



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
IRAQ
RAPID RESPONSE
CONFLICT-RELATED DISPLACEMENT 2014**

RESIDENT/HUMANITARIAN COORDINATOR

Ms. Lise Grande

REPORTING PROCESS AND CONSULTATION SUMMARY

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

No After Action Review has yet been planned. A small number of projects remain in progress through the end of November 2015.

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

YES NO

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

YES NO

Following compilation, the draft combined CERF report has been circulated to all implementing partners and their inputs incorporated in the final version.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response SRP requirements for five clusters:		
US\$ 1,296,358,306 (Source: CERF Application for grant funding December 1, 2014)		
Breakdown of total response funding received by source	Source	Amount
	CERF	14,871,397
	COUNTRY-BASED POOL FUND <i>(if applicable)</i>	
	OTHER (bilateral/multilateral)	20,000,000
	TOTAL	34, 871,397

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 1 December 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-178	Health	550,392
UNICEF	14-RR-CEF-179	Child Protection	386,741
UNICEF	14-RR-CEF-180	Water, Sanitation and Hygiene	1,920,136
FAO	14-RR-FAO-039	Food Aid	401,648
UNFPA	14-RR-FPA-053	Health	340,493
UNFPA	14-RR-FPA-054	Protection	411,832
UNHCR	14-RR-HCR-055	Protection	199,996
UNHCR	14-RR-HCR-056	Shelter	2,550,000
IOM	14-RR-IOM-052	Shelter	2,549,990
WFP	14-RR-WFP-090	Food Aid	4,700,000
WHO	14-RR-WHO-084	Health	860,169
TOTAL			14,871,397

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	13,332,965
Funds forwarded to NGOs for implementation	1,324,572
Funds forwarded to government partners	213,860
TOTAL	14,871,397

HUMANITARIAN NEEDS

Since December 2013, heavy fighting between the Iraqi Security Force (ISF) and Armed Opposition Groups (AOG) in the governorates throughout northern Iraq has resulted in instability, violence, and population displacement. Over 200,000 people were affected by conflict and military operations between 1 September and 9 November of 2014 in the central and southern Governorates and displaced within Kirkuk, Anbar, Diala and Sulimaniyah governorates.

More than 1.3 million Iraqis have been confirmed displaced in 2014, in three distinct displacement waves triggered by 1) the Anbar conflict starting in early January, 2) the Mosul conflict, which began in early June and 3) the Sinjar crisis which broke out on 4 August. While many Iraqis found their way to displacement camps, a vast majority continue to live in schools, mosques, churches and in unfinished buildings.

During the second half of May 2014, fighting in Anbar Governorate intensified and the humanitarian situation rapidly worsened, prompting the second major wave of displacement from Ramadi District. Following the Ramadi crisis, more than a quarter of a million individuals were displaced from Anbar Governorate.

Iraq faces a complex and growing humanitarian crisis. Malnutrition has been recorded, significantly slowing down children's physical and mental growth and development, especially among children under 2 years old, which will affect them for the rest of their lives. Food security, agricultural production and livelihoods are severely threatened by the escalating conflict in Iraq and they continue to require immediate attention. Findings of a rapid food security assessment published in July, and the ongoing IOM produced Displacement Tracking Matrix (DTM) reveal that 2.8 million Iraqis are estimated to be food insecure as a result of the conflict. The assessments identified the following vulnerable groups: a) IDPs in camps or residing with host families, b) IDPs on the move or living in public spaces, c) non-displaced food insecure people residing in areas controlled by armed groups (AGs), d) IDP returnees, e) and host communities vulnerable to food insecurity.

Loss of income and access to food sources essential for dietary sufficiency and diversity (e.g. eggs, milk, meat and fresh vegetables) could translate into greater reliance on food basket assistance over an extended period of time, particularly among displaced populations and the poor in the affected communities. These populations face a dangerous, multifaceted threat of reduced food production and access, rising food prices, reduced government subsidies, livelihood loss and, ultimately, depletion of their resource base and purchasing power after exhausting all available coping mechanisms. Support was urgently needed to safeguard and restore local livelihoods and food production cycles, while creating income opportunities for affected populations and increasing food production at the household level.

When the CERF proposal was submitted, conflict and violence were ongoing, the number of IDPs was increasing steadily and humanitarian partners were lacking critical supplies needed to support affected populations displaced into Anbar, Kirkuk, Diyala and Sulaymaniyah governorates. The CERF funds allowed humanitarian actors to continue providing core humanitarian assistance and emergency relief items to IDPs fleeing from central Iraq.

II. FOCUS AREAS AND PRIORITIZATION

Health

The CERF project was designed to provide an immediate response to the new influx of IDPs in central Iraq, prioritizing families recently displaced by the increasing insecurity. Almost 200,000 IDPs in Kirkuk, Sulaymaniyah, Diyala and Anbar governorates represented the main target population in critical need to receive health interventions to minimize the risk of outbreak prone diseases and to prevent maternal and child mortality through the provision of life-saving health services, including life-saving emergency obstetric care and essential new-born child care.

Protection

For the most vulnerable people fleeing the conflict, availability of "sanctuary spaces" of safety and the provision of appropriate services and care was essential for ensuring physical security, survival, and psychological stability. The CERF funding was prioritized to address the well-being of conflict-affected women, adolescent girls and boys including children at risk by identifying, responding to, and preventing reoccurrence of their protection concerns. CERF funding was used to immediately provide safe spaces and services;

monitoring and reporting on grave violations of child rights in the context of armed conflict, and the provision of psycho-social assistance to children.

WASH

The overall goal of the CERF supported WASH intervention was to provide lifesaving and sustained support to 100,000 IDPs in Diyala, Anbar and Kirkuk and Sulaymaniyah governorates through the provision of water supplies and sanitation facilities. This support included the provision of hygiene and sanitation supplies and raising awareness on the prevention and mitigation of WASH related diseases.

Many IDPs remained in the open and urgently needed shelter, safe water for drinking, improved sanitation (latrines, bathing units, and solid and wastewater management), personal hygiene services through hygiene awareness and supplies, as well as cooking sets.

Part of requested CERF funds were used to procure additional WASH supplies (hygiene kits, water storage containers, waste management supplies and materials used to establish sanitation facilities) in Diyala, Anbar, Dahuk and Sulaymaniyah governorates. Gender was mainstreamed into all WASH activities by planning and designing facilities in coordination with the benefiting and participating populations.

As a result, CERF provided emergency humanitarian assistance in central and southern governorates of Iraq. 80,560 IDPs had access to safe drinking water; 23,861 IDPs were provided with emergency sanitation facilities (latrines and showers); 22,033 IDPs received solid waste collection and disposal kits and facilities; 41,236 IDPs participated in hygiene awareness raising campaign, and 14,685 IDPs were provided with WASH Core Relief Items. In Alwand and Alyawa IDP camps in Khanaqeen, 12,424 IDPs were provided with hygiene kits and received hygiene promotion messages. 1,017 IDPs in Sulimaniyah governorate were provided with hygiene kits; and 99,792 IDPs received hygiene kits and hygiene promotion messages in camps and out-of-camps settings. 63,940 IDPs were provided with WASH Core Relief Items in Dahuk Governorate. Please refer to the table below for details on the population served through CERF supported WASH interventions.

Table 1. Population served (WASH)

Thematic Sector	Geographical Zones	Population Served	Comments
Provision of safe water supply	Baghdad, Anbar, Najaf, Salah Al-Din, Massan	80,560 IDPs	Bottled water distribution, water trucking and minor repairs to existing municipal water supply systems.
Provision of emergency sanitation services	Baghdad, Anbar, Najaf, Salah Al-Din, Massan	23,861 IDPs	Emergency construction/rehabilitation of latrines/showers.
Solid waste and disposal kits	Baghdad, Anbar, Najaf, Salah Al-Din, Massan	22,033 IDPs	Garbage collection through municipal councils and distribution of garbage collection items.
Access to hygiene promotion messages and hygiene kits	Baghdad, Anbar, Najaf, Salah Al-Din, Massan	41,236 IDPs	Hygiene kits contained 12 pieces of non-allergic soaps, 2.5 kg of powder soap for laundry, and 10 packs of female sanitary pads.
	Khanaqeen	12,424 IDPs	
	Sulimaniyah	1,017 IDPs	
	Duhok	99,792 IDP	
Provision of WASH	Baghdad, Anbar, Najaf, Salah Al-Din, Massan	14,685 IDPs	Core relief items included jerry cans and aqua-tabs. Beneficiary targeting and selection of type of WASH emergency assistance (hygiene and core relief items) were informed by vulnerability analysis with a particular emphasis on female-headed households, unaccompanied minors and the elderly.
	Duhok	63,940 IDPs	

Food and Agriculture

As time progressed and the conflict continued, food production and livelihood support to crisis-affected farmers became increasingly urgent in order to ensure resilience and to avert a long-term in food security disaster. FAO and its partners supported IDPs and vulnerable host community households with agricultural and livelihoods support for rapid food production through distribution of agriculture and livelihood generating inputs crucial for their survival. In a coordinated effort with other sectors, CERF supported the provision of immediate, lifesaving food assistance with a component of agricultural intervention to the people most affected by displacement in Kirkuk, Anbar and Sulaymaniyah provinces. Evidence from a Rapid Market Assessment conducted by Mercy Corps in Kirkuk and Anbar revealed that IDPs receiving areas had reported increased demand for food, leading to increased prices.

CERF funding targeted families settled into new locations through the distribution of vegetable seeds. The seeds were selected on the basis of nutritional value, local food diet and habits, as well as having the potential for income generation. This intervention did not require extensive land access, but backyard plots accessible in the vicinity of a settlement area. Beneficiaries were selected on the basis of vulnerability, access to a plot of land, likelihood of extended displacement and likelihood of their presence in those areas for the duration of the crop cycle.

In Anbar, Kirkuk, Diyala, and Sulaymaniyah governorates, WFP and its partners used CERF funds for the provision of life-saving food assistance for newly displaced populations. In order to address the needs of the newly displaced in a comprehensive manner, WFP and UNICEF partnered in the establishment of the Rapid Response Mechanism (RRM) with the following NGOs: Save the Children, ACTED, Mercy Corps, Danish Refugee Council, and Norwegian Refugee Council. The partners delivered WFP Initial Response Rations (IRRs) together with UNICEF hygiene kits and bottled water. WFP distributed rations consisted of culturally acceptable ready-to-eat items providing around 2,100 kcal/person/day. The content of the rations was adjusted from time to time based on consultations with affected communities regarding their food preferences and acceptability. Furthermore, families who were moved into new locations for an interim period of time received a provision of Family Food Parcels (FFPs), which provided almost 1,700 kcal per person per day for one month. These consisted of wheat flour, rice, bulgur, oil, sugar, iodized salt, canned vegetables, and lentils. The composition of the parcels was also adjusted based on community consultations.

Shelter/NFIs

As the inter-agency Shelter/NFI Cluster lead agency, UNHCR continued to promote the implementation of the national Shelter/NFI Cluster strategy. Additionally, coordinated response to winter assistance needs, complementing the work of local authorities and other humanitarian actors in meeting the needs of the most vulnerable IDPs throughout Iraq, was supported. In response to a prioritization of needs, winter assistance targeted IDPs living outdoors, in sub-standard structures, and/or those with particular vulnerabilities.

As envisaged by the proposal, CERF funding addressed priority needs of IDP families in the areas of displacement in Anbar, Kirkuk, and Sulaymaniyah and Diyala governorates. The deteriorating security situation in Anbar hindered implementation of projected activities in Al-Qa'im, Al-Rutba, Ana, Falluja, Haditha and Heet districts. The areas remained under the control of armed opposition groups with no access to UNHCR and other international humanitarian actors. UNHCR nonetheless reached IDPs who had experienced multiple displacements within Anbar, including in Al Habaniya Sub-District and Khalidya District as well as in western parts of Anbar Governorate.

From January 2014 to 27 August 2015, IOM's Displacement Tracking Matrix (DTM) identified 3,182,736 IDPs in 3,430 distinct locations across all 18 governorates in Iraq. DTM findings indicated an increase in migration within the governorates of Kirkuk and Diyala in October 2014. The majority of the displaced population remained within their governorates of origin: 76 percent of 98,508 IDPs in Diyala and 86 percent of 66,162 individuals in Kirkuk. Thus, in response to the increasing needs in the governorates, IOM targeted Diyala, Kirkuk and Sulaymaniya governorates for NFIs and shelter distributions. However, shortly after the approval of the proposal by CERF, the Government Emergency Cell (GEC) in Dahuk requested that agencies discontinue tent distribution in informal settlements in Dahuk and Kirkuk, such as in open areas and unfinished/abandoned buildings, to encourage IDPs to move into camps. Following the GEC request, and with the approval of CERF, IOM re-programmed the funds initially allocated to the procurement, warehousing and distribution of tents (\$1,372,000) to increase the procurement, warehousing, and distribution of an additional 3,450 NFI kits under the CERF funding amounting to total target of 5,550 NFI kits. This allowed IOM to support the newly displaced (driven from homes since 15 January 2015) with life-saving NFIs. Additionally, IOM was able to achieve moderate savings in the cost of NFI logistics (transportation and warehousing) due to synergies across different emergency response programmes. The savings were used within the same budget category for procurement of additional NFI kits and enabled IOM to assist additional beneficiaries with life-saving, essential items. 8,350 NFI kits in total were provided to beneficiaries during the course of the CERF-funded intervention.

III. CERF PROCESS

Health

Areas and activities prioritised in the CERF proposal were selected based on the findings of a variety of assessments conducted using the rapid health assessment tool developed for Iraq. The prioritization was also informed by primary data collected by the WHO Health Information Network focal points based in the relevant governorates. In addition, the Health Cluster conducted an assessment mission to Sulaymaniyah (Sulaymaniyah District – Arabat IDPs Camp) and Diyala (Khanaqin District – Aidan and Aliawa IDPs camps) in early November 2014. Two rapid health assessments conducted in Kirkuk in October 2014 revealed that IDPs originating from Anbar

Governorate were exposed to high rates of acute respiratory infections, eye infections and skin infections. Assessments' findings also indicated that even though health centres were located in a radius as small as 3 kilometres from populations, they were lacking essential supplies such as antibiotics and analgesics/antipyretics, and were not in a position to provide adequate healthcare services to the populations of concern. Interventions were prioritized based on the results of need assessments, the capacity to implement proposed activities, as well as existing agreements with partners. WHO, UNICEF and UNFPA worked in close coordination with the Directorates of Health of each target governorate, as well as with the implementing partners, targeting newly arrived IDPs in Kirkuk, Anbar, Diyala and Sulaymaniyah governorates.

Protection

The CERF proposal development was coordinated through the national Protection Cluster. The various sub-clusters were engaged and coordinated through a cluster coordination mechanism. The key priority needs, an intervention strategy, geographical distribution and allocation to the different participating organisations were all agreed upon within the cluster.

In its protection work, UNHCR applied vulnerability criteria to identify the potential beneficiaries of cash assistance, prioritizing female headed households; women at risk of GBV; families coping with disability; families composed of members with medical conditions; the elderly, single parents, families with children less than two years of age, unaccompanied and separated minors, and families living in public buildings or incomplete structures.

UNHCR, UNICEF and UNFPA, lead agencies of the Protection Cluster, Child Protection Sub-Cluster and SGBV Protection Working Group respectively, joined efforts to address distinct dimensions of vulnerabilities in a coordinated manner targeting the most vulnerable survivors of violent conflict in the central region, in static or semi-static situations. The CERF funded interventions of all three partner agencies were informed by the protection assessment conducted by UNHCR.

WASH

UNICEF-led interventions targeted new influxes of IDPs in central and southern governorates of Baghdad, Salah Al-Din, Najaf and Masan, based on priorities set by the WASH Cluster. Additional IDPs were targeted in Sulimaniyah, Khanageen and Duhok governorates during the course of the project and was informed by the UNICEF WASH field needs assessment from April 2015. In partnership with NGOs (listed in the table below), UNICEF rapidly responded and reached out to the most vulnerable IDPs. Geographic coverage of project activities was expanded due to the movement patterns of the displaced families.

By generating synergies among the available funding sources, to maximize the desired results and prioritizing CERF funds originally allocated to staffing costs to the humanitarian response, UNICEF assisted additional IDPs within the approved budget frame.

Governorate	Implementing partner
Diala (Khanqeen)	Save the Children International (SCI)
Anbar (Al-Khalidiayh, Al-Habbaniyah, Al-Falujah), Baghdad, Salah Al-Din, Masan, Najaf, etc	Rebuild Iraq Recruitment Program (RIRP), volunteers and Muslim Aid
Sulaymaniyah (Kalar)	ACTED
Dahuk	French Red Cross (FRC), Norwegian Refugee Council (NRC) and ACTED

Food

While fighting continued in the country, 3.2 million Iraqis remained displaced in Iraq. UN and NGO humanitarian agencies continued to maintain their response capacity to address both human-made and natural disasters. While the humanitarian impact of internal displacement in Iraq was still one of the dominant factors shaping the humanitarian needs in the country, differing levels of humanitarian needs were apparent in all governorates and districts of Iraq.

The Iraq Humanitarian Country Team proposed to focus much of its activities on priority areas. Anbar, Kirkuk and Sulaymaniyah governorates were targeted due to humanitarian need, and clusters then discussed the capacity of their partners in those areas to respond. Draft project proposals were shared with the HC who presented the requests for funding from the rapid response window of the Central Emergency Response Fund. Allocations from CERF allowed active partners in Iraq to carry out essential life-saving activities in chronically underfunded situations and drew attention to critical gaps in the humanitarian response.

Shelter/NFI

UNHCR identified shelter/NFI needs in two steps: through on-going rapid assessments and the mapping of at-risk groups that correspond to the priority needs established by the Cluster. This approach was followed by targeted, individual-level assessments to establish actual needs and to trigger appropriate response interventions.

IOM utilized DTM data to target IDP families for the provision of NFI kits. Coordination among IOM and concerned UN agencies was ensured through constant communication and active participation in Shelter/NFI Cluster meetings held during the preparatory, planning, implementing and reporting phases of this project. IOM liaised with UNHCR and the HCT to determine the composition of kits, distribution schedule and location, as well as the logistics, required for distribution. Furthermore, IOM coordinated with local government officials, revising its response when necessary, to provide for evolving needs. This allowed the humanitarian community to agree on the targets, geographical coverage, as well as to avoid duplication and strengthen synergies towards a holistic and coordinated action.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 2 million individuals displaced, recently displaced nearly 240,000 individuals (December 1, 2014) Source: CERF Application for grant funding, December 1, 2014.

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Girls (< 18)	Women (≥ 18)	Total	Girls (< 18)	Women (≥ 18)	Total
Health	40,000	20,000	60,000	40,000	18,000	58,000	80,000	38,000	118,000
Child Protection	2,425	13,654	16,079	2,800	889	3,689	5,225	14,543	19,768
Water, Sanitation and Hygiene	46,530	48,429	94,959	48,429	50,406	98,835	94,959	98,835	193,794
Food Aid	56,062	56,571	112,633	52,748	53,677	106,425	108,810	110,248	219,058
Protection	2,425	13,654	16,079	2,800	889	3,689	5,225	14,543	19,768
Shelter	17,140	16,428	33,568	14,835	16,466	31,301	31,975	32,894	64,869

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

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	164,582	168,736	333,318
Male	161,612	140,327	301,939
Total individuals (Female and male)	326,194	309,063	635,257

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.

FAO

The most vulnerable crisis-affected IDP households and host communities received vegetable seeds which increased vegetable production and subsequently generated additional income. This supported existing coping mechanisms, improved their livelihoods and strengthened resilience of the affected population. 3,550 households (approximately 21,300 individuals) directly benefited from the project. The CERF-funded intervention positively affected the host communities benefiting from an increase in fresh vegetable production and overall availability of quality food products.

WFP

WFP targeted 200,000 displaced individuals not included in the HRP, using IOM's Displacement Tracking Matrix (DTM) data. In its beneficiary estimate, WFP took into account the amount of food to be procured with the available funds (US\$ 4,700,000). The 200,000 targeted IDPs were newly displaced and assessments indicated that geographic areas with high concentrations of IDPs reported an increased demand for food items, resulting in elevated market prices.

UNHCR

Cash and NFI beneficiary targeting was informed by needs assessments conducted by UNHCR. In order to identify the most vulnerable families for cash assistance, UNHCR conducted an assessment at the household level. UNHCR's implementing partners established and mobilized teams to visit IDPs at their place of residence to collect first hand data. Implementing partner mobile teams conducted in-depth household assessments. To select families eligible for cash assistance, UNHCR field teams evaluated the assessment forms and approved cases on the basis of the application of the vulnerability criteria.

Only those meeting the vulnerability requirements set out in the cash assistance assessment form, and who were otherwise unable to meet their basic needs, were targeted. Not all persons required cash assistance. In some cases, even though an individual met one or more of the vulnerability criteria, they may have had a strong support network (e.g. family, friends, host community, a source of income, etc.) that helped them cope. The key questions asked were whether or not an individual was able to cope with their difficult circumstances and whether they were able to meet their basic needs.

In 2015, UNHCR improved the speed and efficiency of identification cash assistance beneficiaries by rolling out the tablet-based protection monitoring tool (PMT), simplifying data entry. This enhanced information gathered in the assessments, analysis and identification of gaps and needs. UNHCR also conducted capacity-building exercises for its staff and that of partner organisations carrying out these assessments, including Qandil, Harikar, CDO, IRC, and REACH.

CERF RESULTS

Health

UNICEF

In close coordination with the Directorates of Health (DoH) of Kirkuk, Sulaymaniyah, Diyala and Anbar, UNICEF achieved the following results, presented by each activity originally included in the CERF proposal:

Activity: Equip facilities with medical technologies (medicine, medical supplies, and medical equipment) to provide lifesaving health services at PHCs.

UNICEF procured critical and life-saving medical and non-medical supplies and distributed these items in coordination with the DoH of Kirkuk, Sulaymaniyah, Diyala and Anbar governorates. Supplies included inter alia: 3,000 micronutrient sachets; 5,000 packages of antibiotics; 1,400 packages of therapeutic food; and 12,000 leaflets on breastfeeding and infant feeding practices for pregnant and lactating mothers. Medical records and statistics of access and use of the primary health care centres (generated and shared by the MoH), indicated that approximately 34,000 individuals (adults and children) benefited from the distribution of critical, life-saving medicines and supplies. The distribution took place in 15 selected PHCCs and five IDP camps.

Activity: Deploy eight mobile health clinics for the population sheltered in informal establishments

UNICEF extended its technical support to the Directorates of Health of Anbar and Kirkuk. The ultimate goal of this intervention was to secure access to primary healthcare services and to reach vulnerable displaced communities unable to use the existing healthcare centres as a result of the displacement and on-going crisis. During the reporting period, UNICEF successfully established eight mobile health clinics: four in Kirkuk by February 2015 and four in Anbar by May 2015. The implementation of this activity was delayed in Anbar Governorate due to security reasons, affecting access and outreach. Nevertheless, close coordination with the Anbar Directorate of Health enabled UNICEF to move its original plan forward to contribute to the establishment of the mobile health units. In Kirkuk, the mobile health clinics conducted a total of 34,085 consultations over a period of three months, including those for 10,000 women ≥ 18 years; 10,000 girls < 18 and 9,000 boys < 18 years. In Anbar, the mobile teams conducted large-scale health promotion activities, including the distribution of 6,000 leaflets containing health messages for IDPs on prevention of scabies, lice and personal hygiene, and 6,000 additional leaflets containing messages on the importance of immunization especially against polio. In addition, the DoH Health installed six health message signs in five IDPs locations in both target governorates. Communication materials on behavioural change were distributed among IDPs living in the governorates targeted under this activity. The delivery followed the revised procurement plan for 2015 with local counterparts.

Activity: Provide medical technologies (medicines, medical supplies, equipment, vaccines) to twelve selected static health facilities and eight mobile medical services

All medical technologies were procured offshore, in coordination with UNICEF Copenhagen and distributed between July and August 2015 according to the distribution plan agreed with the Ministry of Health. UNICEF procured and delivered 150 refrigerators to restore and sustain cold chains, as well as 80 beds for in-patient care.

Activity: Ensure adequate and trained medical staff both male and female for the static and mobile medical services

A total of 100 (60 women and 40 men) medical and paramedical staff attended refresher trainings on the Expanded Program of Immunization (EPI); growth monitoring of children under the age of five; infant and young child feeding practices; health promotion skills and neonatal care, as per the CERF project plan. UNICEF closely coordinated with the DoH of each target governorate to ensure equal participation of medical and paramedical staff. This included 20 staff from Anbar, 50 from Kirkuk, 15 from Kalar and 15 in Khanaqin.

Activity: Strengthen PHCs to deliver post-natal care and essential new-born health care services

UNICEF supported this activity through the provision of supplies including antibiotic syrup, therapeutic foods, and vitamin A, in addition to training of health staff on proper post-natal care and essential new-born health care services. This intervention complimented UNICEF's support to twelve selected static health facilities and eight mobile medical services as well as ensured adequately trained male and female medical staff for static and mobile medical services.

Activity: Conduct life-saving emergency measles vaccination campaign in each governorate

In coordination with the Ministry of Health and the World Health Organization, UNICEF supported a measles campaign in Anbar, Dyala and Kirkuk. Additionally, vaccination campaigns in selected IDP camps, identified in coordination with the Ministry of Health on a priority and needs-based approach, were conducted. Vaccination campaigns were facilitated in five camps in Anbar, two IDP settlements in Kirkuk, three IDP camps in Sulaymaniyah and two IDP settlements in Khanaqin. UNICEF procured measles vaccines for 54,500 under five year old children (27,700 girls and 26,800 boys) or 80 percent of the original target. Training for MOH staff to effectively conduct the vaccination campaign was also provided by UNICEF.

Activity: Health promotion and mass media support for vaccination campaigns

Health promotion activities were conducted in all four governorates and covered topics on the measles vaccination campaign as well as personal hygiene promotion and the prevention of diseases, including but not limited to: handwashing, and Young Child Feeding (IYCF) practices. UNICEF's health promotion sessions reached 36,000 individuals.

UNFPA

As a part of the CERF-funded intervention, UNFPA focused on ensuring quality and accessibility of maternal health care services to women of reproductive age, in Kirkuk, Sulaymaniah and Amiriyat Al Fallujha. The support went to the Ministry of Health and NGOs to establish primary health care services or to strengthen existing capacity and upgrade facilities to ensure adequate access to maternal health care services. As a result, maternity wings in Taza health facility in Kirkuk and Amiriyat Al Fallujha health facility in Anbar Governorate Amarayat al Fallujah were established. Six PHCs were provided with Reproductive Health Kits, supplies and medical personnel in Anbar, Kirkuk and Sulimaniyah.

Several capacity building activities targeting health personnel were conducted using CERF funding, including two training sessions on basic emergency obstetric care for 25 staff and two training activities on family planning service provision in Diyala for 20 staff. Furthermore, CERF funds supported mobilization of women for Reproductive Health (RH) services. In total, 19 sessions were conducted, over 316 women were mobilized; 486 attended antenatal care (ANC) and 547 – postnatal care (PNC) and 1225 assisted deliveries were facilitated.

At community level, UNFPA distributed 40 Clean Delivery Kits which benefited 2000 women during antenatal care visits. Every pregnant mother, visibly pregnant over six months, received one plastic container including gloves, razor blades, soap, plastic sheeting, string for the umbilical cord, sealed bag for packing, and cotton cloth to be used in case of emergency.

WHO

WHO supported the establishment of health clinics in the newly constructed Laylan camp in Kirkuk Governorate. Laylan Camp has a residential capacity of about 10,000 individuals and is the first formal camp in the province.

Aliawa PHCC and health centres in Khanaqin District were rehabilitated using CERF funds. Health services for both the host community and IDPs in Aliawa Camp were also provided.

A total of eight mobile teams were deployed in Kirkuk in collaboration with the Kirkuk DoH to provide services to IDPs and the host community in hard to reach areas. The teams operated in all four districts of Kirkuk Governorate to ensure the widest possible coverage for IDPs.

Essential medicines, medical supplies (including Interagency Emergency Health Kits (IEHK) and medical equipment have been distributed in Anbar, Kirkuk and Sulaymanaih governorates based on needs assessments. These proved sufficient to cover the needs of about 105,000 individuals.

Protection

UNHCR

UNHCR and partners provided vulnerability-based cash assistance as a life-saving and critical sustenance tool to support the most vulnerable IDP families affected by displacement, as a part of appropriate interventions identified through protection monitoring.

By filling a critical gap and to meet immediate individualized needs for survival in a flexible manner, this assistance sought to complement winterisation assistance and other relief efforts extended by other clusters. Cash assistance gave flexibility to IDPs in meeting their immediate needs, including the ability to pay rent, rehabilitation of their accommodation, to purchase warm clothes, and other items needed to survive the winter. As of mid-May 2015, UNHCR distributed cash assistance to a total of 28,153 vulnerable families across Iraq. The total number of beneficiaries of cash assistance since January 2014 is 168,900 individuals in camp and non-camp locations.

A total of 396 of the most vulnerable newly displaced IDP families (2,376 individuals) were identified and provided with cash assistance of US\$472 per family. UNHCR targeted a total of 115 IDP families in Khanaqin and 281 IDP families in Kirkuk. While identification of the most vulnerable IDPs families eligible for cash assistance was conducted by UNHCR's partners, namely the International Rescue Committee (IRC) in Khanaqin/Diyala, and REACH (with support from IRC) in Kirkuk, Muslim Aid implemented the disbursement of this assistance.

UNICEF

UNICEF supported the training of 45 national staff members of implementing partners to enable child protection services:

- Eight staff from Save the Children (KSC)
- Eleven from International Medical Corps (IMC)
- 26 staff from Kurdistan Children Nest (KCN)

Selected staff participated in four training activities on child protection in emergencies, Monitoring and Reporting Mechanism (MRM), use of ActivityInfo and provision of child protection services for children with disabilities. Following the trainings and the implementation of child protection services in the target areas, UNICEF and its partners reached 4,393 (1,967 girls and 2,426 boys) and provided them with psychosocial support services. In addition, based on the partnership agreement established with KCN, 49 fathers and 35 mothers attended orientation and briefing sessions on child rights, prevention of violence against children, and family hygiene in the informal settlements of Kolajo Saleh Agha, Barika, and Qurato IDP camps. Parents' training was critical to enhance a protective environment for children and to promote continuity of support to children affected by violence and conflict as well as strengthening linkages between the Child Friendly Spaces and their families.

UNICEF also procured and delivered 601 recreational kits to support Child Friendly Space activities for informal learning and social interaction. The recreational kits contained various items for structured activities for children. These included handballs, inflating kits,

chalk, referee whistles, slates, tape measures, UNICEF bags, T-shirts, footballs and volleyballs, amongst other items. The continuous communication with families and weekly meetings held with parents in order to identify children with challenges, and providing support to them, has been very helpful. Staff operating at six Child Friendly Spaces targeted within the CERF project have reported improved children's behaviour, reduced aggressive behaviour among children, improved daily attendance and discipline at the Child Friendly Spaces, and increased a sense of confidence among IDP children when communicating with staff and their peers.

UNFPA

CERF funding has contributed towards the protection and preservation of the dignity of women who urgently require immediate assistance. UNFPA managed to cater for the dignity of displaced women in hard-to-reach areas. A total of 8,400 Dignity Kits were distributed to displaced women, most beneficiaries were served during the first days of displacement. In addition to Gender-Based Violence (GBV) risk information, over 8,000 women received dignity kits and warm clothing. 8,400 Dignity Kits and winter clothes were distributed to women of reproductive age in Kirkuk, Anbar, Baghdad, Khanaqin as well as Tikrit and Samara in Salah al Din Governorate.

Dedicated women spaces in Yahyawa and Laylan camps in Kirkuk Governorate provided a platform for women to engage with each other and to receive information on protection issues. Social and recreational activities provided a platform for self-support group therapy and were used as an entry point for awareness on available services for women in the camp. Women space structures will continue to serve as a resource for women in this area including the provision for GBV case management beyond the life span of the project.

19 social and recreational activity sessions took place for women in Kirkuk Governorate and Khanaqin District. A total number of 450 women benefited from the activities in the two women centres. Ten community mobilization and awareness sessions were conducted by outreach teams. This community mobilisation exercise reached over 150 women with information on GBV risk mitigation and information on available services. All these initiatives were used as an entry point for women to enter the spaces and increase their utilisation of the available services.

WASH

UNICEF

During the reporting period, UNICEF and its implementation partners achieved the following results:

Activities	Geographical Zones	Population served	Girls < 18	Boys < 18	Women over 18	Men over 18
Distribution of bottled water	Anbar Governorate	48,000	11,525	11,995	11,995	12,485
Water trucking and water tanks	Anbar Governorate	32,560	7,818	8,137	8,137	8,469
Emergency sanitation	Central/South Iraq	23,861	5,729	5,963	5,963	6,206
Solid wastes and disposal kits	Central/South Iraq	22,033	5,290	5,506	5,506	5,731
Hygiene messages and education	Central/South Iraq	41,236	9,901	10,305	10,305	10,725
Hygiene kits and messages	Khanaqin District and Sulimaniyah Governorate	13,441	3,227	3,359	3,359	3,496
Hygiene kits and messages	Duhok Governorate	99,792	23,960	24,938	24,938	25,956
WASH core relief items	Central/South Iraq	14,685	3,526	3,670	3,670	3,819

WASH core relief items	Duhok Governorate	63,940	15,352	15,979	15,979	16,631
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Note: WASH IDPs reached (based on UNICEF PME calculations): segregated figures are calculated as follows – 51 percent of given population is male and 49 percent is female. The percentage of children < 18 years of the same given population is also 49 percent. Therefore, the estimated total population of females is the same of children < 18 years of age. The calculations of males and females < 18 years of age take the same estimates of 51 percent and 49 percent respectively. The differences of these estimates from the original disaggregations are males and females of over 18 years old respectively.

- 48,000 IDPs on the move (11,525 women < 18 years; 11,995 women over 18 years; 11,995 men < 18 years; and 12,485 men over 18 years) were reached through provision and distribution of 16,100 sets of bottled water as well as jerry cans in tented camps and collective centres in Amiriyat Al Fallujha, Al Habbaniya city, Bizebiz area within the Anbar governorate.
- 32,560 IDPs (7,818 women < 18 years; 8,137 women over 18 years; 8,137 men < 18 years, and 8,469 men over 18 years) were reached through provision and installation of 200 Water tanks, 5000L and 100 water tanks, 1000L in tented camps, reception points and collective centres in Amiriyat Al Fallujha, Al Habbaniya City as well as Bizebiz area within Anbar Governorate.
- 23,861 IDPs (5,729 women < 18 years, 5,963 women ≥18 years; 5,963 men < 18 years and 6,206 men ≥18 years) were provided with emergency sanitation facilities (latrines and showers) in central and southern areas of Iraq.
- 22,033 IDPs (5,290 women < 18 years; 5,506 women ≥18 years; 5,506 men < 18 years; and 5,731 men ≥18 years) were provided with solid waste collection and disposal kits, and establishment of final dumping sites in central and southern areas of Iraq
- 41,236 IDPs (9,901 women < 18 years; 10,305 women over 18 years; 10,305 men < 18 years; and 10,725 men ≥18 years) received hygiene messages and education in central and southern areas of Iraq.
- 13,441 IDPs (3,227 women < 18 years; 3,359 women ≥18 years; 3,359 men < 18 years and 3,496 men ≥18 years) were provided with hygiene kits and hygiene promotion messages in Kallar, Alwand and Alyawa camps in Khanaqeen, Suleymaniah Governorate.
- 99,792 IDPs (23960 women < 18 years; 24,938 women ≥18 years; 24,938 men < 18 years; and 25,956 men ≥18 years) received hygiene kits and hygiene promotion messages in camps and out-of-camp settings in Dahuk Governorate.
- 14,685 IDPs (3,526 women < 18 years; 3,670 women ≥18 years, 3,670 men < 18 years, and 3,819 men ≥18 years) were provided with WASH Core Relief Items in central and southern areas of Iraq.
- 63,940 IDPs (15,352 women < 18 years; 15,979 women ≥18 years; 15,979 men < 18 years; and 16,631 men ≥18 years) were provided with WASH Core Relief Items in Dahuk Governorate

Food

FAO

Timely and targeted CERF-funded intervention supported emergency crop production and saved families from experiencing continuous crop losses and the adoption of negative coping strategies. A potential major food and nutrition crisis was averted. This humanitarian assistance supported the reintegration of returnees, IDPs and crisis-affected vulnerable rural communities in Iraq. The CERF support enhanced the resilience and coping capacities of targeted populations through the provision of agriculture inputs and support to income – generation, which in turn improved household diets.

FAO implemented the project to address the food insecurity of IDPs and host communities in the crisis-affected areas as well as the revival of agricultural income generation activities through the provision of agricultural inputs to quickly improve household food availability and backyard gardening. The project particularly focused on the household food availability and income generation capacities of women-headed households. The project resulted in 3,550 poor and crisis-affected households (21,300 individuals) in four governorates receiving tomato, cucumber, okra and onion seeds.

WFP

WFP prioritized CERF funds for life-saving food assistance to newly displaced people. WFP successfully reached a total of 197,758 beneficiaries out of a targeted 200,000, (98.8 percent), through two modalities of food assistance: Immediate Response Rations through

the RRM and Family Food Parcels. Due to access issues, the project could unfortunately not assist the entire caseload of beneficiaries as envisaged by the project proposal.

Shelter/NFI

UNHCR

During the reporting period, UNHCR implemented its winterization strategy across all governorates of Iraq. The winterization assistance package for forcibly displaced families included the distribution of winterization kits (consisting of jerry cans for water and kerosene, blankets, plastic sheeting and heating stoves), the winterization of buildings in which IDPs reside, notably the refurbishment and provision of sealing-off kits for unfinished and abandoned houses used by IDPs, as well as the provision of kerosene.

50,000 IDP families across the KR-I received winter items by the end of February 2015. The distribution of items was proportional to the location and relative concentration of the IDP population:

- Dahuk Governorate – 31,100 winter NFI kits;
- Erbil Governorate – 10,000 winter NFI kits;
- Sulaimaniyah Governorate – 8,900 winter NFI kits.

Since the number of winterization kits available was limited, compared to the overall needs of the displaced population, only the most vulnerable families were targeted with assistance. The identification and targeting was carried out through protection monitoring referrals and protection field visits. The majority of the camp population, previously residing in the open and unfinished buildings, was assessed as vulnerable and received winter kits. For the allocation of tents in the camps, the vulnerability criteria were decided by the Government.

Throughout the reporting period, UNHCR distributed a total of 19,272 tents across the south and central governorates of the country. Despite the challenging security situation, UNHCR successfully carried out the distribution of winterization kits to displaced families. The standard winterization package for the centre and southern governorates was similar, and included water jerry cans and kerosene jerry cans, six blankets, one plastic sheet and one heating stove. As of 28 February 2015, UNHCR dispatched sufficient blankets/quilts, plastic sheets, stoves, and kerosene jerry cans and water jerry cans to meet the needs of 20,000 households in the central and southern governorates of Iraq.

The distribution was as follows:

- Anbar Governorate - 800 winter NFI kits;
- Babylon Governorate - 1,250 winter NFI kits;
- Baghdad Governorate - 1,972 winter NFI kits;
- Diyala Governorate - 4,500 winter NFI kits;
- Kerbala Governorate - 1,500 winter NFI kits;
- Kirkuk Governorate - 5,000 winter NFI kits;
- Najaf Governorate – 1,500 winter NFI kits
- Salah al Din Governorate - 1,000 winter NFI kits;
- Wassit Governorate - 500 winter NFI kits;
- Ninewa Governorate - 728 winter NFI kits;
- Thi Qar, Qadissiyah, Basra, Missan, and Muthanna governorates - 250 winter NFI kits distributed in each governorate.

As part of the winterization programme, 11,094 families in Kirkuk and Diyala governorates received 1,221,852 litres of kerosene from UNHCR to meet their cooking and heating needs.

CERF funding was used to distribute some 1,025 winter kits and 1,072 tents to displaced families in Sulaymaniyah Governorate; 227 winter NFI kits and 94 tents in Anbar Governorate; 654 winter NFI kits and 537 tents in Kirkuk Governorate, as well as 394 winter NFI kits and 597 tents in Diyala Governorate. A total of 2,866 households, comprising 17,196 individuals, benefited from the distributions.

All distributions were implemented in consultation with the Government of Iraq and with the relevant clusters, in particular the NFI/Shelter Cluster to determine the composition and distribution schedule of emergency NFI kits, as well as coordinate the logistics of transportation activities. UNHCR closely coordinated with IOM and partners to ensure coverage across the priority areas while avoiding duplication and overlap between partners.

IOM

Through the DTM and in-line with the 2014 Strategic Response Plan, IOM identified the priority needs of IDP families displaced from Mosul, Sinjar and the surrounding districts. NFIs were highlighted as being of paramount importance. Utilizing CERF funding, IOM addressed the immediate non-food needs of Iraqi IDPs across Diyala, Kirkuk and Sulaymaniyah governorates.

During the project period, IOM reached 8,350 IDP families (47,673 individuals) in Diyala, Kirukuk and Sulaymaniyah governorates, through the provision of 8,350 NFI emergency kits, as detailed in the table below. IOM exceeded the targeted outcome of reaching 5,550 families. This is largely attributed towards the reallocation of remaining tent warehousing and transportation funds, towards NFI kit procurement.

Each kit was composed of a carpet, blankets, kerosene heater, hygiene kit, mattresses, kerosene stove, kitchen set, pillows, jerry can, towels, plastic sheet and kerosene, as detailed in table below. The delivery was rapid and efficient due to a fully integrated supply-chain management system managed by the IOM Erbil Hub Office. The office is responsible for managing the IOM central Iraq warehouse in Erbil as well as securing and maintaining long-term agreements with a regular network of local suppliers.

Table: IOM NFI distribution broken-down by gender and location

Governorate	Families	Individuals	Female	Male
Diyala	2,150	12,052	6,076	5,976
Kirkuk	3,275	19,359	9,852	9,507
Sulaymaniyah	2,925	16,262	8,183	8,079
Total	8,350	47,673	24,111	23,562

Table: IOM Winterization NFI Kit composition

Item	Quantity
Carpet 3x4m	1
Blanket, winter type	4
Heater Kerosene	1
Hygiene kit	1
Mattresses	4
Kerosene stove	1
Kitchen set	1
Pillow	4
Jerry Can (15 liter)	1
Towels	4
Plastic sheet 4x5 m	1

Post Distribution Monitoring

Follow-up visits and monitoring surveys, integral elements of IOM's project implementation methodology, were carried out regularly, depending on security and accessibility of beneficiaries. IOM conducted Post Distribution Monitoring (PDM) surveys with various NFI beneficiary households to collect valuable data regarding the emergency response assistance provided. IOM field staff reached a total of

465 respondents, or 6 percent of the total caseload. The results indicated that IOM's services were effective. 100 percent of beneficiaries reported IOM's NFI kits were sufficient to meet family's immediate household needs. IOM's distribution of NFIs was particularly significant as all beneficiaries surveyed reported that they had not received any emergency assistance prior to the distribution of NFIs.

Furthermore, IOM utilized PDMs to collect data on beneficiaries' priority needs, which will assist in future planning of interventions. The top five priority needs reported in the CERF PDM activity were food, fuel, household items, clothing and water. PDM results informed IOM programming, thereby connecting distributions of assistance with other IOM interventions.

CERF's ADDED VALUE

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

Health

- The CERF supported provision of Emergency RH contributed to safe infant deliveries and the protection of mothers in the delivery process. The manner in which RH kits were assembled allowed quick and timely delivery of equipment and supplies. UNFPA supported MoH with recruiting medical staff in camps, increased accessibility to reproductive health services and enabled timely referral cases to secondary care level for further interventions.
- CERF funds were catalytic in ensuring a rapid response to meeting the needs of women, especially dignity kits, warm clothing and clean-delivery kits for pregnant women. UNFPA rapidly distributed the items assisting beneficiaries within the first two days of the crisis, including in hard-to-reach areas.
- Establishing and strengthening two clinics in Kirkuk and Khanaqin IDP camps ensured timely provision of adequate public health care services. CERF funding was instrumental in supporting services in locations lacking health care facilities.
- Mobile health teams played a significant role in increasing IDPs' access to health services in Kirkuk Governorate.
- Procurement and distribution of medicines and other medical supplies supported rapid response in the areas of concern. The interventions addressed gaps reported by the MoH/DoHs and other partners in a timely and efficient manner.
- Availability of CERF resources made it possible to maintain an appropriate contingency stock of life-saving medications in both WHO warehouses in Baghdad and Erbil for distribution according to the needs and geographical locations.

Protection

- UNFPA and its partner addressed the critical needs of women in Kirkuk and Anbar Governorates. The findings of an ISHO assessment revealed that many women in these areas had insufficient sanitary wear and clothing. This raised concerns regarding women's dignity, hygiene and health. Prior to this CERF-funded intervention there was no GBV risk mitigation programme or provision of psychosocial care to GBV survivors in Anbar, Baghdad, Khanagin and Kirkuk governorates. Distribution of dignity kits and clothing became essential and was much appreciated by women. The situation was more challenging during the winter and warm clothing for women and babies procured by UNFPA assisted beneficiaries in withstanding the cold conditions. The provision of winter clothing for women was not part of the winterisation programme. However, using CERF funds ensured that women's current needs were prioritised and fulfilled.
- CERF funds were critical in ensuring that the needs of women, especially those receiving dignity kits, warm clothing and clean delivery kits were prioritized.
- When CERF funds were received, UNICEF and its implementing partners faced security challenges in the areas of the proposed activities. The attack in Kirkuk in March 2015 halted the roll out of the interventions originally planned and agreed with national and international partners. Later in April 2015, International Medical Corps (IMC) re-assessed the security conditions in Kirkuk to allow its local and international staff to operate. As a result, child protection activities were launched later in May. Due to the security constraints, the project did not start on time. To ensure project implementation, the UNICEF review committee recommended the re-assessment of the situation to mitigate some of the risks that would be envisaged. The project was implemented having started at a later date.

WASH

- The fast release of CERF funds enabled UNICEF to respond in a timely fashion providing critical life-saving assistance to people on the move and as well as IDPs being located in settlements.
- The CERF grant enabled UNICEF's rapid response, and addressed the most critical needs of 48,000 IDPs on the move and over 32,000 IDPs to an adequate water supply. Over 154,000 IDPs received critical humanitarian aid through the provision of hygiene kits and other core relief items.
- CERF funding enabled UNICEF to launch an immediate WASH response, providing life-saving supplies. In parallel, while addressing the most critical needs of people on the move and IDPs, UNICEF approached additional partners for their complementary support to continue the provision of the WASH services within the first line response period. Furthermore, the CERF-funded intervention increased geographical coverage, including Dahuk Governorate where core relief items and emergency solid waste management were overstretched due to the increase of IDPs in Khanke, Bersieve II and Badget Kandala camps.

Food

- The CERF funding helped to respond to the emergency situation promoting recovery and self-reliance (restoration of livelihoods) of the affected rural communities from an early stage. Assuring the prompt delivery and distribution of humanitarian relief inputs, the inputs were necessary to elevate food security and provide the most vulnerable with the means of survival. This funding used emergency assistance in a manner that served both relief and development purposes.
- The CERF contribution allowed WFP to procure, dispatch, and distribute food rations for those unaccounted for, specifically affected people not included in the HRP process. This ensured that the food security needs of displaced Iraqi families were met during the winter in the first quarter of 2015.

Shelter/NFI

- The CERF funding allowed UNHCR to initiate the distribution of tents and NFIs as well as to provide immediate cash assistance to vulnerable displaced families.
- CERF funds were essential in efficiently and effectively addressing the evolving emergency needs of Iraqi IDP families, through the delivery of NFI kits.

b) Did CERF funds help respond to time critical needs?
YES PARTIALLY NO

Health

- Mass population movement within the country increased the risk of potential disease outbreaks, such as polio and measles, among displaced people. With the generous support from the CERF, UNICEF was able to reach over 54,000 vulnerable IDP children and to protect them with measles vaccination.
- At CERF project submission stage, newly displaced populations were in an urgent need of health interventions. The support to the two clinics in Kirkuk and Khanaqin was critical and time-sensitive as IDPs had moved to the camps in the mentioned locations with inadequate access to health facilities.

Protection

¹ 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.).

- Prioritizing life-saving protection and critical sustenance was key for the Protection Cluster. Women's needs for protection, dignity and information to mitigate the risks were prioritised. 8,400 women displaced, including those at risk of gender-based violence, pregnant women and women of reproductive age, were provided with dignity kits and warm clothing, including items for new born babies.
- CERF funds ensured protection of the most vulnerable children affected by the waves of displacement in Kirkuk and Khanaqin, by prioritizing life-saving interventions. UNICEF immediately provided safe spaces and services to the most vulnerable people through strengthening the monitoring and reporting on grave violations of child rights in the context of armed conflict. Provision of psychosocial assistance to children displaced in camps, unfinished building and those most recently relocated IDPs in the Leylan Camp in Kirkuk Governorate was also ensured. Three Child Friendly Spaces were established and supported in Khanaqin (one static and two mobile) and two CFS in Leylan, Kirkuk Governorate.

WASH

- CERF funding was instrumental in guaranteeing rapid procurement and deployment of life-saving supplies to reach the most vulnerable people on the move, including the new influx of IDPs registered in mid-April 2015, when approximately 250,000 IDPs fled from Ramadi towards central and southern governorates of Iraq. These people were in need of critical and essential WASH services at checkpoints and temporary make-shift shelters.

Food

- The project addressed the critical problem of food insecurity of IDPs and host communities and supported the revival of agricultural income generation activities in Iraq through the provision of necessary inputs and technical support. The intervention provided a means to rebuild livelihoods while focusing on providing inputs that quickly improves household food availability and income (kitchen gardening). Due to the short production cycle of vegetables, multiple harvests became a possibility.
- CERF funds allowed WFP to respond to the immediate needs of conflict-affected people, without interrupting its food pipeline.

Shelter/NFI

- Most IDPs left their homes and arrived in camps and urban areas with nothing but the clothes they were wearing. UNHCR was able to rapidly provide blankets, mattresses, kitchen sets, water jerry cans, plastic sheeting and tents at the camp. IDPs with specific vulnerabilities also received cash assistance for shelter or other immediate family needs.
- CERF funds facilitated IOM's provision of time critical emergency assistance to IDPs, through needs assessments and the provision of NFIs.

c) Did CERF funds help improve resource mobilization from other sources?
 YES PARTIALLY NO

Health

- CERF funding constituted the basis upon which UNICEF built tangible results, which prompted additional funding from other donors to sustain the measles immunization programme and other life-saving services for preventive and curative care of mothers and children affected by conflict.
- Using CERF's initial grant, WHO was able to mobilize additional resources to sustain activities carried out by the mobile teams in Kirkuk Governorate.
- CERF funds helped to mobilise additional resources for reproductive health services in hard-to reach-areas. For instance, ECHO came to augment the activities and services that UNFPA had initiated in Kirkuk with CERF funds.
- CERF allowed UNICEF to promptly and effectively reach newly displaced people in a high-risk humanitarian situation. UNICEF's immediate response, combined with UNICEF's technical capacity of preventing the disruption of critical services such as measles immunization, gave other donors confidence that UNICEF could operate in such conditions and remain accountable for the achieved results.

Protection

- CERF allowed UNICEF to effectively reach people on the move in an extremely volatile, high-risk humanitarian context. UNICEF's immediate response, combined with UNICEF's technical capacity of tracking and monitoring the number of cases of children in need of psychosocial support gave donors confidence. The CERF funding constituted the basis upon which UNICEF built tangible results. This prompted additional funding from other donors to sustain the provision of child protection services.

WASH

- UNICEF redirected CERF funds originally allocated to WASH staff costs to ensure the procurement of core relief items for continued life-saving hygiene interventions in Dahuk, swiftly adjusting its response to the dynamic humanitarian scenario. This was due to the increased needs among communities affected by conflict and displacement,

Food

- Funds received from CERF were followed by other contributions from other sources, which maintained continuity to the provision of emergency life-saving food assistance.

Shelter/NFI

- CERF funding contributed to UNHCR's rapid response capacity and is believed to have encouraged donors to reach out to UNHCR and other humanitarian agencies to support ongoing assistance to IDPs.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Health

- UNICEF operated in close coordination with WHO and the Ministry of Health according to the planning and framework of action agreed among partners in the Health Cluster. CERF funding contributed to further strengthen contingency planning as related to procurement and delivery of critical, life-saving supplies as well as manage available resources to address capacity building gaps and the needs of healthcare staff. This ensured avoidance of duplication of efforts and resources among partners.
- CERF funding created an opportunity for close coordination among health actors, particularly through the Health Cluster coordination meetings at national and sub-national levels. For instance, in Kirkuk, regular cluster meetings were held with active participation of the DoH of Kirkuk Governorate.

Protection

- Partners implementing protection related interventions held regular meetings to share progress made in project activities.

WASH

- As result of the Mosul crisis in June 2014, UNICEF staff were relocated from Baghdad to Erbil in August 2014 to respond to the three waves of displacement mainly affecting the Kurdistan Region. Following the relocation, UNICEF remotely coordinated WASH in the central and southern areas of the country from Erbil. Within the CERF-funded project, UNICEF strengthened its coordination on the ground with the local authorities and implementing partners to deliver life-saving assistance in hard-to-reach and insecure areas in a timely and efficient fashion.
- Regular communication and information sharing between UNICEF and its implementing partners dedicated to the dynamic response triggered a consolidated and rapid response, including the coordination of RRM interventions in the targeted governorates.

- Collaboration with government counterparts improved through closer coordination in Baghdad. Due to the time-sensitive nature of the Rapid Response Mechanism intervention, which included rapid assessment data on displaced populations, information generated through the RRM enabled UNICEF to better coordinate and plan the static WASH response.

Food

- During the ongoing relief operations in Iraq, FAO has worked with the government, and in close collaboration with other UN agencies through the UN Country Team, the UN Humanitarian Coordinator and OCHA, to ensure timely delivery of assistance to the most vulnerable. This was achieved through the co-ordination of the Food Security Cluster, including other humanitarian community partners in the cluster.
- This joint FAO/WFP CERF grant was coordinated through the Food Security Cluster to ensure an effective, accountable and coordinated food security response.
- CERF funding has proven to be unique in the way that agencies work together to prevent overlap and jointly contribute towards a coordinated goal of humanitarian assistance.

NFI/Shelter

- The CERF funding mechanism ensured efficient coordination of the humanitarian response and timely distributions to the displaced.
- IOM coordinated with UNHCR and other UN Country Team actors throughout the various stages of the project to agree on targets and locations, as well as to avoid duplication. Additionally, IOM coordinated with local government officials to tailor its response to evolving needs on the ground.

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

- CERF contributed greatly to the humanitarian community's rapid response to the people in need.
- CERF enabled UN to reach underserved areas, for example, Kirkuk and Khanaqin, which were not possible before the availability of CERF funding which could prioritize the provision of assistance in hard-to-reach areas.
- UNICEF was able deliver assistance in areas where there was very minimal intervention. Through CERF funding, training was provided to staff of Kurdistan Children's Fund, Kurdistan Save the Children and International Medical Corps. This contributed to enhancing and strengthening the capacity of implementing partners to respond to the most critical and sensitive child protection needs. The establishment and maintenance of Child Friendly Spaces helped create normalcy in the lives of children and their emotional distress was reduced through the provision of psychosocial support.
- Although this CERF allocation was originally designed for very specific geographical zones, the funds also benefited more than 99,000 IDPs in Dahuk Governorate through the provision of WASH Core Relief Items, as well as hygiene kits and hygiene promotion messages. The CERF funds were critical in filling in gaps in WASH supplies for continued hygiene practices in the Khanke, Bersieve II and Badget Kandala IDP camps in Dahuk Governorate, as well as for more than 13,000 IDPs in Khanaqeen and Sulimaniyah.
- Through CERF-funded interventions, inter-cluster coordination was strengthened, particularly between the Health and WASH clusters in terms of preventive services as well as health education and promotion of health activities.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<ul style="list-style-type: none"> The high volatility of the operational environment affected the continuity of activities, as well as the swift adaptation of the humanitarian response both in terms of geographical coverage and type of intervention. 	<ul style="list-style-type: none"> Allow a higher degree of flexibility in the use of the funds, including re-programming, to enable the CERF recipients, and their implementing partners, to adapt and respond to the rapidly changing needs and priorities. 	CERF SECRETARIAT
<ul style="list-style-type: none"> Some level of flexibility is required in implementation 	<ul style="list-style-type: none"> Regularly review the dynamic and unexpected changes of the humanitarian context and allow for flexibility in the re-programming of the interventions, including extension of the project time frame. The attack of Kirkuk dramatically changed the security environment and affected project implementation, slowing down the implementation of services and, ultimately, the outreach capacity of all partners supporting the CERF-funded project. 	United Nations Country Team/Humanitarian Country Team, led by OCHA
<ul style="list-style-type: none"> Access in other areas was a major concern (e. g Anbar and Salah Al-Din) 	<ul style="list-style-type: none"> Continued flexibility for the CERF Secretariat to allow No Cost Extension in specific cases. 	CERF Secretariat
<ul style="list-style-type: none"> Constraints such as minimum front-line access capacity, access to areas outside government control, political transition, weak institutional capacities, deterioration of basic services, poor state of most rural infrastructure challenge partners' ability to implement projects. 	<ul style="list-style-type: none"> Increase the level of aid and assistance provided by international donors to better respond to the constantly changing situation in the country, with an emphasis on provision of basic services such as food, water and health. 	CERF Secretariat
<ul style="list-style-type: none"> CERF remains a strategic and critical funding mechanism for humanitarian response in Iraq, particularly, in light of 	<ul style="list-style-type: none"> CERF is still required to fill in the gaps while the Humanitarian Country Team engages in dialogue with donors to support the Humanitarian Response Plan. CERF should allow for increased funding to address the most critical and unmet needs and challenges UNICEF and its 	OCHA

<p>the multiple waves of displacement, which required UNICEF to swiftly adapt its response.</p>	<p>partners face to fund the full package of services</p>	
<ul style="list-style-type: none"> • The joint WFP/FAO food security proposal worked well. 	<ul style="list-style-type: none"> • WFP/FAO to continue to submit consolidated CERF proposals through the Food Security Cluster 	<ul style="list-style-type: none"> • WFP/FAO CERF secretariat to request.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<ul style="list-style-type: none"> • Direct Cash Transfer (DCT) to the Ministry/Directorate of Health (MoH/DoH) will contribute to accelerate service delivery. 	<ul style="list-style-type: none"> • UNICEF to create a vendor account for DoHs of Kirkuk, Sulaimaniyah and Dyjala governorates and to give authority to DoH to receive DCTs 	<ul style="list-style-type: none"> • Ministry of Health, Directorates of Health from Kirkuk, Sulaimaniyah and Dyjala governorates and UNICEF
<ul style="list-style-type: none"> • Access to areas like Salah al Din and Anbar governorates was a major concern 	<ul style="list-style-type: none"> • Invest in the use of local NGO-facilitated access to underserved communities in areas where UN and INGO have no access 	<ul style="list-style-type: none"> • UN Agencies, local NGOs
<ul style="list-style-type: none"> • Access in other areas was a major concern 	<ul style="list-style-type: none"> • Support the local capacities of NGOs to ensure the provision of services in the targeted locations 	<ul style="list-style-type: none"> • UN Agencies
<ul style="list-style-type: none"> • Expanding some activities may be required 	<ul style="list-style-type: none"> • Consider the expansion of activities by ensuring flexibility of the budget distribution 	<ul style="list-style-type: none"> • UN Agencies
<ul style="list-style-type: none"> • Security was a major concern that had to be addressed for certain projects. Almost one third of the country is outside of government control and humanitarian action in these areas is extremely difficult, impacted by the presence of armed groups, airstrikes, explosive devices and snipers. 	<ul style="list-style-type: none"> • Flexible approach should be taken with regard to the implementation of activities in hard-to-access areas, in addition to better coordination and liaison between different humanitarian actors in the country 	<ul style="list-style-type: none"> • HCT
<ul style="list-style-type: none"> • Beneficiaries breakdown per age should include the age category 0-5 years old. NFI distribution forms should also include the age range 0-5 years old in the age disaggregation of beneficiaries. 	<ul style="list-style-type: none"> • Amend the NFI distribution form to include the age range 0-5 years old 	<ul style="list-style-type: none"> • IOM
<ul style="list-style-type: none"> • The high volatility of the operational environment affected the continuity of the activities, as well as swift adaptation of the humanitarian response both in terms of 	<ul style="list-style-type: none"> • Allow higher degree of flexibility in the use of the funds, including re-programming, to enable fund recipients, and their implementing partners, to adapt and respond to the rapidly changing needs and priorities 	<ul style="list-style-type: none"> • Concerned UN Agencies

<p>geographical coverage and type of intervention.</p>		
<ul style="list-style-type: none"> • Remote monitoring call centres could be introduced to monitor and incorporate beneficiaries' feedback, especially in hard-to-reach areas. 	<ul style="list-style-type: none"> • Interagency IDP Call Centre to expand to hard-to-reach areas to monitor and incorporate beneficiaries' feedback 	<ul style="list-style-type: none"> • Clusters, Interagency IDP Call Centre
<ul style="list-style-type: none"> • Dedicating full-time staff for the RRM within all Consortium partners, as well as for partners in the fields of Monitoring and Evaluation, data collection and analysis is critical. 	<ul style="list-style-type: none"> • RRM member agencies/partners to dedicate staff to RRM 	<ul style="list-style-type: none"> • WFP, UNICEF, RRM partners

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF UNFPA WHO	5. CERF grant period:	15.11.14 – 14.05.15 (UNICEF, UNFPA and WHO)			
2. CERF project code:	14-RR-CEF-178 14-RR-FPA-053 14-RR-WHO-084	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Provision of life-saving health services to reduce avoidable morbidities and mortalities among the newly displaced population in central Iraq					
7. Funding	a. Total project budget : (Source: Original Proposal)	US\$ 185,375,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project: (Source: Original Proposal)	US\$ 74,811,754	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 224,554	
	c. Amount received from CERF:	US\$ 1,751,054	▪ <i>Government Partners:</i>		US\$ 192,185	
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>	42,000	40,000	82,000	40,000 (UNICEF) 26,000 (WHO)	40,000 (UNICEF) 23,000 (WHO)	80,000 (UNICEF) 49,000 (WHO)
<i>Adults (≥18)</i>	60,000	58,000	118,000	20,000 (UNICEF) 50,000 (WHO) 13,000 (FPA)	18,000 (UNICEF) 61,000 (WHO)	38,000 (UNICEF) 111,000 (WHO) 13,000 (FPA)
Total	102,000	98,000	200,000	60,000 (UNICEF) 76,000 (WHO) 13,000 (FPA)	58,000 (UNICEF) 84,000 (WHO)	118,000 (UNICEF) 160,000 (WHO) 13,000 (FPA) Total =

		years, 10500 girls < 18, 10,000 boys < 18 years.	years, 10,000 girls < 18 and 9,000 boys < 18 years. (UNFPA) 13,000 women ≥18 yrs. (WHO) 40,000 women and girls, men and boys above and < 18 years.
Indicator 1.2	Number of health facilities / mobile clinics / 10,000 population	One health facility/mobile clinics / 10,000 population for a total of 12 health facilities and 8 mobile clinics for a catchment population of 200,000 people.	(UNICEF) 8 Mobile clinics: 4 in Kirkuk and 4 in Anbar. (UNFPA) 2 Maternity wings within Primary Health Cares (PHCs) supported - Taza Health facility in Kirkuk, and Amiriyat Al Fallujha Health facility in Anbar (UNFPA). (WHO) 1 Health facility established in Laylan Camp in Kirkuk, one clinic in Aliawa Village in Khanaqin to support the host community and the IDPs in Aliawa Camp. Eight mobile teams established in Kirkuk.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Strengthen medical teams in the health facilities in areas receiving the influx of new IDPs to cope with the workload generated by the new displacement	WHO, MoH, DoH	(WHO) worked closely with DoHs in the targeted areas to strengthen the health facility.
Activity 1.2	Equip facilities with medical technologies (medicine, medical supplies, medical equipment) to provide lifesaving health services at PHCs	UNICEF, WHO, UNFPA, MoH, DoH	UNICEF, MoH, DoH, UNFPA (UNFPA) Six PHCs were supported by one kit each of RH

			<p>kits 4 & 5 which served 375 and 250 pregnant women and assisted deliveries per kit respectively.</p> <p>Three hospitals were supported each with Kit 6A and 6B each to serve 300 and 45 pregnant women and assisted deliveries respectively in Anbar, Kirkuk and Sulaymaniyah Governorates</p> <p>(WHO) Six health facilities in Kirkuk, Sulaymaniyah, and Anbar been supported by essential medicines and IEH kits. Laboratory equipment been donated as well.</p>
Activity 1.3	<p>Establish four healthcare facilities in newly established IDP camps in Laylan Camp in Kirkuk, Heet in Anbar, The new Khanaqin camp in Khanaqin, Diyala, Arbat Camp in Sulaymaniyah. Cost of establishment is covered from sources other than CERF</p>	WHO, DoH	<p>(WHO) Three health facilities established in Laylan Camp in Kirkuk and Aliawa Village in Khanqin. Arbat IDP Camp clinic was expanded with WHO support.</p>
Activity 1.4	<p>Deploy eight mobile health clinics for populations sheltered in informal establishments</p>	<p>MoH, DoH, UNICEF, UNFPA (4 mobile clinics) and WHO (4 mobile medical services)</p>	<p>UNICEF, MOH, DO (UNFPA) No mobile clinics were established by UNFPA for RH services. Establishment of mobile clinics is done with the authorisation of the Ministry of Health, which was not granted during the life of the project.</p>

			(WHO) Eight mobile teams started in Kirkuk by WHO to support IDPs in hard-to-reach areas in four districts (Dibis, Daquq, Kirkuk1 and 2 health districts.)
Activity 1.5	Provide medical technologies (medicines, medical supplies, equipment, vaccines) to twelve selected static health facilities and eight mobile medical services	WHO, UNICEF, MoH, DoH	(WHO) All targeted health facilities and the mobile teams were supported with medications, vaccinations and equipment by WHO and the relevant DoH.
Activity 1.6	Ensure adequate and trained medical staff both male and female for the static and mobile medical services	WHO, UNICEF, UNFPA MoH, DoH	UNICEF, MoH, DoH, UNFPA (UNFPA) two training sessions on basic emergency obstetric care targeting 25 health personnel and two trainings on Family Planning service provision in Diyala for 20 health staff. (WHO) 92 staff been trained by WHO in Kirkuk in three training sessions to provide preventive and curative services for IDPs in static and mobile teams.
Output 2	Emergency obstetric care services and care of the new-born provided		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of deliveries assisted by a skilled health worker	1,550 deliveries (100 percent)	(UNFPA)1225 (425 in Sulaymaniyah + 800 estimated from Kirkuk +Anbar) (variation between

			target and reached is that expected deliveries are based on global estimates per population and the actual amount is sometimes different. Additionally, people experience multiple displacements and continue to be mobile).
Indicator 2.2	Percentage of newborn babies of IDPs benefitting from newborn care services.	100 percent	(UNICEF) 50 percent (1,250 new-born babies)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	RH emergency obstetric kits and clean delivery kits procured and distributed	UNFPA, Qandeel	(UNFPA) 13 PHCs received kit 4 and 5 which serves 375 ad 250 assisted deliveries respectively and 5 hospitals were supported with RH kits 6 a and 6b which serve 300 and 45 assisted deliveries respectively (UNFPA) 200 clean delivery kits were distributed to benefit 4,800 women (UNFPA)
Activity 2.2	Strengthening PHCs to deliver postnatal care and essential new-born health care services	MoH, DoH, UNICEF, UNFPA	UNICEF, MoH, DoH (UNFPA) Delivery Room at Amiriyat Al Fallujha established, currently offering ANC, deliveries and PNC. Currently 13 deliveries and 820 clients have accessed this facility.

			<p>Additionally, Taza Health Facility in Kirkuk has been provided with Generator and RH supplies, staffing (GP and two midwives to strengthen its capacity for ANC and PNC (UNFPA). As of now six deliveries took place at TAZA Health Facility.</p>
Activity 2.3	Recruit medical staff to support emergency obstetric service delivery	Moh, DoHs, UNFPA, Qandeel	<p>(UNFPA) UNFPA supported two gynaecologist + two midwives + one GP + two nurses in Sulaymaniyah and nine personnel who are currently working in delivery rooms at Amiriyat Al Fallujha.</p>
Output 3	All IDP children under 15 years of age vaccinated against measles		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Percentage of IDP children under 15 years vaccinated against measles	100 percent (68,000 child including 34,000 girls, 34,000 boys)	<p>(UNICEF) 80 percent (54,500 including 27,700 girls and 26,800 boys). (WHO) 35,000 girls and 34,500 boys vaccinated against measles.</p>
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct life-saving emergency measles vaccination campaign in each governorate	MoH, DoH, UNICEF, WHO	<p>UNICEF, MoH, DoH (WHO) WHO and UNICEF jointly supported both central and KRI MoH, and subsequently, DoHs to conduct measles vaccination campaign all over</p>

			Iraq.
Activity 3.2	Health promotion and mass media support for vaccination campaigns	Contracted agency, UNICEF, WHO	UNICEF, MoH, DoH (WHO) Mass media campaign conducted by WHO and UNICEF to promote measles vaccination campaign through media and distribution of leaflets and posters.

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:

(UNFPA) UNFPA was supposed to establish mobile clinics apart from support to the PHCs. However, this did not materialise due to discussions taking a long time to conclude with the Directorates for Health in the targeted catchment area. Additionally, mobile clinics were not a priority. Alternatively, support was directed to existing health facilities, including the establishment of new PHCs for Leylan and Yahyawa camps in Kirkuk.

(WHO) With expanded geographical coverage of additional areas affected by the displacement in Anbar, the number of beneficiaries was more than originally planned. The Kirkuk DoH requested support for eight mobile clinics instead of four due to the increased number of IDPs to be served.

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

(UNICEF) Affected communities were consulted during the rapid health assessments conducted by the cluster to better identify needs and priorities. Further consultations were conducted with the communities at the design and implementation stages to ensure the provision of culturally sensitive healthcare services which respected local customs, while also responding to the needs of the populations. The types of medical services have been tailored to the needs of the population. Specialized medical services and staff from the displaced communities themselves have been working to address health needs of IDP families in the target areas.

(UNFPA) The health facility assessment exercise took place in the targeted areas, which included talking to health facility staff, assessing the needs of the IDPs as well as holding discussions with directorates of health. The findings informed the actual support required within the framework of UNFPA's mandate.

(WHO) Beneficiary populations were involved in all stages of field assessments conducted by WHO focal points in the affected areas. This contributed to ensuring that beneficiaries remained a part of the decision-making process with regard to the type of support provided by WHO.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
(UNICEF) The project does not foresee the roll out of a final evaluation. Nevertheless, UNICEF promoted quality assurance and close monitoring of the interventions described above by undertaking regular field visits. UNICEF Health and Nutrition National Officer visited Kirkuk five times; conducted three visits to Khanaqin and Kalar districts in Sulaymaniyah and Dyala respectively; and twice visited selected IDP locations in Anbar Governorate. (UNFPA) No evaluation planned.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

(WHO) No evaluation is planned for WHO's component. Regular monitoring visits were conducted during the implementation period	
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TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF UNFPA UNHCR	5. CERF grant period:	25.11.14 – 24.05.15 (UNICEF) 18.12.14 – 17.06.15 (UNFPA) 15.11.14 – 14.05.15 (UNHCR)			
2. CERF project code:	14-RR-CEF-179 14-RR-FPA-054 14-RR-HCR-055	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Child Protection (UNICEF) Protection (UNFPA and UNHCR)		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Life-saving protection and critical sustenance support to the most vulnerable internally displaced individuals and groups at risk.					
7. Funding	a. Total project budget: (Source: Original Proposal)	US\$ 90,586,601	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project: (Source: Original Proposal)	US\$ 36,319,494	▪ NGO partners and Red Cross/Crescent:		US\$ 279,394	
	c. Amount received from CERF:	US\$ 1997138	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	7,994	3,518	11,512	458 (HCR) 1,967 (UNICEF)	374 (HCR) 2,426 (UNICEF)	832 (HCR) 4,393 (UNICEF)
Adults (≥18)	18,594	5,070	23,664	849 (HCR) 293 (UNICEF) 12512 (UNFPA)	695 (HCR) 194 (UNICEF)	1,544 (HCR) 487 (UNICEF) 12512 (UNFPA)
Total	24,588	8,588	35,176	1,307 (HCR) 2,260 (UNICEF) 12512 (UNFPA) Total = 16,079	1,069 (HCR) 2,620 (UNICEF) Total = 3689	2,376 (HCR) 4,880 (UNICEF) 12512 (UNFPA) Total = 19,768
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			

Refugees		
IDPs	30,896	2,376 (HCR) 4,880 (UNICEF) 12000 (UNFPA) Total = 19,768
Host population	4,280	(UNICEF) Out-of-camp activities for the host communities were limited as most of the IDPs were living in established camps. Therefore, the provision of services in camps was prioritized, rather than assistance to host communities. In light of this, data collection and reporting was available for IDPs only, who remain the primary target beneficiaries of the project. (UNFPA) 512
Other affected people		
Total (same as in 8a)	35,176	2,376 (HCR) 4,880 (UNICEF) 12512 (UNFPA) Total = 19,768
<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>		(UNICEF) The highly volatile environment intensified military operations in the original target areas and worsening security situation in parts of northern and central Iraq have heavily impacted on the initiation of the project. Implementing partners (both national and international NGOs) faced several delays in setting up and delivering child protection services mainly due to insecurity and limited access to the communities in need. Programme implementation coordinated by IMC and Kurdistan Save the Children in Laylan Camp (Kirkuk), Ashty and Tazade camps (Sulaymaniyah) and Piramagrun (non-camp setting in Sulaymaniyah) started later than originally planned. (UNFPA) The targeted population figure is less than originally projected due to accessibility issues. This delayed the start of the project in Kirkuk.

CERF Result Framework			
9. Project objective	Protection of the most vulnerable through life-saving and critical sustenance support to the most vulnerable IDPs affected by the recent waves of displacement.		
10. Outcome statement	The survival and immediate sustenance of the most vulnerable victims of the latest wave of violent conflict in the central region is enhanced in a manner that addresses their distinct needs and a wide range of rights in a targeted yet flexible manner.		
11. Outputs			
Output 1	396 of the most vulnerable IDP families meet their essential needs based on a one-time vulnerability-based cash assistance		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of households receiving cash grants	396 households	396 households
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 1.1	Identification of the most vulnerable IDP families	IRC / REACH	IRC / REACH
Activity 1.2	Distribution of cash assistance to the most vulnerable families	Muslim Aid	Muslim Aid
Activity 1.3	Cash assistance monitoring	Muslim Aid	Muslim Aid
Output 2	Community-based services established to provide psycho-social counselling for GBV survivors in IDP camps and in affected / host communities and essential items distributed to women and girls in need		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of 'women's spaces' established to provide quality service for survivors of violence with adequate referral. Women's spaces will provide a secure environment for women to receive survive care in safety. This also includes psychosocial support and referral to other specialised services depending on case (e.g. medical, livelihood, legal, NFI).	1 (Leylan Camp-Kirkuk)	Two women's spaces established in Kirkuk: Yahyawa and Leylan camps offering services for IDP women and girls. UNFPA decided to establish an additional women's space responding to the growing needs on the ground which became possible with the savings generated due to the delay in project implementation.
Indicator 2.2	Number of cases provided with psychosocial support and adequate referral	80	20 GBV survivors from Khanaqin provided with psychosocial support and referrals to other services. Given the sensitive nature of GBV and cultural norms, people are yet to gain confidence to register such a case and seek help. During the course of the project no cases were reported.
Indicator 2.3	Number of women and girls benefitted from winter clothes and dignity kit	8,500 women and 3,000 neonates	8,749 women, including pregnant women, received winter clothing and dignity kits (Kirkuk, Khanaqin, Baghdad and Salah al Din governorates. 1,225 neonates received baby kits. (1,225 deliveries were recorded in Sulaymaniyah; while in Kirkuk, deliveries have not yet been registered. Some baby kits will be

			distributed after the project end date.
Indicator 2.4	Number of outreach sessions by community volunteers. Outreach sessions to IDP population and host community (especially women and girls) on GBV prevention and available services, including reproductive health issues and information of where to get which service. Beneficiaries will benefit from knowledge of women's rights and support to ensure women participation in the decision making (e.g. women committee as structure for community owned and led prevention mechanisms). Target is 500 women in 20 sessions.	20 sessions	35 community outreach and awareness sessions on GBV risk mitigation and available services were conducted (six sessions in Kirkuk, 29 sessions in Khanaqin, which targeted over 1000 women.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Establishment of 'women's space' / social centre in Leylan Camp - Kirkuk	ISHO - NGO	Islamic Relief
Activity 2.2	Provision of psychosocial support to women survivors of GBV and referrals	ISHO - NGO	Islamic Relief
Activity 2.3	Provision of social and recreational activities to women and girls as group therapy and entry point for GBV prevention awareness	ISHO - NGO	Islamic Relief, Tajeed and TOGETHER
Activity 2.4	Warm clothing and dignity kit distribution to women of reproductive age and pregnant women	ISHO - NGO	ISHO, Islamic Relief
Activity 2.5	Community mobilisation and outreach for GBV prevention and awareness on available services	ISHO - NGO	ISHO, Islamic Relief, TOGETHER
Output 3	Monitoring and strengthening child protection and referral network		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of focal person trained to monitor, report and refer cases of violations reported	15 Focal persons	45 Focal Persons trained
Indicator 3.2	Number of cases of grave violations monitored, reported and documented.	100 cases	39 reported , 24 verified
Indicator 3.3	Number of cases of grave violations referred to appropriate services	40 percent of reported cases	24 percent of reported cases
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Train focal persons and deployment in IDPs locations	UNICEF	UNICEF
Activity 3.2	MRM cases identification, interviewing, verification and documentations	UNICEF, SCI, IMC and four local CBOs and five facilitators	UNICEF and Monitoring and Reporting Mechanism (MRM) network partners
Activity 3.3	Referral of cases to appropriate services	UNICEF, SCI, IMC and four local CBOs	UNICEF and MRM network partners

Output 4	Enhancing the Psychosocial well-being of IDP children through community based psychosocial activities and child-friendly spaces		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of children with access to psychosocial support	3,600 (boys: 1,450 and girls: 2,200)	4,393 (1,967 girls and 2,426 boys)
Indicator 4.2	Number of social workers and facilitators trained to provide services to 3,600 children in 8 Child Friendly Spaces (CFS)	50 social workers and facilitators	45 social workers and facilitators
Indicator 4.3	Number of child-friendly spaces established	8	5
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Set up psychosocial activities in selected IDPs locations	UNICEF, SCI & IMC	IMC, KSC, KCN, DoLSA Sulaymaniyah
Activity 4.2	Training of social workers and facilitators	UNICEF, SCI & IMC	IMC, KSC, KCN, DoLSA Sulaymaniyah
Activity 4.3	Procurement of child protection in emergencies supplies (recreation kits, psychosocial kits etc.)	UNICEF	IMC, KSC, KCN, DoLSA Sulaymaniyah
Activity 4.4	Carry out daily psychosocial activities for children	SCI, IMC and four local CBOs	IMC, KSC, KCN, DoLSA Sulaymaniyah

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

(UNICEF) The project outcomes were achieved as planned. However, due to insecurity in Kirkuk, there was a delay in programme implementation. Due to the situation and mobile nature of the population, it is a challenge to trace MRM cases.

Out-of-camp activities for host communities were limited as most IDPs were living in established camps. Therefore, efforts to establish and sustain the information management system prioritized the provision of services in camps, rather than host communities. In light of this, data collection and reporting was available for IDPs only, who remain the main target/direct beneficiaries of the project.

(UNFPA)The project had planned to open one women centre in Leylan Camp. However, due to consultations with, and involvement of, the community and camp management, there was a felt need to establish another centre in Yahyah Camp. Hence, two women centres were established. The total target number of GBV survivors is less than the planned figure as the women centres started operating late, due to time lost in identifying an implementing partner to work in Kirkuk given the prevailing security conditions.

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

(UNHCR) UNHCR's Protection and Solutions Strategy is based on participatory assessments during which communities identified priorities for interventions, as well as community capacities to address problems identified.

UNHCR put in place outreach activities using modern technologies such as mobile networks, local radio stations. The communication strategy is jointly elaborated with communities to ensure contextualization to the local context. UNHCR is also rolling out digital protection monitoring assessment tools across Iraq, to improve data collection and analysis. Tablets or smartphones are being used to gather household-level information on vulnerabilities, needs and gaps to increase efficiency in identification of beneficiaries for distribution of assistance and targeted cash disbursements.

(UNICEF) Communities were consulted in designing the interventions. The project works with existing community structures. Target communities have also been involved in monitoring programmes implemented by Kurdistan Children's Nest through the organization of regular community meetings. Communities' feedback has predominantly informed programme decisions. An example of this is the replacement of non-Arabic speakers as volunteers in some of the sites.

(UNFPA) Women have been consulted through social and recreational sessions, which allowed them to inform the project team on priority needs as well as the content of the dignity kits. GBV Safety Audits also helped to inform the project team on risk factors as well as low utilisation of services and how best to ensure women are able to utilise the services.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
(UNHCR) No evaluation planned.	EVALUATION PENDING <input type="checkbox"/>
(UNICEF) In light of the nature and scope of work of this project, no evaluation was conducted. However, project performance (timely delivery and quality of outreach) was closely and regularly monitored as illustrated in the previous sections.	NO EVALUATION PLANNED <input checked="" type="checkbox"/>
(UNFPA) No evaluation planned.	

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	15.11.14 – 14.05.15		
2. CERF project code:	14-RR-CEF-180		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provide an immediate response to the new influx of IDPs					
7. Funding	a. Total project budget: (Source: Original Proposal)		US\$ 3,798,856	d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project: (Source: Original Proposal)		US\$ 1,878,720	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 183,956
	c. Amount received from CERF:		US\$ 1,920,136	▪ <i>Government Partners:</i>		US\$ 0
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	27,500	22,500	50,000	46,530	48,429	94,959
Adults (≥18)	27,500	22,500	50,000	48,429	50,406	98,835
Total	55,000	45,000	100,000	94,959	98,835	193,794
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	100,000		193,793			
Host population						
Other affected people						
Total (same as in 8a)	100,000		193,794			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	The difference between the planned and actual number of beneficiaries is due to the expansion of the WASH operations in Dahuk, Khanaqeen and Sulaymaniyah through provision of hygiene kits and other core relief items through high vulnerability criteria of					

<i>the age, sex or category distribution, please describe reasons:</i>	female-headed households, and unaccompanied children and elderly persons indicated at section 5. ²
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CERF Result Framework			
9. Project objective	Prevent the conflict affected population from any water borne diseases through provision of safe water of appropriate quantity for drinking, cooking and personal hygiene, access to appropriate sanitation facilities and making sure that they are able to practice appropriate hygiene		
10. Outcome statement	The conflict affected population have access to safe drinking water, sanitation and hygiene facilities		
11. Outputs			
Output 1			
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of emergency affected populations with access to sufficient safe water supply.	100,000 IDPs in move and/or in targeted formal and informal settlements provided with access to safe drinking water	<ul style="list-style-type: none"> • 48,000 IDPs on the move (11,525 women < 18 years; 11,995 women over 18 years; 11,995 men < 18 years; and 12,485 men over 18 years) were reached through provision and distribution of 16,100 sets of bottled water as well as jerry cans in tented camps and collective centers in Amiriyat Al Fallujah, Al Habbaniya City, Bizebiz area within Anbar Governorate. • 32,560 IDPs (7,818 females < 18 years; 8,137 females over 18 years; 8,137 males < 18 years, and 8,469 males over 18 years) were reached through provision and installation of 200

² UNICEF redirected CERF funds originally allocated to WASH Staff Costs for the procurement of Core Relief Items for continued life-saving hygiene in Dahuk. This was due to the increased needs among communities affected by conflict and displacement, swiftly adjusting its response to the dynamic humanitarian scenario.

			Water tanks, 5000L and 100 water tanks, 1000L in tented camps, reception points and collective centers in Amiriyat Al Fallujah, Al Habbaniya City as well as Bizebiz area within Anbar Governorate.
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribution of 300,000 litres water bottles (i.e. 50,000 sets per 6 litre) and provision of 60,000m3 litres of water through water trucking	UNICEF, local government, DoH and Volunteers	RIRP, volunteers, Muslim Aid (MA)
Activity 1.2	Installation of 300 water tanks and 300 tap stands (6 tabs per stand)	UNICEF, local government, DoH	RIRP, volunteers, Muslim Aid (MA)
Output 2	Emergency affected populations have access to culturally appropriate and gender sensitive sanitation facilities and services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of emergency affected populations reached with improved sanitation.	20,000 IDPs will benefit from of improved sanitation facilities provided	23,861 IDPs (5,729 females < 18 years, 5,963 females ≥18 years, 5,963 males < 18 years and 6,206 males ≥18) were provided with emergency sanitation facilities (latrines and showers) in central and southern governorates of Iraq. 22,033 IDPs (5,290 women < 18 years; 5,506 women ≥18 years; 5,506 men < 18 years; and 5,731 men ≥18) were provided with solid waste collection and disposal kits, and establishment of final dumping sites in central and southern governorates of Iraq.

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision and installation of mobile 300 latrines and 300 bathing units	UNICEF, local government, DoH, volunteers	RIRP, volunteers, Muslim Aid
Activity 2.2	Managing solid waste services throughout the IDP stopping stations, this services cover settled IDPs (static approach)	UNICEF, local government, DoH, volunteers	RIRP, volunteers, Muslim Aid
Output 3	Emergency affected population have appropriate hygiene practices		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of affected population have received hygiene promotion campaigns	100,000 IDPs in move and/or in targeted formal and informal settlements provided	<ul style="list-style-type: none"> • 41,236 IDPs (9,901 women < 18 years; 10,305 women over 18 years; 10,305 men < 18 years; and 10,725 men ≥18) received hygiene messages and education in central and southern governorates of Iraq. • 12,424 IDPs (2,983 women < 18 years; 3,105 women ≥18 years; 3,105 men < 18 years and 3,231 men ≥18) were provided with hygiene kits and hygiene promotion messages in Alwand and Alyawa camps in Khanaqin. • 99,792 IDPs (23960 women < 18 years; 24,938 women ≥18 years; 24,938 men < 18 years; and 25,956 men ≥18) received hygiene kits and hygiene promotion messages in the camps and out-of-camps in Dahuk Governorate. Hygiene kits

			<p>contain: 12 non allergic soaps, 2.5kg powder soap for laundry and 10 packs of women sanitary pads</p> <ul style="list-style-type: none"> • 99,792 IDPs (23,730 women < 18 years; 26,127 women ≥18 years; 24,688 men < 18 years; and 25,247 men ≥18) received hygiene kits and hygiene promotion messages in the camps and out-of-camps in Dahuk Governorate. • 14,685 IDPs (3,526 women < 18 years; 3,670 women ≥18 years, 3,670 men < 18 years, and 3,819 men ≥18) were provided with WASH Core Relief Items in Central and Southern Iraq. Core relief items include jerry cans and aqua tabs. • 63,940 IDPs (15,352 women < 18 years; 15,979 women ≥18 years; 15,979 men < 18 years; and 16,631 men ≥18) were provided with WASH Core Relief Items in Dahuk Governorate. • 63,940 IDPs (15,187 women < 18 years; 16,770 women ≥18 years; 15,806 men < 18 years; and 16,177 men ≥18) were provided with
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			<p>WASH Core Relief Items in Dahuk Governorate.</p> <ul style="list-style-type: none"> • 1,017 IDPs (244 women < 18 years, 254 women ≥18 years; 254 men < 18 years and 265 men ≥18) were provided with hygiene kits and hygiene promotion messages in Kalar, Sulaymaniyah Governorate.
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement and distribution of emergency WASH and hygiene supplies	UNICEF, local government, DoH, volunteers	RIRP, volunteers and local government, Muslim Aid, Save the Children International, ACTED, FRC, NRC
Activity 3.2	Promote hygiene awareness	UNICEF, local government, DoH, volunteers	RIRP, volunteers and local government, Muslim Aid, Save the Children International, ACTED, FRC, NRC

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 difference between the planned and actual number of beneficiaries is due to the expansion of the WASH operations in Dahuk, Khanaqin and Sulaymaniyah through the provision of hygiene kits and other Core Relief Items through high vulnerability criteria of female-headed households, unaccompanied children and elderly persons. UNICEF redirected CERF funds originally allocated to WASH staff costs for the procurement of Core Relief Items for continued life-saving hygiene interventions in Dahuk, given the increased needs among communities affected by conflict and displacement, swiftly adjusting its response to the dynamic humanitarian scenario.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Within WASH interventions UNICEF engaged the targeted communities to ensure their participation in social mobilization and provided them with opportunities to generate cash for work whether as volunteers, mobilizers, cleaners, workers in operation or maintenance. Within the CERF funded project, UNICEF's focus remained to respond to WASH lifesaving and dignity raising needs. In light of this, beneficiaries' involvement was linked to the design and improvement of hygiene promotion activities.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>

CERF was part of major contributions to WASH responses also funded by other grants, and therefore, it was challenging to specifically evaluate the unique impact of this particular project - other than emphasis on the accountability of planned results and additional IDPs reached in Dahuk, Khanaqin and Sulaymaniyah. UNICEF routinely conducts field monitoring of its activities being implemented in the field, and reports through ActivityInfo. The information is publicly accessible.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO WFP		5. CERF grant period:	22.12.14 – 21.06.15 (FAO and WFP)		
2. CERF project code:	14-RR-FAO-039 14-RR-WFP-090		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Providing Food Security Assistance to the recently displaced in Anbar, Kirkuk, Diyala and Sulaymaniyah areas					
7. Funding	a. Total project budget: (Source: Original Proposal)	US\$ 494,958,731	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project: (Source: Original Proposal)	US\$ 192,318,900	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 442,121	
	c. Amount received from CERF:	US\$ 9,801,648	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<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)</i>	55,000	45,000	100,000	51,376 (WFP) 4,686 (FAO) 56,062 (Total)	47,423 (WFP) 5,325 (FAO) 52,748 (Total)	98,799 (WFP) 10,011 (FAO) 108,810 (Total)
<i>Adults (≥18)</i>	55,000	45,000	100,000	51,459 (WFP) 5,112 (FAO) 56,571 (Total)	47,500 (WFP) 6,177 (FAO) 53,677 (Total)	98,959 (WFP) 11,289 (FAO) 110,248 (Total)
Total	110,000	90,000	200,000	102,835 (WFP) 9,798 (FAO) 112,633 (Total)	94,923 (WFP) 11,502 (FAO) 106,425 (Total)	197,758 (WFP) 21,300 (FAO) 219,058 (Total)

8b. Beneficiary Profile		
Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	200,000	197,758 (WFP) 21,300 (FAO) 219,058 (Total)
Host population		
Other affected people		
Total (same as in 8a)	200,000	197,758 (WFP) 21,300 (FAO) 219,058 (Total)
<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>		

CERF Result Framework			
9. Project objective	The project aimed to save lives, protect livelihoods and assist communities to minimise negative coping mechanisms by addressing the urgent food and nutrition needs of vulnerable women, men, girls and boys recently displaced in Anbar, Kirkuk and Sulaymaniah areas of operation, including Khanaqin, and by safeguarding the nutritional status of the most vulnerable groups, through the provision of accountable, rapid and responsive assistance.		
10. Outcome statement	132,000 newly displaced Iraqis, and 68,000 individuals who had not been reached before in Anbar, Kirkuk and Sulaymaniah governorates will receive immediate food assistance, 21,300 of which will also receive livelihoods and agriculture assistance		
11. Outputs			
Output 1	50,000 mobile displaced Iraqis will be assisted by the RRM over the next three months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	IRR reaches mobile IDPs in target areas as a part of the RRM IRR composition: canned tuna fish; canned meat/chicken; canned fava beans; canned chickpeas; jam; biscuits; sugar; tea (25*2g); dates(Iraqi); tahini (L); halwa and dry bread. reaches mobile IDPs in target areas as a part of the RRM	50,000 individuals reached 27,500 females 22,500 males	55,128 individuals reached (WFP) 28,667 females (WFP) 26,461 males (WFP)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribution of IRR	WFP and CPs: Save the Children, Mercy Corps, NRC, DRC, ACTED	Save the Children, Mercy Corps, NRC, DRC, ACTED (WFP)

Output 2	150,000 women, men, girls and boys will receive FFP in two monthly cycles		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Percent of target individuals who are able to cover their minimum energetic needs	150,000 month 1 135,600 month 2 82,500 females (month 1) 67,500 males (month 1) 74,580 females (month 2) 61,020 males (month 2)	142,630 individuals reached in both months (WFP) 74,168 females 68,462 males (same for both month 1 and 2) (WFP)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Targeted HHs receive FFP parcels through 2 x monthly distributions	WFP and CPs: ISHO, Islamic Relief, ACTED, CDO	ISHO, REACH, ACTED, CDO (WFP)
Output 3	18000 individuals will benefit from the provision of backyard farming units.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of individuals reached by livelihood support projects	21,300	21,300 (FAO)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Targeted HHs receive vegetable seeds	FAO & IPs: IRW	21,300 (FAO)
Activity 3.2	Monitoring and Evaluation of implementation	FAO & IPs: IRW	Pending (FAO)
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>(FAO)</p> <p>Both availability of, and access to, food and agricultural inputs have been negatively affected by the conflict, as have agricultural livelihoods. The most crisis-affected vulnerable households of IDPs' host communities benefited from the project through the provision of vegetable seeds. This resulted in an increase in vegetable production and ultimately increasing income, nutrition intake and overall improvement of their livelihood. The total targeted beneficiaries were 21,300 individuals of the most vulnerable households in Anbar, Kirkuk and Sulaymaniyah governorates).</p> <p>The deterioration in the security situation challenged access to complete project beneficiary selection and distribution activities. Thus every time the security situation changed, FAO was compelled to undertake a fresh round of area and beneficiary selection. Indeed, seed distribution was distinct from other aid as FAO did not undertake blanket distributions. Furthermore, with primary, secondary and even tertiary displacement, beneficiary identification became a complicated process.</p> <p>For example, in Anbar Governorate, FAO initially selected Ar Rutba, Fallujah, Ramadi, Heet, and Haditha, in consultation with local partners. At the time of area selection, supply routes and movement were possible. Subsequently, due to security developments on the ground, FAO chose Amiriyat al Fallujah, Al Saqlawiya, Rawah, Anah and Al Qaim as alternative locations. FAO had to select new locations a third time for the same reasons. FAO and implementing partners faced similar challenges in Kirkuk as well.</p> <p>(WFP)</p> <p>WFP partners reached parts of Anbar (Fallujah), Diyala, Kirkuk, and Sulaymaniyah governorates with IRRs and family food parcels.</p>			

Through this CERF grant, WFP was able to reach newly displaced populations that were previously not accounted for under the HRP.

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

(FAO)

FAO worked in conjunction with the Ministry of Agriculture who maintains a large network of district level officers who assist in the identification of the most vulnerable beneficiaries.

FAO ensured that effective information sharing and communication channels were established to share information about the programs in a timely, accessible and inclusive way. Moreover, FAO ensured that people received support to participate in and influence all steps of the project implementation cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations.

Feedback channels were put into place for complaints and response mechanisms in order for FAO and its partners to measure the impact programmes had on communities and to enable prompt response to feedback or problems. Community participation was well-represented, enabling the most marginalized, vulnerable and affected to have a voice.

(WFP)

WFP has been supporting Communicating with Communities (CwC) interventions. These aim to establish platforms to listen and learn from affected communities, in line with WFP's global commitment to Accountability to Affected Populations (AAP) under the AAP objectives of the Inter-Agency Standing Committee. Feedback from beneficiaries was sought regarding the composition and suitability of both the family food parcels and the IRR, and their feedback influenced both. These were conducted through focus group discussions and surveys.

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

EVALUATION CARRIED OUT

(FAO Evaluation Pending) Security condition in Anbar is delaying the process
(WFP No evaluation planned)

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNHCR IOM		5. CERF grant period:	15.11.14 – 14.05.15 (UNHCR) 15.12.14 – 14.06.15 (IOM)		
2. CERF project code:	14-RR-HCR-056 14-RR-IOM-052		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency shelter/NFI assistance provided to IDPs fleeing the conflict in Central and Southern Iraq					
7. Funding	a. Total project budget: (Source: Original Proposal)	US\$ 521,746,454	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>			
	b. Total funding received for the project: (Source: Original Proposal)	US\$ 127,198,803				
	c. Amount received from CERF:	US\$ 10,199,980				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	5,148	2,772	7,920	3,310 (HCR) 13,830 (IOM)	2,709 (HCR) 12,126 (IOM)	6,019 (HCR) 25,956 (IOM)
Adults (≥18)	12,012	6,468	18,480	6,147 (HCR) 10,281 (IOM)	5,030 (HCR) 11,436 (IOM)	11,177 (HCR) 21,717 (IOM)
Total	17,160	9,240	26,400	9,458 (HCR) 24,111 (IOM)	7,738 (HCR) 23,562 (IOM)	17,196 (HCR) 47,673 (IOM)
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	26,400		17,196 (HCR) 47,673 (IOM)			
Host population						

Other affected people		
Total (same as in 8a)	26,400	17,196 (UNHCR) 47,673 (IOM)
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>(IOM) IOM initially proposed the distribution of 2,100 NFIs, and 2,000 tents under this fund. However, shortly after the approval of the proposal by CERF, the Government Emergency Cell in Dahuk requested agencies to stop providing tent distribution support in informal settlements, such as open areas and unfinished/abandoned buildings. This request was made to encourage those IDPs to move into camps. In light of the above, IOM submitted and received approval for a reprogramming request to divert the funds initially allocated to the procurement, warehousing and distribution of tents (\$1,372,000) to increase the procuring, warehousing, and distribution of an additional 3,450 Non-Food Item Kits under this CERF project; for a total target of 5,550 NFI kits distributed. This would allow IOM to support new IDPs (displaced since 15 January 2015) with life-saving NFIs. Additionally, IOM was able to achieve moderate savings in the cost of NFI logistics (transportation and warehousing) due to synergies across different emergency response programmes. These savings were diverted within the same budget category to purchase additional NFI kits, which enabled IOM to assist more beneficiaries with life-saving, essential items. With the distribution of a total number of 8,350, IOM significantly exceeded its initial target of 5,500. Target locations remained unchanged in relation to the initial project document.</p>	

CERF Result Framework			
9. Project objective	Life-saving humanitarian assistance (emergency shelter, NFI, winterized kits) is provided to displaced persons in conflict affected areas.		
10. Outcome statement	The priority needs of IDPs in basic and domestic items are met.		
11. Outputs			
Output 1	4,400 IDP families/26,400 individuals provided with emergency shelter and Non-Food Item Support		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of IDP households receive emergency tents	2,300 (UNHCR)	2,300 (UNHCR)
Indicator 1.2	Number of IDP households receive Winterized NFI kits	2,300 (UNHCR)+ 5,550 (IOM (IOM this revised figure reflect approved reprogramming)	2,300 (UNHCR) 8,350 (IOM)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Emergency tents procured, delivered and distributed to 2,300 households	UNHCR and IOM	UNHCR
Activity 1.2	Winterized kits procured, delivered and distributed to 7,850 households (new figure reflects IOM approved reprogramming) Note:	UNHCR and IOM	UNHCR

	IOM NFI 2,100 UNHCR NFI 2,300 IOM NFI (additional from tent) 3,450 Total: 7,850		
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12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

(IOM) Under this project, IOM distributed NFI kits to 8,350 IDP families (47,673 individuals), against the 5,550 family (33,300 individuals) originally targeted in the approved reprogramming request. A re-programing and reallocation of funds, allowed IOM to procure and distribute additional NFI kits, exceeding initial targets.

Distributions were concentrated in Sulaymaniyah, Diyala and Kirkuk governorates. Specifically 2,925 families (26,363 individuals) received NFIs in Sulaymaniyah, while 2,150 families (12,052 individuals) received NFIs in Diyala and 3,275 families (19,359 individuals) received NFIs in Kirkuk.

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

(UNHCR) UNHCR's Protection and Solutions Strategy is based on participatory assessments during which communities identify priorities for interventions as well as community capacities to address problems identified.

UNHCR put in place outreach activities using modern technologies such as mobile networks and local radio stations. The communication strategy is jointly elaborated with communities to ensure contextualization. UNHCR is also rolling out digital protection monitoring assessment tools across Iraq, to improve data collection and analysis. Tablets or smartphones are being used to gather household-level information on vulnerabilities, needs and gaps to increase efficiency in identification of beneficiaries for distribution of assistance and targeted cash disbursements.

(IOM) IOM carried out Post Distribution Monitoring visits with 465 beneficiaries, (6 percent of the total caseload). Through the completion of Post Distribution Monitoring interviews beneficiaries provided feedback regarding IOM's NFI assistance received

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
(UNHCR) No evaluation planned.	EVALUATION PENDING <input type="checkbox"/>
(IOM) Due to the emergency nature of the project activities and its constraints an evaluation was not planned.	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-RR-WFP-090	Food Assistance	WFP	Iraqi Salvation Humanitarian Organziation	Yes	NNGO	\$262,779	1-Jan-15	1-Jan-15	Family Food Parcels
14-RR-WFP-090	Food Assistance	WFP	REACH	Yes	INGO	\$19,983	1-Jan-15	1-Jan-15	Family Food Parcels
14-RR-WFP-090	Food Assistance	WFP	ACTED	Yes	INGO	\$66,664	1-Jan-15	1-Jan-15	Family Food Parcels
14-RR-WFP-090	Food Assistance	WFP	Civil Development Organisation	Yes	NNGO	\$22,221	1-Jan-15	1-Jan-15	Family Food Parcels
14-RR-WFP-090	Food Assistance	WFP	Save the Children	Yes	INGO	\$3,012	1-Jan-15	1-Jan-15	Immediate Response Rations, RRM
14-RR-WFP-090	Food Assistance	WFP	Mercy Corps	Yes	INGO	\$3,012	1-Jan-15	1-Jan-15	Immediate Response Rations, RRM
14-RR-WFP-090	Food Assistance	WFP	Danish Refugee Council	Yes	INGO	\$3,012	1-Jan-15	1-Jan-15	Immediate Response Rations, RRM
14-RR-WFP-090	Food Assistance	WFP	Norwegian Refugee Council	Yes	INGO	\$3,012	1-Jan-15	1-Jan-15	Immediate Response Rations, RRM
14-RR-WFP-090	Food Assistance	WFP	ACTED	Yes	INGO	\$3,012	1-Jan-15	1-Jan-15	Immediate Response Rations, RRM
14-RR-FAO-039	Food Assistance	FAO	Agriculture Engineers Association, Human for Human, ARO	Yes	NNGO	\$55,414	12-Feb-15	13-Feb-15	Packs/cans of vegetable seeds
14-RR-CEF-178	Health	UNICEF	MOH/DOH	Yes	GOV	\$146,945	6-May-15	1-Apr-15	No comment/remark
14-RR-FPA-053	Health	UNFPA	ZHO	Yes	NNGO	\$46,170	13-May-15	20-May-15	No comment/remark
14-RR-FPA-053	Health	UNFPA	Islamic Relief	Yes	INGO	\$33,384	19-May-15	19-May-15	No comment/remark
14-RR-WHO-084	Health	WHO	Emergency	Yes	INGO	\$120,000	15-Dec-14	15-Dec-14	Rehabilitation and management of Ali Awa PHC as well as runing other PHCs serving IDPs
14-RR-WHO-084	Health	WHO	ISHO	Yes	NNGO	\$25,000	20-Feb-15	20-Feb-15	Transport of medications to different PHCs in Anbar, specially in Khaldia district
14-RR-WHO-084	Health	WHO	MOH/DOH	Yes	GOV	\$45,240	1-Apr-15	30-May-15	Support to 8 mobile teams in Kirkuk
14-RR-FPA-054	Protection	UNFPA	Toghtether	Yes	NNGO	\$7,704	9-Jun-15	11-Jun-15	No comment/remark
14-RR-FPA-054	Protection	UNFPA	ISHO	Yes	NNGO	\$33,844	11-May-15	15-May-15	No comment/remark
14-RR-FPA-054	Protection	UNFPA	Islamic Relief	Yes	INGO	\$50,934	19-May-15	19-May-15	No comment/remark
14-RR-CEF-179	Protection	UNICEF	IMC	No	INGO	\$100,000	20-May-15	15-May-15	No comment/remark
14-RR-CEF-179	Protection	UNICEF	KCN	Yes	NNGO	\$88,540	14-May-15	5-Jan-15	No comment/remark

14-RR-CEF-179	Protection	UNICEF	KSC	Yes	NNGO	\$6,007	14-May-15	5-Jan-15	No comment/remark
14-RR-CEF-179	Protection	UNICEF	DoLSA Suemaniya	Yes	GOV	\$21,675	17-Mar-15	17-Mar-16	No comment/remark
14-RR-HCR-055	Protection	UNHCR	Muslim Aid	Yes	INGO	\$186,912	22-Dec-14	4-Dec-14	No comment/remark
14-RR-CEF-180	Water, Sanitation and Hygiene	UNICEF	ACTED	Yes	INGO	\$178,158	15-May-15	1-Jan-15	The CERF funding covered the entire cost of the PCA signed between UNICEF and ACTED. Additional note - The report includes other NGOs: FRC, NRC, Muslim Aid, SCI and RIRP. These INGO and LNGOs have not received funds, but core relief items for the dynamic WASH response to reach people on the move.
14-RR-CEF-180	Water, Sanitation and Hygiene	UNICEF	DRC	Yes	INGO	\$5,798	30-Mar-15	1-Dec-14	The CERF funding contributed to the payment of the PCA signed between UNICEF and DRC.