



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**

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.

Due to transition that resulted from the transfer of the humanitarian coordination and response operation management responsibilities from UNAMI Integrated Coordination Office for Humanitarian and Development Affairs to OCHA, coupled with rapid turnover in staffing situation for OCHA, this grant utilization After Action Review (AAR) was not conducted as planned. However, to capture the key lessons, implementation success stories and challenges, informal meetings were held with the concerned clusters in June 2014 and outcomes the salient points deemed useful are integrated into this report.

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

YES NO

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

YES NO

The final version was shared with IOM, UNFPA, UNHCR, UNICEF, WFP and WHO. As per normal practice, the clusters shared their feedback with their respective counterparts.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 194,658,763		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,873,130
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	189,785,633
	TOTAL	194,658,763

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 06-Feb-14			
Agency	Project code	Cluster/Sector	Amount
IOM	14-RR-IOM-002	Shelter and non-food items	999,995
UNHCR	14-RR-HCR-002	Shelter and non-food items	999,915
WFP	14-RR-WFP-003	Food	1,000,001
WHO	14-RR-WHO-002	Water and sanitation	151,605
UNICEF	14-RR-CEF-002	Water and sanitation	973,452
WHO	14-RR-WHO-003	Health-Nutrition	375,000
UNICEF	14-RR-CEF-003	Health-Nutrition	223,898
UNFPA	14-RR-FPA-002	Health-Nutrition	149,264
TOTAL			4,873,130

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	4,240,066
Funds forwarded to NGOs for implementation	473,555
Funds forwarded to government partners	159,509
TOTAL	4,873,130

HUMANITARIAN NEEDS

The armed conflict in Anbar governorate of Iraq was triggered in December 2013 by the central government's decision to arrest a Sunni Member of Parliament, Mr. Alwani, which was perceived by the Sunni community as sectarian provocation, and to remove a protest camp in Ramadi (Anbar). The ensuing protests and corresponding security forces response led to deteriorating relations, creating a breeding ground for extreme armed opposition groups to engage. The armed conflict spread to Fallujah, and a subsequent withdrawal of security forces from areas of Ramadi cleared the way for the Islamic State in Iraq and Syria (ISIS) to move in.

With the crisis getting more volatile and complex daily, the fierce fighting involved multiple dimensions and actors, and effectively surrounded the civilian population with indiscriminate fire, shelling and bombing. Following the armed group invasion and occupation of the governorate, and the ensuing clashes with the Iraqi Security Forces (ISF), nearly 240,000 people were displaced mainly across the province, as well as neighbouring governorates such as Erbil, Salah al-Din, Baghdad, Karbala or Babylon, as of January 30, 2014. As the violence spread and escalated, particularly in certain areas such as Fallujah and Ramadi, the number of Internally Displaced Persons (IDPs) grew exponentially making it virtually impossible to estimate a precise figure of affected population. As of February 2, 2014, the number of IDPs from Anbar and Babylon Governorates had grown to 213,648, i.e. it had tripled the size of the IDP population in less than a month and was still increasing.

At the time when the CERF appeal was being conducted, the violence within Anbar governorate was still widespread and the IDP population was ever-increasing, with some civilians fleeing their homes empty-handed, and forced to seek refuge in hastily built and inadequate settlements; others would find shelter in mosques, public buildings, schools or unfinished buildings, while other communities found themselves trapped within besieged cities and villages affected by the violence. Further aggravating the humanitarian situation was the food insecurity of the displaced communities, underscored by the fact that the citizens were unable to access the Government-run Public Distribution System (PDS), which provides Iraqis with monthly food rations. There was additionally a critical need for health services to address both trauma and primary health care needs, including chronic disease management, maternal and child care, and outbreak prone infectious diseases such cholera. With a significant lack of medical staff, of stocks for essential medicines and supplies, and of access to health centres, the conflict placed the populations at higher risk of morbidity and mortality in a governorate, Anbar, with the worst health indicators nationally. Floods decimated crops and livestock, damaging 200 km², 10,406 houses, and the forced closure of 49 schools and 2 primary healthcare centres. Subsequently, the uncontrolled opening of the Fallujah Dam led to an acute shortage of water, parallel to the environmental risk of mixing sewer water with safe water.

While the Government of Iraq led the emergency, the capacity to adequately and rapidly respond to the increased needs was overwhelming, and the support and expertise of the HCT was imperative to ensure life-saving items and activities reached those in need in an efficient and timely manner. CERF funding was urgently needed given that the UN Agencies, Funds & Programmes (AFPs) did not have nearly enough resources allocated to deal with such a large humanitarian crisis.

II. FOCUS AREAS AND PRIORITIZATION

The needs assessments undertaken revealed the following priorities:

NON-FOOD ITEMS:

IOM Rapid Assessment and Response Teams (RARTs) needs assessments reported that the displaced population was in most urgent need of NFIs, informing on the composition of the kits to mitigate duplication of assistance and ensuring the provision of appropriate support as shown in the table below:

Item	Quantity	Item	Quantity
Blanket	5	Pillow	5
Carpet	1	Plastic Cabinet	1
Cleaning Powder	1	Water cool box	1
Gas Cooker	1	Soap	10
Heater Kerosene	1	Sanitary Pad	2
Mattresses with cover	5		

The NFIs distributions were organized in coordination with local government officials and the Ministry of Migration and Displacement (MoMD), as well as the UNCT and other humanitarian actors like International Rescue Committee (IRC).

UNHCR, in collaboration with IRC, undertook a rapid needs assessment with staff on the ground in January 13, 2014, in the western part of Fallujah, and during February reaching out the western part of Ramadi to cover Heet and its sub districts. Additionally, some rapid

needs assessments were facilitated by religious leaders who offered space for storage and distribution of humanitarian items, as well as venues for meeting, registration and documentation. The assessments revealed that the vast majority of IDPs left their homes with nothing but clothes, and thus one of the most immediate needs were basic relief items.

FOOD:

WFP carried out a food security assessment in mid-March by an independent monitoring consultancy, Stars Orbit, in 6 major cities of Anbar. The assessment's main findings were:

- ✓ 34 per cent of the IDP population had poor or borderline food consumption
- ✓ 47 per cent had no income, and 79 per cent of the families had monthly incomes of less than 360,000 IQD (US\$ 300), which is far less than the national poverty line of 105,000 IQD (US\$86) per person.
- ✓ 61 per cent of IDPs indicated they had enough food or money to buy food in the past 7 days, but 95 per cent of IDPs confirmed that the only meal consumed in the past 7 days was bread

It was concluded that 79 per cent of IDP families in Anbar were food insecure and in need of food assistance.

WaSH:

In February 2014 UNICEF initiated partnerships with 3 NGOs (Afkar, Iraqi Salvation Humanitarian Organization (ISHO) and International Relief Worldwide (IRW)) to carry out needs assessments for affected populations inside Anbar and in hosting governorates, and to facilitate the delivery and distribution of UNICEF supplies. AFKAR worked in the western Anbar districts, and ISHO and IRW in the eastern districts and Salah al-Din. The overall goal was to provide life-sustaining and life-saving support to 60,000 individuals through the provision of water and sanitation interventions, supplies and facilities, since the combination of poor sanitation, lack of water and diminishing waste collection services posed a significant public and environmental health risk to an already vulnerable population. The priority target group was the most vulnerable IDPs settled in schools, official buildings and open areas, given the crowded conditions and increased pressure on the limited services. The main challenges identified were:

- ✓ Uncertain quality of the water available for drinking, and of the overall systems to provide sufficient water to the population.
- ✓ Increase the number of toilets; improve wastewater network pipelines, and more frequent evacuation of septic tanks to prevent blockages and flooding.
- ✓ Garbage collection due to unavailability of necessary items such as garbage containers, bags trucks.
- ✓ Hygiene practices due to shortages of water supply, latrines and showers, and the lack of hygiene materials, containers and/or dust bins, with an inadequate frequency of collection.
- ✓ Increased prevalence of cases of lice and diarrhoea.

Through continuous work with the Department of Health and the water quality monitoring teams assessments, WHO established that laboratory reagents and DPD1 tablets are the items most needed to ensure the functionality of the laboratories.

HEALTH:

WHO, through Muslim Aid, carried out a comprehensive health needs assessments at different levels throughout 17 locations in Anbar (Primary Health Care centers, needs of displaced populations in settlements, of host communities, and of individual hospitals). UNICEF supported the Nutrition Research Institute (NRI) in a rapid nutrition survey to assess the status of 2,000 U5 IDP children in Ramadi, Heet, Salah al-Din and Karbala. The below were the prioritized interventions:

- ✓ Ensuring the delivery of essential primary and referral health services, including reproductive health
- ✓ Provision of lifesaving medicines and medical supplies
- ✓ Establishment of a disease surveillance and Early Warning & Response Network (EWARN)
- ✓ Provision of immunization services to targeted populations: polio for all children under 5 (U5), and measles for all individuals aged 6 months to 23 years. The risk of polio transmission crossing to children in Iraq was a particular concern with 17 polio cases confirmed few kilometres from the Anbar border with Syria, and especially in addition to the 2 reported cases of polio in Baghdad in February and April 2014.
- ✓ Preventing deterioration of nutritional status for pregnant and lactating women, and U5 via active growth monitoring and screening
- ✓ Strengthening the resilience of communities via capacity building in first aid and emergency preparedness response
- ✓ Development and dissemination of promotional materials, guidelines, and trainings

Anbar Governorate, as identified by the Multiple Indicator Cluster Survey – Round 4 (MICS4, 2012), has the worst mortality and morbidity indicators nationally, which includes 33 per cent stunting among U5 and low routine immunization rates, with some districts reporting less than 80 per cent coverage. The extremely low immunity rate also raised the fear of importation of the Wild Polio Virus from the Del El Zor governorate, in Syria, located few kilometres away and where a cluster of polio cases was already identified.

III. CERF PROCESS

Upon the eruption of the armed conflict in Anbar, the RC/HC called for a meeting of the HCT to discuss with all partners the options available for a rapid response. In consultation with the regional office of OCHA in Cairo, the cluster system was activated and launched. Priorities to be addressed were discussed by cluster members as well as in the inter-cluster coordination meetings, and 4 priority sectors were selected: Shelter & NFIs, Food, WaSH and Health & Nutrition.

UN AFPs attempted to quickly meet the needs of the displaced as a result of the civil unrest in close collaboration with the Emergency Crisis Cell, consisting of members of the local authorities and the broader humanitarian community, and the Ministry of Displacement and Migration (MoDM) and additional relevant Ministries. Cluster leads in turn ensured coordination of the responses of the humanitarian actors involved, with inter-agency coordination efforts helping to avoid duplication of activities, and to strengthen the synergies towards the realization of a joint holistic action at a sectorial/cluster level, particularly the Iraqi Red Crescent Society (IRCS) and the International Committee of the Red Cross (ICRC).

The volatile security situation in many areas made gender mainstreaming a challenge for humanitarian actors, as women were often unable to attend distributions due to families deeming the task too unsafe, besides being considered as culturally unacceptable in certain places. Gender equality was nonetheless guaranteed by IOM through tailoring the content of the NFI kits to respond to priority needs of both male and female beneficiaries, by including, for instance, sanitary pads; moreover, gender disaggregation of all data allowed for accurate gender specific monitoring of the project. WFP ensured that food distribution points were in safe locations, and prioritised the delivery of ration cards to women; Field Level Agreements (FLA) between WFP and its implementing partners (IOM, Iraqi Salvation Humanitarian Organisation and Islamic Relief) included specific terms on gender and protection, and when the security situation allowed, WFP field monitoring staff attended distributions to ensure that the required gender mainstreaming activities were in place. UNICEF distributed supplies tailored for the female population (components of hygiene kits, for example) and also the delivered services considering separated latrines and showers for male & female in schools. UNHCR, while conducting the rapid needs assessment, pursued a participatory approach, involving all women, men, girls and boys, further designing and implementing the project in line with the UNHCR's age, gender and diversity mainstreaming strategy.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 400,000 ¹				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Shelter & non-food items	11,250	11,250	25,000
	Food	32,901	34,099	67,000
	WaSH	46,200	37,800	84,000
	Health & Nutrition	141,076	129,083	270,159

BENEFICIARY ESTIMATION

There were two main challenges facing the preparation of the beneficiary estimates:

1. The humanitarian crisis was still on-going and ever increasing, which made an estimation of its evolution and final reach to the population extremely complicated.
2. At the time of the assessment certain areas (such as Salah al-Din) were not accessible due to the security constraints imposed to guarantee the safety of the humanitarian workers.

In this scenario, AFPs undertook several needs assessment in order to determine a best estimate of the affected population.

NON-FOOD ITEMS: Reported figures derive from the standard distribution forms that IOM staff members complete at each distribution. Data collected includes the location of the distribution, type of NFIs, number of kits distributed, cost, and the total amount of beneficiaries

¹ The number of individuals displaced by the Anbar crisis reached nearly 400,000 by March 2014.

reached disaggregated by gender. UNHCR estimated the number of beneficiaries based on the cost of a core relief item kit and total amount of funding available. Given that the actual number of persons in need was higher than the supplies available, the provision of the humanitarian assistance was based on vulnerability criteria.

FOOD: Reported figures derive from the distribution reports of implementing partners (IPs), who recorded the number of families to whom food was distributed. Some IPs recorded the number of individuals, and in cases where this level of detail was not available, WFP estimated based on an average family size of five.

WaSH: Estimations were calculated based on three main data sources:

1. The local council registration records from each district of Anbar in which CERF-funded activities and distributions took place, allowing for a disaggregation of potential beneficiaries by gender.
2. The data gathered in UNICEF's needs assessment for the Anbar Crisis Water and Sanitation Situation Report on April 2014, which helped identify needs prioritisation per location
3. The monitoring data gathered by UNICEF facilitators and implementing partners who submitted daily reports on kit and emergency supply distribution during the implementation of CERF activities.

UNICEF WASH estimates that six displaced individuals benefit from each emergency kit; for water trucking, that 20 liters per person per day are required; and for garbage collection, that 2,000 people produce 1 tonne of garbage per day. WHO was able to conduct the estimates thanks to the visits of the mobile water quality monitoring teams on location (camps, unfinished buildings, schools, etc.).

The main challenge for beneficiary estimation and reporting was the continuous shifting of population in the targeted region due to on-going violence. Every effort was made to avoid double-counting through careful monitoring activities by implementing partners overseen by UNICEF WaSH officers, and strengthened by cross-referencing to the local council registration data where possible. For reporting purposes, UNICEF selected the estimated beneficiary coverage of the widest-reaching service provided, in this case the distribution of 14,000 Emergency Kits (reaching 84,000 individuals).

HEALTH: The medical records of the health facilities were compiled to obtain an average number of consultations and estimate the number of direct beneficiaries assisted; for routine vaccinations, as well as for polio and measles, reports by independent monitors for each campaign were reviewed to estimate the number of children vaccinated. The discrepancies between the figures for planned and reached beneficiaries are due to (1) the number of IDPs growing more than initially anticipated, and (2) the unavoidable double counting for some consultations for which the same patient could have been counted twice in case the name was not properly reflected.

The total number of beneficiaries reached was estimated using the largest figures provided from the clusters, in this case the Health and the WaSH clusters: the Health cluster was used for the number of children under 5 reached, and the WaSH cluster provided the figures for the largest adult population reached.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	64,805	179,716
Male	55,195	159,323
Total individuals (Female and male)	120,000	339,039
Of total, children <u>under</u> age 5	3,210	268,159

CERF RESULTS

As a result of the generous support from CERF, the following key outcomes were achieved during the reporting period:

NON-FOOD ITEMS:

- ✓ Delivery of 2,500 life-saving emergency NFI kits to IDP families in Anbar and neighbouring governorates: in Anbar 2,926 individuals (1,517 female & 1,409 male) received assistance; in Baghdad 7,498 individuals (3,317 female & 4,181 male); in Diyala 246 individuals (134 female & 112 male); in Kirkuk 1,399 individuals (705 female & 694 male); in Salah al-Din 2,734 individuals (1,391 female & 1,343 male).
- ✓ 100 per cent of households (22,500 IDPs) received basic domestic and core relief items.

WaSH:

- ✓ Safe water provided to 60,000 individuals, with an only 9 per cent of contamination of the water supplied to IDPs and host communities.
- ✓ 84,000 IDPs received 14,000 Emergency Kits that provided for their basic hygiene needs, containing bottled water, water buckets, jerry cans, soap, disinfectant, garbage bins and bags, water purification tablets and cleaning materials.
- ✓ Transport of 10 tons of water purification chemicals (chlorine powder) for 57,600 IDPs.
- ✓ Supply of water through trucks, at 302,000 liters/day, benefitting 15,126 IDPs.
- ✓ Installation of water tanks with a combined capacity of 223,000 liters, benefitting 12,960 IDPs.
- ✓ 34,000 IDPs reached with hygiene promotion campaigns, focusing on basic health and hygiene messages such as the importance of hand-washing, and on practical ways to maintain the health of individuals and families in difficult environments.

FOOD:

- ✓ Distribution of 807 metric tons (MT) of food commodities providing 1 month of food assistance for 67,000 people. Through an Immediate Response Emergency Operation, WFP had started food distributions immediately after the onset of violence, working with IOM to distribute NFIs alongside food commodities to ensure that families had access to cooking facilities. In order to respond as rapidly as possible by avoiding the lead-time incurred in procuring commodities, WFP borrowed food parcels from its Syrian Refugee Operation to support the displaced people in Anbar, which was retroactively paid for by CERF funding.

HEALTH:

- ✓ Provision of medicines and medical supplies to health facilities: regular deliveries of a wide range of medicines (including drugs for chronic diseases), and different types of emergency kits reaching an average of 350,000 beneficiaries. The two main hospitals in Anbar (Ramadi and Fallujah) were supplied regularly with items urgently needed, including trauma kits.
- ✓ Support the delivery of primary health care services in different locations, and through mobile teams for over 87,000 individuals.
- ✓ Establishment of an EWARN to enable the Department of Health (DoH) to detect and avert any risk of outbreaks. No major outbreak has been recorded during the reporting, with the exception of 2 polio cases confirmed in Iraq.
- ✓ Support to a complementary polio campaign in Anbar to raise vaccination coverage from 48% to 95%.
- ✓ Blanket distribution of micronutrients and Plumpy Nut (high energy food supplement) for 2,000 U5 to help guard against malnourishment. In addition, 170 carton of High Energy Biscuits (HEB) were sent to the Sitac area, Salah al-Din, providing supplies for 650 U5 and pregnant women deemed at particularly high risk.
- ✓ Provision of anthropometric and cold chain supplies, and support the cargo transportation costs for cold chain supplies (keeping vaccines safe for use) to crisis affected areas in Anbar, Erbil and Dahuk.
- ✓ Ensure availability and access to reproductive health services, as well as to basic & comprehensive Emergency Obstetric Care, including the support to referral services to guarantee that complicated emergency obstetric cases received adequate treatment. In total, 9,696 women and girls received diverse reproductive health services, including 100 referral services.
- ✓ Due to a global shortage of the single measles vaccine, and the compliance standards set by the Iraqi Ministry of Health (MoH) regarding the suitability of certain measles vaccines, it was not possible for UNICEF and its governmental health partners to source a suitable amount of vaccines to cover the targeted 370,000 children 6 months – 23 months. The planned budget allocated to this activity was redistributed to further support the rapid nutrition assessment, to expand the social mobilization services that encouraged parents to take children for the polio vaccination, to strengthen the cold chain, and to provide anthropometric supplies.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF funds were crucial in assessing and addressing the needs of the Iraqi families: IOM was capable of ensuring fast and timely delivery of NFI kits; WHO successfully supplied to IDPs and host communities safe water in compliance with Iraqi drinking water quality standards and WHO's Guidelines for Drinking Water, and also in the fast delivery of laboratory reagents for the water quality laboratories, to ensure their capacity to perform water quality analysis; UNICEF began distribution of water and hygiene kits within 48 hours of receiving CERF funding; WFP was able to procure food quickly to ensure the food security of those displaced; UNHCR ensured that basic domestic and core relief items were delivered to a destitute population.

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

YES PARTIALLY NO

CERF funds enabled IOM's RARTs to collect critical information on beneficiaries' profiles and determine the kind of assistance most urgently needed; WHO could hire mobile water monitoring teams to conduct time critical water quality analysis and facilitate the monitoring, avoiding any water pollution and reducing the burden of water borne diseases; WHO continued the imperative vaccination efforts against polio following the outbreak in Syria in a time critical intervention; WFP was able to respond to the immediate need without a break in its pipeline of assistance.

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

YES PARTIALLY NO

Thanks to the funds received from the CERF, other donors followed with contributions (particularly the Kingdom of Saudi Arabia with its generous donation of 500 million USD, followed by Germany with 46 million, USA with 42 million, Canada and the European Commission with 35 million each, and Japan with 24 million) to maintain the continuity in the provision of emergency assistance.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Coordination amongst HCT members was ensured through constant communication and active attendance in the meetings held during the preparatory, planning, implementing and reporting phases of the CERF allocated projects. This allowed the humanitarian community to agree on the share of targets, geographical coverage, as well as avoid duplication, and strengthen synergies towards a holistic and coordinated response. In fact, CERF funding helped not only intra-cluster coordination, but also inter-cluster, as is the case of the WaSH cluster, which readily liaised with the Health cluster given that the provision of safe water to IDPs has a positive impact on their health.

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

The CERF, through discussions held with the government on assessment findings, contributed to raising awareness on the most vulnerable groups, and on the need to show more solidarity to those most in need. CERF funding also allowed the start of water trucking, and ensured timely distribution of life-saving supplies that provided IDPs with essential basic items necessary for daily living, thus mitigating outbreaks of disease through the improvement of WaSH provision available to the displaced.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Questions a) & b) of Narrative Section 6, CERF's added value, are confusing since they seem to address the same issue: how CERF funds allowed for fast, time-critical needs	Either merge both questions into one, or re-draft the questions to clarify their intended meaning	CERF Secretariat
On Table 8, section 12 is duplicated on reporting discrepancies with the number of beneficiaries	The box next to the estimated/reached number of beneficiaries should be eliminated, since all agencies are reporting the same information on section 12	CERF Secretariat
Eliminate from this table the 3 rd column of "Responsible entity" since it's always the CERF Secretariat	Redundancy of information only succeeds in exasperating the focal points charged with providing the inputs	CERF Secretariat
Fast funds transfer	The fast transfer of funds helped in the quick response and intervention; therefore WHO suggests for this modality to be continued	CERF Secretariat
There is still urgent need to provide funding to humanitarian emergency response in Iraq	CERF to consider providing additional funding given the continued presence of displaced Iraqis across the country, whose needs will develop and increase as colder weather continues over the end of 2014 and start of 2015	CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
NFI distribution forms should include also age disaggregation of beneficiaries	Amend the NFI distribution form	IOM
Coordination	Good coordination among WaSH actors before the fund request (specially WHO and UNICEF) enhances the process of proposal drafting and identification of roles and responsibilities in a timely manner	WaSH cluster members
Engagement of Government	Always engage the Government from the beginning of the process to ensure a good coordination and better response to the real needs through the identification of the priorities.	UNCT
Challenge in reaching out to Anbar IDPs seeking refuge in host communities, as well as those experiencing multiple and frequent displacements	To mitigate such challenges, it is important to engage local communities and NGOs to support the delivery of services to identified IDPs and impacted communities hosting large populations of IDPs.	GoI / MoH / DoH, WHO, UNICEF UNFPA and NGOs
Documentation of chronic disease patients to ensure effective follow-up and continuum of care in chronic diseases management is a challenge	Encourage the government to put in place an effective health information system to document chronic disease affected populations and come up with a more responsive system to the needs of these patients.	MoH / DoH, UN agencies (WHO, UNICEF & UNFPA) and NGOs

<p>Overcoming challenges of limited security access to areas where IDPs reside – particularly in the Red Zone of Fallujah and Ramadi – takes considerable time and effort. Reaching the most vulnerable in these locations requires strong coordination with the armed forces, and requires coordination within the humanitarian community to ensure that minimum stock requirements are prepositioned for easy access, and that replenishment mechanisms are agreed upon.</p>	<p>Partners to agree on minimum stock requirements to be prepositioned for WaSH emergency response and agree on replenishment mechanisms</p>	<p>WaSH Cluster</p>
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VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

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CERF project information			
1. Agency:	UNFPA UNICEF WHO	5. CERF grant period:	UNFPA: 10.01.14 – 09.07.14 UNICEF: 10.01.14 – 09.07.14 WHO: 10.01.14 – 09.07.14
2. CERF project code:	14-RR-FPA-002 14-RR-CEF-003 14-RR-WHO-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health-Nutrition		
4. Project title:	Emergency response to most critical health needs of the population affected by Anbar crisis		
7. Funding	a. Total project budget:	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 748,162	▪ NGO partners and Red Cross/Crescent: US\$ 35,990
	c. Amount received from CERF:	US\$ 748,162	▪ Government Partners: US\$ 87,604
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	187,000	141,076	Discrepancy in UNICEF beneficiary figures due to the fact that planned measles vaccination couldn't take place because of unavailability of measles vaccine globally.
b. Male	185,000	129,083	
c. Total individuals (female + male):	372,000	270,159	
d. Of total, children <u>under</u> age 5	370,000	268,159	
9. Original project objective from approved CERF proposal			
The overall objective of the project is to ensure that affected population from Anbar and host communities within Anbar and in other governorates hosting population from Anbar have access to quality live saving public health services focusing on most vulnerable population.			
WHO			
The specific objectives to be pursued by WHO are to:			
<ul style="list-style-type: none"> Prevent excess morbidity and mortality among affected population (stranded, displaced population and host communities by supporting the ministry of health and NGOs in responding to life threatening health needs of target population. Strengthen the health service delivery both in Anbar and in other relevant governorates as well as the referral system with an aim of providing optimal health live saving services affected population and minimizing the impact/burden on local health system 			
UNICEF			
The specific objectives pursued by UNICEF:			
<ul style="list-style-type: none"> All internally displaced women, boys and girls from Anbar enjoy equitable minimum package of primary health care services and proven child survival interventions. All eligible children of Anbar governorate vaccinated against polio and measles (the internally displaced, under siege, and the 			

host community).

UNFPA

The specific objective for UNFPA is to prevent excess morbidity and mortality among newly displaced population from Anbar by supporting the ministry of health in responding to life threatening health needs of target population through providing much in need RH kits.

10. Original expected outcomes from approved CERF proposal

WHO

Three main outcomes are expected from activities to be implemented:

- Ensured access to life-saving medicines and supplies by target population
- Timely control of communicable disease outbreaks, including establishing an early warning system and immunization against vaccine preventable diseases with a focus on polio and measles
- Reduction of morbidity and mortality rates within the targeted population, through ensured access to primary health care and referral services

The following are some of the indicators to assess progress to be made toward achieving the project objectives

- # of affected people that received essential health services Baseline: 0; Target: 20,000
- # of patients referred to secondary and tertiary health care: Baseline: 0; Target: 2,000
- # of health facilities that received lifesaving medicines: Baseline 0 Target: 5
- A system for emergency disease early Warning System and outbreak risk mitigation and control established in major IDPs settlements Baseline: 0 Target 1 per settlement.
- # of under-five (U5) children vaccinated: Baseline: 0; Target: 23,500
- # of health professionals trained in different disciplines of interest to public health Baseline: 0 Target: 100
- # of coordination meetings held: Baseline: 0 Baseline: 1 meeting every two weeks

UNICEF

- 180,000 U5 children in Anbar vaccinated with polio vaccine (all U5 children in Anbar i.e. IDPs and host community)
- 370,000 children 6 m – 23 months vaccinated with measles and received vit-A capsules (all u5 children in Anbar i.e. IDPs and host community).
- 48,000 internally displaced u5 children received therapeutic foods.
- Infant and young child feeding IYCF practices with special attention to breast feeding and breast feeding counselling promoted and made available for 2000 internally displaced lactating mothers.
- Rapid nutrition assessment conducted for 48,000 internally displaced U5 children.
- Regular growth monitoring/screening conducted for 48,000 internally displaced U5 children.
- 10 social mobilization campaigns (sessions, households' visits, etc.) per month conducted in targeted vulnerable communities affected by high influx of IDPs.

Indicators:

- Percentage of ID U5 children vaccinated with polio: Baseline: 0% and Target: 100 per cent
- Percentage of ID U5 children vaccinated with measles: Baseline: 0% and Target: 100 per cent
- Percentage of ID U5 children with moderate and severe wasting: Baseline: 7 per cent and Target: 7 per cent (prevent deterioration)

UNFPA

All displaced women in reproductive age have full access to Reproductive Health services including Emergency Obstetrics & Newborn Care (EmONC).

Indicators:

1. Four hospitals providing quality EmONC services: Baseline: 0 and Target: 4
2. Functioning referral system in place Baseline: 0 and Target: 1

11. Actual outcomes achieved with CERF funds

WHO:

- ✓ An estimated number of 87,000 people received essential health services in both conflict affected areas and among impacted host communities.
- ✓ Over 4,000 patients were referred to secondary and tertiary health care among Anbar based IDPs and host communities, including significant populations of IDPs from Anbar above the initial planned figures of 2,000 referrals.
- ✓ More than 20 health facilities received lifesaving medicines via direct provision of a wide range of medicines and emergency kits, both basic and trauma Interagency Emergency Health Kits, in the DoH of Anbar, Dahuk, Erbil, Karbala, and Sulaymaniyah among others.
- ✓ At least 1 early warning system for emergency disease detection established, ensuring outbreak risk mitigation and control among major IDP settlements (adding to the already 14 operational EWARN systems throughout the KR-I and Iraq).
- ✓ 125 health professionals from the DoH of Anbar and other conflict affected governorates trained and empowered in different disciplines of interest to public health, including epidemiology, WaSH and reproductive health
- ✓ 1 coordination meeting every 2 weeks in some governorates hosting IDPs regularly held. The number of meetings was limited inside Anbar due to the security situation.

UNICEF:

- ✓ 268,159 U5 children in Anbar vaccinated with polio vaccine, both IDPs and host community children (99.3 per cent of the target).
- ✓ 48,000 IDP U5 children received therapeutic foods (7 per cent, as targeted).
- ✓ 2,000 IDP lactating mothers received Infant and young child feeding counselling with special attention to breast-feeding.
- ✓ Rapid nutrition assessment conducted for 2,000 IDP U5 children (the expense and time required to conduct a full survey of 48,000 children was deemed inappropriate for the timescale of the project and in consideration of the rapidly changing environment, and instead a representative sample was taken).
- ✓ Regular growth monitoring/screening conducted for 48,000 IDP U5 children.
- ✓ At least 60 social mobilization campaigns (information-sharing sessions, household visits, distribution of informational materials etc.) per month conducted in targeted communities

UNFPA:

- ✓ 4 hospitals (2 in Erbil city, one in Shaqlawa and one in Harir) in Erbil governorate supported through reproductive health (RH) kits, supplies and equipment. UNFPA interagency RH kit 6-A and 6-B used for clinical delivery assistance, were provided to the targeted four hospitals and the referral point, ensuring services to around 10,000 women and girls of reproductive age.
- ✓ UNFPA Team distributed 5,000 dignity kits amongst women and girls (pregnant and of reproductive age), for a total of 9,696 women and girls directly benefitted from the services.

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

There were more people who benefited from PHC services than initially planned given that the number of affected population continued to grow during the project implementation as the armed conflict spread across neighbouring governorates.

The number of referrals was also higher given that hot cases due to armed conflict and complication of chronic diseases raised these interventions.

Due to a global shortage of the single measles vaccine, and the compliance standards set by the Iraqi Ministry of Health (MoH) regarding the suitability of certain measles vaccines, it was not possible for UNICEF and its governmental health partners to source a suitable amount of vaccines to cover the targeted 370,000 children 6 months – 23 months. The planned budget allocated to this activity was redistributed to further support the rapid nutrition assessment, to expand the social mobilization services that encouraged parents to take children for the polio vaccination, to strengthen the cold chain, and to provide anthropometric supplies.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a or 2b): **2b**
If 'NO' (or if GM score is 1 or 0):

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

The security situation prevailing in Anbar governorate did not permit to conduct a project EVALUATION PENDING

evaluation before the end of the project. Nevertheless, regular field monitoring visits were regularly conducted. UNICEF recruited 2 medical doctors from the local Anbar community as field facilitators working under the direct supervision of the UNICEF Central Zone Health & Nutrition officer. Facilitators validated receipt of supplies, beneficiaries and reported on project progression and changing needs of IDPs.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	IOM	5. CERF grant period:	01.02.2014 – 31.07.2014
2. CERF project code:	14-RR-IOM-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and non-food items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency response addressing Iraqi IDPs from violence originating in Anbar Governorate		
7. Funding	a. Total project budget:	US\$ 4,015,724	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 999,995	▪ NGO partners and Red Cross/Crescent: US\$ 0
	d. Amount received from CERF:	US\$ 999,995	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	7,500	7,064	The data of reached children under age 5 is not available since the NFI distribution forms do not include age disaggregation. Nevertheless, the vulnerability assessments carried out by IOM before the distribution of NFIs estimated that the number of minors (under age 5) in need of assistance was 2,906. This figure does not include Salah al-Din, since at the time of the assessment the area was not accessible for security reasons.
b. Male	7,500	7,739	
c. Total individuals (female + male):	15,000	14,803	
d. Of total, children <u>under</u> age 5	1,500	2,906	
9. Original project objective from approved CERF proposal			
Contribute to the improvement in living conditions of the populations affected from violence that originated in Anbar Governorate through the provision of Non-Food Item (NFI) kits to 2,500 IDP families in Iraq.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> A minimum of 2,500 IDP families provided with emergency NFI kits within two months The living conditions of approximately 60,000 individuals are enhanced through profiling and provision of immediate emergency assistance 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> During the project period, IOM delivered life-saving emergency NFI kits to 2,500 IDP families (14,803 individuals) in Anbar and neighbouring governorates: in Anbar 2,926 individuals (1,517 female & 1,409 male) received assistance; in Baghdad 7,498 individuals (3,317 female & 4,181 male); in Diyala 246 individuals (134 female & 112 male); in Kirkuk 1,399 individuals (705 female & 694 male); in Salah al-Din 2,734 individuals (1,391 female & 1,343 male). The flexibility of delivery was achieved through a fully integrated supply-chain management system managed by the IOM Erbil Hub Office, which is responsible for managing IOM's central Iraq warehouse in Erbil. IOM Iraq has secured Long-Term Agreements (LTAs) with a regular network of local suppliers, which has supported the Mission's capacity to respond immediately and cost-effectively to the emerging needs on the ground. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
IOM never planned an evaluation for this project, but only a standard monitoring through the distribution of follow-up forms to a sample of beneficiaries who received NFIs assistance, which can be used to produce an evaluation report if required. This is IOM's standard operating procedure in all NFIs distributions.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	01.01.2014 – 30.06.2014
2. CERF project code:	14-RR-HCR-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and non-food items		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Response for Internally Displaced People in Iraq		
7. Funding	a. Total project budget:	US\$ 6,359,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,359,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 999,915	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	11,250	11,250	
b. Male	11,250	11,250	
c. Total individuals (female + male):	22,500	22,500	
d. Of total, children <u>under age 5</u>	2,500	2,500	
9. Original project objective from approved CERF proposal			
STRATEGIC OBJECTIVE 1: POPULATION HAS SUFFICIENT BASIC AND DOMESTIC ITEMS.			
10. Original expected outcomes from approved CERF proposal			
% of households whose needs for basic and domestic items are met (Target: 22,500 persons).			
11. Actual outcomes achieved with CERF funds			
100 per cent of household, i.e. 3,738 IDP families or 22,500 persons, received basic and domestic items.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0): The design and implementation of the project was based on the UNHCR's age, gender and diversity mainstreaming strategy.			
14. Evaluation: Has this project been evaluated or is an evaluation pending?			EVALUATION CARRIED OUT <input type="checkbox"/>
For UNHCR, regular monitoring missions and reporting are carried out on a quarterly basis. This includes financial auditing on an annual basis. 2014 allocations will be audited therefore at the end of the calendar year.			EVALUATION PENDING <input type="checkbox"/>
			NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	9.02.2014 – 18.08.2014
2. CERF project code:	14-RR-WFP-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Assistance to Populations Affected by the AI Anbar Crisis		
7. Funding	a. Total project budget:	US\$ 434 Million	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 185 Million	▪ NGO partners and Red Cross/Crescent: US\$ 115,961
	e. Amount received from CERF:	US\$ 1,000,001	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	30,280	32,901	Although WFP had planned to purchase 730 MT of food commodities with the CERF funding, equivalent to 11,213 Family Food Parcels, the organisation was able to use CERF funds to purchase 807 MT that were distributed to 67,000 people. As the crisis escalated, and other parts of Iraq became affected, WFP scaled up its assistance from a 3-month Immediate Response Emergency Operation to an Emergency Operation with a maximum duration of 24 months. IDPs from Anbar were thus also assisted in Baghdad, over and above the initial plan. The reached number duplicates some people who received Family Food Parcels in more than one cycle, and the actual number of distinct beneficiaries may be lower; however, due to insecurity and the rapid displacements, it was difficult to verify exact beneficiary figures.
b. Male	25,790	34,099	
c. Total individuals (female + male):	56,070	67,000	
d. Of total, children <u>under age 5</u>	1,500	9,440	
9. Original project objective from approved CERF proposal			
The overall objective of this intervention was to protect lives while enabling safe access to food and nutrition for women and men, girls and boys.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Stabilized food consumption over assistance period for targeted households (11,200 households or about 56,070 individuals) • Household food consumption score prevalence of poor food consumption of targeted households below 80 percent • Coping Strategy Index <ul style="list-style-type: none"> ○ Coping strategy Index of 80 percent of 11,200 households (56,070 individuals) is reduced or stabilized. 			
11. Actual outcomes achieved with CERF funds			
CERF funds were used to purchase 807 MT of 65.1kg FFPs, that were distributed in Anbar and Baghdad governorates.			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Due to the depreciation in the security situation and the initiation of Level 6 security constrictions in Anbar governorate, WFP was unable to conduct its standard Post-Distribution Monitoring, which requires extensive household visits. WFP was therefore unable to ascertain and report the change in food consumption scores or Coping Strategy Index of assisted households.</p> <p>Planned figures were overreached due to WFP committing the CERF funding exclusively to food purchase. The reached number may duplicate some beneficiaries who were reached in more than one cycle, however, due to insecurity and the rapid displacements, it was extremely difficult to verify the exact figures.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): Gender and protection issues are at the core of WFP's targeting exercise, as well as existing safety net programmes to ensure on-going support for the most vulnerable groups: WFP mainstreams gender by ensuring women participate in decision making and have equitable access to food resources. WFP undertook measures to promote gender equality at distribution sites giving priority to pregnant and lactating women, and setting up gender segregated waiting areas.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation of the project took place due to the challenging security situation in Anbar governorate. Classified at a security Level 6, UN staffs were not permitted to enter the area, making evaluation unfeasible without risk to UN or IP's staff.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	20.02.2014 – 19.08.2014
2. CERF project code:	14-RR-WHO-002	6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing <input type="checkbox"/> Concluded
3. Cluster/Sector:	Water and sanitation		
4. Project title:	Ensuring provision of safe water to IDPs according to Iraqi Drinking Water Quality Standards		
7. Funding	a. Total project budget:	US\$ 300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 151,605	▪ NGO partners and Red Cross/Crescent: US\$ 0.00
	c. Amount received from CERF:	US\$ 151,605	▪ Government Partners: US\$ 71,905
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	33,000	33,000	
b. Male	27,000	27,000	
c. Total individuals (female + male):	60,000	60,000	
d. Of total, children <u>under</u> age 5	10,800	11,000	
9. Original project objective from approved CERF proposal			
Ensure access of vulnerable IDPs and their host communities to safe water and to proper sanitation and hygiene through health and hygiene campaigns and monitoring water quality.			
10. Original expected outcomes from approved CERF proposal			
Supply of potable drinking water according to Iraqi Drinking Water Quality Standard			
Indicators:			
<ul style="list-style-type: none"> Per cent of contaminated water samples (<5 per cent) according to Iraqi drinking water standards 			
11. Actual outcomes achieved with CERF funds			
According to the water quality monitoring data from the Departments of Health in the targeted governorates, the per cent of contamination of water samples from the water supplied to IDPs and host communities was around 9 per cent.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
The reasons behind the discrepancy between the expected and the actual per cent of contaminated samples are:			
<ul style="list-style-type: none"> The supplies of chlorine could not reach the operators working at the water sources (wells or water projects) within the planned time due to the security situation. Cut in power supplies affected the chlorination process and the ensuing analysis at water quality control laboratories. 			

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project targeted all IDPs regardless of gender.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>There was no 3rd party independent evaluation planned due to lack of funding. Notwithstanding, given that there were no waterborne disease outbreaks and that the water laboratories were able to perform water testing as planned, the project's success was self-evident.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	23.01.2014 – 22.07.2014
2. CERF project code:	14-RR-CEF-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency WASH response for affected population in Anbar Governorate, Iraq		
7. Funding	a. Total project budget:	US\$ 4,878,014	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,400,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 321,604
	c. Amount received from CERF:	US\$ 973,452	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	33,000	46,200	The number of IDPs increased significantly during the implementation period. This added pressure on the host community, in combination with challenges to the local governorate's implementing capacity, caused UNICEF WASH team to adapt the on-going WaSH intervention to cover as many of the IDP communities as possible.
b. Male	27,000	37,800	
c. Total individuals (female + male):	60,000	84,000	
d. Of total, children <u>under age 5</u>	10,800	15,120	
9. Original project objective from approved CERF proposal			
Provision of emergency water, sanitation and hygiene support to affected population			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • The affected population has access to safe drinking water and sanitation facilities (target 10,000 families) • The affected population is provided with hygienic items such as soap, and is educated on this topic through hygiene promotion messages (target 10,000 families) • The affected population has access to safe solid waste collection and disposal services (target 10,000 families) 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 57,600 IDPs (9,600 families) provided with safe drinking water and washing facilities • 84,000 IDPs (14,000 families) received hygiene kits hygiene kits and were reached with hygiene messages and information • 69,540 IDPs (11,590 families) with access to improved garbage collection facilities 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
Due to the increased population of IDPs in comparison to the original planning figures, UNICEF WASH was able to reach a higher number of beneficiaries with hygiene messages and information than originally planned (14,000 families against the original 10,000). Likewise, a larger displaced population allowed UNICEF's intervention to provide improved garbage collection facilities to more people than the original target (11,590 families against the original 10,000). Both hygiene messaging/information and garbage collection are activities which are cost-effective to scale up, and do not require a high capital investment in order to reach more			

people using the same resources.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation took place due to the changing security situation and context in Anbar.	EVALUATION PENDING <input type="checkbox"/>
	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-003	Food Assistance	WFP	International Organization of Migration	Yes	INGO	\$78,030	15-Mar-14	10-Feb-14	
14-RR-WFP-003	Food Assistance	WFP	Islamic Relief Worldwide	Yes	INGO	\$17,491	30-May-14	11-May-14	
14-RR-WFP-003	Food Assistance	WFP	Iraqi Humanitarian Salvation Organization	Yes	NNGO	\$20,440	30-May-14	15-Apr-14	
13-RR-CEF-120	Water, Sanitation and Hygiene	UNICEF	AFKAR	Yes	NNGO	\$212,769	26-Feb-14	1-Feb-14	
13-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	ISHO	No	NNGO	\$89,035	26-Feb-14	1-May-14	
13-RR-CEF-122	Water, Sanitation and Hygiene	UNICEF	Islamic Relief Worldwide	No	INGO	\$19,800	26-Feb-14	1-Feb-14	IRW is a frequent UNICEF partner. In this case, a Small Scale Funding Agreement (SSFA) was established specifically for the CERF project. In the context of acute emergency, IRW began activities using their own funding until the UNICEF-provided CERF funding could be transferred.
14-RR-WHO-002	Water, Sanitation and Hygiene	WHO	Ministry of Health	Yes	GOV	\$71,905	12-Aug-14	15-Jul-14	The funds cover the cost of water quality mobile monitoring teams.
14-RR-CEF-003	Health	UNICEF	Ministry of Health	Yes	GOV	\$46,404	1-Feb-14	10-Feb-14	
14-RR-CEF-003	Health	UNICEF	Iraqi Salvation Humanitarian Organisation	Yes	NNGO	\$30,590	20-Feb-14	19-Feb-14	
14-RR-WHO-003	Health	WHO	Muslim Aid Organization	No	INGO	\$5,400	7-Apr-14	18-Mar-14	
14-RR-WHO-003	Health	WHO	Ministry of Health	Yes	GOV	\$41,200	15-Jun-14	5-Feb-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AGD	Age & Gender Disaggregation
C4D	Communication for Development
CDC	Centers for Disease Control and Prevention
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CMC	Camp Management & Coordination
CPI	Copying Strategies Index
DCVAW	Directorate for Combating Violence Against Women
DoH	Department of Health
DSRSG/RC/HC	Deputy Special Representative of the Secretary General / Resident Coordinator / Humanitarian Coordinator
DfTVAW	Directorate for Tracing Violence against Women
EiE	Education in Emergency
EmONC	Emergency Obstetrics & Newborn Care
EWARN	Early Warning & Response Network
FCS	Food Consumption Score
FFPs	Family Food Parcels
GOARN	Global Outbreak Alert and Response Network
Gol	Government of Iraq
HCT	UN Humanitarian Country Team
ICODHA	Integrated Coordination Office for Development and Humanitarian Affairs
IDP	Internally Displaced Person
IMS	Information Management System
INEE	International Network for Education in Emergencies
IOM	International Organization for Migration
IRC	International Rescue Committee
IRW	International Relief Worldwide
ISF	Iraqi Security Forces
ISHO	Iraqi Salvation Humanitarian Organization
KRG	Kurdistan Regional Government
KR-I	Kurdistan Region of Iraq
LNGO	Local NGO
LTA	Long-Term Agreement
MICS4	Multiple Indicator Cluster Survey – Round 4
MoDM	Ministry of Displacement & Migration
MoE	Ministry of Education
MoH	Ministry of Health
MoLSA	Ministry of Labour & Social Affairs
MSNAs	Multi-Sector Needs Assessments
MT	Metric Tons
NFIs	Non Food Items
NRC	Norwegian Refugee Council
NRI	Nutrition Research Institute
PTA	Parent Teacher Association
RART	Rapid Assessment & Response Team
RH	Reproductive Health
RRP	Regional Response Plan
SGBV	Sexual & Gender Based Violence
ToT	Training of Trainers

U5	Children Under 5 (years of age)
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for the Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation & Health
WFP	World Food Programme
WHO	World Health Organization
VAW	Violence Against Women