310,000					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 348,071				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>To improve surgical and medical capacity and health service delivery of three health facilities, serving areas affected by the crisis.</p> <p>Improve access of patients in need of providing quality emergency health service in areas affected by the crisis.</p>		<ul style="list-style-type: none"> ■ Providing four emergency kits and life saving drugs to support the national emergency stores of the Ministry of Health. ■ Training for capacity building of healthcare providers in emergency medical services, through eight two-day trainings on emergency preparedness for 240 health professionals in emergency departments. Six trainings were conducted in Damascus/rural Damascus, one in Dara'a and one in Banyas. ■ A ventilator was provided to each of Jasem Hospital in Dara'a, Douma Hospital and Harasta hospital in rural Damascus. 				<p>Equipment and medicine was delivered to the Ministry of Health under the supervision of WHO staff and the Ministry of Health staff to ensure items were distributed to the agreed selected areas.</p> <p>Reports endorsed by the responsible officers were obtained from the Ministry of Health upon the receipt of drugs and ventilators.</p> <p>Received a technical report from the Director of the Emergency department at the Ministry of Health, including full details on training conducted (no. of trainees, location, modules, practical training...etc.) Also, the training evaluation form was shared.</p>	

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-062	Total Project Budget	\$ 350,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td>120,000</td> <td>68,400</td> </tr> <tr> <td>Male</td> <td>480,000</td> <td>273,600</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>600,000</td> <td>342,000</td> </tr> <tr> <td>Of total, children under 5</td> <td>30,000</td> <td>17,100</td> </tr> <tr> <td>TOTAL</td> <td>600,000</td> <td>342,000</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals			Female	120,000	68,400	Male	480,000	273,600	Total individuals (Female and male)	600,000	342,000	Of total, children under 5	30,000	17,100	TOTAL	600,000	342,000	<p align="center">Gender Equity</p> <p>The target population included men, women and children. As higher risks of affected persons were male, a higher percentage of men were target beneficiaries. However, the medical equipment was provided to strengthen health services in affected areas, which included equal health services for men and women of all ages, as well as children.</p>
Beneficiaries	Targeted	Reached																										
Individuals																												
Female	120,000	68,400																										
Male	480,000	273,600																										
Total individuals (Female and male)	600,000	342,000																										
Of total, children under 5	30,000	17,100																										
TOTAL	600,000	342,000																										
PROJECT TITLE	Rapid response for SARC	Total Funding Received for Project	\$ 353, 590																									
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 253, 590																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																							
<p>To improve obstetric, surgical and medical capacity for health service delivery by SARC.</p> <p>To support the availability of quality emergency health services in affected areas.</p> <p>To provide emergency rooms and operating theatres in SARC reference hospital in the five governorates with emergency equipment.</p>		<p>Emergency equipment including two emergency kits, 16 trauma kits and two surgical kits were delivered to SARC's main branch in rural Damascus, these kits are to be distributed to facilities in affected areas (Damascus, rural Damascus, Dara'a, Homs and Idleb).</p> <p>Procurement of emergency equipment for operating theatres and emergency rooms is still ongoing; three ventilators, four portable x-ray machines, six defibrillators, and 10 oximeters will be provided for operating rooms in the five affected areas.</p>			<p>This project is still ongoing, but trauma kits, surgical kits and emergency kits were delivered. Other listed items are still in the procurement phase.</p> <p>In terms of monitoring, receiving reports will be submitted by SARC, ensuring the distribution of emergency life saving equipment in the affected locations. Accordingly, the number of beneficiaries reached will be determined once distribution is complete.</p>																							

UNRWA - HEALTH																												
CERF PROJECT NUMBER	11-RWA-002	Total Project Budget	\$ 124,123	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>28,752</td> <td>28,752</td> </tr> <tr> <td>Female</td> <td>14,927</td> <td>14,927</td> </tr> <tr> <td>Male</td> <td>13,825</td> <td>13,825</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>28,752</td> <td>28,752</td> </tr> <tr> <td>Of total, children under 5</td> <td>3,364</td> <td>3,364</td> </tr> <tr> <td>TOTAL</td> <td>28,752</td> <td>28,752</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	28,752	28,752	Female	14,927	14,927	Male	13,825	13,825	Total individuals (Female and male)	28,752	28,752	Of total, children under 5	3,364	3,364	TOTAL	28,752	28,752	Gender Equity
Beneficiaries	Targeted	Reached																										
Individuals	28,752	28,752																										
Female	14,927	14,927																										
Male	13,825	13,825																										
Total individuals (Female and male)	28,752	28,752																										
Of total, children under 5	3,364	3,364																										
TOTAL	28,752	28,752																										
PROJECT TITLE	Emergency replacement of medical supplies and equipment for Palestinian refugees of the conflict and civil unrest in southern Syria	Total Funding Received for Project	\$ 124,123				Assistance for life saving medical supplies was provided equally to Palestine refugees based on a needs assessment. Women and children affected by conflict were supported through access to health information, the supply of hygiene kits, vaccines and ongoing pre- and post-natal care.																					
STATUS OF CERF GRANT	Completed (Project was completed by the end of December 2011 as the fund was disbursed in 3/6/2011).	Amount disbursed from CERF	\$ 124,123																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
<p>Provide medical supplies for up to three months for two medical clinics located in Dara'a and Muzeireeb.</p> <p>Replace medical information systems and equipment / infrastructure damaged/stolen during the conflict from Dara'a and Muzeireeb and provide enhanced medical information management systems in order to allow for the UNRWA clinics to resume operation at full capacity.</p> <p>Provide a generator to ensure the viability of medications and the certainty of power supply to one clinic.</p>		<ul style="list-style-type: none"> ■ Resumed the quality and quantity of its health services for Palestine refugees in southern Syria (measured by the number of facilities were provided with medical supplies, the number of patients who access UNRWA clinics and the number which remain open in the affected areas). ■ Resumed outpatient services in southern Syria (measured by the number of facilities, which remain open in the affected areas, the number of Palestine refugees who benefit from UNRWA services each month per clinic and the number of patients benefiting from the medicine supplied by disease type (wounds, protracted diseases etc). ■ Ensured that there was a drug management system in place in southern Syria, to be measured by the number of affected health centres that have no stock rupture of 15 tracer items, including much needed antibiotics and insulin. ■ Resumed the prevention and control of communicable diseases in southern Syria, to be measured by the number of EPI vaccine preventable disease outbreaks, the percentage of children that have received all EPI vaccinations as required and by the number of new tuberculosis cases that are detected. 				<p>Procurement process data</p> <p>Medical centre goods received notes</p> <p>Monitoring visits by area staff</p> <p>Medical centre patient data (patient numbers etc)</p> <p>Medical centre supply distribution data.</p>																						

UNICEF – HEALTH							
CERF PROJECT NUMBER	11-CEF-058-A	Total Project Budget	\$ 200,000	Beneficiaries		Targeted Reached	Gender Equity
PROJECT TITLE	Ensuring access to first aid for children and families in the affected areas of the Syrian Arab Republic	Total Funding Received for Project	\$ 165,830	Individuals	15,000		
				Female	7,500		
				Male	7,500		
				Total individuals (Female and male)			
				Of total, children under 5			
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 138,030	TOTAL	15,000		The project supported training 1,500 community volunteers and equipped them with first aid kits. 15,000 boys and girls, women and men in need have access to medical and psycho-social first aid in the affected areas
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Ensure availability of medical and psycho-social first aid to more than 15,000 children, women and men living in the affected areas of Dara'a, Homs, Hama, Lattakia, and rural Damascus governorates.		<ul style="list-style-type: none"> 1,500 first aid kits and manuals have been locally procured by UNICEF. An agreement has been signed with two NGO implementing partners, which will proceed to the training and the supplies distribution. Training and supplies distribution are due to start in January 2012. The volunteers will be selected based on their area of origin and trained in Damascus or in their governorates, pending security and access. 				Field visits of the implementing partners (Syrian Family Planning Association, Quality Vision Foundation, and other local NGOs who supported in the distribution of first aid kits in high-risk areas like Douma Charity Health Association in rural Damascus, and Hez An-Ne'meh in Homs).	

UNFPA - HEALTH																												
CERF PROJECT NUMBER	11-FPA-028	Total Project Budget	\$484,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>271,250</td> <td>284,025</td> </tr> <tr> <td>Female</td> <td>271,250*</td> <td>284,025**</td> </tr> <tr> <td>Male</td> <td>N/A</td> <td>***</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>271,250</td> <td>284,025</td> </tr> <tr> <td>Of total, children under 5</td> <td></td> <td></td> </tr> <tr> <td>TOTAL</td> <td>271,250</td> <td>284,025*</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	271,250	284,025	Female	271,250*	284,025**	Male	N/A	***	Total individuals (Female and male)	271,250	284,025	Of total, children under 5			TOTAL	271,250	284,025*	Gender Equity
Beneficiaries	Targeted	Reached																										
Individuals	271,250	284,025																										
Female	271,250*	284,025**																										
Male	N/A	***																										
Total individuals (Female and male)	271,250	284,025																										
Of total, children under 5																												
TOTAL	271,250	284,025*																										
PROJECT TITLE	Support to reproductive health services, including emergency obstetric care and psychosocial services	Total Funding Received for Project	\$484,000	<p>*women of reproductive age, including 10,850 pregnant women</p> <p>**women of reproductive age, including 11,360 pregnant women</p> <p>*** Male family members also benefited from counselling and PSS interventions, but no information available as the project IPs' focus was mostly on women of reproductive age, while documenting the service delivery initiatives</p>			<p>Women and adolescent girls of reproductive age residing in the affected areas were the primary beneficiaries of the project. In cases where there were men or boys in need of medical care in the household, they were provided with the necessary assistance as well by the mobile team staff. Psychosocial support to women was also a means of strengthening family coping mechanisms and dealing with stress.</p>																					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 248,794																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																							
<p>Support to reproductive health services, including emergency obstetric care and psychosocial services in the eastern region of the Syrian Arab Republic.</p>		<p>The outcomes of the complete implementation of the CERF project were as follows:</p> <ul style="list-style-type: none"> • Around 11,360 deliveries were assisted by skilled birth attendants. • 2,430 beneficiaries received psychological counselling and services including psychological first aid. • Two mobile clinics and four mobile teams operated in Dara'a, rural Damascus, Homs and Hassakeh. As a result, around 5,375 beneficiaries residing in the violence-affected governorates received psychosocial support and reproductive health counselling and services. • Primary healthcare and normal delivery centres, and secondary level hospitals were supported through the procurement and delivery of RH kit Nr. 11, midwifery kits, anaesthesia machines, mobile ventilators, operating and gynaecological table, halogen examination light, portable vertical steam sterilizer, sphygmomanometer, scales (mother & child), oxygenic cylinder, manual resuscitator, suction pump, surgical instrument kits, and pharmaceutical supplies including Ferrous Sulphate, Heparin and Nitro-glycerine. • Distribution of 1,100 hygiene kits in the affected areas. • 1,040 beneficiaries were reached with reproductive health messages coupled with sensitization on GBV issues. • Around 2,430 beneficiaries received psychological counselling by a core group of 20 professionals trained on advanced concepts of psychological first aid, counselling and communication and who served as national trainers for subsequent cascade trainings at the grassroots level. Some 94 health professionals were also trained on psychological first aid. 			<p>Monitoring and evaluation was based on the following verifications sources:</p> <p>Regular progress report shared by implementing partners;</p> <p>Field visits were carried out on a limited scale due to the prevailing security circumstances;</p> <p>Verifying information with other sources, including meeting with representatives of different stakeholders.</p>																							

UNFPA - HEALTH							
CERF PROJECT NUMBER	11-FPA-047	Total Project Budget	\$356,134	Beneficiaries	Targeted	Reached	Gender Equity Women and adolescent girls of reproductive age residing in the affected areas were the primary beneficiaries of the project. In cases where there were men or boys in need of medical care in the household, they were provided with the necessary assistance as well by the mobile team staff. Psychosocial support to women was also a means of strengthening family coping mechanisms and dealing with stress.
PROJECT TITLE	Ensuring access to reproductive health services, including basic and comprehensive emergency obstetric care and psychological support services in the violence affected areas	Total Funding Received for Project	\$356,134	Individuals	60,614	>6,000	
				Female	60,614		
				Male	N/A		
				Total individuals (Female and male)	60,614		
				Of total, children under 5	N/A		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 181,134	TOTAL	60,614		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Ensuring access to reproductive health services, including basic and comprehensive emergency obstetric care and psychological support services in violence-affected areas.		<p>As a result of the ongoing implementation process of the CERF project, the following have been accomplished:</p> <ul style="list-style-type: none"> ▪ 3,500 deliveries assisted by skilled birth attendants. ▪ Ensured psychosocial support care and psychological first aid to 800, including awareness raising sessions on pre-post partum depression for 350 pregnant women. ▪ Four mobile teams operating in the affected areas, including rural Damascus, Kafar Batna, Al-Tal, Qudsaya, and Al-Zabadani, Homs, and Idleb governorates, provided RH services and psychological first aid to 3,200 pregnant women, and reached out to 150 pregnant women with awareness raising sessions on danger signs of pregnancy and obstetric complications. ▪ 5,000 women received essential pharmaceutical supplies and medicines from primary and secondary healthcare facilities. ▪ 80 midwives and community volunteers were trained on danger signs of high risk pregnancies and obstetric complications among women beneficiaries and who reached approximately 30-40 communities in the affected areas. ▪ 80 community volunteers and health professionals were trained on psychological first aid. As a result, it is estimated that 180 people received PSS and psychological first aid per day. ▪ Distribution of 4,000 hygiene kits in the affected areas. ▪ SARC centres received the following medical equipment: ultrasound machines, Ob/Gyn tables, examination lights, adult scales, hot air sterilizer, speculum/vaginal, sphygmomanometers, stethoscopes, doppler/ foetal stethoscope, forceps (Pozzi & Kocker), long surgical scissors, minor surgery set, stainless steel instrument box, and stainless steel drum for dressing. As a result, it is estimated that 80 women residing in the affected areas received reproductive health services and information on a daily basis. 				<p>Monitoring and evaluation was based on the following verifications sources:</p> <p>Regular progress report shared by implementing partners;</p> <p>Field visits, which were carried out in a limited scale due to prevailing security circumstances;</p> <p>Triangulation of information with other sources including meeting with representatives of different stakeholders and beneficiaries.</p>	

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-UDP-012	Protection / Human Rights / Rule of Law	UNDP	Society of Charity and Social Services	Local NGO	71,450	30/01/ 2012	01/02/ 2012	
11-UDP-012	Protection / Human Rights / Rule of Law	UNDP	Islamic Society for Orphan Security and Charity	Local NGO	71,450	15/01/ 2012	20/01/2012	
11-CEF-058-B	Protection / Human Rights / Rule of Law	UNICEF	MOE/ SARC	GOV /NNGO	0	25/10/2011	January 2012	1.Procurement of supplies is done by UNICEF 2. MoE will request reimbursement after the accomplishment of training on PSS for targeted schools 3. New PCA will be signed with SARC for PSS at school clubs by 01.03.2012 4.UNICEF conducted trainings for NNGOs/CSOs with own funds
11- WFP -065	Food security and Livelihood	WFP	SARC	NNGO	0	Date missing	Date missing	
11-FAO-040	Food	FAO	MAAR at central and provincial levels	Government Institution	257,588 (for CERF 1) +435,966 (for CERF 2) = 693,554 in total	07/06/2011	12/09/2011	
WHO-034	HEALTH	WHO	MOH	GOV	348,071	23/05/2011	June 2011	
WHO-062	HEALTH	WHO	SARC	INGO	253,590	28/10/2011	November 2012	
11-RWA-002	HEALTH	UNRWA			124,123	12/06/2011	13/06/2011	

11-CEF-058-A	Health	UNICEF	SFPA	NNGO	16,227.18	24/11/11	23/01/2012	This fund used in training youth (males & females) volunteers in 11 governorates through the branches of SFPA
11-CEF-058-A	Health	UNICEF	QV	NNGO	19,878.30	25/10/2011	10/01/2012	This fund used to train female community volunteers in hot spots of five governorates
11-FPA-028	Health	UNFPA	SAHPAD	NGO	16,375	03/07/2011	03/07/2011	
11-FPA-028	Health	UNFPA	SFPA	NGO	25,000	03/07/2011	15/06/2011	
11-FPA-028	Health	UNFPA	MoH	GA	20,000	N/A	06/06/2011	Due to administrative hurdles, related activities were implemented using UNFPA direct implementation modality. No grants were provided to the concerned implementing partners in support of implementing the project.
11-FPA-047	Health	UNFPA	SAHPAD	NGO	18,000	26/01/2012	01/12/2011	Implementation started before the transfer of instalment, which was made in January 2012 to avoid getting Outstanding Fund Account
11-FPA-047	Health	UNFPA	SFPA	NGO	22,000	26/01/2012	01/12/2011	Implementation started before the transfer of instalment, which was made in January 2012 to avoid getting Outstanding Fund Account.
11-FPA-047	Health	UNFPA	SARC	NGO	8,000	N/A	01/11/2011	Related activities will be implemented using direct implementation modalities No grant was provided to the concerned implementing partners in support of implementing the project.
11-IOM-040	Protection and Human Rights	IOM			247,420	01/11/2011	01/11/2011	

IN-KIND ASSISTANCE TO HEFZ AL NEEMA NGO

11-UDP-012	Hygiene Kits	900	22,678
11-UDP-012	Medical and disability related equipments	Medical Beds (10) Oxygen generator (7) Severe Disability chair (5) CPAP (5) Blood oxygenation meter (5) Suction device(5)	14,108
11-UDP-012	House supplies (blankets/heaters)	580 Blanket/ 380 Heater	24,030

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

COMPAS	Commodity Movement Processing and Analysis System
EFSA	Emergency Food Security Assessment
EFSNA	Emergency Food Security and Nutrition Assessment
EMOP	Emergency Operation
EDP	Extended Delivery Point
FAO	Food and Agriculture Organizations
GOV	Government
GA	Government Agency
GoS	Government of Syria
GDP	Gross Domestic Product
HH	Household
IR-EMOP	Immediate Response Emergency Operation
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Person
IOM	International Organization for Migration
LTSH	Landside, Transport, Storage and Handling
MAAR	Ministry of Agriculture and Agrarian Reform
MOE	Ministry of Education
MOH	Ministry of Health
M&E	Monitoring and Evaluation
NGO	Non-Governmental Organization
PFA	Psychological First Aid
PSS	Psycho-Social Support
PCA	Project Cooperation Agreement
QV	Quality Vision Foundation
RH	Reproductive Health
SARC	Syrian Arab Red Crescent
SAHPAD	Syrian Association for Health Promotion and Development
SFPA	Syrian Family Planning Association
SYP	Syrian Pounds
TCN	Third Country Nationals
TOT	Training of trainers
UNICEF	United Nations Children's Fund
UNCT	United Nations Country Team
UNDSS	United Nations Department for Security and Safety
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNRWA	United Nations Relief and Works Agency for Palestine Refugees in the Near East
WHHS	Women Headed Households
WFP	World Food Programme
WHO	World Health Organization