

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PAKISTAN
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT 2015**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Neil Buhne

REPORTING PROCESS AND CONSULTATION SUMMARY

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

AAR was conducted on 26 July 2016 during the ICCM and HRT (Humanitarian Regional Team) meeting. HRT composes the heads of sub-offices of agencies in Peshawar. As the CERF projects were implemented in KP/FATA, the forum was well placed to provide feedback on the CERF process.

- 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 ☐

As mentioned above, the CERF reporting was discussed in the ICCM/HRT, where the cluster leads discussed the challenges and provided their feedback on the process.

- 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 of the RC/HC report was shared with the HCT members for their inputs and comments. The Cluster/sector coordinators had already provided their inputs which have been incorporated into the report

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 433.84 million		
Breakdown of total response funding received by source	Source	Amount
	CERF	11,000,547
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	3,665,661
	OTHER (bilateral/multilateral)	306,399,453
	TOTAL	322,465,068

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 24 September 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-112	Education	500,071
UNICEF	15-RR-CEF-113	Health	800,018
UNICEF	15-RR-CEF-114	Nutrition	800,000
UNICEF	15-RR-CEF-115	Child Protection	380,000
UNICEF	15-RR-CEF-116	Water, Sanitation and Hygiene	1,100,015
UNFPA	15-RR-FPA-037	Health	396,234
UNFPA	15-RR-FPA-038	Sexual and/or Gender-Based Violence	330,166
UNHCR	15-RR-HCR-055	Protection	499,904
UNHCR	15-RR-HCR-056	Shelter	2,794,145
WFP	15-RR-WFP-066	Nutrition	200,000
WFP	15-RR-WFP-067	Food Aid	1,500,000
WHO	15-RR-WHO-041	Health	1,499,994
WHO	15-RR-WHO-042	Nutrition	200,000
TOTAL			11,000,547

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	7,827,197
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	2,966,574
Funds forwarded to government partners	206,776
TOTAL	11,000,547

HUMANITARIAN NEEDS

The north-west areas of Pakistan, which comprise Khyber Pakhtunkhwa (KP) province and the Federally Administered Tribal Areas (FATA), have witnessed major population displacements as a consequence of security operations between government armed forces and non-state armed groups as well as sectarian violence. At the peak of the crisis in April/May 2009, nearly three million people had fled their areas of origin in FATA and KP. In the month of June 2014, after the failure of talks between the Government and the non-state actors, the military launched a full scale operation named “Zarb-e-Azb” against the non-state armed groups located mainly in Khyber and North Waziristan Agency (NWA) within the FATA. This military operation forced the local population to flee from the areas of conflict to safer places in Khyber Pakhtunkhwa (KP) province with the majority displaced to Bannu and other adjacent districts.

At the end of December 2014, the Government of Pakistan established a plan to facilitate the return of over 160,000 registered families (approximately 960,000 individuals) in two phases until the end of 2015 with an equal number planned for return in 2016. Out of these, 66,000 families (402,000 individuals) returned to Bara alone in 2015.

As per the request of the provincial authorities, the humanitarian community has been supporting the needs of the returnees through targeted programming. To ensure a comprehensive understanding of the conditions of the returning population, their immediate needs, and to identify existing gaps in assistance, clusters conducted four rapid assessments and one detailed assessment in the de-notified areas of return¹. The cluster findings indicated that most of the newly returned families had limited personal and household items or livestock, had no access to safe drinking water, and received no basic health or nutrition services. Nutrition indicators crossed the emergency thresholds. The majority of affected people had little or no money and was likely to accumulate debts as a coping mechanism following their return. In areas of return where the rapid assessments were conducted immediately before the start of returns, assessments showed that the level of destruction was substantially higher than anticipated. This was explained by the abandonment of the area, the impact of severe weather conditions and lack of maintenance during the 7 to 8 years of displacement, and the intensity of the military operations. Yet, in spite of these conditions, once the areas were de-notified, most of the displaced families opted to return voluntarily due to the distress of their current living conditions as displaced population, and the urgency to get back before the start of the fast approaching winter season that will limit their ability to return until spring 2016.

The current returns started in March, 2015. By December 2015, 112,773 families (678,900 individuals) had returned to FATA's de-notified areas. However, the situation in the return areas remains dire. In some areas, more than 80 per cent of the basic infrastructure, including private houses, were severely damaged and require a significant amount of time to repair. An inter-cluster assessment mission to South Waziristan Agency noted that 80-90 per cent of the houses were partially or totally damaged either due to the conflict or deterioration as a result of the weather conditions. Most of the houses are made of mud and were abandoned since 2009². The interagency assessment missions indicate that almost 75 per cent of the total returnee population are women and children. The assessments also noted the challenge of ensuring access to humanitarian services to the most vulnerable. While aid is received solely by registered families, female headed households are a potentially unreachable group as many lack civic documentation. An estimated 21 per cent of returning households are headed by women (wives of migrant workers, divorced, widowed, or one of many wives and therefore not under the patronage of the husband who can technically head only one family in aid receipt)³.

A massive increase in the number of returnees occurred during the summer/fall of 2015 at a pace that is greater than the ability of the Government and the humanitarian community to support given the unanticipated deterioration in the returned areas, the general socio-economic context, and the particular vulnerabilities of returnees. This massive influx in returns and the context and which it took place, justified the request for this Rapid Response CERF support.

II. FOCUS AREAS AND PRIORITIZATION

As part of the Returns Policy Framework and agreed standard operating procedures on returns, the following inter-cluster assessment missions were conducted coupled with the security missions in the areas of return, and are being used as an evidence base for programming, including prioritization, and fund raising strategies:

1. Multi Cluster assessment to Bara, Khyber (11-13 June 2015)
2. Inter Cluster assessment to North Waziristan (8-9 July 2015)

¹ Inter Cluster assessment to Bara, Inter cluster assessment to North Waziristan, Inter Cluster assessment to South Waziristan Multi Sector Assessment to Bara

² Findings of Inter Cluster Assessment to South Waziristan, 4-7 August, 2015

³ The high security and accessibility restrictions make it difficult to deploy female staff to interact with returnee women which may result in gaps in understanding their needs. Recent efforts have been made to address this, and clusters committed to select female staff to contribute to assessments, provide services, and monitor delivery.

3. Inter Cluster assessment to South Waziristan (4-7 August 2015)
4. Inter Cluster assessment to Orakzai and Kurram (20-22 September 2015)

The multi-cluster assessment was a thorough five day survey conducted by 53 enumerators from 28 organizations. The inter-cluster assessments were rapid two day assessments composed of 9 national UN staff, representing each of the active 8 clusters and led by an OCHA officer. An effort was made to include a minimum of two female staff members in each mission though this was not possible in every mission.

Other reference documents used for evidence based prioritization were:

5. Protection Cluster Detailed Assessment, 2014
6. Quarterly Bulletin Khyber Pakhtunkhwa, Nutrition Cluster, January-March, 2015
7. Agricultural Action Plan, FAO, FATA Secretariat, 2015
8. UNDP Human Development Report 2014, Sustaining Human Progress, 2014
9. Livelihood and Food Security in Displacement – joint IVAP WFP Bulletin #2, Dec. 2014

The assessment findings showed priority needs in the areas of health, shelter, WASH, food security, education and protection services. Health facilities were either destroyed or damaged with limited staff and medical supplies. It was found that the health facilities are far apart and lack medicines for preventable communicable diseases which are linked to poverty and malnutrition. Most of the WASH systems were found to be damaged or disrupted. With returns taking place, people were in need of safe drinking water which was only available through water tankering until the WASH systems could be rehabilitated.

The KP and FATA regions have the highest incidence of acute malnourishment in the country. Displaced people from FATA living in KP are a particularly vulnerable group due to chronic and acute malnutrition. Indeed, when the rates of malnourishment were assessed through MUAC testing of children aged 6 to 59 months in the return areas of Bara, Khyber Agency the overall Global Acute Malnutrition (GAM) was found to be 17.2 per cent (1.2 points the above emergency threshold of 16 per cent) with a Severe Acute Malnutrition (SAM) rate of 5.2 (Quarterly Bulletin Khyber Pakhtunkhwa, Nutrition Cluster, January-March, 2015). Of the vulnerable groups verified at the embarkation hubs, female-headed families are as high as 21 per cent of the total returns. Assessments by UNHCR and WFP also noted a high density of vulnerable households among IDPs with 76 per cent female-headed, ten per cent families headed by older persons, six per cent headed by disabled persons, five per cent single female and two per cent of families are child-headed. The assessments found extensive damage to schools and highlighted the need for learning materials, temporary learning spaces and support to teachers. The missions and assessments found that a number of houses were damaged and required rebuilding or repair. To deal with the harsh weather conditions, temporary tents and winterization materials, as well as tool kits for families to repair their mud houses in order to sustain the hardship of winter were priority needs.

The HCT prioritized returnees to three FATA agencies (South Waziristan, Khyber and Orakzai) for CERF funding, as returns were ongoing to these agencies. At the time, over 350,000 people had returned. The HCT was confident that returns could be made sustainable to these agencies and efforts were required to help the returnees rebuild their lives. Moreover, as mentioned above, the assessment missions indicated high humanitarian needs in these areas.

III. CERF PROCESS

Based on the findings of the assessment missions and recommendations of HCT members, the HCT decided to target returnees of three FATA agencies with the CERF Rapid Response funding. Peshawar-based Clusters were consulted regarding the priority needs based on the evidence produced by the inter-cluster assessments into the return areas, which enabled OCHA to develop a Rapid Response concept note. Additional follow ups with agencies and consultations with ICCM and Government counterparts in Peshawar took place, including prioritization exercise with the Clusters and Agency leads. In parallel and once the prioritization criteria, including the case load of beneficiaries, was agreed with the Cluster leads and heads of Agencies, proposals and the cost plans were prepared.

The results of these exercises were presented at the HCT meeting where the heads of UN agencies agreed that this CERF Rapid Response would address the needs of the returning families in the referred three Agencies only, and endorsed the life saving criteria used above, as well as the budget proposed.

During the prioritization exercise, evidence available in a number of surveys, studies, assessments, and reports was used. All actors consulted – Clusters, Agencies and Government counterparts – were familiar with the available information and OCHA complemented any information gaps by sharing regularly the results of the ongoing “survey of surveys” (an assembly of all relevant documents).

The inter-agency gender advisor (seconded to OCHA from UN Women) and the regional gender focal points in KP/FATA and Government Gender and Child Cell were part of developing assessment tools, compiling assessment reports with gender analysis to prioritize gender distinct needs and protection of vulnerable groups. This assisted in informing the ICCM and HCT on the prioritization of gender and protection specific needs of returnees. The OCHA gender advisor was involved in the prioritization exercise with ICCM and HCT, provided detail input and support to agencies during the development of the proposals, and assist in establishing the gender score of the different proposals received.

With support from the Swedish International Development Agency (SIDA), the Pakistan Humanitarian Pooled Fund (PHPF) allocated US\$3.7 million to IDP families including families now returning to Bara, Khyber Agency. The funding has been assigned to 20 projects across a variety of clusters, which started in August 2015. New funding from DFID and SIDA totaling \$3 million and \$2 million respectively, channeled through the PHPF, primarily supported the needs of the most vulnerable returns. An allocation for these \$5 Million PHPF funds was made mid October 2015. PHPF funds were largely allocated directly to international and national NGOs that had the capacity to deliver in priority areas.

The humanitarian community had the proven capacity in place to facilitate and assist the sudden spike in the returns process. OCHA and partners had already coordinated a series of consultations with authorities to plan the provision of assistance to the returning families and access into the areas of return. Through various consultations, the Government was requested to improve security measures in all locations. The humanitarian community's concerns to support the return process were shared with the Government and assurances requested from authorities to provide:

- a) Unimpeded access for the humanitarian community including UN and NGOs on both project and travel NOCs;
- b) Accommodation for humanitarian staff members to monitor the projects / activities;
- c) Safe locations for the establishment of humanitarian distribution hubs in the return areas.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 930,000 individuals (155,000 families)									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Child Protection	11,115	6,046	17,161	13,774	3,232	17,006	24,889	9,278	34,167
Education	5,413	441	5,854	7,202	1,564	8,766	12,615	2,005	14,620
Food Aid	77,871	66,553	144,425	81,084	69,235	150,319	158,955	135,789	294,744
Health	50,557	59,710	110,267	41,450	36,552	78,002	92,007	96,262	188,296
Nutrition	34,976	18,083	53,059	33,686	0	33,686	68,662	18,083	86,745
Protection	3,081	3,057	6,139	4,026	2,969	6,995	7,107	9,108	16,215
Sex & Gender-Based Violence	3,864	11,087	14,951	895	5,533	6,428	4,759	16,620	21,379
Shelter	24,150	24,150	48,300	32,550	24,150	56,700	56,700	48,300	10,500
Water, Sanitation and Hygiene	22,460	12,634	35,094	21,580	12,138	33,718	44,040	24,772	68,812

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

BENEFICIARY ESTIMATION

The projects focussed on three FATA agencies (Kurram, Khyber and South Waziristan agencies), therefore the UNHCR registration and returns data was used to estimate the numbers of people who were in need. Besides, the line departments such as Education, Health, Works and Services and Public Health Engineering provided data on damaged facilities requiring rehabilitation or support for services, and the resultant catchment population. Relevant clusters, whose activities were in conjunction or supplemented each other, such as Health, Nutrition and WASH consulted among themselves for better programmatic linkages and appropriate responses in the area. Sphere standards, where applicable, were applied to estimate the needs of the beneficiary caseloads. The males and females were estimated applying the consistent segregation percentages based on the data available and the needs identified.

During this period, food assistance was provided to all IDPs registered by UNHCR (and then verified by the National Database Registration Authority) using the online database and verification system at all hub locations which ensured no duplication or overlap in the provision of family food rations. However, food assistance is provided on needs basis and is not contingent upon formal registration. Where families did not possess the necessary documentation, a temporary token-based system was used.

The implementing partners and the UN agencies ensured that the number of beneficiaries reached is properly documented to see the progress towards the achievement of results. The actual number of beneficiaries reached is based on the reporting formats used by the implementing partners.

All the CERF projects targeted returnees in three FATA agencies, therefore, adding-up the beneficiaries of all the projects to obtain the total number of beneficiaries reached would have resulted in significant duplications. In consequence the greatest number of beneficiaries reached by one cluster, in this case the Food Security Cluster, has been used as the proxy for total number of beneficiaries reached. It is assumed that the beneficiaries of food distributions may have received assistance from other Clusters too, however, the figure is the best estimate of the minimum number of people reached through this CERF funding.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	77,871	66,553	144,424
Male	81,087	69,235	150,319
Total individuals (Female and male)	158,955	135,789	294,744

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

CERF RESULTS

CERF funds enabled the agencies to respond to outstanding humanitarian needs in the crisis. IDPs were returning after several years of displacement which meant that basic civic services were disrupted in these areas. The main purpose of the CERF projects was to meet the immediate needs of the returning families, such as food, and to resume services such as education, health, and WASH services to help returning IDPs resume their life activities.

With the CERF funding, the humanitarian partners aimed to reach 270,000 individuals, the estimate of actual number of people reached stands at over 294,000, thus exceeding the proposed target. The results showed that most of the UN Agencies and their implementing partners were able to exceed their targets despite a challenging security situation and access issues. The majority of the CERF projects optimized results, leading to their being complemented by other resources. The initial target beneficiary estimates were based on available data at the time of project design, but later on an increased number of returnees made it necessary to expand project coverage in order to reach the greatest number of people in need. Many targets were overachieved over the period of time in large part because of the initial under-estimation of the number of returnees or because the influx of the returnees continued even during the project implementation period resulting in increase in the utilization of services' at the targeted places.

The security situation and bureaucratic hurdles significantly hindered the start of the implementation as a number of implementing partners were not given project No-Objection Certificates (NOC) in a timely fashion. In some cases, the projects were delayed for more than four months. This caused requests for no-cost extensions for nine of the 13 projects.

However, as the projects were mostly planned for the areas where the IDPs had recently returned, the target beneficiaries remained the same. In some cases, some changes were made to reach the targets, for instance, an education project was aimed at reaching 10,000 children in 100 schools, based on Government's data, however, on the ground, it was seen that 100 schools had only half of these numbers, so the number of schools was increased to 200 and the number of beneficiaries also increased to over 12,000.

The health project focused on the re-activation of the primary and secondary health care system in FATA, which was non-functional due to long-standing militancy and subsequent military operations in the return areas. The project could not start in time due to a delay in issuing the project NOC, therefore some modifications were proposed in the projects to achieve the desired targets. These modifications enabled partners and WHO to achieve 85 per cent of the total proposed target. More than 137,000 (85 per cent) individuals were reached with lifesaving interventions such as treatment of different communicable and chronic diseases, antenatal and post-natal care, referrals for complicated cases, medicines and supplies, health education and psychosocial support for women and other vulnerable people. UNICEF will continue health services in the same geographic locations until December 2016, and reach the population in need. With disrupted health services, pregnant and lactating women, new-borns and children were in need of specialized health services. CERF allowed the partners to establish critical services such as Anti-Natal Care, medical services to PLWs, deworming of children and hygiene awareness sessions with women and children. As a result of CERF funding UNFPA was able to reach 35,581 IDPs with critical life-saving sexual and reproductive health services including the provision of multisectoral GBV prevention and response services. The CERF provided the much needed initial funding to enable UNFPA procure the life-saving clean delivery kits and other emergency obstetric supplies needed to perform caesarean sections to women with obstetric complications. It also enabled UNFPA to provide female doctors, midwives and lady health workers that are able to facilitate clean and safe normal deliveries

Child Protection activities such as establishment of PLACES along with trained staff to supervise the children's activities and referral systems ensured that the children could cope with the trauma of displacement and return to a life with disrupted facilities'. The Protection project was aimed at providing return cash assistance to most vulnerable non-NADRA verified returnee families who were not able to register and receive Government's return cash-assistance. These families were not verified by NADRA due to documentation issues and were included in the humanitarian assistance programmes following verification and recommendation of grievance desks on vulnerability basis. Since the government provides return cash assistance to NADRA verified families only, these families could not be able to receive any assistance provided by the Government. Multi-sectoral prevention and response services to address protection concerns of women and girls in South Waziristan through the establishment of Women Friendly Health Spaces in three separate locations has served 21,739 IDP women and girls with psychosocial support, referral and livelihood services.

This CERF grant along with contributions from other key donors helped sustain the provision of monthly relief food assistance to the families that had recently returned to Khyber, Kurram and South Waziristan agencies during the months of December 2015 to April 2016. Distributions were conducted through eleven distribution hubs, five of which were situated in Khyber agency, four in South Waziristan and the remaining three in Kurram agency. During this period, WFP assisted all IDPs registered by UNHCR (and then verified by NADRA) using the online WFP database and verification system at all hub locations, which limited duplication or overlap in the provision of blanket family food rations. However, WFP assistance is provided on a needs basis and is not contingent upon formal registration. Where families did not possess the necessary documentation, a temporary token-based system was used.

Due to CERF, UNICEF was able to reach 12,615 school children including 5,413 girls. Over achievement was possible as the number of schools were increased as the number given by the Government education department did not have enough students. Through CERF, UNICEF was able to enrol children in schools, trained teachers on education in emergencies and sensitized local village elder's councils on their roles and responsibilities to promote education among their communities. Required education supplies including school in a box, recreational kit, black boards and tents were provided for these 12,615 children.

CERF funds enabled WASH services for an estimated 68,812 people at the embarkation points and in the areas of return, allowing them access to safe drinking water, appropriate sanitation, promotion of safe hygiene practices, and continuous water quality surveillance.

CERF funding helped provision of tents, shelter winterization kits, tool kits, NFIs and winterized kits to some 105,000 returning IDPs. The implementation period of the project coincided with the harsh cold weather in the region, thus helping the families to cope with harsh weather conditions. This initiative helped the returning IDP families to settle in the return areas, where in some cases, more than 80 per cent of the infrastructure is damaged.

Establishment of two Nutrition Stabilization Centres (NSC) and Health and Nutrition Surveillance System (HANSS) at two Agency Headquarter Hospitals helped screening and treatment of acute malnourished women and children. Health trends monitoring sites were also established to monitor the health trends in the region. The Government health staff were also trained in paediatric care, malnutrition management and other related fields.

Awareness sessions were held for men and women on topics such as protection issues (including GBV), access and provision of timely reproductive health services and other related issues. The sessions turned out to be a huge success as the people reached (over 15,000) far exceeded the initial planned figure of some 240 persons.

CERF's ADDED VALUE

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

YES ☐ PARTIALLY ☒ NO ☐

The CERF funds allocation was synchronized with the return process in which some families were returning home after a gap of four long years. Social services, such as schools, health care centres, water and sanitation systems and the Government staff to run these services were almost non-existent. The funds enabled to reactivate the absent services and helped jump-start critical services for the returnees, especially for the vulnerable groups such as women and children.

The CERF provided the much needed initial funding to enable humanitarian partners to procure and rapidly deploy life-saving interventions such as the provision of shelter, water and sanitation facilities, and food aid and health activities. Rehabilitation of services such as schools and health facilities along with support in the deployment of staff helped make the returns sustainable.

Fast delivery of assistance was partially successful as a number of projects were delayed due to non-availability of project NOCs.

b) Did CERF funds help respond to time critical needs⁴?

YES ☒ PARTIALLY ☐ NO ☐

IDPs were returning to their areas which had remained abandoned for several years and where services were disrupted. Additionally, before displacement many of the essential services were not available. CERF grants helped respond to the immediate needs of the returning IDPs. One critical need was the shelter support as in some areas, nearly 80 per cent of the houses were damaged. The shelter support helped the vulnerable families see through the harsh winters. Health projects ensured that there was no major disease outbreak, the missing facilities are available in the Government health facilities and the Government health staff is properly trained, with focus on Mother and Child healthcare. The nutrition activities were able to screen malnourished children, provide them with care and cure and also provide nutrition support to PLWs. Government staff were also trained in management of malnutrition cases. A number of damaged water supply schemes were rehabilitated to provide safe and clean drinking water to the returning families. Similarly, education activities resumed for children with the provision of education supplies.

As mentioned above, due to delay in the issuance of project No-Objection Certificates, many of the projects were delayed. However, as the target population remained the same, the agencies were able to reach out to them at later stage and meet the needs which were still un-addressed.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF provided avenues for further resource generation. The return areas have access and security issues and partners regularly face bureaucratic impediments in the implementation of projects. The donors are cautious in committing funds for these areas. However, the implementation of the CERF projects helped improve the confidence of the donors and the project implementation also helped obtain greater information on the existing needs in the areas. This information was passed on to the donors during formal and informal interactions.

CERF funds also helped greater convergence and complementarity among clusters. For example, WASH, Health and Nutrition sectors collaborated in the provision of safe drinking water and other sanitation related services which largely underlined and reinforced the principles of integration and optimization of resources and as such led to a greater impact.

With the initial gains in only few months of implementation coupled with a strong demand from the community, military authorities and government counterparts, implementing partners have been reaching out to potential donors to provide continuous funding for at least a year to enable community and local health authorities to find ways to sustain some of the critical services to continue.

⁴ 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.).

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The CERF funds helped improve coordination, not only among the humanitarian partners, but also with the Government counterparts. The initial planning was carried out by detailed and in-depth discussion among the humanitarian partners, including UN agencies and their implementing partners at the provincial and federal levels. Further, the Governments relevant line departments were consulted in planning activities. The Government identified needs and provided data on government facilities requiring assistance. This not only led to increased coordination but also a sense of ownership among the line departments. During the project design and implementation, the implementing agencies and partners coordinated activities for maximum coverage and to avoid duplications. For instance, Nutrition, Health and WASH projects were closely implemented in conjunction due to complementary nature of the activities.

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

CERF funds arrived at the time when the Government was focussing on the return of the IDPs and wanted greater commitment and assistance from the humanitarian community to support it in its efforts to make the returns sustainable. A CERF grant of \$11 million helped demonstrate to the Government of Pakistan that the humanitarian community is committed to the humanitarian response in the country and leveraged greater cooperation.

The lessons learnt from the CERF process were used in the later allocations of the Pakistan Humanitarian Pooled Funds (PHPF) where the Government line departments were involved in the planning process and greater advocacy was carried out for project NOCs.

As mentioned above, CERF funds helped improve coordination among Cluster. CERF funds created mechanisms for increased collaboration between the Protection and Health Clusters. Attending to health issues of women and girls in the target areas became a good and neutral entry point for engaging women and their partners on gender based violence and similar women related protection issues

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Flexibility in terms of project duration as well as results and targets	For complex and volatile operational environment like FATA, more flexibility in terms of project duration as well as adapting targets, activities and results should be provided.	CERF Secretariat
Actual rate of return of IDPs to their areas of origin show a consistent trend of being slower than projected by the Government under the FATA R&R strategy	Following the implementation of the Government of Pakistan's phased return plan since March 2015, as of 28 June 2016, 163,000 families have returned to their homes in Khyber, Kurram, Orakzai South and North Waziristan agencies. Out of this 50,500 families returned during 2016 while the remaining returned during 2015. To date, FDMA returned 73 per cent IDPs during 2015 against the planned caseload for last year. In 2016, so far, 30% of returns have been completed against planned return of 170,000 families. Keeping the above in mind it is somewhat difficult for country teams to maintain planned timelines for support interventions targeting returnee families. Therefore, time flexibility should be awarded to agencies whose programmatic implementation is contingent in the rate of returns of the IDP families.	CERF Secretariat

Entrenched volatility in the security environment of the region causing implementation delays and disruptions	In addition, although the security situation of the region is relatively a lot more stable than it formerly was, localized clashes between law enforcement agencies and insurgent groups hinder timely implementation and in some cases stop or disrupt implementation of relief and recovery interventions in some areas. This should be accounted for in terms of the expected implementation timelines and also in terms of the reporting of projected outcomes.	CERF Secretariat
Clarity on allocations (Cluster vs Agency)	More clarity on the role of clusters in implementation of CERF funds.	CERF, HCT, Clusters

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Timely issuance of both project and travel NOCs remains critical for timely implementation and achievement of results	Close and active liaison with respective government agencies is required to expedite and facilitate timely provision of travel and project NOCs.	HCT
Implementation modality and partnerships	It was extremely challenging to implement through NGO partners. Especially in terms of getting permission to access, implement and monitor in remote hard to reach security compromised areas like FATA. UNICEF implementation approach should focus on working with a diverse group of partners including Govt. NGOs and local CSOs	UNICEF and other UN agencies
Delays experienced in the acquisition of NOCs by selected implementation partners for operating in the return areas of FATA	Timely completion of the partner selection process so that they can apply for getting No Objection Certificates from the relevant Government bodies well in time somewhat reduces the programmatic delays caused by this issue. In addition, the proposed workplans should also mention/account for the projected delays caused by this issue	All recipient agencies
Involvement of the male community is critical for encouraging uptake of SRH and GBV services	Active involvement of the male community in project activities through awareness raising sessions	UNFPA & Partners
Building community trust in the project activities	Addressing primary SRH and GBV needs of the community through localized and contextualized approaches	UNFPA & Partners
Active involvement of Government (Political Administration) in FATA to build buy-in and sustainability is critical	Regular consultative meetings with Govt. right from start of project through each step	UNFPA & Partners
GBV services should be prioritised through employing multi sectoral approach in order to have multiplier effect.	Integration of GBV activities in regular SRH activities	UNFPA
Delay in obtaining NOC due to ongoing changes at Ministry of Interior (MOI) level	UNFPA should broaden its roster of Implementing partners to ensure that adequate back up/standby partners can be activated to apply for NOCs in case an identified IP is not granted an NOC.	UNFPA Partners

CERF report is through agencies and clusters are missed out hence there is disconnect in the process which is started with the clusters while ended at the individual agency	There should be consistent involvement of clusters in the CERF process from gaps identification - allocation - reporting	HCT & Clusters
--	--	----------------

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	09/10/2015 – 17/07/2016			
2. CERF project code:	15-RR-CEF-112		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Education						
4. Project title:	Support resumption of education services in areas of return in FATA						
7. Funding	a. Total funding requirements ⁵ :		US\$ 800,000				
	b. Total funding received ⁶ :		US\$ 590,071				
	c. Amount received from CERF:		US\$ 500,071				
d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 212,914 ▪ <i>Government Partners:</i>							
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)		4,500	5,500	10,000	5,413	7,202	12,615
Adults (≥ 18)					441	1,564	2,005
Total		4,500	5,500	10,000	5,854	8,766	14,620
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs				12,615 children 1,600 TIJ members and youth 405 Teachers			
Host population				32,237 Families			

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

⁶ This should include both funding received from CERF and from other donors.

Other affected people	10,000 returnee children (4,500 girls and 5,500 boys) 200 teachers (45% female)	12,615 (5,815 boys, 8,600 girls) 405 teachers 1,600 TIJ members and youth reached
Total (same as in 8a)	10,000	14,620
<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>The project managed to reach more children than the target. A total of 12,615 children, including 8,600 girls, enrolled in the project schools in SWA and Kurram Agency were reached directly through CERF supported interventions.</p> <p>Schools reached were increased from 100 to 200. Mainly because the initial planning was based on the Government's EMIS data which reflected enrolment of approximately 10,000 school children in the 100 schools. However, on the ground only half this figure was actually enrolled and attending schools. To ensure that the agreed beneficiary target of reaching 10,000 children was met, an additional 100 schools were included to reach a population of 10,000 children. This figure further increased to over 12,600 due to extensive social mobilisation efforts leading to demand for schooling at the community level. Actual number of children enrolled in these schools was 12,615. This also resulted in more teachers, TIJ members and youth trained and overachievements against the health & hygiene promotion and other indicators.</p>	

CERF Result Framework			
9. Project objective	Ensure access to quality education for children of (age group 4-12 years) in areas of return		
10. Outcome statement	10,000 children, including 4,500 girls, have access to gender sensitive, safe and protective educational services		
11. Outputs			
Output 1	Resumption of schools in the area of returns children (age group 4 – 12 years)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of schools re-opened/TLCS established in the area of return	100 schools (55 boys: 45 girls)	Re-opened 200 schools including 53 TLCs (for fully damaged schools)
Indicator 1.2	Number of children enrolled in the TLCs/schools and receiving quality education	10,000 children (F: 45%; M:55%)	12,615 (Girls 43%, Boys 57%)
Indicator 1.3	Number of schools equipped with basic educational supplies	100 (F: 45%; M:55%)	200 Schools
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish Temporary Learning Centres in the areas of return	Pak Rural Development Programme (PRDP)	PRDP
Activity 1.2	Provide educational supplies for the schools	UNICEF	UNICEF
Activity 1.3	Provide student' learning kits	UNICEF	UNICEF

Output 2	Violence in and around learning spaces/schools is addressed including safety of children on the way to school, with focus on adolescent girls		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of people from the local community involved in TIJs	800 (F: 40%; M: 60%)	1,600 TIJ members and youth (1,288 male, 312 female)
Indicator 2.2	Per cent of children that have participated in awareness raising sessions on health, hygiene and terrorist threats	10,000 (F: 50%; M: 50%)	37,113 children (15,764 girls, 21,349 boys)
Indicator 2.3	Number of youth mobilized to engage community support to reduce risk of attacks on schools	400 youth (F: 45%; M: 55%)	1,000 Youth (715 male and 285 female youth members)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Re-activation of Taleemi Islahi JirgaTIJ / School Management committees in the target schools	PRDP	PRDP
Activity 2.2	Orientation of TIJ/SMCs and government officials on school/children safe and security	PRDP	PRDP
Activity 2.3	Establish youth support group to engage community surveillance	PRDP	PRDP
Output 3	Teachers and students are provided with appropriate psychosocial support activities in areas of return.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of teachers that have received training on psychosocial support	200 teachers (F: 50%; M: 50%)	405 teachers (129 female and 276 male)
Indicator 3.2	Number of children that have received psychosocial support and life skill messages and engaged in co-curricular activities	10,000 children (F: 45%; M: 55%)	37,113 children (15,764 girls, 21,349 boys)
Indicator 3.3	Number of children identified with psychosocial issues and referral to psychosocial services		216 children (124 girls and 92 boys)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Organize 3 day training on psychosocial support child friendly teaching for 200 teachers	PRDP	PRDP
Activity 3.2	Establish referral mechanism for the children with severe psychosocial disorders	Pak Rural Development Programme (PRDP)	PRDP
Activity 3.3	Provide teaching and learning kits, recreational kits, school in a box	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:	
<p>UNICEF through its implementing partner reached 2,615 more beneficiaries than the 10,000 target, and exceptionally achieved results. This was because by f covering more schools (200 against the target of 100 schools) 10,000 children were reached, as enrolment was low in schools. In addition, there have been more children because of high return rate to the area of origin, extensive social mobilization and demand of schooling for children in Kurram also contributed in the overachievement.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>UNICEF ensured accountability at all levels through continuous involvement of stakeholders, community elders and beneficiaries in all phases of the project life cycle including planning, project implementation and monitoring as follows:</p> <ul style="list-style-type: none"> - There was close coordination with the FATA education department and FDMA in the targeted agencies. Agencies were selected in coordination with the Government based on the high return rate of IDP, where there is no other organization providing education support and area is accessible. - Teachers and members of TIJs were engaged in project planning and implementation. Members of TIJs, who are mainly from local communities around the schools, were particularly engaged in the school affairs to monitor teacher's absenteeism and enrol children in schools. <p>The project was monitored through a three pronged approach as follows:</p> <ul style="list-style-type: none"> • Regular monitoring of project activities by Monitoring and Evaluation Section of Implementing partner and sharing of reports with UNICEF. • Monitoring by UNICEF staff. • Third party monitors were engaged to ensure effective implementation of the project. Third party monitors verified the activities being implemented and verified the numbers of children enrolled in the schools. They also verified education supplies reached to the end users. <p>All these monitoring mechanisms include interviews with beneficiaries selected randomly in the area of intervention and recording their feedback.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	19/10/2015 – 17/07/2016			
2. CERF project code:	15-RR-CEF-113		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Health						
4. Project title:	Provision of Maternal, New born and Child health (MNCH) and EPI services in the return areas of Kurram, Khyber and South Waziristan Agency						
7. Funding	a. Total funding requirements ⁷ :		US\$ 7,757,332		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ⁸ :		US\$ 1,243,037		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 327,136		
	c. Amount received from CERF:		US\$ 800,018		■ <i>Government Partners:</i>		
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)		18,205	18,947	37,152	12,253	12,756	25,008
Adults (≥ 18)		19,200		19,200	11,472		11,472
Total		37,405	18,947	56,352	23,725	12,756	36,480
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population							
Other affected people	56,352 (Returnees)			36,480			
Total (same as in 8a)				36,480			

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

⁸ 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>	<p>CERF was used to fill the critical gaps in services provision during the mentioned timeframe. UNICEF will continue health services in the same geographic locations until December, 2016, and reach the population in need.</p> <ul style="list-style-type: none"> • NOC delays impacted timely start of activities as per agreed work plan and constrained results. • Hard geographic terrain, continuous population movement, social cultural barriers and precarious security situation also affected the coverage and utilization of utilisation services.
--	---

CERF Result Framework			
9. Project objective	To deliver lifesaving interventions & enhance access of affected vulnerable groups such as men, women, girls and boys, elderly and disabled including medicines, supplies and commodities through focused interventions and to eliminate barriers in service delivery to the target vulnerable groups.		
10. Outcome statement	To ensure that women and children have access to Maternal, New-born and Child Health services/information through facility- and community-based health interventions in areas of return in SWA, Khyber and Kurram Agency.		
11. Outputs			
Output 1	240,000 women, men, girls and boys have access to a package of life saving mother and child health interventions		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of target children (< 2 years) and pregnant ladies receiving relevant routine vaccinations	16,800 and 9,600	11,145 and 5,917
Indicator 1.2	# of pregnant ladies who received ANC services	9,600	6,405
Indicator 1.3	# of children received deworming medication	28,800	13,863
Indicator 1.4	# of pregnant and lactating women who received CDKs, NBKs and LLINs	19,200	10,850
Indicator 1.5	# of families registered during door to door outreach activities and no of pregnant ladies identified and referred to M&C day's events for receiving the package	40,000	21,702
Indicator 1.6	# of mothers reached with key messages on IYCF & appropriate sanitation/ hygienic practices.	19,200	11,472
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Vaccination status of children (<2 years) and pregnant ladies identified and all the defaulters / due receive relevant vaccinated	UNICEF and Implementing Partner	UNICEF CERD(IP) Prime Foundation(IP)
Activity 1.2	Provision of ANC services to pregnant ladies	UNICEF and Implementing Partner	UNICEF CERD(IP) Prime Foundation(IP)

Activity 1.3	Deworming of children (2-5 years)	UNICEF and Implementing Partner	UNICEF CERD(IP) Prime Foundation(IP)
Activity 1.4	Provision of Life Saving Commodities (CDKs, NBKs, LLINs) to pregnant women	UNICEF and Implementing Partner	UNICEF CERD(IP) Prime Foundation(IP)
Activity 1.5	Educate Pregnant/ lactating women on appropriate health & hygiene messages.	UNICEF and Implementing Partner	UNICEF CERD(IP) Prime Foundation(IP)
Output 2	100,000 individuals (16,600 families) at Kurram (most of them women, girls and boys) have access to a package of life saving mother and child health interventions		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of PLs receive ANC services	4,000	3,385
Indicator 2.2	# of complicated delivery cases	400	304
Indicator 2.3	# of PW delivered at facility level	1,000	766
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of Antenatal Services to pregnant women by skilled workers	UNICEF and Implementing Partner (CERD & PRIME Foundation) The IPs may change in case of issues in getting NOCs.	UNICEF and Implementing Partner (CERD & PRIME Foundation)
Activity 2.2	Referral of all complicated cases to secondary/tertiary care hospitals	UNICEF and Implementing Partner (CERD & PRIME Foundation) The IPs may change in case of issues in getting NOCs.	UNICEF and Implementing Partner (CERD & PRIME Foundation)
Activity 2.3	Pregnant ladies delivered through skilled birth attendants	UNICEF and Implementing Partner (CERD & PRIME Foundation) The IPs may change in case of issues in getting NOCs.	UNICEF and Implementing Partner (CERD & PRIME Foundation)
Output 3	Public sector health facilities are strengthened through filling critical HR/Supply Gaps		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of health facilities strengthened by filling HR gap	10	6

Indicator 3.2	# of health facilities strengthened by filling supply gap/renovation work	10	10
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of HR support to fill critical gaps in public sector health facilities	UNICEF and FATA Health Directorate	UNICEF CERD Prime Foundation
Activity 3.2	Provision of supplies to fill critical supply gaps	UNICEF and FATA Health Directorate	UNICEF FATA Health Directorate

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:

- CERF was used to fill the critical gaps in services provision during the mentioned timeframe. UNICEF will continue health services in the same geographic locations until December, 2016, and reach the population in need.
- NOC delays impacted timely start of activities as per agreed work plan and constrained results.
- Hard geographic terrain, continuous population movement and social cultural barriers also affected the coverage and utilization of utilisation services.

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

UNICEF ensured accountability at all levels through continuous involvement of stakeholders and community elders in all phases of the project from identification of beneficiaries to project implementation and monitoring as follows:

- Advocacy meetings with local elders and elected representatives, influencers, local health facility staff and community stakeholders for introducing the MCH and Hygiene Promotion package.
- Training and involvement of women and men community volunteers in project implementation
- Involvement of community elders in selection of beneficiaries
- Involvement of local religious leaders and community elders in dissemination of health education messages by holding grand Jirga's (meeting of elders) in Mosques and female sessions at local residence of influential people.
- Establishment of complaint redressal mechanisms at both community and facility level.

The project was monitored through a three pronged approach as follows:

- Regular monitoring of project activities by Monitoring and Evaluation Section of Implementing partner and sharing of reports with UNICEF.
- Monitoring by UNICEF staff.
- Third party monitors were engaged to ensure effective implementation of the project. Third party monitors verified the activities being implemented and notified of the required course correction if and when needed.

All these monitoring mechanisms include interviews with beneficiaries selected randomly in the area of intervention and recording their feedback.

A proper complaint redressal mechanism is also established by the IPs at both community and facility level.

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

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	19/10/2015 – 17/07/2016		
2. CERF project code:	15-RR-CEF-114		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Nutrition					
4. Project title:	Emergency life-saving nutrition services for conflict affected IDP children and women in return areas of Kurram, Khyber and South Waziristan Agency FATA					
7. Funding	a. Total funding requirements ⁹ :		US\$ 1,803,215		d. CERF funds forwarded to implementing partners:	
	b. Total funding received ¹⁰ :		US\$ 1,250,000		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 232,790	
	c. Amount received from CERF:		US\$ 800,000		■ <i>Government Partners:</i> US\$ 90,000	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	21,083	22,477	43,560	15,942	15,093	31,035
Adults (≥ 18)	28,800	---	28,800	18,083	---	18,083
Total	49,883	22,477	72,360	34,025	15,093	49,118
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			Fill in			
IDPs	72,360		49,118			
Host population			Fill in			
Other affected people			Fill in			
Total (same as in 8a)	72,360		49,118			

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

¹⁰ This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	<ul style="list-style-type: none"> • CERF was used to fill the critical gaps in services provision during the mentioned timeframe. UNICEF will continue nutrition services in the same geographic locations until December, 2016, and reach the population in need. • NOC delays impacted timely start of activities as per agreed work plan and constrained results. • Hard geographic terrain, continuous population movement and social cultural barriers coupled by very limited outreach activities due to volatile security situation also affected the coverage and utilization of nutrition services.
---	--

CERF Result Framework			
9. Project objective	Provision of nutrition services to conflict affected children and women returning to Kurram, South Waziristan and Khyber agency FATA in six-month time frame.		
10. Outcome statement	The most disadvantaged children and women are accessing an integrated package of high impact, good quality health and nutrition services.		
11. Outputs			
Output 1	Ensure provision of lifesaving nutrition services for acutely malnourished children (boys and girls) less than five years of age and PLW suffering from acute malnutrition, through community and facility based nutritional management approach (CMAM) for six months.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of functional nutrition sites providing services	30	39
Indicator 1.2	No. of SAM cases registered for treatment (approx. 3-5% of screened >5 children)	Approx. (M: 50%; 1,180 F:50%: 1,107 Total : 2,287	M: 1,316 (43%) F: 1,716 (57%) Total: 3,032
Indicator 1.3	No. of HCPs trained on National CMAM protocols	90 (F:60, M:30)	193 (F:139, M: 54)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish community based program for management of acute malnutrition	UNICEF with DoH and Implementing partners	UNICEF with MNCH Program FATA and Implementing Partners PEACE & Relief Pakistan
Activity 1.2	Technical support of health care providers from department of health as well as NGO staff to manage cases of acute malnutrition	F:60%; M:40%	193 HCPS are involved in implementation (F: 78% M :28%)
Output 2	Targeted children & women (PLW) have sufficient information and have access to/use of multi-micronutrient supplementation		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No.of children receiving multi micronutrient supplementation (70% of screened >5 children)	30492 Approx. (M: 50%; F:50%)	26,382 (86%) M: 12,946 (49%) F: 13,436 (51%)
Indicator 2.2	No.of PLW receiving Iron folic acid and or MM supplementation (80% of PLW screened)	Approx. 23,040	20,102 (87%)

Indicator 2.3	No. of DOH NGO staff trained in program on prevention of Micronutrient deficiency	90 (F:60, M:30)	193 (F: 139 , M:54)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Registration and referral of target children and PLW for multiple micronutrient (MM) supplementation	UNICEF with DoH and Implementing partners	UNICEF with DoH (MNCH program FATA) and Implementing partners PEACE & Relief Pakistan
Activity 2.2	Technical support of health care providers from department of health as well as NGO staff on prevention of micronutrient deficiency	F:60%; M:40%	With technical support of 193 HCPS from MNCH Program and NGO partners (F: 72 %, M: 28 %)
Output 3	Healthy nutrition behaviours promoted at facility and community level for prevention of malnutrition in early childhood		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of health facilities and care providers providing skilled IYCF counselling	30 facilities 60 counsellors	39 facilities 39 counsellors
Indicator 3.2	# of IYCF/Nutrition education sessions conducted	2,880	2,393
Indicator 3.3	# of mothers/caregivers receiving counselling at IYCF sessions	28,800	21,370 (74%)
Indicator 3.4	# of mother support groups formed and involved in promotion of IYCF	90 (3 per facility)	90
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide breastfeeding support to pregnant women and lactating mothers/ caretakers of young girls and boys 0-23 months by establishing "safe and supportive" spaces (Breast Feeding Corners) for breastfeeding, communication, counselling, mentoring supervision by peer support groups, IYCF counsellors and health workers and promotion of appropriate complementary feeding (CF)	UNICEF with DoH and Implementing partners	UNICEF with MNCH Program FATA and Implementing partners PEACE & Relief Pakistan
Activity 3.2	Build capacity of facility-based health care providers and community based outreach workers and community volunteers of the DoH and NGOs on facility and community IYCF counselling (F-IYC and C-IYCF packages)	F:60%; M:40%	UNICEF with MNCH Program FATA and Implementing partners PEACE & Relief Pakistan

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>Funds were transferred to implementing partner Relief Pakistan on 31 December, 2015, for implementation of Nutrition Services in South Waziristan Agency but actual implementation started in last week of April due to unexpected delay of almost four months in obtaining of the No Objection Certificate by the partners. Similarly, NGO partner, PEACE, was providing nutrition services in Kurram Agency. However, the services closed in May due to non-extension of their No Objection Certificate. These unexpected delays/discontinuation of NOC to partner organization has delayed implementation significantly, negatively impacting achievement of results. UNICEF will continue the services provision in the same geographic location through Dept. of Health (MNCH Programme) through pre-positioned supplies from the CERF contribution as well as from other funding sources and will achieve the planned targets.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The local villages' elders and religious leaders were actively engaged and oriented about the services package and issues of malnutrition in local communities and its impact on children and women. Partners recruited and trained female care providers to ensure access to essential nutrition services and maximize the participation of mothers and women of reproductive age group.</p> <p>The project activities are being monitored at various levels including internal monitoring and regular visits by UNICEF Nutrition Team. Routine feedback is provided to the partner through monitoring reports and one to one sessions.</p> <p>Apart from programmatic visits, nutrition information system (NIS) is used for reporting and tracking the progress of the program against the set targets. The information provided through Nutrition Information System (NIS) is also used to check whether the program is meeting the minimum Sphere Standards for emergency as well as quality of performance indicators is assessed.</p> <p>In addition, UNICEF has hired a firm for third party monitoring of the interventions. The third party monitors visit the project sites once a month and share monthly reports. The observations are then shared with the relevant stakeholders/partners for corrective measures while follow up visits are made by the monitors to ensure that the issue has been addressed.</p> <p>Additionally, direct beneficiaries and care takers of malnourished children were also engaged in outreach activities and the monitoring of services through direct contact and group sessions at facility and community level. Their feedback is incorporated to improve the quality of service delivery.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	14. Evaluation: Has this project been evaluated or is an evaluation pending?
If evaluation has been carried out, please describe relevant key findings here and attach evaluation reports or provide URL. If evaluation is pending, please inform when evaluation is expected finalized and make sure to submit the report or URL once ready. If no evaluation is carried out or pending, please describe reason for not evaluating project.	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	13/10/2015 – 17/07/2016			
2. CERF project code:	15-RR-CEF-115		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Child Protection						
4. Project title:	Enhanced protection of vulnerable girls, boys and women in areas of return in South Waziristan Agency (SWA) and Kurram Agency, FATA						
7. Funding	a. Total funding requirements ¹¹ :	US\$ 3,500,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ¹² :	US\$ 1,358,394	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 252,438				
	c. Amount received from CERF:	US\$ 380,000	■ <i>Government Partners:</i>				
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)		8,286	7,688	15,974	11,115	13,774	24,889
Adults (≥ 18)		4,950	1,236	6,186	6,046	3,232	9,278
Total		13,236	8,924	22,160	17,161	17,006	34,167
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population							
Other affected people	22,160			34,167			
Total (same as in 8a)	22,160			34,167			

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

¹² 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>The overall number of beneficiaries, including female and male reached, exceeded the planned targets by 54 per cent, which was initially not expected due to the existing social norms issues and limited mobility of children and women in the areas. However, the over-achievement of beneficiary targets resulted due to:</p> <ul style="list-style-type: none"> • Continuous social mobilisation and community-level activities delivered at community-provided spaces, particularly in outreach locations in return areas. • Continuous efforts to mobilise target beneficiaries to participate in PLaCES and outreach services. This resulted in a higher number of boy beneficiaries participating in PLaCES and outreach services, which were catered by the existing facilities. • The location of PLaCES and outreach services was selected to cover sub-villages in the selected main villages, which helped to strategically increase the participation of beneficiaries. • In response to IDPs' return processes, the project facilitated children and their families through two child protection help desks at embarkation points, which were managed by CP monitors and psychologists. This resulted in expanding protective, life-saving and related services to an increased number of children, women and men. <p>In general, the social and cultural norms in FATA regarding participation of women and girls has been a challenge to the regular visits of women and girls to PLaCES and outreach services in areas of return.</p>
---	--

CERF Result Framework			
9. Project objective	To enhance the protection and psychosocial wellbeing of vulnerable children and women, including children with disabilities in areas of return in South Waziristan Agency and Kurram Agency through community-based life-saving and psychosocial assistance adopting UNICEF’s model of Protective Learning and Community Emergency Services (“PLaCES”) and outreach services for six months emergency response covered by CERF.		
10. Outcome statement	Affected children (Girls and Boys) and women are protected through community-based protective and lifesaving critical services in areas of return, i.e. South Waziristan Agency and Kurram Agency, FATA.		
11. Outputs			
Output 1	30 Protective Learning and Community Emergency Services (PLaCES) including 40 outreach service established and functional.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of PLaCES and outreach services functioning	15 PLaCES and 20 outreach services in North Waziristan Agency 15 PLaCES and 20 outreach services in Kurram Agency	15 PLaCES and 20 outreach services established in return areas of South Waziristan Agency 15 PLaCES and 20 outreach services established in return areas of Kurram Agency

Indicator 1.2	Number of targeted girls, boys and women with safe access to protective spaces (which also entails access to psychosocial support and appropriate information regarding CP)	11,396 children (5,626 girls and 5,470 boys)	11,792 children (5,272 girls, 6,520 boys) and 2,502 women
Indicator 1.3	Number of project staff trained	35 project staff members	35 project staff members trained
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish and strengthen 30 PLACES (15 PLACES and 20 outreach services in Kurram Agency and 15 PLACES and 20 outreach services in South Waziristan) for providing critical protection and psychosocial services to children and women including children with disabilities in areas of return in South Waziristan Agency and Kurram Agency.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Activity 1.2	Conduct three days training for project staff on key components of project, integrated services in PLACES and managing outreach mobile services through communication participation and contributions.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Activity 1.3	Identify at least 40 locations in return areas of Kurram Agency and South Waziristan Agency, develop profiles of these locations and route maps to provide protective and social services for children and women. Involve community-based Child Protection Committees, school teachers and other actors for their support in activities, monitoring and identification of vulnerable children.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Output 2	Community-based social structures established and strengthened through participatory communication approaches for addressing child / woman protection concerns on sustainable basis.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No. of children including children with disabilities receiving communication for development (C4D) messages including lifesaving information.	2,676 Children (1,392 girls and 1,284 boys)	11,898 Children (5,362 girls and 6,536 boys).
Indicator 2.2	No. of women and men receiving C4D messages including lifesaving information.	1,700 Women and 756 Men	3,300 Women and 3,232 Men
Indicator 2.3	No. of CP Committees and Adolescent Groups functional and trained	80 CP Committees and 40 Adolescent Groups	80 CP Committees (Male & Female) and 40 Adolescent Groups (Girls & Boys)
Indicator 2.4	No. of sports weeks organized.	2	2
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 2.1	Develop and deliver appropriate and life-saving information on child protection to enhance protection of girls, boys and women, including keeping children safe; risks among children and women with disabilities, responding to and mitigating the risk of separation of children from families; responding to and mitigating the risk of violence against children and Gender Based Violence; community based psycho-social support and Mine Risk Education.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Activity 2.2	Formation and strengthening of 100 male and 60 female Child Protection Committees (CPCs) and 60 Adolescent Groups and engaging them through participatory processes for addressing the needs/issues of children and women and enhancing their roles in child rights monitoring.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Activity 2.3	Organise sessions with members of the Child Protection Committees and Adolescent Groups on action planning, thematic strategies, strengthening of their roles as duty bearers, identification of issues relating to children and women and referrals in emergency. Document and maintain meeting minutes for record and future use.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Activity 2.4	Organise sports weeks (at least two) as a mean to promote peace and to create awareness amongst the children, parents, caregivers, leaders and other community actors about child protection issues and child rights.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Output 3	Community based child protection monitoring, including referral mechanisms established and strengthened through enhanced coordination and information management.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Directory of services available.	2	2
Indicator 3.2	No. of functioning referral and service mechanisms in place	2	2
Indicator 3.3	No. and percentage of girls, boys and women from total of affected population who received services through referral mechanisms established in target locations, to address CP.	1,742 children (888 girls and 854 boys)	1,199 children (481 girls, 718 boys) and 244 women
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Establish, promote and strengthen referral mechanisms and mapping of protection, humanitarian and social services to establish links with services providers and facilitation and advocacy to ensure children and women particularly those with disabilities have equitable access.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)

Activity 3.2	Identify and register 1,742 vulnerable children and 256 women (separated, unaccompanied, missing, orphans, out of school children, children involved in hazardous labour, disables, health related issues, GBV, widows, and others), prepare profiles and link/refer them to services providers for social assistance or provide interim care or alternative community-based care options..	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)
Activity 3.3	Strengthening the role of Child Protection Committees and Adolescent groups including communities in identification of vulnerable cases and ensuring their rehabilitation and social reintegration through PLaCES and other support and referral mechanisms.	UNICEF through Pakistan Village Development Programme (PVDP) and Hayat Foundation	UNICEF through NGO partners Pakistan Village Development Programme (PVDP) and Hayat Foundation (HF)

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:

- 11,792 children (5,272 girls, 6,520 boys) and 2,502 women accessed 30 PLaCES and 40 outreach services in areas of return in South Waziristan Agency and Kurram Agency, FATA. The PLaCES and outreach services provided a safe and participatory environment wherein girls, boys, (including adolescents) and women were supported to strengthen their personal safety, health and well-being. Each of the PLaCES included separate, private spaces for adolescent girls and women through which safe, accessible and confidential services were provided, including the provision of critical protection and psycho-social support services.
- The project trained and deployed 60 PLaCES Facilitators (male and female) and outreach teams (1 male and 1 female in each team). Further, each of the PLaCES was provided with supplies and equipment, including privacy walls, seating mats, tarpaulin sheets, recreation and learning kits and communication materials.
- The project trained 70 project staff (including male and female) on key components of the project, integrated services in PLaCES and managing outreach mobile services.
- Through the involvement of community-based Child Protection Committees, school teachers and other actors, the project identified 40 outreach locations in return areas of Kurram Agency and South Waziristan Agency, developed profiles of each location and route maps to provide outreach services for children and women.
- Some 18,430 community members (5,362 girls, 6,536 boys, 3,232 men and 3,300 women) were reached with communication messages through the delivery of sessions, dissemination of life-saving information, education and communication materials on child protection to enhance the protection of girls, boys and women, including keeping children safe; risks among children and women with disabilities, responding to and mitigating the risk of separation of children from families; responding to and mitigating the risk of violence against children and Gender Based Violence; psycho-social support and Mine Risk Education at PLaCES and outreach locations including two embarkation points.
- Some 960 community members (320 male, 320 female, including 320 adolescents (160 girls, 160 boys)) were oriented, motivated and trained as volunteers within community-based Child Protection Committees and Adolescent Groups. These committees and groups supported the PLaCES Facilitators and outreach services/teams to identify children and women at risk and intervene as far as possible to prevent violence, abuse and exploitation of girls, boys and women in targeted areas of return.
- The partner NGOs PVDP and Hayat Foundation organized sports weeks for children in return areas of Kurram Agency and South Waziristan Agency. Approximately two thousand children, including boys and girls, participated in various games like skipping, volley ball, drawing competitions, bori races, cricket tournaments and other traditional games. Prizes and awards were distributed among the winners and runner-ups.
- During regular community-level monitoring, Child Protection Monitors identified, registered and referred 1,199 vulnerable children (girls 481, boys 718) and 244 women to protective and other basic social services through referral mechanisms established in return areas. The term vulnerable children encompasses orphaned children; children with physical and learning disabilities; child and female-headed households (including widows); children with health problems; child labourers and out-of-school children.
- In response to IDPs returns in April 2016, two child protection help desks were established by NGO partners PVDP and Hayat Foundation at the embarkation points in New Durrani Camp, Kurram Agency and Khirgai Check Post, FR Tank where 6,296 children, 3,951 women and 5,521 men benefitted from integrated messages on MRE (mine risk education), health & hygiene and child protection issues and other facilities.

<p>Although, project staff was engaged in continuous social mobilization efforts, on occasion the social and cultural norms in FATA resulted in the limited participation of women and girls in PLaCES and outreach services. Furthermore, the lack of service providers in support of the provision of humanitarian and welfare services to identified vulnerable children and women in return areas proved to be a challenge. However, the FATA Disaster Management Authority (FDMA) supported the partners to provide the said services to the vulnerable children and women, and in some instances, the cases were referred to locations outside the project locations.</p>	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>Keeping in view humanitarian accountability principles, the participation of affected communities was ensured during the implementation of the project. Participation of community stakeholders, including teachers, shura committees, parents, political administration among others was also ensured during both beneficiary selection and project monitoring phases, and in this regard FDMA conducted specific monitoring visits of the project sites in the return areas. Throughout the project duration, community participation was considered a priority to create a sense of ownership among the community which resulted in smooth completion of project interventions.</p> <p>Moreover, the NGO partners PVDP and Hayat Foundation established a complaint mechanism which enabled affected project beneficiaries to file complaints and receive feedback from PVDP and HF. The community and project beneficiaries were briefed about the complaint mechanism, with a facility provided for the submission of complaints either verbally or in writing. Project staff were responsible to record the complaints, provide feedback and follow up. Further, during the project implementation, in addition to the Child Protection Monitors, the community-based Child Protection Committees and Adolescent Groups were responsible for facilitating the monitoring of activities in PLaCES and Outreach Services. Members of the CP Committees were engaged to inform the Child Protection Monitors about matters concerning children and their families in the community, as needed.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>The evaluation of this project was not planned. UNICEF along with the implementing partner carried out field monitoring visits on a regular basis throughout the project implementation period. The partner shared field monitoring reports with UNICEF on regular basis. The findings of field visits by UNICEF staff were shared with the implementing partner during project review meetings for programme improvement and any adjustments in the project work plan.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	19/10/2015 – 17/07/2016		
2. CERF project code:	15-RR-CEF-116		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Water, Sanitation and Hygiene					
4. Project title:	Emergency WASH services in Areas of Return-FATA					
7. Funding	a. Total funding requirements ¹³ :	US\$ 14,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁴ :	US\$ 6,300,000	▪ <i>NGO partners</i> US\$ 476,097 ▪ <i>Government Partners:</i> US\$ 60,776			
	c. Amount received from CERF:	US\$ 1,100,015				
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)	22,440	21,560	44,000	22,460	21,580	44,040
Adults (≥ 18)	12,622	12,128	24,750	12,634	12,138	24,772
Total	35,062	33,688	68,750	35,094	33,718	68,812
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people	68,750		68,812			
Total (same as in 8a)	68,750		68,812			

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

¹⁴ This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	
---	--

CERF Result Framework			
9. Project objective	Returning population have adequate access to clean water, sanitation facilities and basic life-saving knowledge of hygiene practices to reduce the risk of waterborne diseases in their areas of return.		
10. Outcome statement	Returnees will have been provided with safe drinking water, will have access to adequate sanitation facilities or mobilized for improved sanitation coverage, and will have been reached with appropriate hygiene messages as required by UNICEF IPs.		
11. Outputs			
Output 1	Returning population have access to temporary WASH facilities that are culturally and gender appropriate, secure and user-friendly at the government designated embarkation points.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of returnees with access to water of appropriate quality for drinking and maintaining personal hygiene at embarkation points	68,750 (F: 51%; M: 49%)	69,695 F: 35,544 M: 34,151
Indicator 1.2	Number of returnees with access to toilets that are culturally appropriate, secure, sanitary, user friendly and gender appropriate at embarkation points with 20% more facilities specifically for female.	68,750 (F: 51%; M: 49%)	69,695 F: 35,544 M: 34,151
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide chlorinated drinking water through water tankering	Sarhad Rural Support Program, SABAWOON /Pak Enterprises, Muslim Aid and Islamic Relief. (IPs may be changed as selection process is ongoing under UNICEF guidelines)	Sarhad Rural Support Program, SABAWOON
Activity 1.2	Install new latrines and maintain existing latrines at embarkation points	Sarhad Rural Support Program, SABAWOON /Pak Enterprises, Muslim Aid and Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	Sarhad Rural Support Program, SABAWOON
Activity 1.3	Promote hygiene and solid waste management at embarkation points	Sarhad Rural Support Program, SABAWOON /Pak Enterprises, Muslim Aid and Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	Sarhad Rural Support Program, SABAWOON

Output 2	Returnee population in the areas of return have access to water facilities that are culturally and gender appropriate, secure and user friendly.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of returnees with access to water of appropriate quality for drinking, cooking and maintaining personal hygiene in return areas	68,750 (F: 51%; M: 49%)	68,768 F: 35,072 M: 33,696
Indicator 2.2	Number of water supply systems in return areas made functional	39	69 The original target was based on initial inter cluster missions and secondary data provided by government counterparts. Later on after detailed need assessment the number was revised to include both small and mega schemes including rehabilitation of water supply schemes through government counterparts as well as community level WSS such as rehabilitation of dug wells & installation of hand pumps that increases the total number of schemes installed/ rehabilitated.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide chlorinated drinking water through water tankering	Sarhad Rural Support Program, SABAWOON /Pak Enterprises, Muslim Aid and Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	Sarhad Rural Support Program, SABAWOON
Activity 2.2	Re-activate abandoned water supply systems in return areas	SABAWOON, Sarhad Rural support Program, Local Government & Rural development Department/ Public Health Engineering Department, MuslimAid, Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	SABAWOON, Sarhad Rural Support Program, UNHABITAT Public Health Engineering Department (PHED),FATA

Activity 2.3	Reactivate/repair existing hand pumps in areas where piped water supply is not available and where people have to travel long distances to fetch water, targeting women headed household, child headed household, people with disabilities and elderly.	SABAWOON, Sarhad Rural support Program, Local Government & Rural development Department/ Public Health Engineering Department, MuslimAid, Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	SABAWOON, Sarhad Rural Support Program, UNHABITAT
Output 3	Returnee population have access to sanitation facilities that are culturally and gender appropriate, secure and user friendly.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of returnees with access to toilets that are culturally appropriate, secure, sanitary, user friendly and gender appropriate in return areas	68,750 (F: 51%; M: 49%)	68,786 F: 35,081 M: 33,705
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide sanitation facilities to returnees using community approaches to sanitation having male and female WASH committees overseeing quality and access to water and sanitation services at household and community level.	Sarhad Rural Support Program, SABAWOON /Pak Enterprises, Muslim Aid and Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	Sarhad Rural Support Program, SABAWOON, UNHABITAT
Activity 3.2	Providing sanitation kits to returnees to encourage them to construct household latrines on a self-help basis.	Sarhad Rural Support Program, SABAWOON /Pak Enterprises, Muslim Aid and Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	Sarhad Rural Support Program, SABAWOON, UNHABITAT
Output 4	Returnee population have adopted appropriate hygiene practices with reduction in water borne diseases.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of returnees reached through appropriate hygiene messages and reflecting change in behavior following extensive awareness campaigns.	68,750 (F: 51%; M: 49%)	68,812 F: 35,094 M: 33,718
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Dissemination of key Hygiene messages through community sessions, campaigns, walks, mass media, IEC materials etc.	Sarhad Rural Support Program, SABAWOON /Pak Enterprises, Muslim Aid and Islamic Relief (IPs may be changed as selection process is ongoing under UNICEF guidelines)	Sarhad Rural Support Program, SABAWOON, UNHABITAT

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:	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Maximum measures were undertaken to ensure accountability to the affected population. Project activities were designed on the basis of rapid needs assessment and inter cluster mission reports. Soon after the inception of the project activities several meetings were conducted with major stakeholders including community to discuss immediate needs, type of interventions, and mechanism for operation and maintenance for sustainability of WASH infrastructure. Village based community organizations were formed to ensure maximum participation of the community in all stages of project cycle. Village Sanitation Committees (VSCs) were formed at village level and community action plans were developed. Community driven approach was adopted at field level for the execution of the intervention. Community elders were actively involved in the project implementation. They were mobilized to support the project for larger interests of vulnerable families. VSCs were established at revenue & sub village level, which significantly contributed throughout the project period and especially in the identification of the needy, vulnerable and deserving families for the assistance. Working through VSCs ensured transparency in the process, community ownership in the project, enhanced capacities and monitoring of project interventions through participatory approach.</p> <p>Moreover, due to limited access of UNICEF Staff, external field monitors were engaged to conduct regular field visits during project implementation. Subsequently periodic meetings were held with concerned government line agencies (GLAs) to abreast them about project intervention in the target area and to take timely remedial action. Apart from this, a recently formed Reconstruction and Rehabilitation Unit (RRU) FATA Secretariat were fully engaged for validation of assessment needs and monitoring of interventions to avoid duplication and optimum utilization of available resources in areas of return.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project is part of a larger WASH emergency programme, CERF evaluation will not be carried out separately however, and the complete programme will be evaluated as a whole, towards the end of the programme.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNFPA		5. CERF grant period:	13/10/2015 – 17/07/2016			
2. CERF project code:	15-RR-FPA-037		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Health						
4. Project title:	Implementation of Minimum Initial Service Package (MISP) for Reproductive Health for IDP returnees in Kurram and South Waziristan Agency, FATA						
7. Funding	a. Total funding requirements ¹⁵ :		US\$ 700,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁶ :		US\$ 396,234		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 184,000		
	c. Amount received from CERF:		US\$ 396,234		■ <i>Government Partners:</i>		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
<i>Direct Beneficiaries</i>		<i>Planned</i>			<i>Reached</i>		
		<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18) includes 19 years old</i>		150	150	300	1,438	895	2,333
<i>Adults (≥ 18) excludes 19 years old</i>		3,900	1,800	5,700	6,665	5,204	11,869
Total		4,050	1,950	6,000	8,103	6,099	14,202
8b. Beneficiary Profile							
<i>Category</i>		<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>							
<i>IDPs</i>		6,000 returnees			14,202		
<i>Host population</i>							
<i>Other affected people</i>							
Total (same as in 8a)		6,000			14,202		

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

¹⁶ 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>	Increase in return case load resulted in the increase in the number of beneficiaries reached by 258 per cent against the original planned target. Greater outreach through the mobile health service units were the main cause of increased coverage.
--	---

CERF Result Framework			
9. Project objective	To ensure equitable access to reproductive health services (including maternal newborn and child health (MnCH)/ reproductive health, health and psychosocial support to GBV survivors) by the conflict-affected displaced populations in return areas in selected facilities and at community level		
10. Outcome statement	The reproductive health status of men, women, boys and girls in under-served areas across South Waziristan and Kurram agency is improved		
11. Outputs			
Output 1	24/7 Basic Emergency Obstetric and Neonatal Care services are available in Agency Head Quarter Hospital in South Waziristan and Kurram		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Skilled Birth Attendants (SBAs) present in health facility for provision of 24/7 BEmOC services	9 (F: 100%)	18
Indicator 1.2	Number of monthly data compilations (including data on # of deliveries by skilled birth attendants, postnatal, antenatal and complicated cases treated)	6	12 data compilations with 482 deliveries by SBA
Indicator 1.3	Number of facilities with essential equipment, medicines and supplies	2	8
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct refresher sessions for medical staff for EmOC, standard precaution and infection prevention; STIs and FP	UNFPA/IP through consultant	UNFPA
Activity 1.2	Hire of additional health care staff (male and female)	Government/ local NGO/IP	NGO IP
Activity 1.3	Procure essential equipment, medicines and supplies	IP/NGO	IP NGO
Output 2	Women and girls have safe and dignified access to their RH/menstrual and post natal needs		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of dignity kits distributed to women and girls	3,200	2,000
Indicator 2.2	Number of new born kits distributed to postnatal women that have delivered at the 24/7 facilities	3,000	3,246
Indicator 2.3	Number of clean delivery kits distributed	3,700	3,252

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of dignity new-born baby and clean delivery kits	UNFPA	UNFPA
Activity 2.2	Transportation of kits to required facilities	UNFPA/ Vendor	UNFPA/Vendor
Activity 2.3	Distribution of kits at facilities	IPs/ Government/ Third Party Contract hires	IP NGO
Output 3	The communities and health care providers are sensitized on reproductive health and gender based violence issues, and referral mechanisms are established		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of awareness raising sessions conducted for women and men on reproductive health, safe motherhood including danger signs in pregnancy and gender based violence related issues	10	82
Indicator 3.2	Number of beneficiaries referred for psychosocial counselling (group and individual) (disaggregated by sex)	500	822
Indicator 3.3	Number of sessions arranged for health care providers on reproductive health, gender based violence and safe motherhood	2	1
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct awareness sessions on safe motherhood including topics such as HIV, STIs, RH and GBV for women, men, health care providers	UNFPA/IP (Trainers/ Consultant/ Staff)	IP NGO
Activity 3.2	Referral of cases for counselling	UNFPA/IP (Facility staff)	IP NGO

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

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

Client exit interview was made to a random sample of 27% of women who have accessed the SRH services. Local administration and community of elders were consulted during the entire the implementation process. Focused group discussions with male and female beneficiaries were done to get their feedback on the various interventions of the project.

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:	UNFPA		5. CERF grant period:	15/10/2015 – 17/07/2016			
2. CERF project code:	15-RR-FPA-038		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Sexual and/or Gender-Based Violence						
4. Project title:	Provision of Multi-Sectoral GBV Prevention and Response Services to the returnees of South Waziristan						
7. Funding	a. Total funding requirements ¹⁷ :		US\$ 800,000				
	b. Total funding received ¹⁸ :		US\$ 330,166				
	c. Amount received from CERF:		US\$ 330,166				
d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$198,131 ▪ <i>Government Partners:</i> 							
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)		2,000	500	2,500	3,864	895	4,759
Adults (≥ 18)		5,000	2,000	7,000	11,087	5,533	16,620
Total		7,000	2,500	9,500	14,951	6,428	21,379
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs				21,379			
Host population							
Other affected people	9,500			Difficult to determine as no data aggregation was done			
Total (same as in 8a)	9,500			21739			

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

¹⁸ 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>	There was a significant overachievement of the planned targets as caseload of returns drastically increased in the project area.
--	--

CERF Result Framework			
9. Project objective	Provision of Multi- Sectoral GBV Prevention and Response services to the returnees of South Waziristan		
10. Outcome statement	Returned women and adolescent girls and boys protected against various forms of Gender Based Violence		
11. Outputs			
Output 1	GBV survivors have increased access to life-saving emergency services, and specialized services that meet their physical and psychosocial health needs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of PCC formed and fully functioned	15	No data
Indicator 1.2	% of identified GBV survivors are referred to service providers	70 %	2,182 (actual cases)
Indicator 1.3	# of WFHS fully equipped and functional	3	3
Indicator 1.4	% of women and girls identified in need of psychosocial support received assistance (including survivors of GBV)	70%	1301 (actual cases)
Indicator 1.5	% of identified GBV survivors received reproductive health services or referred to nearest BHU/RHC	80%	no data
Indicator 1.6	# of participants (including GBV survivors) with access to activities conducted in WFHS	300 (100% women and girls)	7,779
Indicator 1.7	# of Hygiene kits distributed (with items catering the different needs of women)	3,600	6,151
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Formation of Protection Community Committees (PCC)	IP/ NGO	Not applicable
Activity 1.2	Establishment of referral mechanism for GBV Survivors	IP / NGO	IP NGO
Activity 1.3	Establishment of Women Friendly Health Spaces (WFHSs)	IP / NGO	IP NGO
Activity 1.4	Provision of psychosocial support	IP / NGO	IP NGO
Activity 1.5	Provision of referral and facilitation in referral to specialised services	IP / NGO	IP NGO
Activity 1.6	Arrangement of Livelihood Skills Trainings	IP /NGO	IP NGO

Activity 1.7	Procurement of Dignity/ Hygiene Kits	UNFPA	UNFPA
Activity 1.8	Distribution of Dignity/ Hygiene Kits	IP	IPNGO
Output 2	Women protection issues including the access and the provision of timely reproductive health services are promoted among key stakeholders (humanitarian organizations and line department) and at community level with the assistance of Project Committees		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of participants in sessions held on women protection issues, including access and provision of timely reproductive health services for key stakeholders	40 (20 men, 20 women)	Male: 5533 Female: 9786
Indicator 2.2	# of participants in sessions held on women protection issues including the access and the provision of timely reproductive health services for community members	200 (50% men, 50% women)	
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct sessions with key stakeholders	IP/ NGO	IP/NGO
Activity 2.2	Conduct sessions with community members	IP / NGO	IP/NGO

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

The project outcomes generally remained the same throughout the entire project. At the output level more beneficiaries were reached and served as caseload of returns increased substantially during the first and second quarter of 2016.

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

Feedback from clients were generated through client exit interviews after the service has been provided. A simple questionnaire was developed and installed to gauge the level of satisfaction and/dissatisfaction on services received from Women Health Friendly Spaces.

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

EVALUATION CARRIED OUT

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

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS – UNHCR Protection – return cash grant

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	14/10/2015 – 13/04/2016		
2. CERF project code:	15-RR-HCR-055		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Protection					
4. Project title:	Life-Saving Protection Assistance to returnee IDP families of FATA					
7. Funding	a. Total funding requirements ¹⁹ :	US\$16,560,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²⁰ :	US\$3,200,000	■ <i>NGO partners and Red Cross/Crescent:</i> US\$467,200			
	c. Amount received from CERF:	US\$ 499,904	■ <i>Government Partners:</i>			
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)	4,100	3,400	7,500	3,081	4,026	7,108
Adults (≥ 18)	3,250	3,250	6,500	3,057	2,969	6,026
Total	7,350	6,650	14,000	6,139	6,989	13,134
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	14,000		13,134			
Host population						
Other affected people						
Total (same as in 8a)	14,000		13,134			

¹⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁰ 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>	95 per cent of the target was achieved successfully. The remaining 5 per cent was not met mainly due to IDPs not fulfilling the eligibility criteria set or their claims were not verified by the verification desk. Also, some of the families could not be reached on the contact numbers provided at the time of registration.
--	---

CERF Result Framework			
9. Project objective	Life-saving protection assistance to returnee IDP families of FATA		
10. Outcome statement	Returnee IDP families especially women, children and elderly who could not benefit from Government cash grant assistance due to a lack of proper documentation, can return in safety and dignity to their places of return in FATA		
11. Outputs			
Output 1	Provision of a cash grant assistance of PKR 20,000 to the most vulnerable non NADRA verified returnee families.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Provision of a cash grant assistance of PKR 20,000 to the most vulnerable non NADRA verified returnee families.	2,336	2,189
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Needs assessment to identify most vulnerable families through partner organizations	UNHCR/Partner	UNHCR/SRSP
Activity 1.2	Cash grant provision to most vulnerable returnee IDP families (40% FHH)	UNHCR Partner	UNHCR/SRSP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
<p>The project was aimed at providing return cash assistance to most vulnerable non-NADRA verified returnees families who were not able to receive Govt. return cash assistance. These families were not verified by NADRA due to documentation issues and were included in the humanitarian assistance programmes following verification and recommendation of Grievance desks on vulnerability basis. Since Govt. of Pakistan provides return cash assistance to NADRA verified families only, these families could not be able to receive any assistance provided by the Govt.</p> <p>The project's intended outcome was to provide much-needed support to most vulnerable families with return cash assistance to support them in returning to their homes with safety and dignity.</p> <p>UNHCR in partnership with its two partners carried out this activity – EHSAR and SRSP. EHSAR provided grievance desks at the location, conducted phone calls to the families to inform them and also conducted re-verification of the families upon arrival at the distribution centre. SRSP conducted the activity of providing Voluntary Return Form (VRF) and cash disbursement. Cash disbursement was done through mobile cash transfer using existing cellular service providers. Mobile SIMs were issued to families that did not have a SIM of the service provider. There is a ceiling of PKR 15,000 per month for mobile money transfers. Therefore, the amount was disbursed in two tranches of PKR 10,000 each over a period of two months.</p>

The Process:

- UNHCR analysed the IDP registration database to identify non NADRA verified families who were included in humanitarian assistance net after Grievance desk recommendations but not eligible for Government return cash assistance
- The lists were provided to EHSAR to make phone calls to the families informing them about the project
- The same lists were provided to SRSP for provision of VRF and cash disbursement.
- At the distribution centre, IDP families first approached EHSAR's verification desk where their claims were re-verified.
- Once verified, the families would proceed to SRSP VRF issuance desk to receive VRF
- After collecting VRF, SRSP staff ensured that the IDP families have mobile SIM cards of the required service provider. If not, mobile SIM cards were issued to the families
- At the end of the day, the list of families issued with VRF were shared with the relevant mobile companies for provision of first tranche of PKR 10,000
- After the transaction was executed, mobile companies shared lists from the bank certifying the completion of transaction

The grievance desk by EHSAR remained available to provide assistance to families in case they did not receive the message to collect their tranches. At the completion of the project, 2,189 families were assisted with return cash assistance against a target of 2,336 families – 94% success rate.

Through return cash grant assistance, 34% of the beneficiaries reached were Female Headed Households (FHH).

Table below shows the cumulative Progress during the Activity:

Location	Families Facilitated
Jalozai Camp	18
Peshawar	2062
Togh Sarai Camp	109
Total	2189

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

UNHCR Field and Information Management Units monitored the whole activity closely. In order to ensure transparency and accountability, an innovative method of money transfer through mobile SIMs was used. As a result, IDPs could receive the amount from their nearest outlets by providing the message received on their mobile phone and their original CNIC. Grievance desks were available to record any complaints or issues faced by eligible IDPs in receiving their cash assistance. UNHCR field teams conducted visits to the distribution centre on regular basis to monitor the overall activity.

UNHCR IM unit worked closely with both partners EHSAR and SRSP for timely resolution of any grievances and monitor the activity from data point of view. Data of VRF and SIM issuance was regularly shared with UNHCR to maintain accountability. Also, the data from mobile service providers was also shared on regular basis to confirm the tranches received by the IDPs. This system allows a proper audit of the process as a trail of the overall data flow is available – from verification by EHSAR teams, to issuance of VRF, to issuance of SIMs, to receipt of tranche 1 and 2.

One particular challenge and lesson learnt from this activity is the monthly cash transfer limit of PKR 15,000 imposed by the Government. This resulted in provision of cash assistance in two tranches over two months. This fact shall be considered at the design of the project in future

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNHCR evaluate its projects through desk review. This desk review is done every year which has staff composition from multi-sectors and the team which carried out evaluation is called MFT (multifunctional team). The team evaluates overall performance of the organization to implement projects, activities during the period. On this basis of scoring method organization is rated for risk, and the project which they have implanted is properly documented throughout the areas of complete project cycle. This evaluation is documented and filed in the relevant IP file.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS – UNHCR Shelter/ NFIs

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	09/10/2015 – 08/04/2016		
2. CERF project code:	15-RR-HCR-056		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Shelter					
4. Project title:	Life-Saving Shelter/CRI to returnee IDP families of FATA					
7. Funding	a. Total funding requirements ²¹ :	US\$94,420,200	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>			
	b. Total funding received ²² :	US\$5,100,000				
	c. Amount received from CERF:	US\$ 2,794,145				
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)	24,150	32,550	56,700	24,150	32,550	56,700
Adults (≥ 18)	24,150	24,150	48,300	24,150	24,150	48,300
Total	48,300	56,700	105,000	48,300	56,700	105,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	105,000				105,000	
Host population						
Other affected people						
Total (same as in 8a)	105,000				105,000	

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

²² This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	
---	--

CERF Result Framework			
9. Project objective	To ensure that returnees women, men, girls and boys, the elderly and disabled can access life-saving Shelter/NFIs protection assistance to returnee IDP families of FATA		
10. Outcome statement	Returnee IDP families especially women, children and elderly have shelter and NFIs to protect from harsh winter weather and start their livelihood in the return areas of FATA.		
11. Outputs			
Output 1	Procurement and distribution of emergency shelter and NFIs to returnee IDP families		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of vulnerable families provided with emergency shelter	1,000	1,000
Indicator 1.2	# of vulnerable families provided with Shelter winter kits	5,035	4,772
Indicator 1.3	# of vulnerable families provided with tool kits	9,10	910
Indicator 1.4	# of vulnerable families provided with CRIs - Core Relief Items provided (NFIs)	2,000	2,000
Indicator 1.5	# of vulnerable families provided with winterized clothes	15,000	15,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of emergency shelter and core relief items by UNHCR under its global frame agreements	UNHCR	UNHCR
Activity 1.2	Distribution of emergency shelter and core relief items by partner organization SRSP and FRD	UNHCR/SRSP/FRD	UNHCR/SRSP/FRD

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:				
<p>UNHCR procured CRI for returnee IDP families as well as winterization for in-camp population. Under CERF funding, procurement and distribution of emergency shelters (tents) and CRIs were made to the returnee IDP families of FATA.</p> <p>Below table shows the summary of procurement versus distribution in returnee areas of KPK.</p>				
Assistance	South Waziristan	Kurram	Khyber	Total
Tents	500	300	200	1,000
Shelter winterization kit	500	3365	500	4,365
Tool kits	500	300	110	910
NFIs	1,000	500	500	2,000
Winterized kits	5,000	8,000	2,000	15,000

<p>In line with inter-cluster assessment missions conducted in 2015 in returnee areas of South Waziristan, Khyber and Kurram Agencies, the level of destruction in the return areas varies up to 80%; in addition, harsh winter season increases vulnerability of returnees. Following life-saving assistance below is the full detail of steps which were taken to assist IDPs with the assistance of Core Relief Items (CRIs) and emergency shelters. This project was designed to provide special attention to women, children and the elderly.</p> <ul style="list-style-type: none"> - Needs assessment were undertaken by two partner organizations SRSP and FRD for the identification of most vulnerable families for targeted assistance in return areas. - Distribution of 1,000 tents were made to returnee IDP families of South Waziristan, Khyber and Kurram agencies. - Distribution of 4,365 shelter winterization kits (5 insulating floor mat, 1 liner and 1 partition, 5 sheets of fibrocement, a heat-resistant floor protection, 1 heat resistant chimney sleeve) were made to returnee IDP families of South Waziristan, Khyber and Kurram agencies. - Distribution of 910 tool kits were made to returnee IDP families of South Waziristan, Khyber and Kurram agencies. - Distribution of 2,000 CRIs were made to returnee IDP families of South Waziristan, Khyber and Kurram agencies. - Distribution of 15,000 winterization kits (a set of 4 sweaters, 4 shawls, 1 solar lamp) were made to IDP caseload of South Waziristan, Khyber and Kurram agencies. 	
<p>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</p>	
<p>UNHCR has procured emergency shelters (tents) and CRIs under frame agreements stored goods in the warehouse in Peshawar which has storage capacity as per international standards and also sound security with insurance coverage.</p> <p>Distribution of these items were made in a participatory manner involving and taking into account the needs of women, men, girls and boys, elderly and disabled through its specialized distribution partner organization 'Sarhad Rural Support Program (SRSP)'. It has its presence through KP/FATA and especially South Waziristan, Khyber and Kurram Agencies. SRSP has its warehouse and sub-halls in these areas where returns were taking place. These activities were documented under signed project partnership agreement with SRSP.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNHCR evaluates its projects through desk review. This desk review is done every year which has staff composition from multi-sectors and the team which carried out evaluation is called MFT (multifunctional team). The team evaluates overall performance of the organization to implement projects, activities during the period. On this basis of scoring method organization is rated for risk, and the project which they have implanted is properly documented throughout the areas of complete project cycle. This evaluation is documented and filed in the relevant IP file.</p>	<p>EVALUATION PENDING <input checked="" type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	WFP		5. CERF grant period:	14/10/2015 – 13/04/2016			
2. CERF project code:	15-RR-WFP-066		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Nutrition						
4. Project title:	Emergency Life-saving Nutrition services for the returning IDPS (Moderately acute malnourished children -6-59 months - and Pregnant & lactating women) in Kurram, Khyber and South Waziristan agencies of FATA						
7. Funding	a. Total funding requirements ²³ :		US\$ 29,741,859		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ²⁴ :		US\$ 26,677,914		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 26,050		
	c. Amount received from CERF:		US\$ 200,000		■ <i>Government Partners:</i>		
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)		4,462	4,644	9,106	5,190	4,918	10,108
Adults (≥ 18)							
Total		4,462	4,644	9,106	5,190	4,918	10,108
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	9,106			10,108			
Host population							
Other affected people							
Total (same as in 8a)	9,106			10,108			

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

²⁴ 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>	With the support of the funding provided by CERF, a total of 9,107 children <5yrs suffering from moderate acute malnutrition (MAM) were planned to be treated through utilizing 82 mt of <i>Acha Mum</i> (Lipid Based Nutritious food). In addition, due to a favourable reduction in the market prices of the commodity and currency rate fluctuation, WFP was able to purchase 91.0 mt of <i>Acha Mum</i> with the same funding support. The additional 9.0 mt of <i>Acha Mum</i> supported the treatment of an additional 1,001 children <5yrs of age which brought the total number of children supported to 10,108; i.e. 11 percent additional coverage.
--	---

CERF Result Framework			
9. Project objective	To ensure equitable access to use of life saving nutritional services for returning FATA IDPs vulnerable children 6-59 months of age (boys and girls) at the community and health facilities level, that meet national and internationally recommended minimum standard of care for a population affected by an emergency.		
10. Outcome statement	The returning IDPs moderate malnourished children 6-59months of age in Kurram, Khyber and SWA agencies managed for moderate acute malnutrition and prevented from Severe acute malnutrition, complying with the minimum Sphere standards for emergency .		
11. Outputs			
Output 1	TSFP Nutrition services are functional in Kurram, Khyber and South Waziristan agencies (through LHWs health houses and Health facilities) to support provision of life-saving emergency nutrition services for moderately acute malnourished (MAM) children 6-59 months of age.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Proportion of children (6 to 59 month) in targeted return areas who are registered and managed for moderate acute malnutrition (Total 9,107, Boys: 4,644, Girls: 4,462)	9,107	10,108
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	At least 9,107 moderately acute malnourished children (6-59 months of age) in Kurram, Khyber and South Waziristan agencies receiving WFP supported Nutrition services through Targeted supplementary feeding (TSFP) approach.	WFP: Responsible for Timely Procurement and Dispatches of Ready to Use Supplementary Food (Acha-mum) to the Government and NGO partners working in the targeted agencies of FATA (PEACE & CDO) Government FATA Staff : Lady Health Visitors at Hospitals and Lady Health Workers at the community level Health houses in Khyber, Kurram and South Waziristan agencies. Responsible for Screening,	With the support of funding received from CERF, WFP procured and dispatched 91 mt of Ready to Use Supplementary Food (<i>Acha-Mum</i>) to FATA Health staff (LHWs and LHV at health facilities at the community level) and NGOs. Resultantly reaching and treating 10,108 (Khyber: 2,861, Kurram: 5,182 and 2,065 South Waziristan agencies) children under 5 suffering from moderate acute malnutrition (MAM). Of this total procured commodity agency-wise distribution that ensued is as follows: Khyber: 25.784, Kurram: 46.625 and South Waziristan agency 18.585). The performance indicators of the program remained within the Sphere standard indictors for nutrition programming in emergencies.

		Referral and Registration of the Malnourished cases <u>in LHWs covered Areas.</u> National NGOs (CDO in SWA) Responsible for Screening, Referrals and Registration of malnourished cases in the <u>LHWs NON-Covered Areas</u> of South Waziristan and Kurrrum.	The overall indicators revealed the following trends: Cure rate 97%, default rate 2%, death rate: 0% percent and non-recovered 1% during the project time period.
Activity 1.2	Lady Health Workers Health Houses and associated Health facilities in Kurram, Khyber and SWA agencies providing TSFP nutrition services to Children 6-59 months of age	<p>WFP: Responsible for periodic monitoring of the planned health facilities and health houses through the third party monitoring partner, FATA secretariat PMU25 and agency level PIUs. WFP FATA Beneficiaries Feed Back desk responsible for resolution of Grievances directly reported by beneficiaries.</p> <p>Government FATA Staff: PMU and PIUs to ensure presence of LHWs at Health facilities and LHWs at Community level.</p> <p>NGO Partners: Timely hiring and training of Staff inside agencies. Ensure coordination with WFP and Government and regularly monitor the functional status of supported Health houses and health facilities.</p>	During the reporting period in the targeted project agencies (Khyber, Kurram and SWA), 551 health houses of Lady Health Workers (LHWs) and health facilities remained functional and provided WFP supported Targeted Supplementary Feeding (TSFP) nutrition supplies for the treatment and management of moderate acute malnourished (MAM) children. In order to maximize accessibility and coverage and target the LHWs in areas that were not formerly covered under this programme, the Therapeutic Supplementary Feeding services delivery was also complemented with WFP Cooperating Partners (CPs) in South Waziristan and Kurram. This facilitated proper programme implementation in areas where there were less or no LHWs coverage. This brought the total number of nutrition sites in the targeted agencies up to 565. WFP already had established reporting, monitoring and supervision layers in place for timely reporting and accountability of the required deliverables. The Nutrition cluster's Nutrition information system was also (NIS) used for ensuring timely reporting of the project targets and adherence to the key performance indicators. The implementation of planned activities was supervised through the provincial FATA managers, while the agency level progress was monitored through agency based NIS assistant, Additional Female District coordinators and government data analysts was already in place. WFP also used the services of the its third party monitoring firm which was already on board and the Beneficiary Feedback Desk for ensuring proper accountability of project implementation at all stages.

²⁵ PMU (Project management unit at FATA Secretariat supported by WFP. PIU (Project management units inside FATA, supported by WFP

Output 2	Pregnant women and Lactating Mothers of children 0-24months of age educated on importance of improved "Infant & Young child feeding practices" focusing on; early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through Behaviour Change Communication		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No. of pregnant women, lactating mothers/ caretakers of children 0-23 months accessing LHWs health houses and Health facilities for Breastfeeding and complimentary feeding counselling services	70,800	107% achievement i.e. 75,419 pregnant and lactating women. (Khyber: 106% (22,813), Kurram: 109% (36,285) and 102% (16,321) SWA) 75,419 mothers were educated at community as well as at facility level focusing on early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through Behaviour Change Communication.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Regular conduct of Nutrition awareness and hygiene promotion sessions in the health facilities and communities focusing on the pregnant and lactating women for improving "Infant & Young Child Feeding" practices. Counselling services provided by the Nutrition assistants on issues relating to breastfeeding, complementary feeding, proper use of nutrition supplies and follow-up visits in TSFPs	Government FATA Staff: LHWs to conduct the IYCF sessions at communities level, while LHVs to conduct the sessions and counselling at Health facilities level. National NGOs (CDO in SWA) Responsible for conduct of the IYCF awareness session in the <u>LHWs NON-Covered Areas</u> of South Waziristan and Kurrrum, both in communities and health facilities level.	During the reporting period (Oct-15 to April-16) Lady health workers (LHWs) at health house level and Lady Health Visitors (LHVs) at health facility level of FATA Department of Health in Khyber, Kurrum and South Waziristan agency (SWA) along with relevant staff of the partner National NGOs regularly conducted Nutrition awareness, IYCF practices and hygiene promotion sessions in the health facilities and at the community level.

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

planned and actual outcomes, outputs and activities, please describe reasons:	
<p>The CERF funding was utilized to bridge the funding gap in WFP's nutrition support through the Therapeutic Supplementary Feeding Programme (TSFP) in Khyber, Kurram and South Waziristan agencies of FATA. The CERF specified funding support was used for the procurement of <i>Acha-Mum</i>, a locally produced Ready to Use Supplementary Food (RUSF) for the management of acutely malnourished children under 5years of age.</p> <p>TSFP Nutrition services are functional in Kurram, Khyber and South Waziristan agencies (through LHWs health houses and Health facilities) to support provision of life-saving emergency nutrition services for moderately acute malnourished (MAM) children 6-59 months of age.</p> <p>During the Reporting period, 10,108 children under 5years of age (girls: 5,190, boys: 4,198) were successfully managed for treatment of acute moderate malnutrition through the provision of CERF funded RUSF (<i>Acha-Mum</i>). This constitutes 110 percent achievement against the original project proposal targets. Moreover, an additional 1,001 children under 5yrs of age were reached with the additional 9 metric tons of <i>Acha-Mum</i>, due to the reduction in its market price.</p> <p>In terms of programme quality, the Key Performance Indicators (KPI) remained within the sphere indicated standards for nutrition programming in emergencies. The KPI analysis reveals the following trends: <i>Cure rate 97%, default rate 2%, death rate: 0% percent and non-recovered 1% during the project time period.</i></p> <p>Pregnant women and Lactating Mothers of children 0-24months of age educated on importance of improved "Infant & Young child feeding practices" focusing on; early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through Behaviour Change Communication</p> <p>During the reporting period, the breastfeeding counselling corners remained functional in all targeted DoH health facilities and provided assessment, counselling and referral services for management of lactation failure and improved complementary practices. 75,419 mothers were educated at community as well as at facility level focusing on early initiation of breastfeeding, exclusive breastfeeding up to six months, continued breastfeeding up to two years, appropriate complementary feeding practices, healthy nutrition and improved hygiene practices through Behaviour Change Communication.</p> <p>Monthly progress reports were received from the WFP supported health facilities reflecting progress against the monthly targets and trend analysis of the MAM rates. The data flow was maintained through the nutrition information system and output reports were generated in the form of excel sheets shared with WFP and XML formats shared with UNICEF information managers. Monthly coordination meetings called by the agency health office were attended by the implementing NGOs.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>WFP retains monitoring oversight over all its activities and WFP Country office and provincial office staff undertake regular monitoring missions to project areas. WFP national and international staff also ensure that it conducts monitoring missions to these sensitive areas. Partnerships were established through Field Level Agreements and Letters of Understanding which dictate the roles, responsibilities and obligations of all parties. All selected partners have in the past demonstrated the necessary capacities and operational reach to implement the proposed assistance. WFP also provides key training and equipment in order for partners to carry out their functions at the highest level of performance.</p> <p>WFP has over the years built the capacity of a number of partners in cash based programmes implementation. The potential partners are enrolled in WFP's NGO roster from where the partners are taken on-board whenever needed after undergoing a competitive process. The implementation partners engaged in distributing commodities funded by this CERF grant were selected through the same process and their performance was reviewed periodically to ensure quality of service delivery on their part.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
WFP had dedicated monitoring staff in all of the areas targeted under this response who were for the regular monitoring and reporting of all WFP activities conducted in their respective areas. Information collected by the field coordinators was then relayed to the provincial office where it is analysed and reviewed by the technical activity specialists. At this level field data is compiled and reviewed in order to ascertain how the activity is progressing and identify	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

implementation gaps if any so that they are rectified in a timely manner. In addition, there is a beneficiary help desk established at the country office level in order to respond to queries in case of any complaint or suggestion. All monitoring data is then compiled, analysed and reviewed by the activity and M&E staff at the country office level. All pertinent programmatic output and outcome information thus compiled is disseminated to relevant internal and external stakeholders.

These monitoring activities serve the dual purpose of drawing lessons from experience, building on success and avoiding past mistakes as well as to account for work carried out and results achieved, using planned objectives and targets as a benchmark against which to assess performance. While process, output and outcome monitoring data is obtained through on-sight activity implementation and distribution monitoring as well as from household level post-distribution monitoring, the focus of WFP's monitoring system is the conversion of data into valid and reliable information used for learning and accountability purposes. Real-time information management systems that provide a comprehensive platform to collect, process, analyse and disseminate field based information and allow tracking all issues raised during the implementation as well as management actions taken, constituting the backbone to ensure timely corrective actions.

There are different internal mechanisms through which coordination, monitoring, technical support and oversight of partners were ensured with regular action oriented feedbacks. As mentioned above, at the district level Field Coordinators perform the first level of monitoring and oversight. Similarly, monitoring teams regularly visited the programme sites for technical review and guidance to partners. Partners performance evaluation was regularly undertaken by WFP, focusing on key aspects of the intervention and in case of partners who required improvement in a certain area were provided with an improvement plan for improved/satisfactory performance.

No separate evaluation was conducted for this CERF funded response, however all activities were evaluated using WFPs regular monitoring structure details of which are outlined above

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	WFP		5. CERF grant period:	14/10/2015 – 13/04/2016			
2. CERF project code:	15-RR-WFP-067		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Food Aid						
4. Project title:	Emergency Food Assistance to Returnees of FATA						
7. Funding	a. Total funding requirements ²⁶ :	US\$ 241,457,348	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ²⁷ :	US\$ 234,982,201	■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 47,364				
	c. Amount received from CERF:	US\$ 1,500,000	■ <i>Government Partners:</i>				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
<i>Children (< 18)</i>		68,297	70,963	139,260	77,871	81,084	158,955
<i>Adults (≥ 18)</i>		61,116	63,624	124,740	66,553	69,235	135,789
Total		129,413	134,587	264,000	144,425	150,319	294,744
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
<i>Refugees</i>							
<i>IDPs</i>	264,000			294,744			
<i>Host population</i>							
<i>Other affected people</i>							
Total (same as in 8a)	264,000			294,744			

²⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁷ 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 procured commodities exceeded the planning numbers due to favourable market price fluctuations from the time of proposal submission. This in turn resulted in WFP reaching a greater number of beneficiaries with the support of this CERF grant than was originally anticipated.
--	---

CERF Result Framework			
9. Project objective	Emergency Food assistance to returnees of FATA		
10. Outcome statement	Improved access to nutritious food, food consumption score and protection of livelihoods assets		
11. Outputs			
Output 1	To save human lives and improve nutritional level by meeting urgent food needs and adequate household food security for the displaced people of FATA		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women, men, girls and boys receiving food	264,000	294,744
Indicator 1.2	Tonnage of food distributed	1,800 MT	2,038 MT
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribute food (oil, yellow split peas, iodized salt) as part of regular food basket	WFP through CPs	WFP through CPs
Activity 1.2	Operate beneficiary feedback mechanisms	WFP	WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
<p>Since 2008, WFP Pakistan's operation in the country continues to respond to the needs of populations displaced as a result of law enforcement operations in FATA as well as individuals who have recently returned to their areas of origin. WFP emergency food assistance response actions seek to save lives and avert hunger through the conduct of unconditional relief food distributions. For those who had earlier been displaced since voluntarily returning to their homes, alternative forms of food assistance have also been required. Over a longer planning horizon, the potentiality of protracted de-stabilization and entrenching vulnerability have called for the continued provision of life-saving assistance not only to those still displaced, but also to those that have recently returned to their areas of origin. Thus WFP continues the provision of lifesaving relief rations to the returnee families for a standard period of six months alongside robust early recovery support in areas of origin to sustain the return process and help restore access to livelihoods and other socio-economic opportunities.</p> <p>WFP relief food distributions are conducted on a monthly basis, in order to balance meeting the needs of beneficiary groups with the logistical challenges associated with wide-scale activity in relatively insecure locations. The general family food basket consists of fortified wheat flour, pulses, fortified vegetable oil and iodized salt. Beneficiaries receive their household rations from distribution points within camps, or from 'humanitarian hubs' established by WFP in close proximity to where the targeted families are residing.</p> <p>This CERF grant alongside with contributions from other key donors to WFP operations in the country was used to sustain the provision of monthly relief food assistance to the families that have recently returned to FATA's Khyber, Kurram and South Waziristan agencies during the months of December 2015 to April 2016. Distributions were conducted through eleven distribution hubs, five of which were situated in Khyber agency, four in South Waziristan and the remaining three in Kurram agency.</p>

During this period, WFP assisted all IDPs registered by UNHCR (and then verified by the National Database Registration Authority) using the online WFP database and verification system at all hub locations which ensured no duplication or overlap in the provision of family food rations. However, WFP assistance is provided on a needs basis and is not contingent upon formal registration. Where families did not possess the necessary documentation, a temporary token-based system was used.

This assistance proved critical in helping to maintain adequate food consumption amongst these beneficiaries: with WFP monitoring and evaluation findings confirming that all families assisted through the distribution of food utilizing this grant had maintained acceptable food consumption levels. Overall, WFP assistance contributed significantly to improving the food and nutrition security of the targeted population.

Through the distribution of fortified commodities (including wheat flour), WFP relief food assistance also facilitated a stabilization of the nutritional status of typically vulnerable groups to preclude further deterioration in their food and nutrition security. These commodities provided critically needed micronutrient supplementation to the targeted beneficiaries. Distributions were undertaken by eight selected implementing partners with a proven history of requisite management, technical and logistical capacities, as well as an existing presence in target areas.

1. Number of women, men, girls and boys receiving food:

Distribution of the commodity made available with the support of this CERF contribution allowed provision of a full monthly food basket between December 2015 to April 2016; to 49,124 families (294,744 individuals) displaced as a result of law enforcement operations. Amongst the assisted households 38,119 (78%) were male while 11,005 (22%) were female headed households. Out of the total; 43,180 assisted families originated were from Khyber, 2,928 from Kurram and 3,016 from South Waziristan Agency.

2. Tonnage of food distributed

This CERF grant was used for procuring non-cereal commodities (iodized salt, Yellow split peas and Fortified vegetable oil) that were essential components of WFPs food basket. ***The procured commodities exceeded the planning numbers due to favourable market price fluctuations from the time of proposal submission. This in turn resulted in WFP reaching a greater number of beneficiaries with the support of this CERF grant than was originally anticipated.***

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

WFP retains monitoring oversight over all its activities and WFP Country office and provincial office staff undertake regular monitoring missions to project areas. WFP national and international staff also ensure that it conducts monitoring missions to these sensitive areas. Partnerships were established through Field Level Agreements and Letters of Understanding which dictate the roles, responsibilities and obligations of all parties. All selected partners have in the past demonstrated the necessary capacities and operational reach to implement the proposed assistance. WFP also provides key training and equipment in order for partners to carry out their functions at the highest level of performance.

WFP has over the years built the capacity of a number of partners in cash based programmes implementation. The potential partners are enrolled in WFP's NGO roster from where the partners are taken on-board whenever needed after undergoing a competitive process. The implementation partners engaged in distributing commodities funded by this CERF grant were selected through the same process and their performance was reviewed periodically to ensure quality of service delivery on their part.

During the reporting period, randomly selected households were interviewed to monitor the implementation process and time management at distribution points, as well as accessibility and utilization of WFP food commodities. Furthermore, each humanitarian hub was coordinated by a WFP monitoring representative in the field to smoothen distribution management while ensuring adherence to the minimum accountability standards during a humanitarian emergency. Subject to the security situation, WFP field monitors undertook random visits to the distribution sites to see that the distribution is taking place as per the agreed criteria and that the beneficiaries are receiving their food entitlements. Grievance desks managed by dedicated grievance focal persons in order to cater for beneficiary concerns and ensure proper redress of their concerns were established at the distribution points. WFP monitoring teams were present on-site to ensure that distributions are conducted in accordance with the prescribed guidelines and standards.

<p>A dedicated WFP Beneficiary Feedback Desk established in Islamabad continued to help strengthen operational transparency and accountability through the receipt and resolution of direct beneficiary feedback related to a range of issues. Between December 2015 and April 2016 the beneficiary feedback desk recorded 543 complaints/feedback from the beneficiaries out of which 527 were addressed instantaneously or referred onwards to other agencies as it relates to their respective operations. 16 complaints were registered for further action out of which 15 have been closed. Out of the registered complaints greater frequency of the issues pertained to quality or quantity of food provided. Out of the three targeted agencies where this CERF funded response was implemented, the greatest number of feedback was received from South Waziristan Agency, predominantly due to the fact that WFP had been providing relief assistance for a lot longer in the other two agencies therefore the implementation system was a lot more streamlined. In addition the beneficiaries in those two agencies also had a greater understanding of the scope of WFPs assistance which resulted in lesser queries.</p> <p>As an emergency operation, anticipated results centred on meeting primary and immediate needs amongst targeted groups. Fundamental life-saving outcomes were largely significant for both male and female beneficiaries as both faced considerable threats to their food consumption and nutritional status. But, in convergence with the integration of gender equity objectives into the programme design, results may reasonably be expected to have helped forestall any further exacerbation of gender gaps. Owing to the more severe limitations and greater burdens faced by women during times of displacement, they are more likely to resort to detrimental coping strategies; a trend that was mitigated by the impact of this operation. Furthermore, where the provision of emergency assistance contributed to saving lives and maintaining family composition, fewer women would be forced to assume the burden of family provider, under disproportionately challenging circumstances. Similarly, when household food consumption is subject to some restriction, the specific nutritional needs of women tend not to be met; since they are typically marginalized in food allocation and often eat last and less. As such, WFP's provision of a nutritionally-balanced food basket sufficient to meet the requirements of all family members helped to address this issue.</p> <p>All WFP activities employ a human rights approach and do not discriminate on the basis of gender, ethnicity or disability. Efforts were undertaken to identify and prioritize the most vulnerable to receive assistance. In order to ensure the effective application of humanitarian principles on the ground, involved field staff also received specialized training regarding these principles. Explicit efforts were made to facilitate the receipt of assistance by female-headed households, who were given priority attention during assessment and subsequent distribution processes.</p> <p>Separate queues and waiting areas were established for women at distribution sites, while provisions were made to a proven blood relative where a female beneficiary was unable to be present. Specific measures were taken at distribution locations that prioritized women, the elderly and disabled. A dedicated desk for women with female staff and separate waiting areas for the supply of rations were also maintained at distribution locations in these culturally conservative areas. Vulnerable individuals were assisted on a priority basis and child friendly spaces are being introduced by inside humanitarian hubs.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>WFP had dedicated monitoring staff in all of the areas targeted under this response who were for the regular monitoring and reporting of all WFP activities conducted in their respective areas. Information collected by the field coordinators was then relayed to the provincial office where it is analysed and reviewed by the technical activity specialists. At this level field data is compiled and reviewed in order to ascertain how the activity is progressing and identify implementation gaps if any so that they are rectified in a timely manner. In addition, there is a beneficiary help desk established at the country office level in order to respond to queries in case of any complaint or suggestion. All monitoring data is then compiled, analysed and reviewed by the activity and M&E staff at the country office level. All pertinent programmatic output and outcome information thus compiled is disseminated to relevant internal and external stakeholders.</p> <p>These monitoring activities serve the dual purpose of drawing lessons from experience, building on success and avoiding past mistakes as well as to account for work carried out and results achieved, using planned objectives and targets as a benchmark against which to assess performance.</p>	<div>EVALUATION PENDING <input type="checkbox"/></div> <div>NO EVALUATION PLANNED <input checked="" type="checkbox"/></div>

<p>While process, output and outcome monitoring data is obtained through on-sight activity implementation and distribution monitoring as well as from household level post-distribution monitoring, the focus of WFP's monitoring system is the conversion of data into valid and reliable information used for learning and accountability purposes. Real-time information management systems that provide a comprehensive platform to collect, process, analyse and disseminate field based information and allow to track all issues raised during the implementation as well as management actions taken, constitute the backbone to ensure timely corrective actions.</p> <p>There are different internal mechanisms through which coordination, monitoring, technical support and oversight of partners were ensured with regular action oriented feedbacks. As mentioned above, at the district level Field Coordinators perform the first level of monitoring and oversight. Similarly, monitoring teams regularly visited the programme sites for technical review and guidance to partners. Partners performance evaluation was regularly undertaken by WFP, focusing on key aspects of the intervention and in case of partners who required improvement in a certain area were provided with an improvement plan for improved/ satisfactory performance.</p> <p>No separate evaluation was conducted for this CERF funded response; however all activities were evaluated using WFPs regular monitoring structure details of which are outlined above</p>	
---	--

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	WHO		5. CERF grant period:	19/10/2015 – 17/07/2016			
2. CERF project code:	15-RR-WHO-041		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input type="checkbox"/> Concluded			
3. Cluster/Sector:	Health						
4. Project title:	Responding to the critical health needs of returning IDPs in return areas of South Waziristan, Kurram & Khyber Agencies in FATA						
7. Funding	a. Total funding requirements ²⁸ :		US\$ 9,510,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ²⁹ :		US\$ 2,449,994		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 800,000		
	c. Amount received from CERF:		US\$ 1,499,994		■ <i>Government Partners:</i>		
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)		17,139	27,118	44,257	36,866	27,799	64,665
Adults (≥ 18)		57,381	60,362	117,743	41,573	31,348	72,921
Total		74,520	87,480	162,000	78,439	59,147	137,613
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs							
Host population							
Other affected people	162,000			137,613			
Total (same as in 8a)	162,000			137,613 (85%)			

²⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁹ 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>There is no significant discrepancy between the proposed and achieved targets except for this little underachievement, which resulted due to delayed project NOCs from the authorities, resulting in wastage of time and delayed the implementation of the projects through implementing partners. Every attempt was made to reach the maximum beneficiaries (explained in section 12 in detail), which was achieved.</p> <p>Achievement in <18 age group is more than what was planned as the number of children presented to the clinics was high due to the fact that childhood illnesses such as diarrhea and respiratory infections were more prevalent due to the presence of risk factors such as inadequate shelter, unsafe drinking water and poor hygiene.</p> <p>164 health staff of the department of health and partner organizations were also trained under this grant and should also be included in the total target achieved. Besides, some medicine kits were also provided to FATA health directorate to support the other government run health facilities in the target agencies and hence around 4,000 patients were supported through this grant.</p>
---	---

CERF Result Framework			
9. Project objective	To reduce morbidity and mortality among the returning IDP population through enhanced and equitable access to emergency life-saving primary health care services including mother & child health (MnCH) and reproductive health services		
10. Outcome statement	Improved access to comprehensive and inclusive primary health care services delivery including MnCH and RH, Essential medicines and medical technologies through filling the gaps and provision of Essential medicines.		
11. Outputs			
Output 1	Provision of comprehensive primary health care services delivery including access to life-saving medicines and supplies and treatment of communicable and non-communicable diseases;		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	% of health facilities with no essential medicines out of stock days	80%	100%
Indicator 1.2	% of consultations conducted by primary health care unit/mobile teams with age and sex disaggregated data	More than 80%	Target Reached = 85% Total Consultations = 137,613 Males = 59,174 (43%) Females = 78,439 (57%) 1-4 years = 24,770 (18%) 5-14 years = 39,907 (29%) 15-49 years = 63,301 (46%) 50+ years = 9624 (7%)
Indicator 1.3	Case fatality ratio (CFR) for most common diseases (Diarrhoea)	Less than 1%	0.002%

Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of essential medicines (WHO standardized kits),	WHO (WHO will procure medicines under its standard procurement policy)	WHO procured 11 Inter-agency Emergency Health Kits and 50 ARI Kits (WHO standard kits) under its standard procurement policy to support the health facilities in the targeted agencies in FATA .
Activity 1.2	Deliver and monitor essential medicines to target locations/facilities/partners	WHO (WHO will deliver medicines to concern facilities/partners)	11 Inter-agency Emergency Health kits and 50 ARI Kits procured were delivered in time to health facilities in targeted agencies for uninterrupted health service delivery through health cluster partners and government.
Activity 1.3	Health information system developed and in place	WHO, Government health staff, Health facilities supported by health cluster partners namely EHSAR, WEO, SHED, PRSP, CERD, PEACE and CHEF Internationals	Health Information Management System along with Integrated Disease Surveillance System is developed and in place in all target health facilities in the 3 targeted agencies. Implementing partners collecting and reporting data through this system.
Activity 1.4	Provide outpatient and transient inpatient care before referral and improved sick child management services with a focus on acute respiratory tract infection (ARI) and control of diarrheal diseases (CDD)	WHO, Government run health facilities and Health facilities supported by health cluster partners namely EHSAR, WEO, SHED, PRSP, CERD, PEACE and CHEF International	Total Consultations = 137,613 Males = 59,174 (43%) Females = 78,439 (57%) 1-4 years = 24,770 (18%) 5-14 years = 39,907 (29%) 15-49 years = 63,301 (46%) 50+ years = 9624 (7%) Diarrhea = 19,265 Acute Respiratory Infections = 53,669
Output 2	Enhancing staff capacity on preventive and curative health care services; and health information management system on timely detection and response to the disease outbreak by implementing Disease Early Warning System		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	DEWS reporting tools and modules developed on curative and preventive health care services followed by ongoing DEWS reporting	WHO (WHO will be responsible for developing the system, while the implementation will be done through Government health facilities and Health cluster partners namely EHSAR, WEO, SHED, PRSP, CERD, PEACE and CHEF International	DEWS reporting tools are developed and aligned with the FATA health information management system and are implemented in the target agencies for uniform reporting from the targeted government health facilities supported by health cluster partners. The data presented in this report is all collected through DEWS and HMIS system.

Indicator 2.2	Health staff trained on reporting tools and standard case definitions of priority diseases under consideration	WHO will provide training to the government staff and also the health cluster implementing partners namely EHSAR, WEO, SHED, PRSP, CERD, PEACE and CHEF International	<p>164 health care providers including 75 staff of implementing partners in three target agencies were trained on DEWS, standard case definitions, data collection and reporting, alert and outbreak response and emergency preparedness and response.</p> <p>Total = 164 Males = 131 Females = 33</p>
---------------	--	---	---

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

The project was designed for six months and main interventions were targeted to re-activate the primary and secondary health care system in FATA, which was non-functional due to long-standing militancy and subsequent military operations in the return areas. The main outcome was to restore the confidence of the returning population on the local health systems for their day to day health needs, particularly the vulnerable sections such as women, children and elderly and enhance their access to essential lifesaving health services. The partners were carefully selected through a competitive process, for the implementation of the project, based on their working experience in FATA implementing similar projects under the PHPF and other grants. The project NOCs were applied by the implementing partners well in time in November (latest by 12th November 2015) and grants were transferred to partners in time too. The NOCs were exceptionally delayed due to reasons known to the authorities (military) only, as no details were provided. WHO and OCHA pursued the cases with the relevant authorities for grant of NOCs. Extensive advocacy meetings and consultations were carried out with the FDMA, military authorities and even reached to military headquarters through civil military coordination unit in OCHA. This exceptional delay also forced the UN system to apply for the No-cost extension for the projects. As a result, some modifications were proposed in the projects, mutually agreed by WHO, OCHA and the implementing partners to achieve the desired targets. The changes included increase in number of health clinics, staff working on off days/holidays as well as on weekends on rotational basis, holding of mobile medical camps at various villages located within the target locations catchment areas in conjunction with proposed static health facilities. The changes proposed were not in excess of more than 10% of the total project budget and hence no reprogramming was required. These modifications enabled partners and WHO to achieve 85% of the total proposed target. More than 137,000 (85%) individuals were reached during the project with lifesaving interventions such as treatment of different communicable and chronic disease, antenatal and post-natal care, referrals for complicated cases, medicines and supplies, health education and psychosocial support for women and other vulnerable.

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

The project was designed on the basis of needs identified during the detailed health needs assessment through a comprehensive community based assessment tool and key informant interviews with the beneficiaries conducted by health cluster, in the return areas of FATA. A multisector assessment of the FATA returnees conducted by OCHA in Khyber agency also provided detailed information about the needs in Khyber agency. Various inter-cluster assessments in the target agencies were also conducted which also provided insights into the needs and gaps in the return areas. The IDPs were involved in identifying their priority health needs which were incorporated in the need analysis of this proposal. The project was extensively coordinated with the FATA health department and the agency surgeon offices in the respective agencies to ensure that the project is in line with the priorities of the FATA health department as well. Other relevant clusters such as Nutrition and WASH were also consulted for better programmatic linkages and appropriate responses in the area.

The implementing partners also involved the communities in the project interventions through formation of community health committees in their target locations, who were briefed about the project interventions and were encouraged to actively participate and engage their communities for seeking health care from the proposed interventions. Complaint redressal mechanisms were set up in all project intervention sites and feedback was collected on project interventions. Patient exit interviews and client satisfaction surveys were conducted to assess the effectiveness of the interventions and to guide appropriate remedial actions. The complaints were meticulously addressed and resolved and also guided the project interventions.

<p>The Agency surgeon office, health cluster and WHO did the monitoring of the project activities in the field. Close coordination with the Pakistan army field formations in the area (who were controlling the area) was established which was crucial, as without their support, project implementation is impossible. The army also did strict monitoring of the activities with almost physically visiting all the project sites on daily basis and obtaining record and while also facilitated the implementing partners by providing security personnel for escorting and providing security in the field.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>No formal evaluation of the interventions was planned due to the limited duration of the project interventions and non-availability of base line data. Since the interventions were carried out in IDP return areas where health services were absent for almost 7 years due to militancy and subsequent military operations, hence revitalization and re activation was the major outcome of interventions which was achieved.</p> <p>WHO internal monitoring observed a lot of gaps in the health service delivery in the area. Close coordination with the stakeholders was another key area identified for improvement. There was an alarming gap in health human resource observed particularly female health staff in the health facilities. There is widespread devastation in the health infrastructure which needs to be addressed immediately through more extended project duration and developmental activities so that the health service delivery is restored at the earliest and the health needs of the vulnerable population are met.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	16/10/2015 – 14/07/2016		
2. CERF project code:	15-RR-WHO-042		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Life-Saving Nutrition Services for FATA Returnees					
7. Funding	a. Total funding requirements ³⁰ :	US\$ 71,147,164	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³¹ :	US\$ 16,866,051	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> 			
	c. Amount received from CERF:	US\$ 200,000	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 56,000 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	17,569	18,731	36,300	13,844	13,675	27,519
Adults (≥ 18)						
Total	17,569	18,731	36,300	13,844	13,675	27,519
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people	36,300		27,519 (76%)			
Total (same as in 8a)	36,300		27,519			

³⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³¹ 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>	<p>The Department of Health staff was successfully engaged for providing nutrition services delivery by involving Health Directorate FATA, especially the paediatric staff for dealing children in respective Stabilization Centres and Lady Health Workers involved in data collection for nutrition surveillance. The only hurdle in rendering quality services was realized that most of other nutrition partners were facing difficulty in getting NOCs within defined project period from FDMA/Army Brigades especially in South Waziristan Agency, due to which the referrals of children from other SFP/OTP sites to NSCs were affected and 100% of the results couldn't be achieved in terms of children admitted at concerned units. Most of the severely acute malnourished children were admitted from Hospital OPDs and also children referred by LHWs from community while sites referrals were minimal due to delayed joining of other nutrition partners due to NOCs issues.</p> <p>Furthermore, dire need is realized to scale up and sustain other OTP (Outpatient Therapeutic Programme) sites especially in South Waziristan Agency, by involving other nutrition partners, so that proper nutrition rehabilitation process of NSC discharged patients can be ensured at nearby OTP/SFP sites and also to enhance referrals from OTP/SFP sites to NSC at each agency.</p>
--	--

CERF Result Framework			
9. Project objective	The overall objective of the proposed project under Nutrition Cluster for KP and FATA is to ensure provision of life saving nutritional services for vulnerable children (boys and girls) at the community and facility level that meet national and internationally recommended minimum standard of care for a population affected by an emergency.		
10. Outcome statement	Disadvantaged children and women are accessing an integrated package of high impact, good quality health and nutrition services.		
11. Outputs			
Output 1	To contribute to the prevention of malnutrition in early childhood through promotion of improved infant and young child feeding, care giving and care seeking practices at the facility, community and family level (in nutrition stabilization centers and surveillance system at community and family level		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	No. of functional nutrition sites providing services	02	02
Indicator 1.2	No. of SAM with complication cases registered for treatment	436	376
Indicator 1.3	No. of HCPs trained on SC protocols	30	Total = 32 (male = 19 female = 13)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establishment of inpatient services for management of severe acute malnutrition with underlying medical complications at Agency Headquarter Hospitals.	WHO with Department of Health	In collaboration with Department of Health FATA, Nutrition Stabilization Centres (NSCs) were established for returnees in Kurram and South Waziristan Agency. For Kurram Agency NSC was established at AHQ-Hospital Parachinar, while for South Waziristan Agency it was established at AHQ-Hospital Wana.

Activity 1.2	Assurance of criteria children to be screened at OPD level (self-referrals) and to be properly admitted in Stabilization Centres (SC) for care.	WHO with Department of Health	A strong screening and referral mechanism was ensured both at hospital OPD level as well as at community level by involving Department of Health staff of both Kurram and South Waziristan Agency. Criteria children were admitted for providing therapeutic care at concerned Nutrition Stabilization Centres in both agencies. The nutrition partners (such as SSP,RP, INP FATA) and stakeholders were in close liaison. Due to late joining of other partners , most of the children were referred by DOH staff. At the moment referrals are being carried from other partners to NSCs already established with support of WHO and Health Directorate FATA.
Activity 1.3	Briefing sessions of health care providers from department of health as well as NGO staff to manage cases of acute malnutrition with complication	WHO with Department of Health	By involving Health Directorate FATA, all paediatric staff (including Paediatricians, Medical officers, Charge nurses and Paramedical staff) of AHQ-Parachinar and AHQ-Wana were trained on WHO guidelines for the management of Severely Acute Malnourished children presenting with medical complications. A total of 32 staff members (19 male and 13 female) were trained working in AHQ-Hospitals of both Agencies.
Output 2	To establish and strengthen the nutrition sentinel site surveillance system in two selected sentinel sites/Agency, to provide the trend of nutrition in the population.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	No. of functional HANSS sites providing services	04	04
Indicator 2.2	No. of SAM cases screened at Community	26,136	17,652 (These are number of beneficiaries screened by Lady Health Workers/CMWs only out of the total 27,519)
Indicator 2.3	No. of HCPs trained on HANSS protocols	50	66
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Establishment of two HANSS (Health and Nutrition Surveillance Sites) per Agency, to ensure and incorporate active surveillance system for knowing the trends in various health and nutrition indicators, at community level and adopting appropriate strategies to respond.	WHO with Department of Health	WHO in collaboration with FATA Health Department established and streamlined Health & Nutrition Surveillance System in Kurram and South Waziristan Agency. Two sentinel sites per agency were selected and the concerned LHWs (66 in number)were trained on WHO guidelines for operating health and nutrition surveillance system. The concerned staff was equipped for routine data collection tools.

Activity 2.2	Active screening of children < 5years at community by LHWs and ensuring their referrals to Nutrition Stabilization Centres(NSCs) for appropriate inpatient nutritional care	WHO with Department of Health	66 Lady Health Workers of concerned sentinel sites at Kurram and South Waziristan Agency were engaged in routine data collection for nutrition surveillance and assessment of acute malnutrition in children <5 years. A total of 17652 children under five years were reached.
Activity 2.3	Briefing sessions of DOH staff (especially LHWs) regarding HANSS for active surveillance of trends related to health and nutrition.	WHO	A total of 66 Lady Health Workers (LHWs) of selected sentinel sites of both Kurram and South Waziristan were trained on WHO protocols for routine data collection to know about trends in malnutrition in children. A total of 66 LHWs/LHSs were trained on basic HANSS procedures.

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:

WHO in collaboration with Health Directorate FATA accomplished most of the nutrition planned activities within the project phase; such as selection of sites for establishing Nutrition Stabilization Centres (NSCs) and Sentinel Sites for establishing a HANSS System, their functionalization for services delivery, capacity building activities of concerned staff, provision of essential equipment and medicines for operating inpatient units, streamlining health and nutrition surveillance system and ensuring routine progress data sharing from intervention sites.

The Department of Health staff was successfully engaged for providing nutrition services delivery by involving Health Directorate FATA, especially the paediatric staff for dealing children in respective Stabilization Centres and Lady Health Workers involved in data collection for nutrition surveillance. The only hurdle in rendering quality services was realized that most of other nutrition partners were facing difficulty in getting NOCs within defined project period from FDMA/Army Brigades especially in South Waziristan Agency, due to which the referrals of children from other SFP/OTP sites to NSCs were affected and 100% of the results couldn't be achieved in terms of children admitted at concerned units. Most of the severely acute malnourished children were admitted from Hospital OPDs and also children referred by LHWs from community while sites referrals were minimal due to delayed joining of other nutrition partners due to NOCs issues.

Furthermore, a dire need was met by scaling up and sustaining other OTP (Outpatient Therapeutic Programme) sites especially in South Waziristan Agency, by involving other nutrition partners, so that proper nutrition rehabilitation process of NSC discharged patients can be ensured at nearby OTP/SFP sites and also to enhance referrals from OTP/SFP sites to NSC at each agency.

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

Accountability for provision of nutrition services to affected population has been ensured in a number of ways, such as:

- At agency level Agency Health authorities (especially Agency Surgeon, Medical Superintendent of concerned hospitals, Coordinator of National LHWs Programme) are in close coordination and are involved to monitor/supervise the planned activities, find the gaps and provide relevant support in addressing issues.
- For ensuring quality services at Nutrition Stabilization Centres, the concerned chief paediatricians of AHQ-Hospitals are made accountable and have to act as SC Incharge-persons, so that standard services can be provided to needy population. The Paediatricians and Medical Superintendents are being given instructions from Health Directorate to timely share the progress and offer their active support in all stages of implementation.
- Office of the Coordinator of National LHWs Programme at each agency level act as central point for collecting routine health & Nutrition Surveillance data and the concerned Lady Health Supervisors (LHSs) are made accountable to collect surveillance data from their concerned LHWs and to submit the data accordingly to central office for analysis and reports generation.
- Health Directorate FATA teams are continuously looking after the project activities by conducting site visits to monitor the progress through standard checklists to explore the gaps and address them accordingly.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The findings of WHO internal monitoring, through government health authorities at each agency and by the FATA Health Directorate team are as under:	EVALUATION PENDING <input type="checkbox"/>
<ul style="list-style-type: none"> • The sites selection, establishing and functioning of Nutrition Stabilization Centres and streamlining a health and nutrition surveillance system were successfully completed both at Kurram and South Waziristan Agencies by WHO in collaboration with FATA Health Department. • Capacity building activities for Department of Health staff on WHO guidelines for operating NSCs and HANSS system at respective agencies were timely conducted and relevant staff engaged in delivering services at concerned units. The planned targets regarding providing essential trainings to HCPs of intervention sites were 100% achieved. The capacity building process was completed by WHO and Health Department jointly. • It was realized that staff turnover and staff rotation is a usual process within health department especially government staff assigned for rendering services in NSCs at AHQ-Hospitals of both agencies. The monitoring team suggested that conducting refresher training activities with regular intervals in future will minimize staff turnover and rotation issues and will contribute a lot not to disrupt treatment of malnourished children at inpatient units. • The monitoring results showed that nutrition services need expansion especially at South Waziristan Agency as such interventions have not been undertaken in the past in South Waziristan and creating other OTP/SFP sites will play positively to enhance referrals of malnourished children from NSC to OTP/SFP sites and vice versa. • The WHO internal monitoring team observed that insufficient numbers of Department of health staff especially of charge nurses is an issue at AHQ-Hospitals, and efforts are needed at government side to recruit additional staff, so that 24/7 services can be ensured at NSCs and other wards as well. • Shortage of energy/electricity has been observed at concerned hospitals which sometimes disrupt routine care process especially preparation and storing of therapeutic feeds at inpatients units. 	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	NNGO	\$128,532
15-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	NNGO	\$97,378
15-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	GOV	\$60,776
15-RR-CEF-116	Water, Sanitation and Hygiene	UNICEF	INGO	\$250,187
15-RR-CEF-112	Education	UNICEF	NNGO	\$212,914
15-RR-CEF-113	Health	UNICEF	NNGO	\$215,593
15-RR-CEF-113	Health	UNICEF	NNGO	\$111,543
15-RR-CEF-114	Nutrition	UNICEF	GOV	\$90,000
15-RR-CEF-114	Nutrition	UNICEF	NNGO	\$122,324
15-RR-CEF-114	Nutrition	UNICEF	NNGO	\$110,466
15-RR-WFP-066	Nutrition	WFP	NNGO	\$3,556
15-RR-WFP-066	Nutrition	WFP	NNGO	\$3,251
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$19,243
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$476
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$15,548
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$5,349
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$1,109
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$9,064
15-RR-WFP-067	Food Assistance	WFP	RedC	\$13,660
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$1,551
15-RR-WFP-067	Food Assistance	WFP	NNGO	\$607
15-RR-WHO-041	Health	WHO	NNGO	\$130,000
15-RR-WHO-041	Health	WHO	NNGO	\$180,000
15-RR-WHO-041	Health	WHO	NNGO	\$150,000
15-RR-WHO-041	Health	WHO	NNGO	\$170,000
15-RR-WHO-041	Health	WHO	NNGO	\$170,000
15-RR-FPA-037	Health	UNFPA	NNGO	\$198,131
15-RR-FPA-038	Protection	UNFPA	NNGO	\$90,767
15-RR-FPA-038	Protection	UNFPA	NNGO	\$88,125
15-RR-WHO-042	Nutrition	WHO	GOV	\$56,000
15-RR-HCR-055	Protection	UNHCR	NNGO	\$467,200

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Ante Natal Care
BHU	Basic Health Unit
CDK	Clean Delivery Kits
CF	Complementary Feeding
CMAM	Community Management of Acute Malnutrition
CNIC	Computerized National Identity Card
CP	Child Protection
DOH	Department of Health
EMIS	Education Management Information System
EmOC	Emergency Obstetric Care
FATA	Federally Administered Tribal Areas
FDMA	FATA Disaster Management Authority
FHH	Female Headed-Households
FP	Family Planning
FRD	Foundation for Rural Development
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HANSS	Health and Nutrition Surveillance System
HF	Hayat Foundation
HR	Human Resources
HRT	Humanitarian Regional Team
ICCM	Inter Cluster Coordination Mechanism
IDP	Internally Displaced Person
IEC	Information, Education and Communications
IP	Implementing Partner
IVAP	IDP Vulnerability Assessment and Profiling
IYCF	Infant and Young Child Feeding
KP	Khyber Pakthunkhwa
LLIN	Long-Lasting Insecticide Nets
M&C	Mother and Child
MCH	Mother and Child Healthcare
MISP	Minimum Initial Service Package
MOI	Ministry of Interior
MUAC	Mid-Upper Arm Circumference
NADRA	National Database Registration Authority
NIS	Nutrition Information System
NOC	No Objection Certificate

NSC	Nutrition Stabilization Centres
NWA	North Waziristan Agency
OTP	Out-patient Therapeutic Programme
PHPF	Pakistan Humanitarian Pooled Funds
PKR	Pakistan Rupee
PLaCEs	Protective Learning and Community Emergency Services
PLW	Pregnant and Lactating Women
PRDP	Pak Rural Development Programme
PVDP	Pakistan Village Development Programme
RHC	Rural Health Centre
RRU	Reconstruction and Rehabilitation Unit
RUSF	Ready to Use Supplementary Food
SABAWOON	NGO
SAM	Severe Acute Malnutrition
SBA	Skilled Birth Attendant
SIDA	Swedish International Development Agency
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
SWA	South Waziristan Agency
TIJ	Taleemi Islahi Jirga (Village council for education promotion)
TLCs	Temperory Learning Centers
TSFP	Targeted Supplementary Feeding Programme
VRF	Voluntary Return Form
WASH	Water, Sanitation and Hygiene
WFHS	Women Friendly Health Spaces
WSS	Water and Sanitation Scheme