



RESIDENT & HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS SYRIAN ARAB REPUBLIC UNDERFUNDED EMERGENCY ROUND I 2015

RESIDENT/HUMANITARIAN COORDINATOR

Yacoub El Hillo

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review took place on 20 March. All fund recipient agencies participated

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

YES NO

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

YES NO

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 2.9 billion		
Breakdown of total response funding received by source	Source	Amount
	CERF	29,926,021
	COUNTRY-BASED POOL FUND (if applicable)	25,229,006
	OTHER (bilateral/multilateral)	1,248,428,868
	TOTAL	1,303,583,895

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17-Feb-15			
Agency	Project code	Cluster/Sector	Amount
UNRWA	15-UF-RWA-002	Multi-sector refugee assistance	3,750,001
WHO	15-UF-WHO-005	Water, Sanitation and Hygiene	392,651
UNFPA	15-UF-FPA-004	Water, Sanitation and Hygiene	839,287
UNICEF	15-UF-CEF-015	Water, Sanitation and Hygiene	2,944,507
UNHCR	15-UF-HCR-007	Non-Food Items	5,000,139
IOM	15-UF-IOM-007	Non-Food Items	500,000
UNICEF	15-UF-CEF-014	Non-Food Items	1,500,000
UNICEF	15-UF-CEF-013	Health	1,728,264
WHO	15-UF-WHO-004	Health	3,271,700
UNHCR	15-UF-HCR-006	Health	1,498,184
UNFPA	15-UF-FPA-002	Health	501,286
IOM	15-UF-IOM-006	Health	500,000
FAO	15-UF-FAO-008	Agriculture	2,000,000
WFP	15-UF-WFP-013	Food Aid	5,500,002
TOTAL			29,926,021

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	22,729,507
Funds forwarded to NGOs for implementation	7,161,152
Funds forwarded to government partners	35,362
TOTAL	29,926,021

HUMANITARIAN NEEDS

The humanitarian situation in Syria continued to deteriorate throughout 2014, with fierce fighting prompting increasing level of civilian casualties, large-scale internal displacement, increased violations of IHL and HRL, and mounting refugee flows.

As of 27 October 2014, the UN estimated that the number of people in need of humanitarian assistance in Syria had grown to 12.2 million, including over 5.7 million children and more than 7.6 million IDPs. Of this total, the UN estimated that 4.8 million were located in hard to reach areas (Ref 2015 Syria Response Plan).

While most Syrian IDPs have sought refuge with host families and in abandoned or unfinished public buildings, IDPs living conditions were poor, often having to live in overcrowded areas or forced to share with multiple families. In addition, in 2014, with multiple displacements occurring and active conflict reaching new areas, the number and size of IDP camps and informal tented settlements grew, and further increased in 2015. According to the HNO 2015 results, IDPs and other vulnerable groups were in urgent need of NFIs and protection assistance, including durable solutions. With an estimated 9.9 million people in need of NFIs assistance, 1.2 million houses were damaged or destroyed and more than 1.6 million people were in urgent need of shelter.

Furthermore, the protracted conflict has had a devastating impact on the WASH sector in Syria. Bombing and shelling have damaged infrastructure; limited power supply has undermined systems which were reliant on electricity; sanctions have prevented water authorities from accessing vital spare parts, testing equipment, and treatment chemicals; and active conflict, along with the exodus of skilled personnel, has hindered repairs and maintenance across the country making access to safe drinking water a major issue throughout Syria. People also need urgent support to improve sanitation and hygiene in affected areas. Damaged water and sewerage networks, diminished solid waste collection services, and poor sanitation and hygiene have exposed communities to very high public and environmental health risks leading to increase in water borne diseases. The total number of people in need of WASH services was estimated 11.6 million people as per the SRP 2015.

In November 2014, food security further deteriorated across Syria, as the conflict caused continued degradation of productive sectors, assets, and livelihoods, as well as diminished resilience at the household level. Low crop and livestock production combined with import constraints, insecurity, and high transportation costs reduced the availability of food and pushed prices up to an all-time high, leaving some 9.8 million people food insecure, including 6.8 million¹ in high priority districts. A series of Rapid Nutrition Assessments conducted in 13 governorates between March and July 2014 indicate a Global Acute Malnutrition (GAM) rate of 7.2 per cent and a Severe Acute Malnutrition (SAM) rate of 2.3 per cent. In this context 2.4 million children under five years were at risk of under nutrition.

The number of people suffering conflict-related injuries also continued to rise whilst, access to health services, including emergency trauma care remained limited. Only 43 per cent of hospitals were fully functioning. In its fourth year, the crisis in Syria continued to disrupt the health system, despite efforts to alleviate the health impact on the Syrian people. Since 2011, primary, secondary, and tertiary healthcare services in the country have deteriorated due to damages to facilities, power outages, and shortages of critical medicines, medical supplies, and qualified health care professionals. According to the latest Health Resources Availability Monitoring System (HeRAMS) report in 2014, 35 of public hospitals were only partially functioning, while 22 per cent were completely out of service. A quarter of the public hospitals and one-fifth of the public health care centres have been reported as inaccessible, especially in contested and hard-to-reach areas. At the time, it was estimated that 12.2 million people required access to health services, including emergency trauma care. Women were in need of all health care services, including those for reproductive health where approximately 488,000 pregnant women (out of 12.2 million people in need) required access to antenatal care and emergency obstetric care. Vaccination coverage has also dropped sharply since the onset of conflict.

Palestine refugees continued to be disproportionately affected by the conflict, where 280,000 Palestine refugees were internally displaced and a further 80,000 have sought refuge abroad. All nine Palestine refugee camps in Syria have been severely affected by the conflict, causing extreme hardship and widespread displacement. As of August 2014, out of 540,000 Palestinian refugees registered with UNRWA in Syria, 460,000 were dependent on UNRWA to meet their humanitarian needs, representing almost 94 per cent of the registered Palestine refugee population remaining in Syria. Ten of thousands of the Palestine refugees continued to live in areas of active conflict such as Khan Eshieh and Qudsaya in Damascus governorate, Dar'a camp and surrounding villages in Dar'a governorate, and Neirab Camp in Aleppo governorate. The humanitarian situation in Yarmouk was particularly desperate. These communities lived in a state of profound vulnerability, with civilians frequently exposed to life-threatening levels of deprivation.

¹ SRP 2015

A deep economic recession, fluctuating national currency, sanctions, vastly increased food and fuel prices, and disruption of markets have contributed to extreme vulnerability of Syrians across the country. Increasing poverty, economic disparity, and rising unemployment, estimated by the end of 2014 at 54.3 per cent of the labour force, 79 per cent of whom lost their jobs since the onset of the crisis, have left a large proportion of youth unemployed and disillusioned. The value of the Syrian pound had dropped from 47 pounds per US dollar in 2011 to 157 pounds per US dollar in May 2014. Purchasing power has further declined as food, fuel, and medicine prices have skyrocketed. By the end of 2013, it was estimated that the Consumer Price Index had increased 179 per cent since the conflict commenced.

Population groups considered most vulnerable include IDPs, children, pregnant women, and lactating mothers. IDPs families resorted to negative coping mechanism such as borrowing money, selling assets and property, and sending children to work in order to meet their basic food needs, while it is suspected the host community's ability to sustain support to the IDPs was fast diminishing. Incidents of sexual and gender based violence (SGBV) increased. Women and girls were at particular risk of sexual violence due to forced displacement, family separation, lack of basic structural and societal protection, and limited availability and safe access to services. This is within the context of the evolving gender dynamic, driven by factors such as security, stress on economic resources, restriction on mobility and the increasing revival of conservative traditional norms, particularly in areas controlled by extremist religious groups.

In addition to a conflict that has affected the life of millions, Syrians have also been exposed to extremely harsh winter conditions since November 2014 with average temperatures between 2°- 5° Celsius, dropping as low as 0° during December and January. The far northern interior can be even colder, with sub-zero temperatures recorded. The poor living conditions of the most affected populations, especially IDPs, and the increasingly limited access to fuel due to a breakdown in the fuel pipeline and destruction of fuel facilities as a result of the US-led coalition airstrikes in Syria and Iraq, has further exacerbated the already difficult condition of crisis-affected Syrians. In September 2014, the Government announced a 33 per cent increase in fuel prices across the board. Many families in Syria cannot afford simple basic items, like winter clothing as their economic situation deteriorated further.

Against this backdrop and in the absence of a viable peace and reconciliation process, humanitarian and protection needs for civilians in Syria continued to grow in 2015, and humanitarian action took place in a context of increased conflict and in a more complex and demanding operational environment.

II. FOCUS AREAS AND PRIORITIZATION

The humanitarian community has been facing challenges in its efforts to collect accurate, up-to-date data on the population in need in Syria, due to widespread insecurity and other challenges associated with implementing needs assessments. UN estimates of people in need of assistance and IDPs were based on its latest assessments and data, which humanitarian actors operating within Syria and from neighbouring countries have made available. The Multi-Sector Needs Assessment (MSNA), with collection of primary data conducted in August 2014, in 114 sub-districts (and 12 city sectors); the Governorate Profiles, updated in October 2014, covering all 270 sub-districts; and the September 2014 Area of Origin (AoR) assessments acted as the primary basis for the definition of the humanitarian caseload at inter-sectorial level. Furthermore, a nutrition assessment was conducted between March-May 2014 and WHO in collaboration with Ministry of Health has expanded the Early Warning & Response System (EWARS), from 261 sites across the country in September 2013 650 by the end of December 2014. The EWARS indicated an increased risk of outbreaks of infectious diseases due to disruptions in vaccination programmes, overcrowding in public shelters and damage to water and sanitation infrastructure. The status of health and education infrastructure continues to be monitored respectively by the ministries of health and education on a monthly basis. The WASH Sector conducted nation-wide strategic review workshops in April 2014 and conducted assessments of infrastructure for five governorates in the third quarter of 2014.

CERF funding enhanced the capacity of humanitarian actors working inside Syria to respond to immediate lifesaving needs of an estimated 6,866,829 people, prioritizing the most vulnerable including, displaced people, children, female-headed households, the elderly, people with disability and those with chronic diseases, in key locations across Syria. CERF funds helped to address humanitarian needs emerging from the severe winter conditions in Syria of more than 178,000 people; provide lifesaving health activities to over 1.8 million people; deliver emergency assistance in food to 2.3 million vulnerable conflict-affected people. CERF funded projects prioritized the most affected people to be targeted with food assistance, safe drinking water, and personal hygiene, health services including comprehensive Primary Health Care and emergency life-saving medical and surgical services, trauma care, surgical interventions, blood safety kits, haemodialysis and critical medical treatments,. In addition to winterized core relief items and winter clothes, that were urgent need of Syrian affected population to face the harsh winter conditions

The geographic locations for implementation were prioritised to favour hard-to-reach areas whenever possible and those with concentrations of urgent life-saving needs. Furthermore, in these areas, erosion of coping mechanisms and continuous asset depletion among both IDP and affected communities, as well as an inadequate access to basic supplies, such as food, water, essential non-food items, are anticipated.

Food Geographical targeting formed the initial level of targeting, prioritizing districts with a high prevalence of food insecurity, hosting large numbers of displaced families as well as highly vulnerable resident families.

The health sector prioritized areas where there is a lack of health services offered in the absence of PHCs or any public health facilities as a result of the security situation as well as areas that are severely affected by the harsh winter including Aleppo, Al-Hassakeh and Rural Damascus. Additionally, Agencies prioritized people living in hard to reach and underserved areas, newly displaced, and families living in informal settlements. However, IOM reached four out of seven planned governorates due to the security situation and the difficult access to Idlib, Ar Raqqa and Deir ez Zor.

A health project targeted one of the largest NGO operated hospitals in Syria. It coordinates with Syrian Arab Red Crescent and UN refugee agencies for treatment of refugees and IDPs fleeing from besieged areas around Damascus and other parts of the country. Five hospitals (four MoH and one NGO) were selected based on the fact that these hospitals provide crucial healthcare service in terms of their location and speciality as they provide service to patients who mostly live in underserved areas in Damascus suburbs and rural Damascus.

Additionally, 10 primary health care clinics in Hama, Rural Hama and Aleppo were supported through local partners. The clinics of the aforementioned partners are geographically distributed in affected, underserved and hot areas with intensive presence of IDPs.

The initial plan of WASH Project was to equip 15 groundwater wells in Idlib. However, but due to the security situation, it was not possible to transport any equipment into the governorate. Therefore, response was shifted to repair of existing equipment locally as opposed to replacement. Through this approach, the envisaged result was achieved through tweaking the modus operandi to fit ground realities and access restrictions

Distribution to Palestine refugees took place in Aleppo, Damascus, Rif Damascus, Dera'a, Hama, Homs and Lattakia. UNRWA's cash assistance programme aims to reach a total caseload of up to 430,000 individuals with each round of cash assistance. The total caseload was reduced in 2015 following a light verification exercise to take stock of the number of Palestine refugees requiring assistance and remaining in Syria.

CERF and the country-based pooled fund remain valuable instruments to enable humanitarian organisations to leverage access and deliver assistance using the most appropriate modality to reach people in need, including in hard-to-reach areas. Through this CERF allocation, humanitarian actors provided lifesaving assistance to 6,934,255 vulnerable Syrian in need. The CERF allocation, through implemented activities helped to kick-start relief efforts in 2015 for key strategic sectors within the framework of the WoS. The humanitarian community responded to the most urgent needs while strengthening coordination and advocacy efforts to expand the coverage of aid, particularly in areas currently inaccessible.

III. CERF PROCESS

The Humanitarian Needs Overview (HNO) and the 2015 Syria Strategic Response Plan (SRP) provide an overarching framework for humanitarian response inside Syria and are considered as the guidance for the humanitarian actors in their prioritization of the humanitarian response.

The urgent lifesaving needs and the unmet funding requirements under the SHARP 2014 constituted the benchmark against which, HCT and sectors identified and prioritized the humanitarian intervention under this CERF application. In addition, as access is one of the main constraints facing UN Agencies providing humanitarian assistance to the most affected people, implementing partners with a focus and proven track record of access to the most affected people in hard to reach areas, and the besieged areas were considered.

The CERF prioritisation was conducted through a joint consultative process in the Humanitarian Country team (HCT) and Inter-sector Coordination group with all sectors and agencies involved in the humanitarian response in Syria. Through this process, it was decided that the CERF submission would be directed to the highest priority life-saving projects that will yield tangible results within the requested time frame. The HCT decided to focus on food security (25 per cent), winterisation response (25 per cent), health (25 per cent), and WASH (12.5 per cent) as well as support to Palestine Refugees (12.5 per cent).

In line with the HCT CERF grant strategy, the prioritisation of projects and activities was undertaken by each sector through a consultative process which included sector members and appealing agencies. Sectors ensured alignment and coherence of the projects with the sector's specific response plan under the 2015 SRP and log frames, particularly focusing on lifesaving projects and interventions targeting the most urgent unmet needs.

As part of the sectoral and inter-sectoral prioritization, the geographic relevance of planned response activities has represented a key overarching criteria across sectors, in line with the vulnerability scoring included in the HNO. The inter-sector group met on 22 January 2015 to further discuss the CERF application and supported sectors to review and finalise proposals to ensure complementarity and synergies among the sectors and cross-fertilisation.

To address the identified critical gaps in the humanitarian situation, WHO, UNHCR, IOM, UNICEF, UNFPA, WFP, FAO, and UNRWA submitted 14 project proposals to support activities in emergency winter response, WASH, Food Security and Agriculture, Shelter and Non-Food Items. CERF funds thus helped to address humanitarian needs emerging from the severe winter conditions in Syria of more than 139,505 people; provide lifesaving health activities to 1.9 million people; deliver emergency assistance in food to 2.5 million vulnerable conflict-affected people, as well as providing lifesaving emergency assistance in food, shelter and winter items to 54,391 Palestine refugees.

Gender was streamlined in most of the CERF projects. Women and women-headed households were a particular target for FAO activities in the rural areas of Syria. IOM conducted orientation sessions on protection mainstreaming including GBV, and Do No Harm principles to the medical and clinic staff at the primary health centres. UNHCR intervention was in line with the right-based, community-based and age, gender and diversity mainstreaming (AGDM) approaches, with priority given to the most vulnerable groups. Notwithstanding the fact that WFP's emergency food assistance is needs-driven and not targeted on the basis of gender, vulnerable female-headed households were prioritized for registration as beneficiaries, recognizing the higher levels of vulnerability among this beneficiary group highlighted by WFP monitoring findings. UNFPA project prioritized support to primary and secondary health facilities for delivering basic and comprehensive maternal health assistance including life-saving emergency obstetric care, based on the guidelines for the Minimal Initial Service Package (MISP). The reproductive health kits including pharmaceutical supplies were procured to save mother's lives. UNFPA project also prioritized supporting the violence affected families with female and male hygiene kits, as it was deemed necessary to support the displaced families with these kits to preserve their dignity. UNRWA's project was designed to contribute significantly to gender equality, assigning a gender marker of 2a. UNRWA notes that following the verification process, the proportion of women receiving cash assistance between the age of 18 and 60 is slightly higher compared to the proportion of men.

UNICEF response was designed to address the specific needs of children and adolescent boys and girls. In all the targeted locations, UNICEF was the main agency providing age and sex specific winter materials to the children. For example, children's clothing from as young as three months were provided by age, size and gender, including clothes for new born babies, and ensured to be culturally appropriate. Furthermore, this project contributed significantly to addressing the needs of the most vulnerable and deprived groups such as female headed households, children from displaced families and those living in hard-to-reach areas. For instance, UNICEF engaged five small scale workshops or associations operated by women mostly female headed and internally displaced to produce winter clothes for the project. Procurement of winter materials from these associations not only supported the winter response but also directly provided income to affected households to support over 1,700 dependants to meet their basic needs and cope with further shocks.

The geographic locations of CERF and CBF implementation were prioritised to favour hard-to-reach areas and those with concentrations of urgent life-saving needs where erosion of coping mechanisms and continuous asset depletion among both IDPs and affected communities, as well as an inadequate access to basic supplies, such as food, water, and essential non-food items were increasing over time. Interventions were carried out simultaneously, and mostly in the same geographical locations with the aim of achieving synergy in the response to save the lives of people in need

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 12.2 million									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Multi-sector refugee	9,586	9,952	19,538	18,279	16,574	34,853	27,865	26,526	54,391
Water, Sanitation and Hygiene	445,146	523,471	968,617	435,255	504,874	940,129	880,401	1,028,345	1,908,746
Non-food Items	28,160	70,712	98,872	29,345	50,068	79,413	57,505	120,780	178,285
Health	265,550	741,513	1,007,063	198,643	597,395	796,038	464,193	1,338,908	1,803,101
Agriculture	127,364	151,333	278,697	136,624	153,449	290,073	263,988	304,782	568,770
Food Aid	672,588	528,462	1,201,050	646,212	507,738	1,153,950	1,318,800	1,036,200	2,355,000

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

UN Agencies have used different methodologies to estimate the beneficiaries of the CERF grant. The Who What Where When (4W) reporting tool allowed tracking the achievement of different projects-including those funded by CERF - implemented by different UN Agencies in the same sector. In addition, each UN Agency had its own estimation methodology to calculate the beneficiaries of the project.

WFP conducted a household targeting exercise according to the following broad criteria: vulnerability and displacement status, prioritizing those that have been displaced multiple times or displaced in less than 12 months, and those living in informal settlements; female-headed households without a regular and stable source of income; poor host families supporting one or more displaced persons, including orphans or the elderly; the most vulnerable families living in besieged areas with limited access to markets; and persons living with a disability. Additionally, WFP has an internal logistics tracking system, which uses the shipping instruction number (unique for each purchased batch and commodity), to how many beneficiaries and in which locations the CERF procured commodities were distributed. FAO based the calculation of the total number of beneficiaries reached (individuals) by the project on the average of seven people per household, due to the fact that the family size in rural areas is bigger than the family size in cities.

UNRWA pooled funding towards its cash programme, enabling the Agency to cover its entire caseload of 430,000 individuals.

IOM ensured during planning and implementation of the project conducting needs assessment and regular field visits, which helped set the specific locations to be targeted (the coldest governorates), and vulnerability criteria of beneficiaries. Also, post evaluation surveys were conducted to receive beneficiaries feedback on aid delivered

(
UNHCR Beneficiaries were identified and selected through direct interaction during field missions carried out by UNHCR staff, the Syrian Arab Red Crescent (SARC) and other NGO partners. During assessment missions and shelter visits, UNHCR conducts interviews and focus group discussions with various profiles of displaced persons, including men and women of all ages, backgrounds and conditions, children and teenagers, persons with special needs such as the elderly and people with a medical condition, as well as displaced and hosting families of different sizes .

UNICEF and its partners continuously engaged the beneficiaries during the winterization project period. In the project design phase, UNICEF consulted beneficiaries on the level and the nature of the needs.

The total number of reached beneficiaries as shown in the table 5 is 6,866,829 versus 6,394,328 people projected,

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (below 18)	Adults (above 18)	Total
Female	1,548,394	2,025,443	3,573,837
Male	1,464,358	1,830,098	3,294,456
Total individuals (Female and male)	3,012,752	3,855,541	6,868,293

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Food & Agriculture

- The CERF contribution of \$5.5 million enabled WFP to procure a total of 6,508 metric tons of mixed food commodities, including chickpeas, rice and sugar that were used to complement food rations for 2.3 million people in need in areas with high levels of food insecurity. The slight increase in the quantities procured when compared to the original plan is due to changes in the commodity rates.
- The FAO project over achieved all its planned outputs and indicators. Overall 94,552 households or 661,864 individuals were reached to strengthen their productive assets for their food and nutrition security.

Health

- The UNICEF project allowed 840,000 IDPs and vulnerable children and women in the north-eastern governorates to have access to the essential medical items of the health kits. UNICEF has completed the procurement of health supplies. However due to access challenges and the unstable security environment a remaining 160 Inter-Agency health kits are still pending distribution. Also, the drastic devaluation of the Syrian Pound reduced accessibility and ability of vulnerable groups in the targeted governorates to access food including reports received of increasing malnourishment rates among children in targeted areas led UNICEF to decide to procure additional nutrition supplies using the contribution from CERF. The supplies procured have provided access to improved nutrition for 30,280 children in Qamishli, Hassakeh City and Deir-ez-Zour. Nutrition supplies procured included high energy biscuits, plumpy doz and plumpy nuts.
- The WHO project contributed to the overall improvement of health care services in the targeted locations. Under this grant, WHO procured and distributed essential medicines including antibiotics, analgesics, IV Fluids non-communicable and communicable disease medicine, to treat patients requiring trauma, primary and secondary health care. Medicines and supplies were distributed to public and NGO health facilities in Damascus, Rural Damascus, Aleppo, Latakia, Homs, and Hama governorates.

Additionally, WHO procured medical equipment to enhance medical capacity in health facilities in Damascus, Aleppo, Homs, Rural Damascus, Latakia through several deliveries of medical equipment including ventilators, incubators, defibrillators, ICU beds, haemodialysis sessions and haemodialysis machine.

Under this grant, WHO subcontracted 18 NGOs to provide essential health services and life-saving surgical interventions for over 60,000 beneficiaries. In Homs, Damascus, Rural Damascus, Hama, Aleppo,, Lattakia, Suweida and Al Hassakeh. WHO also conducted 33 training workshops for 1,196 health workers and professionals on a variety of health topics including prevention and infection control measures, First Aid & Immediate life Support (FA&ILS), Hazard Materials (HAZMAT), Major Incident Medical Management & Support (MIMMS), Hospital Major Incident Medical Management & Support (HMIMMS), Early Pediatric Life Support (EPLS), Management of non-communicable diseases including asthma hypertension, and diabetes, and vaccination.

- UNHCR was able to provide primary health care services to 296,000 Syrian IDPs, including essential medicines for acute and chronic diseases free of charge, in addition to 3,300 IDPs who benefited from emergency referrals to emergency medical and surgical lifesaving interventions Through supporting 10 primary health care clinics in Hama, Rural Hama and Aleppo..
- UNFPA reached around 97,100 women of reproductive age with reproductive health services including Emergency Obstetric Care. Moreover, 37,417 of the violence affected people were assisted through the provision of 29,977 female hygiene kits and 7,440 with male hygiene kits.
- IOM has reached 39,940 displaced and affected individuals in nine governorates (Damascus, Lattakia, As-Sweida, Quneitra, Tartous, Aleppo, Hama, Homs and Rural Damascus) through increasing access to health care facilities and provision of disability support items to vulnerable affected individuals with special needs.

WASH

- The WHO project enhanced sustainable sources of clean water for five hospitals treating 60,000 people to ensure having sustainable sources of water and hence uninterrupted medical services which depend on clean supply of water.
- The UNICEF project reached 1,811,000 beneficiaries with activities that were implemented in accordance with UNICEF's two pronged WASH response in Syria to address both the immediate and longer-term WASH needs in Damascus, Rural Damascus and Idleb Governorates ensuring access to critical sustainable water and sanitation services through resilience building interventions by means of rehabilitation of networks and development of alternative water sources, as well as providing access to life-saving WASH services in respective areas through of emergency water trucking. Through this approach, UNICEF was able to respond effectively to the onset of emergencies while simultaneously promoting longer term resilience and improving affected communities' coping mechanism to withstand water cuts.
- UNFPA project enhanced the dignity and personal hygiene condition of newly displaced population through procurement and distribution of female and male dignity kits to 37,417 IDPs.

NFIs

- UNHCR was able to provide core relief items to 96,630 IDPs (19,326 NFI kits) in seven governorates (Aleppo, Rural Damascus, Homs, Idleb, Hassakeh, Dar'a, and Damascus).
- UNICEF provided 37,746 vulnerable displaced children (in Aleppo, Damascus, Daraa, Sweida, Tartous, Lattakia, Rural Damascus, Homs and Idleb Governorates) with appropriate, gender and age specific winter clothing kits to ensure that they have adequate protection to cope with extreme weather.
- IOM distributed 27,750 winterization items and kits reaching 43,909 of the most people in need in seven of the coldest Syrian governorates (Aleppo, As-Sweida, Damascus, Hama, Homs, Lattakia and Rural Damascus).

Multi-sector

- UNRWA was able to reach 54,391 individual beneficiaries (15,109 families) with two months of cash assistance (or \$64 per beneficiary). This was disbursed over two out of the three rounds of cash assistance implemented in 2015. The second round took place between June and September 2015 and the third round took place between October and December 2015. Each round takes about nine weeks to be completely disbursed. CERF's funding provided critical support to enable UNRWA to implement its cash assistance programme by contributing sufficient funding to cover 13 per cent of the total caseload of cash assistance recipients on average.

CERF's ADDED VALUE

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

YES PARTIALLY NO

UNICEF was able to respond effectively to the onset of emergencies while simultaneously promoting longer term resilience and improving affected communities' coping mechanism to withstand water cuts. Additionally, the quick disbursement of funds helped UNICEF's timely scale up and response to urgent needs on the ground. This was especially the case for winterization where it was essential to make a large scale procurement of winter kits for disbursement ahead of the onset of cold weather. Also, the CERF enabled IOM, UNICEF and UNHCR to have a timely contribution to the winterization response plan that was underfunded and to meet the urgent need of the most vulnerable population to cope with the harsh winter conditions in a timely manner.

Moreover, the CERF allowed UNFPA to contribute to the provision of timely antenatal care and increased the availability of emergency obstetric care for normal delivery and caesarean sections which is important for reducing the maternal mortality and morbidity, which tends to be increasing in crisis

b) Did CERF funds help respond to time critical needs²?

YES PARTIALLY NO

The lack of financial resources at the time of preparing the CERF application eroded the capacity of the UN agencies and partners to effectively respond to the growing needs with significant time-critical life-saving humanitarian interventions, especially for population in unreached areas across lines of conflict. CERF funding helped the UN agencies and sectors to respond in time to the critical needs.

For WHO and UNFPA, CERF grant was essential to address all the critical needs for RH, including emergency obstetric care and Psycho-social Support services with around 10-15 per cent of pregnant women being exposed to pre-postnatal (pre-postpartum) depression

CERF fund was also essential to ensure that people in need, including those residing in shelters and host communities, enjoy better access to quality reproductive health services. Additionally the delivery of personal hygiene items including hygiene kits and sanitary napkins was vital to contribute to affected people's self-esteem and self-respect, and helped facilitating their social integration while away from home, looking for other options to increase their resilience.

Supporting the primary and secondary health facilities with reproductive health equipment and supplies was essential for increasing the access of women to reproductive health services, including emergency obstetric care and safe delivery. The distribution of safe delivery kits was also prioritized since it enhances the safe delivery at the community level in cases where women cannot leave their home due to the security constraints

² Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

The NFIs distribution was a life-saving and life-sustaining intervention as it helped IDPs cope with the impact of displacement on their well-being and to prevent health and protection risks, such as resorting to negative coping mechanisms, it provided them with physical security and protected them from the fierce weather conditions during winter.

CERF funding allowed the IOM to establish new primary health centres (PHCs) in areas where there is no PHCs and there were an absence of the medical services

Moreover, the clinics run by the UNHCR local partners are geographically distributed in affected and hot areas with intensive presence of IDPs and where there is no health services provided to the displaced population.

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

YES PARTIALLY NO

CERF funds helped increase complementarities with other donor-funded projects including DFID, ECHO, OFDA, Denmark, Canada, and the Global Fund. While CERF funds focused on reproductive health commodities, other resources prioritized capacity development and expansion of services on RH and GBV thus enabling the provision of integrated support. The feedback of beneficiaries' satisfaction was impressive, and contributed to emphasizing the good acceptability and impact of UNFPA kits in local communities, which was reflected positively on resource mobilization. Crucially, CERF funding proved instrumental in acting as a catalyst for further resource mobilization that reached \$12 million in total for the year 2015.

IOM built on the CERF fund to approach other donor and raise funds for its winterization response.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funding contributed to increased linkages between humanitarian actors (especially NGOs) at the community level, and more operational UN sector coordination on reproductive health and GBV. UNFPA was able to participate in UN inter-agency convoys with the procured supplies, through joint and complimentary and mutually-reinforcing approaches especially within the health and protection sectors. Pre- and post- convoys, coordination meetings enabled humanitarian partners to come together, coordinate contributions and coverage of targets, fulfilment of gaps and overcoming of obstacles. CERF projects also increased coordination with WFP on logistics and transportation of reproductive health equipment and supplies, thus facilitating the timely delivery of the procured items.

Also, agencies working on the winterization response had a coordinated approach within the sector to avoid duplication and effectively reach the most vulnerable IDPs. Additionally, IOM coordinated with the WHO to prioritize the areas in urgent need of primary health care.

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

The CERF grant was of high value as it is enabled UNFPA to continue its response program to the public health facilities to meet the newly emerging needs. The stockpiling of reproductive health items was key to meet the needs of the newly displaced people in Rural Damascus, Homs, Aleppo, and Idlib for emergency obstetric care and hygiene kits to improve their hygiene conditions and self-esteem (as discussed above). The public health facilities enabled to continue providing life- saving services for the people regardless of their status using the items procured and delivered through the CERF projects. Violence affected women had better access to reproductive health services contributing to decreased morbidities and risks associated with complicated pregnancy and deliveries. Additionally, awareness-raising on reproductive health aspects was also carried out by local NGOs during the distribution of hygiene kits procured through the project.

In the case of UNRWA, the fact that the CERF allocation was managed by humanitarian experts based in country through existing sector working groups has significantly simplified and facilitated the allocation process.

Given the increasing restrictions on medicines procurement, the CERF allows a flexibility to procure local medicines and equipment to response to the immediate needs, additionally, the nine month period gave WHO the opportunity to work with local NGOs to reach hard to reach areas with medical supplies.

It should also be noted that the reporting requirements for the CERF do not overburden the agencies staff freeing time spent for further resource mobilization efforts and programmatic implementation. In addition, the reduced emphasis on visibility requirements and general lack of restrictions on choice of partners and implementation modalities makes this type of funding more efficient as it easily programmable compared to other types of funding sources, especially in an emergency context.

Furthermore, the CERF has a rapid, transparent and simple decision making processes and procedures and offers an effective feedback mechanism between the fund recipient agencies and the CERF secretariat.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Challenges faced	Suggestion for follow-up/improvement	Responsible entity
the HCT's CERF strategy did not sufficiently identify how to reach the most vulnerable in the most underserved areas, i.e. people in need in hard to reach and besieged locations.	<p>Ensure complementarity between the CERF strategy and HPF strategies.</p> <p>Going forward, CERF allocations should use the HPF project review and allocation mechanism and funds should be allocated as part of an HPF standard allocation driven by clear prioritization criteria preferably in conjunction with an HPF allocation.</p>	HCT / HC / OCHA HPF Advisory Board
Due to the high level of needs in all sectors, HCT CERF strategy tempted to cover as many sectors as possible thereby somewhat diluting the ability of some sectors to respond comprehensively	Future allocations strategies based on stricter criteria for a more targeted allocation (eg.see above recommendation)	HCT
Delays in getting approvals from the authorities in addition to the security situation in some areas forced some agencies to postpone/delay their distribution in those areas beyond the grant period.	Agencies should consider carefully the likelihood of reach/ implementation in the selected locations. In addition, if the location is anticipated that it would not be accessible within the time of the project, agencies should consider submitting a reprogramming request to reach different geographical locations on time.	All agencies

<p>Collected feedback from some beneficiaries indicated that some assistance items were not suitable (e.g. Winter clothing for women)</p>	<p>All agencies should consider the beneficiaries feedback and PDM results on the adequacy of the assistance provided. In addition these needs must be pre-assessed and taken into consideration in the planning stage</p>	<p>All agencies</p>
<p>Lack of capacity/presence of some NNGOs, esp. in HTR areas</p>	<p>Mapping of the geographical presence of NNGOs. Capacity building of potential local partners specifically in HTR areas.</p>	<p>All agencies</p>
<p>Due to the depreciation of the local currency and lack of submitting NCEs on time for expanding activates, non-spent funds, for one agency, were returned to the secretariat</p>	<p>Agencies should submit NCEs and reprogramming requests on time (at least two weeks before the end of the project) OCHA /CERF Secretariat are to send reminders to the agencies before the deadline.</p>	<p>All agencies</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNRWA		5. CERF grant period:	19/03/2015-31/12/2015		
2. CERF project code:	15-UF-RWA-002		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Multi-sector refugee assistance			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Cash assistance for food, NFIs and shelter to conflict-affected Palestine refugees in Syria					
7. Funding	a. Total project budget:	US\$ 192,245,322	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 80,025,123	▪ NGO partners and Red Cross/Crescent:		US\$ N/A	
	c. Amount received from CERF:	US\$ 3,750,001	▪ Government Partners:		US\$ N/A	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	3,263	3,263	6,526	9,586	18,279	27,866
<i>Adults (above 18)</i>	23,933	23,932	47,865	9,952	16,574	26,525
Total	27,196	27,195	54,391	19,538	34,850	54,391
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>	54,391		54,391			
<i>IDPs</i>	0		0			
<i>Host population</i>	0		0			
<i>Other affected people</i>	0		0			
Total (same as in 8a)	54,391		54,391			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			At the proposal stage, beneficiary estimations were based on the demographic distribution of the latest round of cash distribution (third round from 2014). At the reporting stage, the breakdown is based on the actual achievements from the distribution rounds to which the CERF project contributed to.			

CERF Result Framework			
9. Project objective	Respond to the food, shelter and NFI needs of vulnerable and conflict-affected Palestine refugees in Syria		
10. Outcome statement	Identified Palestine refugees are better able to meet their most immediate food and household needs for two months.		
11. Outputs			
Output 1	54,391 Palestine refugees in Syria receive cash assistance for two months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of refugees provided with two months of cash assistance (approximately \$64 per person in total)	54,391 refugees	54,391 refugees
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of beneficiaries	UNRWA	UNRWA
Activity 1.2	Distribution of cash assistance through UNRWA facilities, bank branches and money transfer company	UNRWA, banks and money transfer company	UNRWA, banks and money transfer company
Activity 1.3	Monitor distribution through reconciliations and weekly reporting	UNRWA	UNRWA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

At the proposal stage, beneficiary estimations were based on the demographic distribution of the latest round of cash distribution (third round from 2014). At reporting stage, the breakdown is based on the actual achievements from the distribution rounds to which the CERF project contributed to.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNRWA maintains accountability updating the cash assistance eligibility lists at the start of each round of cash assistance for all areas; Aleppo, Latakia, Hama, Homs, and Damascus. This is an iterative process, which takes into account appeals from refugees who meet the eligibility criteria. Master lists are maintained by Field Office staff and communicated to the Cash Assistance team, located within the Syria Field Office (SFO) Finance Department, and the Area Offices where distribution is overseen. Each Area Office and UNRWA distribution centre post lists of eligible refugees before the start of each round, and beneficiaries are sent SMS messages to remind them of their upcoming distribution day and location. On the day of distribution, once beneficiaries report to the distribution centre location, they are given a number in a queue, allowing them to either wait in line or to return to the centre at a later time that day.

Furthermore, UNRWA has also deployed project associates in the majority of cash assistance outlets to provide support to refugees and monitor the smooth disbursement of cash. UNRWA has established a range of communication tools, including a dedicated website and social media, to ensure that refugees are informed of the date and time of the rounds, and the amount in Syrian Pound (SYP) they are entitled to receive. In 2015 alone, UNRWA conducted 108,000 post distribution spot checks calls to ensure that refugees received their cash in a satisfactory manner. The Agency also maintains a dedicated appeal mechanism dealing with

complaints and distribution issues, including when beneficiaries are not able to come on time to receive their entitlement, cases of new registration, or inaccurate disbursements.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNRWA commissioned an evaluation of its cash assistance programme in 2014 prior to this project, which found this method of assistance particularly relevant to the context of Syria. A series of recommendations were provided to which UNRWA has responded officially and addressed throughout 2015.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	31/03/2015-31/12/2015		
2. CERF project code:	15-UF-WHO-005		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Upgrading supply of clean water to MoH and NGO Hospitals in Damascus and rural Damascus					
7. Funding	a. Total project budget:	US\$ 4,490,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,135,318	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0	
	c. Amount received from CERF:	US\$ 392,651	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	19,800 daily	16,200 daily	36,000 daily	20,805 daily	15,414 daily	36,219 daily
<i>Adults (above 18)</i>	13,200 daily	10,800 daily	24,000 daily	12,335 daily	11,775 daily	24,110 daily
Total	33,000 daily	27,000 daily	60,000 daily	33,140 daily	27,189 daily	60,329 daily
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>	5,000 daily		4,825 daily			
<i>IDPs</i>	20,000 daily		21,322 daily			
<i>Host population</i>	35,000 daily		34,182 daily			
<i>Other affected people</i>	none		none			
Total (same as in 8a)	60,000 daily		60,329 daily			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	None					

CERF Result Framework			
9. Project objective	To ensure that hospitals experiencing a significant increase in the number of patients have access to safe drinking water independently from the public water supply network		
10. Outcome statement	Improved water supply for host communities, IDPs and refugees when seeking treatment in public and NGO hospitals		
11. Outputs			
Output 1	60,000 daily patients have full access to safe water supply in four MoH and one NGO hospitals		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Medical services are undertaken without interruption caused by lack of sufficient quantities of clean water	100% (42,000 women and children, 18,000 men daily)	100% (48,554 women and children, 11,775 men daily)
Indicator 1.2	Patients and medical workers have access to safe drinking water	100% (42,000 women and children, 18,000 men daily)	100% (48,554 women and children, 11,775 men daily)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Recruiting a civil engineer specialized in water supply to develop specifications, prepare contract documents, follow-up on bidding and award processes, evaluate bids and select contractors/materials and equipment, plan work activities, supervise implementation of planned activities and monitoring and reporting on behalf of WHO in five hospitals.	WHO	WHO
Activity 1.2	Preparation of technical specifications of required materials/equipment of the selected hospitals for improving their water supply infrastructure ³	WHO / Civil Engineer	WHO / Civil Engineer
Activity 1.3	Procurement of contractors/suppliers for drilling groundwater wells and for installation of equipment and materials	WHO / Civil Engineer	WHO / Civil Engineer
Activity 1.2	Drilling groundwater wells in the selected hospitals	WHO / Drilling Contractor(s)	WHO / Drilling Contractor(s)
Activity 1.3	Installation of equipment and provision of materials as part of the improvements/upgrading measures in the selected hospitals	WHO / Suppliers	WHO / Suppliers
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
None			

³ Preparation of technical specifications and select the best appropriate option for the hospital – word changed

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Design phase: Bilateral meetings were held with head of hospitals and engineering units in order to assess exact needs for improving water supply situation. These were reflected in the books of conditions prior to tendering contractual services. MoH hospitals directorate reviewed the book of conditions and provided its feedback and comments.

Implementation and monitoring phase:

During project implementation, a project implementation unit was formed. Work progress was being followed up by the hospitals' assigned engineers. Quality of implemented measures were monitored by both the PIU and the hospitals' management teams. There were regular weekly meetings between the PIU from WHO and hospital management. Any irregularities, delays in implementation, deviation from specifications were being raised in a timely manner. In return and pending proper assessment, any issue of concern was mitigated and if necessary raised to higher authorities in order to ensure that issue is addressed and does not arise again.

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

EVALUATION CARRIED OUT

No evaluation has been carried out for this project, but the project site had been visited numerous times for monitoring purposes throughout the project implementation. Furthermore, during the visit of the CERF consultant Glyn Taylor for an independent review of the value added of the Central Emergency Response Fund (CERF) in the Countries Affected by the Syria Conflict and in Recent Iraq Emergencies that took place in Damascus from 19 to 22 November. During the review in Damascus, a site visit was conducted by the WHO and CERF team to monitor and evaluate project implementation/impact.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	23/03/2015-31/12/2015		
2. CERF project code:	15-UF-FPA-004		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input type="checkbox"/> Concluded		
4. Project title:	Promote and conserve personal hygiene of affected men and women					
7. Funding	a. Total project budget:	US\$ 18,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 5,939,287	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 839,287	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	6,000	1,500	7,500	6,000	1,500	7,500
Adults (above 18)	16,400	6,500	22,900	23,977	5,940	29,917
Total	22,400	8000	30,400	29,977	7,440	37,417
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			0			
IDPs	30,400		37,417			
Host population			0			
Other affected people			0			
Total (same as in 8a)	30,400		37,417			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The overall number of beneficiaries is more than the planned figure, since the quantity of kits was increased due to competitive price UNFPA got from UNFPA vendors listed in the HQ roster.					

CERF Result Framework			
9. Project objective	Enhance the dignity and personal hygiene condition of newly displaced population through procurement and distribution of female and male dignity kits.		
10. Outcome statement	Dignity and personal hygiene condition of IDPs enhanced.		
11. Outputs			
Output 1	30,400dignity kits procured and distributed.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Dignity kits procured and received	30,400	37,417
Indicator 1.2	Distribution of regular dignity kits	12,400	19,417
Indicator 1.3	Distribution of winterized dignity kits	18,000	18,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of female and male dignity kits	UNFPA	UNFPA
Activity 1.2	Distribution of female and male dignity kits	IPs (SARC, SFPA)	SARC, SFPA, MSJM, IMC
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
The overall number of beneficiaries is more than the planned figure, since the quantity of hygiene kits was increased due to competitive price UNFPA got from UNFPA vendors listed in the HQ roster.			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
The project was designed and planned based on the consultation made with IPs. UNFPA tried to respond to the emergent needs of the affected people through different IPs including local and international NGOs and also through IA convoys targeting the people in hard to reach areas. The increased demand on the hygiene kits made by IPs based on beneficiaries ad-hoc needs assessment is an evidences of the vitality and quality of UNFPA response.			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
<p>Despite no systematic evaluation being carried out, the project achievements were verified based on the following:</p> <ul style="list-style-type: none"> - Follow up on UNFPA procurement plan progress of implementation - Feedback obtained from IPs and beneficiaries on the effectiveness of the hygiene kits especially during the interagency convoys. - Regular progress report shared by implementing partners. - Field visits and joint UN mission were carried out in a limited scale due to the prevailing security circumstances. - Verifying information with other sources, including meeting with representatives of different stakeholders including beneficiaries. 		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01/04/2015-31/12/2015		
2. CERF project code:	15-UF-CEF-015		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Integrated WASH programme and assistance for internally displaced and host communities - SVR-15/WS/74829/124					
7. Funding	a. Total project budget:	US\$ 27,647,776	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 13,307,892	▪ NGO partners and Red Cross/Crescent:		US\$ 495,573	
	c. Amount received from CERF:	US\$ 2,944,507	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	415,800	415,800	831,600	418,341	418,341	836,682
Adults (above 18)	484,200	484,200	968,400	487,159	487,159	974,318
Total	900,000	900,000	1,800,000	905,500	905,500	1,811,000
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	N/A			N/A		
IDPs	363,300			271,650		
Host population	1,436,700			1,539,350		
Other affected people	N/A			NA		
Total (same as in 8a)	1,800,000			1,811,000		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	NA					

CERF Result Framework			
9. Project objective	Increased access for 1,800,000 host communities and IDPs to safe and sufficient drinking water based on agreed national standard by the sector (min 30 litres/per/day)		
10. Outcome statement	Improve and support the local water resources in Idleb, Damascus and Rural Damascus Governorates to ensure providing safe water to the local communities.		
11. Outputs			
Output 1	1,600,000 of people are being served by proper water production and distribution systems.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	316,500 people in Idleb (rural area) receive safe water from local resources.	100%	95%
Indicator 1.2	1,283,500 people in Damascus and Rural Damascus receive safe water from local resources.	100%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procure the mechanical and electrical equipment for 15 boreholes in Idleb Governorate	UNICEF	UNICEF
Activity 1.2	Procure the mechanical and electrical equipment for 44 boreholes in Damascus and Rural Damascus Governorates.	UNICEF	UNICEF
Activity 1.3	Installation of the pumps and Generator Sets and connecting the boreholes to the main networks	Damascus& Rural Damascus water authority, Idleb water authority.	Damascus & Rural Damascus Water Authorities, Oxfam and Private Contractors
Activity 1.4	Follow up and monitoring the implementation of the planned activities	UNICEF, Damascus& Rural Damascus water authority and Idleb water authority.	Damascus & Rural Damascus Water Authorities and third-party monitors
Output 2	200,000 of people having access to safe and sufficient water in shelters and host communities (at least 30 l/d/p)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	200,000 person in Rural Damascus Governorate are having access to safe water in shelters and host community.	100%	116%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Distribute 101,469 m3 of drinking water in different areas in the designated districts in Rural Damascus and Idleb.	SARC	SARC, Oxfam and Private Contractors
Activity 2.2	Follow up and monitoring the implementation of the planned activities	UNICEF	UNICEF and third-party monitors

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>UNICEF project activities under CERF were implemented in accordance with UNICEF's two pronged WASH response in Syria to address both the immediate and longer-term WASH needs in Damascus, Rural Damascus and Idleb Governorates. The first output ensured access to critical sustainable water and sanitation services through resilience building interventions by means of rehabilitation of networks and development of alternative water sources. The second output ensured access to life-saving WASH services in respective areas and contexts such as deliberate water cut-offs by parties to the conflict or due to internal displacement by means of emergency water trucking. Through this approach, UNICEF was able to respond effectively to the onset of emergencies while simultaneously promoting longer term resilience and improving affected communities' coping mechanism to withstand water cuts.</p> <p>It is worthwhile noting that in Idleb governorate, the initial plan was to equip 15 groundwater wells. However, due to the security situation, it was not possible to transport any equipment into the governorate. Therefore, UNICEF's shifted its response to repair of existing equipment locally as opposed to replacement. Through this approach, UNICEF was able to achieve the envisaged result through tweaking the modus operandi to fit ground realities and access restrictions.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>In partnership with Ministry of Water Resources, UNICEF observed the critical needs of project areas' rights holders throughout the project from conceptualization through final delivery. In this relation, UNICEF carried out an assessment at conceptualization phase for better guiding its proposed interventions. This resulted in deciding to pursue the two-pronged approach for ensuring our accountability to affected populations is not only met in the immediate phase, yet equally met in the longer term in a sustainable manner. It's UNICEF's close examination of its accountability to affected populations that dictated ensuring sustainable access to the critical lifesaving WASH services for years to come. Furthermore, affected communities were engaged in the design and implementation of project interventions through third-party monitors that has resulted in the further fine-tuning of project interventions. UNICEF employs various quality assurance measures and monitoring mechanisms such as UNICEF staff field visits, third party monitoring to closely follow up on project implementation to ensure compliance with the shifting situation and needs on the ground as a key accountability measure to affected populations.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>No planned evaluation for this project. UNICEF Syria has a comprehensive M&E system in place with the required capacities and procedures to regularly assess the situation in the country in terms of needs and priorities for assistance, and to monitor progress of all programme interventions towards planned results. This includes physical verification to ensure any bottlenecks are identified and adjustments made in real time.</p> <p>Programme monitoring focuses on:</p> <p>a) Assessing the implementation of programmes (progress vis-à-vis targets) according to signed programme cooperation agreements with Implementing Partners.</p> <p>b) Verification of supplies delivered, bottlenecks and required follow-up actions.</p> <p>c) Monitoring of programmes and supplies to assess beneficiaries' feedback in terms of the relevance, quality, timeliness and impact of specific programmes or supplies delivered.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	25/03/2015-31/12/2015		
2. CERF project code:	15-UF-HCR-007		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Core Relief Items (CRIs) for Internally Displaced Persons (IDPs) in Syria					
7. Funding	a. Total project budget:	US\$ 227,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	94,000,000	▪ NGO partners and Red Cross/Crescent:		US\$ 3,972,751	
	c. Amount received from CERF:	US\$ 5,000,139	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)						
Adults (above 18)	57,978	38,652	96,630	57,978	38,652	96,630
Total	57,978	38,652	96,630	57,978	38,652	96,630
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	96,630			96,630		
Host population						
Other affected people						
Total (same as in 8a)	96,630			96,630		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No discrepancies between and planned and reached number of beneficiaries.					

CERF Result Framework			
9. Project objective	To support displaced population living without adequate materials with CRIs		
10. Outcome statement	96,630 displaced persons are provided with CRIs supporting their health and welfare, and preserving their dignity		
11. Outputs			
Output 1	Vulnerable displaced families provided with CRIs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of IDPs provided with CRIs	96,630 individuals	96,630 individuals
Indicator 1.2	# of CRIs procured, received and stored	19,326 CRI kits	19,326 CRI kits
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of displaced families in need of CRIs	UNHCR and partners including Syrian Arab Red Crescent, Greek Orthodox Patriarchate of Antioch, Syria Trust, Taalouf, Tamayouz and Al-Ihsan.	UNHCR and partners including Syrian Arab Red Crescent, Greek Orthodox Patriarchate of Antioch, Syria Trust, Taalouf, Tamayouz and Al-Ihsan.
Activity 1.2	Procurement, transportation and distribution of CRIs	UNHCR and partners including Syrian Arab Red Crescent, Greek Orthodox Patriarchate of Antioch, Syria Trust, Taalouf, Tamayouz and Al-Ihsan.	UNHCR and partners including Syrian Arab Red Crescent, Greek Orthodox Patriarchate of Antioch, Syria Trust, Taalouf, Tamayouz and Al-Ihsan.
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p>One of the striking features of the Syrian crisis is multiple displacement as many Syrians have been displaced several times throughout the protracted crisis. The prolonged displacement has led to replenishment of essential needs, depleting the limited resources of both the displaced and host communities; as the latter suffer increased strain on already overburdened services and resources.</p> <p>While fleeing for their lives, the people often leave behind their livelihood, possessions and sources of income; thus, seek for basic CRIs/non-food items (NFIs) when they arrive at the formal/informal settlements and/or at the receiving families.</p> <p>The timely CERF funding allowed UNHCR to boost its life-saving intervention through the provision of essential CRIs. The project funded under CERF was part of the 2015 Strategic Response Plan (SRP) for Syria and within the framework of the Whole of Syria approach. Through CERF funding, UNHCR was able to provide CRIs to 96,630 IDPs (19,326 CRI kits) in seven governorates (Aleppo, Rural Damascus, Homs, Idleb, Hassakeh, Dara's, and Damascus). The CRIs are considered as life-saving and life-sustaining assistance particularly which helped IDPs cope with the impact of displacement on their well-being and to prevent</p>			

health and protection risks, such as resorting to negative coping mechanisms, provided them with physical security and protected them from the fierce weather conditions during winter. It is worth to mention that UNHCR Syria started its winterization programme in the second week of October 2015 and by the end of December was able to reach 440,449 IDPs with winterization kits. This corresponds to 59 per cent of its overall target for the entire winterization programme which is 750,000 individuals.

To successfully implement project funded under CERF, UNHCR relied on its outreach and presence in the country. UNHCR has a country representation in Damascus as well as field offices in Homs (also covering Hama), Aleppo, Tartous (also covering Latakia and Idleb), Al Hassakeh, Sweida (also covering Daraa and Quneitra).

UNHCR has a strong logistics capacity and has partnership with multiple local agencies conducting NFIs distribution. It has warehouses in the governorates of Rural Damascus, Sweida, Homs, Tartous and Hassakeh. UNHCR has, through its partners, 30 community centres in nine Syrian Governorates and 12 partnerships with local NGOs (LNGOs) which act as "umbrella" agencies, while an additional 43 LNGOs received UNHCR's CRIs for distribution in their respective areas through these organizations. In 2015, UNHCR participated in eight out of 13 inter-agency convoys to hard-to-reach areas in Homs and Rural Damascus, and was able to reach 3,213,275 affected people with Core Relief Items. This includes 657,784 individuals reached through cross-line delivery; 471,033 of whom are in 33 Hard-to-Reach areas. In addition and in implementation of UNSC Resolution 2165; 47 cross border convoys delivered CRIs to 468,750 individuals in the governorates of Daraa, Quneitra, Hama, Idleb and Aleppo.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Beneficiaries from the project funded under CERF were families who have been registered as displaced. There is no targeting based on specific vulnerability criteria considering that this assistance is commonly needed by all displaced people and is meant to meet their most basic needs. In all of its activities, UNHCR, using the rights-based approach, the community-based approach and the age, gender and diversity mainstreaming, pays particular attention to the needs of children, women at risk, older persons and people with disabilities considering their heightened potential exposure to protection risks and different forms of exploitation and the negative impacts on the social welfare system or community network that were functioning prior to the conflict.

Beneficiaries were identified and selected through direct interaction during field missions carried out by UNHCR staff, the Syrian Arab Red Crescent (SARC) and other NGO partners. During assessment missions and shelter visits, UNHCR conducts interviews and focus group discussions with various profiles of displaced persons, including men and women of all ages, backgrounds and conditions, children and teenagers, persons with special needs such as the elderly and people with a medical condition, as well as displaced and hosting families of different sizes.

<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNHCR follows a decentralization approach in regard to its Field Offices. This approach enables UNHCR to be closer to the beneficiaries, to ensure rapid response to emergency needs, and to enhance outreach and monitoring capacity geographically.</p> <p>Whenever possible and where UNHCR has a field presence, UNHCR staff members, as permitted by the security situation, undertook assessment missions with partners to assess the needs of IDPs and monitor the distribution, thereby ensuring the services reach the most in need. During the course of 2015, 1,480 monitoring visits were carried out by UNHCR and partners</p> <p>All information received from UNHCR's CRI distribution partners is double-checked against dispatch data and partners' reports to ensure consistency. Furthermore, input from other agencies and NGOs is compared and discussed within the NFI Working Group which is chaired and coordinated by UNHCR. This ensures feedback on partners' performance, implementation progress, identification of gaps, needs, and potential misuse, and the provision of assistance and services' progress reports from based on several sources to maximize accuracy.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

<p>UNHCR has also developed its own reporting and monitoring tools, Project Tracking Database (PTD). PTD is a tool developed in the context of remotely managed operation and aims to report on core activities implemented by UNHCR and/or its implementing partners. It is meant to monitor and keep the progress of project activities with basic information on NFI distribution such as the number of beneficiaries and the locations with photos.</p> <p>In view of the prevailing security situation in the country, rapidly changing conflict lines and accessibility restrictions which are also affected by the continuously changing security situation, carrying out proper evaluation of the implemented projects was not possible. Thus, UNHCR relied for evaluation and monitoring on the reports and observations of the partners and on regular direct observations and assessments by UNHCR personnel through regular field visits to project sites, in addition to the comparison of achievements and related financial expenditures with objectives.</p>	
--	--

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	IOM	5. CERF grant period:	23/03/2015-31/12/2015				
2. CERF project code:	15-UF-IOM-007	6. Status of CERF grant:	<input type="checkbox"/> Ongoing				
3. Cluster/Sector:	Non-Food Items		<input checked="" type="checkbox"/> Concluded				
4. Project title:	Emergency Winterization Assistance to Displaced and Affected Population in Syria						
7. Funding	a. Total project budget:	US\$ 53,624,938	d. CERF funds forwarded to implementing partners:				
	b. Total funding received for the project:	US\$ 3,622,505	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 0		
	c. Amount received from CERF:	US\$ 500,000	▪ <i>Government Partners:</i>		US\$ 0		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>		Est. 5,259	Est. 5,259	Est. 10,518	Est. 9,660	Est. 10,099	Est. 19,759
<i>Adults (above 18)</i>		Est. 3,506	Est. 3,506	Est. 7,012	Est. 12,734	Est. 11,416	Est. 24,150

Total	Est. 8,765	Est. 8,765	17,530	Est. 22,394	Est. 21,515	Est 43,9094
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>			0			
<i>IDPs</i>	Est. 8,765		40,494			
<i>Host population</i>	Est. 8,765		3,415			
<i>Other affected people</i>	0		0			
Total (same as in 8a)			17,530		43,9095	
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>IOM managed to exceed planned figures by about 150 per cent because of the following reasons:</p> <p>(1) Distribution of winterization kits and items were not made in a complete kit module. Due to the sheer needs of people at the locations targeted, distribution of items and/or kits for each family were based on needs;</p> <p>(2) IOM's purchases are in line with IOM's global set of procedures for procurement so the best competitive price for the best quality is achieved while guaranteeing dealing with reliable vendors. Hence cost-saved is re-allocated for increased assistance to people in need. These changes did not exceed 15% from one major budget category to another;</p> <p>(3) IOM procured items at the governorate level whenever possible to reduce cost of transportation between governorates. At the planning stage the transportation cost took up the scenario of purchases made in Damascus and transported to locations, upon implementation and to ensure cost-efficiency, procurement of goods, where available, were made at the governorate level. Hence, any unspent transportation cost was redirected to increase aid. These changes did not exceed 15 per cent from one major budget category to another;</p> <p>(4) Fluctuation of Syrian pounds value vs US dollar allowed for procurement of additional items.</p>					

CERF Result Framework	
9. Project objective	Support coping mechanism of displaced and affected population during the upcoming winter through provision of Non-Food items
10. Outcome statement	Improved living conditions of displaced and host communities affected by upcoming harsh winter weather

⁴ Since not all beneficiaries were registered during distribution process (37,744 were registered out of the total 43,909 beneficiaries, age/gender breakdown couldn't be obtained in the rest not registered beneficiaries. Therefore, percentages of age/gender breakdown of the registered ones were reflected to cover the total reached number of beneficiaries.

⁵ There may be an overlap between some numbers presented. For example and as per IOM registration template, there are categories of beneficiaries that are both IDPs and host community

11. Outputs			
Output 1	A minimum of 17,530 individuals will receive lifesaving winter-appropriate non-food items.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of vulnerable IDPs and affected individuals provided with winterization items	17,530	43,909
Indicator 1.2	% of hard to reach and/or cross line areas reached under this action	35%	11% HTR
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Pre-Distribution assessment to identify needed NFIs ⁶	IOM in coordination with local NGOs	IOM conducted 82 needs assessment visits in coordination with local NGOs ⁷
Activity 1.2	Procurement of Non-Food items	IOM	IOM
Activity 1.3	Registration of Beneficiaries	IOM in coordination with local NGOs	IOM in coordination with local NGOs
Activity 1.4	Provision of NFIs	IOM in coordination with local NGOs	IOM in coordination with local NGOs ⁸
Activity 1.5	Field monitoring visits and post distribution evaluation	IOM in coordination with local NGOs	IOM in coordination with local NGOs

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Through the timely support of CERF funds to support IOM underfunded winterization response plan (2015-2016), IOM was able to distribute 27,750 non-food items (items varied between blankets, mattresses, plastic mats, rechargeable lights, underwear kits, and

⁶ This activity is not funded by CERF and its part of IOM regular operations

⁷ Al Batoul Association ,Al busstan Association, Hirjaleh association , Al Jaafarih Association , Al Moqaadyn Association, AlNada Association, Al-Birr Association ,SARC, ALMawada association, Aoun Society, Arminian association, Assyrian association, Ein Al Zaman association, Enash Al-Fakeer association, Ertiqaa association, Kurdish red crescent, Rea'ay association, SOS, Syria Trust, Syriac Catholic Charity, and Syrian Special Olympics

⁸ Ahl Al-Sham Initiative, Al Boustan Charity Foundation, Albir and social services society, Islamic Charity Society (Aoun for Relief &Development), Maqam Ein Al-Zaman, SARC.

winterization kits) in response to the urgent need of 43,909 beneficiaries to cope with the harsh winter weather. Targeted beneficiaries were reached in seven governorates (Hama, Damascus, As-Sweida, Aleppo, Rural Damascus, Lattakia and Homs) which were chosen based on the needs and the harshness of the weather. Beneficiaries within the governorates were selected based on:

Criteria of selection	Priority to (most vulnerable group)
<p>I. Beneficiaries should be one or more of the following groups:</p> <ul style="list-style-type: none"> • IDPs living in collective accommodations and in improvised shelters (such as abandoned or vacant buildings) • IDPs living with host families • Households facing financial insecurity, often unable to leave contested areas due to lack of resources • Families hosting IDPs who are stretching their resources • Returnees who return to their damaged houses and facing financial challenges <p>II. In addition to the above conditions, beneficiaries should have not received any NFI-kit from any other humanitarian organization or actors for a minimum of one month.</p>	<ul style="list-style-type: none"> • Person with Chronic illness • Pregnant woman/lactating • Person with physical disability • Person with mental disability • Orphan or lost family member • Single headed Household • Person requiring medical attention • Female headed household • Household hosts children orphaned due to the conflict • More than 10 dependents • Elderly- above 62

A total number of 27,750 winterization items and kits for 43,909 beneficiaries in seven Syrian governorates as follows:

- In Aleppo, 10,314 beneficiaries have received 6,500 items.
- In As-Sweida, 650 beneficiaries have received 650 items.
- In Damascus, 3,240 beneficiaries have received 1,900 items.
- In Hama, 3,915 beneficiaries have received 3,200 items.
- In Homs, 6,719 beneficiaries have received 4,400 items.
- In Lattakia, 6,584 beneficiaries have received 5,400 items.
- In Rural Damascus, 12,487 beneficiaries have received 5,700 items.

Annex 1 is a table of reached beneficiaries and distributed winterization items per governorate, and annex 2 shows the features and contents of distributed items.

Out of the total number of beneficiaries reached, 3,915 of them were reached during the response to the sudden displacement in Hama governorate.

Memorandum of Understanding (MoUs) were signed with 23 NGOs, which assisted in the implementation of activities (Annex 3 is table of NGOs assisted in distribution process per governorate).

11% (5,020) of total beneficiaries were in hard to reach areas (in Aleppo, Homs and Lattakia) where they received 3,583 items (Annex 4- Details of distributions in HTR areas). Access to HTR locations remained extremely difficult which hindered IOM meeting its target of 35% of outreach under this action in HTR.

IOM was able to conduct registration process for 37,744 beneficiaries out of the aforementioned total, while IOM was not able to for the rest of 6,165 (14%) for the following reasons:

- 3,915 beneficiaries were not registered in Al-Faiyha'a/ Hama governorate because distribution there was a response for sudden displacement of Northern Hama.
- 500 beneficiaries were not registered in Manzul/ Homs governorate because it was a hard to reach area.
- 1,750 beneficiaries were not registered in Jdidet Artuz/ Rural Damascus governorate because the NGO (Albir and Aihsan)

with IOM partner there (Ahl Al-Sham initiative) distributed the NFIs without informing IOM due to the urgent needs on ground at that time.

During the distribution process, IOM was present in the majority (95 per cent) of distributions. IOM could not be present while 5 per cent of beneficiaries (2,250) were aided due to the security situation on ground where IOM relied on its local NGO partner for the delivery of aid and reporting on it.

Geographic intervention (planned vs. reached):

IOM planned to intervene in the following areas:

- Aleppo: As-safira, Afrin, Jebel Saman, A'zaz
Al-Hasakeh: Al-Hasakeh, Qamishli, Al-Malkiyyeh, Ras Al Ain
- Ar-Raqqa: Ar-Raqqa
- Deir-ez-Zor: Deir-ez-Zor, Al-Mayadin
- Homs: Homs city, Al Makhrim, Tall Kalakh, Ar-Rastan, Tadmor
- Idleb: Idleb city, Harim, Al Ma'ra
- Rural Damascus: Qatana, Duma, Az-Zabdani, Al Tall, Darayya, Al Qutayfah, An Nabk, Yabroud.

However due to escalated security situation and rising of needs in other areas the plan was adapted accordingly, and the following is the update versus the plan:

- Aleppo: Jebel Saman
- As-Sweida: As-Sweida
- Ar Raqqa: Not reached due to the security situation that made it extremely difficult to access
- Deir-ez-Zor: Not reached due to the security situation that made it extremely difficult to access
- Homs: Homs
- Idleb: Not reached to the severe escalation of violence in Idleb governorate during the project period
- Rural Damascus: An Nabk, Kaswa, Qatana
- Damascus: Damascus
- Hama: Hama

Lattakia: Al- Haffah, Jablah

In conclusion, four out of seven planned governorates were reached, however changes in the localities were made due to the security situation and prioritized needs in coordination with partners. Idleb, Ar Raqqa and Deir ez Zor were extremely difficult to access. IOM assisted in the sudden displacement response following the fall of Idleb. IOM identified additional locations for further outreach where needs are dire.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

IOM, as a partner to the emergency response to the Syria Response Plan (SRP) 2015, attended regular meetings and entered discussions with working groups, shared biweekly reports, and 4Ws to assure coordination with the local authorities, especially the Ministry of Social Affairs (MoSA) and the Ministry of Foreign Affairs (MoFA), as well as UN agencies and international partners to mitigate possible duplication of effort.

Furthermore, IOM ensured during planning and implementation of the project conducting needs assessment and regular field visits, which helped set the specific locations to be targeted (the coldest governorates), and vulnerability criteria of beneficiaries. . Also, post evaluation surveys were conducted to receive beneficiaries feedback on aid delivered. These various types of monitoring and evaluation aim to keep maintain quality feedback on the project's effects on beneficiaries.

IOM monitoring and evaluation team conducted a field visit to one distribution in Deir Ali, in Rural Damascus, to monitor the ongoing activity and ensure its compatibility with IOM standards. In addition, field staff conducted multiple monitoring activities using M&E tools as following:

- 2 monitoring activities in Lattakia (1. in Hefeh, 2. in Taala)

- 1 in Homs
- 1 in Hama
- 2 in Aleppo
- 2 in Rural Damascus

Post evaluation surveys were conducted by the end of the project targeting 9% of reached beneficiaries, and the following results were shown:

-Quality of Assistance delivery: Very Good: 11%, Good: 54%, Acceptable: 33%, Somewhat acceptable: 2%, Bad: 0%.

-Assistant Vs. Needs: Totally met needs: 8%, Almost met needs: 33%, Partially met needs: 43%, Didn't meet the needs: 13%, Not relevant: 3%.

-Quantity Evaluation: Adequate: 39%, Partially adequate: 39%, Not adequate: 22%.

-Quality Evaluation: Good: 62%, Average: 34%, Bad: 4%.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation of project took or planned to take place.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	25/03/2015-31/12/2015		
2. CERF project code:	15-UF-CEF-014		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Non-Food Items			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of winter clothing kits for vulnerable internally displaced children					
7. Funding	a. Total project budget:	US\$ 30,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 27,000,000	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 1,500,000	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	17,315	16,635	33,950	20,270	21,246	41,516
Adults (above 18)						
Total	17,315	16,635	33,950	20,270	21,246	41,516
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	33,950 children			41,516 children		
Host population						
Other affected people						
Total (same as in 8a)	33,950 children			41,516 children		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			Compared to the original plan, UNICEF exceeded the target by procuring additional winter clothes which benefitted an additional 7,566 children (representing a 22.2 per cent increase), bringing the total number of children reached to 41,516. This was achieved after UNICEF negotiated with local suppliers and established long term agreements with manufactures who were able to offer good quality products but at lower prices compared to the previous suppliers.			

CERF Result Framework			
9. Project objective	Provide vulnerable displaced children with appropriate, gender and age specific winter clothing kits to ensure that they have adequate protection to cope with extreme weather		
10. Outcome statement	Children demonstrate increased resilience to cope with the impacts of extreme and harsh winters		
11. Outputs			
Output 1	Provision of winter clothes to 33,950 children to ensure that children are able to cope and protect themselves from harsh and extreme weather conditions		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# children under 14 years (half of them girls) provided with a full set of winter clothing kit	33,950	41, 516
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Prioritization exercise for the targeted areas to identify the most vulnerable children at location level	UNICEF and Partners	Smart Woman, Syrian Arab Red Crescent , Aoun , Al Bustan, Circassian
Activity 1.2	Local procurement of different age specific winter clothes	UNICEF	UNICEF
Activity 1.3	Delivery and distribution of winter clothes to partners and beneficiaries	Partner	UNICEF through contracted traders
Activity 1.4	Monitoring of project implementation	UNICEF and Partners	UNICEF through third party monitoring
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
<p>The funding from CERF helped UNICEF to procure and distribute winter clothes in time for the winter. UNICEF and its partners were able to deliver and distribute most of the winter clothes to beneficiaries by October. After a competitive bidding process, UNICEF established long term agreements with local manufacturing companies. With this local procurement process, UNICEF was able to negotiate for lower prices while maintaining the quality standards of the kits. Local procurement also enabled faster procurement than overseas import. In addition, UNICEF negotiated with suppliers for direct deliveries to the partners. As a result, UNICEF made some significant savings on the grant which were used to procure additional 7,566 winter kits which represent 22.2 per cent increase of the actual result against the originally planned target.</p> <p>The original content and sizes of the winter clothes packages were reviewed based on the beneficiaries' feedback from post distribution monitoring exercises conducted for the previous winter response, building on lessons learned. A few changes to items were made in order to ensure maximum warmth and comfort. The UNICEF winter clothes kit consisted of the following items; winter jackets, woollen sweater or cardigan, thermal set (top and bottom), warm winter trouser (puffball), woollen hat and scarf set, woollen socks, pair of winter boots and pair of gloves. Since younger children are the most vulnerable to extreme</p>			

temperatures, the provision and distribution of winter clothes also took into account age and sex of the children. More than 51 per cent of the targeted beneficiaries were under five years while the remaining 49 per cent were between 6 to 14 years old as shown in the figure 1 below;

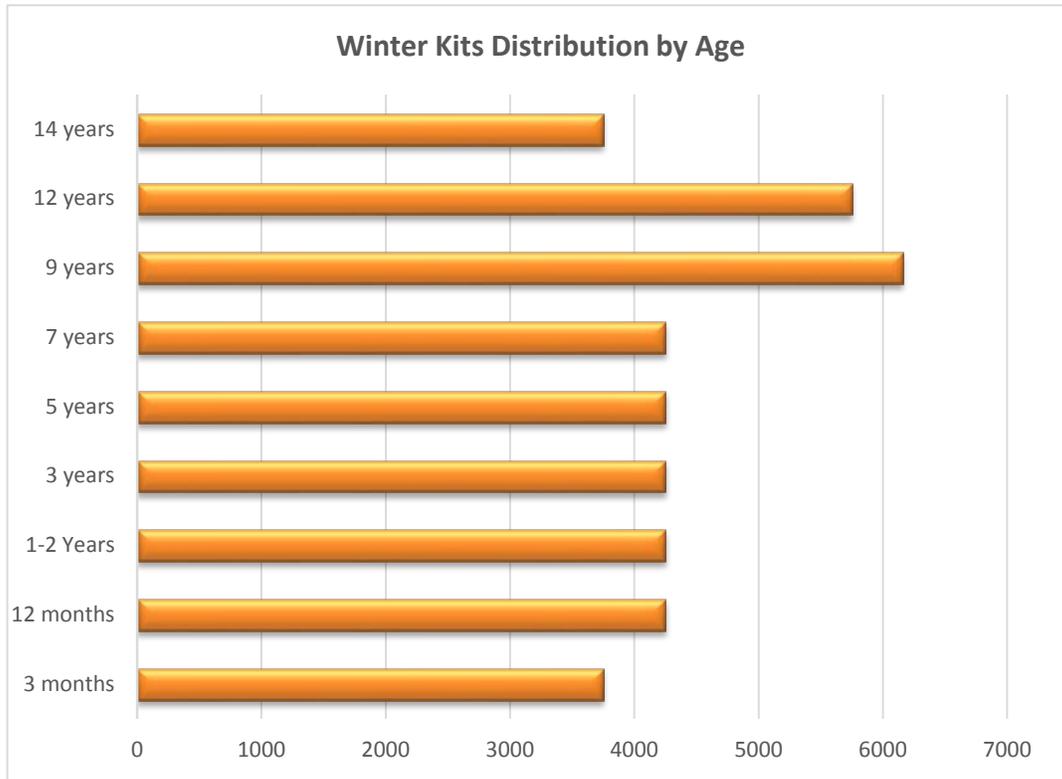


Figure 2- Summary of Winter Clothes Distribution by age;

Children from internally displaced families living in informal settlement, camps, abandoned or unfinished buildings are at particular risk of exposure to harsh weather, acute respiratory infection and indoor pollution in winter as families lack access to fuel or electricity and lack purchasing power to buy warm clothes for children. Therefore, UNICEF prioritized the distribution of winter clothes to reach these children in hard to reach areas across the nine governorates as shown in the figure below. At least 16 per cent of the total distributions targeted children living in hard to reach areas including besieged locations of Madaya, Foua and Kafraya.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF and its partners continuously engaged the beneficiaries during the project period. In the project design phase, UNICEF consulted beneficiaries on the components of the children kits. Based on the beneficiary feedback, UNICEF adjusted its previous winter kit to include puffball winter trousers instead of thick jeans.

As part of the procurement process, UNICEF engaged an international inspection team to assess each consignment of the materials produced to ensure that they meet quality standards and specifications before being distributed to beneficiaries. This process helped to correct some shortfalls in the supply chain and provide quality products. Consequently, one of the main

partners formally wrote to UNICEF expressing their satisfaction with the quality standards of the materials being distributed. Apart from direct field visits, UNICEF through its third party monitors conducted post distribution monitoring to gather feedback from both partners and beneficiaries on the quality and appropriateness of the materials provided. The main concern from partners was related to the sizes of the clothes vis-a-vis the age of the children. Therefore, such items had to be replaced with appropriate sizes.

According to the post distribution monitoring results, 94 per cent of the beneficiaries were internally displaced people while 4 per cent were from the host communities. In general, beneficiaries were generally satisfied with the distribution process and the quality of the materials distributed to the children. For instance, over 82 per cent of the beneficiaries reported that the distributions were conducted on time. Similarly, beneficiaries reported that the quality of the materials were good with winter jacket (98 per cent), trousers and gloves being the highest ranked items as shown in the graph below.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNICEF Syria has a comprehensive M&E system in place with the required capacities and procedures to regularly assess the situation in the country in terms of needs and priorities for assistance, and to monitor progress of all programme interventions towards planned results. This includes physical verification to ensure any bottlenecks are identified and adjustments made in real time.</p> <p>Programme monitoring focuses on:</p> <ul style="list-style-type: none"> a) Assessing the implementation of programmes (progress vis-à-vis targets) according to signed programme cooperation agreements with Implementing Partners. b) Verification of supplies delivered, bottlenecks and required follow-up actions. c) Monitoring of programmes and supplies to assess beneficiaries' feedback in terms of the relevance, quality, timeliness and impact of specific programmes or supplies delivered. <p>No formal evaluation is pending however as described above several end user assessments have been conducted.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	25/03/2015-31/12/2015		
2. CERF project code:	15-UF-CEF-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of primary health care services to IDPs in Aleppo, Idleb, Raqqa, Hassakeh and Deir Ez-zor					
7. Funding	a. Total project budget:	US\$ 21,114,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 7,000,000	▪ NGO partners and Red Cross/Crescent:		US\$ 3,383	
	c. Amount received from CERF:	US\$ 1,728,264	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)						
Adults (above 18)						
Total	500,000	500,000	1,000,000	420,000	420,000	840,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	500,000		420,000			
Host population	500,000		420,000			
Other affected people						
Total (same as in 8a)	1,000,000		840,000			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The majority of health supplies have been distributed and reached beneficiaries through fixed and mobile clinics in Aleppo, Idleb, Hassakeh, Raqqa and Deir-Ez-Zour. The distribution of some of the health supplies was delayed due to the security situation and difficulty reaching all planned areas in targeted governorates. Overall, UNICEF					

	estimates that around 30 per cent of beneficiaries were reached in hard to reach areas of Qamishli, Hassakeh city and Yaroubiyeh near the Iraqi border. The remaining 160 health kits are pending distribution in 2016 in Aleppo, Idlib and Deir-ez-Zour in order to achieve the total planned target.
--	--

CERF Result Framework			
9. Project objective	Address the urgent primary health care needs of IDP and vulnerable children and women in Idlib, Aleppo, Raqqa, Hassakeh and Deir Ezzor.		
10. Outcome statement	Improved health services to IDP and vulnerable children and women		
11. Outputs			
Output 1	One million IDP and vulnerable children and women in the north-eastern governorates have access to the essential medical items of the health kits		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of people benefited from essential health care supplies	1,000,000	840,000
Indicator 1.2	# of health service providers equipped with critical health care supplies	4	4
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of medical kits and supplies (100 complete IEHK, 500 Midwifery kit, 1000 boxes of ORS, 28 diarrhoea set, 100,000 Permethrin, 1000 Resuscitation kit)	UNICEF	UNICEF
Activity 1.2	Distribution to implementing partners (MOH, SARC and NGOs)	UNICEF	UNICEF
Activity 1.3	Monitoring field visits	UNICEF, WHO, MOH, SARC	UNICEF, WHO, MOH and SARC
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
UNICEF has completed the procurement of health supplies under 1.1. However due to access challenges and a challenging security environment a remaining 160 Inter-Agency health kits are still pending distribution under activity 1.2. As a result of a drastic devaluation of the Syrian Pound and reduced accessibility and ability of vulnerable groups in the targeted governorates to access food including reports received of increasing malnourishment rates among children in targeted areas led to UNICEF deciding to procure additional nutrition supplies using the contribution from CERF. The supplies procured have provided access to improved nutrition for 30,280 children in Qamishli, Hassakeh City and Deir-ez-Zour. Nutrition supplies procured included high energy biscuits, plumpy doz and plumpy nuts.			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
In areas where access is difficult or restricted, UNICEF uses remote programme management and monitoring through a network of local third party facilitators who provide regular reporting. UNICEF currently enlists the services of 52 such facilitators working in			

all governorates. The facilitators are deployed from their respective areas of origin, working in low profile and are able to access the areas targeted under this project. This is an important accountability mechanism to ensure that project implementation is effectively meeting the needs of the targeted population and any adjustments can be made depending on any changes in the situation on the ground. UNICEF also conducts staff field visits from its respective hubs in Aleppo, Qamishli and Tartous. This type of situation monitoring enabled UNICEF to identify nutrition needs in Qamishli, Hassakeh and Deir-ez-Zour and making adjustments to project design. UNICEF continues to support national surveys and assessments to better gauge the situation on the ground and identify needs and gaps. UNICEF is currently conducting a Nutrition SMART survey which will provide an evidence base into the nutrition situation in the country with results expected in 2016.

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

EVALUATION CARRIED OUT

Although a formal evaluation was not conducted, UNICEF Syria has a comprehensive M&E system in place with the required capacities and procedures to regularly assess the situation in the country in terms of needs and priorities for assistance, and to monitor progress of all programme interventions towards planned results. This includes physical verification to ensure any bottlenecks are identified and adjustments made in real time.

EVALUATION PENDING

Programme monitoring focuses on:

- a) Assessing the implementation of programmes (progress vis-à-vis targets) according to signed programme cooperation agreements with Implementing Partners.
- b) Verification of supplies delivered, bottlenecks and required follow-up actions.
- c) Monitoring of programmes and supplies to assess beneficiaries' feedback in terms of the relevance, quality, timeliness and impact of specific programmes or supplies delivered.

The project was assessed during field visits by UNICEF health officers and facilitators.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	01/04/2015-31/12/2015
2. CERF project code:	15-UF-WHO-004	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Strengthening life-saving medical interventions for the most vulnerable		
7.Funding	<p>Total US\$95,095,280 US\$ \$27,071,000 SYR- 15/H/75337/122</p>		
	a. Total project budget:	<p>US\$ \$32,468,080 SYR- 15/H/75344/122</p>	d. CERF funds forwarded to implementing partners:
		<p>US\$ 35,556,200 SYR- 15/H/75354/122</p>	
		<p>Total: US\$40,313,863 US\$ 8,415,748 SYR- 15/H/75337/122</p>	
	b. Total funding received for the project:	<p>US\$ 16,438,523 SYR- 15/H/75344/122</p>	<p>▪ NGO partners and Red Cross/Crescent: US\$ 586,299</p>
		<p>US\$ 15,459,592 SYR- 15/H/75354/122</p>	
	c. Amount received from CERF:	<p>US\$ 3,271,700</p>	<p>▪ Government Partners: US\$ 0</p>

Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	114,065	109,592	223,657	146,772	141,581	288,353
Adults (above 18)	93,401	93,582	186,983	123,029	118,679	241,708
Total	207,466	203,174	410,640	269,801	260,260	530,061
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			-			
IDPs	248,784		321,217			
Host population	161,856		208,844			
Other affected people						
Total (same as in 8a)	410,640		530,061			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	More cost-effective procurement approaches (explained in section 13) has allowed the procurement of more medicines and provision of a higher number of treatments. Similarly, more NGOs were subcontracted					

CERF Result Framework			
9. Project objective	To support life-saving medical needs and interventions for the war wounded and life-threatened, vulnerable medically burdened patients in hard-to-reach, besieged, highly IDP populated areas.		
10. Outcome statement	Reduced avoidable morbidity and mortality of Syrians affected by the conflict		
11. Outputs			
Output 1	Life-saving trauma care, surgical interventions and life-sustaining medical treatments for 369,500 patients supported		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of life-saving treatments (trauma care, surgical interventions, blood safety kits, haemodialysis, critical medical treatments) provided	369,500	433,068 treatments in addition to haemodialysis sessions for 1250 kidney failure patients and blood tests

			118,000 blood transfusions
Indicator 1.2	Number of health professional trained on life-saving and life-sustaining medical protocols	750	1,196
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procuring and shipping critical medicines, medical equipment and consumables including essential medicines, blood safety kits and haemodialysis consumables for life-saving surgical and medical interventions	WHO	WHO
Activity 1.2	Distribution critical medicines, medical equipment and consumables including essential medicines, blood safety kits and haemodialysis consumables for life-saving surgical and medical interventions to health implementing partners	WHO, MOH, MOHE, SARC, NGOs	WHO, MOH, MOHE, SARC, NGOs
Activity 1.3	Complimentary to the distribution of essential medicines and supplies, essential capacity building of health workers on life-saving and life-saving protocols to provide standard quality care and improve life-saving and life-sustaining services provided. Training will include trauma care management, first aid, and management of NCDs.	WHO, MOH, MOHE, SARC, NGOs	WHO, MOH, MOHE, SARC, NGOs
Output 2	Partnership with sub-contracted 15 local NGOs to provide emergency referral services, life-saving surgical interventions, life-sustaining treatments for vulnerable patients reaching an estimated 45,140 patients in hard-to-reach and highly IDP populated areas in seven governorates is strengthened		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of NGO's contracted	15	18
Indicator 2.2	Number of treatments/interventions provided (surgical, treatment, referral..etc)	45,140	61,222
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	NGO agreements will be prepared based on received NGO proposals and assessed needs. The proposals are, reviewed and cleared by WHO country and regional office during 1-2 months of the grant. Once MOUs are signed, funds are transferred to NGOs.	WHO, NGOs	WHO, NGO
Activity 2.2	Implementation of NGO Agreements within a duration of 6 months with continuous monitoring of activities	WHO, NGOs	WHO, NGO
Activity 2.3	Closure of projects, reporting and evaluation	WHO, NGOs	WHO, NGO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Increased number in health workers trained is a result of currency fluctuation allowing us to conduct significantly more capacity building

activities. The planned number of trainings workshops was 17 in the proposal, a total of 33 training sessions were conducted.

NGOs subcontracted increased from 15 to 18 to provide essential health services and life-saving surgical interventions for over 60,000 beneficiaries. WHO planned to sub-contract 15 NGO's in the original proposal targeting Damascus, Rural Damascus, Lattakia, Aleppo, Hassakeh, Sweida, Idleb, Raqqa, and Deir-ez-Zor, during the implementation period insecurity, bombardment and shifting of conflict lines has resulted in the impeded access to a number of NGOs that sub-grants were planned with in locations including Idleb, Raqqa, Rural Latakia, some areas in R. Damascus including Sednaya, Yabroud, Nabek and Dumair and Deir-ez-zor. Accordingly, other NGOs were identified based on critical needs and sub-contracted (with modified sub-grant amounts) in turn increasing the number of NGO subcontracted and reached beneficiaries with primary health care services, surgical interventions and referral in Homs, Damascus, Rural Damascus (AlTal), Hama and Rural Hama , Aleppo (covering rural Aleppo a well), Lattakia, Suweida, AlHassakeh (Al Hassakeh City, Qamishli, and Tal Tamer) .

Modifications of sub-contracted NGOs were shared during the implementation period with WHO HQ and CERF secretariat.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Under this grant, the main activities to achieve the planned for outcomes comprised of 1) procurement and distribution of medicines and medical supplies, 2) sub-contracting NGO's to improve health service delivery and 3) strengthen health worker capacity to provide better-quality life-saving and life-sustaining health services.

Under each of the activities, WHO optimized activity implementation to reach those most in need through:

1) Cost-effective procurement approaches were adopted through bulk procurement of medicines and medical equipment through raising large tenders across more than one funding source. This has ensured better prices of the procured medicines and medical supplies providing higher quantities, in turn providing higher number of treatments to targeted populations.

2) With each of the sub-contracted NGOs WHO has followed the developed sub-grant workflow which entails an assessment of NGO proposed activities and capacity, preparation of memorandum of understanding, monitoring of implementation, reporting and closure. For mitigation measures and close monitoring, financially, sub-grants are disbursed in two instalments to NGO's depending on achievement of milestones and financial expenditure. One NGO's MOU was cancelled and amount retrieved as at the start of the project it was established that the NGO would be unable to conduct the project due to inaccessibility to the targeted location (Ar-Raqqa) and the reduced capacity in the area. The allocated amount was redirected to another identified NGO filling in the gap of health services in Hama. As described in section 12, funds allocated NGOs that WHO was unable to sub-contract due to insecurity or reduced capacity were redistributed to other NGOs filling in health delivery gaps.

As part of WHO's mandate, the organization aims to provide equitable health care services to all those in need. Under this grant, WHO strengthened partnerships with local NGOs to improve availability of health care services in under-served areas. WHO is strongly engaged with implementing partners (NGOs) in the selection and implementation process. WHO conducted site visits and tele-assessments with direct beneficiaries as cross-check measures that health care delivery is provided to those most in need and free-of-charge.

3) Health workers trained are drawn from across the country. Decentralized trainings are also conducted to disseminate up-to-date management guidelines for quality health services on trauma management, NCD management and vaccination among other critical health topics. With the exodus of health workers, the continued capacity building of existing and newly recruited health staff is essential for the provision of quality health care delivery for populations seeking health care at public health facilities across the country.

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

EVALUATION CARRIED OUT

Due to the restricted access to heavily affected areas, posing a challenge to programme

EVALUATION PENDING

<p>implementation, innovative approaches for monitoring and evaluation have been put in place. Even though an official evaluation has not taken place, WHO has set up robust monitoring mechanisms through increased its presence in the field with the aim of strengthening its capacity to perform real-time assessments, verify needs based on health facilities and monitoring of activities. WHO has 59 focal points in all governorates who report on health needs as well as monitor the accuracy and timeliness of the distribution of medicines and medical equipment, activity implementation, NGO site visits and decentralized training workshops.</p> <p>The distribution of kits, medicines and supplies to implementing partners - namely the MOH, MOHE and local NGOs - is monitored by the WHO supply tracking system categorized by governorate, end-user and beneficiaries reached.</p>	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>
--	--

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	31/03/2015-31/12/2015		
2. CERF project code:	15-UF-HCR-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Support primary health care and emergency life-saving referrals					
7. Funding	a. Total project budget:	US\$ 15,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 5,800,000	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 829,050	
	c. Amount received from CERF:	US\$ 1,498,184	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	98,124	52,836	150,960	94,276	50,764	145,040
<i>Adults (above 18)</i>	94,276	50,764	145,040	98,124	52,836	150,960
Total	192,400	103,600	296,000	192,400	103,600	296,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						

IDPs	296,000	296,000 for comprehensive primary health care services 3,300 for emergency medical and surgical referrals
Host population		
Other affected people		
Total (same as in 8a)	296,000	299,300
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No major discrepancy between the planned figures and number of beneficiaries reached by the activities and services implemented under this agreement.	

CERF Result Framework			
9. Project objective	Support the provision of comprehensive primary health care and emergency life-saving to IDPs in Hama, rural Hama and Aleppo city		
10. Outcome statement	Improved health services to IDPs in Hama and Aleppo		
11. Outputs			
Output 1	296,000 IDPs will have free access to comprehensive PHC and emergency life-saving medical and surgical services in Hama and Aleppo		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No of people benefited from comprehensive primary health care services	296,000	296,000
Indicator 1.2	No of people benefited from emergency medical and surgical referrals	3300	3,300
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support 10 primary health care clinics in Hama(5), Hama rural(2) and Aleppo city(3)	Social Care/Altaalouf charity associations	Social Care/Altaalouf charity associations
Activity 1.2	Procurement of essential medicines for acute and chronic diseases	Social Care/Altaalouf	Social Care/Altaalouf
Activity 1.3	MFT field site visits	UNHCR/Social Care/Altaalouf	UNHCR/Social Care/Altaalouf

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Project activities were implemented in line with the activities and services proposed under this agreement with no discrepancies and deviations from the original plan. The activities proposed under this agreement contributed to saving and sustaining lives through the provision of primary and emergency medical and surgical interventions.

Through supporting 10 primary health care clinics in Hama, Rural Hama and Aleppo, UNHCR was able to provide primary health

care services to 296,000 Syrian IDPs, including essential medicines for acute and chronic diseases free of charge, in addition to 3,300 IDPs who benefited from emergency referrals to emergency medical and surgical lifesaving interventions. This was achieved through its two partners; namely Social Care covering Hama and Rural Hama, and Altaalouf covering Aleppo. The clinics of the aforementioned partners are geographically distributed in affected and hot areas with intensive presence of IDPs. UNHCR's intervention was crucial in this regard as no other agency or entity is supporting Social Care and that Altaalouf clinics are located in areas where no one else provides health services to the displaced population.

All medicines listed under this project proposal were available in the local market and thus were locally procured in accordance with UNHCR procurement's rules and regulations. This was cost effective and time efficient as medicine was available on time for the needy IDPs.

Another factor that contributed to the success of the project is the outreach health volunteers of the both partners, who played an important role in reaching out and identifying critical medical cases among the IDP population particularly in the hard to reach and besieged areas; and then refer them to the required services which helped in widening the beneficiaries' base and save more lives.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

In all its activities, UNHCR Syria focuses its response on the areas with the highest needs, targeting the most vulnerable population, in line with the right-based, community-based and age, gender and diversity mainstreaming (AGDM) approaches, which are central in design of any UNHCR activity, with priority given to the most vulnerable groups.

<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNHCR carried out regular evaluation and field visits to project sites through its two Field Offices located in Homs and Aleppo (Homs FO covering Hama), in addition to missions carried out from UNHCR's Branch Office in Damascus.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
<p>In view of the prevailing security situation in the country, rapidly changing conflict lines and accessibility restrictions which are also affected by the continuously changing security situation, carrying out proper evaluation of the implemented projects was not possible. Thus, UNHCR relied for evaluation and monitoring on the reports and observations of the partners and on regular direct observations and assessments by UNHCR personnel through regular field visits to project sites, in addition to the comparison of achievements and related financial expenditures with objectives.</p>	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	23/03/2015-31/12/2015		
2. CERF project code:	15-UF-FPA-002		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Reproductive health care in affected areas in Syria					
7. Funding	a. Total project budget:	US\$12,740,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 5,742,319	▪ NGO partners and Red Cross/Crescent:		US\$ NA	
	c. Amount received from CERF:	US\$ 501,286	▪ Government Partners:		US\$ NA	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	20,000		20,000	18,000		18,000
Adults (above 18)	80,000		80,000	79,100		79,100
Total	100,000		100,000	97,100		97,100
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	90,000		88,000			
Host population	10,000		9,100			
Other affected people						
Total (same as in 8a)	100,000		97,100			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			The total number of beneficiaries is slightly less than the planned figure due to several challenges that are related to the slight increase in the costs of the RH kits and transportation costs. UNFPA CO was able to cover this tinny gap using its regular and other donor resources.			

CERF Result Framework

9. Project objective	Support partners to deliver lifesaving reproductive health care including emergency obstetric care and family planning.		
10. Outcome statement	Support timely delivery of lifesaving RH services through provision of RH medicines, supplies and commodities.		
11. Outputs			
Output 1	Health services provided with needed RH equipment and supplies		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of kits procured and distributed	146	109
Indicator 1.2	No. of health facilities supported	30	30
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of RH and midwifery kits needed at the health facility and community levels	UNFPA	UNFPA
Activity 1.2	Distribution of RH and midwifery kits needed at the health facility and community levels	UNFPA	UNFPA
Activity 1.3	Procurement of RH supplies and medicine in support of public health facilities	UNFPA	UNFPA
Activity 1.4	Distribution of RH supplies and medicine in support of public health facilities	UNFPA	UNFPA
Activity 1.5	Utilisation of procured RH kits , medicines and supplies	MoH- MoHE , SARC and SFPA	MOH-MOHE – SARC and SFPA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The total number of beneficiaries is slightly less than the planned figure due to several challenges that are related to the slight increase in the costs of the RH kits and transportation costs. UNFPA CO was able to cover this tiny gap using its regular and other donor resources.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

The project was designed and planned based on the consultation made with IPs. UNFPA tried to respond to the emergent needs of the affected people through different IPs including local and international NGOs and also through IA convoys targeting the people in hard to reach areas.

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

EVALUATION CARRIED OUT

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

EVALUATION PENDING

- The operational research that was carried by UNFPA Syria CO, on the quality of EmOC.
- Regular progress report shared by implementing partners.
- Field visits and joint UN mission were carried out in a limited scale due to the prevailing security circumstances.
- Verifying information with other sources, including meeting with representatives of different stakeholders including beneficiaries.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	26/03/2015-31/12/2015		
2. CERF project code:	15-UF-IOM-006		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Health Assistance to Displaced and Affected Populations in Syria					
7. Funding	a. Total project budget:	US\$ 8,080,774	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 990,245	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 500,000	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	Est. 7,828	Est. 7,828	Est. 15,656	Est. 6,502	Est. 6,298	Est. 12,800
Adults (above 18)	Est. 5,158	Est. 5,158	Est. 10,316	Est. 21,260	Est. 5,880	Est. 27,140
Total	12,986	12,986	25,972	Est. 27,762	Est. 12,178	Est. 39,940
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			0			
IDPs	Est. 12,896		5,260			
Host population	Est. 12,896		34,680			
Other affected people			0			
Total (same as in 8a)	25,972		39,940			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	IOM successfully managed to exceed planned figures by about 55 per cent because of the following reasons: (1) the budget line related to Cost of Primary Health Care Centre Staff Salary was not utilized fully due to delays in establishment the PHCCs –some towards the near end of the project. Hence the unspent amount was directed to establish additional PHCCs (eight PHCCs compared to the originally planned five PHCCs) in other prioritized locations that lack primary health care services and provision of wheelchairs; (2) The initial plan also took into consideration budget					

	<p>allocation for repair and rehabilitation for each of the five planned-to-be-established PHCCs. By the time of the implementation and identification of locations, only two PHCCs required light repair and rehabilitation. Hence the remainder allocation supported the remainder activities. These changes did not exceed 15 per cent from one major budget category to another; (3) IOM's purchases are in line with IOM's global set of procedures for procurement so the best competitive price for the best quality is achieved while guaranteeing dealing with reliable vendors. Hence cost-saved is re-allocated for increased assistance to people in need; (4) IOM procured items at the governorate level whenever possible to reduce cost of transportation between governorates. In the planning stage the transportation cost took in the scenario of purchases made in Damascus and transported to locations, upon implementation and to ensure cost-efficiency, procurement of goods, where available, made the governorate level. Hence, any unspent transportation cost was redirected to increase aid; (5) fluctuation of Syrian pounds value vs US dollar allowed for procurement of additional items.</p> <p>The number of host population served is recorded much higher than IDPs; this is due to the fact that the establishment of Primary Health Care Centres (PHCCs) under this action did not include specific registration information of patients with regards to their categories (IDPs, host population) – estimations were made as per standard calculation. The estimated beneficiaries were registered under “host and affected” in IOM data base.</p>
--	---

CERF Result Framework			
9. Project objective	Lifesaving health support provided through Primary Health Cares (PHCs) and distribution of essential equipment for vulnerable population affected by the crisis		
10. Outcome statement	A minimum of 25,792 provided with increased access to primary health care and essential equipment		
11. Outputs			
Output 1	5 PHC units established and supported during the project duration		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of PHCCs established.	5	8 PHCCs were established
Indicator 1.2	# of vulnerable IDPs and affected individuals receive primary health care services.	24,000	37,560
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of PHC services including maternal and child health care through establishment of five (5) PHC centres	IOM in coordination with local NGOs and partners	IOM in coordination with NGOs and partners
Activity 1.2	Recruitment of five (5) health teams in coordination with MOH and local NGOs. Each PHCC will have a team of one (1) doctor, one (1) nurse and one (1) medical/admin clerk.	IOM	Health teams of three staff (one doctor, one nurse and one clerk) were hired, yet

			IOM paid salaries for teams in two PHCs (in Homs and Rural Damascus governorates) ⁹
Activity 1.3	Procurement of medical equipment and supplies	IOM	IOM
Activity 1.4	Minor repairs of five (5) PHC unit space ¹⁰	IOM	IOM repaired the PHC in Homs governorate and an NGO repaired a PHC in Rural Damascus (IOM paid the costs to the NGO) ¹¹
Activity 1.3	Monitoring field visits	IOM	Two monitoring field visits by IOM
Output 2	Provision of physical disability support items including wheel chairs		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of vulnerable IDPs and affected individuals with disability receive wheelchairs.	1,792	2,380 beneficiaries received wheelchairs
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement, transport, and distribution of wheelchairs for disabled people.	IOM	IOM in coordination with partners
Activity 2.2	Monitoring field visits	IOM	Two monitoring field visits by IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

⁹ IOM did not pay salaries for the three other health teams because the other PHCCs were opened in the last week of the project (the delays in opening the PHCCs were due to administrative reasons that impeded the timely establishment and opening of the PHCCs).

¹⁰ This is a temporary light work to ensure that the minimum requirement for PHC center space is met and it is included under the PHC budget cost in annex.

¹¹ No additional repairing works in the rest of the PHCCs because they did not need them according to our partners' request, those PHCCs were provided with the needed equipment, supplies and items (the NGO was the Syrian Catholic Archbishopric).

Despite the continuing conflict and violence in Syria, IOM's relief efforts, with its partners, were able to make a difference. Thanks to CERF grant IOM was able to provide timely lifesaving aid to the areas of Az-Zabdani, in Rural Damascus, and Al Shammas area, in Homs, among other areas where IDPs and host populations suffered because of the fighting and lack of health services (there were no PHCs or any public health facilities at locations targeted).

- During the reporting period, IOM field staff and engineers conducted 2 needs assessment visits in Al Shammas area, in Homs governorate, and Aqraba area, in Babella area of Rural Damascus governorate. IOM conducted the need assessments in coordination with LNGOs Islamic Charity Society (Aoun for Relief) and Syrian Catholic Archbishopric.
- Under **CERF-SYR-15-H-75018-298**, IOM reached **39,940** beneficiaries (Aleppo 700, As-Sweida 4,875, Damascus 244, Hama 447, Homs 4,240, Lattakia 4,967, Quneitra 25, Rural Damascus 19,512, and Tartous 4,930).

Procurement and distribution of disability support items, including **2,380** wheel chairs which were distributed as follows: Aleppo 700, As-Sweida 75, Damascus 244, Hama 447, Homs 280, Lattakia 167, Quneitra 25, Rural Damascus 312, and Tartous 130.

- IOM, in cooperation with partners, established 8 PHCCs in five governorates; IOM provided each PHC with the needed items, supplies and equipment (list of items, supplies and equipment are attached as Annex 01). Established PHCs as follows:

Details of PHCCs established/supported:

- on 13 Dec 2015 once PHCC established in As-Sweida city of assisting 4,800 patients;
- on 03 Sep 2015 one PHCC established in Al Shammas area of Homs city, assisting 3,960 patients;
- on 14 Dec 2015 one PHCC established in Badrosiyeh of Latakia assisting - 4,800 patients;
- on 22 Oct 2015 one PHCC supported in Az-Zabadani of Rural Damascus assisting 4,800 patients;
- on 30 Dec 2015 two PHCCs established/supported in Qudsiya of Rural Damascus assisting 9,600 patients;
- on 13 Dec 2015 one PHCC established in Agrabha of Kaswa in Rural Damascus assisting 4,800 patients;
- on 13 Dec 2015 one PHCC established in Radar of Tartous assisting 4,800 patients.
- IOM responded to the urgent needs of 28 **suddenly displaced** beneficiaries with disability: 25 beneficiaries who fled Idleb and settled in Lower Shat-ha in Shat-ha in As-Suqaylabiyah area in Hama governorate. IOM supported them through distribution of wheel chairs; also, IOM distributed 3 wheelchairs to 3 beneficiaries who fled Jurin and settled in Ein Elwadi Tantash in Salanfa in Al-Haffa area in Lattakia governorate. IOM reached 0.07% of sudden displacement beneficiaries.
- In total, IOM reached 5,207 beneficiaries in **Cross-line** and **hard to reach (HTR)** areas (including areas reached by the UN joint convoys), which was 13% of the total number of beneficiaries.
- IOM reached 882 beneficiaries in HTR areas, which was 2% of the total number of reached beneficiaries.
- IOM participated in 4 UN joint convoys led by UNOCHA (throughout June, September and December 2015) to two governorates (Homs and Rural Damascus) and distributed 177 wheelchairs (147 wheelchairs in Homs and 30 wheelchairs in Rural Damascus). On 22 October 2015, IOM sent items to Az-Zabdani PHC targeting an estimated number of 4,800 beneficiaries (list of the items is attached as Annex 02¹²).
- Since IOM paid salaries only for two health teams and repaired two PHCCs, the unused fund was directed to purchasing additional wheelchairs and establishing more PHCCs to meet as much as of beneficiaries' needs required. These changes did not exceed 15% from one major budget category to another.
- **IOM's partners included:** Ahl Al-Sham Initiative, Al Batoul Charity Society, Al-Shaheed Foundation, Circassian Charity Society, Islamic Charity Society (Aoun for Relief & amp. Development), Maqam Ein Al-Zaman, Social Care Association, Syria Trust Development, Syrian Catholic Archbishopric, The Jaefari Islamic Charity, Yadan Bi Yad Association, Ministry

¹² Not all items listed as PHCC supplies were sent to Zabadani. Zabadani PHCC items are listed in annex 2 based on coordination with the health sector for inclusion of prioritized items in inter-agency convoys.

of Health MoH and SARC.

- IOM, under CERF funding, managed to reach 39,946 beneficiaries, 5,861 registered beneficiaries (14.6% of the total number) in the PHCCs of Homs (a total of 3,960 patients registered) and distributed of wheelchairs (2,380 persons with disability benefitted), and 34,085 unregistered beneficiaries (85.3% of the beneficiaries).
 1. IOM could not register the rest of beneficiaries because: Registration of beneficiaries in HTR areas was extremely difficult.
 2. Seven PHCs out of eight were launched during the last months of the project so data was estimated.
 3. The PHCC in Homs recorded higher number of beneficiaries (about 990 patients/month) as the registration took place. For the remainder PHCCs, figures are only estimated due to the challenges faced.
 4. Some of the beneficiaries were not registered in Hama and Lattakia governorates because distribution was a response to a sudden displacement
- **Gender beneficiaries' breakdown:** Male: 30.49%; Female: 69.51%
- **Age beneficiaries' breakdown:** Infants (under 2 years old): 5.77%, Children (3 -5) 6.81%
Children (6 -12) 11.16%, Children (13 -18) 8.31%, Adults (19 - 64) 60.66%, and Elderly (+64) 7.30%
- Geographic locations planned vs. actual:

Proposed planned locations: Aleppo (Jabal Saman, As-Safira, Oram Al Kobra), Idleb (Idleb, Ariha, Taftanaz), Rural Damascus (Nabk, Jaramana, Al Tal, Herjalleh, Az-Zabdani), Homs (Homs, Shammas, Al Wadi), and As-Sweida (As-Sweida).

Actual reached locations: Aleppo (Jabal Saman, Afrin, A'zaz), Idleb: Not reached due to the severe escalation of violence during the project period in Idleb governorate in general which made accessing those locations targeted is extremely difficult, Rural Damascus (Az-Zabdani, Darayya, Duma, Kaswa), Homs (Al Shammas, Ar-Rastan, Tall Kalakh), As-Sweida (As-Sweida), Quneitra (Quneitra), Hama (Hama, As-Suqaylabiyah, Masyaf), Damascus (Damascus), Tartous (Tartous, Banyas, Dreikish, Safita, Sheikh Badr), and Lattakia (Lattakia, Al Haffa, Jableh).

Majority of planned governorates are reached however changes in the localities due to the security situation and prioritized needs in coordination with partners.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

- IOM field staff team conducted 91 post evaluation visits for the distribution of the wheelchairs (in Damascus 6, Aleppo 7, Rural Damascus 5, Homs 6, Hama 8, Lattakia 35, Tartous 15 and As-Sweida 9); the outcome of the visits are as follows:
 1. **Needs overview:** 32% dire needs, 52% major needs, 15% need and 1% partial needs.
 2. **Assistance vs Needs:** 21% total met the needs, 57% almost met the needs, 20% partially met the needs, 1% did not meet the needs and 1% not relevant.
 3. **Quality of assistance:** 38% very good, 45% good, 12% acceptable, 4% somewhat acceptable and 1% bad.
 4. **Quality of assistance delivery:** 50% very good, 43% good, 6% acceptable and 1% somewhat acceptable.
- IOM field staff conducted 3 post evaluation visits to the PHC in Homs governorate, the outcome of the visits will be listed as follows:
 1. **Needs overview:** 5% dire needs, 86% major needs, 8% need and 1% partial needs.
 2. **Assistance vs needs:** 2% total met the need, 93% almost met the needs and 5% partially met the needs.
 3. **Quality of assistance:** 18% very good, 73% good, 7% acceptable and 2% somewhat acceptable.
 4. **Quality of assistance delivery:** 12% very good, 80% good and 8% acceptable.
- Due to some administrative delays that impeded IOM direct monitoring visit to the PHC in Al Shammas area in Homs governorate, IOM hired a third party physician (external female doctor) to conduct the visit. The doctor worked under

IOM monitoring and evaluation standards. 10 beneficiaries (patients) were available at the PHC at the time of the visit, they were surveyed about their satisfaction towards the PHC services and they presented the following points:

- 90% of the surveyed beneficiaries declared that the provided PHC services cover their basic health needs.
- 100% of the surveyed beneficiaries were satisfied with the PHC location in terms of safety and accessibility.
- 100% of the surveyed beneficiaries were satisfied with the provided privacy in the PHC besides the provided assistance by the hired medical staff.
-

- Two IOM monitoring visits in Rural Damascus and Lattakia governorates conducted to monitor the distribution of the wheelchairs and to ensure that the applied distribution methods compatible with the humanitarian standards. The outcome of the visits are as follows:
 1. Provided wheelchairs will be a great contribution in improving beneficiaries' lives.
 2. Provided wheelchairs respond to real needs.
 3. Provided wheelchairs will improve beneficiaries' social life, they will be able to go out more often.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation took place	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	01/04/2015-31/12/2015		
2. CERF project code:	15-UF-FAO-008		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Security - Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency agriculture assistance for food and nutrition security of smallholder livestock keepers and vulnerable households affected by crisis in Syria					
7. Funding	a. Total project budget:	US\$ 23,400,000 ¹³	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 5,927,152	▪ NGO partners and Red Cross/Crescent:		US\$ N/A	
	c. Amount received from CERF:	US\$ 2,000,000	▪ Government Partners:		US\$ 305,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	110,845	118,904	229,749	127,364	136,624	263,988
Adults (above 18)	131,705	133,546	265,251	151,333	153,449	304,782
Total	242,550	252,450	495,000 (82,500 households)	278,697	290,073	568,770
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	82,500		94,795			
IDPs						
Host population						
Other affected people						

¹³ The project contributes to two FAO projects in the 2015 SRP, namely "Strengthening the resilience of food insecure households through support to horticulture, orchard and small livestock production" (USD 13,400,000) and "Emergency support to small-scale herders affected by the Syria crisis to protect their livestock assets (USD 10,000,000).

Total (same as in 8a)	82,500 households or 495,000 people	94,795 households or 568,770 individuals
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project exceeded the planned number of beneficiaries. It was planned to cover 82,500 households (495,000 individuals). The project reached 94,795 households 568,770 individuals, (+15 per cent of target, thanks to savings made during the procurement process).	

CERF Result Framework			
9. Project objective	Emergency agriculture and food security assistance to crisis-affected people in Syria		
10. Outcome statement	82,500 households have secure source of income and strengthened food and nutrition security		
11. Outputs			
Output 1	80,000 households depending on livestock have their main productive asset protected against endo/ecto parasites		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	4,000,000 head of sheep and goats have been treated against endo/ecto parasites (Trans-boundary Animal Diseases)	4,000,000 head of sheep and goats	4,344,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish list of beneficiaries and treatment plan with Ministry of Agriculture and Agrarian Reform (MAAR)	FAO in collaboration with MAAR and partners	Completed by Syrian Veterinary Association (SVA), and endorsed by FAO
Activity 1.2	Procure 4,000,000 doses of endo/ecto parasiticide for 4,000,000 head of livestock (sheep and goats) Contract service providers to treat 4,000,000 head of sheep and goats	FAO in collaboration with MAAR and partners	This activity has been fully implemented and over reached its planned goal. 4,500,000 doses were procured and used to treat 4,344,000 animal heads. The discrepancy is attributed to waste that occurred during the storage of the drugs, amounting to about 1 per cent. Usually a 3-10 per cent margin of losses is 'accepted'. However, in this

			case only 1 per cent of losses were recorded. This activity was implemented throughout the Governorates originally targeted in the project.
Activity 1.3	Implementation of the treatment campaign led by FAO, MAAR and the service provider	FAO in collaboration with MAAR and partners	This activity has been fully achieved: in cooperation with MAAR and SVA (implementing partner to the project)
Output 2	2,500 households' food and nutrition security improved through access to productive assets for income generation		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	1,500 households received two head of sheep each along with 200 kg of livestock feed	3,000 sheep and 300 tonnes of feed distributed	<p>The project distributed 3,000 sheep to 1,500 households. Due to savings, instead of 200 kg of feed per household, 300 kg were distributed to each family to enhance the animal access to feed during winter season. Overall 450 MT of animal feed was purchased and distributed.</p> <p>As the project made some further savings, in line the project's rationale, it was decided to purchase 2,220 MT of animal feed for 5,550 households (400kg per family herder). The procurement was committed before the end of the project. However, the supplier only managed to deliver</p>

			1,426 MT of animal feed, sufficient to assist 3,565 HHs
Indicator 2.2	1,000 households received 20 laying hens each along with 100 kg of poultry feed	20,000 laying hens and 100 tonnes of feed distributed	The project over-achieved its planned target by 152 per cent for laying hens. In total 30,400 hens were distributed to 1,520 households. Instead 100 tons poultry feed, 152 MT were purchased and distributed to 1,520 households.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Establish list of beneficiaries	FAO in collaboration with MAAR and partners	Completed by MAAR in cooperation with community leaders and FAO field monitors, and endorsed by FAO
Activity 2.2	Procure 3,000 sheep and livestock feed. Procure 20,000 laying hens and poultry feed.	FAO in collaboration with MAAR and partners	Completed by FAO (overachieved as detailed above)
Activity 2.3	Distribute 3,000 sheep to 1,500 beneficiaries along with 200 kg of livestock feed each. Distribute 20,000 laying hens to 1,000 beneficiaries along with 100 kg of poultry feed per household.	FAO in collaboration with MAAR and partners	Completed by MAAR in cooperation with community leaders and FAO field monitors (overachieved as detailed above)
Output 3	Improved capacity and knowledge at the institutional and community level on emergency disease control and surveillance, and livestock breeding techniques		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	50 veterinary experts trained on trans-boundary animal disease surveillance and control	50 veterinary experts trained	Overachieved: 235 veterinary experts trained
Indicator 3.2	120 community leaders trained on livestock breeding and husbandry technique	120 community leaders trained	Overachieved: 1,304 community leaders trained. In addition, 20,000 extension leaflets were produced and distributed to

			trainees and further to beneficiaries.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct training on trans-boundary animal disease surveillance and control	FAO in collaboration with MAAR and partners	SVA, with FAO field monitors' supervision
Activity 3.2	Conduct training of lead representatives on key basic concepts in regard to sheep breeding/husbandry techniques	FAO in collaboration with MAAR and partners	SVA, with FAO field monitors' supervision
12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:			
The project managed to exceed all its planned outputs and indicators. Overall 94,795 households (568,770 individuals) were reached to strengthen their productive assets for their food and nutrition security			
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:			
Owing to its long experience in the country FAO (cooperation agreement with Syrian Government in 1945) has established a solid network in the country. FAO experts in the field and community representatives ensured that all selected projects including the current one funded by CERF are based on needs and identified following assessment conducted in the project locations. For quality assurance purposes, FAO conducted inspection by an independent company of all inputs procured and distributed. At the distribution locations, MAAR and FAO field monitors monitored the distribution operations with regard to the list of beneficiaries, quantity and quality of inputs distributed.			
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>	
No independent evaluation has been planned for this intervention. However FAO own monitoring and evaluation team assessed the project against planned targeted objectives, outputs and indicators which have been all exceeded.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	02/04/2015-31/12/2015		
2. CERF project code:	15-UF-WFP-013		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Food Assistance to People Affected by unrest in Syria (EMOP 200339)					
7. Funding	a. Total project budget:	US\$ 682,002,619	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 370,712,565	▪ NGO partners and Red Cross/Crescent:		US\$ n/a	
	c. Amount received from CERF:	US\$ 5,500,002	▪ Government Partners:		US\$ n/a	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (below 18)	574,000	546,000	1,120,000	672,588	646,212	1,318,800
Adults (above 18)	451,000	429,000	880,000	528,462	507,738	1,036,200
Total	1,025,000	975,000	2,000,000	1,201,050	1,153,950	2,355,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	1,800,000		1,742,700			
Host population						
Other affected people	200,000		612,300			
Total (same as in 8a)	2,000,000		2,355,000			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			The quantities procured through this CERF grant complemented commodities purchased through other funding sources and contributed to assemble 471,000 monthly family food rations, which were distributed to over 2.3 million beneficiaries between May and July 2015. Each family food ration was sufficient to support a five-member family, providing up to 1,316 Kcal per person per day. The increase in the number of beneficiaries reached when compared to the initial plan is due to the combined effect of more			

	<p>favourable commodity rates at the time of procurement and the adjustments applied to the ration size to mitigate the impacts of resource shortfalls and the late arrival of funds (see section 12 for additional details).</p> <p>IDP families represented approximately 74 percent of the beneficiaries reached through the CERF grant. Vulnerable resident and host communities, as well as returnees, accounted for the remaining 26 percent of the beneficiaries. The increase in the percentage of beneficiaries reached among host and resident communities, estimated at 10 percent at the time of the proposal, reflects increased vulnerabilities among these groups due to the protracted conflict, worsening economic crisis and progressive erosion of livelihoods. All districts included in the funding proposal were reached during the project implementation period.</p>
--	--

CERF Result Framework			
9. Project objective	To save lives and protect livelihoods in emergencies		
10. Outcome statement	Stabilizing or improving food consumption over the assistance period for targeted households		
11. Outputs			
Output 1	Food distributed in sufficient quantity and quality in a timely manner to 2,000,000 targeted beneficiaries		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of assistance distributed (tonnage of mixed food commodities)	6,370	6,508
Indicator 1.2	Number of women, men, boys and girls receiving food assistance	2,000,000	2,355,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Food procurement and shipment	WFP	WFP
Activity 1.2	Distribution of food parcels	WFP partners	WFP partners
Activity 1.3	Monitoring of food distributions	WFP staff and third party monitors	WFP staff and third party monitors

12. Please provide here additional information on project’s outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

All planned outcomes, outputs and activities were implemented within the grant timeframe.

The CERF contribution of \$5.5 million enabled WFP to procure a total of 6,508 metric tons of mixed food commodities, including chickpeas, rice and sugar. The slight increase in the quantities procured when compared to the original plan is due to changes in the commodity rates.

However, due to the late arrival of funds and resource shortfalls during the implementation timeframe, WFP was forced to reduce the food ration size by an average of 20 per cent compared to the planned basket in order to ensure food support to all planned beneficiaries.

Combined, these two factors enabled WFP to reach over 2.3 million people, an 18 percent increase when compared to the

beneficiaries initially planned to be assisted through the CERF contribution.

The quantities procured were received and distributed between May and July 2015, owing to long-term agreements in place with suppliers, allowing WFP to reduce the procurement lead times from up to three months to an average of two months.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

WFP continues to be committed to being accountable to its beneficiaries by actively seeking their participation and feedback to better inform the implementation of programme activities, and strengthening monitoring and evaluation mechanisms.

While insecurity and access constraints pose significant challenges in applying standard participatory approaches in Syria, the selection of beneficiaries is carried out in close consultation with local partners, who have a solid knowledge of the local community. In addition, targeting and provision of assistance is carried out through a consultative process involving local community leaders and representatives, who play a critical role in determining priority needs, facilitating accurate targeting minimizing exclusion and inclusion errors, and ensuring that local preferences and specific needs are taken into account.

Mechanisms to inform beneficiaries about WFP activities and seek their feedback were further strengthened and diversified. Each month, leaflets in both English and Arabic are distributed along with the family food rations containing information on beneficiary selection, basket composition, as well as awareness-raising on protection related issues. In parallel, beneficiaries receive regular updates on distribution dates and locations via mobile phone.

Beneficiaries were directly consulted during household level surveys, during on-site and Post Distribution Monitoring visits to identify their priority needs, determine the impact of assistance provided and address food assistance related protection concerns. WFP continued to increase its monitoring coverage inside Syria during the reporting period by further strengthening the capacity of its own dedicated monitoring team, as well as by contracting a second third party monitoring service provider in May 2015 to monitor activities in hard-to-reach areas. In 2015, this enabled WFP monitor an average of 47 percent of the active FDPs active on a monthly basis, compared to an average of 24 percent in 2015. As the number of FDPs increased significantly between 2014 and 2015, mostly as a result of expanded cross-border activities, the enhanced monitoring coverage also reflects a significant increase in the absolute number of visits conducted, which more than doubled over the same timeframe.

To complement these efforts, cooperating partners have devised additional bottom-up feedback mechanisms, such as establishing network of focal points within the beneficiary communities who act as intermediaries between registered families and WFP cooperating partners. Through this system, each beneficiary family refer to a focal point to receive additional information, channel any requests or complaints.

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

EVALUATION CARRIED OUT

The project interventions implemented under this grant are subject to WFP's ongoing monitoring and evaluation system.

EVALUATION PENDING

NO EVALUATION PLANNED

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
15-UF-WHO-005	Health	WHO	ZAHRET AL MADAIEN ASSOCIATION	Yes	NNGO	\$37,054	1-Jun-15	15-May-15	
15-UF-WHO-005	Health	WHO	LAMSET SHIFA ASSOCIATION	Yes	NNGO	\$39,676	1-Jun-15	1-Jun-15	
15-UF-WHO-005	Health	WHO	THE CIRCASSIAN CHARITY ASSOCIATION IN SYRIA	Yes	NNGO	\$36,331	1-Jun-15	1-Jun-15	
15-UF-WHO-005	Health	WHO	CHILD CARE ASSOCIATION	Yes	NNGO	\$37,342	1-Jun-15	1-Jun-15	
15-UF-WHO-005	Health	WHO	SHAHBA CHARITY ASSOCIATION	Yes	NNGO	\$36,665	1-Jun-15	1-Jun-15	
15-UF-WHO-005	Health	WHO	ALBER ASSOCIATION	Yes	NNGO	\$55,872	22-Jun-15	15-Jun-15	
15-UF-WHO-005	Health	WHO	CHARITY OF MASSYAF	Yes	NNGO	\$18,417	25-Jun-15	15-Jun-15	
15-UF-WHO-005	Health	WHO	AL-BIRR ASSOCIATION CHARITABLE AND SOCIABLE SERVICES ORGANIZATION	Yes	NNGO	\$42,434	1-Jul-15	1-Jul-15	
15-UF-WHO-005	Health	WHO	ARMENIAN CATHOLIC CHURCH	Yes	NNGO	\$45,808	7-Jul-15	1-Jul-15	
15-UF-WHO-005	Health	WHO	AL-BIRR CHARITY ASSOCIATION FOR SOCIAL SERVICES	Yes	NNGO	\$48,621	1-Jul-15	1-Jul-15	

15-UF-WHO-005	Health	WHO	ASSOCIATION FOR POOR CHARITY	Yes	NNGO	\$10,719	15-Sep-15	15-Sep-15	
15-UF-WHO-005	Health	WHO	ALWAAD FOUNDATION	Yes	NNGO	\$22,249	15-Sep-15	15-Sep-15	
15-UF-WHO-005	Health	WHO	ASSYRIAN AID SOCIETY	Yes	NNGO	\$10,918	15-Oct-15	15-Oct-15	
15-UF-WHO-005	Health	WHO	PALESTINIAN CHARITABLE ORGANIZATION	Yes	NNGO	\$30,050	15-Oct-15	15-Oct-15	
15-UF-WHO-005	Health	WHO	NOOR AL HUDA ORTHODOX SOCIETY FOR UPBRINGING OF ORPHANS	Yes	NNGO	\$28,287	15-Oct-15	15-Oct-15	
15-UF-WHO-005	Health	WHO	AL IHSAN CHARITY	Yes	NNGO	\$41,564	1-Nov-15	5-Nov-15	
15-UF-WHO-005	Health	WHO	TAMAYOUZ FOR ORPHAN SPONSORSHIP/ SOCIAL CARE ASSOCIATION	Yes	NNGO	\$25,116	1-Nov-15	17-Nov-15	
15-UF-WHO-005	Health	WHO	UNION OF CHARITABLE ASSOCIATIONS	Yes	NNGO	\$30,432	26-Nov-15	1-Nov-15	
15-UF-HCR-006	Health	UNHCR	AlTaalouf Charity association	Yes	NNGO	\$428,010	8-Apr-15	31-Mar-15	
15-UF-HCR-006	Health	UNHCR	Hama Social Care	Yes	NNGO	\$401,040	28-Apr-15	31-Mar-15	
15-UF-CEF-015	Water, Sanitation and Hygiene	UNICEF	Oxfam GB	Yes	INGO	\$495,573	15-Apr-15	1-May-14	Partnership with Oxfam was active and CERF grant contributed in expanding WASH interventions in Rural Damascus governorate.
15-UF-CEF-013	Health	UNICEF	Palestinian Red Crescent in Aleppo	No	RedC	\$3,383	1-Dec-15	10-Dec-15	The PLS Red Crescent provided maternal and child health services to IDPs and vulnerable communities in Al-Nairab district in rural Aleppo in addition to the 4 neighboring villages. This NGO was able to reach 33,535 children and 16,787 women in 2015

15-UF-FAO-008	Agriculture	FAO	Syrian Veterinary Association (SVA)	No	NNGO	\$262,840	1-Oct-15	15-Sep-15	
15-UF-FAO-008	Agriculture	FAO	Ministry of Agriculture and Agrarian Reform (MAAR)	No	GOV	\$20,000	1-Oct-15	15-Sep-15	
15-UF-FAO-008	Agriculture	FAO	Ministry of Agriculture and Agrarian Reform (MAAR)	No	GOV	\$15,362	23-Dec-15	1-Jan-16	
15-UF-HCR-007	Shelter & NFI	UNHCR	SARC	Yes	NNGO	\$1,172,241	21-Apr-15	1-Apr-15	
15-UF-HCR-007	Shelter & NFI	UNHCR	GOPA	Yes	NNGO	\$79,252	28-Feb-15	1-Apr-15	
15-UF-HCR-007	Shelter & NFI	UNHCR	Syria Trust	Yes	NNGO	\$48,369	26-Apr-15	1-Apr-15	
15-UF-HCR-007	Shelter & NFI	UNHCR	Taalouf	Yes	NNGO	\$75,812	31-Mar-15	1-Apr-15	
15-UF-HCR-007	Shelter & NFI	UNHCR	Tamayouz	Yes	NNGO	\$45,336	20-Apr-15	1-Apr-15	
15-UF-HCR-007	Shelter & NFI	UNHCR	Al-Ihsan	Yes	NNGO	\$91,070	1-Jul-15	1-Jul-15	
15-UF-HCR-007	Shelter & NFI	UNHCR	Cross-border partners from Turkey and Jordan	Yes	INGO	\$2,460,671	1-Jun-15	1-Jun-15	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

4Ws	Who What Where When
EmOC	Emergency Obstetric Care
GOPA	Greek Orthodox Patriarchate of Antioch
HeRAMS	Health Resources Availability Monitoring System
ICU	Intensive Care Unit
IDPs	Internally Displaced Persons
IEHK	Inter-agency Emergency Health Kit
JRFSNA	Joint Rapid Food Security Needs Assessment
MAAR	Ministry of Agriculture and Agrarian Reform
MMR	Measles, Mumps, and Rubella
MoH	Ministry of Health
MoHE	Ministry of Higher Education
MOSS	Minimum Operating Security Standards
NCD	Noncommunicable disease
PCA	Programme cooperation Agreement
PDM	Post Distribution Monitoring
PHC	Primary Health Care
PHCC	Primary Health Care Center
POC	Persons of Concern
RH	Reproductive Health
RRIS	Refugee Registration Information Service
SARC	Syrian Arab Red Crescent
SFO	Syria Field Office
SFPA	Syrian Family Planning Association
SYP	Syrian Pound
UNRWA	United Nations Relief and Works Agency
WASH	Water, Sanitation, and Hygiene