

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
JORDAN  
RAPID RESPONSE  
DISPLACEMENT 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Anders Pedersen**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*The After Action review was organized with recipient UN agencies working on health (UNICEF, UNFPA, WHO, and UNHCR) on 3 August 2017. The main purpose of the meeting was to discuss the figures for beneficiaries reached and ensure no double counting is done when indicating the total number of beneficiaries per sector, disaggregated by sex and age. Throughout the reporting process, OCHA ensured that adequate support is provided to the recipient agencies to enable them to fill all sections of the report.*

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

YES  NO

*There were delays in receiving clearance from the headquarters of individual agencies to submit their agency reports to OCHA. However, the report was shared with the UNCT and Humanitarian Partners Forum (i.e. HCT for Jordan) for their feedback and comments. The report has been cleared for submission to the 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

*The final version has been reviewed by the CERF recipient agencies, members of the Humanitarian Partners Forum, and relevant national stakeholders.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 116,909,183		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,377,520
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	
	OTHER (bilateral/multilateral)	36,701,207
	<b>TOTAL</b>	<b>46,078,727</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 10/11/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-RR-IOM-039	Safety and Security of Staff and Operations	600,001
UNFPA	16-RR-FPA-051	Health	1,566,031
UNHCR	16-RR-HCR-047	Health	992,930
UNICEF	16-RR-CEF-124	Health	1,000,000
UNICEF	16-RR-CEF-125	Nutrition	500,018
UNICEF	16-RR-CEF-126	Child Protection	200,227
WHO	16-RR-WHO-048	Health	209,656
UNDP	16-RR-UDP-009	Safety and Security of Staff and Operations	308,642
UNICEF	16-RR-CEF-087	Water, Sanitation and Hygiene	4,000,015
<b>TOTAL</b>			<b>9,377,520</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	8,290,848
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,086,672
Funds forwarded to government partners	
<b>TOTAL</b>	<b>9,377,520</b>

## **HUMANITARIAN NEEDS**

Since 2014, small numbers of Syrians have crossed the inhospitable desert terrain of As-Sweida in Syria seeking safety at the two unofficial crossing points of Hadalat and Ruqban on the north eastern (NE) border of Jordan with Syria (i.e. berm). According to the Jordanian authorities, due to an increase in security threats, with fighting close to the border in Dar'a governorate (pushing more refugees towards Hadalat) and the presence of ISIS at the eastern borders (that in turn pushed more refugees from ISIS-controlled areas to move towards Ruqban), a longer process to screen refugees was imposed and implemented by the Jordanian Border Guard Forces (BGF). This led to a decrease in the number of refugees accessing Jordan. Additionally, poor weather conditions contributed to a temporary closure of the borders at times during December 2015 and January 2016.

In collaboration with the international community, the Jordanian authorities permitted the entry of the most vulnerable (mostly women and children) who arrived at the border. The authorities allowed the provision of the most basic services (food, water, health and non-food items) to those not permitted to enter due to security concerns and stranded on the other side of the berm delineating the Jordanian territory. Up to mid-2015, ICRC took the lead in the provision of these services. In September 2015, the numbers of Syrian people in both Hadalat and Ruqban gradually increased, reaching 20,000 by February 2016. Since February, the number of asylum seekers started increasing exponentially, tripling to just over 60,000 in May 2016. As of the end of June, the (BGF) estimated that there were 92,000 in Ruqban and 12,000 in Hadalat; an estimated 55 per cent of the population were children. On 21 June 2016, a VBIED attack occurred on the border command post at Ruqban leading to casualties among the BGF; consequently, the the Government sealed the borders and suspended humanitarian assistance delivery before a decision was made on resuming water and food assistance.

The barren desert landscape, with no relief, vegetation, or open water sources coupled with soaring daytime temperatures and frigid temperatures at night is the most hostile of environments. The nearest settlement is 170km away and access is across 120km of open desert. This created desperate conditions for this population and made the delivery of any assistance, all of which needed to be shipped in, incredibly challenging. It was reported that 90 per cent of the population at the berm included extremely vulnerable people, pregnant women, female headed household, persons with serious medical conditions, and unaccompanied and separated children living in life-threatening conditions. The living conditions were dire, and the prolonged presence of this population demanded rapid and sustained delivery of life-saving assistance to prevent loss of life. Maternal and new born deaths had occurred in both Hadalat and Ruqban due to the lack of access to health services. Over a thousand pregnant and lactating women were in need of skilled pre-and antenatal medical care. Despite the provision of rudimentary primary health care until 21 June, the exponential increase in the number of people stranded at the berm triggered a significant increase in communicable diseases and rising malnutrition. The unsanitary living conditions, with open defecation, risked the outbreak of water-borne diseases and other preventable diseases and acute jaundice syndrome.

Operating in this remote and desolate location has manifold challenges ranging from long distances over difficult terrain, temperature extremes, and insecurity. With the lack of infrastructure, services and exposure to harsh environmental conditions, coupled with the rapidly increasing population, the security situation at the berm deteriorated considerably since February 2016. Outbreaks of violence were frequently experienced during registration and distributions of assistance. Threats to humanitarian staff also became commonplace, along with looting of caravans and water infrastructure.

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

This CERF request (revised in August) aimed to enable the humanitarian community in Jordan to put in place the appropriate security measures to enable and provide basic life-saving humanitarian relief to the estimated 100,000 displaced Syrians stranded at the berm. The request focused on the delivery of health, nutrition, camp management and protection. With the high numbers of people living in desperate circumstances, the deteriorating security situation, and the highly mercurial operating environment, security remained a top priority and a new distribution point and crowd management infrastructure needed to be in place prior to the delivery of basic life-saving services to this highly vulnerable population.

- **Safety, Security and Coordination:** The first priority was to ensure the construction of the distribution point and that all appropriate safety and security measures were in place. IOM was to work with partners to support the construction of the distribution facility to allow effective safe management of the asylum seekers as they accessed services. IOM was also to construct a surveillance tower and install 24/7 security cameras to enable overnight surveillance of the facility. UNDSS had already established an office in Ruwashed to support the operations.
- **Health:** Due to limited access, and the new constraints imposed by the Jordanian authorities at the time, the provision of health assistance was limited to the provision of a 24/7 emergency primary health care unit implemented by UNICEF's local contractor ESARV-S (Economic and Social Association of Retired Servicemen and Veterans) and in coordination with the Royal Medical

Services. UNFPA was to provide a primary reproductive health care support (minimal initial service package) to the berm and comprehensive emergency obstetric and new born care (CEmONC) through the provision of a hospitainer at the service facility being built south of the Jordanian berm. WHO was to complement this through support to health coordination, the provision of essential drug provision and prepositioning of drugs and items for outbreak response at the newly built health facility on the Jordanian berm.

- **Nutrition:** To complement the food assistance provided by WFP, UNICEF was to provide nutritional support to families most at risk to avert acute malnutrition in the community.
- **Water, Sanitation and Hygiene:** UNICEF was to use this allocation to specifically support five months of water trucking, reaching 37,385 out of the total population. In addition, UNICEF was to procure and distribute 90,000 adult hygiene kits, comprising a number of items, including toothbrushes, toothpaste, soap, shampoo, detergent, combs, towels, sanitary pads, and flyers on cholera prevention, breastfeeding or child protection.
- **Protection:** UNICEF was to provide winterization support to children through the provision of winter clothing to withstand the cold winter months.

### III. CERF PROCESS

Following the reported worsening health conditions and violence exerted against humanitarian workers, the authorities at the berm requested the humanitarian community to enhance security arrangements at the berm and prioritize the most pressing humanitarian assistance for delivery to the stranded population. On 23 May 2016, OCHA called for a meeting with the UN operating agencies and ICRC to discuss the immediate needs and prepare a concept note for submission to the CERF secretariat based on agreed project proposals per UN agency. The concept note was finalized in consultation with the UN operating agencies and submitted to the CERF secretariat on 31 May 2016. Discussion and consultation with the CERF secretariat was ensured to enhance the concept note further. An initial CERF request was prepared in early June to put in place key security measures to enable the delivery of humanitarian assistance and to cover the provision of immediate life-saving support including water, hygiene materials, food and nutrition, health, shelter and essential non-food items. However, the VBIED attack on the border command post at Ruqban on 21 June significantly changed the operational environment, as the border was sealed and the area designated as a military zone. Since then, the UN has been working under the leadership of the RC/HC under one clear operational plan, with clear SOPs shared with the Jordanian military and guided by a code of conduct for engagement at the border.

The original CERF request was revised in August requesting USD 11,455,000, covering food security, health, WASH, camp management, protection and, security and coordination. As access had still not been secured, only projects for WASH and security and coordination, which could be immediately implemented were funded and approved. It was agreed that the remaining projects could be submitted once access was fully secured. Since then, negotiations with the Government of Jordan continued advocating the resumption of humanitarian assistance at the berm while exploring longer-term solutions for the population. A one-off one-month food distribution was permitted on 2 and 4 August 2016 and, since then, no other assistance had been provided. On 1 September, USG Stephen O'Brien met with the Chairman of the Joint Chiefs-of-Staff of the Jordanian Armed Forces and managed to secure agreement that humanitarian operations could be resumed through a new distribution point while ensuring that the security of Jordan was fully respected. Since this time, under the leadership of the RC/HC in Jordan, the UN and humanitarian partners have been in detailed discussions with the Jordanian authorities to resume the delivery of assistance. The operational plan to resume the delivery of assistance had been signed off, the berm had been breached to enable construction of the new distribution point and it was hoped that distributions would begin, subject to the final agreement on the date by the last week of November 2016.

As the emergency at the berm is unique and humanitarian access restricted, all operations were being coordinated through a small operations team. Small work teams worked on different aspects of the operation to ensure sectoral issues are appropriately addressed. Coordination was being supported by an IASC Senior Civil-Military Coordinator. The prioritization of projects for CERF funding was carried out collectively through dedicated meetings held with UN agencies operating at the berm.

#### IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup>**

Total number of individuals affected by the crisis: 100,000 (accordingly to August 2016 estimates) <sup>1</sup>									
Cluster/Sector	Female			Male			Total		
	Girls ( $< 18$ )	Women ( $\geq 18$ )	Total	Boys ( $< 18$ )	Men ( $\geq 18$ )	Total	Children ( $< 18$ )	Adults ( $\geq 18$ )	Total
Child Protection	2,322		<b>2,322</b>	2,231		<b>2,231</b>	4,553		<b>4,553</b>
Health	4,989	13,517	<b>18,506</b>	6,604	13,992	<b>20,596</b>	11,593	27,509	<b>39,102</b>
Nutrition	483	644	<b>1,127</b>	396		<b>396</b>	879	644	<b>1,523</b>
Safety and Security of Staff and Operations	6,306	14,763	<b>21,069</b>	7,993	15,272	<b>23,265</b>	14,299	23,035	<b>44,334</b>
Water, Sanitation and Hygiene	12,240	26,010	<b>38,250</b>	11,760	24,990	<b>36,750</b>	24,000	51,000	<b>75,000<sup>2</sup></b>

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

#### **BENEFICIARY ESTIMATION**

The instability in Syria makes planning for interventions at the border challenging. Large scale movements to and from the camp at the North-East border complicate efforts to predict or estimate the actual number of people requiring services. As an interim measure, satellite imagery has been used to estimate the number of shelters, as a proxy for the population count.

The population peaked in mid-2016 at a maximum estimated at 75,000 persons (with Jordanian Border Guards estimating the total population as 100,000 at this time). The latest confirmed estimation of the population at the berm was 46,528 individuals in January 2017 after distribution of assistance. With the exception of WASH, which reached the total population, the number of individuals receiving assistance should not be interpreted as population figures. Whilst every effort was made to ensure the accuracy of enrolment exercises, challenges regarding the inconsistency of data were encountered throughout the process. In general, crowd management and security and access challenges delayed distributions several times, especially in Ruqban, making the utilization of registration tools (including iris-scanning) extremely challenging.

Due to the complicated nature of the operations at the berm, a figure for cumulative beneficiaries is estimated at 75,000 persons, reflecting the peak population in mid-2016, when only water provision was supported under this grant. Meanwhile, gender breakdown is estimated at 51 per cent females and age disaggregation is estimated to be 32 per cent children with 8 per cent being children under the age of five, following the trends obtained from the latest completed distribution.

<sup>1</sup> The figure reduced significantly by the time the implementation was completed.

<sup>2</sup> Cumulative population. Latest confirmed figure of population is 46,528 (to be confirmed based on the most recent completed vaccination campaign)

The recipient agencies under the health sector met on 3 August to ensure avoiding double counting when determining the total figure for beneficiaries under the sector, disaggregated by sex and age.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18)</b>	<b>Adults ( ≥ 18)</b>	<b>Total</b>
<b>Female</b>	12,240	26, 010	38,250
<b>Male</b>	11,760	24,990	36,750
<b>Total individuals (Female and male)</b>	<b>24,000</b>	<b>51,000</b>	<b>75,000</b>

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

## **CERF RESULTS**

This CERF request has achieved its main target of enhancing security measures and deliver basic life-saving humanitarian assistance to the population at the berm. With the deteriorating security situation and the reported attacks on the population and humanitarian workers, combined with the fluctuating numbers of those actually present at the berm, the total number of people reduced by over 50 per cent during the implementation period of this CERF allocation. Accordingly, this CERF fund was able to achieve the following:

### **Safety, Security and Coordination:**

The population at the berm benefitted from safe and orderly access to essential humanitarian relief services, while humanitarian actors were also protected during rounds of aid distribution and delivery of various services to the population. This was achieved through the following:

- Installation of four mobile (pre-fab) structures at the berm (one in Hadalat and three in Ruqban) by IOM to provide office and accommodation space for up to 32 Jordanian Armed Forces (JAF) personnel in charge of providing protection to humanitarian operations.
- Installation of one 92-meter wall of HESCO bastions in Hadalat by IOM to facilitate safe and orderly distributions at the service area.
- Establishment of a UNDSS infrastructure in Ruwaished and the deployment of a Field Security Coordination Officer on surge to support the office throughout the implementation period.
- Provision of security support for 200 UN staff (30 per cent female) during their humanitarian operations for a period of seven months; and
- Provision of quality security assessment reports (SRAs), implementation of required mitigation measures and provision of regular analytical reports and advisories. Security information sharing and cooperation on security issues increased through regular security briefings at the UN Area Security Management Team (ASMT) and INGOs meetings and support to the Area Security Coordinator and the JAF.

### **Health:**

CERF funding ensured the UNHCR service area and, by extension, the health clinic was ready to receive patients upon its opening on 15 December 2016. This was critically important given the health needs of persons stranded at the berm who had been without access to regular medical care. The clinic in Ruqban provides care six days per week and is staffed with general practitioners, nurses, a gynaecologist, an internist and a midwife. While the clinic has security staff on site, some medications and equipment are transported to the site on daily basis. In addition, the clinic accommodates three UN agencies, facilitating access to health care through their partners: UNHCR through the Jordan Health Aid Society (JHAS), which provides primary healthcare and facilitates referrals into Jordan for emergency cases; UNICEF with their partner (EARVS), which supports nutrition activities and provides healthcare for children under 5

years old and Infant and Young Child Feeding (IYCF) activities; and UNFPA who also works with JHAS to provide Reproductive Health (RH) services.

A total of 1,200 persons were treated by UNHCR's partner (JHAS) at the UNHCR clinic between December 2016 and end of 30 April 2017. While the clinic is equipped and staffed to treat up to 250 patients per day, access to the operation of the clinic is contingent on clearance and transportation by JAF. The majority of patients (62%) were adults; 35 per cent were women and 27 per cent men. Children represented 38 per cent of the patients, with 17 per cent being boys and 21 per cent girls. Referrals were also organized for 556 cases during the reporting period according to the UNHCR referral criteria. Just over half (52%) of the referrals were for children; with boys comprising 31 per cent of cases and girls 21 per cent. Women represented the highest percentage of beneficiaries (35%), but in this instance, men represented the smallest group of those referred (12%). Approved cases were transported by UNHCR's partner to affiliate hospitals within Jordan for treatment with the most common referrals related to deliveries, paediatric surgeries and acute injuries that required secondary and essential tertiary healthcare.

In terms of Reproductive Health (RH) services provided to the population at the berm, 849 services were provided by UNFPA to the most vulnerable medical cases brought in from the area in addition to support in referrals inside Jordan. In addition, 1,450 culturally sensitive and privately packed dignity kits were distributed to the population at the berm<sup>3</sup>. A total of 7,349 beneficiaries received RH services and dignity kits with CERF funding.

In addition, communicable disease surveillance was strengthened for response at the berm. Despite extensive advocacy efforts by the UN and the RC/HC, the approval for undertaking the vaccination campaign was only granted too late in time for the CERF to be allocated. Therefore, WHO undertook re-programming and re-directed the funds to strengthen UN efforts in outbreak response preparedness through the provision of treatment and pre-positioning of drugs and medical items for the affected areas at the UN clinic at the berm. This was carried out by purchasing three Inter-Agency Health Emergency Kits (drugs and medical items) to be used for the Syrian people living in the spontaneous camps at the berm and to pre-position an emergency contingency stock at the closest secondary care health facility to the berm.

The delays in approving the establishment of 24/7 health services and the need for security enhancements at the service area after obtaining the approval created a challenge for the 24/7 services to start before CERF contribution's validity period ended. Infrastructure for 24/7 was established in Ruqban, but the 24/7 service provision was delayed. There were also delays in construction at Hadalat, but a mobile clinic was deployed in April 2017 for service delivery, which was not approved due to security concerns. However, UNICEF procured all the required medical equipment, medical consumables and drugs. Those included 8,000 baby kits, 4,000 family kits, anthropometric instruments for use in the clinics to provide better quality nutrition services, and medical equipment to support providing better quality essential health services. Meanwhile, UNICEF continues to pursue the initiation of the 24/7 services in Ruqban which will likely commence in August 2017.

#### **Nutrition:**

To complement the food assistance provided by WFP, UNICEF provided nutritional support to families most at risk to avert malnutrition in the community, mainly targeting young children (6-59 months) and pregnant and lactating women who are malnourished or at risk of malnutrition. A total of 300 Cartons (4,500 sachets) of PlumpySup reached 15,000 households and another 123,370 Cartons (1,850,550 sachets) of PlumpyNut supported the continued treatment of Moderate Acute Malnutrition (MAM) cases. In addition, children with Severe Acute Malnutrition (SAM) who had no medical complications were treated with appropriate quantities of PlumpyNut.

#### **Water, Sanitation and Hygiene (WASH):**

Water supply has been the only un-interrupted intervention at the berm following the VBEID attack on the border command post near Ruqban in June 2016. UNICEF was able to continue trucking water for six months reaching the total population estimated then at 75,000 persons (five months were funded by this CERF grant). By February 2017, UNICEF was able to provide 14 litres per person per day in Ruqban (using figures from the first aid distribution operation) and 30 litres per person per day in Hadalat. In addition, UNICEF expanded the storage capacity of the water station at Ruqban to reduce the waiting time for trucks, as well as advocating to extend the number of

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<sup>3</sup> The number of beneficiaries receiving dignity kits with CERF funds has been reflected in Table 8a (total number of beneficiaries).



operating hours of the Ruqban water distribution system. Furthermore, UNICEF procured and distributed only 28,000 adult hygiene kits, (instead of the planned 90,000) since there was more pressing need to use the balance to extend the period of water tankering to mid-March 2017.

To address the security concerns, UNICEF and other UN agencies collaborated to construct a Service Area at Ruqban which was specifically designed to accommodate large distributions, while minimising the risks associated with an attack, and was designed in consultation with JAF. On completion of the Service Area and the implementation of verification technologies (Iris scan), a round of distributions started in May, with periodic interruptions.

**Protection:** UNICEF provided winterization support to 4,553 children (51% girls) through the provision of winter clothing to withstand the cold winter months.

### **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

Since the army's approval of the resumption of aid delivery was contingent on the implementation of security enhancements for the protection of the population and aid workers, CERF enabled UNDSS and IOM to implement their projects in time for the humanitarian operation to resume. CERF funding also ensured the service area and health clinic was ready to receive patients upon its opening on 15 December 2016. This was critically important given the health needs of persons stranded at the berm who had been without access to regular medical care and adult hygiene kits.

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

YES  PARTIALLY  NO

As stated above, funding from CERF contributed to the UN's ability to have the service area and health clinic constructed and ready to receive patients by 15 December 2016. The service centre provided space for meetings with and training of community leaders, health workers, and teachers and supporting community members through community-based protection. CERF funds were reportedly the only funds available in the immediacy of the crisis for UNFPA to respond to reproductive health needs of the community, and without these funds, precious time might have been lost, leading to further complications.

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

YES  PARTIALLY  NO

CERF funding has helped improve resource mobilization from other sources to a certain extent only. For instance, UNHCR only received ear-marked support for berm-related activities from one other donor, who contributed to activities at the berm in 2015, but all other UNHCR interventions were covered through un-earmarked donations. As for UNFPA, the CERF served as initial funding which helped mobilize other funds from the Government of Japan to continue the work of the clinic and the hospitainer at the berm.

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

YES  PARTIALLY  NO

Support from CERF assisted in the coordination efforts of the Border Task Force, chaired by UNHCR, which continued to meet throughout the reporting period, as funds provided through CERF facilitated the agencies' efforts to provide humanitarian assistance to the population. In addition to the outputs directly related to the establishment of the health clinic, project activities also helped ensure continuous coordination amongst all actors working at the berm. The Border Task Force shifted from meeting on weekly basis to an ad hoc basis, with meetings being called for when a distribution is scheduled or when necessary. Moreover, field-based coordination in Ruwaished takes place on daily basis.

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<sup>4</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

Furthermore, the security coordination improved through UNDSS presence and increased security capacity. UNDSS held regular coordination meetings with UN agency focal points and the JAF. Furthermore, the health sector projects were implemented as a joint programme between UNFPA, UNICEF, UNHCR and WHO; who in turn work through their local partners. The CERF funding was instrumental in improving the coordination of these entities as exhibited in their close collaboration during the entire process and most visibly during their regular coordination meetings in Ruwaished.

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

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Re-programming	As the CERF is an emergency fund, more flexibility in re-programming would be highly appreciated. In emergencies, contexts can change quickly, and it would be great to have more flexible funding to respond according to needs. At the moment the re-programming process seems rather lengthy and that correlates with the short time frame the CERF operates.	OCHA
The timeframe was not realistic, given that the berm situation is very unique and has never been encountered under any other emergency by humanitarian agencies.	Timeframe should be flexible and context-based, rather than a typical project duration where access is granted.	CERF

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
As the transition from emergency service delivery to more sustainable interventions is critical, the transition should be planned at the very early stages of an emergency.	Transitions to more sustainable interventions are sensitive and must be managed appropriately, so key stakeholders have sufficient advance notice and are involved in discussions on the transition process. The situation in Ruwaished (gateway town nearest to the border area) is even more sensitive as the border with Iraq is currently closed, and the humanitarian interventions in the border area constitute a key source of income for many people in the area. As such, any developments which will change the level of current support provided, need to be counterbalanced by viable alternatives.	UN Country Team
Prior to limitation of access after several security incidents, access to the berm was relatively straight-forward and there was almost daily interaction between the refugees and the humanitarian agencies. In the period from late 2015 to 21 June 2016, UNICEF staff was able to directly interact with the refugees at the distribution area, water collection points and at the clinics.	The operation of the new Service Area should be maintained as it has improved the levels of access and understanding of the beneficiaries needs. Continued advocacy should be utilized to identify future opportunities for remote training for health workers and plumbers to maintain the newly established water systems, at both Ruqban and Hadalat.	UN Country Team

<p>During this period, large-scale distributions took place on a regular basis in Hadalat, and a semi-regular basis for Ruqban. Importantly, it was possible to regularly communicate with community leaders to understand the living conditions over the berm, identify community health workers, and develop training packages for them. However, this level of access was limited with the various security incidents and although access has progressively improved since late 2016, direct contact with the refugees remains a challenge. As such, collecting representative information on the WASH conditions and access to services is difficult.</p>		
<p>The instability in Syria makes the planning for interventions at the border difficult, with large scale movements to and from the camp, difficult to predict, as is the actual number of people requiring services.</p>	<p>As an interim measure, satellite photos have been used to estimate the number of shelters, as a proxy for the population, in consultation with community leaders. A more rigorous approach to estimating the population should be put in place in order to better identify the needs and reach of services.</p>	<p>UN Country Team</p>
<p>Owing to remoteness and insecurity of the Berm, the cost of delivering services to the border area is high.</p>	<p>This will be reduced as the market expands and alternative service modalities are implemented. Agencies operating at the border should advocate for a diversified pool of service providers.</p>	<p>UN Country Team</p>
<p>Although the local community in Ruwaished has benefitted enormously from the humanitarian interventions, the financial gains have largely benefitted a smaller number of key stakeholders.</p>	<p>While the population at Ruqban and Hadalat increased during the summer months to a peak of over 75,000 people, so did the water demand. As a result, over 50 per cent of the water produced at the Ruwaished Water Treatment plant was being collected and delivered to the two border areas, leading to an increased burden on the host community. To address this, UNICEF worked with the Government of Jordan to drill and equip an additional borehole, which increased the water volume available, as well as rehabilitating the water plant, while rehabilitating and drilling alternative water sources, which could fully provide water for both Ruqban and Hadalat. Supporting resilience within the hosting community should remain a priority to all humanitarian actors at the border.</p>	<p>UN Country Team</p>
<p>The distance from Ruwaished to Ruqban and Hadalat is 80 and 140 km, respectively. Access to Hadalat is along a paved road however, for less than half of the distance to Ruqban, there is no road, but instead, a track through the desert. As a result, water tankers became stuck after periods of heavy rain and due to their heavy load, were rendered inoperational for few days at a time. In addition, trucks were also vulnerable to sandstorms, which impeded visibility to less than a few meters, making it dangerous to drive.</p>	<p>To mitigate the risk of disruption due to weather and strikes, UNICEF worked to identify alternative water sources, and tested three existing boreholes in the area, of which one was rehabilitated, and a new borehole in Ruqban was drilled in December 2016. Partial water delivery is directly conducted from Hadalat to Ruqban.</p>	<p>UN Country Team</p>

In light of the unpredictable situation at the berm, targets were not achievable and were subsequently revised	When preparing proposals to CERF, caveats should be included in the narrative to ensure that potential challenges to achieving targets are adequately reflected	UN Country Team
There is a need for a more robust referral mechanism in military zones as well as a direct interface with refugee communities for comprehensive service delivery.	Greater coordination amongst humanitarian agencies and Jordanian authorities is needed in order to develop more robust referral mechanisms. Continued advocacy with relevant authorities for direct interface with refugee communities.	UN Country Team
While there was demand for family planning services, limited access and focus on only critical cases by the authorities limited service delivery in this area.	Continued advocacy and coordination with Jordanian authorities for delivery of other needed reproductive health services including family planning services at the berm	UNFPA
While the women's reproductive health clinic offered protection mechanisms, which would otherwise not be available in a military zone, limited access to beneficiaries did not allow the protection mechanisms to be fully taken advantage of.	Continued advocacy and coordination with security authorities for access to cases requiring protection	UNFPA and other humanitarian agencies
The UN agencies involved in the berm response have issued a funding request, which keeps being updated every six months. However, given the ongoing crisis at the berm since March 2015, they need to redesign their funding request.	The UN funding request for the berm needs to become a full document, which outlines all the challenges and the continued fluid situation, to ensure that long-term programs and corresponding funds are flexible enough to enable quickly readapting the program to match the new upcoming challenges.	UN agencies involved in the berm response.

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	31/08/2016 - 27/02/2017		
<b>2. CERF project code:</b>	16-RR-CEF-087		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Assistance to Highly Vulnerable Syrians at the Northeast Border					
<b>7. Funding</b>	a. Total funding requirements <sup>5</sup> :	US\$ 17,795,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>6</sup> :	US\$ 17,795,000				
	c. Amount received from CERF:	US\$ 4,000,015				
<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>						
<b>Beneficiaries</b>						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	27,150	28,350	55,500	12,240	11,760	24,000
<i>Adults (≥ 18)</i>	23,900	20,600	44,500	26,010	24,990	51,000
<b>Total</b>	<b>51,050</b>	<b>48,950</b>	<b>100,000</b>	<b>38,250</b>	<b>36,750</b>	<b>75,000</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	100,000			75,000		
<b>Total (same as in 8a)</b>	<b>100,000</b>			<b>75,000</b>		

<sup>5</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>6</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	This CERF project was intended to target all Syrians in a transition situation at the northeast Jordanian Border and in need of life-saving assistance. Although the population was initially estimated by the Border Guard Forced to have increased up to <b>100,000 people as of July 2016</b> , UNICEF estimated the number of population receiving water supply during the implementation of this project at <b>75,000 people</b> . The CERF contribution was intended to specifically support five months of water trucking, reaching 37,385 out of the total population; the actual number of beneficiaries reached at the term exceeded that since UNICEF utilized the funding for water provision to the total population for an additional month.
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CERF Result Framework			
<b>9. Project objective</b>	Reach all highly vulnerable Syrians (51% female, 56% children) at the North-East border berm with lifesaving assistance including health, WASH and Child Protection services.		
<b>10. Outcome statement</b>	Displaced and conflict-affected Syrians (51% female, 56% children) receive basic, lifesaving assistance to protect them from death, diseases and violence.		
<b>11. Outputs</b>			
<b>Output 1</b>	100,000 Syrians (51% female, 56% children) have access to adequate (in line with SPHERE standards) basic WASH services.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of Syrians benefiting from basic water, sanitation and hygiene services at Hadalat and Ruqban (inside the berm and at service area)	Overall target: 100,000 Syrians (51% female, 56% children, Dec'16)  CERF specific target: 37,385 beneficiaries for 5 months	Overall result: 75,000 people reached (peak population estimate in Aug 2016)  CERF result: 75,000 people during a period of six months. (Sep 2016- Mar 2017)
Indicator 1.2	Quantity of water distributed per person per day at Hadalat and Ruqban	15 l/p/d (Dec'16)	14 l/p/d at Ruqban and 20 l/d/p at Hadalat (Sep 2016- April 2017)
Indicator 1.3	Number of hygiene kits distributed to Syrian households at Hadalat and Ruqban, July to December 2016 (1 kit per hh every other month)	CERF specific target: 90,000 kits (Dec' 16)	28,000 kits procured  As of July 2017, a total of 4,341 kits have been distributed, benefiting 29,890 people. Further distributions are planned in 2017 to distribute the remaining kits.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Supply 15l water per person per day (15-20L per person per day during the summer and 15L per person per day after September) for all Syrians at Hadalat and Ruqban (inside	UNICEF	UNICEF

	berm)		
Activity 1.2	Distribute hygiene kits to all households at Hadalat and Ruqban (1 kit per HH every 3 months)	UNICEF	UNICEF

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

UNICEF estimated the number of population receiving water supply during the implementation of this project at **75,000 people**. The CERF contribution was intended to specifically support five months of water trucking, reaching 37,385 out of the total population; the actual number of beneficiaries reached at the berm exceeded that since UNICEF utilized the funding for water provision to the total population for an additional month.

Although the per capita daily volumes have increased significantly since UNICEF assumed responsibility for water deliveries in March and April 2016, the per capita volumes for Ruqban did not exceed the 15 l/p/d level, however, for Hadalat, the levels were consistently higher, at over 30 l/p/d for most of the grant period. As there was limited access to the population, the per capita figures are based upon estimated figures for Ruqban and Hadalat. At the time of the proposal submission, the average daily per capita amounts were 5 l/p/d for Ruqban and 25 for Hadalat. Since then, UNICEF has increased the daily quantities to Ruqban, reaching up to 14 l/p/d by February 2017 (using figures from the first distribution).

For Hadalat, the amounts increased, reaching up to 30 l/p/d in February 2017. The threshold of 15 l/p/d for Ruqban was not reached as there were access restrictions in place, in terms of numbers of trucks as well as the limited capacity of Ruwaished Treatment plant to supply additional water. To address this, UNICEF advocated at many levels to increase the number, and capacity of these trucks. In addition, UNICEF expanded the storage capacity of the water station at Ruqban to reduce the waiting time for trucks, as well as advocating to extend the number of operating hours of the Ruqban water distribution system. The original grant request proposed water trucking for five months however, this was extended to six months (six months over a seven-month period, as two half months were covered through a grant by another donor).

The grant proposal requested funding for the procurement and distribution of 90,000 hygiene kits; however, owing to the reduced number of distributions possible, only 28,000 Adult Hygiene kits were procured, and the balance was used to extend the period of water tankering to mid-March 2017. The Hygiene Kits comprised a number of items including toothbrushes, toothpaste, bars of soap, shampoo, detergent, combs, towels, sanitary pads, and flyers on cholera prevention, breastfeeding or child protection. Although 90,000 kits were planned, 28,000 kits were procured, of which 4,341 kits have been distributed to date (July 2017). The reason for the low proportion of distributed kits relates to the complexities associated with the distributions, and the security concerns, and a change from planned monthly distributions (at the time of the proposal) to quarterly.

To address the security concerns, UNICEF and other UN agencies collaborated to construct a Service Area at Ruqban which was specifically designed to accommodate large distributions, while minimising the risks associated with an attack, and was designed in consultation with JAF. On completion of the Service Area and the implementation of verification technologies (Iris scan), a round of distributions started in May, with periodic interruptions.

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

Simultaneous to the change of the humanitarian situation at the border, UNICEF established a field office in Ruwaished to support its response and has strengthened its operational capacity. In addition, UNICEF hired dedicated staff including engineers, national and international, to coordinate among partners and contractors on a daily basis. The team undertake field visits to the sites to monitor services and construction operation underway and to collect direct feedback for troubleshooting.

To ensure that the right quantities of water, of an acceptable quality, from an agreed source, were delivered to Ruqban and Hadalat, UNICEF engaged an international NGO partner for third party comprehensive monitoring. Monitoring points were established at the Ruwaished Water Treatment Plant (source), Hadalat and Bustana (near Ruqban), where the volume of trucks was recorded and the conductivity (akin to a water fingerprint) and levels of chlorine were monitored. At the early stages of the intervention, before UNICEF rehabilitated the water treatment system at the plant, the levels of chlorine from the water treatment plant in Ruwaished varied enormously. When the levels were below a certain threshold, a chlorine solution was manually added to the trucks, to ensure an acceptable level of chlorine was delivered. In addition to the monitoring of the volume and the quality, the trucks details were monitored to ensure that the trucks which were filled at the treatment plant were those which delivered water to Ruqban and Hadalat. A WASH specialist and two National Officers were also hired to supervise the implementation of

the WASH response at the berm and are providing weekly detailed reports to the Amman WASH team. Additionally, for the monitoring of the berm response, UNICEF is collecting data on the service provision on weekly basis and sharing key data with donors through its 'Berm Weekly Update (Infographic)'.

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



TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNDP		5. CERF grant period:	31/08/2016 - 27/02/2017		
2. CERF project code:	16-RR-UDP-009		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Safety and Security of Staff and Operations			<input checked="" type="checkbox"/> Concluded		
4. Project title:	UNDSS Security Support for Humanitarian Operations					
7. Funding	a. Total funding requirements <sup>7</sup> :	US\$ 735,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>8</sup> :	US\$ 308,642	<ul style="list-style-type: none"> <li>▪ NGO partners and Red Cross/Crescent:</li> <li>▪ Government Partners:</li> </ul>			
	c. Amount received from CERF:	US\$ 308,642				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)				30	170	200
<b>Total</b>			200	30	170	200
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	200			200		
<b>Total (same as in 8a)</b>	<b>200</b>			<b>200</b>		

<sup>7</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>8</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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**CERF Result Framework**

<b>9. Project objective</b>	To provide dedicated security support for the expanded lifesaving humanitarian operations for a period of four months.
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<b>10. Outcome statement</b>	Security support provided to UN humanitarian workers and their implementing partners to fulfil their mandates with the minimum residual risk possible
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**11. Outputs**

<b>Output 1</b>	Increased security information sharing and awareness in support of humanitarian operations in north-eastern areas. Security training and operational support to humanitarian organizations operating in north- eastern areas.
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<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
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Indicator 1.1	<p>Enable effective delivery of humanitarian aid through provision of quality security risk assessments (SRA) and analytical reports and advisories.</p> <p>Increase security information sharing and cooperation on security issues through regular security briefings at UN Area Security Management Team (ASMT) and INGOs meetings.</p> <p>Support the Area Security Coordinator</p>	<p>12 SRAs to be conducted and 16 analytical reports and advisories issues.</p> <p>Establishment of UNDSS offices and cooperation with UN and INGOs operating in the area.</p>	<p>12 SRAs and 16 analytical reports were conducted by UNDSS team at NE areas</p> <p>Several last-minute assessments were conducted by UNDSS team.</p>
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Indicator 1.2	<p>Improve security coordination and management in north eastern areas through UNDSS presence &amp; increased security capacity. Coordination with Jordan Armed Forces.</p> <p>Increase security awareness of personnel of humanitarian organisations through targeted training.</p> <p>Security Clearances processing.</p>	<p>40 briefings provided at ASMT (20) and INGO meetings (20) field support missions scheduled and conducted as per requirements of humanitarian organisations.</p>	<p>80 security briefings were provided to UN agency focal points' missions to the Berm</p>
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Indicator 1.3	<p>Ensure situational awareness and effective operational planning through provisions of security reports (daily, weekly, alerts).</p> <p>Provision of timely operational security support to humanitarian organisations.</p>	<p>120 daily situation reports &amp; 20 weekly security reports to be issued + alerts in a timely manner when required</p>	<p>150 daily situation reports &amp; 30 weekly security reports were issued</p>
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<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
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Activity 1.1	<p>Conduct Security Risk Assessments and security analysis - compile and distribute respective documents.</p> <p>Establish and hold regular security briefings at UN and INGO</p>	<p>UNDSS FSCO on surge and UNDSS Jordan officers on</p>	<p>UNDSS FSCO on surge and UNDSS Jordan officers</p>
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	meetings – built effective security cooperation through networking.	mission.	
Activity 1.2	Establish UNDSS office in Ruwaished Conduct of Security Awareness Trainings and briefings	UNDSS FSCO on surge and UNDSS Jordan officers on mission.	UNDSS FSCO on surge and UNDSS Jordan officers on mission.
Activity 1.3	Establish effective security information collection and reporting mechanisms. Compile Daily Sitreps, Weekly reports and alerts - and share these effectively. Conduct field security support and assessment missions	UNDSS FSCO on surge and UNDSS Jordan officers on mission.	UNDSS FSCO on surge, UNDSS Jordan officers on mission, and Radio Room

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

The UNDSS project achieved the following:

- 200 UN staff (30 percent Female) were provided with dedicated security support for the expanded life-saving humanitarian operations at the north-eastern borders for a period of seven months (a no-cost extension was approved for three months).
- UNDSS-Jordan assisted in enabling the delivery of humanitarian aid through the provision of quality security risk assessments (SRA), implementation of the required mitigation measures, and provision of timely analytical reports and advisories.
- UNDSS increased security information sharing and cooperation on security issues through regular security briefings at UN Area Security Management Team (ASMT) and INGOs meetings; approximately 80 security briefings were provided at these meetings. UNDSS also provided support to the Area Security Coordinator and to coordination efforts with the Jordanian Armed Forces (JAF).
- Approximately, 12 Security Risk Assessments (SRAs) were conducted and 16 analytical reports and advisories were issued depending on the changes in the security environment at the berm (Ruqban and Hadalat).
- UNDSS infrastructure was well established in Ruwaished and the UNDSS Field Security Coordination Officer (FSCO) on surge was deployed in Ruwaished for the full project duration. UNDSS deployed international and national staff from Amman to Ruwaished on mission and has been undertaking daily missions to all three locations in north east Jordan (Ruwaished, Hadalat and Ruqban) to ensure that the work of agencies operating there is carried out in a safe manner.
- UNDSS established effective security information collection and reporting mechanisms and compiled and effectively disseminated 150 daily situation reports and 30 weekly reports and alerts.
- Field security support and assessment missions were conducted.

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

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

EVALUATION CARRIED OUT

A No-Cost Extension (NCE) request was endorsed due to several delays in the project activities during the implementation period. The principle challenge was the suspension of aid delivery and movement restrictions imposed by the Jordanian authorities due to the prevailing and unprecedented severe terrorist threats at the berm. The majority of the CERF-funded activities resumed in November 2016 but only partially and intermittently. UNDSS re-evaluated the project allocation in full consultation with UNOCHA office in Jordan. UNDSS redirected amounts according to the CERF policy.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
<b>CERF project information</b>						
<b>1. Agency:</b>	UNICEF		<b>5. CERF grant period:</b>	29/11/2016 - 28/05/2017		
<b>2. CERF project code:</b>	16-RR-CEF-124		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency Assistance to Highly Vulnerable Syrians at the Northeast Border					
<b>7. Funding</b>	a. Total funding requirements <sup>9</sup> :	US\$ 4,000,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received <sup>10</sup> :	US\$ 1,000,000				
	c. Amount received from CERF:	US\$ 1,000,000				
<b>Beneficiaries</b>						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
<b>Direct Beneficiaries</b>	<b>Planned</b>			<b>Reached</b>		
	<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>	27,150	28,350	55,500	6,440	6,186	12,626
<i>Adults (≥ 18)</i>	23,900	20,600	44,500	215	40	255
<b>Total</b>	<b>51,050</b>	<b>48,950</b>	<b>100,000</b>	<b>6,655</b>	<b>6,226</b>	<b>12,881</b>
<b>8b. Beneficiary Profile</b>						
<b>Category</b>	<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	100,000			12,881		
<b>Total (same as in 8a)</b>	<b>100,000</b>			<b>12,881</b>		

<sup>9</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>10</sup> This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>In terms of health service delivery at the Berm clinic, access of the Berm population to health services remains the most significant challenge. Beneficiaries are only able to access outpatient services. Obtaining official approvals to permit 24/7 service provision was significantly delayed. After obtaining the approval, additional security enhancement measures were required for the service provision to start. As of July 2017, UNICEF and its contractors were working to address these requirements in order to begin 24/7 service provision. Occasionally, access has been limited due to increased security concerns following each security incident (such as IED explosions in the settlement, or increased movements of armed groups near the Berm). The screening and prioritization of patients admitted to the clinic was not handled directly by UNICEF; this restricted the number of individuals able to access services.</p>
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**CERF Result Framework**

<b>9. Project objective</b>	Reach all highly vulnerable Syrians (51% female, 56% children) at the North-East border berm with lifesaving assistance including health, WASH and Child Protection services.		
<b>10. Outcome statement</b>	Displaced and conflict-affected Syrians (51% female, 56% children) receive basic, lifesaving assistance to protect them from death, diseases and violence.		
<b>11. Outputs</b>			
<b>Output 1</b>	100,000 Syrians (51% female, 56% children) have access to 24/7 health services.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of women/girls in labour attended by skilled staff who have the medical supplies and equipment to be able to manage maternal and neonatal complications, with services available 24 hours a day, seven days a week.	100% of women/girls in labour not reached by other agencies (ICRC, MSF)	None (0%) have been reached through this intervention, as 24/7 health services had not yet started due to security-related restrictions. No deliveries occurred in UNICEF clinic during day time when the services were available; deliveries were managed by other agencies.
Indicator 1.2	Percentage of new-borns receiving essential neonatal care, PNC (new-born) and specialised care for low birth weight and preterm babies and sick new-borns by skilled staff who have the medical supplies, equipment and medicines to be able to manage cases, with services available 24 hours a day, seven days a week.	100% of cases of new-borns	57% of new-born babies reached with routine new-born care at the clinic (30% of all under-five years of age consultations are new-born babies (363 consultations). It is estimated that 637 deliveries occurred during the project period)

Indicator 1.3	Percentage of adults and children covered on a 24-hour basis for management of acute medical and surgical conditions in adults and children requiring stabilization	100% of cases of adults and children requiring 24-hour services	None (0%) have been reached through this intervention, as 24/7 health services had not yet started due to security-related restrictions. The service had just been approved but not started as security reinforcement was needed at the service area before it could commence. All the beneficiaries mentioned benefitted from out-patient services.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Contracting qualified medical staff including doctors, midwives, nurses, specialised in providing MNCH and other services, to provide 24/7 healthy services in Ruqban and Hadalat from October to December 2016	UNICEF (with the contractor ESARV-S, Economic and Social Association of Retired Servicemen and Veterans)	UNICEF (with the contractor ESARV-S)
Activity 1.2	Establish infrastructure and system for 24/7 medical services including graveling of sites and establishment of fixed/mobile caravans, ambulances, communication system with Syrians inside berm (walkie talkies), coordination with other organisations to best complement services	UNICEF	UNICEF; clinic established at Ruqban
Activity 1.3	Procurement of medical equipment and drugs	UNICEF	UNICEF
Activity 1.4	Daily supportive supervision and training on the field of medical teams, technical support and coordination by UNICEF Health Specialists and Health officers	UNICEF	UNICEF

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

UNICEF (with the contractor ESARV-S) engaged qualified medical staff including doctors, midwives and nurses specialized in maternal, neonatal, and child health; these personnel were deployed to the border during daytime operating hours. However, there were delays in obtaining the approval for the provision of 24/7 healthy services in Ruqban. No health service provision was approved in Hadalat throughout the project. Infrastructure for 24/7 was established in Ruqban, but 24/7 service provision was delayed. There were delays in construction at Hadalat, but a mobile clinic was deployed in April 2017 for service delivery, however, service delivery was not approved due to security concerns.

All Medical Equipment, medical consumables and drugs were procured. Those included:

- 8,000 Baby kits and 4,000 Family kits;
- Anthropometric instruments to be used in the clinics for providing better quality nutrition services; and
- Medical equipment to support providing better quality essential health services.

Regular supportive supervision was done by the Health Specialist to the clinic in Ruqban. On average, UNICEF's health and nutrition team visited Ruqban four times a week for supportive supervision.

The number of beneficiaries reached through this component was limited due to access restrictions. The delays in approving the establishment of 24/7 health services and the need for security enhancements at the service area after obtaining the approval created a challenge for the 24/7 services to start before this project ended. UNICEF, however, is still pursuing initiating the 24/7 services in Ruqban which will commence in August 2017.

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

Despite limited access to the beneficiaries and restrictive provider-beneficiary opportunities for dialogue, UNICEF and its partners tried to provide information to the affected populations on the available services through meetings with community leaders and community health volunteers (CHVs), both of whom who represent the affected population. UNICEF also used the same fora to receive and provide feedback about the services' decisions and available choices. The fora have also been used to receive complaints about services in order to pursue corrective measures and actively seek the views of affected populations on improving the quality of services whenever feasible. Through CHVs, UNICEF enabled the affected populations to play an active role in the polio vaccination and vitamin A supplementation campaign inside the Berm and engaged them in a debriefing meeting where feedback was received not only on the campaign but also on other services offered by UNICEF and its partners. Suggestions for improvement were received; however, considering the restrictive nature of the context, it was not easy to guarantee whether the feedback received was representative of the population at the berm as a whole.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	22/11/2016 - 21/05/2017		
2. CERF project code:	16-RR-CEF-125		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Nutrition Assistance to Highly Vulnerable Syrians at the Northeast Border					
7. Funding	a. Total funding requirements <sup>11</sup> :	US\$ 2,460,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>12</sup> :	US\$ 600,000	▪ NGO partners and Red Cross/Crescent:			
	c. Amount received from CERF:	US\$ 500,018	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	777	777	1,554	483	396	879
Adults (≥ 18)	466		466	644		644
<b>Total</b>	<b>1,243</b>	<b>777</b>	<b>2,020</b>	<b>1,127</b>	<b>396</b>	<b>1,523</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	2,020			1,523		
<b>Total (same as in 8a)</b>	<b>2,020</b>			<b>1,523</b>		

<sup>11</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>12</sup> This should include both funding received from CERF and from other donors.



<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Due to access limitations, only 879 children under five were screened for malnutrition. Of these children, 20 were found to have Severe Acute Malnutrition (SAM), and 37 had Moderate Acute Malnutrition (MAM). In total, 644 pregnant and lactating women were screened for malnutrition. Limited access of patients to the clinic restricted the number of children and pregnant and lactating women accessing screening services; this resulted in lower numbers of malnourished children and pregnant and lactating women detected and treated.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Reach all highly vulnerable Syrians (51% female, 56% children) at the North-Eastern border berm with lifesaving assistance including nutrition and WASH services.		
<b>10. Outcome statement</b>	Displaced and conflict-affected Syrians (51% female, 56% children) receive basic, lifesaving assistance to protect them from death and diseases.		
<b>11. Outputs</b>			
<b>Output 1</b>	At least 2,020 Syrians (466 pregnant and lactating women, 1554 children 6-59 months) receive nutrition assistance to prevent and treat moderate acute malnutrition.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of Syrians malnourished or are at risk of malnutrition reached with prevention or treatment services	Target: 2,020 Syrians 20% covered by CERF funding	1,523 malnourished or at risk of malnutrition Syrian asylum seekers in Ruqban were reached with prevention or treatment services.
Indicator 1.2	Proportion of the estimated caseload reached with nutrition services	Target: >50%	Due to access challenges, less than 50% of the estimated caseload was reached by the intervention.
Indicator 1.3	Proportion of discharges from targeted supplementary feeding programmes who have died, recovered and defaulted	Target: <3% death, >75% recovery and <15% default	Due to access challenges, only about 5% of the identified caseload returned for follow up, making it difficult to establish recovery rate. However, the few clients who returned were followed up until their recovery.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure and deliver Ready-to-use food supplement (RUSF, Plumpy'Doz) to UNICEF nutrition contractor at berm	UNICEF	UNICEF
Activity 1.2	Target young children (6-59 months) and pregnant and	UNICEF (with	UNICEF (with local

	lactating women malnourished or at risk of malnutrition with 3 daily doses of PlumpyDoz	local contractor)	contractor)
Activity 1.3	Daily supervision and monitoring of emergency nutrition response	UNICEF	UNICEF

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

Under the Nutrition component of UNICEF's clinic at the berm, the following Ready-to-Use Supplementary Food (RUSF) were purchased:

- 300 Cartons (4,500 sachets) of Plumpy Sup procured and used to prepare special family kits for 15,000 households;
- 123,370 Cartons (1,850,550 sachets) of Plumpy Sup procured, supporting continuing treatment of MAM cases and for the preparation of new family kits for upcoming distributions;

Note: *Plumpy Sup was procured instead of PlumpyDoz because it is in line with the local norm.*

Young children (6-59 months) and pregnant and lactating women malnourished or at risk of malnutrition were targeted with appropriate doses of PlumpySup according to their weight. Children with SAM with no medical complications were also treated with appropriate quantity of PlumpyNut in accordance to their weights.

The number of beneficiaries reached through this project was limited due to security access restrictions. The delays in approving the establishment of 24/7 health services and the need for security enhancements at the service area after obtaining the approval created a challenge for the 24/7 services to start before CERF contribution's validity period ended. UNICEF, however, is still pursuing the initiation of the 24/7 services in Ruqban which will commence in August 2017.

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

Despite limited access to the beneficiaries and restrictive provider-beneficiary opportunities for dialogue, UNICEF and its partners tried to provide information to the affected populations on the available services through Community leaders meetings who represent the affected population. UNICEF also used the same fora to receive and provide feedback about the services. An attempt was made to train and engage community nutrition volunteers to give the beneficiaries an active role and channel to voice their feedback during the delivery of services, but, due to the restrictive context and access limitation, it was not possible to sustain these opportunities. However, some of the previously trained community nutrition volunteers participated in the emergency vaccination campaign for polio and vitamin A supplementation. Due to the restrictive context, it was difficult to ensure a fair representation of all different groups of the population when receiving feedback.

Regular supportive supervision of the clinic was performed by a UNICEF Nutritionist and later by a UNICEF Health Specialist at the clinic in Ruqban. On average, UNICEF's health and nutrition team visited Ruqban four times a week to undertake supportive supervision.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	22/11/2016 - 21/05/2017		
2. CERF project code:	16-RR-CEF-126		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Assistance to Highly Vulnerable Syrians at the Northeast Border					
7. Funding	a. Total funding requirements <sup>13</sup> :	US\$ 1,900,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>14</sup> :	US\$ 242,000	▪ NGO partners and Red Cross/Crescent:		US\$ 990.11	
	c. Amount received from CERF:	US\$ 200,227	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,322	2,231	4,553	2,322	2,231	4,553
Adults (≥ 18)						
<b>Total</b>	<b>2,322</b>	<b>2,231</b>	<b>4,553</b>	<b>2,322</b>	<b>2,231</b>	<b>4,553</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	4,553			4,553		
<b>Total (same as in 8a)</b>	<b>4,553</b>			<b>4,553</b>		

<sup>13</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>14</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The proposal anticipated reaching, with all funding sources, 56,000 children with winter clothing kits among a planning figure of 100,000 (total population) at the berm. In fact, the population peaked in summer 2016 at an estimated 75,000 persons, including 24,000 children. By December, as the first distributions took place, the population totalled 46,528 persons, including 14,299 children. Due to access restrictions inhibiting distributions, overall 5,486 children received winter clothing kits through UNICEF, including 4,553 supported through this grant. While the overall target of 56,000 was not met, with CERF-specific target of 4,553 was fully met.
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**CERF Result Framework**

<b>9. Project objective</b>	Reach all highly vulnerable Syrians (51% female, 56% children) at the North-East border berm with lifesaving assistance including health, WASH and Child Protection services.		
<b>10. Outcome statement</b>	Displaced and conflict-affected Syrians (51% female, 56% children) receive basic, lifesaving assistance to protect them from death, diseases and violence.		
<b>11. Outputs</b>			
<b>Output 1</b>	56,000 children 0-17 years old (51% girls) at the berm are provided with winterisation support (winter clothes and shoes)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of Syrian children reached with winter clothing kits (clothes and shoes) at Hadalat and Ruqban from October to December 2016	Overall target: 56,000 children (51% girls)  CERF specific target: 4,553 children (51% girls)	Overall reached; 5,486 children (51% girls)  CERF-specific reached: 4,553 children (51% girls)
Indicator 1.2	Percentage of families confirming adequacy of winterisation support received for their children	65%	Due to access limitations, it was not possible to obtain beneficiary feedback at the time of distribution; however, monitoring became possible in mid-2017. Seventy per cent of 575 respondents who confirmed receipt of the winter kits for their child/children reported they were of “good” or “very good” quality; a total of 90 per cent found the kits to be “fair”, “good” or “very good”.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procure winter clothing kits (clothes and shoes)	UNICEF	UNICEF
Activity 1.2	Distribute winter clothing kits at the berm from October to December 2016	UNICEF	UNICEF (with support from World Vision International)
Activity 1.3	Post-distribution monitoring	UNICEF	UNICEF

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

The specific CERF target of winter clothing kits was successfully reached through this project. However, UNICEF’s initial target of 50,000 children at the berm was not possible in part due to a security incident which resulted in destruction of kits purchased with other UNICEF unrestricted funding sources. While distributions at Hadalat remained possible, distributions in Ruqban were deemed too dangerous and complicated to continue at that time.

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

At the time of distribution, access restrictions prevented reliable post-distribution monitoring at the berm itself. At that time, UNICEF conducted post distribution monitoring in the transit centre and host community in the northeast (Ruwaished area), through which 70 respondents were consulted about their satisfaction with the distribution. Overall, 83 per cent of respondents were satisfied with the distribution (57 per cent indicating that they were “very satisfied” with the winter kits and 26 per cent indicating that they were “moderately satisfied”). In addition, 63 per cent of respondents stated that the kits solved the winter clothing needs of their children. Key complaints by respondents were around size (50 per cent of respondents said that the clothing size fit; nearly 25 per cent said that the sizes did not fit) and distribution (44 per cent of respondents said they faced problems during the distribution).

In summer 2017, post-distribution monitoring mechanisms were established by UNICEF, permitting feedback on a range of issues, and allowed for the affected population to share feedback on the winter kit distribution. Of 575 respondents who confirmed receipt of the kits for their child/children, 70 per cent reported that the winter clothing provided was of “good” or “very good” quality, with only 4 per cent reporting they were “bad” quality.

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

EVALUATION CARRIED OUT

Evaluation was not possible due to the nature of the distribution in Hadalat and Ruqban and the deterioration in the security situation and access at Ruqban. Post-Distribution Monitoring (PDM) was conducted for UNICEF distributions (non-CERF funds) in Ruwaished municipality and the transit centre.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA		5. CERF grant period:	30/11/2016 - 29/05/2017		
2. CERF project code:	16-RR-FPA-051		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of life saving emergency obstetric and reproductive health services to Syrian population, in particular pregnant women at the North-Eastern border of Jordan					
7. Funding	a. Total funding requirements <sup>15</sup> :	US\$ 2,850,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>16</sup> :	US\$ 2,850,000	▪ NGO partners and Red Cross/Crescent:		US\$ 669,850	
	c. Amount received from CERF:	US\$ 1,566,031	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	600	50	650	575	19	594
Adults (≥ 18)	5,767	950	6,717	6,404	351	6,755
<b>Total</b>	<b>6,367</b>	<b>1,000</b>	<b>7,367</b>	<b>6,979</b>	<b>370</b>	<b>7,349</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	7,367			7,349		
<b>Total (same as in 8a)</b>	<b>7,367</b>			<b>7,349</b>		

<sup>15</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>16</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provision of life-saving comprehensive emergency obstetric and neonatal care (CEmOC) services to Syrian population, in particular pregnant women living in dismal conditions at the North-Eastern border of Jordan		
<b>10. Outcome statement</b>	Syrian population have access to life-saving comprehensive emergency obstetric and neonatal care (CEmONC) services		
<b>11. Outputs</b>			
<b>Output 1</b>	Access to life-saving comprehensive emergency obstetric and neonatal care (CEmONC) services including normal and complicated delivery care, antenatal and postnatal care, family planning, management of sexually transmitted infections and clinical management of rape (CMR)		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Proportion of women giving birth monitored by skilled staff	100% 3,000	100% 18 Due to access limitations 18 women gave birth monitored by skilled staff, including referrals. 100% of those allowed access to UNFPA clinic were monitored by skilled staff.
Indicator 1.2	Number of beneficiaries receiving reproductive health services	7,367	849
Indicator 1.3	Number of beneficiaries receiving ANC 1 in 3 months	999	338
Indicator 1.4	Number of women delivering through caesarean section for 3 months	150	60 The above figure includes referrals of emergency/complicated cases to hospitals inside Jordan.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of hospitainer equipped with medical supplies, equipment, laboratory, blood bank and other necessary supplies for the CEmONC clinic.	UNFPA	UNFPA
Activity 1.2	Procurement of medicines, contraceptives and consumables	UNFPA	UNFPA
Activity 1.3	Provision of quality reproductive healthcare and S-GBV services (CMR) to target population including antenatal and post-natal care, obstetric and	Jordan Health Aid Society (JHAS)	Jordan Health Aid Society

	gynaecological services, family planning, prevention and management of sexually transmitted infections and clinical management of rape		
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**12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:**

Since December 15, 2016, UNFPA has been offering lifesaving reproductive health services to the most vulnerable medical cases brought in from the berm. The reproductive health services provided in the clinic include antenatal care, postnatal care, obstetric and gynaecological care including management of infections. The clinic also supports referrals for further medical or surgical services. Family planning tools and methods are fully available at the clinic and clinic is receiving referrals from other UN-operated facilities within Ruqban. As mentioned above, the delivery of humanitarian assistance experienced serious delays and interruptions due to logistical and security constraints since the establishment of the clinic. As a result, some of the planned targets and outcomes have been affected.

Key reasons for the limited response are given below:

- Security challenges, frequent attacks and riots combined with the absence of infrastructure contributed towards delays and interrupted service provision. There have been fatal attacks on the Jordanian security forces as well as attacks inside the Ruqban camp causing several casualties.
- Logistic and environmental challenges: there is no solid infrastructure or paved roads to facilitate access to the area. The harsh desert environment in the summer and rain and muddy terrain in the winter makes an already challenging operation much tougher, causing frequent delays and hindering access to the area.
- Access to the population: Due to the above-mentioned security challenges, access to the population remained the biggest challenge affecting planned targets and outcomes; only critical and emergency cases have been allowed access to UNFPA reproductive health clinic. As a result, regular antenatal care (ANC), post-natal care (PNC) and other reproductive health service delivery has been hindered, affecting the number of women accessing this service. The majority of the ANC cases received at the RH clinic consist of women in their last trimester, who were allowed access to the clinic only for getting appointments dates for delivery. Similarly, only critical and complicated deliveries were referred to the UNFPA clinic. Every single delivery referred to UNFPA was attended to by skilled birth attendants. Similarly, all ANC patients referred to UNFPA were provided with the required services and care, without exception. However, despite consistent advocacy and full compliance with UNHCR referral criteria, some of the referrals were rejected by the authorities. The selection criteria and classification of parents also remained ambiguous in some cases. Thus, only a limited number of critical cases were allowed access by the authorities to the UNFPA clinic, impacting the overall results of the project. The targets were also based on 24/7 service delivery which was not permitted by the authorities in light of the security constraints. Despite these constraints, UNFPA was able to provide high quality reproductive health services to 849 of the most vulnerable medical cases brought in from the area, as well as assisting with referrals inside Jordan. In addition, 1,450 culturally sensitive and privately packed dignity kits were provided to households of 6 to 16 individuals with a reach of 6,500 individuals in Ruqban. The dignity kits focus on the provision of critical material supplies to women in the family for their feminine sanitary and hygiene needs, in addition to those of the family.
- Despite numerous requests on the part of UNFPA and other humanitarian partners, the authorities struggled to provide female border guards to conduct screening of patients before they enter the health service area. This resulted in restricted access for women in particular, thereby putting them at a disproportionate risk for adverse health outcomes due to delayed or denied access to services.



In addition, UNFPA faced several challenges in obtaining approvals and permits from the Ministry of Health and other relevant authorities for setting up the mobile hospitaier designed to operate in inhospitable terrains. Since Ruqban is classified as a military zone, the approval for a 24/7 hospitaier was fraught with several challenges. In the meantime, UNFPA continued critical RH service delivery to the most vulnerable cases referred to its clinic at the berm. The clear need for imminent and comprehensive RH care, along with consistent advocacy eventually led local authorities to accept the establishment of a mobile hospital in the area.

Details of service delivery and the steps taken to overcome some of the challenges are given below:

- UNFPA and its implementing partner JHAS took active measures to improve the process of communication with the security authorities, which helped to improve coordination with local authorities and to expand the patient selection criteria.
- UNFPA and other humanitarian agencies continued to advocate for female border guards to conduct screening of patients before they enter the reproductive health service area. UNFPA's implementing partner JHAS hired female security officers in order to do the secondary screening at the health service area. Despite the above-mentioned constraints, the number of patients accessing reproductive health services steadily increased every month. This can be seen in the chart below:

As mentioned previously, the process of obtaining security approvals from the relevant authorities is lengthy and tedious. Conversely, the timing for emergency cases is very critical.

During the reporting period, UNFPA, with the support of its implementing partner JHAS, managed the successful delivery of two complicated births on the 160 kilometres commute from Ruqban to Ruwaished Hospital, about three hours away from the berm. A 25-year-old pregnant women reached the UNFPA-supported RH clinic located at the berm at the final stage of delivery and had to be urgently referred to the Ruwaished Hospital due to complications. However, the baby had to be delivered enroute to the hospital on the rugged and inhospitable terrain accompanied by a skilled UNFPA-supported birth attendant.

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

Despite severely limited access to the population in the no-man's land, UNFPA and other UN agencies advocated with relevant authorities and gained permission to organize accountability meetings with community leaders at the berm aimed at understanding what services had been provided as well as their continued needs.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The UN and its partners have repeatedly requested the Jordanian authorities to allow a third-party monitoring organization to enter and carry out post-distribution monitoring at the berm. However, this request has not been granted to-date. Nevertheless, UNFPA in collaboration with WFP conducted an informal post distribution monitoring exercise whereby beneficiaries were asked if they received UNFPA dignity kits and their feedback on their contents. According to the beneficiaries, the contents of the dignity kits enabled them to meet their basic hygiene needs and contained essential items for everyday use. The beneficiaries said that, while some of these items are sold in the Ruqban camp, the exorbitant and inflated prices make them unaffordable. UNFPA is planning subsequent distributions based on their feedback. UNFPA understands the limitations of this informal monitoring exercise, however it remains the best option currently available.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	01/11/2016 - 30/04/2017		
2. CERF project code:	16-RR-HCR-047		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of Health Services					
7. Funding	a. Total funding requirements <sup>17</sup> :	US\$ 2,827,049	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>18</sup> :	US\$ 1,439,853 <sup>19</sup>	▪ NGO partners and Red Cross/Crescent:		US\$ 415,832	
	c. Amount received from CERF:	US\$ 992,930	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	9,485	9,940	19,425	255	201	456
Adults (≥ 18)	8,365	7,210	15,575	418	326	744
<b>Total</b>	<b>17,850</b>	<b>17,150</b>	<b>35,000</b>	<b>673</b>	<b>527</b>	<b>1,200<sup>20</sup></b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	35,000			1,200		

<sup>17</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>18</sup> This should include both funding received from CERF and from other donors.

<sup>19</sup> This only reflects funds earmarked specifically for this intervention; it does not include unearmarked funding to the operation

<sup>20</sup> The figure of 35,000 was revised to 1,200 in February 2017.

<b>Total (same as in 8a)</b>	<b>35,000</b>	<b>1,200</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNHCR originally envisaged 35,000 Syrians as beneficiaries of project implementation. However, as the number of beneficiaries is directly linked to the population's access to the clinic in Ruqban, which is determined by the Jordanian Armed Forces, the target was ultimately revised to 1,200 in February 2017.	

#### CERF Result Framework

<b>9. Project objective</b>	Providing humanitarian assistance to 100,000 people stranded at the berm in Ruqban and Hadalat.		
<b>10. Outcome statement</b>	People at the berm will have access to minimum humanitarian assistance.		
<b>11. Outputs</b>			
<b>Output 1</b>	Temporary health facility is established		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	# of health facility established	1	1
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Establishment of health facility	UNHCR	UNHCR
Activity 1.2	Construction maintenance and additional work	UNHCR	UNHCR
<b>Output 2</b>	Healthcare services provided		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	# of health consultations provided	35,000	1,200
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement of drugs	JHAS	JHAS
Activity 2.2	Provision of healthcare services	JHAS	JHAS

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

A total of 1,200 persons were treated by UNHCR's partner (JHAS) at the UNHCR clinic between its opening (15 December 2016) and 30 April 2017. While the clinic is equipped and staffed to treat up to 250 patients per day, access to the operation of the clinic is contingent on clearance and transportation by the Jordanian Armed Forces (JAF). The clinic in Ruqban provides care six days per week and is staffed with general practitioners, nurses, a gynaecologist, an internist and a midwife. While the clinic has security staff on site, some medications and equipment are transported to the site on daily basis.

The majority of patients (62%) were adults, with women representing the highest percentage of patients (35%) while men constituted 27% of persons who received treatment. Of the 38 per cent of patients that were children, 17 per cent were boys and 21 per cent girls. The clinic treated Syrians with both chronic and acute medical conditions which helped ensure patients had access to comprehensive healthcare. The most common acute ailments comprised of upper respiratory infections, urinary tract infections and watery diarrhoea, while the most treated chronic diseases were hypertension, asthma and diabetes.

Referrals were also organized for 556 cases during the reporting period. All recommended referrals were reviewed against the

UNHCR referral criteria, which apply to UNHCR's entire health programme, irrespective of location and country of origin. Referrals for non-emergency high cost treatments underwent a secondary review by the Exceptional Care Committee, comprised of two external doctors and the UNHCR Health Unit, to ultimately decide whether or not the referral should be supported as well as the approved level of care.

In terms of beneficiaries, just over half (52%) of the referrals were for children; with boys comprising 31 per cent of cases and girls 21 per cent. Similar to the demographics for consultations, women represented the highest percentage of beneficiaries (35%), but in this instance, men represented the smallest group of those referred (12%). Approved cases were transported by UNHCR's partner to affiliate hospitals within Jordan for treatment with the most common referrals related to deliveries, paediatric surgeries and acute injuries that required secondary and essential tertiary healthcare.

Syrians at the berm did not have access to regular primary healthcare prior to the establishment of the JHAS clinic. While UNHCR organized referrals for certain cases (e.g. war wounded, deliveries, etc.) at the berm since April 2015, providing primary care services in close proximity to persons of concern not only improves the overall health status of the berm population but also provides an opportunity to gain first-hand knowledge of their health profile.

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

Project activities were designed in order to adequately address an urgent unmet need that had the possibility to lead to severe negative consequences. UNHCR protection monitoring and registration exercises that took place through June 2016 gave UNHCR the opportunity to interact with the berm population and identify the needs on the ground. At the same time, the health needs of the 20,000 Syrians who were transported from the berm to Azraq camp inside Jordan provided clear insight as to the overwhelming health gaps at the berm. Knowledge obtained through these exercises, in addition to the type of cases referred from the berm, underlined the critical need to address these health gaps.

As stated above, in order to obtain services at the health clinic, Syrians must first receive clearance from JAF which has limited the number of patients receiving care. However, care is provided to all persons who do manage to come to the clinic. The level of care is in line with what is provided by UNHCR's partner in its other clinics countrywide. In addition, those who require care that is not available at the clinic can be referred for treatment, provided they meet the referral criteria.

UNHCR continues to advocate for increased access to the health clinic which has had varying levels of success. The number of monthly beneficiaries has increased since the opening of the clinic, though the clinic is still not treating the projected 250 patients per day.

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

EVALUATION CARRIED OUT

Monitoring & Evaluation is based on the reports and observations of the partners and local authorities and on regular direct observation and ongoing assessment by UNHCR (e.g. on the spot visits to project sites) and the comparison of achievements and related financial expenditures with objectives. Financial evaluation is also conducted through an external audit that takes place on a yearly basis and coordinated through UNHCR HQ. The 2016 portion of the project has already been reviewed and closed, while the 2017 component will be reviewed in March / April 2018, after the closure of the 2017 JHAS programme.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	09/12/2016 - 08/06/2017		
<b>2. CERF project code:</b>	16-RR-IOM-039		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Safety and Security of Staff and Operations			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Emergency humanitarian response to the Syrian population at the berm					
<b>7. Funding</b>	a. Total funding requirements <sup>21</sup> :	US\$ 600,001	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received <sup>22</sup> :	US\$ 600,001				
	c. Amount received from CERF:	US\$ 600,001				
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	27,150	28,350	55,500	6,306	7,993	14,299
Adults (≥ 18)	23,900	20,600	44,500	14,733	15,102	29,835
<b>Total</b>	<b>51,050</b>	<b>48,950</b>	<b>100,000</b>	<b>21,039</b>	<b>23,095</b>	<b>44,134</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	100,000			44,134		
<b>Total (same as in 8a)</b>	<b>100,000</b>			<b>44,134</b>		

<sup>21</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>22</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The situation at the berm continued to change drastically since the closure of the border on 21 June 2016 throughout the implementation period of the project. Due to a variety of factors, including limited distributions of humanitarian assistance given the closure of the border and security problems in Syria, the number of Syrian people of concern residing at the berm continued to change. This resulted in an overall drop in numbers of the population from the original estimates.
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**CERF Result Framework**

<b>9. Project objective</b>	Improving the safety of the population stranded behind the berm as well as humanitarian actors providing assistance to them.		
<b>10. Outcome statement</b>	The population at the berm will benefit from safe and orderly access to essential humanitarian relief services and humanitarian actors will be protected during rounds of distribution of aid and provision of various services to population.		
<b>11. Outputs</b>			
<b>Output 1</b>	The influx of beneficiaries accessing relief services is managed in a safe and orderly manner.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of mobile structures installed.	Mobile structures installed, positively affecting 100% of the target population.	Four mobile structures (pre-fabs) were installed (one in Hadalat and three in Ruqban), positively affecting 100% of the target population.  One 92-meter wall of HESCO bastions was built in Hadalat to facilitate safe and orderly distributions at the service area. The wall, facing north, will be the basis for the complete distribution area, currently under procurement in order to improve the inflow of Syrians during distribution rounds.
Indicator 1.2	% of security incidents decrease during distribution of aid, registration and health campaigns.	50% decrease in security incidents	Due to the volatility of the situation at the berm and the sensitivities surrounding operations in this area, at the time of this report, IOM was unable to fully assess the extent to which the newly installed infrastructure decreased security incidents during the distribution of aid, registration and health campaigns. However, the security enhancements

			under this project are a condition made by JAF to allow any distribution to happen. As such, the impact is great, since without these structures there would be no distributions.
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Identify contractor for construction works	IOM	IOM
Activity 1.2	Liaise with relevant border authorities, the UN Civil Military Coordinator and UNDSS for work permits for workers, location, security, etc.	IOM	IOM
Activity 1.3	Construct mobile structures	IOM	IOM
<b>Output 2</b>	Humanitarian workers and beneficiaries are safe during the implementation of humanitarian activities at the berm.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of cameras and equipment delivered and installed	1 camera surveillance system is installed around the service area, positively affecting 100% of the target population.	No camera surveillance (CCTV) system was installed in Hadalat due to complications which arose during procurement. Challenges explained further below.
Indicator 2.2	% of security incidents decrease during the distribution of aid, registration and health campaigns	50% decrease in security incidents	No camera surveillance (CCTV) system was installed in Hadalat due to complications which arose during procurement. Challenges explained further below.
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Identify company for installation of camera surveillance	IOM	IOM
Activity 2.2	Liaise with relevant border authorities and UNDSS for work permits for workers, location of the cameras, security, etc.	IOM	IOM
Activity 2.3	Install camera surveillance system	IOM	IOM (activity was not completed)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy



**between planned and actual outcomes, outputs and activities, please describe reasons:**

As a result of this project, the Syrian people of concern residing at the berm benefitted from safe and orderly access to essential humanitarian relief services and humanitarian actors were protected during rounds of aid distribution and the provision of various services to this population. At the berm, there is a new distribution point and one service area in Ruqban which are already established, and a distribution point and service area which are under construction in Hadalat. The purpose of these service areas is to provide space where humanitarian operations can take place in a secure environment, including the distribution of aid and the provision of life-saving health services.

With funding from CERF, IOM provided security enhancements in both areas (Ruqban and Hadalat) in order to safely facilitate humanitarian operations. IOM provided support to the Jordanian Armed Forces (JAF) through the Border Group's approved security enhancements at the berm. These security enhancements (installation of pre-fabs and wall of HESCO bastions) are important components of the service areas, providing much needed protection to beneficiaries, including UN agencies and their implementing partners operating at the berm, as well as JAF. Without security enhancements, JAF will not allow distributions of aid nor the provision of life-saving humanitarian assistance to take place. Moreover, this situation could last longer than hoped for, which necessitates ensuring action now to improve the security infrastructure for the whole duration of response at the berm which cannot be determined.

*Description of activities implemented*

During the project, a total of four mobile structures (pre-fabs) to accommodate up to 32 personnel were installed at the berm (one in Hadalat and three in Ruqban). These pre-fabs are used to provide office and accommodation space to JAF, who are in charge of providing protection to humanitarian operations. One 92-meter wall of HESCO bastions was installed in Hadalat to facilitate safe and orderly distributions at the service area, which will be completed by IOM under another project to ensure the distribution area is compatible with the JAF security requirements. The HESCO bastions were provided by WFP to IOM as an in-kind donation, however IOM filled and installed them through the support of this project.

*Challenges related to the camera surveillance (CCTV) system*

In addition, one camera surveillance (CCTV) system was supposed to be installed around the service area in Hadalat in order to monitor distributions of humanitarian aid and the entrance to the service area. This system was chosen in full consultation with humanitarian partners and JAF who are responsible for operating and using the system for monitoring the area as a whole 24/7 without the need to physically perform that duty. However, challenges in procurement led to the delay in receiving and installing the CCTV system. These challenges related specifically to security procedures applied by the US-based Manufacturer and Supplier upon any procurement of such surveillance system. In order for this system to be procured, the US-based company had to follow procedures which included obtaining a series of approvals from JAF, since it is originally intended for military use and labelled as Dual Usage equipment; this ultimately delayed the procurement and installation of the system in time for the completion of this project.

Additionally, by the first week of September 2017 (the intended date of receiving the CCTV system), Hadalat's population had been relocated to Ruqban. Therefore, the camera surveillance system will still be procured under another project by IOM and will be available to be installed at a more relevant location (most probably Ruqban) determined in coordination with the UN agencies operating at the Berm and JAF.

*Discrepancies*

There were discrepancies in outputs 1 and 2, specifically indicators 1.2 and 2.2 with regard to the percentage of security incidents decreasing during aid distribution, registration and health campaigns. Due to the volatility of the situation at the berm and the sensitivities surrounding operations in this area, at the time of this report, IOM was not able to fully assess the extent to which the newly installed infrastructure decreased security incidents during aid distribution, registration and health campaigns.

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

The role of the JAF is to provide protection to humanitarian agencies and asylum seekers accessing humanitarian aid and services at the berm (Ruqban and Hadalat). In order for JAF to provide this protection, it was necessary for the UN to provide direct support. Due to an agreement reached by UN agencies and the government, IOM fulfilled part of the requests made by the government to improve security measures at the berm. Without security enhancements at the border, the entire humanitarian operation risked being stopped for concerns over the safety of beneficiaries and humanitarian workers.

Throughout the duration of the project, the Syrian people of concern residing at the berm were not easily accessible to agencies

operating there, including IOM. Therefore, it was difficult for IOM to obtain feedback from this population directly. However, the installation of security features including: four pre-fabs (one in Hadalat and three in Ruqban) and one 92-meter wall of HESCOs in Hadalat, helped ensure that the influx of beneficiaries accessing relief services was managed in a safe and orderly manner during distributions of food and humanitarian aid, as well as for those who accessed much needed health services at the service area.

However, with JAF and UN agencies also being primary beneficiaries of IOM's security activities, IOM remained accountable to both the Government of Jordan and the UN and its partners operating at the berm. These activities helped to ensure that UN agencies were able to conduct their own activities in a safe manner while supporting JAF in providing protection to agencies and beneficiaries alike.

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

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	09/12/2016 - 08/06/2017		
<b>2. CERF project code:</b>	16-RR-WHO-048		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Support for coordination and provision of basic health services at the North-Eastern Border of Jordan (Berm)					
<b>7. Funding</b>	a. Total funding requirements <sup>23</sup> :	US\$ 2,500,000	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	b. Total funding received <sup>24</sup> :	US\$ 410,000				
	c. Amount received from CERF:	US\$ 209,656				
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	27,150	28,350	55,500	4,989	6,604	11,593
<i>Adults (≥ 18)</i>	23,900	20,600	44,500	13,517	13,992	27,509
<b>Total</b>	<b>51,050</b>	<b>48,950</b>	<b>100,000</b>	<b>18,506</b>	<b>20,596</b>	<b>39,102</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>	100,000			39,102		
<b>Total (same as in 8a)</b>	<b>100,000</b>			<b>39,102</b>		

<sup>23</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>24</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Due to re-programming of the vaccination campaign activity, the reached beneficiary projection had to be changed. (See Justification for re-programming in No.12 below).
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Support to provision of essential health services for asylum seekers at the North-Eastern border of Jordan (Hadalat and Ruqban) and vulnerable host community.		
<b>10. Outcome statement</b>	Risk of communicable disease outbreak among asylum seekers and host community is reduced		
<b>11. Outputs</b>			
<b>Output 1</b>	To improve communicable disease surveillance and outbreak response preparedness for the berm response		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Timeliness and completeness of epidemiological disease surveillance reporting	80%	50%
Indicator 1.2	Proportion of disease outbreaks investigated within 72 hours	100%	80%
Indicator 1.3	Essential supplies prepositioned to respond to outbreak of cholera	100%	100%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Training and implementation of interactive electronic disease surveillance with UNICEF, UNHCR, JHAS, ESARV-S and RMS implementing partners,	WHO, MOH and Partners	WHO, MOH and Partners
Activity 1.2	Establishment and training of RRT	WHO, MOH and Partners	WHO, MOH and Partners
Activity 1.3	Procurement and prepositioning of supplies for Cholera	WHO, MOH and Partners	WHO, MOH and Partners
<b>Output 2</b>	Pre-positioning of Emergency Drugs and medical items at the North-Eastern Border of Jordan (BERM), through purchasing of Inter-agency health emergency kits.		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Essential supplies prepositioned to respond to Emergency Medical needs.	100%	100%
Indicator 2.2	Number of potential beneficiaries covered with Emergency Drugs for three months.	30,000	30,000
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Number of kits purchased (3)	WHO	WHO
Activity 2.2	Number of kits pre-positioned (3)	WHO	WHO/MOH

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

On 17 May, WHO submitted a re-programming request due to the fluctuating security situation at the Berm. Under Output #2, the amount of USD 66,690 was initially proposed for a vaccination campaign at the berm. Despite extensive advocacy efforts by the UN and the RC/HC over the past months, the approval for undertaking the vaccination campaign was only granted too late in time for the CERF to be allocated. Consecutive terrorist attacks were launched near Ruqban which seriously hampered humanitarian operations. The re-programming strengthened UN efforts in outbreak response preparedness through the provision of treatment and pre-positioning of drugs and medical items for the affected areas at the UN clinic at the berm. This was carried out by purchasing three Inter-Agency Health Emergency Kits (drugs and medical items) to be used for the Syrian people living in the spontaneous camps at the berm and to pre-position an emergency contingency stock at the closest secondary care health facility to the berm.

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

The activities set out under output 1 (to improve communicable disease surveillance and outbreak response preparedness for the berm response) and under output 2 (to purchase 3 Inter-Agency Health Emergency Kits) have been chosen in the best interest of the affected population by recording, recognising, investigating, and responding (including treatment) to potential disease outbreaks. The drugs and medical items have been pre-positioned at strategic locations to respond quickly without delay to the populations in need.

Output 1: The implementation of disease surveillance and outbreak response preparedness was implemented in collaboration with the MoH at the secondary healthcare level and through sister-organisations like UNFPA, UNHCR and UNICEF at the UN clinic in Ruqban. Monitoring has been achieved through validating and analysing the inputs into the surveillance system, conducting regular field visits, and participating at health and inter-agency coordination meetings.

Output 2: The Inter-Agency Health Emergency Kits are a standardized assembly of most needed drugs in emergency settings – agreed upon by the IASC - covering 10,000 people for three months. The use of the drugs and medical items will be through prescription by health care professionals only and will therefore be monitored through pharmacy stocks.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-FPA-051	Health	UNFPA	NNGO	\$669,850
16-RR-CEF-126	Child Protection	UNICEF	INGO	\$990
16-RR-HCR-047	Health	UNHCR	NNGO	\$415,832

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Antenatal Care
ASMT	Area Security Management Team
BGF	Border Guard Forces
CEmONC	Comprehensive Emergency Obstetric and New Born Care
CHV	Community Health Volunteers
FSCO	Field Security Coordination Officer
HPF	Humanitarian Partners Forum
IASC	Inter-Agency Standing Committee
ICRC	International Committee of the Red Cross
IED	Improvised Explosive Device
IYCF	Infant and Young Child Feeding
JAF	Jordanian Armed Forces
JHAS	Jordan Health Aid Society
LARC	Long-Acting Reversible Contraceptives
MAM	Moderate Acute Malnutrition
MSF	Medicins Sans Frontieres
RH	Reproductive Health
RUSF	Ready-to-Use Supplementary Food (RUSF)
SAM	Severe Acute Malnutrition
SRA	Security Risk Assessments
VBIED	Vehicle-Borne Improvised Explosive Device
WASH	Water, Sanitation and Hygiene