

# **RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS SYRIAN ARAB REPUBLIC**

**RESIDENT/HUMANITARIAN COORDINATOR**

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## PART 1: COUNTRY OVERVIEW

### I. SUMMARY OF FUNDING 2012<sup>1</sup>

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	36,476,732
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND ( <i>if applicable</i> )	4,974,885
	OTHER (Bilateral/Multilateral)	339,267,424
	<b>TOTAL</b>	<b>380,719,041</b>
Breakdown of CERF funds received by window and emergency	<b>Underfunded Emergencies</b>	
	<i>First Round</i>	6,983,629
	<i>Second Round</i>	0
	<b>Rapid Response</b>	
	Internal Strife	29,493,103

### II. REPORTING PROCESS AND CONSULTATION SUMMARY

<p>a. Please confirm that the RC/HC Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>b. 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, cluster/sector coordinators and members and relevant government counterparts)? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
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<sup>1</sup> Does not include late 2011 allocation.

## PART 2: CERF EMERGENCY RESPONSE – INTERNAL STRIFE (RAPID RESPONSE 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		<b>347,690,698</b>
Breakdown of total response funding received by source	<b>Source</b>	<b>Amount</b>
	CERF	32,179,257
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND	4,974,884
	OTHER (Bilateral/Multilateral)	162,856,713
	<b>TOTAL</b>	<b>200,010,854</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
<b>Allocation 1 – Date of Official Submission: 10 October 2011</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	11-FAO-040	Agriculture	435,966
IOM	11-IOM-040	Protection/Human Rights/Rule of Law	247,421
UNDP	11-UDP-012	Protection/Human Rights/Rule of Law	321,000
UNFPA	11-FPA-047	Health	181,134
UNICEF	11-CEF-058-A	Health	138,030
UNICEF	11-CEF-058-B	Protection/Human Rights/Rule of Law	309,230
WFP	11-WFP-065	Food	799,783
WHO	11-WHO-062	Health	253,590
Sub-total CERF Allocation			<b>2,686,154</b>
<b>Allocation 2 – Date of Official Submission: 16 April 2012</b>			
FAO	12-FAO-021	Livelihood	728,122
IOM	12-IOM-011	Protection/Human Rights/Rule of Law	655,919
UNDP	12-UDP-006	Multisector	990,943
UNFPA	12-FPA-023	Health	1,258,565
UNHCR	12-HCR-025	Health	533,484
UNHCR	12-HCR-026	Shelter and non-food items	849,152
UNICEF	12-CEF-045	Education	1,175,288
UNICEF	12-CEF-046	Multisector	1,004,733
UNICEF	12-CEF-048	Protection/Human Rights/Rule of Law	587,419

<b>UNICEF</b>	12-CEF-047	Shelter and non-food items	1,017,570
<b>UNRWA</b>	12-RWA-002	Health	699,276
<b>WFP</b>	12-WFP-037	Food	3,299,983
<b>WHO</b>	12-WHO-034	Health	1,012,967
Sub-total CERF Allocation			<b>13,813,421</b>
<b>Allocation 3 – Date of Official Submission: 25 July 2012</b>			
<b>UNFPA</b>	12-FPA-033	Health ( GBV Protection)	800,000
<b>UNHCR</b>	12-HCR-037	Shelter and non-food items	3,000,000
<b>UNICEF</b>	12-CEF-085	Water and sanitation	3,000,062
<b>WFP</b>	12-WFP-053	Food	501,532
<b>WHO</b>	12-WHO-049	Health	899,998
<b>WHO</b>	12-WHO-051	Health	1,500,000
Sub-total CERF Allocation			<b>9,701,592</b>
<b>Allocation 4 – Date of Official Submission: 23 August 2012</b>			
<b>FAO</b>	12-FAO-034	Agriculture	2,000,000
<b>IOM</b>	12-IOM-026	Protection/Human Rights/Rule of Law	957,575
<b>UNHCR</b>	12-HCR-044	Shelter and non-food items	999,971
<b>UNRWA</b>	12-RWA-003	Multisector	2,020,544
Sub-total CERF Allocation			<b>5,978,090</b>
<b>TOTAL</b>			<b>32,179,257</b>

<b>Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)</b>	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	29,789,801
Funds forwarded to NGOs for implementation	2,032,534
Funds forwarded to government partners	356,922
<b>TOTAL</b>	<b>32,179,257</b>

Following the eruption of protests in March 2011, UN agencies began adapting their regular activities to respond to the civil unrest. UN agencies shifted part of their regular budgets to emergency operations and some agencies mobilized additional donor resources. In April 2011, the RC/HC raised the need of channelling CERF grants under the Rapid Response (RR) window to meet two urgent needs of the population affected by the civil unrest: 1) emergency health, and 2) food security and livelihoods. The CERF provided around \$1 million to UN agencies to scale-up emergency response activities and to maintain presence in various hotspots. By October 2011, localized protests in Syria had steadily increased to affect all governorates. Most governorates had experienced military operations and sieges with Dara'a, Homs, Hama, rural Damascus, Dayr Az Zor and Idleb being the most affected areas. According to OHCHR, as of 6 October 2011, 2,900 civilians had been killed, and thousands more injured and detained since the uprising began. An estimated 4 million people had been directly or indirectly affected by the civil unrest in Syria since the uprising started out of which 2.8 million people were in need of humanitarian assistance. The HCT received an additional \$2.6 million to cover additional hotspots and sectors and to initiate humanitarian response to areas severely affected by the civil unrest.

In April 2012, at the time of the third application for CERF funding through the RR window, Syria's political and security situation had directly resulted in significant humanitarian needs, documented through a nine day UN-OIC joint humanitarian needs assessment mission, led by a multi-ministerial Government team 18 to 26 March 2012. At the time, donors, while expressing interest in supporting the response, were reluctant to finalize contributions while access challenges remained so visible in many areas.

Humanitarian needs included people injured in the unrest and families who had lost breadwinners or left their home areas due to insecurity, fear or as a precaution. People could not meet daily needs or access social services due to insecurity or intimidation, or due to recent unemployment and lack of safe movement of goods or people. The indirect effects of the crisis threatened still more Syrians, such as aggravation of underlying poverty and vulnerability, damage to housing and infrastructure, social service facilities, industrial and agricultural infrastructure and shortages of fuel. At the time, the humanitarian consequences of the security, political, and economic challenges in Syria were not seen as overwhelming, but there were significant humanitarian needs in many parts of the country. Importantly, the UN Country Team stated that the situation could worsen if needs were not urgently met, particularly for isolated communities and internally relocated people. Four categories that were affected were identified, in order of severity: People surviving in or near areas subject to armed activities; the relocated population; hosting families and communities; and the poor and vulnerable affected by general economic impact (urban and rural).

The application for the fourth application for CERF Rapid Response funds, in July 2012, was triggered by a significant deterioration in the humanitarian situation as evidenced by health and food security assessment conducted in May and June, respectively. It was then estimated that 750,000 people were internally displaced, many of whom had to relocate for a second time as the conflict spread to previously unaffected areas, seeking shelter in schools and public buildings under unsanitary conditions. About 1.5 million Syrians were then estimated to be in need of humanitarian assistance.

Only one month later, in August, civil unrest continued to spread and deepen. The UN estimated number of people in need of humanitarian assistance had to be revised up to 2.5 million people, triggering a third application for CERF funding in 2012. It was then estimated that 1 million people had left their homes.

## **II. FOCUS AREAS AND PRIORITIZATION**

A number of assessment missions have taken place since the beginning of 2012. A joint assessment mission involving several UN agencies and the Syrian authorities in March 2012 identified a number of urgent humanitarian needs across different Governorates. UNHCR conducted at least six assessment missions jointly with Syrian Arab Red Crescent (SARC) to IDP areas (mostly in Rural Damascus, and Al-Nabek in particular). Assessments with all stakeholders, the IDP community, local residents, business people, SARC and UN agencies have consistently identified unmet needs in areas where UNHCR could provide assistance, namely health care and NFIs. Within the health sector, UNHCR's objective was to ensure that IDPs have access to life-saving medication and to increase the capacity of health care delivery through health posts in areas of displacement. As for the non-food assistance sector, UNHCR's aim is to address the most basic and urgent humanitarian needs of the Syrian IDPs in Rural Damascus where many Syrians have been displaced from hot spots areas. UNHCR later expanded the geographic coverage of its activities to include other cities such as Damascus, Hassakeh, Aleppo, Hama and Idlib where the agency has a presence and where the number of displaced people in need for assistance has been growing fast.

The Health Sector Working Group played an instrumental role in coordinating health response activities, joint work plans and indicators for monitoring the effectiveness of the response. Health Sector assessments were carried out in affected areas. In the second and third quarter of 2012, WHO carried a nationwide health-facility based needs assessment to measure the functionality, accessibility and service availability of health facilities in the country. The results since have changed massively and accessibility for both healthcare providers and health care seekers remains one of the main challenges. A number of assessments have been conducted by WHO and Health sector partners to identify the emerging health needs caused by the crises. In affected areas, there was a critical shortage of life-saving medicines, including for non-communicable diseases. For example, insulin, oxygen, nitrogen gas, an aesthetics and intravenous fluids were not available. Health care professionals in Homs informed WHO that, due to shortages of insulin, priority is being given to children needing treatment for diabetes.

The projects of UNFPA were based on data collected and evidence generated through government led needed assessment carried out in cooperation with UN agencies and OIC, health facility based rapid assessment, Joint UN field missions and meeting with IPs. More than 13 per cent of Primary Health care centres are inaccessible, and around 50 hospitals are affected, 25 are totally destroyed and 25 are partially damaged. In addition, depleted stocks of reproductive health supplies and medications, ensuring safe delivery in the Syrian context have become a challenge. Hence, the projects contributed to emergency preparedness and response aiming at meeting the

increasing needs for Reproductive Health (RH) Services including Emergency Obstetric Care and Psychosocial Support (PSS) in Rural Damascus, Damascus, Dara'a , Aleppo, Aleppo, Hassakeh and Deir-ez-Zor governorates.

IOM found that among the vulnerable and stranded migrants, the majority were female domestic workers. Many lost their jobs due to the decline of economic activity. Typically female foreign workers faced additional risks and challenges in areas of extreme social and civil unrest. Return to their countries of origin became the durable solution for those vulnerable migrants. Return is increasingly problematic; departure taxes, required documentation and insecurity along key migration routes are major challenges. During registration of assisted migrants IOM found that 82 per cent of assisted third country nationals (TCNs) faced difficulties in accessing food and 80 per cent faced difficulties in accessing health services. 73 per cent of assisted TCNs were female migrants. In terms of geographical areas, IOM has assisted migrants who fled the conflict areas in Damascus, Rural Damascus, Homs, Hama, Idlib, Nabek, Hassakeh, Aleppo, Qamishli, Latakia, Sweida, Jableh, Raqqa, Dara'a, Tartous and Deir-ez-Zor.

UNICEF focussed its activities on three sectors; health, education and WASH. The prioritization is based on the findings of the joint assessment mission involving several UN agencies and the Syrian authorities in March 2012. Most governorates witnessed interruption in primary health care services. In many districts PHC centres were destroyed, damaged or closed because health workers were not able to reach it, and many mobile health teams were not able to perform their regular visits due to the deteriorated security situation. Vaccination coverage for children under age 5 dropped to extremely low levels in many districts, and it reached as low as 5 per cent in some districts in Homs like Al-Quseir. Most affected were infants under one year, born during the crisis. In this sector, the project intended to sustain access and utilization of immunization and nutrition services for children under age 5 in hot spots and in areas with IDPs. The project was implemented nationwide as the security situation permitted.

In the education sector, assessment findings and sector data showed that 2,445 schools (11 per cent) were damaged or destroyed, with 1,889 schools (8.6 per cent) used as shelters and collective centres, hosting IDPs. It is estimated also that 2 million children, probably more, have been affected by the crisis. About 80 per cent of these children (1.6 million) are below the age of 14, and slightly less than half of them (800,000) have been displaced, with their opportunities for schooling being severely constrained. Attendance reports from the school year 2011/12 showed that 70 per cent of the schools in Homs were closed during the last quarter (March /May 2012), and that the number increased to 90 per cent a month later. The same was reported from Idlib and Dara'a governorates, where 90 per cent of schools closed in May through June 2012. Furthermore, since the beginning of the crisis, children in and out of school have been experiencing stress and trauma. Teachers and other education staff are also affected by the situation. Using CERF funding, UNICEF targeted the school club activities in the governorates Dara'a, Rural Damascus, Tartous and Latakia, which represent two governorates experiencing conflict and two governorates experiencing influx of IDPs. The activities were implemented in line with activities implemented with CERF funding received in 2011.

Key findings of a WASH needs assessment, conducted nationwide as security permitted, showed that most collective centres were connected to the water supply, but water supply has been reduced to 8 to 12 hours per day due to frequent periods of shortage of power, with limited shortage tanks capacity; water quality monitoring and control for the collective centres is not systematic, creating growing fear of the potential for water-borne diseases amongst the affected population. Existing toilet stalls, particularly ones that are gender-separated, are insufficient to support the needs of IDPs in collective centres; the ratio of available toilets is reported as one toilet per 50 individuals. Solid waste disposal and collection has been disrupted.

A Joint Rapid Food Security Needs Assessment conducted in June 2012 by the Ministry of Agriculture and Agrarian Reform (MAAR), FAO and WFP found that the impact of the current events in Syria had affected almost all aspects of national food production, including staple irrigated crops. Farmers had suffered from the lack of fuel for both irrigation systems and transportation of commodities. Population migration and general disruption contributing to the lack of labour for planting and harvesting while fertilizers and seeds were also found to be scarce, affecting all agricultural sectors. In the same report, household food status appeared to be under immense strain due to growing unemployment, rising prices and population movement. In November 2012, a revalidation exercise of the June assessment found a further decline in the food security situation.

WFP prioritized humanitarian needs by targeting the most vulnerable affected households, including those who had sought safety from areas of conflict. Beneficiaries received monthly food rations comprised of a variety of basic food commodities, which collectively provided a majority of their required caloric intake. WFP targeted areas of greatest need, and assisted affected people who fell into one of the following targeting criteria: a) households staying in their location who had lost their main source of income; b) households that had been displaced; c) households hosting a displaced family, and d) other vulnerable households such as those headed by women or unaccompanied children). As the conflict became protracted, special attention was directed to the situation of children under-five who have specific micronutrient requirements. To help meet gaps in the diets of children under-five, WFP began preparations for a supplementary feeding programme.

Due to the ongoing crisis, large sections of the rural population in the central, coastal and south governorates totally or partially lost their farming/livestock business as they were not able to harvest their crops or market their products. High transportation costs increased costs and security movement restrictions also negatively affected farming. Small herders were often obliged to sell a portion of their already small herds to meet daily needs. The impacts of civil unrest on farming communities in northern, central and western areas of Syria have also resulted in decreasing job opportunities offered for migrants from drought-affected areas of north eastern region of Syria. The FAO's sources in 2010/2011 confirmed that 65,633 families were affected by the crisis, mostly in the North Eastern region and in Homs. Hundreds of women-headed households lost their only available and already limited source of family income (mostly small herds of sheep and/or casual labour). FAO projects aimed at providing poor small farmers and livestock herders with emergency support to life-saving and life-sustaining interventions. The interventions were planned in the governorates of Idlib, Homs, Hama, Deir-ez-Zor and Dara'a. Areas affected by drought in the previous year and by the civil insecurity in 2011 were prioritized.

UNDP addressed family protection and child protection in three Governorates, namely, Rural Damascus, Homs and Hama. The first priority was to support health providers with relevant supplies and ensure that appropriate psychosocial interventions are in place and accessible to both men and women. UNDP targeted its assistance to the most vulnerable groups who are not registered with SARC and those residing in private community shelters; thus not receiving assistance from any other partner. UNDP used field teams and local NGOs to conduct rapid assessments for the needs of IDPs which showed winterization items as the most critical need due to the harsh weather conditions, the recurrent need of hygiene kits was also expressed as a high priority. UNDP addressed the needs of almost 130,000 IDPs in Damascus, Rural Damascus, Raqqa, Hassakeh, Homs, Hama, Dara'a, Tartous, Latakia and Sweida, which received the higher influx of IDPs.

### III. CERF PROCESS

The first CERF application was submitted by the Resident/Humanitarian Coordinator in mid-April, covering activities consistent with the draft of the first Humanitarian Assistance Response Plan in Syria, enabling humanitarian agencies to roll out humanitarian activities, with prioritization of health and food. The clear needs for protection of vulnerable groups as well as the provision of non-food items were also highlighted. The Syria Humanitarian Assistance Response Plan (SHARP), drafted in March and signed by the Government in June, was based on the findings of a March 2012 Government-led Needs Assessment Mission, supported by Organisation of Islamic Cooperation and UN teams. The joint mission gathered information from national sources, SARC, local community leaders, religious figures, local NGOs and CBOs, and ordinary Syrians and professionals from all communities and political views. At the time, Syrians needed urgent and effective aid to help them avoid further decline in their health, nutritional status and living conditions.

In July, a second CERF application was submitted to respond to the deterioration in the humanitarian situation. After 16 months of conflict, there was a significant increase in the number of IDPs. UN agencies estimated that up to 1 million people were now displaced, approximately four times the number of people estimated during a March assessment, while the overall total affected population was estimated at up to 2.5 million. Recent Health Facilities Rapid Assessment conducted in the seven governorates of Rural Damascus, Homs, Hama, Idlib, Deir-ez-Zor, Dara'a and Tartous revealed that health services were seriously affected by lack of staff, lack of medical equipment, security concerns and lack of fuel. It also showed that the number of food insecure people was increasing.

According to a Joint Rapid Food Security Needs Assessment carried out by the FAO, WFP and the Syrian Ministry of Agriculture and Agrarian Reform (MAAR) in June 2012, an estimated 3 million people were food insecure and needed urgent assistance. An increasing number of people stayed in schools, mosques and other public buildings, often under overcrowded and unsanitary conditions. The Ministry of Education reported that a total of 330 schools and one youth camp are hosting displaced families, in all governorates. UNRWA reports that the escalating situation in Syria seriously affected Palestine refugees, resulting in the displacement of up to 200,000 refugees.

UN agencies jointly identified life-saving projects to be implemented over the next three months, focused on the internally displaced and affected population (up to 2.5 million) through provision of shelter, food and cash, hygiene kits, health services, equipment and medicine, safe drinking water, essential NFIs, psychosocial support and inputs for crops and livestock. Based on this prioritisation of needs, a CERF application was submitted for US\$6 million. Thus the agencies sought to provide emergency assistance to some of the most vulnerable rural communities including TCN's, emergency food and NFI assistance to recently affected Palestine refugees, as well as more NFI assistance to Syrian displaced population. Food assistance was a priority intervention.

The third application in 2012, in August, was based on recently conducted sector specific assessments which provided clear indicators that the humanitarian situation had further deteriorated in the past several months.

Women and girls were prioritized in the implementation of all three of these CERF funding projects. Agencies, such as UNFPA, UNDP, UNHCR and UNICEF, are among those who carefully described gender considerations in the design of their planned interventions.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: Estimated up to 4 million individuals (in 31 December 2012)</i>				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Livelihood	4,950	129,600	134,550
	Education	12,000	12,000	24,000
	Food	132,125	137,875	270,000
	Health	1,681,094	660,000	2,341,094
	Multi-sector	35,352	18,580	53,932
	Protection / Human Rights / Rule of Law	12,520	11,350	23,870
	Shelter and non-food items	67,951	57,884	125,835
	Water and sanitation	60,000	60,000	120,000

SARC is the lead national provider of humanitarian relief and through its thousands of trained and committed volunteers has provided the bulk of humanitarian assistance to date. It is also an important source of information on the number of beneficiaries reached. SARC is present in the field and shares updated humanitarian needs statistics and reports with the UN agencies, especially with the difficulties encountered in conducting needs assessments and monitoring, due to the conflict and challenges related to access and mobility. The CERF funds contributed to WFP efforts to ensure the food basket was provided to its target caseload of 1 million Syrians until September 2012 and 1.5 million beneficiaries from September 2012 to the end of the year.

Education data was obtained by UNICEF from school records; remaining data was gathered from reports of implementing NGOs, Ministry of Health reports, and SARC reports.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	1,979,992	2,222,993
Male	1,892,809	1,851,306
Total individuals (Female and male)	3,972,806	4,074,299
Of total, children <u>under 5</u>	622,200	512,961



The sum of the targeted beneficiaries in the different project proposals amounts to around four million individuals<sup>2</sup>, including 600,000 children. The number of direct beneficiaries reached as reflected in the above table is around three million individuals. One difference between the two numbers is explained by the fact that two of the projects, namely WFP-053 and FAO-034, are still ongoing and under implementation. Thus their total number of reached beneficiaries is not yet submitted. In addition, beneficiaries for the medical equipment and lab kits are not included in the above table. According to UNHCR, the equipment serves a long-term purpose and the number of direct beneficiaries is therefore difficult to quantify. For FAO, the number of reached beneficiaries was reduced in comparison with the CERF application because the quantity of improved seed distributed was increased from 150 to 250 kg/HH to ensure affected farmers restoring their main activity and achieving their food security by producing more quantity of barley. Likewise, the quantity of improved seeds distributed was increased from 300 kg/HH to 400 kg to sustain the remaining herd until the regrowth of natural pastures.

## **CERF Results**

Below is a brief summary of some main results achieved through the CERF grant. More detail is provided in the project results tables.

### **Livelihood**

- 30 women were provided with job opportunities in Raqqa to help them generate their own income and ensure the restoration of disrupted livelihoods (UNDP).
- A cash-for-work initiative was piloted by UNDP in Ar-Raqqa, identifying women as the most vulnerable target group.
- 832 poor farmers benefited from the provision of 208 metric tons of barley seeds, with each household received 250 kg of improved seed instead of the 150 kg initially planned (FAO).
- 1,715 poor herder families benefited from the provision of 686 MT of animal feed (grazing barley and wheat bran) in Deir-ez-Zor and Homs. Each household received a quantity of 400 kg instead of 300 kg initially planned. This is sufficient to sustain 10 heads of sheep over three months (FAO).
- 300 women-headed households (WHHs) received 6,000 chickens and 16 MT of poultry feed in Idlib, enabling the family to produce about 20 eggs a day, worth approximately SYP 300 (or \$ 7 per day) as daily income.

### **Education**

- A total of 30 schools, 10 in Rural Damascus and 20 in Dara'a, have received school furniture to support the learning environment. This includes desks and chairs, teaching and learning materials including library books (UNICEF).
- 21,000 children have received essential school supplies, like school bags, notebooks, pens, geometry set etc. in order assist their school attendance. The delivery was conducted in Rural Damascus, Dara'a, Tartous and Latakia. For the months of August and September, 107 school clubs that provide emergency remedial and catch-up classes were supported. Overall, 25,000 school children benefitted from these classes daily throughout Ramadan and the summer holidays. The school clubs ran activities on an average of five hours on a daily basis (UNICEF).
- One short advocacy movie was finalized to prevent kidnapping/trafficking. It has been aired through the education TV channel.
- A School Health magazine was developed to promote hygiene messages and support IDPs within a changed environment, including a story about being an IDP child, which was printed and widely distributed (UNICEF).

### **Food**

- Percentage of households with acceptable food consumption score increased from 30 per cent in mid-2012 to 50 per cent by the end of the year (WFP).
- Percentage of households with poor food consumption scores decreased from 47 per cent in mid-2012 to 18 per cent by the end of the year (WFP).
- WFP reached all planned beneficiaries with family food rations

### **Health**

- Syrian Family Planning association was contracted to operate four mobile clinics, three in Rural Damascus and one in Homs, providing a total of 9,500 consultations/treatments in four months. Mobile teams have facilitated delivery of health care in areas where affected populations have limited access to health facilities, such as shelters with IDPs or areas where health facilities have been damaged. Free of charge consultations, treatments and medication was provided to people in need, especially focused on vulnerable groups including women and children (WHO).
- For the second half of 2012, WHO contracted 12 NGOs that provided basic health services and/or referral services for secondary and tertiary care through mobile clinics, mobile teams, NGO health facilities and medical networks in Damascus, Rural Damascus, Hama, Homs, Deir-ez-Zor and Aleppo; providing a total of 52,000 consultations/treatments during four months.

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<sup>2</sup> The total number of targeted beneficiaries -4 millions- is the sum of the beneficiaries of the projects, therefore there is a risk of double counting.

- Provided MOH and NGOs with essential medicines and supplies for basic health care for 90,000 beneficiaries for three months in Damascus, Rural Damascus and Homs (WHO).
- Provided life-saving medicines for 17,500 interventions, kits and supplies for 1,500 surgical interventions in Damascus. Rural Damascus and Homs (WHO).
- Provided MOH and MOHE with medicines for NCD treatment for 6,330 patients in Damascus and Rural Damascus, and MOH and NGOs with essential medicines and supplies for basic health care for 30,000 beneficiaries for three months in Homs, and life-saving medicines for 38,520 interventions, kits and supplies for 3,900 surgical interventions in addition to 183 burn kits to MOH, MOHE and NGOs in Damascus, Rural Damascus, Hama, Qunitira, Idlib, Homs (Talbis)
- Provided Almoassat hospital in Damascus with insulin for 9,420 patients, MOH with lice treatment for 9,000 IDPs suffering from lice in shelters in Rural Damascus, and provided the national public health laboratories with 776 diagnostic lab kits to strengthen diagnosis of communicable diseases (WHO).
- Filled a critical gap by providing the national blood bank 195,000 blood safety tests to serve nationwide emergency needs. (Allocated budget for this activity from this CERF grant was pooled with funds to respond to the large needs of the national bank.)
- Provided ventilators, defibrillators and incubators to equip intensive care units in MOH referral hospitals in Ar-Raqqa, Aleppo, Hama and Sweida; as well as to two NGOs in Deir-ez-Zor and Rural Damascus; provision of medical equipment including 17 ventilators, four portable x-ray machines, 22 defibrillators, and 10 oximeters were provided for operating theatres in the five affected areas.
- MOH provided with supplies for routine and supplementary immunizations and was able to reach 284,684 children during the polio eradication campaign, and was able to support the catch-up campaign in March and April 2012 (UNICEF).
- During measles vaccination campaign in November and December 2012, MOH was able to reach 1.3 million children with measles vaccine, and 1.5 million with polio vaccine (including IDPs). Local NGOs provided with 500 cartons of supplementary plumpy and 1,000 cartons of HEB to prevent malnutrition among IDP children (UNICEF).
- Nutrition surveillance system was sustained, and about 108,300 Syrian children benefited from the nutrition surveillance (growth monitoring) in the first half of 2012; of them 839 were referred to hospitals for severe malnutrition.
- Volunteers from SARC and other 12 local NGOs in the targeted governorates were trained on nutrition in emergency. It was difficult for the trained NGOs to work as planned due to the deterioration of the security situation in Rural Damascus. Many of those NGOs were followed-up with additional capacity building in 2013 to ensure their ability to do rapid nutrition assessment for IDP children and distributing RTUF, and identifying severe cases for referral (UNICEF).
- Reproductive Health services, including emergency obstetric care and PSS/PFA support, were delivered to around 600,000 women residing in violence affected areas; and 40,000 of the affected people received PSS and PFA. The following commodities and items were distributed: two mobile clinics and three ambulances; 160 emergency reproductive health kits; 182 midwifery kits; 40 delivery and C-section sets; 60,000 hygiene kits and 42,800 sanitary napkins for women in the affected areas; 25,000 vouchers enabling women to receive free RH services were distributed. UNFPA was also able to build the capacity of 640 health professionals and community volunteers on PSS/PFA; 100 health professionals and volunteers from 10 governorates on Minimum Initial Service Package and 60 representatives of local NGOs on family counselling in crisis. It is worth noting that due to security circumstances and the implications of sanctions which led to the depletion of medical equipment and supplies in the local markets, there were some delays in the procurement and delivery of reproductive health commodities. Therefore, UNFPA asked for the extension of the CERF funded project code 12-FPA-033 for three months starting from 25<sup>th</sup> of January 2013
- Primary Health Care services were provided to 66,364 individuals in Damascus and Rural Damascus. Additionally, basic medicines for acute and chronic diseases were provided to around 40,000 individuals (UNHCR).

#### **Protection/Human Rights/Rule of law**

- A series of 10 trainings on psychosocial support, psychosocial first aid, women's empowerment and gender-based violence for NGOs operating throughout Syria with focus on conflict areas (UNDP).
- 1,189 individuals who fled conflict areas were supported with life-saving evacuation and humanitarian assistance (IOM).

#### **Shelter and non-food items**

- NFIs provided to IDPs; distributed NFI kits including warm blankets (6 per family), mattresses (3 per family), sleeping mats (3 per family), bed sheeting (3 per family), winter clothes (for adults), jerry cans (1 per family), quilts (2 per family), hygiene kits (1 per family) and kitchen sets (1 per family), plastic sheet (4m x 5m), diaper for children Sanitary napkins (40 per cent of population x 2), carpets (1 per family), considering one family size is five individuals.
- UNHCR's target was to meet the needs in NFIs of a total of 125,835 IDPs for the three CERF allocations, including 42,500 individuals with special needs, in the areas of Damascus, Rural Damascus, Hassakeh and Aleppo. UNHCR exceeded the target with NFI assistance provided to an estimated 91,000 families – or more than 454,000 displaced individuals in 2012 alone -- covered partially with CERF fund.
- Persons with disabilities were provided with wheelchairs to enhance their mobility, 130 wheelchairs were distributed through local NGOs. To meet the needs of the elderly, 600 IDPs were provided with elderly diapers and 600 women were provided sanitary napkins (UNDP).

- 300 of winterization items were produced through the above mentioned initiative, and were distributed to 195 IDPs families in Raqqa (UNDP).
- Winterization items and household assets were distributed through local NGOs, within 10 Governorates targeting 87,631 IDPs residing in private shelters and unfinished buildings (14,875 blankets, 850 duvets, 7,600 mattresses, 9,388 winter clothes, 3,988 carpets and 2,300 meter of floor insulation rugs, 200 electric heaters, 1,140 electric stoves, 2,150 bedding sets, 850 pillows, 150 kitchen set); thus enhancing their resilience and ability to tolerate the harsh living conditions in addition to increasing their assets for future return (UNDP).
- Support the NGOs and CBOs in the provision of hygiene kits for affected households and individuals and 16,000 families were provided with hygiene kits covering their need from one month.
- 16,500 family hygiene kits and 1,250 first aid kits distributed to IDP families through SARC and other NGOs.
- 5,500 baby kits distributed to IDP families who have infants under age one.
- 1,500 cooking stoves were distributed to IDP families.
- 300,000 persons received hygiene kits.
- 30,000 children received hygiene baby kits.

### **CERF Added Value**

All participating agencies highlighted factors related to the CERF allocation that added value and strengthened their ability to respond to the humanitarian needs in Syria in a timely manner. Much appreciated is, in particular, the very timely disbursement of the funds and that the support creates the flexibility to respond to critical needs at a time when other donors were not yet able to respond as promptly. Several agencies also highlight that the CERF funding provided helped document that an emergency response was already ongoing and that emergency teams from the UN and partners were in place, delivering humanitarian aid. Thus most valuable time was saved to reach vulnerable populations.

UNHCR was also able, through its main implementing partner SARC, to provide through SARC clinics and in cooperation with some NGOs to reach some far areas in Rural Damascus. CERF funding was critical for UNHCR to implement these two activities and to meet the most basic needs in NFI of IDPs thus preserving their well-being and dignity and contributing to mitigate the impact of the current crisis on vulnerable households. Furthermore, SARC clinics would not have been able to support such a number of beneficiaries without being supported by CERF to ensure availability of staff, supplies, and medicines.

Using CERF funding, UNDP was able to reach difficult and critical areas thanks to its field presence and local NGO partners. The targeted population was approximately 130,000 displaced individual. The beneficiaries were provided with NFIs including winterization items, hygiene kits, household assets and disability aid. UNDP implemented a series of 10 trainings on psychosocial support, psychosocial first aid, women's empowerment and gender-based violence for NGOs operating throughout Syria with focus on conflict areas; those training sessions were also useful in protecting NGOs personnel from burnout.

FAO was able to support livelihoods in rural areas: 832 poor farmers could benefit from the provision of 208 Mt of barley seeds that have allowed the production of some 750 Mt of barley. A total of 1,713 households received 400 Kg of animal feed - a quantity sufficient to sustain 10 heads of sheep (main/only source of household income) over three months. Finally, the distributed chickens enabled the families to produce about 20 eggs a day worth approximately SYP 300 (or \$7 per day) as daily income.

CERF funding has primarily enabled IOM to assist migrants who fled conflict areas in Damascus, Rural Damascus, Homs, Hama, Idlib, Nabek, Hasakeh, Aleppo, Qamishli, Latakia, Swaida, Jableh, Raqqa, Daraa, Tartous and Deir Ezoor with life-saving evacuation, and humanitarian assistance. IOM provided life-saving evacuation to a total of 1,189 individuals thanks to CERF funding, 77 per cent of whom were stranded female migrants. IOM has additionally managed to reach identified IDPs in need of humanitarian assistance in Damascus, Rural Damascus, Al-Sweida, Homs and Al-Raqqa through developing a network of nine LNGO partners. CERF funding enabled IOM to reach a total number of 44,480 identified vulnerable IDPs (51.7 per cent of whom were female) who received adequate basic commodities including 3,900 hygiene kits and 17,693 winter kits.

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

YES ☒ PARTIALLY ☐ NO ☐

All UN agencies agree that CERF funds are essential when timely funding is required. Quick decisions and transfer of funds are critical factors.

WHO states that CERF funds provided timely funding to implement critical life-saving activities to respond to the increased health needs of affected population. WFP funds received by CERF were used to purchase food and specialized food items in a timely manner, allowing for faster procurement. This ensured that commodities arrived in-country in time to fill the gaps and WFP was thus able to provide a complete food basket. The purchase of specialized food items for children is helping children with micro-nutrient deficiencies to recover from these deficiencies.

According to UNICEF, availability of funds enabled procurement of health and nutrition supplies which were distributed to IDPs through different partners. CERF funds also ensured timely and critical supply and flexibility to implement the school club activities.

With CERF funding, UNHCR succeeded in meeting the needs of IDPs, the majority of whom are female, especially with some specific needs of non-food items, such as sanitary napkins and diapers for children. These are considered key items for IDPs who are staying with host families and in public buildings.

In the health sector, CERF funds contributed to supporting SARC clinics which were the main source of PHC for IDPs. Their response to the IDP needs was quick as they have set an identification system to ensure direct recognition of beneficiaries. UNFPA says that CERF funds were used to quickly ensure the supply of goods could be procured while an emergency appeal and further resource mobilization efforts were made to cover the remaining finance gaps. UNHCR, IOM and FAO also highlight the importance of fast delivery of assistance made possible by timely funding.

**b) Did CERF funds help respond to time critical needs<sup>3</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

The majority on UN agencies in Syria find that CERF funds helped respond to critical needs. WHO mentions responding to critical needs related to trauma care and injuries, treatment of non-communicable diseases and emergency obstetric care, and that gaps for critically needed medical equipment, medicines and supplies were filled. CERF allowed WFP to meet funding gaps to ensure the continued provision of all of the items in the food basket, and WFP's internal borrowing mechanisms allowed WFP to use CERF funds to procure food in advance of the receipt of the actual funds, further ensuring CERF funds contributed to a timely response.

UNHCR highlights that CERF funding helped alleviate the suffering of vulnerable populations as NFIs are considered among the most urgent humanitarian needs of IDPs. UNFPA refers to a number of critical needs related to RH service provision in violence affected areas where the CERF funds could quickly ensure that the supply of goods could be procured while an emergency appeal and further resource mobilization efforts were made to cover the remaining finance gaps. A FAO comment related to timeliness of funding is related to the seasonal nature of support to agriculture.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF filled in the immediate funding gap of all agencies involved and served as a basis for further resource mobilization. For example WHO, WFP, IOM and UNICEF report that CERF funded activities helped achieve results that were used in resource mobilization efforts with other donors. UNFPA submitted successful proposals based on CERF implementation to raise funds from i.e. ECHO and USAID, while CERF funds for FAO helped FAO raise additional resources from the Governments of Switzerland and Sweden.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

As proposals for CERF funding were being prepared, close coordination with other related agencies was taking place. For example, a WHO-led Health Working Group was established and regular meetings with health partners discussed emerging health gaps and coordinated activities. It worked defined strategic objectives, core indicators, joint work plans and unified reporting systems. The Health Working Group (HWG) was composed of UN agencies, including UNICEF, UNFPA, UNHCR, UNDP and UNRWA, INGOs and MOH (on ad hoc basis). Currently the HWG is expanding and local NGOs working in the health sector participate in the discussions.

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<sup>3</sup> 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).

As the lead agency for the NFI sector, UNHCR has been coordinating the response to IDP needs in NFIs – including activities implemented with CERF funding- and upgrading its efforts to enhance the inter-sectoral coordination with other sector lead agencies and implementing partners. The NFI working group fortnightly meetings are critical to enhancing collaboration among agencies as they offer an opportunity to discuss issues and challenges related to the response in the NFI sector.

Allocations of CERF fund for WFP to the UNCT resulted in the country team reviewing the humanitarian needs and prioritizing the most pressing needs fostering discussion and collaboration. Implementation of CERF projects for health and nutrition were coordinated by the lead agency (WHO), and contributed to the creation of joint framework for sharing information and avoiding duplications. CERF supported activities in the education sector were coordinated through various implementing partners under the Ministry of Education's leadership. In the WASH sector, CERF allowed UNICEF to build partnership with implementing partners (INGOs and NGOs).

According to FAO, CERF allocations are normally based on the request submitted to CERF by the HC following the indication provided by the clusters of priorities in terms of needs and beneficiaries. In the case of Syria, this process was limited due to the absence of an HCT, the limited number of international NGOs and consequently the limited data collection capacity. CERF grants have stimulated discussions in the food security and livelihood working group on the identification of livelihood needs of affected population and on the importance of gathering more detailed information and to stimulate strengthened coordination mechanisms.

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The reporting format is repetitive. It is unclear why there is a need to repeat narrative in the table format. In particular, table 8 seems repetitive.	A more simplified reporting format as was previously used would be much appreciated. This could also be addressed through the above suggested CERF training.	OCHA/CERF Secretariat
The seasonality of agriculture activities (i.e. starting of planting season) implies availability of funds before the season. Therefore, the implementation period (6 months) is too short for emergency support interventions in agriculture.	To finalize the approval process and ensure fund availability in appropriate time and before the starting of the growing/planting season. In this respect it would be advisable to extend the grant for a 9 month implementation period or alternatively allow "no cost extension" for a period of 3 months.	FAO and CERF Secretariat

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
There is a need to have strong leadership in UNCT for the allocation of CERF funds. All partners need to understand CERF criteria in order to ensure CERF funding is most effectively used.	This is a challenge in many countries. Organizing a CERF training for the Syria team should be considered.	OCHA
The CERF process showed the importance of initiating the process for Government approvals early to expedite the signature of agreements with NGOs.	Advocacy for the inclusion of the local associations and NGOs in the humanitarian response actions in the country and particular follow up with the government to achieve this result	OCHA – RC and UNCT
Engagement with and support to national partners was essential – especially with reduction of international staff and INGOs at times due to insecurity.	Seeking to expand the UN networks in the country by seeking partnerships with local NGOs and CBOs recently identified by the Ministry of Social Affairs and Labour (MOSAL).	UNCT

The value added of building strong partnerships with NGOs, CBOs and local communities is essential. Also important to assess the capacities of NGOs and CBOs to deliver required services.	Continue to seek local level partners for cooperation on humanitarian assistance and longer term development initiatives in the country. Conduct quick assessments of NGOs and initiate site visits (when possible) to ensure capacity and outreach of NGOs, investigation at the local level can be done through local partners in addition to sister UN agencies. Suitable trainings for partners should be considered.	UNCT and sectoral working groups.
Need to continue support to a wide range of implementing partners, especially local NGOs with a community-based approach to ensure the best outreach to affected communities.	Carry out stakeholder analysis exercise, including mapping of potential NGOs partners by vetting suitable NGOs from the list accredited by MOFAE;  Capacity building of local NGOs should be considered.	UNCT/sectoral working groups
CERF funds prompted close collaboration and coordinated health response and led to the timely establishment of the Health Sector Working Group	Need to strengthen from the start of the response planning the disaggregation of data by gender.	Sectoral working groups
Arrival of CERF funds allowed for initiation of crucial life-saving activities and triggered additional funding support from other donors.	When funding is limited and there are pressing health needs, funded activities should have a clear and direct impact on reducing mortality and morbidity rates.	Health Sector Working Group
Establishing a client feedback mechanism as part of the humanitarian response is a good method of monitoring the response from the affected population.	Strengthen client feedback mechanisms for more regular and systematic information on the appropriateness of our response.	Agencies and Sectoral working groups
Close collaboration with the logistics cluster and WFP was critical to UNFPA's ability to warehouse, transport and deliver RH items with accountability to donors, partners and UNFPA itself.	Explore the possibility of expanding the LOU signed with WFP to cover other countries;  Maintain logs cluster coordination and support including the need to secure UNFPA warehouse and transport system inside Syria as well as from Lebanon.	UNFPA and WFP
Importance of conducting quick needs assessments through field staff and local partners.	Needs assessment is a continuous process that should be done and updated regularly through field teams and local partners.	UNCT
Given the scarcity of medical equipment and medicine in the depleted local market UNFPA has had to identify alternate vendors from abroad and means of procurement and delivery to Syria.	Consolidate a list of UN-wide Long Term Agreements for procurement of health supplies for use by all agencies. Establish a regional location for stocking supplies for easier and quicker delivery. Explore alternate mechanisms (including identification of new vendors, transporters, customs clearance measure etc.) from abroad, especially Lebanon.	UNFPA and WHO/UNCT
UNFPA created the first monitoring map of distribution of services and partners on the emergency response which proved to be an effective management tools as well as for resource mobilization and visibility.	The mapping exercise be applicable to all WGs and using UNFPA model and staff as a resource	UNFPA with OCHA

Working Groups/Clusters were not adequately utilized during the formulation of CERF application process, design of objectives and reporting.	Reinforce the role of the WG / Cluster in the definition of CERF objectives (chapeau) as well as in reporting the results achieved.	UNCT/OCHA
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## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period:	24 April 2012 – 31 October 2012
2. CERF project code:		12-WHO-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Provide critical medical interventions and strengthen trauma and referral management of affected population in unrest areas.		
7. Funding	a. Total project budget:		US\$ 6,335,000	
	b. Total funding received for the project:		US\$ 6,043,839	
	c. Amount received from CERF:		US\$ 1,012,967	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>  This number is a sum of the direct number of beneficiaries receiving a treatment, consultation or intervention.  By population, medical supplies for basic health care were distributed to serve a population of 90,000 for 3 months.
a. Female		25,000	35,000	
b. Male		75,000	91,000	
c. Total individuals (female + male):		100,000	126,000	
d. Of total, children <u>under 5</u>		10,000	14,000	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>• Provide trauma, medical supplies and kits for primary and secondary health care.</li><li>• Provide consumables and medical supplies for hospital trauma care.</li><li>• Support first aid and transportation to first level referral facility.</li><li>• Support the emergency service and operating theatre at hospital care.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>• Meet the needs of the estimated 100,000 trauma related injuries.</li><li>• Availability of proper equipment to conduct 10,000 surgical intervention.</li><li>• Supplies provided for post-operative hospital care for 1,000 patients.</li></ul>				
11. Actual outcomes achieved with CERF funds				
Under this grant WHO has:				
<ul style="list-style-type: none"><li>• Provided MOH and NGOs with essential medicines and supplies for basic health care for 90,000 beneficiaries for 3 months in Damascus, Rural Damascus and Homs.</li><li>• Provided life-saving medicines for 17,500 interventions, kits and supplies for 1,500 surgical interventions in Damascus. Rural Damascus and Homs.</li><li>• Provided MOH with medicines for NCD treatment for 5,000 patients.</li></ul>				



<ul style="list-style-type: none"> <li>• Filled a critical gap of blood tests by providing the national blood bank with 105,000 blood safety tests.</li> <li>• Equipped intensive care units in MOH and MOHE main referral hospitals and one NGO hospital in Homs with 14 ventilators and 16 defibrillators.</li> <li>• Contracted the Syrian Family Planning association to operate 4 mobile clinics, 3 in Rural Damascus and 1 in Homs providing a total of 9,500 consultations/treatments in 4 months. The mobile teams have successfully served heavily affected areas such as Al Waer in Homs and Al Gouta in Rural Damascus, among other areas. Mobile teams have facilitated delivery of health care in areas where affected populations have limited access to health facilities, such as shelters with IDPs or areas where health facilities have been damaged. Free of charge consultations, treatments and medication was provided to people in need including all ages and PHC cases. Mobile teams especially focused on vulnerable groups including women and children.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The targeted population includes men, women and children; due to the higher risk of affected persons to be male, a higher percentage of males were set as targeted beneficiaries. However, the items were provided to the MOH, MOHE and NGOs, whom provide equal health services to all men and women of all ages in addition to children.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The medicines and equipment were delivered to the MOH, MOHE and NGOs, and delivered to the end users. Reports endorsed by the responsible officers have been obtained. The contracted NGO provided weekly reports on the number of consultations/treatments, disease profile, gender and age balance. WHO has increased its presence in the field with the view to strengthening its capacity to perform real-time assessments and verification of needs based on health facilities and NGOs records. WHO has focal points in Aleppo, Hassakeh, Homs, Rif Damascus in addition to Damascus. The focal points report on health needs, and low and empty stocks of priority medicines based on interviews with staff in health facilities, discussions with leaders of local NGOs and CBOs and members of the health authorities in the respective governorates. Based on the focal persons report, kits and essential medicines have been shipped directly to the identified hospitals and health centres. The WHO focal points also monitor the accuracy and timeliness of the distribution of medicines and medical equipment. Assessments include supervisory visits and tele-assessments to targeted sites. Data collection by medical and pharmaceutical students (29) for monitoring and evaluation activities in their respective governorate is ongoing. The students were trained in the first quarter of 2012 and report on a monthly basis.</p>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period:	27 July 2012 - 31 January 2013
2. CERF project code:		12-WHO-049	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Provide critical medical interventions and strengthen trauma and referral management of affected population in unrest areas		
7. Funding	a. Total project budget:		US\$ 6,335,000	
	b. Total funding received for the project:		US\$ 6,043,839	
	c. Amount received from CERF:		US\$ 899,998	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		25,000	15,250*	* This number is a sum of the direct number of beneficiaries receiving a treatment, consultation or intervention.  By population, medical supplies for basic health care were distributed to serve a population of 30,000 for 3 months.  Beneficiaries for the medical equipment and lab kits is not included in number presented in the above table as the equipment serve a long-term purpose and therefore cannot be quantified.
b. Male		75,000	45,750*	
c. Total individuals (female + male):		100,000	61,000*	
d. Of total, children <u>under 5</u>		10,000	6,100*	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>Provide consumables and medical supplies for hospital trauma care</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>100,000 people receive timely, adequate health care for conflict-related injuries.</li><li>Hospitals receive enough supplies to conduct a minimum of 1,700 surgical interventions.</li></ul>				
11. Actual outcomes achieved with CERF funds				
WHO has under this grant:				
<ul style="list-style-type: none"><li>Provided MOH and NGOs with essential medicines and supplies for basic health care for 30,000 beneficiaries for 3 months in Homs.</li><li>Provided life-saving medicines for 38,520 interventions, kits and supplies for 3,900 surgical interventions in addition to 183 burn kits to MOH and NGOs in Damascus, Rural Damascus, Hama, Qunitira, Idlib, Homs (Talbisa).</li><li>Provided Almoassat hospital in Damascus with insulin for 9,420 patients.</li><li>Provided MOH with lice treatment for 9,000 IDPs suffering from lice in shelters in Rural Damascus.</li><li>Provided the national public health laboratories with 776 diagnostic lab kits to strengthen diagnosis of communicable diseases.</li></ul>				

<ul style="list-style-type: none"> <li>• Provided a sterilization unit for Almoassat main referral emergency hospital to abide by standard sterilization and infection control procedures.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The targeted population includes men, women and children, due to the higher risk of affected persons to be male, a higher percentage of males were set as targeted beneficiaries. However, the items were provided to the MOH, MOHE, and NGOs whom provide equal health services to all men and women of all ages in addition to children.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Medicines and medical equipment have been distributed according to the priority needs identified by MOH, MOHE, NGOs and members of the health sector working group.</p> <p>Received reports were endorsed by the responsible officer-in-charge.</p> <p>WHO has increased its presence in the field with the view to strengthening its capacity to perform real-time assessments and verification of needs based on health facilities and NGOs records. WHO has focal points in Aleppo, Hassakeh, Homs, Rif Damascus in addition to Damascus. The focal points report on health needs, and low and empty stocks of priority medicines based on interviews with staff in health facilities, discussions with leaders of local NGOs and CBOs and members of the health authorities in the respective governorates. Based on the focal persons report, kits and essential medicines have been shipped directly to the identified hospitals and health centres. The WHO focal points also monitor the accuracy and timeliness of the distribution of medicines and medical equipment.</p> <p>Assessments include supervisory visits and tele-assessments to targeted sites. Data collection by medical and pharmaceutical students (29) for monitoring and evaluation activities in their respective governorate is ongoing. The students were trained in first quarter of 2012 and report on a monthly basis.</p>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period:	25 July 2012 - 31 January 2013
2. CERF project code:		12-WHO-051	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Filling the gaps of basic primary health care package		
7. Funding	a. Total project budget:		US\$ 5,950,000	
	b. Total funding received for the project:		US\$ 1,500,000	
	c. Amount received from CERF:		US\$ 1,500,000	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		25,000	26,250	N/A
b. Male		75,000	78,750	
c. Total individuals (female + male):		100,000	105,000*	
d. Of total, children <u>under 5</u>		10,000	10,500	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>• Support primary and secondary health service delivery in conflict-affected areas.</li><li>• Support trauma care for injuries at all levels, including first aid, referral, emergency and surgical services at hospital level.</li><li>• Support continuity of emergency obstetric care for pregnant women in affected areas.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>• Essential PHC and hospital services delivered to populations in conflict affected areas.</li><li>• Life-saving hospital interventions (surgical and obstetric treatment) and crucial chronic disease treatment</li><li>• IDPs patients receive treatment in IDP-hosted areas.</li><li>• Communicable diseases and nutrition surveillance, immediate detection of epidemics followed by rapid response established.</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>• Following the establishment of the Early Warning Alert and Response System, a training was conducted for 50 health workers from 10 governorates to introduce the focal points to the system, information flow, and facilitate communication and regular reporting. WHO also provided telecommunication equipment to strengthen the means to report timely against set criteria.</li><li>• Filled a critical gap by providing the national blood bank 195,000 blood safety tests to serve nationwide emergency needs. (Allocated budget for this activity from this CERF grant was pooled with funds to respond to the large needs of the national bank.)</li><li>• WHO provided MOH and MOHE with NCD medicines for 1330 treatments in Damascus and Rural Damascus.</li><li>• Provided ventilators, defibrillators and incubators to equip intensive care units in MOH referral hospitals in Arraqqqa, Aleppo,</li></ul>				

<p>Hama and Sweida; as well as to two NGOs in Derezor and Rural Damascus.</p> <ul style="list-style-type: none"> <li>• Provided burn kits and emergency obstetric care supplies to MOHE referral hospitals in Damascus.</li> <li>• Contracted 12 NGOs that provided basic health services and/or referral services for secondary and tertiary care through mobile clinics, mobile teams, NGO health facilities and medical networks in Damascus, Rural Damascus, Hama, Homs, Derezor and Aleppo; providing a total of 52,000 consultations/treatments during 4 months.</li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>During the progress of the project implementation, reprogramming of activities to respond to urgent health needs, the completed reprogramming form was submitted to CERF and approved.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The targeted population includes men, women and children. MOH, MOHE, and NGOs provide equal health services to all men and women of all ages.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The medicines and equipment were delivered to the MOH, MOHE and NGOs under the supervision of WHO staff and staff from the end-user to ascertain that the items were distributed to the selected areas. Reports endorsed by the responsible officers were received. The contracted NGOs provided weekly reports on the number of consultations/treatments provided and the disease profile of the cases. WHO has increased its presence in the field with the view to strengthening its capacity to perform real-time assessments and verification of needs based on health facilities and NGOs records. WHO has focal points in Aleppo, Hassakeh, Homs, Rural Damascus in addition to Damascus. The focal points report on health needs, and low and empty stocks of priority medicines based on interviews with staff in health facilities, discussions with leaders of local NGOs and CBOs and members of the health authorities in the respective governorates. Based on the focal persons report, kits and essential medicines have been shipped directly to the identified hospitals and health centres. The WHO focal points also monitor the accuracy and timeliness of the distribution of medicines and medical equipment.</p> <p>Assessments include supervisory visits and tele-assessments to targeted sites. Data collection by medical and pharmaceutical students (29) for monitoring and evaluation activities in their respective governorate is ongoing. The students were trained in first quarter of 2012 and report on a monthly basis.</p>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		WHO	5. CERF Grant Period:	28 October 2011 - 27 April 2012
2. CERF project code:		11-WHO-062	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Rapid Response for SARC		
7. Funding	a. Total project budget:		US\$ 2,800,000	
	b. Total funding received for the project:		US\$ 353,590	
	c. Amount received from CERF:		US\$ 253,590	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		120,000	68,400	The targeted population includes men, women and children, due to the higher risk of affected persons to be male, a higher percentage of males were set as targeted beneficiaries. However, the medical equipment was provided to strengthen health services in affected areas which embrace equal health services for men and women of all ages as well as to children. The 600,000 was an estimated catchment population while the 342,000 was the direct number of beneficiaries
b. Male		480,000	273,600	
c. Total individuals (female + male):		600,000	342,000	
d. Of total, children <u>under 5</u>		30,000	17,100	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>Obstetric, surgical and medical capacity for health service delivery by SARC is improved in affected areas.</li><li>Availability of quality emergency health services in affected areas is supported.</li><li>Emergency rooms and operating theatres in SARC reference hospital in the five governorates will be provided with emergency equipment.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
Emergency equipment including 2 emergency kits, 16 trauma kits and 2 surgical kits were delivered to SARC's main branch in rural Damascus; these kits were distributed to facilities in affected areas (Damascus, Rural Damascus, Dara'a, Homs and Idlib)				
11. Actual outcomes achieved with CERF funds				
Procurement of medical equipment including 3 ventilators, 4 portable x-ray machines, 6 defibrillators, and 10 oximeters were provided for operating theatres in the 5 mentioned affected areas.				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				

13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a, 2b):</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> The targeted population includes men, women and children. MOH, MOHE, and NGOs provide equal health services to all men and women of all ages</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	20/10/2011-20/04/2012
2. CERF project code:	11-WFP-065	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Food assistance to population affected by civil unrest		
7. Funding	a. Total project budget:	US\$268,146,325 (as of 31 December 2012)	
	b. Total funding received for the project:	US\$132,874,701 (as of 31 December 2012)	
	c. Amount received from CERF:	US\$799,783	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	10,250	10,250	WFP was able to reach all targeted beneficiaries as planned.
b. Male	9,750	9,750	
c. Total individuals (female + male):	20,000	20,000	
d. Of total, children <u>under</u> 5	2,850	2,850	
9. Original project objective from approved CERF proposal			
The objective of this project was to save lives and protect livelihoods through the provision of emergency food assistance to vulnerable people affected by the crisis. Specifically, CERF funding sought to provide monthly life-saving food rations for 40 per cent of beneficiaries targeted by WFP at the time the application was submitted (i.e. 20,000 of a total planned 50,000 people) for a period of three months.			
10. Original expected outcomes from approved CERF proposal			
The provision of monthly food assistance to target households sought to contribute to the following outcome:			
<ul style="list-style-type: none"> <li>Improved food consumption of the targeted beneficiaries, in terms of quality and diversity of food intake and frequency, as measured by the household Food Consumption Score (target: 75 per cent of assisted households with an acceptable score).</li> </ul>			
Output indicators included:			
<ul style="list-style-type: none"> <li>Number of women, men, boys and girls receiving food by category and as a percentage of planned figures; and</li> <li>Tonnage of food distributed by type as a percentage of planned distribution.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
By the end of 2012, the proportion of all WFP-assisted households with an acceptable Food Consumption Score was 50 per cent, increased from 30			



per cent in May of the same year. The proportion of families with a poor Food Consumption Score also reduced from 47 per cent and 18 per cent over the same period.

All targeted beneficiaries received 100 per cent of the food assistance purchased with CERF funds, which complemented funds received from other donors.

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

The percentage of assisted families with an acceptable Food Consumption Score fell short of the target, mainly owing to increased food prices on local markets and reduced household purchasing power which compromised the ability of beneficiaries to adequately complement WFP assistance with food from other sources.

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

YES ☐ NO ☒

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0):

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

YES ☒ NO ☐

WFP conducted regular programme monitoring of this emergency operation. Refer to the Standard Project Report for EMOP 200339 ([www.wfp.org](http://www.wfp.org)).

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	World Food Programme	5. CERF Grant Period:	19/04/2012-19/10/2012
2. CERF project code:	12-WFP-037	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Food Assistance to People Affected by Unrest in Syria		
7. Funding	a. Total project budget:	US\$268,146,325 (as of 31 December 2012)	
	b. Total funding received for the project:	US\$132,874,701 (as of 31 December 2012)	
	c. Amount received from CERF:	US\$3,299,983	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	121,875	121,875	The planned beneficiaries were reached.
b. Male	128,125	128,125	
c. Total individuals (female + male):	250,000	250,000	
d. Of total, children <u>under 5</u>	35,625	35,625	
9. Original project objective from approved CERF proposal			
The objective of this project was to save lives and protect livelihoods through the provision of emergency food assistance to vulnerable people affected by the crisis. Specifically, CERF funding sought to provide 3,039 mt of mixed commodities (bulgur wheat, sugar, salt and vegetable oil) to complement other commodities in the food basket for a planned 250,000 beneficiaries for a period of three months.			
10. Original expected outcomes from approved CERF proposal			
<p>The provision of monthly food assistance to target households sought to contribute to the following outcome:</p> <ul style="list-style-type: none"> <li>Improved food consumption of the targeted beneficiaries, in terms of quality and diversity of food intake and frequency, as measured by the household Food Consumption Score (target: 75 per cent of assisted households with an acceptable score).</li> </ul> <p>Output indicators included:</p> <ul style="list-style-type: none"> <li>Number of women, men, boys and girls receiving food by category and as a percentage of planned figures; and</li> <li>Tonnage of food distributed by type as a percentage of planned distribution.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
By the end of 2012, the proportion of all WFP-assisted households with an acceptable Food Consumption Score was 50 per cent, increased from 30 per cent in May of the same year. The proportion of families with a poor Food Consumption Score also reduced from 47 per cent and 18 per cent over the same period. All targeted beneficiaries received 100 per cent of the food assistance purchased with CERF funds, which			

complemented funds received from other donors..	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The percentage of assisted families with an acceptable Food Consumption Score fell short of the target, mainly owing to increased food prices on local markets and reduced household purchasing power which compromised the ability of beneficiaries to adequately complement WFP assistance with food from other sources.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):	
If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
WFP conducted regular programme monitoring of this emergency operation. Refer to the Standard Project Report for EMOP 200339 ( <a href="http://www.wfp.org">www.wfp.org</a> ).	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	World Food Programme	5. CERF Grant Period:	22 August 2012 – 22 February 2013
2. CERF project code:	12-WFP-053	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food		
4. Project Title:	Emergency Food Assistance to People Affected by Unrest in Syria		
7. Funding	a. Total project budget:		US\$268,146,325 (as of 31 December 2012)
	b. Total funding received for the project:		US\$132,874,701 (as of 31 December 2012)
	c. Amount received from CERF:		US\$501,532
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries		Planned	Reached
			<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female		37,596	12,137
b. Male		34,704	11,202
c. Total individuals (female + male):		72,300	N/A
d. Of total, children <u>under 5</u>		72,300	N/A
9. Original project objective from approved CERF proposal			
Approximately 100 mt of Plumpy'doz purchased with these CERF funds is being distributed to children under-five in families receiving general WFP monthly food rations at selected sites in order to bridge micronutrient gaps in their diets. The overarching objective of this project is to save lives and protect livelihoods through the provision of emergency food assistance to vulnerable people affected by the crisis.			
10. Original expected outcomes from approved CERF proposal			
The provision of monthly food assistance to target households seeks to contribute to the following outcome:			
<ul style="list-style-type: none"> <li>Improved food consumption of the targeted beneficiaries, in terms of quality and diversity of food intake and frequency, as measured by the household Food Consumption Score (target: 75 per cent of assisted households with an acceptable score).</li> <li>Output indicators included:</li> <li>Number of women, men, boys and girls receiving food by category and as a percentage of planned figures; and</li> </ul>			

<ul style="list-style-type: none"> <li>Tonnage of food distributed by type as a percentage of planned distribution.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<p>All funds have been disbursed in full for the purchase of 100mt of Plumpy-Doz® and hence this grant has been concluded. However, for the reasons described in 12 below, distribution of the same is still underway.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>As of December 2013, note the following:</p> <p>While distributions of Plumpy'Doz® were planned to commence earlier, the first did not take place until March 2013 following some delays in instituting necessary partnership arrangements with UNICEF and the Ministry of Health, and completing necessary commodity sampling and customs clearance processes. To date, a total of 225.7mt of the commodity has been dispatched for distribution in support of approximately 50,244 children aged 6-59 months at locations in 12 of Syria's governorates: Damascus, Rural Damascus, Dara'a, Sweida, Quneitra, Homs, Hama, Tartous, Latakia, Aleppo, Idleb and Al-Raqqa.</p> <p>While 12-WFP-053 was originally earmarked for the purchase of Nutributter®, a series of subsequent events compelled a reprioritisation of the funds to purchase Plumpy'Doz®. These included: health-related concerns at the Nutributter® production site, which delayed new production; and an in-kind contribution of the commodity from existing donor stocks, which was expected to meet all requirements at the time; Furthermore, escalating concerns over an increasing risk of wasting amongst young children affected by the crisis, prompted a preference for Plumpy'Doz® given its comparable cost but higher caloric content. Until September 2013, implementation of the programme was limited to official IDP collective centres, where the Ministry of Health has been challenged by haphazard access and limited capacities to distribute at the planned scale. As such, actual distributions and assisted beneficiaries have fallen well below targets thus far; and explain the on-going distribution of quantities purchased with this particular grant. Other challenges included a paucity of technically qualified partners to extend the programme to other locations.</p> <p>Since September, however, WFP began an expansion of the programme to reach vulnerable children in hosting communities; a two month Plumpy'Doz® ration was distributed by one NGO cooperating partner to 2,888 children in Tartous.together with two additional NGO partners distributing the commodity amongst a target 6,500 children in host communities in Homs and Hama (salamiya).In addition,23,000 children in the governorate of Idleb and Rural Hama are currently being targeted with the supplementary product to cover the nutritional requirements of this vulnerable age group.</p> <p>Hence, with this on-going expansion, WFP has managed to improve the pace of its distributions, aiming to prevent acute malnutrition of 300,000 children in 2013.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
See 11 above.	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNICEF	5. CERF Grant Period:	23 March 2012 – 22 December 2012
2. CERF project code:	12-CEF-046	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Food aid, Immunization, Nutrition and PSS Interventions for IDP children in Syria		
7. Funding	a. Total project budget:	US\$ 4,750,000	
	b. Total funding received for the project:	US\$ 4,244,624	
	c. Amount received from CERF:	US\$ 1,004,733	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	125,000	142,342	
b. Male	125,000	142,342	
c. Total individuals (female + male):	250,000	284,684	
d. Of total, children <u>under 5</u>	250,000	284,684	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Sustaining access to vaccination services for children and mothers in hot spots and for IDP children and mothers in the targeted 7 governorates.</li> <li>Sustaining access to essential food items for IDP children.</li> <li>Strengthening growth monitoring services and prevention of malnutrition among IDP children.</li> <li>Widening the accessibility to PSS for all IDPs and families in hot spots.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Percentage of coverage with vaccines among IDPs (90%).</li> <li>IDP Children under 5 have access to growth monitoring, and supplementary food in 7 targeted governorates (250,000).</li> <li>SARC mobile teams provide vaccination services to IDPs in the targeted 7 governorates (7 teams).</li> <li>At least 70 PHCs and 7 polyclinics have the capacity to provide PSS services (70 PHCs, 7 polyclinics).</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>MOH provided with supplies for routine and supplementary immunizations (3000 safety boxes, 3,550,000 syringes, 700 vaccine carriers, and 1000 cold boxes), and was able to reach 284,684 children during the polio eradication campaign and the catch-up campaign in March and April 2012. During measles vaccination campaign in Nov. and Dec. 2012, MOH was able to reach 1.3 million children with measles vaccine, and 1.5 million with polio vaccine (including IDPs).               <ol style="list-style-type: none"> <li>Local NGOs provided with 22,500 food package for children that can serve 90,000 children.</li> <li>Local NGOs provided with 500 cartons of supplementary plumpy and 1,000 cartons of HEB to prevent malnutrition among IDP children.</li> <li>MOH provided with supplies for growth monitoring (100 weighing scales, 200 height measuring boards, 250,000 growth</li> </ol> </li> </ul>			

<p>monitoring cards for boys and girls, and 1,000 MUAC). About 108,300 Syrian children benefited from the nutrition surveillance (growth monitoring) in the first half of 2012; of this number of children, 839 were referred to hospitals for severe malnutrition.</p> <p>4. Volunteers from SARC and other 12 local NGOs in the targeted governorates were trained on nutrition in emergency. It was difficult for the trained NGOs to work as planned due to the deterioration of the security situation in Rural Damascus. Many of those NGOs were followed-up with additional capacity building in 2013 to ensure their ability to do rapid nutrition assessment for IDP children and distributing RTUF, and identifying severe cases for referral.</p> <p>About 240,000 IDP people have access to PSS services through building the capacity of 80 health workers and 50 community volunteers on PSS to ensure availability of PSS services in 80 PHCs for IDP families in Damascus, Rural Damascus, Homs, Hama, Tartous, Aelppo, Raqqa and Hassakeh.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NA	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNICEF	5. CERF Grant Period:	23 March 2012 – 22 December 2012
2. CERF project code:	12-CEF-047	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	NFIs		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of supplies for children and families		
7. Funding	a. Total project budget:	US\$ 10,500,000	
	b. Total funding received for the project:	US\$ 5,953,319	
	c. Amount received from CERF:	US\$ 1,017,570	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female			NA
b. Male			
c. Total individuals (female + male):	60,000	165,000	
d. Of total, children <u>under</u> 5	8,800	21,450	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Children and families receive a family package (including baby kits, hygiene kits, first aid kits, cooking stove, and children clothes)</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
	<b>Indicators</b>		<b>Targets</b>
	Number of families receiving supplies (First Aid kit, Clothing for children, and hygiene kit)		10,000 families / 60,000 persons / 36,000 children.
	Number of families with U 1 year infant receiving baby kit		5,000 U1
	Number of displaced families receiving cooking stove		1,000 / 6,000 persons
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>10,000 families receiving supplies (First Aid kit, Clothing for children, and hygiene kit) (60,000 persons, 36,000 children)</li> <li>5,000 families with infant under one receiving baby kit</li> <li>1,000 displaced families receiving cooking stove (6,000 persons)</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			



NA	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NA	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	23 March 2012-22 December 2012
2. CERF project code:		12-CEF-045	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Education		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Supporting the resumption of education and ensure schools are maintained as safe space for children		
7. Funding	a. Total project budget:		US\$ 10,000,000	
	b. Total funding received for the project:		US\$ 1,231,591	
	c. Amount received from CERF:		US\$ 1,175,288	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		12,000	18,000	Disaggregated data is being obtained from the school records  **The numbers are represents the 21,000 beneficiaries of school supplies, and the 25,000 beneficiaries attending remedial classes, minus the 10,000 of the beneficiaries receiving both to minimize double counting.
b. Male		12,000	18,000	
c. Total individuals (female + male):		24,000	36,000**	
d. Of total, children <u>under 5</u>				
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>Ensuring the return of children to schools in most affected areas.</li><li>Restoring safe and protective environment in schools to ensure improved learning environment.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
Number of children attending schools and remedial classes <ul style="list-style-type: none"><li>21,000 children in schools benefit from school supplies and rehabilitation;</li><li>3,000 children attends remedial classes</li></ul> Number of school receiving supplies and rehabilitation 30 schools				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>To ensure a supportive learning environment 30 schools, 10 in Rural Damascus and 20 in Deraa, have received school furniture to support the learning environment. This includes desks and chairs, teaching and learning materials including library books.</li><li>21,000 children have received essential school supplies like school bags, notebooks, pens, geometry set, etc. in order assist their school attendance; the delivery was conducted in Rural Damascus, Deraa, Tartous and Latakia.</li><li>For the months of August and September, 107 school clubs that provide emergency remedial and catch up classes were supported. Overall, 25,000 school children benefitted from these classes daily throughout Ramadan and the summer holidays. The school clubs ran activities on an average of 5 hours/daily.</li></ul>				

<ul style="list-style-type: none"> <li>• One short advocacy movie was prepared to prevent kidnapping/trafficking. It has been aired through the education TV channel.</li> <li>• A School Health magazine was developed to promote hygiene messages including a story about being an IDP child, which was printed and widely distributed in schools, child-friendly spaces, school clubs and youth facilities.</li> </ul> <p>UNICEF is providing leadership in the Education sector working group, now co-leading with MoE. The group meets on a bi-weekly basis. MoE is a key partner in the coordination of the working group. The other members include UNHCR, International Committee of the Red Cross (ICRC), Syrian Arab Red Crescent (SARC), Première Urgence (PU), Danish Refugee Council (DRC), International Medical Corps (IMC), Secure Islamic France (SIF), and Action Against Hunger (ACF).</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>According to the plan, 30 schools were to be provided with supplies and light rehabilitation. The schools were located in Deraa and Rural Damascus. Needs assessment was conducted by the MoE Building department and bid for contractors sent out. However, the security situations of the locations were very tense and even with the additional time the process was not long enough, and the work at the schools was not been completed. The support therefore was provided to support fully 107 school clubs work for the whole two months on a daily basis.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Gender equality is mainstreamed through targeting schools that target both girls and boys</p> <p>..</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	1 August 2012 – 1 February 2013
2. CERF project code:	12-CEF-085	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Integrated WASH programme and assistance for internally displaced populations		
7. Funding	a. Total project budget:	US\$ 8,500,000	
	b. Total funding received for the project:	US\$ 5,160,479	
	c. Amount received from CERF:	US\$ 3,000,062	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	60,000	180,000	
b. Male	60,000	120,000	
c. Total individuals (female + male):	120,000	300,000	
d. Of total, children <u>under 5</u>	24,000	30,000	
9. Original project objective from approved CERF proposal			
120,000 IDPs in collective shelters have access to adequate sanitation facilities, sufficient drinking water and non-food items, and a child-friendly environment and supplies are provided to 24,000 displaced children			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>120,000 persons having access to potable water.</li> <li>120,000 persons have access to sanitation facilities.</li> <li>120,000 persons receiving NFI assistance.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>300,000 persons received hygiene kits.</li> <li>30,000 children received hygiene baby kits.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Due to the massive displaced population, focus during the last period was given to NFI items (hygiene kits and baby kits), the next step would be to rehabilitate water and sanitation facilities in addition to hygiene promotion.			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):	
If 'NO' (or if GM score is 1 or 0): <b>Syria Humanitarian Response Framework</b>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Monitoring was maintained through regular field missions.	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	23 March 2012 – 22 February 2012
2. CERF project code:		12-CEF-048	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Protection/Child Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Immunization and Nutrition Interventions for Iraqi Children and Mothers		
7. Funding	a. Total project budget:		US\$ 7,750,000	
	b. Total funding received for the project:		US\$ 3,065,750	
	c. Amount received from CERF:		US\$ 587,419	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		N/A	N/A	N/A
b. Male		N/A	N/A	
c. Total individuals (female + male):		12,000	32,000	
d. Of total, children <u>under 5</u>		N/A	N/A	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>• Provide children with psycho-social support in their communities and within the safe learning environment.</li><li>• Strengthen communities and partners' capacity to assist children with Psychosocial Support through Community-based and mobile Child-Friendly Spaces.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>• 30 schools implementing recreational Psycho-social Support Activities benefiting 9,000 children.</li><li>• 5 community based child friendly spaces benefiting 1,000 children.</li><li>• 100 mobile Child friendly spaces benefiting 1,000 children.</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>• A total of 32,000 children were provided with psychosocial support through Ministry of Education and SARC.</li><li>• Three community-based child-friendly spaces established in Damascus and Rural Damascus.</li><li>• Two mobile Child-Friendly Units conducted over 100 sessions.</li></ul> <p>Through its partnership with SARC and SSSD, and through training of teachers in the Ministry of Education, UNICEF reached over 32,000 children with psychosocial support. Activities were carried out in Damascus, Rural Damascus including in Quedsaya and Seidah Zeinab, Seidah Zeinab and Dwella areas. In areas where SARC volunteers could not reach affected children, volunteers of local charity organizations were trained to provide psychological first aid to children. 90 volunteers from local organizations were trained in psychosocial support. This included a 14-day advanced training on psychosocial support for SARC volunteers. Recreational kits, sports kits and musical kits were provided to children in order to enhance PSS.</p>				

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0): 2012 Regional Response Plan for Iraqi Refugees	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	3 May 2012 – 3 November 2012
2. CERF project code:	12-HCR-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency medical assistance for Syrians displaced by the civil unrest		
7. Funding	a. Total project budget:	US\$ 3,025,935 As of 31 December 2012	
	b. Total funding received for the project:	US\$ 3,025,935 As of 31 December 2012	
	c. Amount received from CERF:	US\$ 533,484	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	60,480	63,818	Percentage of female was higher than the estimates. This has to do with the profile of IDPs leaving hot spot areas, with a tendency to evacuate women and children first and chronic patients second. Estimates received at the beginning of the project were not accurate as it seems, and this could explain the discrepancy between planned and reached beneficiaries
b. Male	51,520	42,545	
c. Total individuals (female + male):	112,000	106,364	
d. Of total, children <u>under 5</u>	17,920	13,467	
9. Original project objective from approved CERF proposal			
To mitigate the impact of the current crisis on the ability of Syrian IDPs suffering from acute and chronic diseases to receive life-saving treatment.			
10. Original expected outcomes from approved CERF proposal			
112,000 IDPs suffering from acute and chronic illnesses are provided with adequate medication (impact to be measured by the number of patients receiving treatment).			
11. Actual outcomes achieved with CERF funds			
Access of IDPs to PHC services granted, especially for the most vulnerable groups. Medicines for acute and chronic patients provided, and identification of critical cases achieved.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Estimates received at the beginning of the project were not accurate which explains the discrepancy between planned and reached beneficiaries			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>



If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The CERF component of the project benefitted without discrimination displaced Syrians suffering from life-threatening acute and chronic diseases, regardless of their gender and age.

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

YES ☐ NO ☒

The monitoring and evaluation of this project was based on a number of verifications tools, including:

- Reports shared by implementing partners
- Field visits when the security situation allows
- Feedback from other agencies, NGOs and partners

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	1 Apr 2012 – 1 Oct 2012 1 Aug 2012 – 1 Feb 2013 10 Sep 2012 – 10 Mar 2013
2. CERF project code:	12-HCR-026 12-HCR-037 12-HCR-044	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Non-food items (NFIs)		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Non-food assistance for Syrians displaced by the civil unrest		
7. Funding	a. Total project budget:  b. Total funding received for the project:  c. Amount received from CERF:		US\$ 19,926,807 As of 31 December 2012  US\$ 19,926,807 As of 31 December 2012  US\$ 4,849,123 (\$849,152 for 12-HCR-026; \$3,000,000 for 12-HCR-037; \$999,971 for 12-HCR-044)
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	67,951	67,951	In this sector, UNHCR exceeded the target with NFI assistance provided to an estimated 91,000 families - or more than 454,000 displaced individuals in 2012, covered partially with CERF fund.
b. Male	57,884	57,884	
c. Total individuals (female + male):	125,835 (including 42,500 individuals with special needs)	125,835 (including 42,500 individuals with special needs)	
d. Of total, children <u>under 5</u>	20,135	20,135	
9. Original project objective from approved CERF proposal			
To cover the most urgent basic domestic needs of IDPs in a dignified manner			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>83,335 displaced families provided with basic domestic items thereby preserving their dignity and health.</li> <li>42,500 displaced persons with special needs (elderly, disabled and babies) provided with targeted assistance, thereby preserving their dignity and health.</li> </ul>			
11. Actual outcomes achieved with CERF funds			

The needs in NFIs of 125,835 internally displaced persons (including 42,500 individuals with special needs) have been met.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The CERF component of the project benefitted without discrimination displaced Syrians in need of emergency NFI, regardless of their gender and age.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The monitoring and evaluation of this project was based on a number of verifications tools, including:</p> <ul style="list-style-type: none"> <li>- Regular progress reports shared by implementing partners</li> <li>- Field visits when the security situation allows</li> <li>- Feedback from other agencies, NGOs and partners</li> </ul>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNFPA	5. CERF Grant Period:	1 November 2011 – 1 May 2012
2. CERF project code:		11-FPA-047	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Ensuring access to reproductive health services, including basic and comprehensive emergency obstetric care and psychological support services in the violence affected areas		
7. Funding	a. Total project budget:		US\$ 356,134	
	b. Total funding received for the project:		US\$ 356,134 (US\$175,000)received from UNFPA RR	
	c. Amount received from CERF:		US\$ 181,134	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:  Estimated 60,614 pregnant women (over the six month period).Estimated 9,092 deliveries with obstetric complications in health facilities.  No estimate available for male beneficiaries.
a. Female		60,614	70,000	
b. Male				
c. Total individuals (female + male):		60,614	70,000	
d. Of total, children <u>under 5</u>				
9. Original project objective from approved CERF proposal				
Ensuring access to reproductive health services, including basic and comprehensive emergency obstetric care and psychological support services in the violence affected areas.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>At least 15,000 deliveries assisted by skilled birth attendants.</li><li>At least 1,000 women received psychosocial support care.</li><li>Seven mobile teams operating in the eastern region for the period of project duration, providing reproductive health services and referrals to selected hospitals.</li></ul>				
11. Actual outcomes achieved with CERF funds				
The project achieved its outcomes due to the humanitarian interventions initiated in 2011 and continued in 2012 including the delivery of RH kits, medical equipment and tools, pharmaceutical supplies, and deployment of eight mobile teams, and psychosocial support specialist to build the capacity of IPs on PSS/PFA. As a result, 70,000 women of reproductive age, residing in Rural Damascus, Damascus, Homs and Raqaa, were reached out with RH services and information including: a) 15,200 deliveries which were assisted by skilled birth attendants; b) 1100 women were provided with PSS/PFA services, and c) around 6,000 women were assisted through the provision of clean/home delivery, midwifery and hygiene kits.				

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There are no discrepancies between the planned outcomes and actual results of the project.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The project was part of joint UN Humanitarian Response Plan, but IASC gender marker was not applied. However, enhancing gender equity, women and adolescent girls of reproductive age residing in the affected areas were the primary beneficiaries of the project. In cases where there were men or boys in need of medical care in the household, they were provided with the necessary assistance as well by the mobile team staff. Psychosocial support to women was also a means of strengthening family coping mechanisms and dealing with stress.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The following and verifications sources were used:</p> <ul style="list-style-type: none"> <li>• Regular progress report shared by implementing partners.</li> <li>• Field visits and joint UN assessment mission were carried out in a limited scale due to the prevailing security circumstances.</li> <li>• Verifying information with other sources, including meeting with representatives of different stakeholders including beneficiaries.</li> </ul>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNFPA	5. CERF Grant Period:	30 May 2012- 30 November 2012
2. CERF project code:		12-FPA-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Improving Reproductive Health Services for Violence Affected People SYR12H02, H03, and H04		
7. Funding	a. Total project budget:		US\$ 7,095,369	
	b. Total funding received for the project:		US\$ 2,058,565	
	c. Amount received from CERF:		US\$ 1,258,565	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		500,000	512,000	500,000 women aged 15–49 years  65,000 pregnant women
b. Male		400,000	423,000	
c. Total individuals (female + male):		900,000	9,35,000	
d. Of total, children <u>under</u> 5		N/A	N/A	
9. Original project objective from approved CERF proposal				
Increased availability of primary and secondary reproductive health facilities, emergency obstetric care, and psychosocial support services to women of reproductive age and their families residing in the violence-affected areas of Syria.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>At least 43,000 women receive reproductive health services, including family planning counselling and services (medical points and clinics supported by the project).</li><li>At least 30 primary health care centres and medical points are provided with RH and midwifery kits.</li><li>AT least 15,000 people residing in the violence affected areas are supported by hygiene kits.</li><li>At least 40 health professionals, social workers, and psychological counsellors are deployed to IPs in support of the project implementation.</li><li>At least 3,500 women received psychosocial support care.</li></ul>				
11. Actual outcomes achieved with CERF funds				
RH services were delivered for around 284,000 including: a) emergency obstetric care and deliveries for around 11,370 women; b) 25,000 women were enabled of having access to RH services using free of charge RH vouchers; c) PSS and PFA services and information for around 8,500 women; and c) 20,400 women were assisted through the delivery of dignity kits and 50,000 sanitary				

<p>napkins.</p> <p>Earlier to these achievements, 54 primary health care facilities and normal delivery centres, 8 hospitals, and 3 newly-established RH clinics in Damascus, Nabek, and Aleppo, were supported with medical equipment, supplies, and RH kits to serve more than 900,000 people in these areas. Moreover, 80 health staff was deployed to ensure the delivery of RH services and PSS support to these affected people through SARC, SFPA and SAHPAD static clinics and mobile teams.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>UNFPA was able to exceed the expected number of women reached for RH services through this project. Some adjustment to specific activities was necessary to achieve this, namely, a) establishments of 3 new clinics in the most affected areas b) maintaining a referral mechanism established between implementing partners including SARC, IMC and maternal hospitals and clinics d) using UNFPA core resources to compliment CERF funding in the implementation of the project and e) PSS/PFA capacity building for 320 professionals and community volunteers and MISP orientation sessions 48 health professionals helped RH service providers understand the emergency needs of the population and facilitate an interlinked approach to RH services from the individual to the community to the facility</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The project was part of Syrian Humanitarian Response Plan (SHARP), but IASC gender marker was not applied.</p> <p>UNFPA was also effective in mainstreaming gender considerations in its interventions using three elements: (1) ensuring sex disaggregated data for its monitoring of assistance (2) gave women in the affected areas priority for RH services but included men in the distribution of dignity kits and some prevention of PS stress and (3) included men in the awareness campaigns on sexually transmitted infections and prevention of GBV.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Despite systematic evaluation has not been carried out due to the security circumstances, monitoring and evaluation of the project was based on the following and verifications sources:</p> <ul style="list-style-type: none"> <li>• Regular progress report shared by implementing partners.</li> <li>• Field visits and joint UN assessment mission were carried out in a limited scale due to the prevailing security circumstances.</li> <li>• Verifying information with other sources, including meeting with representatives of different stakeholders including beneficiaries.</li> </ul>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNFPA	5. CERF Grant Period:	26 July 2012 - 25 April 2013
2. CERF project code:		12-FPA-033	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Reproductive Health Emergency Preparedness in Syria		
7. Funding	a. Total project budget:		US\$ 7,095,369	
	b. Total funding received for the project:		US\$ 2,058,565	
	c. Amount received from CERF:		US\$ 800,000	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		500,000	520,000	UNFPA CO built on the outstanding partnership with local and international NGOS to ensure effective project implementation, which contributed to reaching out the affected people as planned.
b. Male		20,000	24,000	
c. Total individuals (female + male):		520,000	544,000	
d. Of total, children <u>under</u> 5		N/A	N/A	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>Improve access of those affected by the violence, especially displaced women of reproductive age and their families to primary and secondary reproductive health facilities and emergency obstetric care.</li><li>The dignity of IDPs is maintained through distribution of personal hygiene materials.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>At least 60,000 women receive reproductive health services, including family planning counselling and services (medical points and clinics supported by the project).</li><li>At least 30 primary health care centres and medical points in the affected governorates are provided with RH and midwifery kits and reproductive health commodities.</li><li>At least 25,000 people residing in the violence affected areas are supported by dignity kits.</li><li>At least 5 mobile units are available and functional.</li></ul>				
11. Actual outcomes achieved with CERF funds				
As a result of the project complete implementation, the outcomes achieved are as follows: a) approximately, 62,000 women received RH services including emergency obstetric care; b) 32primary health care facilities and mobile units, serving around 700,000 people in Rural Damascus, Damascus, Deraa and Aleppo governorates ,were supported with medical equipment, supplies, and RH kits ; c) around 28,000 women were assisted through the delivery of dignity kits; and d) 5 mobile teams , providing RH and PSS services for around 4,500 people, were deployed and provided with needed tools and awareness raising				



materials.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
UNFPA submitted for a 3-month no-cost extension until 25 April 2013 in order to ensure completion of the activities, especially procurement and delivery of supplies which was hindered by the security situation.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The project was part of the SHARP, but IASC gender marker was not applied.</p> <p>UNFPA was also effective in mainstreaming gender considerations in its interventions using three elements: (1) ensuring sex disaggregated data for its monitoring of assistance; (2) gave women in the affected areas priority for RH services but included men in the distribution of dignity kits and some prevention of PS stress; and (3) included men in the awareness campaigns on sexually transmitted infections and prevention of GBV.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Despite systematic evaluation has not been carried out due to the security circumstances, monitoring and evaluation was based on the following and verifications sources:</p> <ul style="list-style-type: none"> <li>• Regular progress report shared by implementing partners.</li> <li>• Field visits and joint UN assessment mission were carried out in a limited scale due to the prevailing security circumstances.</li> <li>• Verifying information with other sources, including meeting with representatives of different stakeholders including beneficiaries.</li> </ul>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNDP	5. CERF Grant Period:	22 May 2012 – 22 November 2012
2. CERF project code:		12-UDP-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Multi-sector: NFIs/Health/Wash		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Support to affected population to access disability equipment and NFIs SYR12H01, SYR12SNF05, SYR12WS02		
7. Funding	a. Total project budget:		US\$ 6,000,000	
	b. Total funding received for the project:		US\$ 990,943	
	c. Amount received from CERF:		US\$ 990,943	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:  UNDP's proposal was planned in a conservative way, taking into consideration the security situation and the difficult access to critical areas. However, during the implementation phase, UNDP was able to expand its outreach to additional Governorates; thus reaching a higher number of affected populations and providing support to the most vulnerable group. Through its field presence and local NGOs partners, UNDP was able to reach out to the most affected segments of IDPs that are not served through any other channels.
a. Female		5,000	62,914	
b. Male		5,000	62,270	
c. Total individuals (female + male):		10,000	124,183	
d. Of total, children <u>under 5</u>		1,000	26,403	
9. Original project objective from approved CERF proposal				
Enhance the response to vulnerable groups and affected population in the current crisis				
10. Original expected outcomes from approved CERF proposal				
Greater capacity of NGOs/CBOs providing humanitarian assistance to affected population in Syria achieved.				
Indicators:				
<ul style="list-style-type: none"><li>Number of NGOs capacitated and supported to provide humanitarian assistance (Baseline: 3 – Target: 12)</li><li>Number of targeted families receiving humanitarian support increased</li><li>Number of individuals receiving treatment and/or services increased</li></ul>				
11. Actual outcomes achieved with CERF funds				

Greater capacity of NGOs/CBOs providing humanitarian assistance to affected population in Syria achieved.

Through the CERF allocated funding, UNDP was able to target 124,183 IDPs through the implementation of the following activities:

- Provision of life saving materials to households/individuals in affected and hosting communities through NGOs/CBOs:
  - Support to NGOs in the provision of health care, services and humanitarian assistance for IDPs
    - Persons with disabilities were provided with wheelchairs to enhance their mobility, 130 wheelchairs were distributed through local NGOs. To meet the needs of the elderly, 600 IDPs were provided with elderly diapers and 600 women were provided sanitary napkins.
  - Support the NGOs and CBOs in the provision of non-food items for affected families; thus increasing the belongings of the IDPs and ensuring the availability of basic household assets for their future return
    - 30 Women were provided with job opportunities in Raqqa, to help them generate their own income and ensure the restoration of their disruption livelihoods. UNDP's field team in Raqqa piloted cash for work initiative based on the existing skills of IDPs. Women were targeted as most vulnerable in the current crisis.
    - 300 of winterization items were produced through the above mentioned initiative, and were distributed to 195 IDPs families in Raqqa.
    - Winterization items and household assets were distributed through local NGOs, within 10 Governorates targeting 87,631 IDPs residing in shelters and unfinished buildings (14,875 blankets, 850 duvets, 7,600 mattresses, 9,388 winter clothes, 3,988 carpets and 2,300 meter of floor insulation rugs, 200 Electric heaters, 1,140 Electric stoves, 2,150 bedding sets, 850 Pillows, 150 kitchen set); thus enhancing their resilience and ability to tolerate the harsh living conditions in addition to increasing their assets for future return.
  - Support the NGOs and CBOs in the provision of hygiene kits for affected households and individuals and
    - 11,000 families were provided with hygiene kits covering their need from one month.

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

N/A

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

YES ☐ NO ☒

**If 'YES', what is the code (0, 1, 2a, 2b):**

**If 'NO' (or if GM score is 1 or 0):** Beneficiaries are the IDPs in Homs, Dara'a, Damascus, Rural Damascus, Aleppo, Deir Ezzor, Hama, Raqqa, Hasakeh, Latakia, Sweida and Tartous. The beneficiaries are family members (men, women and children) including the elderly, as well as persons with special needs or living with disabilities. UNDP ensured that gender is mainstreamed throughout the implementation process and focused on vulnerable groups including female headed households, elderly and children

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

YES ☐ NO ☒

N/A

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNDP	5. CERF Grant Period:	25 November 2011-25 May 2012
2. CERF project code:	11-UDP-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Enhance Psychosocial support to victims of Violence		
7. Funding	a. Total project budget:	US\$ 428,000	
	b. Total funding received for the project:	US\$ 321,000	
	c. Amount received from CERF:	US\$ 321,000	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	1,000	1,900	
b. Male	1,000	1,900	
c. Total individuals (female + male):	2,000	3,800	
d. Of total, children <u>under</u> 5	500	850	
9. Original project objective from approved CERF proposal			
Enhance the prevention, protection and response to vulnerable groups with special attention being given to the protection of women/girls with a focus on, children, orphans, elderly and persons with disabilities			
10. Original expected outcomes from approved CERF proposal			
Outcome: Better prevention, protection and response to GBV achieved.			
Indicators:			
1) Number of NGOs servicing women in need trained and capacitated (Baseline: 0 – Target: 8)			
2) Nine NGOs trained and capacitated on dealing with children in affected areas			
11. Actual outcomes achieved with CERF funds			
Capacities of NGOs/CBOs enhanced to better address the humanitarian crisis			
Through CERF funding UNDP managed to finance two NGOs and supported a third with in-kind assistance. Through UNDP's support, local NGOs were able to expand services and access to affected and displaced population through the provision of hygiene kits, blankets, heaters, as well as supported NGOs providing medical services and support with lifesaving consumable and mid-life medical equipment and supplies, especially targeting the needs of the disabled. As such, NGOs were able to sustain and			

expand their services in two badly affected areas; Homs and Hama at a critical time, due to the stark escalation of violence in both cities. In Homs in particular, the Society of Charity and Social Services was able to access much needed medical supplies for the Al-Burr Hospital. Given the increase in the level of violence, CERF funding facilitated the provision life-saving support to families, children and individuals affected. In Hama, support to families and children cared for the by organization also came at a critical time as violence continues to escalate.

CERF's contribution was able to reach areas in a difficult time through NGOs present and active in conflict areas and areas where displaced population is located. NGOs managed to reach more than 500 displaced families, support to over 1000 families in rural Damascus 350 families in Homs and 200 families in Hama was given with life-saving materials and hygiene kits. In Hama also, the orphan centre run by the Islamic Society for Orphan Security was able to accommodate the 60 extra children including those who have lost their parents due to the conflict.

Furthermore, UNDP implemented a series of 10 trainings on psychosocial support, psychosocial first aid, women's empowerment and Gender-Based Violence for NGOs operating throughout Syria with focus on conflict areas, those training session were very useful in protecting NGOs personnel from burnout and in enabling NGOs personnel serve and provide IDPs and populations in hot areas with PSS and PFA and act as a referral body for cases that need professional intervention.

The main issue that hindered the implementation of the CERF funded activities is the accessibility to the hot areas. However, due to a stringent selection criteria based on accessibility to affected populations and good standing in the community, UNDP is able to ensure delivery of life-saving services, goods and/or skills to badly affected areas, UNDP managed through the local NGOs to mobilize local communities by working with community based organizations that operate at the micro-level and have the advantage of enjoying special connection with local communities at the smallest circles (families and even individuals), thus managing to deliver the humanitarian assistance in areas where everyone else is suffering to reach.

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

N/A

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

YES ☒ NO ☐

All assistance disbursed targeted affected population on the family level, and special attention was given to female headed households, therefore, men and women.

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

YES ☐ NO ☒

N/A

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	IOM	5. CERF Grant Period:	1 November 2011–1 May 2012
2. CERF project code:	11-IOM-040	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection and Human Rights		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Life-saving evacuation of most vulnerable Third Country Nationals (TCNs) from conflict areas in Syria		
7. Funding	a. Total project budget:	US\$ 1,075,350	
	b. Total funding received for the project:	US\$ 247,421	
	c. Amount received from CERF:	US\$ 247,421	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	195	279	N/A
b. Male	25	24	
c. Total individuals (female + male):	225	312	
d. Of total, children <u>under 5</u>	5	9	
9. Original project objective from approved CERF proposal			
The CERF project will offer immediate life-saving evacuation assistance to up to 225 highly vulnerable migrants stranded in Syria and with no other means of returning home to escape the increased unrest.			
10. Original expected outcomes from approved CERF proposal			
Outcome: Up to 225 vulnerable third country nationals (TCNs) evacuated from Syria to home countries.			
11. Actual outcomes achieved with CERF funds			
IOM over achieved the target number and managed to assist 312 vulnerable migrants.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The majority of assisted migrants are women. This includes foreign domestic workers who have lost their jobs, fear for their safety and residing in areas affected by serious conflict in addition to irregular migrants held in detention, etc.			

14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>IOM M&amp;E was conducted with the support of the regional office in Cairo where financial reports and weekly situation reports were prepared in order to track departures and expenditures, ensuring the project was implemented according to the criteria agreed upon.</p> <p>All registration and manifests were prepared according to IOM movement guidelines and recorded into a movement management database. Statistical reports were also prepared and shared with regional office and HQ.</p>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		IOM	5. CERF Grant Period:	3 May 2012- 3 November 2012
2. CERF project code:		12-IOM-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Humanitarian Evacuation and Assistance for most vulnerable migrant workers and host communities in Syria		
7. Funding	a. Total project budget:		US\$ 8,550,000	
	b. Total funding received for the project:		US\$ 903,340	
	c. Amount received from CERF:		US\$ 655,919	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		5,000	8,356	
b. Male		4,000	8,112	
c. Total individuals (female + male):		9,000	16,468	
d. Of total, children <u>under</u> 5		1,000	1,412	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>The CERF project will offer immediate lifesaving evacuation assistance to up to 280 vulnerable migrants stranded in Syria and with no other means of returning home and escape the increased unrest</li><li>Provision of Non-food Items to migrants and communities hosting migrants in affected conflict zones</li></ul>				
10. Original expected outcomes from approved CERF proposal				
The humanitarian assistance provided to migrant workers and their host communities affected by the conflict will comprise of: <ul style="list-style-type: none"><li>Registration and verification of up to 9,000 migrant workers who are willing to return to their Country of Origin (CoO) and maintaining updated database.</li><li>Ensuring proper document processing of exit formalities for 280 vulnerable migrants.</li><li>Up to 280 most vulnerable migrant workers (TCNs) provided with air transport and medical escort if necessary, including transit support up to home country.</li><li>Up to 9,000 NFI Kits provided to migrants and communities hosting migrants. This was adjusted based on reprogramming request dated 6 August 2012 to provide 2,700 emergency NFI kit for the most vulnerable IDPs; and assist 13,500 vulnerable IDPs individuals with NFI kits in coordination with national service partners.</li><li>IOM internal evaluation concluded within three months of the end of project activities.</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>In close coordination with the Philippines and Indonesian Embassies and other partners in Damascus, IOM registered up to 18,033 migrant workers and maintained an updated database.</li><li>IOM ensured proper document processing of exit formalities for 394 vulnerable migrants.</li></ul>				



<ul style="list-style-type: none"> <li>• 394 vulnerable migrant workers (TCNs -third country nationals) were provided with air transport and pre-departure medical screening, including transit and arrival assistance up to home country.</li> <li>• IOM provided assistance to 16,074 extremely vulnerable displaced persons in need of emergency care. A total number of 6,805 NFI were distributed to IDPs (3,100 hygiene kits and 3,705 winterization kits.</li> <li>• IOM emergency expert was deployed to Syria for internal evaluation and monitoring of the project activities.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>NFIs kits were designed in light of the actual IDPs needs, Sphere standard and the social-cultural conditions of the IDPs families. 62 % of assisted migrants were female. This includes foreign domestic workers who have lost their jobs, fear for their safety and are residing in areas affected by serious conflict in addition to irregular migrants held in detention, etc.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>IOM M&amp;E was conducted with the regional emergency team deployed by IOM HQ and IOM's Preparedness and Response Division at HQ, where financial reports and weekly situation reports were prepared in order to track departures and expenditures, ensuring the project was implemented according to the criteria agreed upon.</p> <p>All registration and manifests were prepared according to IOM movement guidelines and entered into movement management database. In close coordination with LINGO partners, IOM staff managed to register the majority of IDPs, where security situation allowed for it, including a record of IDPs who received assistance.</p> <p>Statistical reports were also prepared and shared with regional office and HQ.</p>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		IOM	5. CERF Grant Period:	1 August 2012–31 January 2013
2. CERF project code:		12-IOM-026	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Humanitarian Evacuation and Assistance for most vulnerable migrant workers and IDPs in Syria		
7. Funding	a. Total project budget:		US\$ 15,000,000	
	b. Total funding received for the project:		US\$ 4,152,468	
	c. Amount received from CERF:		US\$ 957,575	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		7,325	15,553	263 female domestic workers from Philippines were displaced by the unrest in Syria particularly from the conflict-stricken governorates of Damascus, Daraa, Homs, Hama, Aleppo and others. These vulnerable workers were in need of immediate life-saving evacuation assistance. Due to limitation of international flights from Syria, organizing a chartered flight to Manila was the only possible way to provide timely and dignified return assistance. However, using a chartered flight caused an increase in the cost of air-transportation allocated for each migrant. As a result, 483 migrants instead of 650 migrants were provided evacuation assistance..
b. Male		7,325	13,336	
c. Total individuals (female + male):		14,650	28,889	
d. Of total, children <u>under 5</u>		1,172	2,376	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>To offer immediate life-saving evacuation assistance to up to 650 vulnerable migrants stranded in Syria and with no other means of returning home and escaping the increased unrest.</li><li>To provide 2,800 essential Non-Food Items (NFI) to 14,000 IDPs in Damascus area to meet the most basic needs.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>Number of Migrants (TCNs) registered and assessed for humanitarian evacuation assistance. Target :650</li><li>Number of TCNs provided with land and air evacuation assistance to countries of origin. Target: 650</li><li>Number of TCNs provided with pre-departure health checks. Target: 650</li><li>Number and type of kits distributed to the IDPs. Target: 2,800</li><li>Number of IDP individuals received adequate relief assistance. Target: 14,000</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>Number of Migrants (TCNs) registered and assessed for humanitarian evacuation assistance. Actual outcomes achieved: 483 TCNs</li><li>Number of TCNs provided with land and air evacuation assistance to countries of origin. Actual outcomes achieved: 483</li></ul>				

<p>TCNs</p> <ul style="list-style-type: none"> <li>• Number of TCNs provided with pre-departure health checks. Actual outcomes achieved: 483 TCNs</li> <li>• Number and type of kits distributed to the IDPs. Actual outcomes over achieved: 800 hygiene kits and 13,988 winterization Kits were distributed.</li> <li>• Number of IDP individuals received adequate relief assistance. Actual outcomes over achieved 28,406 IDPs</li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>263 female domestic workers from Philippines were displaced by the unrest in Syria, particularly from the conflict-stricken governorates of Damascus, Daraa, Homs, Hama, Aleppo and others. Those vulnerable workers were in need of immediate life-saving evacuation assistance. Due to limitation of international flights from Syria, organizing a chartered flight to Manila was the only possible way to provide timely and dignified return assistance. However, using a chartered flight caused an increase in the cost of air-transportation allocated for each migrant. As a result, the total number of assisted TCNs was 483 migrants instead of 650 migrants.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>NFIs kits were designed in light of the actual IDPs needs, SPHERE standard and the social-cultural conditions of the IDPs families. 84% of assisted migrants were female. This includes foreign domestic workers who have lost their jobs , fear for their safety and residing in areas affected by serious conflict in addition to irregular migrants held in detention, etc.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>IOM M&amp;E was conducted with the regional emergency team deployed by IOM HQ and IOM's Preparedness and Response Division at HQ where financial reports and weekly situation reports were prepared in order to track departures and expenditures ensuring the project was implemented according to the criteria agreed upon.</p> <p>All registration and manifests were prepared according to IOM movement guidelines and entered into movement management database.</p> <p>Statistical reports were also prepared and shared with regional office and HQ. All TCNs were registered by IOM registration team and majority of IDPs (85%) were registered by IOM staff during distributions.</p>	

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	15 November 2011 – 15 May 2012
2. CERF project code:	11-FAO-040	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Livelihoods		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency response to support livelihoods and food security of migrant farmers and herders returning from Dara'a Governorate due to the ongoing crisis in the Syrian Arab Republic		
7. Funding	a. Total project budget:		US\$ 1,435,966
	b. Total funding received for the project:		US\$ 435,966
	c. Amount received from CERF:		US\$ 435,966
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	300 WHHs (or 2,700 individuals)	300 WHHs (or 2,700 individuals)	<p>The number of reached beneficiaries was reduced due to the following reasons:</p> <p>a) the quantity of improved seed distributed was increased from 150 to 250 kg/HH to ensure affected farmers restoring their main activity and achieving their food security by producing more quantity of barley;</p> <p>b) the quantity of improved seeds distributed was increased from 300 kg/HH to 400 kg to sustain the remaining herd until the regrowth of natural pastures.</p> <p>The new per household quantities were discussed and agreed upon with MAAR, GCSAR, and RWED to achieve a stronger project impact.</p>
b. Male	3,100HHs (or 27,900 individuals)	2,574 HHs (or 23,166 individuals)	
c. Total individuals (female + male):	30,600	25,866	
d. Of total, children <u>under</u> 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Provision of barley seeds in support of 1,000 poor farmers HHs in the north-eastern region to enable them to restore their farming activities for the upcoming cropping season, due to start in October/November 2011, each of the targeted HHs will receive 150 kgs of seeds which are sufficient to plant 2 hectares of land.</li> <li>Provision of animal feed to 2,100 poor small herders HHs to enable these them to sustain the remaining of their small/eroded herds. Targeted HHs will receive 300 kgs of animal feed (enough for 3-4 months for up to 8 heads of sheep) to enable them to sustain the remaining of their small herds, which is the only available source/base of family income.</li> </ul> <p>Provision of 20 chickens/egg layers per households to 300 of the poorest WHHs that have lost their source of income, as an income generation activity. These activities will enable families to restore their resilience, livelihoods and/or generate some income and help</p>			

them to survive the difficult situation, improve family nutrition and enable the targeted HHs to send their children back to schools.	
10. Original expected outcomes from approved CERF proposal	
<p>The expected direct outcomes of the project were:</p> <ul style="list-style-type: none"> <li>• 150 MT of barley seeds procured to support 1,000 farmers HH, where each household will receive 150 kgs of seeds enough for 2 hectares.</li> <li>• 630 MT of animal feed procured to support 2,100 beneficiaries HHs, where each HH will receive 300 kg of animal feed.</li> <li>• 6,000 units of layer chickens, along with 23 MT of poultry feed, procured to support 300 poor beneficiaries of women-headed HH. Each HH will receive 26 units of layer chickens and 77 kgs of poultry feed.</li> </ul> <p>Total beneficiaries from the CERF funded activities are 3,400 households or 30,600 individuals considering each household is composed of 9 individuals. This is in addition to 5,000 HH who will get assistance from the Government counterpart funding (5,000 HH x 9 =45,000 individuals)</p>	
11. Actual outcomes achieved with CERF funds	
<p>The actual outcomes achieved with project funds were as follows:</p> <ul style="list-style-type: none"> <li>• 832 poor farmers benefited from 208 MT of barley seeds procured and distributed, where each HH received 250 kg of improved seed instead of 150 initially planned.</li> <li>• 1,715 poor herders benefited from 686 MT of animal feed (grazing barley and wheat bran) in Deir Ezzor and Homs. Each HH received a quantity of 400 kg instead of 300 kg initially planned.</li> </ul> <p>300 WHHs received 6,000 chickens and 16 MT of poultry feed in Idleb.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The number of reached beneficiaries was reduced due to the following reasons:</p> <ul style="list-style-type: none"> <li>• the quantity of improved seed to be distributed was increased from 150 to 250 kg/HH to ensure affected farmers restoring their main activity and achieving their food security by producing more quantity of barley; and</li> <li>• the quantity of improved seed to be distributed was increased from 300 kg/HH to 400 kg sustaining the remaining herd until growth of natural pastures.</li> </ul> <p>The new ration/HH was discussed and agreed upon with Ministry of Agriculture and Agrarian Reform (MAAR), General Commission for Scientific Agricultural Research (GCSAR), and Rural Women Empowerment Directorate (RWED) to achieve more project impact.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Although the project did not consider a specific strategy to address gender needs, efforts were made to add a specific gender element in the identification of the beneficiaries and in the distribution of special inputs specifically targeting women-headed households, therefore addressing a specifically gender group. GM code should be 1	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>A monitoring system was designed and implemented enabling the evaluation of project achievement. The following steps were taken:</p> <ul style="list-style-type: none"> <li>• A virtual project task force (VPTF) was established at the beginning of the project, to include technical/operational officers from FAO-HQs and field office which under took periodical consultations and follow up meetings.</li> <li>• FAO team led the selection process of beneficiaries, during the first two weeks of project approval, and reported back to FAO Representative.</li> <li>• FAO team joined the superintendence contractor team to take samples of agricultural inputs for lab tests. Only once the quality of the inputs was ensured, the inputs were distributed to beneficiaries.</li> <li>• During the second and third weeks of inputs procurement, FAO team supervised the distribution of inputs to the selected</li> </ul>	

beneficiaries and reported back to FAO Representative.

- Field tour were conducted by the FAO team to targeted areas, at the end of the second month and third month of project period, to follow up on project progress and report back to FAO Representative.
- A final project report was prepared, summarizing project performance and impact, for further submission to project management and OCHA.

No evaluation was conducted upon completion of project implementation.

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		FAO	5. CERF Grant Period:	7 May 2012 - 7 November 2012
2. CERF project code:		12-FAO-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Livelihood		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Emergency response to support life-saving livelihoods and food security of poor small herders and farmers households affected by the ongoing crisis in Idleb, Homs, Hama and Deir Ezzor provinces of the Syrian Arab Republic		
7. Funding	a. Total project budget:		US\$ 27,052,500	
	b. Total funding received for the project:		US\$ 4,439,146	
	c. Amount received from CERF:		US\$ 728,122 (from this grant)	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		50 HH or 450 individuals	74 HH or 666 individuals	<ul style="list-style-type: none"><li>Unavailability of animal feed at the time of distribution. Besides the effort of the FAO emergency team to procure animal feed from different warehouses in the country, insecurity hampered the transportation of animal feed from the identified warehouses to the distribution points. In other cases, warehouses have been looted or destroyed. Out of more than 100 warehouses present in the country with animal feed at the time of the preparation of the project proposal, only 20 are still functional.</li><li>Number of women-headed household has been exceeded and totals 74 (compared to 50 HHs) due to efficient use of the CERF funds.</li><li>Number of farmers' beneficiaries has been increased from 1,100 to 1,600 as seeds were procured at a subsidized price established by Government of Syria as a contribution to the project.</li></ul>
b. Male		3,100 HH or 27,900 individuals	2,674 HH or 24,066 individuals	
c. Total individuals (female + male):		28,350	24,732	
d. Of total, children <u>under 5</u>		NA	NA	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>Provision of 800 MT of animal feed to support 2,000 HH poor small herders (400 kg each) to enable them sustain the remaining of their small herds as main/only source of HH income and hence life-sustaining.</li><li>Provision of 250 units of female pregnant sheep along with 20 MT of animal feed to support 50 poor women-headed households who lost their small herds completely and have no other source of income. Each HH will get five female pregnant sheep units along with 400 kg of animal feed enough for six months to enable them to generate some income, restore their livelihood base and ensure life sustaining.</li></ul>				

Provisions of agricultural inputs to support 1,100 poor farming households to enable them restore their farming activities as main source of income and base of HH livelihood.	
10. Original expected outcomes from approved CERF proposal	
<ul style="list-style-type: none"> <li>800 MT of animal feed procured and distributed to 2,000 poor small herder HHS (400 kg each),</li> <li>250 units of female pregnant sheep along with 20 MT of animal feed procured and distributed to 50 poor women-headed households who lost their small herds completely and have no other source of income.</li> </ul> <p>Agricultural inputs procured and distributed to 1,100 poor farming households to enable them restore their farming activities.</p>	
11. Actual outcomes achieved with CERF funds	
<p>In total 2,674 poor herders, farmers households and women-headed households were assisted with the CERF funded intervention:</p> <ul style="list-style-type: none"> <li>1,000 herders have received 250 MT of grazing barley and 250 MT of wheat bran (500 Kg each). In total 500 MT of animal feed have been distributed.</li> <li>74 women-headed households received 296 units female pregnant sheep (4 units each).</li> </ul> <p>1,600 HHs received 400 MT barley seed (250 Kg each),</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> <li>150 MT of grazing barley (animal feed) and 150 MT of wheat bran (animal feed) were not distributed due to the impossibility of transporting the animal feed from the warehouse located in Salamiya to the distribution point in Idleb Governorate. Beside several attempts done with the support of the Logistic Cluster using WFP trucks, the convoy was not able to pass the roadblocks of the Government Forces and was sent back to the warehouse. Considering that the feed was available in the warehouse and the need to distribute the feed during the winter season, FAO in agreement with the national counterpart decided to distribute to poor herder families identified in the Governorate of Hama where the store is located. 600 beneficiary households have been added to the total number of beneficiaries reached by the intervention in Hama. This was communicated to OCHA as soon as the distribution was completed.</li> <li>With consideration to the number of women-headed household included in the list of beneficiaries, it was considered appropriate to raise the number of this category of beneficiaries during the implementation.</li> </ul> <p>Ration of animal feed was adjusted from 400 kg to be 500 kg per household to allow a better coverage of the needs of livestock keepers in consideration of the increased cost of animal feed on the market during the winter spell.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Although the project did not consider a specific strategy to address gender needs, efforts were made to add a specific gender element in the identification of the beneficiaries and in the distribution of special inputs been targeting specifically women-headed households, therefore addressing a specifically gender group. GM code should be 1.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>No the impact of the project was not evaluated.</p> <p>FAO has a team of field officers in place to monitor project implementation. Functions of FAO field officers are described below:</p> <p>A project committee is established at the beginning of the project. This includes technical/operational officers from FAO and Ministry of Agriculture and Agrarian Reform with the tasks of formulating selection criteria and identify areas of implementation.</p> <p>FAO field officers with the support of MAAR extensionists conducted the selection process of beneficiaries. FAO contracted an external superintendence contractor to conduct laboratory tests for all procured inputs according to FAO standard rules and procedures. FAO team supervised the distribution of inputs to the selected beneficiaries.</p> <p>Reports of project activities are presented by the FAO field officer to the FAO country office in Syria.</p>	



TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		Food and Agriculture Organization of the United Nations	5. CERF Grant Period:	14 September 2012 – 13 March 2013
2. CERF project code:		12-FAO-034	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:		Livelihood		<input type="checkbox"/> Concluded
4. Project Title:		Emergency response to support life-saving/sustaining livelihoods and food security of poor small herders and farmers households affected by the ongoing crisis in Idleb, Homs, Hama and Dara'a provinces of the Syrian Arab Republic		
7. Funding	a. Total project budget:		US\$ 27,052,500	
	b. Total funding received for the project:		US\$ 4,439,146	
	c. Amount received from CERF:		US\$ 2,000,000	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		200 HH or 1800 individuals	Distribution is being finalized	In addition to the activities indicated in the project document FAO has also implemented the distribution of 8,000 laying hens and 12.5 MT of poultry feed to 500 poor peri-urban households. This activity was undertaken in November 2012 to support hosting communities in Rural Damascus after the security situation in the Governorate rapidly deteriorated, increasing the number of IDPs hosted in the area (see attached map reporting people in need of humanitarian assistance in Syria in November 2012). The distribution of poultry and poultry feed has been also suggested by the winterization strategy formulated by FAO as one of the measures to support peri-urban poor during the winter period. The activity was possible due to savings obtained with the procurement of animal feed and sheep.
b. Male		8,200 HH or 73,800 individuals (man and women)	565 households or 5,904 individuals (men and women)	
c. Total individuals (female + male):		75,600		
d. Of total, children <u>under 5</u>		n.a.	n.a.	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>• Provision of 2,080 MT of animal feed to support 5,200 HHs poor small herders (400 Kg per HH) to enable them to sustain the remaining of their small herds as these constitute the main/only source of HH income and hence life-sustaining.</li><li>• Provision of 1,000 units of female pregnant sheep along with 80 MT of animal feed to support 200 poor women-headed households who have completely lost their small herds and have no other source of income. Each HH will get five female pregnant sheep units along with 400 kg of animal feed sufficient for six months to enable them to generate some income, restore their livelihood base and ensure life-sustaining.</li></ul>				
Provision of 620 MT of wheat and barley seeds to support 3,000 poor farming households to enable them to restore their farming				

activities as main source of income and base of HH livelihood.	
10. Original expected outcomes from approved CERF proposal	
<ul style="list-style-type: none"> <li>• 2,080 MT of animal feed procured and distributed to 5,200 poor small herder HHs (400 Kg per HH).</li> <li>• 1,000 units of female pregnant sheep along with 80 MT of animal feed procured and distributed to 200 poor women-headed households who have completely lost their small herds and have no other source of income.</li> </ul> <p>620 MT of wheat and barley seeds procured and distributed to 3,000 poor farming households to enable them restore their farming activities.</p>	
11. Actual outcomes achieved with CERF funds	
<p>Although distribution of remaining inputs is ongoing, all inputs have been purchased and are available in the warehouses within the country. At the time of reporting, 656 poor herders, farmers and women-headed households were assisted:</p> <ul style="list-style-type: none"> <li>• 500 poor HHs received 8,000 laying hens (16 hens per HH) along with 12.5 MT of poultry feed.</li> </ul> <p>156 farming HHs received 39 MT barley seed (250 Kg per HH).</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The main discrepancy with the planned activities has been the distribution of 8,000 hens and 12.5 MT of poultry feed to 500 poor peri-urban households. This activity was undertaken in November 2012 to support hosting communities in Rural Damascus after the security situation in the Governorate rapidly deteriorated, increasing the number of IDPs hosted in the area (see attached map reporting people in need of humanitarian assistance in Syria in November 2012). The distribution of poultry and poultry feed has been also suggested by the winterization strategy, formulated by FAO as one of the measures to support peri-urban poor during the winter period</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Although the project did not include a specific strategy to address gender needs, efforts were made to add a specific gender element in the identification of the beneficiaries and in the distribution of tailored inputs specifically targeting women-headed households, therefore addressing a specifically gender group. GM should be 1.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input type="checkbox"/>
<p>The impact of the project was not evaluated as the project is still concluding some activities. FAO has a team of field officers in place to monitor project implementation. Functions of FAO field officers are described below:</p> <ul style="list-style-type: none"> <li>• A project committee is established at the beginning of the project. This includes technical/operational officers from FAO and Ministry of Agriculture and Agrarian Reform with the tasks of formulating selection criteria and identify areas of implementation.</li> <li>• FAO field officers with the support of MAAR extensionists conducted the selection process of beneficiaries.</li> <li>• FAO contracted an external superintendence contractor to conduct laboratory tests for all procured inputs according to FAO standard rules and procedures.</li> <li>• FAO team supervised the distribution of inputs to the selected beneficiaries.</li> </ul> <p>Reports of project activities are presented by the FAO field officer to the FAO country office in Syria.</p>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNRWA	5. CERF Grant Period:	15 May 2012 – 14 November 2012
2. CERF project code:		12-RWA-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Life-saving Medical Supplies for Palestine Refugees in Syria		
7. Funding	a. Total project budget:		US\$ 1,132,200	
	b. Total funding received for the project:		US\$ 699,276	
	c. Amount received from CERF:		US\$ 699,276	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		240,000	238,000	
b. Male		240,000	234,000	
c. Total individuals (female + male):		508,000	472,000	
d. Of total, children <u>under 5</u>		28,000	26,000	
9. Original project objective from approved CERF proposal				
Insure the availability of needed essential and live saving medical supplies to registered Palestine refugees in SAR to reduce mortality and morbidity among Palestine refugees				
10. Original expected outcomes from approved CERF proposal				
The main expected outcome is to reduce mortality and morbidity by providing lifesaving primary medical services to all Palestine refugees receiving services in all UNRWA health clinics in Syria.				
1. Ensure quality health care services for Palestine refugees: Number of Palestine refugee patients receiving medical services (disaggregated by clinic and disease type, age, and gender): Disaggregated patient data is not available due to movement restrictions and insecurity surrounding health centres plus degraded communications infrastructure. On average, nice health centres were closed due to insecurity during the reporting period.  Number of health facilities provided with essential medical supplies: 23  Number of facilities with no stock rupture of 15 tracer items, including antibiotics and insulin: 23				
2. Ensure access to routine Expanded Programme on Immunization (EPI) services through the procurement and delivery of vaccines to Palestine refugees:				

<p>Number of EPI vaccines purchased and distributed to health centres for preventable diseases: 7 vaccines to 23 health centres</p> <p>Number of children (disaggregated by gender) that have received all EPI vaccinations as required 0-5 years of age: 8,450, Males: 4,250 and Females: 4,200</p> <p>School children - First and Seven grades: 8,150 Males and Females 7,400</p> <p>Number of new tuberculosis cases detected: None</p>	
11. Actual outcomes achieved with CERF funds	
<p>1. Ensure quality health care services for Palestine refugees:</p> <ul style="list-style-type: none"> <li>Number of Palestine refugee patients receiving medical services (disaggregated by clinic and disease type, age, and gender) = Disaggregated patient data is not available due to movement restrictions and insecurity surrounding health centres plus degraded communications infrastructure. On average, nine health centres were closed due to insecurity during the reporting period.</li> <li>Number of health facilities provided with essential medical supplies: 23</li> <li>Number of facilities with no stock rupture of 15 tracer items, including antibiotics and insulin: 23</li> </ul> <p>2. Ensure access to routine Expanded Programme on Immunization (EPI) services through the procurement and delivery of vaccines to Palestine refugees:</p> <ul style="list-style-type: none"> <li>Number of EPI vaccines purchased and distributed to health centres for preventable diseases: 7 vaccines to 23 health centres</li> <li>Number of children (disaggregated by gender) that have received all EPI vaccinations as required = 0-5 years of age: 8,450, Males 4,250 and Females 4,200; School children First and Seven grades: 8,150 Males and Females 7,400</li> <li>Number of new tuberculosis cases detected: None</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
None.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
All refugees, regardless of the gender, had received the purchased drugs and all children vaccinated.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNRWA	5. CERF Grant Period:	11 October 2012 – 31 May 2013
2. CERF project code:	12-RWA-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multisector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Food and Non-Food Assistance to Palestine Refugees in Syria		
7. Funding	a. Total project budget:	US\$ 26,489,040	
	b. Total funding received for the project:	US\$ 6,933,227	
	c. Amount received from CERF:	US\$ 2,020,544	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	29,352	29,352	
b. Male	12,580	12,580	
c. Total individuals (female + male):	41,932	41,932	
d. Of total, children <u>under 5</u>	N/A		
9. Original project objective from approved CERF proposal			
To provide life-saving humanitarian assistance to conflict-affected Palestine refugees in Syria in order to increase their resilience throughout the conflict.			
10. Original expected outcomes from approved CERF proposal			
Food and NFIs distributed to vulnerable conflict-affected Palestine refugees. Target: 41,932 individuals for food assistance and 2,206 households for NFI assistance			
11. Actual outcomes achieved with CERF funds			
The Agency responded to the specific needs of vulnerable and displaced refugees, providing monthly food parcels and NFIs to beneficiaries who were unable to obtain basic items on the open market. Results indicate that approximately 41,932 refugees were able to better meet their most immediate food needs as a result of this humanitarian assistance. Food is otherwise difficult to obtain in collective shelters, and this regular food assistance improved resilience amongst refugees immediately following displacement from the homes due to conflict and insecurity.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):	
If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

## CERF EMERGENCY RESPONSE – IRAQI REFUGEES IN SYRIA (UNDERFUNDED ROUND II 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response:</i>		<b>148,016,716</b>
<b>Breakdown of total response funding received by source</b>	<b>Source</b>	<b>Amount</b>
	CERF	6,983,629
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	1,000,000
	OTHER (Bilateral/Multilateral)	0
	<b>TOTAL</b>	<b>7,983,629</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
<b>Allocation 1 – Date of Official Submission: 23 February 2012</b>			
<b>Agency</b>	<b>Project Code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
UNFPA	12-FPA-011	Health	597,060
UNHCR	12-HCR-016	Food	4,103,450
UNHCR	12-HCR-017	Health	597,541
UNICEF	12-CEF-015	Health	886,741
UNRWA	12-RWA-001	Food	798,837
Sub-total CERF Allocation			6,983,629
<b>TOTAL</b>			<b>6,983,629</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	6,386,088
Funds forwarded to NGOs for implementation	597,541
Funds forwarded to government partners	0
<b>TOTAL</b>	<b>6,983,629</b>

The one million Iraqi refugees in Syria, as estimated by UNHCR, in February 2012, continued to form one of the largest urban refugee populations in the world. Of those registered with UNHCR (109,815 by February 2012), around 45 per cent had been in Syria for more than five years. The protracted nature of exile and the civil unrest in the country since March 2011 had led many refugees to lose their

coping mechanisms and a sizeable group of refugees were dependent on outside assistance to maintain their basic well-being. The civil unrest had a significant impact on the most vulnerable refugees. The majority continued to live in and around Damascus and still benefited from asylum and co-existence with the host community. However, most were unable to seek legal employment and the marked decline in the Syrian economy since the crisis began in March 2011 made it more difficult to find work in the informal sector. Rent increases and rising prices for food, cooking gas and other basic commodities meant that large numbers found it increasingly difficult to make ends meet.

Due to their deteriorating financial situation and depleted resources, Iraqi refugees were relocating to peripheral and suburban poorer districts, competing with poor host communities for scarce resources and deteriorating public services. In addition, Iraqi refugees living in Homs, Hama and Latakia relocated to Rural Damascus due to the military operations in these cities, creating an additional demand on already scarce affordable accommodation. Evictions were on the increase, which could lead to loss of Syrian residency status and deportation back to Iraq. Adding to refugees' insecurity and fear of the future were their diminishing resettlement prospects; particularly with the US suspension of resettlement interview missions and changes in clearance procedures in 2011 (UNHCR had to inactivate over 40,000 refugee files in 2011).

The impact of crisis on the more than 15,000 ex-Iraq Palestine refugees who had been displaced since 2003, had also been high, with food insecurity, exposure to armed violence and economic hardship all rising. Internal displacement is becoming an issue for this group. Iraqi Palestinian refugees living in Dara'a and Latakia had relocated to Damascus due to prevailing unrest.

Since the start of the civil unrest in Syria, agencies had noted a rise in new vulnerabilities among refugees. Overall, refugees are experiencing higher levels of anxiety, depression and fatigue linked to the economic downturn, renewed security fears and uncertainty, compounded by the slowdown in resettlement departures. Nearly 40 per cent of the registered refugees had special needs, including some 25,700 persons who had been identified as having a critical medical condition and some 3,600 with disabilities. The hardship affecting a growing number of refugees had led some to cut back on medical expenses, which further aggravated their vulnerability and their health status.

Due to a significant percentage of refugees already living in the capital, Damascus has therefore been the focus of assistance, in the form of cash for food. There have been no major changes to the implementation of the project, and 80 per cent of beneficiaries were located in Yarmouk, in addition to Jaramana and surrounding areas in the south of Damascus. Further families were located in Hama, Homs, Latakia, Aleppo suburbs, Dara'a and Al Hassakeh in the east of the country.

## **II. FOCUS AREAS AND PRIORITIZATION**

Based on the findings of a February 2012 random survey of 601 refugees living in Damascus and rural Damascus, UNHCR was concerned that an increasing number of Iraqi refugees were unable to meet their basic needs (food in particular) and might resort to desperate measures that would expose them and their families to protection, health and other life-threatening risks, such as a return to Iraq under economic duress, survival sex, forced prostitution, or child labour.

The proposal specifically sought to meet the basic food needs of the most vulnerable refugees residing in Syria. As per the agreed transition arrangements with involved agencies, starting from March 2012 UNHCR would provide food assistance to refugees in the form of cash, replacing the existing modality of the WFP Electronic Voucher System (EVS). This new implementation modality had been adopted in response to the feedback of the refugee community who shared concerns about accessing food in state-run stores especially at times of instability in various parts of the country.

The overall project aimed at providing 97,000 individuals with monthly food assistance according to a set of objective criteria taking into account age, gender and diversity considerations. Among this group of 97,000 individuals eligible for food assistance, the CERF funding would target 29,500 of the most vulnerable refugees. This represents the group of refugees whose vulnerabilities and special needs were confirmed and verified on a continuous basis and who benefited from UNHCR's financial assistance programme (which aimed at helping the most vulnerable families to pay their monthly rent to secure accommodation in the urban refugee situation).

UNHCR in March 2012 began providing the food assistance to refugees in the form of cash, a new assistance modality that has been adopted in response to the feedback of the refugee community who shared concerns about accessing food in state-run stores especially at times of instability in various parts of the country. Areas targeted by this activity were Damascus, Rural Damascus, Hassakeh and Aleppo, in addition to other Syrian Governorates hosting Iraqi refugees registered with UNHCR. In the governorates where UNHCR



does not have an established presence, the office relied on the network of the SARC branches, from which UNHCR mobile teams operated.

In the health sector, emergency medical assistance for Iraqi refugees was a priority. This included life-saving measures and emergency referrals, and immunization and nutrition interventions for Iraqi children and women. UNHCR would also provide life-saving and urgently-needed medical equipment to SARC hospitals/outpatient clinics in areas which receive emergency case referrals in place of public hospitals from Damascus, Rural Damascus, Aleppo, Homs, Hama, Dara'a, and Idlib, the refugee-hosting governorates most affected by the prevailing insecurity.

Owing to the refugees' significant reproductive health care needs, related primary, secondary and limited tertiary health care had to continue to be available to them, along with increased psychosocial support available at the primary healthcare level. CERF funds would be prioritized to address urgent needs of vulnerable and affected Iraqi women, men and youth through securing reproductive health services, including life-saving emergency obstetric care, psychosocial support services, and referrals to gender-based violence survivors in Damascus, Rural Damascus, Aleppo, Hassakeh and Deir-ez-Zor governorates.

### III. CERF PROCESS

Following the late 2011 letter from the ERC proposing an allocation of US\$7 million for life-saving assistance to Iraqi refugees in Syria, the UNCT in Syria met on 3 January 2012 to discuss priorities. Clarification was sought from the CERF Secretariat on the prioritization of refugees from Iraq, and bilateral meetings were then held between the RC/HC and a number of agencies involved in the humanitarian response to the refugees from Iraq to confirm where the major gaps and needs for the Iraqi Refugee Response in Syria. Agencies were requested to send summaries of proposed life-saving projects that will mitigate the direct and indirect effects of the current conflict on the refugees from Iraq, based on the unfunded activities in the regional response strategy for 2012 for Iraqi refugees. The agencies has in the context of the CERF reporting process coordinated their input to the report and discussed value added of the CERF allocation and discussed lessons learned.

### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR**

<i>Total number of individuals affected by the crisis:</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Food	18,742	13,354	32,096
	Health	75,960	41,040	117,000

UNFPA, in coordination with other UN agencies and implementing partners (IPs), prioritized ensuring the availability of quality reproductive health and gender-based violence (GBV) related services for Iraqi refugees residing in Syria. To this end, the capability of health facility to deliver quality RH and GBV services was enhanced through the deployment of staff to IPs, organizing capacity building sessions on PSS/PFA and orientation workshops on MISP, and procurement and delivery of RH kits, equipment and pharmaceutical supplies. At the community level, UNFPA gave high priority to operationalization of community mobile teams and units providing RH services including awareness-raising of targeted Iraqi refugees, including women and young people.

The project interventions focussed on the communities with the largest concentration of Iraqi refugees. Hence, UNFPA also expanded its partnership with other IPs, including international NGOs such as IMC, in order to reach out refugees and having better access to them.

UNRWA provided cash assistance to beneficiaries through CERF funding for purchase of basic food items, and initial indications are that beneficiaries were better able to meet their minimum food needs. Refugees were assessed for needs, revealing an average family size of 3.5 members. Female-headed households and single women constitute 30 per cent of the beneficiary population, with a high number of female heads of family being widows, divorced, or in some cases wives whose husband remain in Iraq.

UNFPA was also effective in mainstreaming gender considerations in its interventions using three elements: (1) ensuring sex disaggregated data for its monitoring of assistance; (2) giving women in the affected areas priority for RH services, but including men in the distribution of dignity kits and some prevention of PS stress and (3) included refugee men in the awareness campaigns on sexually transmitted infections and prevention of GBV.

UNRWA continues to be concerned about the lack of legal status of Iraqi Palestine refugees in Syria, which can place them at greater risks than other refugees and displaced persons. The CERF funds enabled beneficiaries to procure urgently-needed basic food items which they could otherwise not obtain. Many of the beneficiaries had been displaced and have no form of income; the CERF funding was therefore timely and necessary in order to ensure the refugees could maintain minimum nutrition levels.

UNICEF through CERF funding was able to provide MOH with the needed supplies for routine and supplementary immunization campaign benefiting both Syrian and Iraqi refugees' children. Also, the required nutrition surveillance system was sustained in all the functioning PHCs in coordination with the MOH. Additionally, Supplementary Plumpy, Plumpy Nuts, Plumpy Doz, and High Energy Biscuits were distributed to 20 PHCs benefiting both Syrian displaced persons and Iraqi refugees. Furthermore, Health education activities were conducted in order to increase awareness among Iraqi families' mothers and Syrian mothers in the host community on maternal and child health issues (including breast-feeding) through mass media.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	94,702	35,830
Male	54,394	24,855
Total individuals (Female and male)	124,069	60,660
Of total, children <u>under 5</u>	38,967	34,125

According to UNHCR the total number of beneficiaries has been affected by the influxes, the decrease in the overall number of refugees and the re-distribution of refugees in the governorates, adding that the beneficiary number was slightly lower than planned due to the departure abroad of some Iraqi Palestinian refugees from Syria, either through resettlement to third countries or through travels at their own initiative. Even though the total number of beneficiaries at the time of the report submission is lower than planned, the provision of equipment will have a long-term impact on the medical assistance availability in this ever changing situation.

- a) **Did CERF funds lead to a fast delivery of assistance to beneficiaries?**  
 YES ☒ PARTIALLY ☐ NO ☐

The overall response from the participating agencies is a clear yes. According to UNHCR, CERF funds helped in the health sector, as the delivery of medicines and assistance to refugees through health facilities was very fast. However, when it comes to provision of medical equipment, the procurement and installation procedures take a considerable time for implementation, especially in the current situation where the importing process takes long and entry points to the country are not always safe. The transportation to the installation locations is also a challenge due to the security situation.

In the cash sector, CERF funds definitely led to fast delivery of assistance since the ATM approach helped decrease the time needed to collect food items from stores or from distribution centres, especially with the wide network of ATM machines around the country and with difficulties in accessing food in state-run stores. The CERF fund contributed to addressing Reproductive Health needs of Iraqi refugees, as it covered a finance gap that would hinder timely and quick response if these resources were not available. CERF was used to ensure the fast deployment of RH staff, procurement of RH kits and supplies, and capacity building interventions supporting the timely delivery of RH and gender-based violence services. As a result, RH services were delivered for around 25,500 including emergency obstetric care and deliveries for around 1,400 women, and psychosocial support and PFA for 2,200 women including GBV survivors. For UNRWA funds were received quickly, allowing for more timely distribution of the cash assistance.

**b) Did CERF funds help respond to time critical needs<sup>4</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

For funds allocated to medical equipment; UNHCR reports that the long procurement process and the worsening situation in the country have affecting all aspects of economic activities, including the importation and the transportation. The funds thus partially responded to time critical needs in the past months, however, the response will be fully granted for the coming period. As for the funds allocated to medicines the answer is a clear yes; it responded to time critical needs of patients who cannot stop their treatment for hepatitis or haemophilia, which in the latter would mean death. For the cash sector, the funds clearly have helped meet the increasing needs for assistance, especially for beneficiaries with special needs. Maternal mortality is associated with reducing delays in getting emergency obstetric care. Through CERF fund, UNFPA was able to address these delays at the community level through operating mobile teams to inform Iraqi refugees on maternal complications and how to access the services. Deployment of skilled RH staff and delivery of RH equipment and supplies enabled health facilities to address the delay in the provision of emergency obstetric care at the facility level. CERF funds were vital to ensure that Iraqi Palestine refugees received cash assistance to cover ongoing basic food needs.

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

YES ☒ PARTIALLY ☐ NO ☐

Using the CERF allocation for Iraqi refugees in Syria, UNFPA was able to build a strong resource mobilization case for funding the Syrians affected by the crisis. This includes grants from ECHO and USAID, both of which are the first for UNFPA in Syria. Funding from the USA was already in place at the time to provide additional support to Iraqi Palestine refugees. This programme has been running for two years.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

Coordination with other humanitarian actors, including SARC/ICRC, UNHCR and IMC has improved in the course of the project implementation period. In cooperation with UNHCR, UNFPA was able to identify key protection issues and interventions in support of GBV survivors. UNRWA implemented the cash assistance element to Iraqi Palestinian refugees using its own validation and ATM distribution mechanism, in close coordination with UNHCR registration and protection units.

## **V. V. LESSONS LEARNED**

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
N/A		

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Maintaining relationships with several key governmental counterparts ensured a largely positive operational environment in terms of necessary arrangements such as missions, importation authorizations and in general cases of easing bureaucracy.	Maintaining good relationships with key counterparts in the Syrian government	UNCT

<sup>4</sup> 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).

Engagement with and support to national partners proved invaluable – especially with the reduction of international staff and NGOs at times due to insecurity.	Seeking to expand the UN networks in the country by seeking new partnerships with local NGOs and CBOs.	UNCT
Cooperation with IMC was critical to reach out Iraqi refugees and enhance the accessibility of women to RH and GBV services.	Expanding partnership with local and international NGOs, based also on the list vetted by MOFAE.	UNFPA, UNCT, Implementing partners
There were challenges related to high mobility of Iraqi refugees coupled with uncertainty on their actual number in the country.	Establish a client feedback system as part of the monitoring and reporting practices. Enhance coordination with local authorities and UNHCR.	UNFPA, UNHCR and implementing partners
Importance of procurement and delivery of RH and dignity kits is key in ensuring quality RH service delivery.	Expanding Long Term Agreements to include a larger number of items specific to the Syrian context especially for dignity kits.	UNFPA
Direct implementation of procurement of medical equipment and RH kits, and series of capacity building sessions was essential to ensure the accountability of UNFPA CO in achieving the project outcomes within its timeframe.	Enhance coordination with other UNFPA COs in the region to better streamline the application of direct execution modality, especially for procurement of RH commodities, logistical support and capacity building interventions.	UNFPA

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	10 April 2012 – 31 December 2012
2. CERF project code:		12-CEF-015	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Immunization and Nutrition Interventions for Iraqi Children and Mothers		
7. Funding	a. Total project budget:		US\$ 1,000,000	
	b. Total funding received for the project:		US\$ 986,741	
	c. Amount received from CERF:		US\$ 886,741	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		7,500	7,500	N/A
b. Male		2,500	2,500	
c. Total individuals (female + male):		10,000	10,000	
d. Of total, children <u>under 5</u>		5,000	5,000	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>• Sustaining access to Primary Health Care services (including nutrition) for Iraq refugee mothers and children.</li><li>• Strengthening Psychosocial Support services at the Primary Health Care level.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>• Mothers and infants have access to Breast Feeding and supplementary feeding counselling in the targeted 20 PHCs.</li><li>• Children under 5 have access to nutrition surveillance, therapeutic and supplementary plummy in 900 PHCs.</li><li>• Children under 5 have access to all vaccinations and vitamin A supplementation.</li><li>• Children and women have sustained access to Primary Health Care services (IMCI, Antenatal Care, Neonatal Care, Health Education).</li><li>• Families in 4 high-risk areas have access to behaviour change communication interventions (outreach activity and community mobilization project in Hussainyeh, Diabiyeh, Babbila and Saydeh Zeinab).</li></ul> <p>Children and mothers have access to PSS services in PHCs.</p>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>• The targeted 20 PHCs were supported with needed Ready to Use Therapeutic Food RUTF (Supplementary Plumpy, Plumpy Nuts, Plumpy Doz, and High Energy Biscuits HEB), and nutrition surveillance was sustained in those centres during the first half of 2012. About 1,000 Iraqi refugee children benefited from the nutrition surveillance system during the</li></ul>				

<p>first half of 2012, but it was difficult to get information from the targeted centres during the second half of the year due to the current emergency in Syria and due to the sudden deterioration of security situation in Damascus and Rural Damascus after July 2012.</p> <ul style="list-style-type: none"> <li>• Nutrition surveillance system was sustained in all functioning PHCs, and Ministry of Health (MOH) provided with 270,000 growth monitoring cards for girls and boys, 100 height boards and 100 weighing scales, and therapeutic feeding (650 cartons of Supplementary Plumpy, 45 cartons of Plumpy Nuts, 700 cartons of Plumpy Doz, and 10,050 boxes of HEB).</li> <li>• MOH was provided with needed supplies for routine and supplementary immunizations (500,000 vaccination cards, 150,000 registry forms for immunization, 4,000 safety boxes, 1 million syringes, 500 vaccine carriers, 500 cold boxes, and 2 cold rooms). MOH was provided with 1,850,000 doses of Vitamin A. During the global vaccination week in April 2012, MOH was able to reach 284,684 children (including Iraqi refugees) during the polio eradication campaign and the catch-up campaign in March and April 2012. During measles vaccination campaign in November and December 2012, MOH was able to reach 1.3 million children with measles vaccine, and 1.5 million with polio vaccine (including Iraqi refugee children).</li> <li>• Health education activities conducted during the first half of 2012 as security situations permit to increase awareness among Iraqi families on maternal and child health issues (including breast-feeding) through mass media. UNICEF provided MOH 39,000 copies of IMCI mothers' card, and 200,000 flyer on vaccination that were used in health education activities for Iraqi refugee mothers and Syrian mothers in the host community.</li> </ul> <p>About 600 families were reached with community mobilization and health education intervention implemented by Syrian Association for Health Promotion and Development (SAHPA), community volunteers who were trained previously were able to reach vulnerable families in Hussainyeh, Diabiyeh, Babbila and Saydeh Zeinab (this was covered from different fund).</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): 2012 Regional Response Plan for Iraqi Refugees</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NA	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	2 April – 31 December 2012
2. CERF project code:	12-HCR-017	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency medical assistance for Iraqi refugees affected by the civil unrest in Syria, including refugees suffering from chronic illnesses		
7. Funding	a. Total project budget:		US\$ 10,317,125 As of 31 December 2012
	b. Total funding received for the project:		US\$ 10,317,125 As of 31 December 2012
	c. Amount received from CERF:		US\$ 597,541
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries		Planned	Reached
			In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		43,460	9,747
b. Male		38,540	9,253
c. Total individuals (female + male):		82,000	19,000
d. Of total, children <u>under 5</u>		6,560	1,463
9. Original project objective from approved CERF proposal			
Ensure that emergency medical assistance is available for Iraqi refugees affected by the prevailing crisis in Syria.			
10. Original expected outcomes from approved CERF proposal			
At least two SARC hospitals/outpatient clinics equipped with and using quality emergency medical equipment. 100% of a targeted population of 82,000 refugees living in Homs, Hama, Idlib, Dara'a and their surroundings have access to quality healthcare, provided physical access is possible in the current context 24 refugees suffering from chronic illnesses are continuously provided with adequate medication.			
11. Actual outcomes achieved with CERF funds			
<p>The original project objective was achieved: Even though the total number of beneficiaries at the time of the report submission is lower than planned, the provision of equipment will have a long-term impact on the medical assistance availability in this ever changing situation.</p> <p>Hospitals were provided with medical equipment for emergency response and critical care to ensure provision of such services to refugees: SARC hospital and emergency department in Homs were provided with medical equipment which ensures access to quality emergency and critical care services for refugees who are still living with IDPs in Homs's two main areas hosting IDPs (al-Waar and al-Malaab areas). This hospital will also be available to assist refugees from Hama and Idlib. Idlib was not accessible for</p>			

quite a long period of time during the project implementation, and Daraa had no SARC facilities ready to receive equipment. Total target reached is around 19,000 individuals.	
24 refugee patients with chronic diseases in need of permanent treatment were provided with critical medicines.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The changing situation in the past period resulted in more than 3 influxes of communities in the target areas of Homs, Hama, Idleb and Daraa. Refugees as well were subject to such influxes, resulting in fluctuating number of beneficiaries. In general, there was a drop in the total number of refugees in the country, and changes in their distribution in the governorates with more centralization in Damascus and Rural Damascus. However, because of the day-to-day changing situation, that fact could change at any time, and because of the real need to enforce the emergency life-saving services, and the availability of a safe area for refugees and IDPs in Homs, the equipment was installed in Homs SARC hospital as planned at the beginning.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The CERF component of the project benefitted without discrimination all refugee men, women, elderly and children who are in need of emergency medical assistance or who are suffering from life-threatening chronic diseases.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The monitoring and evaluation of this project is based on a number of verifications tools including partners' reports, field visits whenever possible and feedback from other agencies, NGOs and partners.	



TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	13 March – 31 December 2012
2. CERF project code:	12-HCR-016	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Cash for Food for Iraqi Refugees		
7. Funding	a. Total project budget:	US\$ 21,311,069 As of 31 December 2012	
	b. Total funding received for the project:	US\$ 21,311,069 As of 31 December 2012	
	c. Amount received from CERF:	US\$ 4,103,450	
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	17,481	17,481	N/A
b. Male	12,019	12,019	
c. Total individuals (female + male):	29,500	29,500	
d. Of total, children <u>under 5</u>	2,158	2,158	
9. Original project objective from approved CERF proposal			
To meet the basic food needs of 29,500 vulnerable Iraqi refugees living in Syria through the cash for food programme for a period of seven months from March to September 2012.			
10. Original expected outcomes from approved CERF proposal			
29,500 individuals among the registered refugees receive assistance to meet their basic needs in food for a seven-month period. 100% of the beneficiary population have the minimum means to cover their priority needs in food.			
11. Actual outcomes achieved with CERF funds			
The original expected outcome has been achieved and the total number of target beneficiaries has been reached.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The CERF component of the project benefitted without discrimination all refugee men, women, elderly and children who are in need of assistance.

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

YES ☐ NO ☒

The monitoring and evaluation of this project is based on a number of verifications tools including partners' reports, field visits whenever possible and feedback from other agencies, NGOs and partners.

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNFPA	5. CERF Grant Period:	3 April 2012- 31 December 2012
2. CERF project code:		12-FPA-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Health/protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Reproductive Health Emergency Interventions for Iraqi Refugees		
7. Funding	a. Total project budget:		US\$ 746,325	
	b. Total funding received for the project:		US\$ 746,325	
	c. Amount received from CERF:		US\$ 597,060	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		25,000	25,300	N/A
b. Male				
c. Total individuals (female + male):				
d. Of total, children <u>under 5</u>		25,000	25,300	
9. Original project objective from approved CERF proposal				
Ensured availability of quality reproductive health and gender-based violence related services for Iraqi refugees residing in Syria				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>At least 20,000 Iraqis receive reproductive health services, including family planning counselling and services (medical points and clinics supported by the project).</li><li>Estimated 3600 deliveries in health facilities of which an estimated 1000 will be served by UNFPA supported facilities.</li><li>Two well-equipped caravans and mobile teams operating in remote areas for the period of project duration, providing reproductive health services and referrals, if necessary.</li><li>100% of Iraqi women presenting to the health counselling centre receive GBV related services according to the endorsed UNFPA protocols.</li><li>At least 1,500 Iraqi women received psychosocial support care.</li></ul>				
11. Actual outcomes achieved with CERF funds				
The outcomes achieved as a result of the project implementation were as follows: a) around 25,000 refugees women residing in Rural Damascus, Aleppo, Hassakeh and Dayr Az Zor governorates received RH services including emergency obstetric care and deliveries for around 1,400 women; b) All GBV survivors, approximately 120 women, visited UNFPA assisted facilities were provided with medical counselling, community services and PSS support; c) Delivery of PSS services and information for around				

<p>2,200 women subsequent to capacity building of 80 professionals and community volunteers on PFA; and d) around 5,350 of the affected people were assisted through the delivery of dignity kits.</p> <p>Prior to achieving these outcomes, 8 primary health care facilities and normal delivery centres, 3 hospitals, and 2 newly established RH clinics in Damascus, and Deir-Ez-Zor, were supported with medical equipment, supplies, and RH kits to serve more than 158,000 people. Moreover, 40 health staff was deployed to ensure the delivery of RH services and PSS support through SARC, SFPA and SAHPAD static clinics and mobile teams.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>It is worth noting that the project has achieved most of the pre-set outcomes. UNFPA operated mobile teams instead of caravans due to difficulties faced in procuring caravans equipped with medical equipment due to the sanction, and challenges associated with the security concerns. (Caravans could be targeted by armed groups, as they had to stay in one place for a long period of time.)</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The project was part of the refugee response plan, but IASC gender marker was not applied.</p> <p>UNFPA was also effective in mainstreaming gender considerations in its interventions using three elements: (1) ensuring sex disaggregated data for its monitoring of assistance (2) gave women in the affected areas priority for RH services but included men in the distribution of dignity kits and some prevention of PS stress and (3) included men in the awareness campaigns on sexually transmitted infections and prevention of GBV.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Despite systematic evaluation has not been carried out due to the security circumstances, monitoring and evaluation was based on the following and verifications sources:</p> <ul style="list-style-type: none"> <li>• Regular progress report shared by implementing partners.</li> <li>• Field visits and joint UN assessment mission were carried out in a limited scale due to the prevailing security circumstances.</li> <li>• Verifying information with other sources, including meeting with representatives of different stakeholders including beneficiaries.</li> </ul>	

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNRWA	5. CERF Grant Period:	27 March 2012 – 31 December 2012
2. CERF project code:		12-RWA-001	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Food		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Protection and Livelihood Support to Vulnerable Iraqi Palestinian Refugees in Syria		
7. Funding	a. Total project budget:		US\$ 1,110,660	
	b. Total funding received for the project:		US\$ 1,110,660	
	c. Amount received from CERF:		US\$ 798,837	
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		1,261	1,077	The beneficiary number was slightly lower than planned due to the departure abroad of some Iraqi Palestinian refugees from Syria, either through resettlement to third countries or through travels at their own initiative.
b. Male		1,335	1,083	
c. Total individuals (female + male):		2,569	2,160	
d. Of total, children <u>under</u> 5		2,49	204	
9. Original project objective from approved CERF proposal				
The appeal seeks to provide urgent cash assistance to cover essential food, non-food item and medical needs for up to 2,700 vulnerable Iraqi Palestinian refugees in Syria (785 families), mainly living in greater Damascus area, but also to some families living in Aleppo, Dera'a, Homs, Hama and Lattakia. Failure to meet these needs will result in significantly increased rates of malnutrition and preventable, health-related deaths.				
10. Original expected outcomes from approved CERF proposal				
Palestinian refugees from Iraq have their basic protection and livelihood needs met.				
1. No. of Iraqi Palestinian refugees assessed as vulnerable can afford food needs (gender disaggregated). Vulnerability criteria according to UNHCR (UNRWA Social Safety Net Programme).				
2. No. of Iraqi Palestinian refugees assessed as vulnerable and who are in need of health services can afford comprehensive health care through UNHCR-supported clinics and hospitals (gender disaggregated).				
11. Actual outcomes achieved with CERF funds				
2160 individuals (700 families) received their cash assistance during two quarterly distribution cycles in July and October 2012, as well as to cover part of one monthly distribution in November 2012.				

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The beneficiary number was slightly lower than planned due to the departure abroad of some Iraqi Palestinian refugees from Syria, either through resettlement to third countries or through travels at their own initiative.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Female-headed households are prioritized for special hardship assistance, while livelihood activities provide training and start-up capital for female-managed businesses. An equal number of men and women are served overall.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Instalment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-WHO-034	Health	WHO	SFPA	NGO	97,685	31/05/2012	28/05/2013	3 months implementation period
12-WHO-051	Health	WHO	SFPA	NGO	92,902	9/1/ 2013	1/12/2012	4 months implementation period
			SAHPAD		56477	6/11/2012	10/09/2012	4 months implementation period
			AlAfeyeh Fund		89840	9/31/2013	10/09/2012	1 month implementation period
			Albir-Homs		93907	20/1/2013	15/09/2012	1 month implementation period
			Lamset Shifa		66,694	18/4/2013	15/12/2012	3 months implementation period
			Growth and Development		91,288	31/1/2013	20/11/2012	1 month implementation period
			Rahmet Mohdat		60,213	31/1/2013	04/11/2012	1 months implementation period
11-WFP-065	Food	WFP	SARC	NGO	14,175	1/9/2012	Mar 2012	
12-WFP-037	Food	WFP	SARC/Al Birr Homs	NGO	36,702	1/12/2012	Aug 2012	
12-CEF-046	Health	UNICEF	Quality Vision Foundation	NNGO	49,546	20/9/2012	1/10/2012	This project build the capacity of 80 health workers and 50 community volunteers on PSS to ensure availability of PSS services in 80 PHCs for IDP families in 8 governorates
12-CEF-045	Education	UNICEF	MoE	Government	356,922	19/9/12	01/08/12	
12-CEF-048	Protection Human Rights, Rules of Law	UNICEF	SARC-DB	NGO	19,966	16/9/2012	20.08.2012	
12-CEF-048	Protection Human Rights, Rules of Law	UNICEF	SSSD	NGO	19,670	8/8/2012	19.08.2012	
12-HCR-025	Health	UNHCR	Syrian Arab Red Crescent	NGO	533,484	-	1/1/2012	
12-HCR-026	Shelter and non-food items	UNHCR	Syrian Arab Red Crescent	NGO	45,600	-	01/01/2012	

12-HCR-037	Shelter and non-food items	UNHCR	Syrian Arab Red Crescent	NGO	95,138	-	01/01/2012	
12-HCR-044	Shelter and non-food items	UNHCR	Syrian Arab Red Crescent	NGO	31,700	-	01/01/2012	
12-HCR-017	Health	UNHCR	Syrian Arab Red Crescent	NGO	597,541	-	01/01/2012	
11-UDP-012	NFIs, Health	UNDP	Society of Charity and Social Services	Local NGO	56,722	30/1/2012	8/2/2012	
11-UDP-012	NFIs	UNDP	Islamic Society for Orphan Security and Charity	Local NGO	71,450	15/1/2012	18/1/2012	
12-UDP-006	NFIs	UNDP	Syria Trust for Development	Local NGO	68,830	13/11/ 2012	11/11/2012	(Winterization items Jackets and Blankets)
12-UDP-006	NFIs, WASH	UNDP	"GOPA" Greek Orthodox Patriarchate of Antioch and all the East	Local NGO	145,300	2/10/2012	16/9/2012	(Winterization items: winter clothes, Blankets) (Hygiene kits) (Kitchen sets, stoves and infant)
12-UDP-006	NFIs, Health	UNDP	Charity and Social Association in Nabek	Local NGO	70,245	2/9/2012	16/7/2012	(Winterization items: Mattress, Carpets, floor insulation, winter clothes) (Elderly diapers)
12-UDP-006	NFIs	UNDP	Melkite Greek Catholic Patriarchate	Local NGO	100,000	2/10/2012	16/9/2012	(Winterization items: Duvets, Blankets, Mattress) (Electric stoves, Bedding sets)
12-UDP-006	NFIs	UNDP	Scouts of Syria	Local NGO	25,000	21 October 2012	18 October 2012	(Winterization items :Blankets, Mattress, Mat)



## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Against Hunger
CFS	Child-Friendly Space
CoO	Country of Origin
EPI	Expanded Programme on Immunization
EVI	Electronic Voucher System
GBV	Gender-based violence
GCSAR	General Commission for Scientific Agricultural Research
HEB	High energy biscuits
HH	Household
HWG	Health Working Group
IDP	Internally displaced people
IMC	International Medical Corps
IP	Implementing partner
MAAR	Ministry of Agriculture and Agrarian Reform
MoE	Ministry of Education
MOFA(E)	Ministry of Foreign Affairs and Expatriates
MOH	Ministry of Health
MOSAL	Ministry of Social Affairs and Labour
MUAC	Measuring upper arm circumference
NFI	Non- Food Item
NNGOs	National Non-Governmental Organizations
OIC	Organisation of Islamic Cooperation
PCN	Primary Health Care
PFA	Psychological First Aid
PSS	Psychosocial Support
RH	Reproductive Health
RUTF	Ready to Use Therapeutic Food
RWED	Rural Women Empowerment Directorate
SAHPA	Syrian Association for Health Promotion and Development
SARC	Syrian Arab Red Crescent Society
SHARP	Syria Humanitarian Assistance Response Plan
SSSD	Syrian Society for Social Development
TCN	Third Country National
VPTF	Virtual Project Task Force
WASH	Water, Sanitation and Hygiene
WHH	Women-Headed Household