



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
UKRAINE
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT 2016**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

YES NO

This report has been revisited by the 2014 CERF funding recipient agencies on a number of occasions. Additionally, sector/cluster specific parts of the report have been drafted and discussed together with the partner agencies during the cluster coordination meetings, both at the field and Kyiv levels. Funding recipient agencies also considered that the details of challenges, gaps, achievements and lessons learned from the implementation that were documented and described in this report would suffice for reporting purposes. Also, there was a broad understanding among partners about discussions that led to identification of challenges, gaps, achievements and lessons learned from the implementation were in a way the substitute to AAR.

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

YES NO

Cluster Coordinators and Cluster Leads as well as relevant UN agencies were consulted, have provided their inputs and feedback to this report. The final version of this report has been cleared by the Humanitarian Coordinator prior to sending it to CERF Secretariat.

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

YES NO

See above

I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$) | | |
|---|--|-------------------|
| Total amount required for the humanitarian response: \$33,201,996 | | |
| Breakdown of total response funding received by source | Source | Amount |
| | CERF | 3,975,226 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable) | |
| | OTHER (bilateral/multilateral) Preliminary Response Plan | 28,690,675 |
| | TOTAL | 33,201,996 |

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$) | | | |
|--|---------------|------------------------------------|------------------|
| Allocation 1 – date of official submission: 16-Sep-14 | | | |
| Agency | Project code | Cluster/Sector | Amount |
| UNICEF | 14-RR-CEF-141 | WASH | 599,481 |
| UNICEF | 14-RR-CEF-142 | Health | 155,000 |
| UNICEF | 14-RR-CEF-143 | Protection | 88,329 |
| OHCHR | 14-RR-CHR-004 | Protection | 234,779 |
| UNFPA | 14-RR-FPA-042 | Health | 154,725 |
| UNHCR | 14-RR-HCR-039 | Protection | 280,001 |
| UNHCR | 14-RR-HCR-040 | Emergency Shelter/NFI Sector | 794,575 |
| IOM | 14-RR-IOM-041 | Emergency Shelter/NFI Sector | 300,000 |
| WFP | 14-RR-WFP-072 | Food and Nutrition Security Sector | 867,849 |
| WHO | 14-RR-WHO-070 | Health | 500,487 |
| TOTAL | | | 3,975,226 |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$) | |
|--|------------------|
| Type of implementation modality | Amount |
| Direct UN agencies/IOM implementation | 3,975,226 |
| Funds forwarded to NGOs for implementation | 996,344 |
| Funds forwarded to government partners | 0 |
| TOTAL | 3,975,226 |

HUMANITARIAN NEEDS

The humanitarian situation in parts of eastern Ukraine remains volatile. In April 2014, armed groups in the Donbas region of eastern Ukraine (parts of Donetsk and Luhansk oblasts/provinces) began to seize public buildings and arms. As a result of fighting between armed groups and Government of Ukraine forces, and the events which occurred in the Autonomous Republic of Crimea (ARC) in March 2014, people have been forced to flee their homes and have become increasingly vulnerable as the conflict intensified. By 12 September 2014, the conflict expanded to the southeast triggering further displacement. Most IDPs have left with few belongings requiring shelter, food and non-food assistance in the run-up to the harsh winter season.

The violence in Donetsk and Luhansk oblasts has intensified following May 2014 and attempts to broker a political resolution or agree on a lasting and mutually observed ceasefire between the Government, and armed groups had not borne fruit. After escalation of violence throughout much of summer 2014, a ceasefire was declared on 5 September by all parties to the conflict. While the ceasefire had largely held, violations had been reported daily. On 19 September, all parties signed a Memorandum to help stabilize the ceasefire in concrete terms, but violations continued to be reported. After another major escalation of fighting during winter, the Minsk II agreements were signed in February 2015, which brought lull to major fighting. However, on and off exchanges of fire and shelling continued in a number of hotspot locations along the 'contact line' between government forces and armed groups. This violence and related insecurity has been endangering the lives of many civilians living in close proximity to the 'contact line', both in Government-controlled areas (GCAs) and non-Government controlled areas (NGCAs) and exacerbating their suffering and vulnerability.

Ukraine had never seen a humanitarian situation such as this since the Second World War and systems kept as rigid as before the crisis and Governmental agencies' mentalities took time to recognize the seriousness of the humanitarian situation.

The principal driver of vulnerability of the population of eastern Ukraine is the continuation of fighting, which is concentrated in densely-populated areas. At the time of the Preliminary Response Plan (PRP), approximately 3.9 million people were living in conflict zones. As the conflict continued to escalate, by February 2015 it was estimated that over 5.3 million people were living in conflict-affected areas (including people displaced requiring humanitarian assistance). This includes 2 million people living along the 'contact line' - both in GCAs and NGCAs - who are the top priority for humanitarian operations. Another 2 million people in NGCAs further away from the 'contact line' are also high priority as the Government de facto imposed a 'blockade' of goods and services, and many cannot access their savings, entitlement or health and education, with water and electricity supply and transportation badly affected. Health services have also deteriorated across the region due to shortages of medical supplies and personnel. The new regulation by the Government authorities announced in June 2015 on the blockages of commercial supplies of food and medicines to and from NGCAs has further exacerbated the situation of affected civilians in those areas.

As of 28 August 2015, the Government estimated that about 2.6 million people (1,459,226 registered IDPs and 1,123,753 people who fled to neighbouring countries) have been forcibly displaced from eastern Ukraine. Many IDPs need shelter, food, and non-food assistance. Mounting pressure has been placed on oblasts and countries neighbouring the conflict zone. The IDPs numbers are inaccurate, and likely lower than currently reported because of some returns, and as many exhausted their coping mechanisms, as well as in view of the increasing community tensions in areas of displacement. However, it should be noted that people are coming back to destroyed homes and villages with little civil infrastructure in place, presence of landmines, limited basic services and markets, adding to their vulnerability.

UNHCR estimated at the time that there were some 500 collective centres throughout the country, hosting some 50,000 IDPs. An estimated 50% of these were unsuitable for winter accommodation. Meanwhile, since the government regained control of the northern Donetsk towns of Slovyansk, Kramatorsk and adjoining villages, tens of thousands of IDPs returned home, where they were faced with the monumental task of re-building their homes; accessing limited public services, re-build their relationships with their neighbours, amidst widespread resentment and resume a normal life. The level of destruction has been significant. According to estimates provided by the local authorities, 5 per cent of the housing stock had been damaged. Overall, 35,550 vulnerable Ukrainian individuals in displacement and return areas were estimated for provision with adequate assistance for a warm shelter during the winter season.

Findings from the Multi-sector Needs Assessment (MSNA) made available in March 2015 indicated that out of 1.35 million people in need of food assistance across conflict-affected eastern Ukraine (five oblasts), of which about 1.1 million located in NGCA (80-90 percent). The assessment findings further indicated that around 670,000 people (out of 1.3 million) have reported to have poor food consumption and require prioritization.

With dramatic weakening of law and order in the security operation area, women have been at higher risk of gender-based violence (cases of rape have been reported both in the areas controlled by the armed groups and in those back under the control of the Government), especially girls and young women without parental care. Men have been at higher risk of being forcefully enlisted to the armed groups or subjected to forced labour, or of being arbitrarily detained on the basis of their assumed political sympathies or engagement in hostilities. Monitoring and referral activities within the project were to address these risks. As women constitute nearly two-thirds of adult IDPs, protection issues affecting women, particularly security in collective centres and SGBV, were prioritized for intervention and monitoring. Monitoring also encompassed issues related to men (e.g., discrimination from host communities).

The fighting not only led to continued displacement, disruption of services, as well as significant infrastructure and economic losses, but also to significant casualties. According to OHCHR data, between 16 April 2014 and 15 August 2015 at least 7,883 people had been killed (including at least 68 children) and another 17,610 wounded (including at least 181 children) in eastern Ukraine.

In the early months of the conflict, humanitarian assistance had largely been provided in an ad hoc manner by local volunteer and civil society organizations. However, as the conflict and related displacement continued, local support has begun to wane as host communities attempted to save their limited resources in preparation for uncertainty over the winter, also in view of the country's harsh economic situation. The capacity of these regions to accommodate large influxes of IDPs has been exhausted, and support remains essential.

The violence and insecurity also had a direct impact on the health of the population in the affected regions. Access to emergency primary health care is extremely limited for IDPs and for those who are still residing in conflict-affected areas. Lack of drugs, medical consumables, electricity, water, fuel and communication severely impact the access to adequate health services in parts of Luhanska and Donetska oblasts. The fighting has led to significant damage and looting to local infrastructure, including hospitals, clinics and other health facilities. Emergency, primary and specialized health care capacities are reduced, and outbreak surveillance systems in conflict areas are completely broken. The non-governmental controlled areas are particularly at high risk of communicable diseases outbreaks due to lack/unsafe water and inadequate waste removal.

The already overstretched Ukrainian health system is heavily jeopardized by the additional burden inflicted upon it by the health service provision for the arriving IDPs, who often face major difficulties accessing health services. This is even more the case for the most vulnerable groups, including Roma. As of February/March 2015, medical personnel had not been paid for the previous 6 months in NGCAs and many have left or resigned and those remaining in the Donbas region are exhausted and overwhelmed. However, over the past few months the de-facto authorities in NGCAs have started paying salaries for some of the staff. In the Donbas region, surgical/obstetric health services are currently only at 30 per cent of their normal pre conflict capacity. Non-communicable diseases, Tuberculosis (TB), as well as HIV care and treatment are very limited due to poor access to treatments. People living with HIV/AIDs, TB and drug users who are IDPs or who are residing in Luhanska and Donetska oblasts are at risk for interruption of care; many do not receive the full required medical package. IDPs with disabilities require specific attention.

Mental health and psychosocial support are lacking completely from the health services. Moreover, the absence of a unified and centralized IDP registration system makes IDP access to health services difficult or impossible as health care is provided to citizens in their registered location. As most IDPs lost their incomes and livelihoods, purchase of medicines and payment of health services are rendering these services inaccessible for many of them. WHO with its Health sector partners built a comprehensive response to these urgent needs as was outlined in the PRP.

The food security and nutrition situation in Ukraine has significantly deteriorated, following a severe intensification of fighting in the east of the country. The prolonged nature of the crisis has severely disrupted access to food for the affected population, limiting access to state/social payments, access to cash and affecting the regular supply of markets into NGCA.

Many conflict-affected people, particularly IDPs, have had limited access to income generation, including employment, pensions and social assistance due to disrupted economic relations and lack of flexible regulations that allows for provision of support outside their areas of permanent residence. This has been particularly of concern with the onset of winter 2014-2015. In order to ensure that returns are sustainable, the affected population and the local authorities indicated in a recent assessment that the priority is to have some roofing materials and windows to prepare for the winter. Local authorities and communities alone could not address these issues independently due to lack of capacity and shortage of funds. In this context, the Emergency Shelter/NFI Sector Working Group, led by UNHCR, took the task of coordinating the winterization of collective centres.

Violence and fighting in the eastern regions of Ukraine had resulted in an escalation of human rights protection concerns including: i) the indiscriminate killing of civilians; ii) the arbitrary detention, torture, enforced disappearance of individuals; iii) deprivation of liberty and hostage taking; iv) looting and destruction of both public and private property; v) the displacement of people; vi) gender based violence; vii) separation of families, particularly children and older persons from other family members; viii) lack of access to humanitarian assistance. This has made the monitoring of human rights and protection of all civilians a must, with agencies involved focussing on life-saving assistance protection interventions in conflict-affected areas.

II. FOCUS AREAS AND PRIORITIZATION

Health

The Health sector needs are enormous. International humanitarian partners have worked at filling the many gaps resulting from the crisis in terms of access to healthcare. However, needs have grown enormously in the course of the project (PRP requirements of US\$ 7.8 million and Humanitarian Response Plan (HRP) requirements for Health of US\$ 50 million). Capacities are largely overstretched and bureaucratic hurdles are a major impediment. Of particular concern are:

- legal restrictions on import, transport, and storage of medicines, countrywide;
- strictly legal restrictions on the right to practice medicine, and with ever further localized specificities;
- significant bureaucratic inertia of local health actors;

For all these reasons, the health response had to go through a phase of 'legal acceptance' of a massive humanitarian response, which was necessary to put in place the conditions for a humanitarian response that is working within the national context. WHO intermediation in all these matters was therefore very important to all health sector partners and was fast-tracked as much as possibly imaginable in the country, but this lead-time was necessary to allow the health humanitarian response to actually work at all. However, now that systems are in place in all these areas and locally accepted by all parties to the conflict as well as by the Ukrainian Red Cross (the only partner with a legally-accepted capacity to provide all types of primary healthcare in Ukraine – and now WHO managed to negotiate also an opening for other potential NGO partners with no other medical license yet provided though), the positive point is that the systems are in place for a further scale-up and increased speed in accelerating emergency health response.

WASH

In terms of WASH, since the inception of the project, the situation worsened as the conflict intensified, leading to further deterioration of the WASH situation in the Donbas region. The needs of safe drinking water and hygiene supplies were critical as displacement increased and water supply systems damaged. UNICEF undertook life-saving interventions in the area of provision of water, sanitation, hygiene supplies and hygiene promotion in Donetsk and Luhanska GCAs and NGCAs. Due to daily shelling, access to the targeted locations was an issue, which resulted in a shift in the response plan. Initially, the Humanitarian Response Plan was drafted as Strategic Response Plan. As the situation deteriorated, it was decided by the HC to revise the SRP and adjust the funding to the increased needs of the affected population.

Food

Rapidly increasing food prices in NGCAs (more than fifty percent for some commodities) have exhausted and stretched the savings of the affected civilians, resulting in reduced dietary diversity and severe household-level coping strategies. This resulted in additional displacement, and further constraints with regards to access, both for humanitarian actors to people in need and to affected populations to provide life-saving food assistance.

Protection

Protection agencies had been aiming at providing physical, legal and social protection to individuals and families affected by complex emergencies, as well as those that enable life-saving activities. The life-saving element of the project is that human rights staff, located in the violence affected areas and IDP areas will be monitoring, reporting and identifying human rights protection needs and carrying out the necessary follow up action to i) try to prevent further violence to identified victims; ii) refer victims to existing life-saving services provided by the Government (especially in those cases when access to such services is difficult because of the crisis) and supplemental services provided by the civil society organizations; and iii) work with relevant actors to build an environment that is conducive to the promotion and respect for human rights.

Shelter

The population targeted by shelter partners consisted mostly of IDPs living in government-held areas of Donetsk oblast; and Ukrainians living in areas of Donetsk oblast that were recently re-taken by the government forces and whose houses were

partially destroyed; as well as in displacement areas surrounding Donetsk and Luhansk oblasts. For return areas, no distinction has been made between those who had left these areas and who have now returned, and those who never left these areas, and who had been often amongst the most vulnerable. Priority has been given to the elderly, the disabled, single parents, children and women at risk and families with young children.

III. CERF PROCESS

At the time of the proposal there was no Humanitarian Country Team (HCT) setup in the country. Therefore, the prioritisation of CERF funds was discussed at the UN Country Team (UNCT) level and was very well managed by OCHA and the RC office. The prioritisation followed the Preliminary Response Plan's directions and was completely in line with it. A small issue in the consultation process was that there was an important delay of back-and-forth of about a month and a half between the original submission by the UNCT of the CERF request towards the actual approval and official release of funds. Although the planned original date of the action (1st September) was not changed despite delays in approval of projects, agencies had no internal fund to allocate to start the action, and no ability to further deploy staff for the response. Funds arrived only in mid-October, when agencies could actually start auctioning the projects.

As water availability in the NGCAs decreased due to the frequent interruption of water supply lines, UNICEF, following discussion with WASH Cluster, ICRC and other WASH actors, decided to prioritize water and hygiene in most of the affected areas across the contact line.

With income and livelihood sources eroded for many conflict-affected people, emergency food assistance became a vital life-saving and support mechanism as part of the holistic approach to ensure that all affected people, including IDPs, have access to minimum nutritional needs, especially civilians in institutions and other vulnerable people.

Addressing the winter shelter needs of vulnerable conflict-affected civilians was the main objective for shelter and winterisation support, with priority given to those in Donetsk and surrounding Oblasts; while strengthening the coping capacity of IDPs in their new locations through access to income generation and improved living conditions appropriate for autumn-winter.

Meanwhile, the context of the environment of violence, with the potential for a further escalation of fighting, necessitated a strengthened international/national presence on the ground to monitor and advocate for measures to ensure greater protection of civilians.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 5.1 million people were estimated to be living in conflict-affected areas by 19 September 2014.

| | Cluster/Sector | Female | Male | Total |
|---|------------------------------------|---------|---------|---------|
| The estimated total number of individuals directly supported through CERF funding by cluster/sector | WASH | 54,250 | 30,648 | 84,898 |
| | Health | 364,500 | 297,000 | 661,500 |
| | Protection | 131,732 | 87,821 | 219,553 |
| | Food Security and Nutrition Sector | 8,000 | 6,700 | 14,700 |
| | Emergency Shelter/NFI Sector | 59,087 | 24,134 | 83,221 |
| | | | | |

BENEFICIARY ESTIMATION

The Health Cluster partners used the State Statistics Service population data figures in Ukraine¹ (54 per cent female) in the planning phase to estimate the numbers of beneficiaries, however, the actual share of women supported has been higher as the number of female IDPs is much higher than men. According to UNHCR, as of 15 October 2014, 347,009 IDPs were officially registered, of which 16.8 per cent men, 32.7 per cent women, 31.2 per cent children and 19.2 per cent elderly and people living with disabilities. Thus, 25,000 IDPs were directly targeted for basic emergency health care. However, an estimated 100,000 people amongst the host community benefited from the basic emergency health kits delivered to health clinics and facilities.

In terms of WASH, factsheets of registered IDPs and affected people, provided by the Ministry of Social Policy (MoSP) of Ukraine and UNHCR, were utilised as the basis for interventions. UNICEF identified WASH needs through a targeted assessment in partnership of KHORS (local NGO) in NGCAs. UNICEF carried out the WASH response in NGCAs in Luhanska oblast in coordination with all water actors, including private companies, local civil society organizations, humanitarian actors and ICRC, hence avoiding duplications. Analysis of 4W reports enabled the identification and elimination of duplication among WASH Cluster agencies and partners.

| TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING | | |
|---|----------------|--------------------------|
| | Planned | Estimated Reached |
| Female | 101,718 | 364,500 |
| Male | 65,982 | 297,000 |
| Total individuals (Female and male) | 167,700 | 661,500 |
| Of total, children <u>under</u> age 5 | 4,900 | 43,305 |

CERF RESULTS

Thanks to the CERF funding to the health sector, all planned kits and supplies have been delivered and used by hospitals and maternity wards saving lives and allowing safe pregnancies and deliveries, covering a total population of 661,500 people (364,500 women and 297,000 men). Mobile clinics started operations and provided a unique emergency service in Ukraine to over 1 million IDPs in the country, which otherwise would have no access to primary healthcare. WHO has led the health sector (later cluster) and has facilitated the difficult development of a good operational context.

CERF funds enabled the provision of WASH services to an estimated 84,898 people (including approximately 54,250 women and 30,648 men). The services included access to safe drinking water, appropriate sanitation, promotion of safe hygiene practices in Luhansk government-controlled and non-government-controlled areas. CERF funds were predominantly used to address the needs of displaced families and affected people in Luhansk Oblast for a duration of six months.

CERF funding enabled food cluster partners to provide 14,700 people, including IDPs and other most vulnerable targeted people, with uninterrupted access to life-saving food assistance during critical time in the run-up to and during the winter 2014-2015.

As a result of critical interventions funded through CERF, about 80,000 people were provided with winterisation and NFI assistance. This has contributed to saving lives and reducing the suffering of people who have been displaced by conflict, their livelihoods and coping mechanisms severely disrupted.

¹ State Statistics Service of Ukraine: <https://ukrstat.org>

Protection agencies have been providing major human rights and protection related needs assistance focusing on specific needs of women, men, girls and boys. In total, almost 220,000 persons in Kharkivska, Donetska, Dnipropetrovska, Zaporizka, and Luhanska oblasts indirectly benefitted from CERF-funded protection activities. UNICEF has intensified humanitarian situation monitoring, capacity development of service providers, and provision of psychosocial assistance to affected children and caregivers. In total, 5,130 children, 600 professionals and 30 caregivers benefitted from these interventions.

CERF's ADDED VALUE

CERF allocation provided the 'seed money' to start humanitarian operations in Ukraine, and has been instrumental to support advocacy vis-à-vis the Government to recognize the unprecedented size and scope of the humanitarian situation triggered by the conflict. CERF added value mainly by being the first contribution for humanitarian action in Ukraine, in addition to agencies' own resources. In addition, CERF also served as a catalyst in attracting further funding from donors and to fill gaps in the early stages of the response in the health and other sectors, when other funding was not yet available.

CERF provided a rapid window of funding for urgent emergency interventions. Seeing the efficiency and the necessity of the mobile services, Ministry of Health (MoH) requested WHO to significantly expand the network to 464 mobile units to cover the medical humanitarian needs of all displaced, host populations, and other in conflict-affected areas. While it is not envisaged to reach such a network, health cluster organisations are planning to expand to 50 mobile units in 2015, according to the SRP. MSF has also used WHO-developed procedures to start a single mobile unit in conflict area that WHO and others are also supporting with technical advice on the basis of previous experience. Other health cluster partners are interested to use WHO tripartite agreement to expand the network.

CERF funds enabled UNICEF to fill the critical gap in reaching the IDPs and affected population in eastern Ukraine. UNICEF ensured the provision of life-saving WASH services to approximately 84,898 children, women and men in the target areas. CERF funds supported prevention of water-related disease outbreak in the target areas.

Funds provided by CERF facilitated the focusing of protection monitoring on the access of IDPs to the registration as a prerequisite to accessing state social welfare system, outreach to minorities and vulnerable/marginalized groups; facilitating access to government institutions for IDPs with specific needs, including those in need of institutional care.

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

YES PARTIALLY NO

With the CERF funds, WHO/UNFPA and UNICEF were able to rapidly assist the MoH and local authorities in timely procurement and distribution of essential and life-saving medical supplies as well as set up a network of emergency Mobiles Points providing emergency/urgent health services at community level for IDPs, returnees and the most vulnerable resident/host population groups. Above all, the CERF was crucial in the overall efforts to decrease the affected population's exposure to health risks and further loss of lives.

CERF allocation added a significant value to UNICEF response by enabling UNICEF and its partners to meet the critical life-saving needs of the most vulnerable IDP population in a timely manner and in line with the SPHERE standards.

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

YES PARTIALLY NO

The CERF-funded activities were able to support critical needs through deployment of rapid response and expert assistance, distribution of essential and life-saving medical supplies as well as through procurement of 8 Reproductive Health (RH) kit # 6 (Parts A&B), 3 RH kit #11 (art A &B), 16,000 individual sterile kits for Obstetrics and gynaecology (ObGyn) examinations, 270 midwifery kits, 130 emergency basic kits, as well as 9 Interagency Emergency Health Kits (IEHKs), 5 Interagency Diarrhoeal Disease Kits (IDDKs) and 2 Trauma A & B to release the additional burden of health care services on the existing primary health care facilities.

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

Due to the conflict, provision of safe drinking water, safe excreta disposal and access to hygiene supplies remained top priorities in the targeted areas. As a result, no significant water, sanitation and hygiene-related disease outbreak was reported during the response period – this is a significant indicator of responding to life-saving critical WASH needs of the affected population.

CERF funding has enabled food cluster partners to scale-up response while other sources of funding had been in the process of mobilising.

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

YES PARTIALLY NO

CERF funds enabled the Clusters to launch immediate response in the most affected locations across the contact line to ensure critical lifesaving assistance.

In addition to the CERF funds, WHO received a donation from the Kingdom of Norway, and additional funds from ECHO, the governments of Canada and Israel. UNFPA matched CERF resources with its own Emergency Fund money and Government of the US pledge (\$120,000) to procure additional amount of RH and dignity kits for the needs of IDPs. In 2015, the Health Cluster part of the HRP recognized growing needs, with an extended required support of \$50 million for the health cluster. The Mobile Emergency Primary Care Units (MEPUs) interventions and the support to hospitals with supplies remain key interventions in the HRP. Several donors have already provided funding and supplies to deliver as part of the 2015 HRP (Finland, Russia, Canada, Estonia, DFID) and others have pledged funding (SDC, USA). However, the remaining funding gap for the Health Sector is \$47,323,378.

Thanks to these funds, WASH Cluster had the possibility to conduct a targeted assessment for evidence-based intervention and programming. CERF funds enabled WASH organizations in meeting their funding gap until other funding sources were available. CERF funding also helped to mobilize funds from other donors such as SIDA, ECHO for WASH response in affected regions of eastern Ukraine.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The implementation of projects using CERF funding improved coordination mechanisms at national and local levels, bringing together UN agencies, national and international NGOs, government entities and other stakeholders involved in the response through regular meetings and information sharing process. This ensured that the humanitarian assistance was provided in a coordinated way, thus avoiding overlaps and duplication of assistance in target locations. Furthermore, this not only improved coordination mechanisms within the clusters, but also between different clusters both at planning and implementation levels.

Coordination and complementarity within the Health Cluster has improved as well as the inter-sector coordination thanks to the CERF funding. From inception to implementation, the project was conducted in close collaboration and co-operation between various WASH actors such as water companies, implementing partners, WASH cluster and ICRC.

Some members of the Food Security Cluster received CERF funding. Coordination and complementarity within the Food Security Cluster has improved. The Food Security Cluster was established on 23 December 2014 in Ukraine in order to coordinate the assistance to the most vulnerable people affected by the crisis in Ukraine. In February 2015, the clusters and the HCT in Ukraine undertook a "light" revision of the Strategic Response Plan (SRP) to focus more on "lifesavings" activities. Building on the achievements and lessons learned in 2014, the Food Security Cluster continues to engage its partners, advocating for improved coordination, information flow and rationalized targeting across crisis-affected areas. The cluster members coordinate in order to meet the food needs through a mix of locally-purchased food and cash and vouchers transfers.

V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u> | | |
|--|---|--------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| One-month period between proposals submission and CERF's approval | Review the start date of the project according to the real date of implementation. | CERF Secretariat |
| Modest funding compared to needs rising | Second tranche of CERF needed for Ukraine | CERF Secretariat |
| More flexibility required in utilization of funds. | CERF funding is usually limited to the proposed target areas, whereas in fluid emergencies, including continuous IDPs movement, flexibility is key, including on changes in geographical locations during the course of project implementation. | CERF Secretariat |
| The conflict in Ukraine insists on urban settlements which are connected to centralized water supply system, especially in GCAs. Any interruption in the water supply affects the local population urging for quick response and preparedness. | It is critical to include restoration/quick fixing of water supply lines as a life-saving activity for conflict in urban setting. This will help in reducing the water trucking needs/cost. Moreover, funding needs to be flexible to respond through different means such as water trucking, restoration of supply lines, pumping and filter stations. | CERF Secretariat |
| Provision of services in inaccessible/security restricted areas of Donetsk and Luhansk require more time and proactive planning. | CERF Secretariat may realign the timeline of funds expiry in case there are genuine delays in implementation of the agreed activities. | CERF Secretariat |
| Red Cross operations need to be finalised, UNFPA needs to finalise procurement and monitoring | No-cost extension for Red Cross and UNFPA to finalise planned operations | CERF Secretariat |

| TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u> | | |
|---|---|--------------------|
| Lessons learned | Suggestion for follow-up/improvement | Responsible entity |
| Slow in starting due to specific Ukrainian context | Now the system is in place and WHO has a good system to lead the response operations | WHO |
| Import of non-cleared pharmaceuticals –weeks of negotiation: lots of delays | Now the system has been cleared and WHO has worked out a formula with the authorities on all imports of supplies into Ukraine | WHO |

| | | |
|--|--|--------------------------|
| <p>Unpredictable and sudden needs: water supply line damages and WASH needs are very sudden and unpredictable due to ongoing fighting. Expedited and quick response is required to reach the affected population with life-saving WASH services.</p> | <p>More flexibility in terms of interventions/activities and geographical spread will help in reaching the needy population effectively and efficiently.</p> | <p>WASH cluster, HCT</p> |
|--|--|--------------------------|

VI. PROJECT RESULTS

| TABLE 8: PROJECT RESULTS | | | |
|---|---|--------------------------|--|
| CERF project information | | | |
| 1. Agency: | UNICEF | 5. CERF grant period: | 03.10.14 – 02.04.15 |
| 2. CERF project code: | 14-RR-CEF-141 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing |
| 3. Cluster/Sector: | WASH | | <input checked="" type="checkbox"/> Concluded |
| 4. Project title: | Girls, boys and women have protected and reliable access to sufficient, safe water, sanitation and hygiene facilities | | |
| 7. Funding | a. Total project budget: | US\$ 1,149,610 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 117,363 |
| | c. Amount received from CERF: | US\$ 599,481 | ▪ <i>Government Partners:</i> |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| <i>a. Female</i> | 44,800 | 54,250 | Initially only the population of Luhansk city was included in the CERF-funded project, however, during the implementation phase and due to the mounting critical needs, the affected population of both Donetska and Luhanska oblasts were targeted through these funds allocated by CERF. Continuous lack of drinking water for more than three days, interrupted supply lines and inadequate quality make provision of water supply one of the priority activities in WASH response in targeted locations. Due to these challenges and priority shift, activities related to output number 2 were not conducted. |
| <i>b. Male</i> | 25,200 | 30,648 | |
| <i>c. Total individuals (female + male):</i> | 70,000 | 84,898 | |
| <i>d. Of total, children <u>under</u> age 5</i> | 4,900 | 5,947 (7%) | |
| 9. Original project objective from approved CERF proposal | | | |
| WASH intervention for IDPs in Luhansk city. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |

| Output 1 | | |
|---|--|---|
| Direct lifesaving WASH supplies to IDP's and returnees in the city of Luhansk ³ | | |
| Output 1 Indicators | Description | Target for Indicator |
| Indicator 1.1 | Provision of emergency hygiene kits | 9,000 beneficiaries (12.85%) |
| Indicator 1.2 | Provision of water by truck | 30,000 beneficiaries (42.85 %) |
| Indicator 1.3 | Provision of latrines | 4,000 beneficiaries (5.71%) |
| Output 1 Activities | Description | Implemented by |
| Activity 1.1 | Distribution of NFIs | NGO Partner |
| Activity 1.2 | Water provision | NGO Partner/contract |
| Activity 1.3 | Latrines | NGO Partner/contract |
| Output 2 | | |
| Indirect supplies to government for minor water supplies disinfection and repairs. ⁴ | | |
| Output 2 Indicators | Description | Target for Indicator |
| Indicator 2.1 | Disinfection materials, pumps, diesel generators | 30,000 beneficiaries |
| Indicator 2.2 | Water quality monitoring supplies | 500,000 |
| Indicator 2.3 | Number of beneficiaries who have benefited from the use of disinfection materials for water supply systems | To be confirmed by the State Emergency Service by the end of September 2014 |
| Output 2 Activities | Description | Implemented by |
| Activity 2.1 | Procurement of supplies | SES, MoH |
| Activity 2.2 | Distribution of supplies | SES, MoH |

³ In terms of delivery of direct lifesaving WASH supplies to IDPs and returnees in the city of Lugansk, the project will provide emergency hygiene baby and adult kits and family hygiene kits; bottled water and latrines to the most vulnerable population in the city of Lugansk. The vulnerable population is as such confirmed to UNICEF by the State Emergency Service and UNICEF Field Monitor in the area of Lugansk. The caseload had been identified in discussions with the Red Cross, local NGOs, UNICEF Field Monitor and the State Emergency Services.

⁴ UNICEF, through a partner NGO, will deliver disinfection materials, pumps, diesel generators, and water quality monitoring supplies under this output, in partnership with the state emergency service. It will reach beneficiaries through the network of State Emergency Service and the implementing partner NGO, red cross, the most active in the city of Lugansk now.

| Output 3 | | |
|---|--|---|
| Output 3 Indicators | Description | Target for Indicator |
| Indicator 3.1 | Number of children and adults benefitting from WASH promotion | 15,000 beneficiaries (100%) |
| Output 3 Activities | Description | Implemented by |
| Activity 3.1 | Development of hygiene promotion materials (leaflets, posters, etc) | NGO partner |
| Activity 3.2 | Delivery and distribution of promotion materials in targeted schools | NGO partner |
| 11. Actual outcomes achieved with CERF funds | | |
| <p>Thanks to CERF funds, UNICEF successfully achieved most of the planned target in eastern Ukraine. UNICEF reached 84,898 people (including approximately 54,250 women and 30,648 men) with the provision of WASH services in affected areas of Donetsk and Luhanska oblasts. The services included access to safe drinking water, appropriate sanitation, and promotion of safe hygiene practices in GCAs and NGCAs. UNICEF provided access to safe drinking water and improved sanitation to 52,536 conflict-affected people (including men, women and children) in Donetsk and Luhanska oblasts. UNICEF successfully distributed 3,000 Jerry cans to IDPs and affected people. UNICEF successfully reached 32,362 people in the targeted affected oblasts. Out of these total number, UNICEF reached 14,362 affected people, including 10,046 children, 2,158 men, and 2,158 women with distribution of the 3,568 hygiene kits. Hygiene kits were designed separately for adults, children and families. In addition to hygiene kits distribution, UNICEF reached school children and affected communities with hygiene promotion activities through its implementing partners People in Need (PIN) and MAMA-86. UNICEF reached 18,000 men, women and children with hygiene messages through the development and the dissemination of posters, leaflets, TOT for teachers and hygiene campaign.</p> | | |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | | |
| <p>Initially, only Luhansk city was included in the CERF proposal, however due to escalation of violence and mounting critical needs across the contact line during the implementation, most of the affected locations in Donetsk and Luhanska oblasts were also included in response through CERF funds. Activities related to output number. 2, i-e "Indirect supplies to government for minor water supplies disinfection and repairs" and "construction of latrines in schools" were not implemented due to change in priority and inaccessibility to the affected locations amidst intense fighting between Ukrainian armed forces and non-state actors.</p> | | |
| 13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? | | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| <p>If 'YES', what is the code (0, 1, 2a or 2b): 2a. The agency self-assigned a gender marker score of 2a. The project paid special attention to the water and hygiene-related needs of women and girls in the conflict-affected region of Ukraine. Specific needs of girls and women were identified through special discussion with the women group, and contents of the hygiene kits were revised accordingly. Moreover, during the post distribution monitoring, special feedback was received and recorded from women targeted groups.</p> <p>If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation</p> | | |

| | |
|---|---|
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project. | EVALUATION PENDING <input type="checkbox"/> |
| | NO EVALUATION PLANNED <input checked="" type="checkbox"/> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|--|--------------------------|---|
| 1. Agency: | WHO/UNFPA/UNICEF | 5. CERF grant period: | 10.10.14 – 09.05.15 |
| 2. CERF project code: | 14-RR-CEF-142 14-RR-FPA-042 14-RR-WHO-070 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded |
| 3. Cluster/Sector: | Health Sector | | |
| 4. Project title: | Delivery of primary health care services through emergency mobile units in IDP concentration areas | | |
| 7. Funding | a. Total project budget: | \$11,560,700 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | \$3,073,712 | ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 210,000 |
| | c. Amount received from CERF: | \$810,212 | ▪ <i>Government Partners:</i> |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached</i> |
| a. Female | 71,250 | 364,500 females | |
| b. Male | 53,750 | 97,000 males | |
| c. Total individuals (female + male): | 125,000 | 661,500 | |
| d. Of total, children <u>under</u> age 5 | | 43,305 (7%) | |
| 9. Original project objective from approved CERF proposal | | | |
| Provide IDPs residing in temporary shelters in south-east Ukraine with emergency primary health services and link and facilitate their access into the district/regional polyclinics and secondary health care facilities. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |

Improved access to primary and secondary health care facilities for IDPs residing in temporary shelters in south-east Ukraine

11. Actual outcomes achieved with CERF funds

WHO

Output 1: IDPs' access to primary health care in eastern Ukraine services ensured through the establishment of "Mobile Emergency Primary Health Care Units" ("Emergency Mobile Points, EMPs)

WHO established a Tripartite Agreement between the Ministry of Health, WHO and the Ukrainian Red Cross (URC) allowing the URC to run Emergency Mobile Points (EMPs) to provide essential emergency/urgent primary health care services for IDPs and returnees in conflict-affected areas in the east and south of Ukraine to ensure health protection.

With the CERF sub-grant of \$210,000, the Ukrainian Red Cross established a system of 11 mobile clinics, which is a unique and unprecedented development in the current context of Ukraine. The Emergency Mobile Points were established in five oblasts, including Donetsk, Luhanska, Kharkivska, Dnipropetrovska and Zaporizka oblasts, and are currently fully operational in Sievierodonetsk (Luhanska oblast), Slovyansk, Sviatogorsk, Krasnyi Liman (Donetska oblast), Kupyansk, Izium (Kharkivska oblast), Pavlograd, Dnirpodzerzhinsk (Dnipropetrovska oblast), Zaporizhzhia, Melitopol cities (Zaporizka oblast) and in Poltava city (Poltavska oblast). The provision of the primary/community healthcare services to the internally displaced people is entirely in line with the life-saving imperative of CERF interventions.

An Intensive emergency training on life-saving medical interventions to medical personnel for the EMPs and PHC workers of health facilities was delivered: 15 days training was undertaken for 30 participants (doctors and nurses – MEPU team of 3 medical staff each) from the Red Cross and the Greek Hippocrates Foundation implementing partner. WHO training focused on Emergency Live-saving interventions, and in particular on the main diseases that affect children younger than 5 years and the most vulnerable population groups (women and elderly), namely respiratory (including pneumonia) and gastrointestinal infections. By the end of the training, the MEPU and Health Facility staff were able to collect vital statistics, provide the child health services through the Integrated Management of Child Illnesses approach, ensure nutrition screening, detect communicable diseases (especially TB and HIV/AIDS), detect pregnancy danger sign and refer the women to adequate obstetric care facilities, as well as manage non-communicable diseases, including chronic diseases, injuries and mental health, or services related to gender-based violence (GBV). All training modules were translated into Ukrainian.

Output 2: EMPs and local health institutions have sufficient medical supplies

Over half a million patients have been supported with supplies delivered to Ukraine through the CERF action. Nine IEHKs were procured and distributed to the primary and secondary health care facilities/five IDDKs were procured and distributed to the Sanitary Emergency Services of the 5 Oblasts. In addition, two Trauma A & B kits were procured and distributed to trauma hospitals in Donetsk and Luhanska Oblasts.

Output 3: Regular meetings of health sector and its sub-working groups on Roma health and mental health are conducted with the MoH, UN and other health cluster partners to ensure coordinated response and avoid gaps and overlapping activities.

An Emergency Health coordinator, an international response coordinator and two national programme officers were recruited for one month to initiate the emergency health sector activities. Health cluster meetings and sub-cluster meetings were covered by other funds (ECHO and Canada).

UNFPA

Output 4: IDP population, specifically women, pregnant women, women giving birth and older persons provided with, and have access to, essential medicines, commodities and dignity kits, as well information on available services.

UNFPA addressed specific needs of women, especially pregnant women and women giving birth, in essential reproductive health services through provision of Reproductive Health kits containing essential medicines and healthcare supplies, individual disposable sterile obstetrics/gynaecology examination kits as well as dignity kits containing hygienic items. Woman of reproductive age received information on prevention of SRH-related health risks and available nearby services. Also the needs of older persons residing in IDP facilities and residential care institutions in the affected regions in basic dignity items were addressed.

UNFPA procured (through Access RH procurement platform - <http://www.myaccessrh.org/rh-kits>) and supplied to local hospitals (maternity departments) in Donetsk, Dnipropetrovska, Kharkivska, and Zaporizska oblasts. Eight RH kit # 6 (Parts A&B) containing re-usable and disposable equipment and medicines for providing non-complicated ObGyn care in health facilities were supplied as well as three RH kits #11 (art A &B), which contain re-usable and disposable equipment and medicines, to perform caesarean sections and other obstetric surgical interventions, to resuscitate mothers and babies and to provide intravenous

treatment (e.g. for puerperal sepsis or eclampsia). Additionally, most essential drugs (antibiotics, pain killers, anti-inflammatory) were supplied to maternity hospitals to ensure access to SRH services for most vulnerable woman among IDPs and local communities (due to economic difficulties and chronic underfunding experienced by health facilities, most drugs and medical supplies need to be procured by patients "out of pocket", thus could potentially limiting access to health care for those who does not have cash to pay). It is estimated that provided kits and drugs allowed up to 7,000 women to deliver safely. In addition, WHO-supported MEPU's (operated by the Ukrainian Red Cross) received 16,000 individual sterile kits for ObGyn examinations for distribution. These kits are essential to ensure provision of primary SRH care, including regular check-up visits.

In order to raise awareness of woman on key Sexual and Reproductive Health (SRH)-related risks, promote and facilitate timely access to service and thus minimize potential risks for women's health, UNFPA produced and distributed 50,000 leaflets containing short and clear messages on maintaining dignity and prevention of life-threatening conditions as related to women's health, including safe pregnancy and delivery, prevention of unwanted pregnancy, sexually transmitted infections (STI) and HIV prevention, GBV awareness.

To help women to maintain dignity, 3,000 dignity kits containing hygienic items were procured and distributed among most vulnerable IDP women. Older persons staying in social care institutions (evacuated from the conflict zone) received 4,500 basic age-appropriate dignity kits procured by UNFPA.

UNICEF

Output 5: IDP population, specifically women giving birth have access, provided and served with basic essential medicines and medical devices

UNICEF supported the access and quality of obstetric care services in health facilities (maternity wards) for IDP women and women giving birth in affected areas through supply of midwifery kits designated for normal deliveries. Some 270 midwifery kits, which serve 13,500 deliveries, were procured and distributed according to the plan developed by the Ministry of Health and delivered to Luhanska, Donetsk, Kharkivska, Dnipropetrovska and Zaporizhska oblasts.

To support access of IDP families to the regular health services in the areas of their displacement, UNICEF procured 130 emergency basic kits consisting of essential basic medicines, medical consumables, and equipment. The procured kits to reach 130,000 patients were delivered to the health facilities, according to the distribution plan by the Ministry of Health to Luhanska, Donetsk, Kharkivska, Dnepropetrovska and Zaporizka oblasts.

UNICEF field monitors conducted several spot checks and provided reports on the using of the kits in local hospitals.

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

WHO: MEPU's took delays on the Ukrainian Red Cross implementation side (cf cover letter) but all supplies planned have been delivered. CERF Secretariat revised the implementation dates from 10 October until 9 May 2015.

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 or 2b): **2b**

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation Gender considerations have been mainstreamed in UNICEF project design and implementation from the onset of the project. UNICEF paid special attention to provision of support to IDP women and women giving birth in affected areas through supply of midwifery kits and basic emergency health kits. According to the monitoring reports, the kits were immediately used to cater for women's needs.

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

If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project. EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|--|--------------------------|---|
| 1. Agency: | UNICEF OHCHR UNHCR | 5. CERF grant period: | 01.09.14 – 28.02.15 |
| 2. CERF project code: | 14-RR-CEF-143 14-RR-CHR-004 14-RR-HCR-039 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded |
| 3. Cluster/Sector: | Protection | | |
| 4. Project title: | Monitoring, protection and redress related to violations of human rights in conflict areas and areas of displacement | | |
| 7. Funding | a. Total project budget: | US\$ 3,385,193 | d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> \$ 215,165 ▪ <i>Government Partners:</i> |
| | b. Total funding received for the project: | | |
| | c. Amount received from CERF: | US\$ 603,109 | |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| <i>a. Female</i> | 19,230 | 131,732 | Initially it was planned that HSM is done on the household level and that is where the planned figures come from. However, with the shift to key informant interviews it is impossible to estimate number of direct beneficiaries as both monitoring and interventions were done at community level. Thus, the project only had indirect beneficiaries covering the whole IDP population of the districts where monitoring was conducted. A breakdown of indirect beneficiaries that were reached through CERF funding in Kharkivska, Donetska, Dnipropetrovska, Zaporizhska, and Luhanska oblasts are presented on the left. |
| <i>b. Male</i> | 12,670 | 87,821 | |
| <i>c. Total individuals (female + male):</i> | 31,900 | 219,553 | |
| <i>d. Of total, children <u>under</u> age 5</i> | | 59,718 | |
| 9. Original project objective from approved CERF proposal | | | |
| Ensure that critical human rights and humanitarian law violations are monitored, documented and where necessary interventions are undertaken by the Government to ensure full respect of the affected population, including rights of separated and unaccompanied children | | | |

| 10. Original expected outcomes from approved CERF proposal | | |
|---|---|--|
| Human rights situation of the IDPs and other population affected by the crisis have been documented and analysed to enable individual and systemic redress action by the Government and other parties concerned | | |
| Output 1 | Protection to victims of grave violations of human rights and international humanitarian law is ensured by presence of a mobile team of human rights monitors | |
| Output 1 Indicators | Description | Target for Indicator |
| Indicator 1.1 | Number of documented cases of grave human rights violations, and of violations of the international humanitarian law | 300 |
| Indicator 1.2 | Number of high quality analyses of trends pertaining to grave human rights violations and violations of humanitarian law | 5 |
| Indicator 1.3 | Number of interventions with the authorities | 20 |
| Output 1 Activities | Description | Implemented by |
| Activity 1.1 | Identification of monitoring means of critically affected areas and communities | OHCHR / partner NGOs |
| Activity 1.2 | Victims interviews and testimonies recorded and documented | OHCHR / partner NGOs |
| Activity 1.3 | Critical interventions made with the authorities | OHCHR |
| Output 2 | Caseload of grave human rights violations (such as torture, enforced disappearances, rape, ill-treatment, arbitrary detention) has been established | |
| Output 2 Indicators | Description | Target for Indicator |
| Indicator 2.1 | Availability of a working referral mechanism | By the second month of project implementation |
| Indicator 2.2 | Number of identified victims | 100 |
| Indicator 2.3 | Number of victims provided with legal and/or medical assistance | 100 |
| Output 2 Activities | Description | Implemented by |
| Activity 2.1 | Establishment of a referral mechanism | OHCHR / partner NGOs |
| Activity 2.2 | Identification of victims with critical cases (torture, enforced disappearances, rape, ill-treatment, arbitrary detention) | OHCHR / partner NGOs |
| Activity 2.3 | Provision of victims with critical cases (torture, enforced disappearances, rape, ill-treatment, arbitrary detention) with medical and legal assistance) | OHCHR / partner NGOs |
| Output 3 | Humanitarian situation monitoring related to IDPs is conducted. | |
| Output 3 Indicators | Description | Target for Indicator |
| Indicator 3.1 | Humanitarian situation monitoring reports provide a comprehensive, reliable picture of the multi-sectoral humanitarian needs in IDP reception and conflict-affected regions of eastern Ukraine. | UN partners rely on HSM data to plan advocacy and humanitarian |

| | | |
|---------------------|---|---|
| | | response. |
| Output 3 Activities | Description | Implemented by |
| Activity 3.1 | Recruit and deploy teams of protection monitors in five oblasts of eastern Ukraine | UNHCR and local NGO "Right to Protect" |
| Activity 3.2 | Protection monitors conduct data collection through key informant interviews twice per month in up to 80 raions of eastern Ukraine. | UNHCR and local NGO "Right to Protect" |
| Output 4 | Rights violations of IDPs identified through protection monitoring and addressed through mobilization of community resources | |
| Output 4 Indicators | Description | Target for Indicator |
| Indicator 4.1 | Protection monitoring reports identify protection violations and trends, and generate recommendations for addressing them in terms of advocacy, mobilization of local actors, or direct intervention. | Weekly protection monitoring reports prepared; protection issues identified and addressed. |
| Output 4 Activities | Description | Implemented by |
| Activity 4.1 | Protection monitoring teams will conduct broad outreach to affected persons, community groups and local governments, and on this basis prepare weekly situation reports based on a standard template (quantitative and qualitative parts), analysing protection risks and trends. | UNHCR and local NGO "Right to Protect" |
| Output 5 | Protection Response Actions related to IDPs | |
| Output 5 Indicators | Description | Target for Indicator |
| Indicator 5.1 | UNHCR's "protection by presence" in the conflict-affected regions leads to more restraint on the part of local actors, helps to increase humanitarian access for delivery of assistance. | UNHCR and partner staff establish predictable presence and solid local ties in conflict-affected regions |
| Indicator 5.2 | Rights violations of IDPs/conflict-affected populations diminish, or are mitigated. | Improvement in protection situation of IDPs and affected population; reduction in number and severity of rights violations. |
| Output 5 Activities | Description | Implemented by |
| Activity 5.1 | UNHCR establishes presence in conflict-affected regions through close cooperation with local civil society actors. | UNHCR and local NGO "Right to Protect" |
| Activity 5.2 | Protection response interventions are designed and implemented. | UNHCR and local NGO "Right to Protect" |
| Output 6 | Stakeholder capacity enhanced to monitor and address the situation of children separated from their parents, as well as children in institutional care. | |

| Output 6 Indicators | Description | Target for Indicator |
|---|--|---|
| Indicator 6.1 | Number of stakeholders trained on family tracing | 3 organizations |
| Indicator 6.2 | Percentage of separated and unaccompanied children properly registered of those identified | 80% of those identified |
| Output 6 Activities | Description | Implemented by |
| Activity 6.1 | Training of stakeholders on family tracing | UNICEF, NGO partner |
| Activity 6.2 | Establishment of community-based child protection mechanisms to assess, monitor and address protection issues of separated and unaccompanied children. | NGO(s) |
| Output 7 | | |
| Services for Children and Social Service Centres for Children, Families and Youth in affected areas have enough capacity to assess, monitor and address issues of separated and unaccompanied children. | | |
| Output 7 Indicators | Description | Target for Indicator |
| Indicator 7.1 | Number of specialists trained from affected areas | 8-10 people in each of the affected areas |
| Indicator 7.2 | Percentage of registration forms filled and analysed (of the identified cases) by Services for Children and Social Services for Children, Families and Youth | 90% of identified cases |
| Indicator 7.3 | Percentage of separated and unaccompanied children identified who are returned to biological or substitute families, rather than use of residential care | 70% |
| Output 7 Activities | Description | Implemented by |
| Activity 7.1 | Advocacy campaign for family-based care for separated children, and work to prevent separation during displacement and extreme economic hardship | NGO and State Department |
| Activity 7.2 | Re-unite families and restore documentation for institutionalized children through establishing referral systems linking the state authorities, civil society and children/families. | State Department |
| Output 8 | | |
| Coordination mechanisms are in place to assess monitoring process related to separated and unaccompanied children | | |
| Output 8 Indicators | Description | Target for Indicator |
| Indicator 8.1 | # of coordination meetings conducted | 12 (2 per month) |

| | | |
|---------------------|---|----------------------------|
| Indicator 8.2 | # of tools developed and used for coordination of the response | 2 |
| Output 8 Activities | Description | Implemented by |
| Activity 8.1 | Participation in sector coordination meetings | UNICEF, NGOs, state bodies |
| Activity 8.2 | Participation in inter-sector coordination meetings with GoU partners | UNICEF and NGO |
| Activity 8.3 | Contributions to the development of tools and mechanisms on tracing | UNICEF, NGO, state bodies |

11. Actual outcomes achieved with CERF funds

Child Protection Monitoring in Donetska oblast

A five-month programme aimed at monitoring the rights of children in NGCA has been initiated in Donetska oblast. A mapping of institutions where children are placed has been completed and 73 children's institutions in NGCAs of Donetska Oblast have been identified to be monitored (approximately 1,500 children in total). Capacity building in basic Child Protection (CP) concepts, Child Protection in Emergencies (CPIE) minimum standards, and referral mechanisms of local NGOs ("Maximal" and "responsible Citizens") (12 people as key monitors) has been increased. A development of the Referral Forms and Information-Sharing Protocol have been initiated in collaboration with other NGOs operating in Donetsk region NGCA, to develop a mechanism of referral of cases of violations of child rights disclosed/observed during the monitoring to the de-factor authorities. The process also requires a need to define relationship with the local de-facto authorities, considering the sensitivities between GCA and NGCA.

Immediate Psycho-Social Outreach to Children and Families in war affected areas

During the implementation of the CERF-funded activities, 80 kindergarten children in Debaltseve were provided with psycho-social counselling and supported by a group of 15 volunteer psychologists from Donetsk. Methods used were art therapy, fairy-tale therapy, fine arts therapy and projective drawing, psycho-gymnastics, communications and adaptation training sessions. Upon creation of safe space in the kindergarten, children who were initially uncooperative began playing and singing. Volunteers worked in the kindergarten as well as in bomb shelters across Debaltseve and the number of kids attending kindergarten increased from 35 to 80. This mobile psychosocial support (PSS) outreach approach is being replicated in other vulnerable regions of Donetsk NGCA. Three supervision meetings were held for 18 staff members and one mid-project learning session with 12 participants and an introduction to child protection psycho-social intervention to a group of 30 new PSS outreach volunteers have been conducted. Most of them are psychologists. Overall 50 children and 30 affected caregivers in Debaltseve actively participated in safe spaces, where activities have been conducted to encourage family unity and well-being. A general meeting is scheduled for parents in Debaltseve to begin working with parents individually.

Emergency outreach activity has been implemented in four additional locations (Uhleorsk, Horlivka and Petrovski and Kievski districts of Donetsk). Following the training sessions, five mobile teams with four specialists per team, including school psychologists, and social workers, were developed to provide urgent psychosocial outreach. These teams were activated to provide more intensive psychological support to children and/or caregivers in vulnerable living spaces such as bomb shelters or collective centres.

UNICEF had conducted capacity building of 600 professionals in 20 cities to provide psychosocial work with children/ families. About 5,000 children are reached by 1,000 trained community professionals via mobile outreach.

Humanitarian situation monitoring and protection monitoring activities in eastern Ukraine

Humanitarian situation monitoring (HSM) as per UN OCHA methodology has been conducted from September 2014 to February 2015 and protection monitors engaged in HSM were trained by UN OCHA in line with the agreed methodology in October 2014. OCHA, UNHCR and R2P, identified key informants in the areas of concern, such as volunteers, NGO representatives, local government representatives, members of the displaced communities and representatives of conflict affected communities. Questionnaire for the interviews was developed and agreed among the sectors/clusters, as it covered the wide range of topics, including Protection, Shelter/NFIs, basic services, WASH, Health, Education and Livelihoods. Data collection was done through a mobile application and schedule was later adjusted to once a month.

As reported by implementing partner one of the data collection challenges was to find the key informants, as people on the ground did not see a benefit of participating in yet another assessment, but rather wanted to see specific outcome. Thus, UNHCR tried to complement the monitoring activities with assistance programmes and to promptly respond to identified needs. As HSM is a

| | |
|--|--|
| <p>periodic activity providing a snapshot of humanitarian situation and left some time for other monitoring tasks that would benefit the Project, monitors contributed also to regular protection monitoring under UNHCR guidance. Such protection monitoring was done throughout the project duration under supervision of UNHCR's Protection Unit and in coordination with UNHCR Field staff. Weekly reports were submitted to UNHCR covering the following issues: statistic updates and population trends, registration of IDPs, movement across the conflict line, rights of children and persons with specific needs, situation in collective centres, and access to employment. Such information helped to inform UNHCR's protection intervention and advocacy.</p> <p>Since December 2014, UNHCR has gained access to non-government controlled areas of Donetsk region and opened a field office in Donetsk city. While it became possible to expand assistance to local population and IDPs within Donetsk region and get basic information about the population needs in NGCA, soft activities such as protection monitoring have not started full scale due to precarious position of the UN there and relevant staff safety concerns.</p> <p>In general, during the project implementation UNHCR advocacy efforts were focused on implementation of the Law of Ukraine on "On guaranteeing the rights and freedoms of internally displaced persons" (The Law effective from November 2014). Together with its implementing partners establishment of the working group of NGO members was initiated, which elaborated amendments to the aforementioned Law, which as of the day of this report represented in the 2166 and 2167 draft laws. In particular, according to the draft laws, non-citizens and stateless persons taken out from the definition of IDP are to be returned to Art.1 of the Law. Upon adoption of the Law, the Cabinet of Ministers of Ukraine (CMU) produced a number of resolutions mostly aimed at regulating IDPs registration and social payments UNCHR closely monitored the legislative efforts and submitted a number of draft amendments to the aforementioned resolutions to the MoSP.</p> | |
| <p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> | |
| <p>While the initial plan was to conduct biweekly data collection for humanitarian situation monitoring at community and household level, it was later adjusted to monthly interviews with key informants.</p> | |
| <p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p> | <p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> |
| <p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation From the very beginning, gender equality considerations have been mainstreamed in the project design and implementation. In particular, UNICEF has been monitoring impact of the crisis on girls and boys, women and men to enhance delivery of results. Also, in the course of UNICEF-supported capacity development activities, special attention was paid to gender aspects of the psycho-social support services. All interventions were gender-sensitive and gender-responsive. The overall goal for UNHCR programmes is to promote gender equality and the rights of all persons of concern regardless of sex, age or personal background. The overall aim of Age, Gender and Diversity Mainstreaming (AGDM) is to advance gender equality and rights of all persons of concern of all ages. The 2011 AGD (Age, Gender, Diversity) policy puts together the principles of the AGD approach and supports the AGD mainstreaming and targeted actions which have been implemented since 2006. The policy underlines the importance of gender equality, the community-based approach, and partnerships for successful implementation of AGD. UNHCR operation activities incorporate an age, gender and diversity perspective using a rights- and community-based approach. The strategy is complemented by targeted action to empower discriminated groups, facilitate equitable outcomes for all and promote gender equality. To achieve this, an operational strategy has been developed which comprises of a multi-functional team approach with partners, participatory assessments with women, girls, boys and men of concern.</p> | |
| <p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p> | <p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p> |
| <p>No formal evaluation was planned, but yet the regular monitoring and evaluation of the programme achievements was carried out. This was achieved through direct monitoring of UNHCR staff as well as through monitoring, narrative and financial reports provided by implementing partners.</p> | <p>EVALUATION PENDING <input type="checkbox"/></p> |
| | <p>NO EVALUATION PLANNED <input type="checkbox"/></p> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|--|---|--------------------------|--|
| 1. Agency: | UNHCR IOM | 5. CERF grant period: | UNHCR: 16.10.14 – 15.04.15 IOM: 14.10.14 – 13.04.15 |
| 2. CERF project code: | 14-RR-HCR-040 14-RR-IOM-041 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded |
| 3. Cluster/Sector: | Emergency Shelter/NFI Sector | | |
| 4. Project title: | Winterization assistance for Ukrainian IDPs and returnees | | |
| 7. Funding | a. Total project budget: | US\$10,727,811 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US\$1,620,109 | <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$327,717 ▪ <i>Government Partners:</i> |
| | c. Amount received from CERF: | US\$ 1,094,575 | |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| <i>a. Female</i> | 20,526 | 59,087 | Thanks to its individually-tailored, needs-based approach to beneficiaries, IOM was able to assist 22% more beneficiaries than originally envisioned (3,750 planned; 5,431 assisted). A significant increase between the planned and reached number of beneficiaries occurred due to the demand for NFIs exceeding the initial estimations extensively, as many beneficiaries left their homes in haste, without the necessary clothing and basic household items, and in many cases settled into accommodation not fit for cold winter. At least, 20,000 beneficiaries were assisted with warm clothing during the project. Overall, 83,221 people were provided with individual NFIs winterisation assistance. |
| <i>b. Male</i> | 15,024 | 24,134 | |
| <i>c. Total individuals (female + male):</i> | 35,550 | 83,221 | |
| <i>d. Of total, children <u>under</u> age 5</i> | | 8,230 | |
| 9. Original project objective from approved CERF proposal | | | |
| Address the winter shelter needs of vulnerable Ukrainian individuals affected by the conflict, with priority given to those in Donetsk and surrounding Oblasts; while strengthening the coping capacity of IDPs in their new locations through access to improved living conditions appropriate for autumn–winter period | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |

35,550 vulnerable Ukrainian individuals in displacement and return areas are provided with adequate assistance for a warm shelter during the cold winter season

| Output 1 | | |
|---|--|--|
| 10,800 vulnerable IDPs staying at non-winterized Collective Centres benefit from a warm shelter environment during the cold winter months | | |
| Output 1 Indicators | Description | Target for Indicator |
| Indicator 1.1 | Number of vulnerable IDPs with access to winterized Collective Centres or other housing solution | At least 90% of the estimated 11,514 vulnerable IDPs living in 101 non-winterized Collective Centres |
| Indicator 1.2 | Number of vulnerable IDPs provided with transportation assistance to relocate to winterized residential housing | 800 vulnerable IDPs |
| Output 1 Activities | Description | Implemented by |
| Activity 1.1 | Procurement of furniture (mainly blankets and linen) requested by the Ukrainian government to winterize Collective Centres hosting IDPs in Donetsk Region | UNHCR |
| Activity 1.2 | Distribution and monitoring of the goods in close cooperation with local authorities | UNHCR |
| Activity 1.3 | Relocation assistance for vulnerable IDPs who cannot afford their own transport from non-winterized to winterized residential housing in Kharkiv, Dnipropetrovsk, Zaporizhiya, and Donetsk regions | IOM partner NGOs (4), IOM |
| Output 2 | | |
| Improvement in living conditions of 3,750 vulnerable IDPs in Donetsk, Kharkiv, Dnipropetrovsk, and Zaporizhiya regions through the access to non-food items (NFIs) | | |
| Output 2 Indicators | Description | Target for Indicator |
| Indicator 2.1 | Number of vulnerable IDPs receiving NFIs. | 3,750 IDPs |
| Indicator 2.2 | Number of implementing partners involved in the identification and the distribution of NFIs according to needs observed on field level. | 4 NGOs |
| Output 2 Activities | Description | Implemented by |
| Activity 2.1 | Procurement of NFIs | IOM, IOM partner NGOs (4) |
| Activity 2.2 | Distribution of NFIs | IOM partner NGOs (4) |
| Output 3 | | |
| 7,000 households living in return areas (returnees and vulnerable households who stayed in the areas throughout the conflict) have access to a warm shelter during the winter | | |
| Output 3 Indicators | Description | Target for Indicator |
| Indicator 3.1 | Number of vulnerable households assisted to winterize their houses | 7,000 households/ 21,000 individuals |
| Indicator 3.2 | Number of staff involved in the shelter community mobilisation activities in return areas | 10 staff members |
| Output 3 Activities | Description | Implemented by |
| Activity 3.1 | Procurement of glazing, reinforced plastic sheeting and tool kits | UNHCR |
| Activity 3.2 | Organizing distribution of glazing and plastic sheeting in return area. | UNHCR |

| | | |
|--------------|---|-----------------------------|
| Activity 3.3 | Monitoring and implementation of shelter assistance in return areas | UNHCR & selected partner(s) |
| | | |

11. Actual outcomes achieved with CERF funds

IOM
This project directly supported 1,852 vulnerable IDP families (5,431 persons, including 61% women and 39% men; 18% children under the age of 5) in four oblasts of Ukraine (Dnipropetrovska, Donetsk, Kharkivska, and Zaporizka) with gap-filling shelter and NFI assistance. Of these, 1,127 were single-headed households. Thus, the project exceeded its target for the number of assisted beneficiaries by 22% (3,750 IDPs planned to be assisted by IOM; 5,431 IDPs were assisted). Beneficiaries were selected from among the IDP population based on the following vulnerability criteria: the elderly, the disabled, persons with acute or chronic illnesses, single-headed households, pregnant or lactating women, and families with young and/or large numbers of children. Reasonable flexibility was exercised to respond to acute needs of all IDPs turning for assistance to IOM or its partners.

Assistance was provided through four local NGO partners who rendered casework services, including identification and screening of beneficiaries, needs assessment, procurement and distribution of assistance items/services, monitoring, data collection and reporting related to IOM. All of the NGO partners maintained active contact with local government and civil society representatives for beneficiary referral, as well as the IDP population, throughout the project implementation. To receive assistance, vulnerable IDPs referred to the NGO partners filled in IOM standard questionnaires where they described their current status and needs. These were then verified by the NGOs, using their knowledge of the situation on the ground and experience working with vulnerable beneficiaries, who then sent consolidated requests for assistance to IOM. Assistance was thus provided through individual approach, based on vulnerability and the possibilities of the project. Each family could receive one or more types of assistance, depending on the number of family members, their vulnerability and needs. The main types of assistance were winter clothing (1,205 families) and winterization/ basic household items (1,250 families). Additionally, all beneficiaries were informed of the risks of trafficking in persons and irregular migration via information materials specifically developed by IOM for the IDP population.

UNHCR
During the implementation of CERF-funding projects, UNHCR has assisted at least 50 collective centres to improve their preparedness for winter months, at least 17 collective centres were provided with construction materials and assistance with repair works in order to improve living conditions and their hosting capacity. The rest were assisted with basic furniture and household items, such as bed-linen, blankets, and kitchen utensils. The total estimated capacity of the assisted collective centres is more than 5,400 people. The programme was implemented both through People in Need as an implementing partner and as direct interventions.

Along with assistance to the IDPs in collective centres, UNHCR has implemented NFI distribution programme for IDPs living in private accommodations and affected population in the conflict affected areas. Any distributions conducted were based on either field assessment by UNHCR Field staff and protection monitors or request from the local government, NGO or collective centre management. Requests were verified through visits to the site.

During autumn 2014, UNHCR has narrowed down a range of NFIs to be distributed to persons of concern, based on information from UNHCR field presences on what was needed most: blankets, bedding/towels, jerry cans, warm clothing and sleeping bags. Assistance items were not distributed as a set, but rather based on the needs and composition of the targeted household. The overall NFI assistance programme has reached more than 80,000 beneficiaries, of whom at least 20,000 were provided with seasonal clothing. According to distribution reports, about 1/5 of all assistance items were distributed in Donetsk, meaning that the beneficiaries were either IDPs who had never reached government controlled areas or other war-affected persons who lost their possessions during hostilities.

Throughout the project implementation, the ‘contact line’ has been moving a lot, forcing UNHCR to confine to emergency shelter rather than repairs in return areas. Thus, glazing and construction materials for residential households were de-prioritized in favour of emergency shelter materials. For emergency shelter response UNHCR has prioritized distribution of plastic sheets, plywood, plastic film and small battens. During the implementation period, 795 rolls and 1344 sheets were distributed to cover at least 2,522 families and 24 public entities, including schools and kindergartens.

As most of the international NGOs were not operational in the initial stages of emergency UNHCR has been implementing its assistance programmes through operating partners, usually small national NGOs using local volunteers as their key labour force. Although it required additional efforts from the local field offices to quickly set up such arrangements it also promoted stronger involvement of the local communities. Local capacities proved to be a big asset. Many local authorities were very prompt and

| | |
|---|--|
| <p>effective in compiling the lists of damaged houses and making estimates of the needs. Moreover, the local capacity to respond to affected population needs was underestimated during planning and prioritization. Compared to small local civil society initiatives, bigger players, including UNHCR, were fairly slow in delivering shelter assistance to individual households in conflict-affected areas that were retaken by Ukrainian government. Thus major reported needs, like glazing in Slovyansk, has been mostly done before formal assessment of the needs was conducted.</p> | |
| <p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> | |
| <p>The types of assistance requested and provided under this project differed from the original forecast because of the individualized nature of IOM's approach to assisting beneficiaries. Specifically, the demand for NFIs exceeded the initial estimations, as many beneficiaries left their homes in haste, without the necessary clothing and basic household items, and in many cases settled into accommodation not fit for cold winter. At the same time, IOM received no requests for transporting IDPs from non-winterized collective centres to winterized ones. Therefore, all assistance funds under the project were channelled to provide individual winterization NFI assistance to 83,221 beneficiaries.</p> | |
| <p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p> | <p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> |
| <p>If 'YES', what is the code (0, 1, 2a or 2b): Fill in If 'NO' (or if GM score is 1 or 0):</p> <p>IOM prioritized providing assistance to single mothers, pregnant and lactating women, and children. Thus, 61% of IOM's adult beneficiaries were women and 30.5% children, including 18% children under 5; 60.8% of families assisted by the project are single-headed households, in overwhelming majority of cases headed by women. Men were eligible for assistance only if they fell under the established vulnerability criteria. Most of assistance was disseminated by female staff of IOM's partner NGOs.</p> <p>The overall goal for UNHCR programmes is to promote gender equality and the rights of all persons of concern regardless of sex, age or personal background. The overall aim of Age, Gender and Diversity Mainstreaming (AGDM) is to advance gender equality and rights of all persons of concern of all ages. The 2011 AGD (Age, Gender, Diversity) policy puts together the principles of the AGD approach and supports the AGD mainstreaming and targeted actions which have been implemented since 2006.</p> | |
| <p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p> | <p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p> |
| <p>To monitor the direct assistance provided, IOM conducted random-choice telephone interviews with IDPs, which allowed verifying that the assistance provided was timely, in line with beneficiaries' needs, rendered in accordance with the financial documents received by IOM, and in a manner that respected beneficiaries' situation. IOM has also maintained an IDP database which allowed tracking all beneficiaries, including their demographic profiles, situation before and after displacement, needs and assistance provided (by donor, region, type and other criteria) etc. Existing internal control measures facilitated adherence to procurement rules and the rational expenditure of project funds.</p> <p>The projects funded by CERF are within UNHCR activities, which are monitored, evaluated and reported as per usual UNHCR policy and practice.</p> | <p>EVALUATION PENDING <input type="checkbox"/></p> |
| | <p>NO EVALUATION PLANNED <input type="checkbox"/></p> |

TABLE 8: PROJECT RESULTS

| CERF project information | | | |
|---|---|--------------------------|--|
| 1. Agency: | WFP | 5. CERF grant period: | 01.09.14 – 28.02.15 |
| 2. CERF project code: | 14-RR-WFP-072 | 6. Status of CERF grant: | <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded |
| 3. Cluster/Sector: | Food and Nutrition Security Sector | | |
| 4. Project title: | Lifesaving emergency food assistance to the civilians affected by the fighting in eastern Ukraine | | |
| 7. Funding | a. Total project budget: | US\$ 55.9 million | d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 126,089 ▪ <i>Government Partners:</i> |
| | b. Total funding received for the project: | US\$ 4,165,983 | |
| | c. Amount received from CERF: | US\$ 867,849 | |
| Results | | | |
| 8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age). | | | |
| <i>Direct Beneficiaries</i> | <i>Planned</i> | <i>Reached</i> | <i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> |
| <i>a. Female</i> | 9,861 | 8,000 | Signature of field level agreements between WFP and NGO partners took longer than expected and caused a delay in distributions. In addition, due to security related challenges, WFP experienced external constraints. For these combined reasons, number of beneficiaries reached within the timeframe was lower than the planned target. |
| <i>b. Male</i> | 7,439 | 6,700 | |
| <i>c. Total individuals (female + male):</i> | 17,300 | 14,700 | |
| <i>d. Of total, children <u>under</u> age 5</i> | 700 | 750 | |
| 9. Original project objective from approved CERF proposal | | | |
| Provision of life saving food assistance for the most vulnerable population, including IDPs in transit points, IDP centres and hosting areas. | | | |
| 10. Original expected outcomes from approved CERF proposal | | | |

Ensure a timely and uninterrupted delivery of life food saving assistance to the affected population. Specifically, 17,300 IDPs will receive food assistance (in kind and vouchers).

| Output 1 | | |
|---------------------|--|--|
| Output 1 Indicators | Description | Target for Indicator |
| Indicator 1.1 | Number of IDPs provided with immediate response rations (IRRs) and vouchers | 100 % = 17,300 people 9,500 IDPs – IRRs 7,800 IDPs - vouchers |
| Output 1 Activities | Description | Implemented by |
| Activity 1.1.1 | Purchase of 9,500 IRRs and delivery by the vendor of IRRs to the agreed to extended delivery point according to a schedule agreed to by WFP, vendor and Cooperating Partner. | WFP in close partnership with the SES, the Ukrainian Red Cross, ADRA and Vendor |
| Activity 1.1.2 | Distribution of 9,500 IRRs (ready-to-eat food items) to 9,500 IDPs, mostly in transit points along 'evacuation corridors' in Donetsk and Luhansk. | Ukrainian Red Cross, ADRA and in close coordination with WFP, UNHCR, other UN agencies and NGOs. |
| Activity 1.2.1 | Identification of retailers based on minimum requirements for implementation of the Voucher activity and management of the financial arrangements with shop retailers (Furshet and Silpo) | WFP identified the retailers shops; PIN will be responsible for the financial arrangement |
| Activity 1.2.2 | Identification of Cooperating Partner and project design (including details of financial arrangements) | WFP and PIN |
| Activity 1.2.3 | Beneficiaries targeting, registration and sensitization | PIN in close partnership with the Ministry of Social Policy, local authorities and other stakeholders |
| Activity 1.2.4 | Provision of 7,800 vouchers to 7,800 IDPs, mostly in IDP centres and hosting areas in northern Donetsk – where food supply is consistent, market is functional and food is available. | WFP in close partnership with the Ministry of Social Policy, PIN, local NGOs and closely coordination with the Ukrainian Red Cross, ICRC and other partners. PIN will sign the agreement with the vendor; WFP will transfer to PIN bank account the funds to pay the vendor, according to vouchers redeemed. |
| Activity 1.2.5 | Monitoring: the supplier will provide reports on commodities selected with the voucher; follow up monitoring will include a hot line where IDPs can place complaints and random calls to selected beneficiaries. | PIN |

| | |
|---|---|
| 11. Actual outcomes achieved with CERF funds | |
| Provision of life-saving food assistance to 14,500 IDPs in transit points, IDP centres and hosting areas in Donetsk and Luhanska oblasts. | |
| 12. In case of significant discrepancy between planned and actual outcomes, please describe reasons: | |
| The formalisation of field operations agreements between WFP and NGO implementing partners, including the signing of field level agreements, took a longer period than initially anticipated and caused a delay in actual distributions. In addition, as a result of security-related challenges and limitations, WFP experienced external constraints. For these combined reasons, number of beneficiaries reached within the timeframe was lower than the planned target. | |
| 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 or 2b): 2a If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation | |
| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT <input type="checkbox"/> |
| If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project. The project will be evaluated between October 2015 and January 2016. | EVALUATION PENDING <input checked="" type="checkbox"/> |
| | NO EVALUATION PLANNED <input type="checkbox"/> |

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Implementing Partner Name | Sub-grant made under pre-existing partnership agreement | Partner Type | Total CERF Funds Transferred to Partner US\$ | Date First Installment Transferred | Start Date of CERF Funded Activities By Partner* | Comments/Remarks |
|-------------------|-------------------------------|--------|---|---|--------------|--|------------------------------------|--|---|
| 14-RR-IOM-041 | Shelter & NFI | IOM | Olena Morgun/Promin NGO | Yes | NNGO | \$2,000 | 13-Mar-15 | 14-Nov-14 | IOM concluded consultancy contracts with local IDP assistance coordinators affiliated with IOM's NGO partners in the four oblasts. Funds for assistance were advanced to the local coordinators in connection with specific beneficiaries and reported as direct expenditures. Hence, only the consultancy fees paid to the local coordinators are calculated towards the amounts paid to the NGOs. This comment pertains to all NGOs listed here by IOM. "Date First Instalment Transferred" indicates the date when payment under consultancy contracts was made. |
| 14-RR-IOM-041 | Shelter & NFI | IOM | Alina Tananushko/Mariupol Youth Association | No | NNGO | \$1,000 | 31-Oct-14 | 14-Oct-14 | |
| 14-RR-IOM-041 | Shelter & NFI | IOM | Tetyana Suvorova/ Road to Life NGO | Yes | NNGO | \$994 | 9-Jan-15 | 1-Nov-14 | |
| 14-RR-IOM-041 | Shelter & NFI | IOM | Olena Dzyakun/ Vzayemodiya NGO | Yes | NNGO | \$1,000 | 5-Feb-15 | 1-Nov-14 | |
| 14-RR-IOM-041 | Shelter & NFI | IOM | Anna Bratko/ Promin NGO | Yes | NNGO | \$1,000 | 14-Jan-15 | 1-Nov-14 | |
| 14-RR-IOM-041 | Shelter & NFI | IOM | Anjela Pyatakh/ Mariupol Youth Association | No | NNGO | \$1,000 | 24-Dec-14 | 1-Nov-14 | |
| 14-RR-IOM-041 | Shelter & NFI | IOM | Yana Sharun/ Road to Life NGO | Yes | NNGO | \$2,000 | 22-Apr-15 | 14-Feb-15 | |
| 14-RR-CEF-141 | Water, Sanitation and Hygiene | UNICEF | PIN | No | INGO | \$106,661 | 26-Mar-15 | 15-Feb-15 | |

| | | | | | | | | | |
|---------------|-------------------------------|--------|---------------------|-----|------|-----------|-----------|-----------|-----------------------|
| 14-RR-CEF-141 | Water, Sanitation and Hygiene | UNICEF | KHORS | Yes | NNGO | \$8,193 | 1-Jan-15 | 16-Dec-14 | |
| 14-RR-CEF-141 | Water, Sanitation and Hygiene | UNICEF | Mama-86 | Yes | NNGO | \$2,509 | 26-Mar-15 | 20-Nov-14 | |
| 14-RR-CEF-143 | Protection | UNICEF | PIN | No | INGO | \$13,600 | 26-Mar-15 | 15-Feb-15 | |
| 14-RR-WHO-070 | Health | WHO | Ukrainian Red Cross | Yes | RedC | \$210,000 | 10-Oct-15 | 10-Jan-15 | |
| 14-RR-WFP-072 | Food Assistance | WFP | Ukrainian Red Cross | Yes | INGO | \$26,089 | 1-Nov-14 | 15-Nov-14 | Food distribution |
| 14-RR-WFP-072 | Food Assistance | WFP | People in Need | Yes | INGO | \$100,000 | 1-Nov-14 | 15-Nov-14 | Vouchers distribution |
| 14-RR-HCR-040 | Shelter & NFI | UNHCR | People in need | No | INGO | \$318,723 | 14-Nov-14 | 16-Oct-14 | |
| 14-RR-HCR-039 | Protection | UNHCR | Right to Protection | Yes | NNGO | \$201,565 | 7-Jul-14 | 1-Oct-14 | |
| 14-RR-CEF-143 | Child Protection | UNICEF | DRC | No | INGO | \$58,842 | 26-Mar-15 | 19-Mar-15 | |

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|-------|-------------------------------------|
| ARC | The Autonomous Republic of Crimea |
| CMU | Cabinet of Ministers of Ukraine |
| CPiE | Child Protection in Emergencies |
| GCAAs | Government-controlled areas |
| HRP | Humanitarian Response Plan |
| IDDK | Interagency Diarrhoeal Disease Kit |
| IEHK | Interagency Emergency Health Kit |
| MEPUs | Mobile Emergency Primary Care Units |
| MoH | Ministry of Health |
| MoSP | Ministry of Social Policy |
| MSNA | Multi-sector Needs Assessment |
| NGCAs | Non-Government controlled areas |
| ObGyn | Obstetrics and gynaecology |
| PRP | Preliminary Response Plan |
| PSS | Psychosocial Support |
| RH | Reproductive Health |
| SES | State Emergency Service |
| SRH | Sexual and Reproductive Health |
| STI | Sexually Transmitted Infections |