
# RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS PAKISTAN UNDERFUNDED EMERGENCY 2014 ROUND I

| | |
|---|---|
| RESIDENT/HUMANITARIAN COORDINATOR | Mr. Timo Pakkala / Ms. Jacqueline Badcock |

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was scheduled for 17 March 2015, however, a quorum of four cluster/sector coordinators was not met. A matrix of questions was distributed for review and comments. Responses received for After Action Review are attached with the report.

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

YES ☒ NO ☐

The final Report was shared with HCT for endorsement.

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 Report was shared with the Humanitarian Country Team for review and possible comments. The HC/RC also reviewed the report before submission.

## I. HUMANITARIAN CONTEXT

| TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$) | | |
|---|---|---|
| **Total amount required for the humanitarian response:** $451 million* | | |
| **Breakdown of total response funding received by source** | **Source** | **Amount** |
| | CERF | 9,470,276 |
| | COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*) | 7,306,677** |
| | OTHER (bilateral/multilateral) | 298,323,338*** |
| | **TOTAL** | **315,100,291** |

* Combined total from the Strategic Plan and the Preliminary Response Plan for 2014.

** Total amount allocated and disbursed to partners in 2014; donor contribution and 2013 carry-over was US$8,658,262 to ERF Pakistan.

*** FTS data as of 18 March 2015.

| TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$) | | | |
|---|---|---|---|
| **Allocation 1 – date of official submission:** 14-Mar-14 | | | |
| **Agency** | **Project code** | **Cluster/Sector** | **Amount** |
| WFP | 14-UFE-WFP-017 | Food | 2,799,675 |
| FAO | 14-UFE-FAO-008 | Agriculture | 1,479,517 |
| WHO | 14-UFE-WHO-015 | Health | 800,001 |
| UNICEF | 14-UFE-CEF-033 | Health | 300,000 |
| UNFPA | 14-UFE-FPA-012 | Health | 100,109 |
| UNICEF | 14-UFE-CEF-034 | Nutrition | 380,643 |
| WFP | 14-UFE-WFP-018 | Nutrition | 319,992 |
| WHO | 14-UFE-WHO-016 | Nutrition | 100,002 |
| UNHCR | 14-UFE-HCR-012 | Shelter and non-food items | 995,100 |
| UN Habitat | 14-UFE-HAB-001 | Shelter and non-food items | 987,939 |
| IOM | 14-UFE-IOM-014 | Shelter and non-food items | 399,872 |
| UNICEF | 14-UFE-CEF-035 | Water and sanitation | 400,000 |
| UN Habitat | 14-UFE-HAB-002 | Water and sanitation | 299,999 |
| WHO | 14-UFE-WHO-017 | Water and sanitation | 107,429 |
| **TOTAL** | | | **9,470,276** |

| TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$) | |
|---|---|
| **Type of implementation modality** | **Amount** |
| Direct UN agencies/IOM implementation | 7,722,088 |
| Funds forwarded to NGOs for implementation | 1,712,119 |
| Funds forwarded to government partners | 36,069 |
| **TOTAL** | **9,470,276** |

### *HUMANITARIAN NEEDS*

Since July 2008, Pakistan's north-western areas of Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA) have experienced major population displacements as a result of insecurity, insurgency, and military operations against non-state armed groups (NSAG). Repeated patterns of displacement and return movements have occurred, sometimes within the same agency or district depending on the evolution of the security situation in the areas.

As of 6 December 2013, there were 966,432[1] registered people (54 per cent male and 46 per cent female) displaced as a result of insecurity in FATA and KP. Of the registered displaced people, 5 per cent resided in three camps for internally displaced persons (IDPs) with the majority originally from Bajaur, Khyber, Kurram and Orakzai Agencies of FATA: Jalozai, New Durrani and Togh Sarai Camps.

The majority of displaced people (95 per cent) lived in host communities, mainly in the districts of Peshawar, KP (44.3 per cent) and the rest in Dera Ismail Khan (15.7 per cent), Kohat (13.5 per cent), Tank (7.3 per cent), Kurram (6 per cent), Nowshera (5.8 per cent) and in Hangu and Khyber Agencies. The FATA Disaster Management Authority (FDMA) estimated 1.4 million people had returned to FATA since the early stages of the complex emergency in 2009 with 108,273 in 2013. Return Intention Surveys for Tirah Valley, Khyber Agency; Parachinar, Kurram Agency; and South Waziristan Agency indicated the overwhelming majority of the displaced people (92 to 96 per cent) wished to return. Simultaneously, IDPs highlighted concerns and the need for information on the security situation to enable them to return, in addition to humanitarian support required to assist a sustainable return—food, assistance to repair or rebuild homes, access to education, health, and water sanitation and hygiene (WASH) infrastructure and services, and critical livelihood support. The Humanitarian Country Team (HCT) agreed the international humanitarian community needed to continue supporting the Government's response to meet the humanitarian needs of those affected by conflict in KP and FATA.

## II. FOCUS AREAS AND PRIORITIZATION

This CERF allocation was based on evidence gathered by the humanitarian community through the Humanitarian Needs Overview (HNO) process and needs analysis led by the HCT in close consultation with the Peshawar-based Humanitarian Regional Team (HRT). The HNO process started in November 2013 and concluded in January 2014 with the HCT approval. Additional information gathered in subsequent assessments, such as the Child Protection and Food Security Assessments were included. The HCT and partners continued attempts to delink humanitarian assistance from registration. The HCT sought mechanisms to enable more effective targeting to address the highest priority life-saving needs of the affected population and to enable meaningful impact on the lives of the most vulnerable IDPs and returnees, through service provision. The Government, however, insisted on blanket assistance to all displaced people based on the UNHCR and Government registration.

Cluster key findings compiled in November 2013 indicated 966,432 registered displaced persons living in and off-camps (161,072 families[2]) and returnees required food support. According to the IDP Vulnerability Assessment & Profiling (IVAP)[3] data, 26 per cent of the 75,000 families surveyed borrowed food or relied on help from friends; 31 per cent purchased food on credit; 9 per cent of surveyed IDP families decreased their expenditure on health care; 7.8 per cent limited their food intake; 1 per cent skipped an entire meal; and in 1 per cent of the families women consumed less food to make food available to children[4].

[1] Number of families registered by UNHCR; a family size was composed of six individuals.

[2] Food Security Cluster key finding November 2013.

[3] IVAP is an ongoing census-style process which constantly gathers and updates information for the humanitarian community. In 2010, the humanitarian community launched this inter-agency initiative in KP and FATA to assess displaced family vulnerability at the household level. In October 2014 the HRT approved phase V.

[4] IVAP Summary Data http://www.ivap.org.pk/SummaryData.aspx.

*Food security and agriculture*

In 2012 and 2013, IVAP found agriculture (including farming, livestock and poultry) was the most important source of livelihood in the place of origin, with 40 per cent of families reporting agriculture as their main source of income prior to displacement. After displacement, only 4 per cent of families reported agriculture as their source of income. Some 478,069 displaced persons and returnees were identified as needing support to access agricultural livelihood support.

*Health*

An estimated 966,426 displaced people and 49,641 returnees needed support to access basic healthcare services[5]. Among the registered population 1,900 women in camps and 35,858 women living off-camp had limited access to healthcare. Of the registered people, 1,837 returnee women needed support to access obstetric services.

The Health Cluster prioritized live-saving activities for displaced people living on- and off-camp settlements where IDPs used existing health facilities already overburdened by IDPs in the health facility catchment area. Activities and geographical coverage were discussed in Health Cluster meetings where partners and Department of Health (DoH) officials were present. For this CERF application, a joint decision prioritized areas not covered by previous CERF funds nor existing funding arrangements.

*Shelter and non-food items*

According to IVAP, over 75 per cent of displaced families living in host communities pay rent. The rising rental cost further diminishes living conditions of displaced families who struggle with limited livelihood opportunities. An estimated 90,000 off-camp families needed shelter support (rental subsidies or a livelihood) to live in dignified conditions and avoid further reliance on negative coping mechanisms.

According to the December 2013 UN-Habitat Rapid Technical Assessment for housing needs and damages, there was a significant level of destruction in return areas. The lack of means to rebuild destroyed homes remains a key impediment to sustainable returns. Most of the estimated 20,000 recently returned families, and approximately 40,000 displaced families[6] who intended to return in the first quarter of 2014, are potentially in need of shelter and non-food item (NFI) support adapted to their needs, including emergency shelters, shelter repair kits, roofing kits, cash, shelter material and technical assistance to rebuild their damaged homes.

*Nutrition*

The Cluster conducted a detailed assessment from September to October 2013 in six priority districts: Dera Ismail Khan, Kohat, Nowshera, Peshawar, Tank in KP and Kurram Agency in FATA. The prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) among children 6 to 59 months in the surveyed population ranged from poor to serious[7]. The overall malnutrition situation in the surveyed districts and agency was below the WHO emergency classification (15 per cent and 5 per cent respectively). After 31 March 2014, UNICEF, WFP and WHO needed additional funds to ensure provision of essential nutritional services for vulnerable children and pregnant and lactating women including in-camp and off-camp IDPs and hosting communities.

In November 2013, 615,818 people (10,320 on-camp IDPs, 183,398 off-camp IDPs and 422,100 returnees) received various nutrition support or assistance. Of this, an estimated 13 per cent 245,101 pregnant and lactating displaced and returnee women and 370,716 children (aged 6 to 59 months) were identified as requiring nutrition support[8]. The Cluster highlighted the need to support host communities in KP, with 1,037,031 persons identified in need of nutrition assistance[9].

*Water, sanitation and hygiene*

According to IVAP, 25 per cent of surveyed off-camp displaced families had intermittent access to water and 11 per cent had no access to clean water[10]. WASH Cluster findings highlighted 559,615 people needed support to access safe drinking water, sanitation facilities, and hygiene support[11] including 51,342 on-camp and 400,000 off-camp displaced people, and 108,273 returnees.

According to FDMA, 30,121 displaced families from Kurram, Orakzai and South Waziristan Agencies were expected to return to their places of origin in 2014. Over 18,000 families had already returned in 2013 to Tirah Valley, Khyber; South Waziristan; Parachamkani, Kurrum; Bajaur and Mohmand.

5 Health Cluster key findings, November 2013.

6 Initial UNHCR projections, December 2013.

7 Nutrition Cluster Nutritional Anthropometry Survey Draft Report 2014.

8 Nutrition Cluster key findings, November 2013.

9 Nutrition Cluster key findings, November 2013.

10 Ibid.

11 WASH Cluster key findings, November 2013.

Prolonged insecurity in FATA since 2009 affected basic life-saving services. Water services were totally destroyed or non-functional. During the return process there was an urgent need to make basic life-saving services functional, taking into particular account the safety and well-being of children and women. UN-Habitat's initial assessment in Kurram Agency and Asia Humanitarian Organization's assessment in lower Orakzai; lower Kurram; and Tirah, Khyber revealed the vast majority of returnees were living in desperate conditions. The absence of proper defecation spaces exposed people to extremely harsh weather conditions. Females faced additional protection concerns with cultural restrictions in leaving their homes and potential gender-based violence.

Safe drinking water was a major concern. In Kurram Agency, 88 per cent of respondents indicated women and children were mainly responsible for fetching water with an average fetching time of 30 to 40 minutes. The mountainous terrain placed continuous physical and mental stress on women and adolescent girls. Women complained about the lack of appropriate water storage containers to fetch and store drinking water. Higher malnutrition rates among women and children made them more susceptible to illness from the harsh weather with the lack of proper defecation spaces, physically challenging work of collecting water and exposure to water-borne diseases such as diarrhoea, cholera, skin diseases, etc. According to the WASH assessment bacteriological contamination of drinking water was a serious health issue in the affected areas. Returnee families faced acute shortages of safe drinking water due to non-availability of safe water storage capacity and non-functionality of existing water sources and water quality monitoring and surveillance issues. This CERF WASH project aimed at addressing these water and sanitation issues in the target communities.

## III. CERF PROCESS

Following the HCT approval of the HRT/Inter-Cluster Coordination Mechanism (ICCM) recommendation, the HRT/ICCM met to discuss priority emergency needs. These were submitted to the HCT to review and approve before submission to the CERF secretariat.

**Agriculture:** In FATA, agriculture, livestock and poultry are a major source of household food security, nutrition and livelihoods. Livestock are invaluable assets for meat, daily milk production for immediate consumption and sale and tillage. Livestock often represents a family's entire life savings—the buffer between absolute poverty and survival. Returnee families were finding it difficult to maintain their livestock assets amid shortage of feed which in turn was threatening their life, health and productivity. The surviving livestock were facing nutritional stress and their existence and productivity was further challenged by the lack of vaccination and veterinary support. Saving surviving livestock was highly time-sensitive; morbidity, mortality, distress sales and slaughter would have increased rapidly if no livestock-related support was provided. Providing animal feed and veterinary support to surviving small and large ruminants were essential to minimize further productive asset losses.

**Food:** WFP assisted all displaced people registered by UNHCR and verified by the National Database Registration Authority (NADRA) using the online WFP database and verification system at all hub locations to ensure no duplication or overlap occurred in providing family food rations. WFP assistance, however, is provided on a needs basis and is not contingent on formal registration. When families did not possess the necessary documentation a temporary token-based system was used. Although the Government initiated the returns process, WFP continued providing relief rations for those returning taking into account when returns take place in relation to the harvest calendar, the duration of displacement and the state of assets in the area of origin. Targeting and distribution modalities were formalized in coordination with the Protection Cluster to maximize facilitation of vulnerable and marginalized population groups.

**Health:** Emergency health services for the target population was coordinated through the Health Cluster at national and provincial levels in consultation with the Department of Health (DoH) to fill gaps and address unmet health needs. Priority interventions were identified by the four who, what, where, when (4Ws) matrix using the Humanitarian Operational Plan (HOP) 2013 as a guiding document. For the CERF allocation, the Health Cluster worked in collaboration with DoH to support health services for the affected population.

**Nutrition:** In 2014, the Nutrition Cluster worked under the overall framework of the Strategic Plan which focused on the complex emergency in KP and FATA. During the CERF funds prioritization process three UN agencies, UNICEF, WFP and WHO, discussed and agreed to prioritize areas without any nutrition services and fill critical gaps. During the prioritization phase, UNICEF was supporting the nutrition response in most of the hosting districts with the European Union Humanitarian Aid and Civil Protection department (ECHO) and other emergency funding sources: CERF UFE 2013 grant, Canadian government funding[12], Danish government funding, UNICEF Thematic Grant and United States Agency for International Development (USAID). WFP supported services in FATA through its Protracted Relief and Recovery Operations PRRO) funding while WHO supported Stabilization Centres (SC) in Kohat and Dera Ismail Khan with internal funding. To ensure complementary and synergy it was agreed to use CERF funding to fill critical gaps per UN system member mandates. UNICEF proposed supporting ongoing nutrition services in Kohat, Hangu and Tank Districts and Kurram Agency. WFP proposed utilizing CERF to fill gaps in Hangu and Kohat Districts. WHO proposed establishing stabilization care services in Hangu District while continuing Stabilization Care Services support in Kohat District. Services were provided at government supported health facilities accessible by women and children from target communities.

[12] The Canadian International Development Agency (CIDA) was formally merged in June 2013 in a new Department of Foreign Affairs, Trade and Development (DFATD).

**Emergency shelter and non-food items:** The Emergency Shelter and NFI Cluster**,** in close consultation with FDMA, prioritized returnees to Tirah Valley, Kurram Agency and South Waziristan Agency. The methodology adapted to identify the most vulnerable families followed the Inter-Agency Standing Committee (IASC) standard vulnerability criteria, with priority given to female- or child-headed households, older people, persons with disabilities and people with specific needs. It was agreed and announced by the Return Task Force (RTF), that returns would be made in a dignified and voluntary basis to include all the actors in smooth returns to areas of origin. Rapid technical assessment of damage and needs for housing sector in Tirah was jointly conducted by FDMA, Muslim Aid, Norwegian Refugee Council and UN-Habitat. The Cluster assessment report showed 25 per cent of houses were completely destroyed and 45 per cent of roofs were burnt. Once the beneficiaries were chosen, a monitoring system was established to ensure the project results were achieved. Although women's involvement in shelter construction is not customary in the target areas, the Cluster made every effort to involve them in the construction process and build the women's capacities for resilience.

**Water and sanitation**: WASH Cluster members, which includes UNICEF, UN-Habitat and WHO, discussed the response modalities, division of work and geographical areas to utilize CERF funds for a WASH response at the return points and in the areas of return. The UN system members agreed UNICEF would provide assistance at the return points and in the areas of return. UN-Habitat would respond to WASH needs in the areas of return, in consultation with UNICEF, over geographical areas to avoid duplication. WHO would focus on water quality surveillance and outbreak response at the point of return and in areas of return where UNICEF and UN-Habitat would be implementing WASH interventions. All cluster members, community-based organizations, and environmental health engineers conducted WASH activities in close coordination with relevant line authorities in KP and FATA. Special attention was paid to the sanitation needs of women and girls at the point of return and WASH response in the schools and communities in areas of return, considering their privacy needs and protection from potential sexual harassment and violence due to the absence of proper defecation spaces. Effective and sustained coordination through appropriate beneficiary targeting in specific geographical locations was ensured between UNICEF, WHO and UN-Habitat throughout the implementation process to reduce overlap, duplication and fragmentation of resources and responses. Overall, WASH projects had a great impact on the lives of the beneficiaries and thus significantly reduced and lessened the burden on women and girls spending more time looking for safe drinking water to dedicate more of their efforts in other family chores and trainings to improve their life-skills.

## IV. CERF RESULTS AND ADDED VALUE

**TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR**

**Total number of individuals affected by the crisis:** 2,644,602

| | Cluster/Sector | Female | Male | Total |
|---|---|---|---|---|
| **The estimated total number of individuals directly supported through CERF funding by cluster/sector** | Food | 726,421 | 756,071 | 1,482,492 |
| | Agriculture | 93,197 | 100,963 | 194,160 |
| | Health | 326,015 | 338,231 | 664,246 |
| | Nutrition | 49,814 | 22,364 | 72,178 |
| | Shelter and non-food items | 9,108 | 10,692 | 19,800 |
| | Water and sanitation | 101,628 | 110,098 | 211,726 |

### *BENEFICIARY ESTIMATION*

As part of the HNO 2014 process, the HCT defined three priority areas for humanitarian activities: 1. food security and safe drinking water including nutritional support, 2. shelter support and non-food items, and 3. emergency health care services and support. HCT members agreed to mainstream protection, gender and communication across all cluster and organizational activities. Since these three areas would be cross-cutting all clusters there would be no dedicated projects on these issues for the CERF application.

At the request of the HCT, the Peshawar-based HRT/ICCM conducted an additional prioritization discussion on 23 and 24 January 2014. In addition to the priorities set by the HCT for the HNO, the HRT/ICCM applied another filter for the prioritized clusters to use in implementing activities—support for both on and off-camp IDPs. The displaced population was dispersed through Hangu, Kohat, Kurram

Agency, Orakzai Agency, Nowshera, and in Peshawar Valley. CERF prioritization as recommended by the HRT/ICCM and endorsed by the HCT would fulfil seven activities:

1. Provide non-cereal requirements for the general IDP population
2. Support approximately 13,125 families (78,750) with livelihood return packages and emergency feed and medication for surviving animals in IDP camps
3. Screen 1,000 severely malnourished children, 3,000 children and 2,400 pregnant and lactating women for supplementary feeding support
4. Provide 1,000 vulnerable families with a one room shelter and 1,000 vulnerable families with shelter repair kits
5. Provide health services to 6,187 returnee families (3,7122 people) in Tirah Valley, 10,263 households (61,578 people) in Kurram, and 1,900 households (11,400 people) in South Waziristan
6. Provide health service support to 8,557 (51,342 people) households in Jalozai, New Durrani, and Togh Sarai Camps
7. Provide 40,000 IDPs (240,000 people) with WASH services at the point of return.

**TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING**

| | Planned | Estimated Reached |
|---|---|---|
| **Female** | 444,556 | 726,421 |
| **Male** | 521,870 | 756,071 |
| **Total individuals (Female and male)** | 966,426 | 1,482,492 |
| **Of total, children under age 5** | 173,957 | 201,322 |

As all the clusters worked in the same geographical area with the same target group, the estimated beneficiaries reached for this report are based on the highest cluster figure to avoid double-counting beneficiaries. The Food Security Cluster coverage was used to estimate the total number of people reached with this CERF grant.

## *CERF RESULTS*

**Agriculture:** Out of the 32,360 assisted families, 8,500 (6,350 in Kurram and 2,150 in Khyber Agencies) received 102 MT of maize seed, 34 MT of NPK[13] fertilizer and 8,500 vegetable kits. In Kurram Agency, 6,150 families received 18.5 MT of red bean seed, 12.3 MT of NPK fertilizer and 6,150 vegetable kits. Similarly, 38.6 MT of mung bean seed, 7.72 MT of NPK fertilizer and 3,860 vegetable kits were distributed to 3,860 families in Kurram Agency. In the *Kharif*[14] fodder package, 1,000 families in Khyber Agency received 8 MT of *Kharif* fodder, while 2,220 families received 18 MT of *Kharif* fodder in Kurram Agency. In Kurram Agency, 6.44 MT of NPK fertilizer, 580 MT of animal compound feed and 193MT of urea molasses blocks were distributed to 3,220 families. Fertilizer distribution to Khyber Agency had to be reallocated to beneficiaries in Kurram Agency because the local administration and military banned its distribution in Khyber Agency on security grounds as ammonia and nitrate-based fertilizers can be used to make explosive material.

In the poultry package, 700 female-headed families in Kurram Agency received poultry packages, each comprising of 10 female and 2 male birds, 1 feeder, 1 drinker, 3 egg collection trays, 50 kg of poultry feed and chicken wire mesh. In addition, 9,930 families in Kurram Agency received 496 MT of wheat seed.

To improve agriculture practices, all the agriculture and poultry beneficiaries received a half-day orientation session conducted at the time of distribution.

Out of the 32,360 assisted families, 22,435 families (15,705 in Kurram and 6,730 in Khyber Agencies) received dewormers and vaccination for 20,205 large and 54,907small ruminants to manage health and nutritional needs of their livestock. Dewormers and vaccines were administered under the supervision of the Directorate of Livestock and Dairy Development of KP and FATA. The number of livestock covered exceeded the planned number, 17,948 large and 39,303 small animals, as some of the animals needed comparatively smaller doses than others, based on age, weight and body condition.

[13] NPK, nitrogen, phosphorus, potassium, is a chemical fertilizer. The two most common forms of nitrogren is fertilizers are ammonium and nitrate.

[14] There are two crop seasons in Pakistan—*Khafir* and *Rabi*. *Khafir* sowing is from April to June with harvesting from October to December. *Rabi* sowing is from October to December with harvesting from April to May.

Although there was no systematic evaluation conducted, yet FAO monitoring teams working at provincial and national levels assessed the quality of intervention throughout the course of project implementation by paying regular monitoring visits. During the field monitoring visits, targeted farmers confirmed better results owing to the quality of seed they received.

FAO through its service provider (BEST) conducted a focus group discussion (FGD) with the beneficiaries in December 2014. According to FGD results, the project beneficiaries ranked the interventions as helpful and supportive towards restoration of their agriculture based livelihoods and protection of their livestock. According to the FGD, the vast majorities of beneficiaries (about 95 percent) utilized the received agriculture inputs and were able to obtain approximately 25-30 percent higher yield than their normal production (900kg/acre) with local seed. FGD results showed about 90 per cent of beneficiaries were successfully managing their kitchen gardens. Almost all beneficiaries expressed that weekly vegetable consumption increased two to three times, mainly due to the different varieties of vegetables produced in their kitchen gardens.

Similarly for home based poultry intervention, beneficiaries reported inclusion of eggs in their daily diets at 4-5 eggs weekly whereas surplus 30-35 eggs/weekly were vend out in the nearby small markets.

The livestock inputs support also helped in stabilizing milk production resulted in 25-35 percent increase in milk production volumes.

The prevalence of lethal disease like Enterotoxaemia, Foot and mouth disease (FMD) and Pest Des Petites ruminants (PPR) reduced drastically among livestock. To assess self-reported dietary behaviors after inputs distribution, some of the project beneficiaries responded that they started selling extra milk.

**Health:** Morbidity and mortalities were averted using existing disease surveillance and outbreak response systems, enabling timely response to alerts. CERF funding filled shortages of medicine in affected districts. Activities were implemented in collaboration with partner NGOs and district health authorities: providing essential emergency health care services through static and outreach services; controlling the growing risk of epidemics through surveillance and early response; tackling water contamination to avoid water-borne diseases; conducting community-based health and hygiene information campaigns; and detecting and treating acute and severe malnutrition cases.

**Nutrition:** CERF funds provided 72,178 people (22,141 girls and 22,364 boys and 27,673 pregnant and lactating women) life-saving nutrition services for IDPs and hosting communities in Hangu, Kohat and Tank Districts of KP and Kurram Agency of FATA. Services provided included inpatient and outpatient therapeutic feeding treatment for severe acute malnourished children (1,704 girls and 1,266 boys) and supplementary feeding services for moderately acute malnourished children (2,101 girls and 1,765 boys) and 4,744 pregnant and lactating women. Another 27,626 children and 25,828 pregnant and lactating women received multi-micronutrient supplements and approximately 68,435 mothers received messages on improved infant and young child feeding.

With CERF funding of $1,479,517, FAO provided agriculture and livestock support to 32,360 vulnerable returnee families (194,160 individuals: 100,963 males and 93,197 females including 24,291 children under five) in Khyber and Kurram Agencies, FATA. Families were selected according to FAO's selection criteria where preference was given to conflict-affected families returning to their respective areas of origin in Khyber and Kurram Agencies; small farming families with agriculture as their main source of livelihood; livestock-rearing families with limited resources to purchase feed or veterinary support for their animals and families with access to arable land for kitchen gardening. Priority was given to the most vulnerable families with children, older people, people with disabilities and female-headed households.

To target the most vulnerable conflict-affected populations, broad-based community meetings were conducted and 155 village committees were formed in consultation; each composed of 20 to 25 community elders, activists, farmers and volunteers. The village committees helped identify vulnerable returned families for project interventions based on the selection criteria.

The quantity reduction in household package of red beans seeds[15] and competitive bidding combined with favourable timing of procurement resulted in considerable savings of $250,000 under the supplies, commodities and materials budget line. To utilize these savings and transfer maximum benefits to the conflict-affected returnee families, an additional 9,930 families were provided with *Rabi* package which included wheat seed. FAO was able to reach more people in need than originally planned from 22,435 to 32,360 families.

**WASH:** CERF funds enabled provision of WASH services to 211,726 people (101,628 females and 110,098 males including 33,664 children under five) at embarkation points and in areas of return. This allowed them access to safe drinking water, appropriate sanitation, and enabled organizations to promote safe hygiene practices and continuous water quality surveillance through WHO.

**Nutrition:** CERF funds enabled provision of life-saving nutrition treatment services for approximately 6,836 acute malnourished children. The funds filled critical gaps in nutrition service delivery in Hangu, Kohat, Kurram and Tank Agencies, enabling WFP to procure supplies to treat moderately malnourished children. Without the CERF grant, essential life-saving nutrition services would not have been possible for the vulnerable population.

[15] The community-level field assessments identified that farmers in the target areas used to grow red beans through intercropping with maize. With further confirmation by the local agriculture extension department the per acre seed rate for red beans was reduced from 10 kg/acre to 3 kg/acre.

**Shelter:** With the timely allocation of CERF funds, the Cluster targeted extremely vulnerable households in dire need of shelter assistance. Returnees were assessed and provided with roof kits and toolkits to repair their shelters and 135 extremely vulnerable families were provided with one-room shelters. With the toolkit, people were able to repair and reroof their houses and are now safe from the harsh weather. According to the qualitative assessment conducted by FDMA, Muslim Aid, NRC and UN-Habitat, 70 per cent of the affected families' houses were damaged in Tirah and sought accommodation in makeshift arrangements in poor living conditions. The majority lived in overcrowded situations with relatives and damaged houses. CERF allocation enabled returnees to meet critical shelter repair needs. Shelter repair kits distributed under CERF funding filled a critical gap in assistance for returnee families facing severe housing damages and the onset of extreme winter conditions in Tirah Valley.

**WASH:** CERF funds were the only funds allocated in 2014 to respond to critical WASH needs of returnees in areas of return. The water schemes in these areas, which were destroyed during security operation, needed rehabilitating. Water and sanitation facilities in schools and health facilities also required special attention. CERF funds enabled provision of critical WASH needs to returnees in Khyber, Kurram and Orakzai Agencies. CERF funds ensured greater convergence and complementarity between WASH, Health and Education Clusters in providing safe drinking water and other sanitation-related services which underlined and reinforced the principles of integration and optimization of resources and as such enhanced greater impact.

## *CERF's ADDED VALUE*

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

CERF funding enabled fast delivery of assistance in humanitarian response. Critical **WASH** and **nutrition** services were provided at embarkation points and in areas of return with no incidence of disease outbreak reported in the areas of intervention. UNICEF and other WASH and Nutrition Cluster members were able to respond quickly because of swift disbursement of funds by the CERF secretariat. The pre-defined rules and procedures reduced the time spent on fulfilling documentation requirements and enabled agencies to spend more time implementing activities. With the release of CERF funds, activities were strategically and timely prioritized and delivered. The CERF grant enhanced effective and efficient delivery of WASH and nutrition assistance to returnees and hosting communities.

CERF grant was approved at a very critical stage as a high level of vulnerability and **food insecurity** prevailed among returnee families in Kurram and Khyber Agencies. Funds enabled FAO to immediately respond to agriculture and livestock needs of vulnerable families, with a special focus on women-headed households. The allocation enabled a fast delivery of assistance to protect critical livestock assets and improved household food security by providing agriculture packages among the conflict-affected returned families.

As the initial source of humanitarian funding to support newly displaced people, CERF support was critical in ensuring a timely and effective response to fill gaps that addressed critical health needs in an emergency situation. CERF enabled the **Health Cluster** to address immediate live-saving issues in camps and off camps through disease surveillance, provision of essential medicines, Maternal, Neonatal and Child Health (MNCH), health and hygiene sessions, and Primary Health Care (PHC) services via static and mobile health units.

The timely allocation of CERF funds enabled the **Shelter Cluster** to provide life-saving shelter assistance to the affected returnee families. Some delays in project implementation were experienced due to extended time taken by government authorities in granting No Objection Certificates (NOCs), a standard requirement for working in return areas in FATA. However, with the support of a Cluster member the Shelter Cluster reached all beneficiaries within the required timeframe.

**b) Did CERF funds help respond to time critical needs[16]?**
YES ☒ PARTIALLY ☐ NO ☐

CERF funds enabled UNICEF to respond to critical **WASH** services at embarkation points and in areas of return. This was the only fund allocated during the period to respond to the WASH needs of returnees. No significant water, sanitation and hygiene-related disease outbreaks were reported which is a significant indicator of response to life-saving critical WASH needs of displaced and returnee families. WASH services in schools and health facilities helped school-aged children, especially girls, continue their education.

Prompt and timely processing of CERF funds largely enabled organizations and clusters to effectively mobilize and promptly deliver services. There were critical **nutrition** supply gaps with WFP in Hangu and Kohat Districts, at the time when CERF was initiated, which CERF funds addressed enabling response to time-critical needs of IDPs.

[16] 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.).

CERF funding supported conflict-affected returned families in protecting and restoring livestock assets and resuming agricultural activities, with a special focus on kitchen gardens for female beneficiaries. This support prevented the **food security** situation from worsening, which would have resulted in widespread hunger and harmful coping strategies, including criminal activities. Providing time-critical assistance helped increase and diversify household food production and enhanced the protection and productivity of livestock. This enabled vulnerable returnee families to resume their livelihoods and increase their food and nutrition security. FAO was able to support nine veterinary centres in FATA by providing veterinary supply kits comprising animal life-saving medicines and surgical equipment necessary for veterinary practices. The intervention helped veterinary centres to cope with the pressure placed on their limited resources by the returned families.

CERF funds helped to meet an immediate and the most critical shelter need of the vulnerable returnees to rebuild and in most cases repair their damaged houses. CERF funding responded to time-critical needs for shelter repair prior to the onset of extreme winter conditions in areas of return.

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

CERF funds enabled clusters to implement immediate life-saving activities, launch an immediate response and sustain essential activities while conducting detailed assessments to inform resource mobilization from other donors.

Under Strategic Priority Action 3 of the One UN Programme II, WHO, UNESCO and UNDP were able to secure funds from the UN Trust Fund for Human Security (UNTHFS) for similar work in Dera Ismail Khan in the areas of community-based disaster risk management (CBDRM), community development, education and health. The Pakistan Emergency Response Fund (ERF) funding also supported emergency health activities in the area of displacement in FATA and KP.

Although overall donor support was limited, CERF support served as a catalyst for other humanitarian funding to the **Health Cluster**. It motivated other donors, such as ECHO, Finland and USAID, to fill gaps in health service delivery. Initially, CERF funds helped maintain and continue basic health services to the displaced population which were then further extended and maintained by other donor agencies.

CERF funds helped improve resource mobilization from other sources as it allowed continuation of critical response and presence in target areas. CERF funding motivated other agencies and donors to prioritize the **WASH** needs of returnee in their places of origin. Critical gaps were filled in **nutrition** services until other funding sources were available especially to UNICEF and WFP.

CERF funded interventions enabled field teams in Tirah to assess the on-the-ground returnee situation and needs to develop a strong proposal. CERF funding enabled essential activities to assist Tirah Valley returnees while other sources of funding were sought. Achievements under CERF supported the case for subsequent funding from other donors.

**d) Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐

The CERF funding process and project implementation helped improve coordination and minimized overlapping activities among the humanitarian community—bringing together UN system members, national and international NGOs, government entities and other stakeholders involved in the response. Other positive outcomes included avoiding overlap and duplication of assistance for target beneficiaries. By using the cluster and sector approach, all WASH services were synchronized and strategically aligned to already identified WASH needs in the Multi-sector Initial Rapid Assessment (MIRA), inter-cluster assessment reports and in synch with prioritized WASH needs at embarkation points and areas of return. This prevented duplication and overlap of resources.

Improved coordination, synchronized synergies and complementarities were enhanced across intra- and inter-cluster and agency coordination mechanism which largely underpinned and enhanced effective and efficient delivery of the nutritional support services supported by CERF. WFP used the same implementing partners as UNICEF to implement the comprehensive nutrition package to avoid duplication of resources. In contrast, WHO worked directly with Government staff at the secondary healthcare level (District Headquarter Hospital staff) without involving NGOs to avoid duplication of services. Overall, CERF is an enabler to effective coordination and collaboration within the humanitarian community.

Implementing CERF-funded projects was instrumental in improving agricultural coordination at federal, provincial and local levels. FAO maintained close collaboration with agriculture and livestock departments, FDMA, UN agencies, the Food Security Cluster, NGOs, agency political administration and community representatives. Close liaison was maintained with these actors to ensure provision of transparent and coordinated assistance to the conflict-affected families. Close coordination was maintained with military and law enforcement agencies (army and police) to facilitate FAO technical teams and field monitoring missions.

CERF funding process and project implementation helped improve coordination and minimize overlapping activities among the clusters—bringing together UN agencies, national and international NGOs, and government entities and other stakeholders involved in the response—at the federal, provincial and local levels. Other positive outcomes included avoiding overlap and duplication of assistance for target beneficiaries.

CERF-funded project activities improved existing coordination and provided a platform to jointly plan for the emergency responses. It strengthened the coordination with the local Political Administration, FDMA and other actors which resulted in smooth implementation and minimized gaps and overlaps. CERF-funded projects improved coordination mechanisms by bringing together UN agencies, national and international non-governmental organizations and other stakeholders involved in the response. From project design to implementation, there was close collaboration and co-operation between various actors to ensure humanitarian assistance was provided in a coordinated way, avoiding overlaps and duplication of assistance for target beneficiaries.

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

CERF provided a structured platform to develop the capacity of NGO partners contracted by UN system members to implement CERF-supported programmes, and as such, enhanced knowledge transfers, process improvement and process innovation among NGO partners which improved their competitive advantage and leverages in providing quality service delivery during a crisis.

UN system members worked collaboratively throughout the implementation of CERF-funded projects to provide life-saving assistance to the conflict-affected population.

WHO, in collaboration with district health authorities, organized district-level coordination meetings in IDP hosting districts to identify and address gaps. Linkages between the WASH, Nutrition and Health Clusters enabled improved coordination and services between the three clusters and the respective government departments. This coordination contributed significantly in planning the response activities. Health activities were prioritized by the cluster based on the urgent life-saving needs of the displaced people. Project implementation was done with considerable input from relevant district health authorities and complemented the Health Department activities.

CERF helped fill resource gaps for humanitarian response particularly when resource mobilization is a challenge due to funding constraints and donor fatigue.

## V. LESSONS LEARNED

| TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible** |
| Due to the volatile nature of the conflict emergency where there is a fluid movement of population, funds should be flexible enough to be utilized/diverted to a different geographical location under the same emergency response. | It would be more useful to allow changes in geographical locations during the course of project implementation as at times there is critical need to divert the response to other locations. | CERF secretariat |
| There is a need for a quick processing of the UFE application to ensure that the clusters/agencies are able to address the needs of the affected communities in time. | Timely review, processing and release of CERF funds within a reasonable timeframe of two weeks. | OCHA/CERF secretariat |
| Access to project areas due to issues on No Objection Certificate (NOC) to implement project activities. NOCs are not only issued by Government authorities but by military authorities. The volatile security situation including imposition of curfew in working areas. This hampered the project activities many times and teams found many difficulties to follow the work plan. | Flexibility in terms of project timeline particularly for genuine cases due to factors beyond control. | CERF secretariat |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible** |
| Timely issuance of both project and travel NOCs remains critical and inevitable for effective roll-out of CERF funded projects. | Close liaison with respective government agencies is required to expedite and facilitate timely provision of travel and project NOCs. | OCHA |
| The targeted communities had very little knowledge about “sanitation ladder” in context of total sanitation which may dilute the effectiveness of use of latrines in the villages. | Carry out an early assessment of Knowledge, Attitude and Practice (KAP )survey so that an effective hygiene campaign including appropriate key messages can be taken up. The process of Participatory Rural Appraisal (PRA) should be holistic to identify key problems and issues in the communities especially “problem ranking”. | Implementing agency |
| Sustainability of WASH interventions particularly latrines and rehabilitated hand pumps | Establishment of Village Sanitation Committees for ensuring the sustainability of WASH intervention through conduct of regular follow ups | Implementing agency |
| Commitment of communities and beneficiaries to participate in the project activities with support from local authorities and provincial government | In order to mobilize the communities the project should use a ‘Triggering Method’ for social mobilization and sensitization of children and local communities including the women. | Implementing agency |
| The capacity of local trade men in construction of latrine varies and needs follow up support from trainers | The demo latrines should be constructed for demonstration and informing the local communities about the implications, needs and benefits of latrines. The training of masons should be included in the construction of demo latrines even if there are some cost implications. This is very important for sustainability of skills and capabilities at the local level | Implementing agency |
| Lack of practices related to hand washing | Identification of local community resource person for the | Implementing |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible** |
| before preparation of food and eating, and after toilets use, cleaning kitchen, cleaning the utensils and covering the food, drinking clean and safe water | effective interactions with the community and social mobilizers during the triggering process and conduct of hygiene campaigns. | agency |
| Development of village committees helped to ensure community ownership, participatory monitoring and oversight. | Village committees, community elders and local communities should be involved throughout the project cycle. | UN Agencies, NGOs, Government |
| Due to the volatile law and order situation in targeted Agencies of FATA, timely NOCs were required for the implementation of project activities and monitoring and evaluation. | Close liaison should be maintained with respective Government bodies - law enforcement agencies, FDMA and local political administration to secure relevant permits in time. | UN Agencies, NGOs, Government |
| Provision of agricultural tools for land preparation and livestock tools for milk collection and animal feeding should be prioritized in agriculture and livelihoods response. | More funds are required to address the needs of conflict-affected families to restore their livestock- and agriculture-related activities. | HCT, UN Agencies, NGOs |
| Health Cluster should remain active to address health challenges for better preparedness | Periodic meetings in all provinces co-chaired by health authorities and regularly share with OCHA, PDMAs, National Disaster Management Authority (NDMA), the National Health Emergency Preparedness and Response Network (NHEPRN) and with various clusters. | DOH, Health Cluster partners |
| Public health facility utilization increased due to CERF funds for medicine. | All partners should address the issue of access to medicine as part of their regular support/development of programmes. | DOH, humanitarian agencies and health partners |
| Issuance of NOC and limited access to the area coupled with volatile security situation and stringent security checks/ road blocks, hilly terrain posed many challenges in terms of accessibility and timely reaching to the affected communities. These resulted in the delay of material transportation and distribution. | Government support to facilitate timely issuance of NOC and provide access to project areas. | Government Authorities (i.e. FDMA) |
| Devolution of functions in the government structure from provincial to district and then to local level unclear, resulting in directives/ instructions given by different authorities. | Clarity of chain of command and communication channels across government structure. | Government Authorities (i.e. FDMA/ Political Administration) |
| Operational challenges: due to absence of logistics hub on the ground, limited communications (only satellite phone working) and difficulties in reaching out to the target beneficiaries for material distribution due to perturbed security situation. | Enhanced coordination from country and provincial offices of the implementing UN agency with the local authorities on operational arrangements including communication support for the safety and security of the field staff. | FDMA and implementing agency |
| The weather conditions in the project areas | The work plan should be carefully drawn keeping in mind | Implementing |

| TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS | | |
|---|---|---|
| **Lessons learned** | **Suggestion for follow-up/improvement** | **Responsible** |
| were only favourable for work till the mid of October 2014 but with the falling winter the construction activities became very difficult and affected project activities to some extent. | the weather conditions of the project areas. | agency |
| Access remains a challenge to the provision of timely assistance in return areas | Ongoing advocacy is required to enlarge humanitarian space and facilitate timely access for project implementation in return areas | Humanitarian Country Team |
| Increase capacity of overburdened health facilities serving IDPs in the hosting areas | Overburden health facilities need to be strengthened through basic repair/rehabilitation, provision of medicines, trained and skilled human resources. In this regard CERF projects can be designed to hire short term medical staff. | DOH, Health Cluster Partners, donors |

## VI. PROJECT RESULTS

**TABLE 8: PROJECT RESULTS**

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNICEF<br>WFP<br>WHO | 5. CERF grant period: | UNICEF 04.04.14 – 31.12.14<br>WFP 14.04.14 – 31.12.14<br>WHO 15.04.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-CEF-034<br>14-UFE-WFP-018<br>14-UFE-WHO-016 | 6. Status of CERF grant: | ☐ Ongoing<br>☒ Concluded |
| 3. Cluster/Sector: | Nutrition | | |
| 4. Project title: | Emergency life-saving nutrition services for conflict affected Internally Displaced Persons (IDPs) children and women from Federally Administered Tribal Areas (FATA) in hosting communities of Khyber Pakhtunkhwa Province (Kohat, Tank and Hangu) and return areas of FATA (Kurram Agency) | | |

| 7.Funding | | | | |
|---|---|---|---|---|
| | a. Total project budget: | US$2,289,098<br>(UNICEF: 1,005,000<br>WFP: $592,722,873 [PRRO, three-year project) | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US$758,106<br>(UNICEF: 500,000<br>WFP: 343,958,433) | ▪ *NGO partners and Red Cross/Crescent:* | US$292,484<br>(WFP: $32,193) |
| | c. Amount received from CERF: | US$800,637<br>(UNICEF: US$380,643<br>WFP: US$319,992<br>WHO: US$100,002) | ▪ *Government Partners:* | US$0 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 37,412 | 49,814 | More beneficiaries were reached with the CERF grant than initially planned. Reason for over achievement was the ongoing nutrition programme in Hangu, Kohat and Tank where CERF funds met the critical gaps. Additional resources from other sources largely enabled the programme to cover supply needs, thus CERF funds requested for supplies were diverted to implementation of services (NGOs) and as such reached more people than previously anticipated. |
| *b. Male* | 16,858 | 22,364 | |
| *c. Total individuals (female + male):* | 54,270 | 72,178 | |
| *d. Of total, children under age 5* | 32,670 | 44,505<br>(22,141 girls; 22,364 boys) | |

9. Original project objective from approved CERF proposal

The overall objective of the proposed project is to ensure improved and equitable access to and use of life saving nutritional services for vulnerable children (boys and girls) and pregnant and lactating women (PLW) at the community and facility level that meet national and internationally recommended minimum standard of care for a population affected by an emergency.

Specific Objectives:

1) To ensure provision of lifesaving nutrition services for acutely malnourished children (boys and girls) less than five years of age and PLW suffering from acute malnutrition, through community and facility based nutritional management approach (CMAM) for six months.
2) To ensure access of the targeted caregivers (male and female) in humanitarian situation for improved infant and young child feeding counselling for appropriate feeding, care giving, and care seeking practices at the facility, community and family level, to promote good maternal nutrition and to monitor and control the donation and distribution of breast-milk substitutes in emergency affected areas.
3) To ensure access of boys, girls and targeted women to and use of multi-micronutrient supplementation program, vitamin A and deworming campaigns.
4) To strengthen capacity for effective implementation of nutrition interventions through trainings/refreshers of male and female staff of DoH and NGOs; ensure effective and timely implementation of nutrition interventions through enhanced coordination and information gathering; monitoring of trends and status of malnutrition in the target population.

10. Original expected outcomes from approved CERF proposal

Expected outcomes and indicators by **UNICEF**:

| Expected Outcomes | Indicators | Activities |
|---|---|---|
| **Objective 1.** Ensure provision of lifesaving nutrition services for acutely malnourished children (boys and girls) less than five years of age and PLW suffering from acute malnutrition, through community and facility based nutritional management approach (CMAM) for six months. | | |
| 1.1 15 fixed nutrition sites remain functional for provision of essential nutrition services in the target areas<br>1.2 45 trained and equipped community outreach workers (OWs) in the target areas screen around 30,670 children (15,812 girls and 16,858 boys) and 21,600 PLW for assessment of acute malnutrition using criteria of the mid-upper-arm circumference (MUAC) and Oedema.<br>1.3 Health care providers (HCPs) of the DoH and NGOs in their respective centres register around 5,717 MAM children (2,767 girls and 2,950 boys) and 4,914 PLW in Supplementary Feeding Programmes (SFP) for receiving fortified blended food (provided by WFP). 1,715 Severe Acute Malnourished (SAM) children (830 girls and 885 boys) are also registered in outpatient therapeutic feeding programmes (OTP) for treatment with therapeutic foods, as per CMAM protocols, in coordination with the community outreach and concerned centres | - No. of functional nutrition SFP/OTP/IYCF sites providing CMAM services and IYCF information<br>- No. of children (boys/girls) and PLW screened for assessment of malnutrition and referred to feeding/ treatment centres<br>- % of acute malnourished children (boys/girls) (SAM and MAM) recovered (>75%)<br>- % of acute malnourished children (boys/girls) (SAM and MAM) defaulted from treatment (<15%)<br>- Average Length of Stay (LOS) for male and female in the programme | - Community mobilization sessions and screening for assessment of acute malnutrition in the community through outreach workers<br>- Referral of identified malnourished children and PLWs for appropriate care and active follow up of beneficiaries in the community<br>- Screening and registration of clients in appropriate feeding program as per CMAM protocols by the health care providers (HCPs)<br>- Provision of supplementary and therapeutic foods to the identified clients as per protocols<br>- Referral and follow up of SAM children with complications and no appetite to the identified stabilization centres (SC) for further treatment<br>- Education of mothers/caretakers on proper use of the provided food and medication<br>- Reporting of progress on weekly and monthly basis |

| Expected Outcomes | Indicators | Activities |
|---|---|---|
| **Objective 2.** Ensure access of the targeted caregivers in humanitarian situation for improved infant and young child feeding counselling for appropriate feeding, care giving and care seeking practices at the facility, community and family level, to promote good maternal nutrition and to monitor and control the donation and distribution of breast-milk substitutes in emergency affected areas. | | |
| 2.1 Approx. 24,000 mothers/caretakers are educated on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months of age, appropriate complementary feeding, good nutrition during pregnancy and lactation and improved hygiene practices through Behaviour Change Communication (BCC) approach<br>2.2 Approx. 2,400 nutrition promotion sessions are conducted in the target villages and health facilities | - No. of health care providers and outreach workers trained (male and female) on IYCF<br>- No. of functional breastfeeding corners providing full assessment and referral services for management of lactation failure<br>- No. of community mobilization sessions held for men and women<br>- No. of mothers/fathers reached with key messages on IYCF and health education | - Nutrition awareness and hygiene promotion sessions in the health facilities and communities to support mothers in maintaining appropriate infant and young child feeding practices (IYCF), especially early initiation of breastfeeding, exclusive breastfeeding practices up to six months and timely introduction of complementary food at the age of six months<br>- Provision of relevant information, education and communication (IEC) materials to the health facilities, outreach staff and the community<br>- Monitoring of unsolicited free distribution of Infant Feeding Formulas in the facilities and communities |
| **Objective 3.** Ensure access of boys, girls and targeted women to and use of multi-micronutrient supplementation program, vitamin A and deworming campaigns. | | |
| 3.1 Approx. 20,125 children (9,740 girls and 10,384 boys) and 17,280 mothers are provided with multi-micronutrient (MM) supplements<br>3.2 Approx. 9,996 children (4,898 girls and 5,098 boys) receive de-worming treatment and vitamin A dose as per national guidelines | - % of target children and PLW provided MM sachets and tablets<br>- No. of eligible children (boys/girls) de-wormed<br>- No. of children (boys/girls) provided with vitamin A dose | - Registration and referral of target children and PLW for multiple micronutrient (MM) supplementation<br>- Education of mothers/caretakers on the proper use of MM supplements<br>- Registration of target children for deworming treatment and vitamin A supplementation |
| **Objective 4.** To strengthen capacity for effective implementation of nutrition interventions through trainings/refreshers of male and female staff of DoH and NGOs; ensure effective and timely implementation of nutrition interventions through enhanced coordination and information gathering; monitoring of trends and status of malnutrition in the target population. | | |
| 4.1 Approx. 60 facilities based health care providers and 90 community based health workers receive trainings/ refreshers on CMAM/IYCF<br>4.2 Weekly/monthly implementation data is updated through Nutrition Information System (NIS) to monitor progress and trends of malnutrition | - No. of HCP and Health Workers provided (male and female) refresher trainings.<br>- No. of coordination meetings conducted<br>- No. of weekly/monthly NIS reports generated (sex and age disaggregated) | - Conduct refresher trainings on CMAM/IYCF<br>- Monthly cluster coordination meetings and consultations with relevant stakeholders and partners<br>- Sharing monthly NIS reports |

**Expected Outcomes and Indicators by WFP**

| Expected Outcomes | Indicators | Activities |
|---|---|---|
| **Objective 1:** To ensure provision of lifesaving nutrition services for moderately acute malnourished children (boys and girls) less than five years of age and pregnant and lactating women (PLW) suffering from moderate acute malnutrition through community and health facility based nutritional management approach (CMAM) for six months | | |
| 1.1 21 TSFP sites remain functional for provision of targeted supplementary feeding services in district Kohat and Hangu | - No. of functional nutrition SFP sites providing TSFP services<br>- No. of moderately malnourished children (boys/girls) registered in the TSFP in the 21 supported health facilities | - Registration and management of moderately malnourished children and PLW in the Supplementary Feeding Programme in line with national CMAM guidelines |

| | | |
|---|---|---|
| 1.4 Health care providers (HCPs) of the DoH and NGOs in their respective centres register around 5,598 MAM children (male: 2,855, female:2,743) and 4,812 PLW in TSFP for management of moderate acute malnutrition using national CMAM guidelines | - Performance Indicators for treatment of moderately acute malnourished children meet minimum sphere standards as per below criteria:<br>a. Cure rate of moderately acute malnourished children (boys/girls) (MAM) >75%<br>b. Default rate of moderately acute malnourished children (boys/girls) (MAM) <15%<br>c. Death rate of moderately acute malnourished children (boys/girls) (MAM) <3%<br>d. Average LOS in the TSFP meets national standards (NIS based) for both boys and girls. | - Provision of Ready to Use Supplementary Food (RUSF) to the moderate malnourished children, and Wheat Soya Blend (WSB) to the moderate malnourished PLW<br>- Counselling of mothers/caretakers on proper utilization of the provided nutrition supplements<br>- Reporting flow of progress on weekly (NIS) and monthly basis (narrative and spreadsheet) |
| **Objective 2:** Ensure promotion of improved behaviours through enhanced community's awareness on "Infant and Young Child Feeding practices" by strengthening the skills and knowledge of health workers. | | |
| 2.1 21,150 screened PLW are educated on importance of "early initiation of breastfeeding, exclusive breastfeeding up to six months, appropriate complementary feeding practices, healthy nutrition during pregnancy and lactation and improved hygiene practices through BCC approach.<br>2.2 Nutrition assistants and outreach workers receive on job mentoring and training on IYCF practices in the supported 21 union councils. | – No. of nutrition assistants and outreach workers (male and female) receive on job mentoring on IYCF<br>– No. of functional breastfeeding corners providing assessment, counselling and referral services for management of lactation failure.<br>– No. of PLW reached with key messages on improving IYCF practices and health education. | – Regular conduct of Nutrition awareness and hygiene promotion sessions in the health facilities and communities focusing on the pregnant and lactating women for improving "Infant & Young Child Feeding" practices<br>– Counselling services provided by the Nutrition assistants on issues relating to breastfeeding, complementary feeding, proper use of nutrition supplies and follow-up visits in SFP<br>– Provision and availability of IEC (Information, education and communication) material related to Nutritional supplies, IYCF and Hygiene awareness at all supported Nutrition sites |
| **Objective 3:** On job mentoring of the DoH and project staff for the effective implementation of nutrition interventions and improved coordination and information gathering, data flow and malnutrition trend analysis). | | |
| 3.1 21 Health facilities based female nutrition assistants and 63 female outreach workers oriented on the implementation protocols and reporting tools<br>*3.2* Weekly (NIS) and monthly reports/coordination meetings held for assessing progress and tracking trends of malnutrition | – No. of nutrition assistants (male and female) and outreach workers oriented (male and female) on SFP protocols<br>– No. of coordination meetings conducted<br>– No. of weekly/monthly NIS reports generated sex and age disaggregated | – Formal and on-job training of the Nutrition assistants and outreach workers on SFP protocols<br>– Monthly coordination meetings with DoH and the Nutrition cluster<br>– Dissemination of weekly NIS and monthly narrative reports |

**Expected Outcomes and Indicators by WHO**

| Expected Outcomes | Indicators | Activities |
|---|---|---|
| **Objective1:** To ensure provision of lifesaving nutrition services for Severely Acute Malnourished (SAM) children (boys and girls) less than five years of age through facility based nutritional management approach (CMAM- NSC component) for six months | | |
| 1.1 1 Nutrition Stabilization Centre remained functional 24/7 to provide life-saving treatment to SAM children with complications in Hangu District<br>1.2 Health care providers of the DoH and NGOs in their respective centres treats around 144 SAM children with complications management of severe acute malnutrition with complications using WHO Guidelines for facility based management of severe acute malnutrition | - No. of functional NSCs providing lifesaving treatment to the SAM children with complications<br>- No. of SAM children (boys/girls) with complications admitted and treated in Nutrition Stabilization Centre in one supported District Headquarter Hospital<br>- Performance Indicators for treatment of SAM children (boys/girls) with complications meet minimum sphere standards as per below criteria:<br>a. Cure rate of children (boys/girls) with complications >75%<br>b. Default rate of SAM children (boys/girls) with complications <15%<br>c. Death rate of SAM children (boys/girls) < 3%<br>d. Average LOS in the Nutrition Stabilization Centre (NSC) for boys/girls meets national standards | - Management of SAM children with complications the Nutrition Stabilization Centre in line with national CMAM guidelines<br>- Provision of prompt treatment to the SAM children with complications with standard recommended treatment and restoring the nutritional status with feeding of F-75 and F-100 therapeutic formula milk<br>- Counselling of mothers/caretakers on proper feed preparation and its utilization along with stress upon the best Infant and Young Child Feeding (IYCF) practices<br>- Reporting flow of progress on weekly and monthly basis (narrative and spreadsheet) |
| **Objective2:** Capacity building and on-job mentoring of the DOH and project staff for the effective implementation of nutrition interventions and improved coordination and information gathering; (Data flow and Malnutrition trend analysis). | | |
| 1.2 Twelve (6) medical officers and twenty (10) paramedical/ nursing staff of two Nutrition Stabilization Centres have been trained on protocols of management severe acute malnutrition with complications along with reporting tools | – No. of medical officers and paramedical staff/nursing staff (male and female) trained on protocols of facility based management of SAM children with complications<br>– No. of coordination meetings conducted and supervisory visit conducted | – Capacity building and on-job training of medical officers and paramedical/ nursing staff on the protocols of facility based management of acute malnutrition with complications<br>– Monthly coordination meetings with DoH, Nutrition Cluster/lead agency |

11. Actual outcomes achieved with CERF funds

**UNICEF outcomes**:

Objective 1:

- 33 fixed nutrition sites remained functional in the reporting period to provide CMAM interventions in Kurram Agency (11 centres), and Hangu (6 centres), Kohat (10 centres) and Tank (6 centres) Districts. CERF support was mainly used to fill a critical funding gap for a short duration while resources from other sources were mobilized. Therefore more than agreed Nutrition sites remained functional during the reporting period.
- 44,505 children (22,141 girls and 22,364 boys) and 27,673 PLW were screened for acute malnutrition using MUAC.
- About 3,866 children (2,101 girls and 1,765 boys) and 4,744 PLW were admitted to a supplementary feeding programme (SFP) for the treatment of moderate acute malnutrition while 2,970 children (1,704 girls and 1,266 boys) were admitted in outpatient therapeutic programme (OTP) for treatment of severe acute malnutrition.
- Cure rate in OTP and SFP was over 90 per cent (Sphere>75%) well above the Sphere minimum standards. Default rate was less than 5 per cent, death rate was less than 1 per cent and average length of stay was 80 to 90 days in OTP followed by SFP.

Objective 2:

- Through 7,745 education sessions, approximately 68,435 mothers/caretakers were made aware of the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months of age, appropriate complementary feeding, good nutrition

during pregnancy and lactation and improved hygiene practices through Behaviour Change Communication (BCC) approach. The achievement exceeded the initial target of 24,000 because the target community is well aware of nutrition services and actively participated in health education sessions while benefitting from nutrition services.

- IYCF/breastfeeding counselling corners remained functional in all nutrition centres. IYCF services focused on IYCF training/on-the-job mentoring of over 200 facility-based DOH, NGO staff and community volunteers (80 per cent women). IYCF activities included simple and detailed breastfeeding/ lactation assessments, one-to-one counselling, formation of mother support groups, identification and timely referral services to manage lactation failure cases and cooking demonstrations in communities to improve complementary feeding practices using locally available food.

Objective 3:

- 27,626 children (13,889 girls and 13,737 boys) and 25,828 PLW were provided multi-micronutrient supplementation.
- Deworming intervention was not performed as it is covered under health through mother and child week.

Objective 4 :

- 60 health care providers (48 women) from public sector health facilities and NGO partners were trained on CMAM protocols and 200 facility-based DOH, NGO staff and community volunteers (160 women) were trained on IYCF.
- Weekly and monthly data was generated regularly through NIS.
- Nutrition Cluster was active during the reporting period, six cluster coordination meetings were conducted on need basis.

**WFP outcomes:**

From mid-April to December 2014, the $319,992 CERF funding bridged the funding gap in WFP's nutrition support through the community and facility based nutritional management approach (CMAM) in Kohat and Hangu Districts. WFP's intervention was already functional in the proposed 21 Union Councils (UCs): 12 UCs in Hangu and 9 UCs in Kohat. CERF funding was used to procure Acha Mum, a locally produced RUSF to manage acutely malnourished children of 6-59 months of age and WSB to manage acutely malnourished PLW. The specific objectives and overall targets were all fully achieved during the reporting period.

**WFP outcomes against specific objectives:**

Outcomes of SO 1: Provision of Targeted Supplementary Nutrition Services for moderately acute malnourished children (boys and girls) of 6 to 59 months of age and PLW suffering from moderate acute malnutrition, through community and health facility based nutritional management approach (CMAM) for six months.

1.1 21 planned DoH health facilities remained functional and implemented WFP supported Targeted Supplementary Feeding (TSF) nutrition services to manage MAM children 6 to 59 months of age and acutely malnourished PLW. All 21 health facilities with nutrition services integrate WFP TSF services with the UNICEF nutrition support services provided in the same region.

1.2 7,941 children 6 to 59 months of age (girls: 3,891, boys: 4,050) were successfully treated for moderate acute malnutrition with acha mum, a CERF-funded RUSF, including an additional 2,343 MAM children—an additional 41 per cent against the original project target. The additional coverage was a result of reduced market prices in acha mum.

1.3 4,700 acutely malnourished PLW were also supported with supplementary nutrition assistance against the project targets of 4,812, (98 per cent achievement). The programme Key Performance Indicators (KPIs) remained within Sphere standards for nutrition programming in emergencies. The KPI analysis revealed a 96 per cent cure rates, 4.12 per cent default rates, 0 per cent death rates and 0.36 per cent non-recovered.

Outcomes of SO2: Enhanced community awareness on "Infant and Young Child Feeding" (IYCF) practices by strengthening the skills and knowledge of health workers, and conducting sessions.

Activities under this objective continued as a joint initiative between UNICEF and WFP. UNICEF provided funding for the IYCF human resources at the health facility and community levels, while WFP provided PLW nutrition commodities—vegetable oil and WSB supplementary nutrition assistance for MAM PLW which served as the main source of referral of PLW to the IYCF counsellors in the targeted health facilities in Hangu and Kohat.

2.1 IYCF/breastfeeding counselling corners remained functional in all 21 DoH health facility-based TSFP centres. IYCF services focused on simple and detailed breastfeeding/lactation assessments, one-to-one and group counselling and timely referral services to manage lactation failure cases.

2.1 (a) In Kohat, 1,374 infant and young child feeding related promotion sessions were conducted at the health facility level, attended by 5,496 female and 1,890 male participants. An additional 6,180 women of child-bearing age benefited from the community-level IYCF counselling sessions.

2.1 (b) In Hangu, the number of IYCF sessions conducted remained comparatively low due to the challenging security situation and cultural barriers limiting access to IYCF. There were 824 IYCF sessions conducted through 12 nutrition centres in the DoH health facilities for 1,894 female and 587 male participants. In Hangu, 63 new mother support groups were formed and conducted 387 community-based sessions. Community-based IYCF activities remained a challenge in Hangu which borders the tribal belt and has an unstable security situation.

2.2 IYCF and TSFP staff in all 21 nutrition centres received on-the-job mentoring from WFP staff and WFP partner staff. A formal training was provided in June 2014 which covered IYCF training for DoH staff: 20 in Kohat and 12 in Hangu. Similarly, the WFP cooperating partner in Kohat conducted CMAM/IYCF trainings for its 9 health facilities and 27 outreach workers.

In Hangu, the WFP cooperating partner conducted CMAM training for 30 health facilities and outreach staff in May 2014. A three-day training for IYCF counsellors was conducted in July 2014 and engaged 12 IYCF counsellors.

Outcomes of SO 3: Improved coordination and information gathering, data flow and malnutrition trend analysis.

3.1 Monthly progress reports received from WFP cooperating partners reflected progress from all 21 WFP-supported health facilities. Reports based on the Nutrition Information System (NIS) were shared with the Nutrition Cluster and through the UNICEF NIS focal points. Monthly narrative reports were submitted by both WFP cooperating partners and the data flow was maintained through NIS. Output reports were generated in Excel and shared with WFP while XML formats were shared with the nutrition information managers.

3.2 Both cooperating partners conducted monthly coordination meetings with district health officers, WFP M&E field coordinators, district administration and district-level nutrition stakeholders.

3.3 Provincial mid-term review was attended by WFP cooperating partners in Kohat and Hangu in August 2014.

**Outcomes by WHO:**

The situation of under-five malnutrition in KP is alarming, particularly in districts affected by rain and flood as shown in the results by "NNS and FANS" conducted by the Health Department, Government of KP and UNICEF in 2010 and 2011. The WHO collaboration with the KP Government in Kohat and Hangu in the management of children with SAM with complications proved useful and rewarding. Stabilization Centres were established in each district and over 200 children were treated and cured in these two districts with life-saving treatment. To continue providing life-saving services, additional SCs were established in neighbouring and similarly deprived districts. Three new NSCs were being established shortly after training the facility staff and providing equipment and kits. Implementing this project helped not only to mitigate mortality and morbidity associated with complicated cases of severe malnutrition but also developed the capacity of DoH staff in delivering these services, apart from enhancing the overall capacity of the District Health System by having fully dedicated SC within the paediatrics unit.

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

UNICEF was able to reach more beneficiaries with the CERF grant than initially planned as there was an ongoing nutrition programme in Hangu, Kohat and Tank where funds met critical gaps. Additional resources from other sources enabled the programme to cover supply needs. Thus CERF funds intended for supplies were diverted to implementing services (NGOs) and reached more people than previously anticipated.

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):**

There is no CAP in Pakistan, however, the project was assigned 2a by the HCT gender advisor—Gender equality is fully mainstreamed in the project by ensuring that both men and women are selected as participants and beneficiaries of the project. Age- and sex-disaggregated data on beneficiaries was collected and shared via the 4Ws and OCHA situation reports.

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

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

The evaluation of the project was not planned and hence not done, however, to ensure effective field-level implementation the following measures were put in place during the course of implementation

- Direct field-level monitoring was regularly conducted by UNICEF Peshawar-based staff, wherever the security clearance was approved.
- Third-party monitoring, through a specialized consulting firm, was conducted on a regular basis.
- Cluster updates and meetings, such as camp coordination meetings at provincial and camp levels, were a good source of information-sharing on progress and constraints.

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNICEF<br>WHO<br>UN Habitat | 5. CERF grant period: | UNICEF 27.03.14 – 31.12.14<br>WHO 02.04.14 – 31.12.14<br>UN Habitat 31.03.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-CEF-035<br>14-UFE-WHO-017<br>14-UFE-HAB-002 | 6. Status of CERF grant: | ☐ Ongoing<br>☒ Concluded |
| 3. Cluster/Sector: | Water and sanitation | | |
| 4. Project title: | WASH humanitarian response for returnees at return points and in areas of return | | |

| 7.Funding | | | |
|---|---|---|---|
| | a. Total project budget: | US$2,000,000 | d. CERF funds forwarded to implementing partners: |
| | b. Total funding received for the project: | US$1,149,999 | ▪ *NGO partners and Red Cross/Crescent:* US$226,383 |
| | c. Amount received from CERF: | US$807,428<br>(UNICEF $400,000<br>WHO $107,429<br>UN Habitat: $299,999) | ▪ *Government Partners:* US$0 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 101,628 | 101,628 | Water, sanitation and hygiene promotion interventions by UNICEF and UN-Habitat reached 96,403 individuals (46,274 women, 50,129 men and 15,232 children under 5) while 211,726 individuals benefitted from WASH activities including water quality testing and surveillance by WHO in the target areas. |
| *b. Male* | 110,098 | 110,098 | |
| *c. Total individuals (female + male):* | 211,726 | 211,726 | |
| *d. Of total, children under age 5* | 33,664 | 33,664 | |

9. Original project objective from approved CERF proposal

This proposal covers WASH needs for some 211,726 conflict-affected children, women, men, elderly and people with disabilities returning to their places of origin. The main objectives of the project are below:

- Ensure access and provision of safe drinking water, appropriate sanitation, and promotion of safe hygiene practices to 180,726 returning IDPs (UNICEF)
- Support efforts to improve access to safe drinking water, sanitation and hygiene promotion activities benefiting 16,000IDPs returned to their places of origin in the areas of return keeping women, children, elderly and disabled as priority beneficiary groups(UNICEF)
- Provision of hygiene kits to 3,000 returning families, with focus on specific needs of women and adolescent girls (UNICEF)
- Provision of safe drinking water and life-saving basic sanitation to 2,500 most vulnerable return families (i.e. headed by person with disability, widow-/female-headed and elderly headed-households) residing in spontaneous settlements in Kurram Agency with adequate separate water collection points for access to females and person with disabilities (UNHABITAT)
- Promotion of safe health and hygiene behaviours to prevent outbreak of epidemics, with special focus on women, persons with disabilities and elderly and children in Kurram Agency (UN-Habitat)
- To support WASH interventions and help reduce the incidence of water, sanitation and hygiene related disease through regular water testing, provision of water quality and hygiene improvement supplies, ensuring adequate sanitation coverage and

hygiene/sanitation promotion activities to affected people(WHO)

10. Original expected outcomes from approved CERF proposal

**UNICEF:**

At the end of the project period an estimated 30,121 returning families at the points of return and 2,600 in areas of return will have been provided with safe drinking water, will have access to adequate sanitation facilities or mobilized for improved sanitation coverage and will have been reached with appropriate hygiene messages as required. In addition 3,000 returnee families would have been provided with family hygiene kits.

Indicators:

- No. of IDPs having access to safe drinking water (disaggregated by gender including number of elderly and people with special needs)
- No. of water systems restored
- No. of WASH related NFIs (water treatment options, water storage containers, hygiene kits, etc.) distributed
- No. of latrines constructed and number of people (76,502 women, 73,501 men and 30,273 children under five, persons with disabilities) with access to adequate latrines at the points of return; with separate latrines for women with privacy walls and at a desirable distance from men's latrine facilities along with specially designed latrines for elderly and people with disabilities
- No. of drinking water systems/distribution points installed in communities (for men, women, children, elderly and people with special needs), schools (15 girls' schools and 10 boys schools) and health facilities for catchment population (men, women and children)
- No. of beneficiaries reached through appropriate hygiene messages and reflecting change in behaviour following extensive awareness campaigns

**UN-Habitat**

- Significantly reduced incidence of morbidity and mortality in spontaneous settlements due to lack of safe drinking water and poor sanitation among targeted 2,500 families (15,000 people), especially PLWs, girls, children under five years of age and other vulnerable people including people with special needs
- Reduced risk for outbreaks of diseases related to WASH by improving knowledge and practices of hygiene water and sanitation among 2,500 targeted people, especially in young girls and children under five years of age
- Decision-making and responsibilities for water and sanitation are being shared equally by women and men
- Women and girls utilizing WASH facilities with dignity and privacy

**WHO**

- Water-borne disease surveillance and identifying affected communities facing greatest health risks from water-borne diseases and ensure that appropriate response mechanisms are in place
- Early alert and response to possible water-related outbreaks in camps, weekly microbial water quality trends and residual chlorine in water supplies report

Indicators:

- 600 of water sources tested for microbiological analysis
- No. of WASH-related soaps and aqua tabs distributed to families
- No. of women and men articulating about hygiene practice

11. Actual outcomes achieved with CERF funds

The WASH Cluster reached 211,726 people through water quality testing and surveillance by WHO in the target areas while UNICEF and UN-Habitat reached 96,403 individuals (46,274 women and 50,129 men) including 15,232 children under five years of age through water, sanitation and hygiene promotion activities at the point of return and in areas of return.

**UNICEF:**

UNICEF covered WASH services for 7,334 returning families (44,004 people) at the point of return in New Durrani Camp, Kurram Agency, FATA and 6,233 families (37,399 individuals) in areas of return in Khyber, Lower Kurram and lower Orakzai Agency of FATA. Details of the outcomes achieved are as follows:

- 44,004 IDPs (21,122 women and 22,882 men including 6,953 children under five years old and older people) provided access to safe drinking water through water trucking and repair/maintenance of 2 water storage tanks
- 3,000 WASH-related NFIs distributed to 3,000 returnee families at the point of return. NFIs included hygiene kits catering to the specific needs of women and adolescent girls, plastic buckets with lids and jerry cans to support safe household water storage.
- 44,004 IDPs provided access to adequate sanitation facilities (12 temporary latrines and two hand washing places) at the point of return in New Durrani Camp; with separate latrines for women with privacy walls and at a desirable distance from men's latrine facilities.
- 30 hand pumps and 68 water sources rehabilitated, restored or installed in communities, schools and health facilities in Khyber, Kurram and Orakzai Agencies for 37,399 individuals (17,952 women and 19,447 men including 5,909 under-five children and older people).
  - 7,719 children (2,165 girls and 5,554 boys) benefitted through rehabilitation of existing water supply schemes, construction/rehabilitation of 34 water storage tanks and 69 latrine facilities in schools (12 Girls Schools and 21 Boys schools).
  - Water and sanitation facilities rehabilitated in five health facilities, one tehsil headquarters (THQ) hospital, three Basic Health Units (BHUs) and one Rural Health Centre (RHC) catering to an average catchment of 16,530 individuals per month.
  - 33 student WASH Clubs formed in schools and 37 WASH Committees formed at community level and trained on operating, maintaining and fixing minor repairs of the provided facilities.
- 81,403 individuals reached with appropriate hygiene messages and awareness sessions on appropriate and improved hygiene practices emphasizing hand-washing at critical times, proper use of latrines, safe water storage, and environmental and personal hygiene delivered through interpersonal communication, use of Information, Education and Communication (IEC) material and practical demonstration sessions on hand-washing and preparing Oral Rehydration Salt (ORS).
  - Key hygiene messages delivered to 44,004 returning IDPs
  - 1,969 hygiene awareness sessions (1,076 for women and 893 for men) conducted with the support of 6 hygiene promoters (3 males and 3 females) reaching 37,399 individuals in the community, schools and health facilities in Kurram, Orakzai and Khyber Agencies

Regular water quality testing was conducted at the water source and at the end point user for bacterial contamination and ensuring availability of residual chlorine and routine water treatment to meet water quality standards. This is in addition to random water quality tests conducted by WHO.

**UN Habitat:**

- Pre Knowledge, Attitude and Practice (KAP) Assessment was conducted with equal teams of men and women surveyors to assess KAP that supported and enabled community members to adopt healthier and more hygienic life practices.
- Per the plan, 1,600 food grade household water storage tanks were distributed with a 200-gallon capacity to enhance safe storage of drinking water among the targeted beneficiaries[17].
- 40 hand pumps were rehabilitated against the initial planned 100 hand pumps. This variation was based on a detailed needs assessment conducted in targeted villages of Central Kurram where there was no additional need for hand pump rehabilitation. The rehabilitated hand pumps were provided with washing pads and drainage facilities along with new hand pump machine replacements installed in central Kurram[18].

[17] In the villages of Ado, Chalyaro, Chinar, Donga, Faqir Shah Kaly, Ghulyango, Jaba, Kharky, Kharsho, Koram, Kotkai, Langro, Mamozo, Mazrina, Murgan, Mirdo, Naway Kaly, Patto, Rashaka, Shagai, Shamkhi, Tandori, Tatang, Tindo, Wam, Wersata and Zangi.

[18] In the villages of Ado, Chalayro, Donga, Fakeer Shah Kaly, Kurram, Kharsho, Kotki, Langro, Murgan, Murgan dongi, Mazrena, Shamkhai, Tandori, Tindo, Waresta and Shamkhai Warongo Mela.

- Water quality testing and disinfection of 40 hand pumps in central Kurram were conducted to ensure that water was safe for drinking.
- As planned, 65 emergency latrines were built, addressing the needs of extremely critical families, special needs of women, disabled and elderly people, as a lifesaving intervention. These latrines have been constructed in Central Kurram[19].
- 2,500 standard hygiene kits were distributed[20], catering to the special needs of women and girls relating MHM. Jerry cans to collect water were distributed to women, children, persons with disabilities, older people from the separate collection points rehabilitated for women, girls and persons with disabilities for 2,500 families.
- Campaigns for positive health and hygiene practices were conducted to promote 2,500 targeted families (including men, women, girls and boys of all age group, older people, people from various ethnic and religious groups, etc.), facilitated by a gender balanced team, on i) safe water storage and handling; ii) promotion of rehydration methods, including importance and use of ORS; iii) water treatment through PUR sachet; iv) hand washing with soap at critical times; and v) safe defecation/use of latrines.

**WHO:**

WHO Environmental Health team regularly monitored diarrhoea prevalence in IDP camps and off camps, point of returns and areas of returns, conducted investigation and response to water-borne disease alerts and outbreaks. The team performed regular drinking water supply chlorination and disinfection and mobilized resources to provide water collection, treatment and storage facilities and health education and awareness-raising materials. WHO worked in close coordination with WASH Cluster partners to avoid duplication in distributing supplies.

- Main water sources were tested for microbiological contamination. Where samples were found unfit for drinking results were shared with the WASH Cluster for immediate remedial action including chlorinated water supply to the community, distribution of household water disinfectants (AQUATABS), soaps, NFIs and hygiene kits.
- WHO environmental health team tested over 737 water sources and 630 for residual chlorine in high risk areas and conducted 800 health and hygiene sessions while distributing IEC material. The main focus was on safe water handling, use of household water disinfection chemicals like aqua tabs, hand washing with soap and safe disposal of faeces. The WHO environmental health team supported the DEWS team in investigating and responding to all the water- borne alerts and outbreaks received from affected communities. During the investigation phase the WHO environmental health unit focused on tracing the source of contamination, applying water quality control measures, health education and awareness interventions and material support to the affected communities and water authorities. Follow-up gauged the effectiveness of improvement measures and environmental health conditions were monitored until the health status of the affected population improved.
- To provide response to alerts and outbreaks in camps, off camps, IDP hosting districts and health facilities serving IDPs (Hangu, Kohat, Nowshera and Jalozai, New Durrani and Togh Sari Camps), point of returns and areas of returns, WHO provided environmental health supplies, including 35,000 soaps, 1,700 IEC material, 1,500 kg of chlorine and 5,000 jerry cans, to government departments, WASH and Health Cluster partners.

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

UNICEF: New displacements in June 2014 from NWA greatly hampered the IDP return process with one round of return, during which only 20 per cent (8,837 registered families or 53,022 people) of the planned 45,000 families returned to their areas of origin until May 2014. This resulted in significant discrepancy between 180,726 planned returnees and 44,004 reached IDPs at the return point. CERF funding received in early April supported provision of WASH facilities for 7,334 families (44,004 people) returning to areas of origin. As a result more funds were utilized in areas of return reaching 37,399 individuals against the planned 16,000.

UN-Habitat: Forty hand pumps were rehabilitated out of the planned 100 hand pumps. This change was a result of a detailed needs assessment conducted in targeted villages in central Kurram highlighting that additional hand pump rehabilitation was not needed. The rehabilitated hand pumps were provided with washing pads and drainage facilities along with replacing new hand pump machines.

[19] In the villages of Donga, Jaba, Kharky, Kharsho, Koram, Langro, Murgan, Mirdo Tang, Shagai, Shamkhi, Tatang and Zangi.

[20] In the villages of Ado, Chalyaro, Chinar, Donga, Faqir Shah Kaly, Ghulyango, Jaba, Kharky, Kharsho, Koram, Kotkai, Langro, Mamozo, Mazrina, Murgan, Mirdo, Naway Kaly, Patto, Rashaka, Shagai, Shamkhi, Tandori, tatang, tindo, wam, wersata and Zangi.

| 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):**<br>**If 'NO' (or if GM score is 1 or 0):** The agency and the HCT Gender Advisor assigned a gender marker score of 2a. The project paid special attention in separating WASH facilities for women and girls at embarkation points and in areas of return to address their sanitation and privacy needs. To ensure the protection of women and girls, separate and fenced latrines (surrounded by a wall), bathing places and laundry places were provided for women and young girls as demanded by the community. NFI/hygiene kits were distributed included items catering to the specific needs of adolescent girls and women. NFI/hygiene kits were distributed to women and girls at separate designated desks. Key hygiene messages were delivered through female hygiene promoters assigned to the embarkation points. | |

| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT ☐ |
|---|---|
| A behavioural change report will be submitted by Asia Humanitarian Organization (AHO), UNICEF implementing partner, with data from the pre- and post-KAP study in the areas of return where the project was implemented. The report will be shared once the post-KAP study is completed by the end of March 2015.<br>To ensure effective field-level implementation the following measures were in place:<br>• Regular direct field level monitoring by UNICEF Peshawar-based staff whenever security clearance was provided.<br>• Regular third-party monitoring by Techno Consultants, a specialized consulting firm.<br>• Deployment of UNICEF monitors in field areas for day-to-day support and field-based monitoring.<br>• Cluster updates and meetings, such as provincial level RTF meetings, were a good source of information sharing on progress and constraints.<br>• FDMA visits and feedback remained useful to rectify and improve activities.<br>• Post-return monitoring covering all spheres of humanitarian assistance conducted by the Protection Cluster was also useful. | EVALUATION PENDING ☒<br>NO EVALUATION PLANNED ☐ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | UN Habitat<br>UNHCR<br>IOM | 5. CERF grant period: | 04.04.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-HAB-001<br>14-UFE-HCR-012<br>14-UFE-IOM-014 | 6. Status of CERF grant: | ☐ Ongoing<br>☒ Concluded |
| 3. Cluster/Sector: | Shelter and non-food items | | |
| 4. Project title: | Provision of shelter and NFI assistance to vulnerable returnees of the Federally Administered Tribal Areas (FATA) | | |

| 7.Funding | | | | |
|---|---|---|---|---|
| | a. Total project budget: | US$7,300,000<br>(UN-Habitat $987,938<br>UNHCR $5,912,190<br>IOM $399,872) | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US$2,169,999<br>(UN-Habitat $987,938<br>UNHCR $2,382,910<br>IOM $399,872) | ▪ *NGO partners and Red Cross/Crescent:* | US$165,074<br>(UN-Habitat $95,334<br>UNHCR $48,000<br>IOM $21,740) |
| | c. Amount received from CERF: | US$2,382,910<br>(UN Habitat $987,938<br>UNHCR $995,100<br>IOM $399,872) | ▪ *Government Partners:* | 0 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 6,348 | 15,275<br>(UNHCR: 9,108<br>Habitat: 4,266<br>IOM: 1,901) | **UNHCR:** Initially planned figures were 13,624 people but assistance was provided to 18,000 people with internal headquarter resources. (Note: one family is composed of 6 individuals).<br>**UN Habitat:** Not significant.<br>**IOM**: Initially planned activities were designed to support 600 families with tool kits for rubble removal. Later discussions with the Shelter Cluster, FDMA and UNHCR, and validated by field reports, indicated shelter repair support prior to onset of winter was a more critical need/gap for Tirah Valley returnees. IOM therefore adapted its plans to provide shelter repair kits instead of tool kits. Due to the comparatively higher unit cost of shelter repair kits, final beneficiary numbers were 390 families with an average family size of 10. |
| *b. Male* | 7,276 | 16,832<br>(UNHCR: 10,692<br>Habitat: 4,099<br>IOM: 2,041) | |
| *c. Total individuals (female + male):* | 13,624 | 32,107 | |
| *d. Of total, children under age 5* | 1,130 | 6,987<br>(UNHCR: 3,564<br>Habitat: 1,255<br>IOM: 2,168) | |

9. Original project objective from approved CERF proposal

The overall objectives are:

- To provide dignified and lifesaving shelter support through the provision of shelter/NFI assistance for the extremely vulnerable;
- To provide shelter and toolkits to vulnerable returnees in order to prevent exposure to extreme climatic conditions of the returnees; and encourage them to quickly transit to the recovery stage while finding durable solutions.

10. Original expected outcomes from approved CERF proposal

**UNHCR**

- 3,300 NFIs to be procured and distributed.

  These NFIs shall be procured under the frame agreement of UNHCR at a global level. These are stored and packed (knitting) in the UNHCR warehouse in Nowshera on main GT Road for easy access and loading/ unloading. Upon request, stock immediate delivery is done to return centres throughout KPK/ FATA. This is done through contractor organization. UNHCR warehouses along with NFIs are under insurance coverage.

- 1,000 tents to be procured and distributed.

  Provision of emergency tent assistance during reconstruction/repair. To provide quick assistance for the protection and rehabilitation infrastructure, IDP families shall be provided with emergency shelter (tent) assistance.

**UN-Habitat**

The above mentioned activities will result in the following outcomes in the returnees' area:

- Dignified shelter support provided to 1,330 vulnerable and extremely vulnerable (women headed, child headed, elderly persons headed and houses headed by person with disabilities, specific needs including patients with chronic illness and extreme poor) families at their place of origin in Kurram and Khyber Agency.
- 8,397 individuals (men, women, and children) will have dignified shelter to protect them from weather with privacy.
- 1,330 men and women (approximately 20%) will be provided shelter maintenance training and tool kits.

**IOM**

- 600 vulnerable displaced families will be targeted for disbursement of tool kit for rubble removal
- Shelter repair kits will be distributed keeping in view the existing gap.

11. Actual outcomes achieved with CERF funds

**UNHCR:**

- UNHCR procured 3,300 NFIs under its global frame agreements and distributed them through its specialized partner, SRSP. NFI kits included blankets, quilts, kitchen set, jerry can, bucket, soap and sanitary materials. Storage and kitting was done in the UNHCR warehouse and transported to the distribution hub by a contractor organization. UNHCR warehouses and NFIs were under insurance coverage. All records of stocks in and stocks out were maintained as per standards in the warehouse and can be verified and audited.
- For the second activity, 1,000 tents were procured and distributed among the vulnerable families. Emergency tent assistance was provided during reconstruction/repair. To provide quick assistance to protect and rehabilitate infrastructure, IDP families were provided with emergency shelter (tent) assistance. IASC vulnerability criteria was strictly followed for shelter need assessment.

The Shelter/NFI Cluster provided shelter assistance and NFIs during displacement, upon return and during the reconstruction/repair phase of the displaced community of Tirah Valley. While NFI and shelter rental subsidies were provided at places of displacement, shelters were provided in areas of return to the most vulnerable families whose homes were completely destroyed due to military operations against non-state armed actors in Tirah. Tirah Valley is located in Khyber, Kurram and Orakzai Agencies of FATA, while its smaller part straddles the border to the north lying in Nangarhar Province of Afghanistan. It is inhabited by the Afridi, Orakzai and Shinwari tribes of Pashtuns.

The methodology adapted to identify the most vulnerable families followed the IASC standard vulnerability criteria, with priority being given to female- or child-headed households, older people, people with disabilities and people with specific needs.

Access to life-saving NFI assistance while awaiting return and upon immediate return: As agreed and announced by RTF, the return was made on a dignified and voluntary basis and would include all the actors for the smooth return to areas of origin. UNHCR established three transit centres in Dera Ismail Khan, Kurram and Tank for deregistration, the Voluntary Return Form

(VRF); provision of packed food, distribution of NFIs, emergency shelter (tents) and return transportation. All this have been done through partner organizations including operational, government and local and international partner NGOs. This provided IDPs with the essentials needed to return with dignity and resume normal life as well as enabling them to resume livelihood activities as quickly as possible.

Provision of emergency shelters (tent) assistance during reconstruction/repair: Provided quick assistance for the protection and rehabilitation of infrastructure. IDP families were also provided with emergency shelter (tent) assistance to have temporary stay arrangement before getting permanent solution during reconstruction/repair phase.

Logistical support to the Shelter Cluster by providing space and facilities:

Sarhad Rural Support Program (SRSP) which is UNHCR's specialized implementing partner had established distribution hubs in and outside FATA which provided easy access for beneficiaries to take NFIs and tents at the time of return. IDP families were supported in loading and unloading NFIs and tents into trucks.

**UN-Habitat:**

- Based on the assessment, 1,325 families were facilitated with dignified shelter: 615 roofing kit material distributed and 70 one room shelter constructed in Kurram Agency; 470 roofing kits distributed, 105 toolkits and 65 shelters constructed in Tirah, Khyber Agency.
- 8,365 people having dignified shelter and protection against cold weather.
- 1,195 men and women were trained and provided with toolkits.

**IOM**

- 390 vulnerable families, including 17 female-headed households, were supported with shelter repair kits upon return to Tirah Valley, Khyber Agency.
- Of the total beneficiary families, 299 belonged to Shalobar tribe and 91 to Zakha Khel tribe.
- 3,942 individuals were reached with CERF funds, including nearly 50 per cent females.
- The families targeted under the current grant were identified as most the vulnerable based on a field assessment conducted by IOM and UN-Habitat teams in Tirah Valley at the outset of the project.
- A rapid damage assessment conducted by UN-Habitat in coordination with NRC, Muslim Aid and FDMA in December 2013 reported severe impact on houses in Tirah Valley, with approximately 70 per cent of roofs damaged.
- Support for shelter repair was prioritized as a critical need for families due to extreme winter conditions in areas of return.
- Locations and type of assistance were closely coordinated with the UNHCR-led provincial Shelter Cluster for KP and FATA to ensure appropriate targeting of the most severe needs and gaps, and to avoid duplication with other assistance activities.
- Close coordination was maintained with UN-Habitat, which was also planning and implementing shelter activities in Tirah Valley, to prevent duplication and follow a uniform approach in t shelter support provided to returning families in Tirah.
- Shelter repair kits were designed with key materials necessary to repair or reconstruct severely damaged or destroyed houses. Each kit consisted of 3 girders, 19 T-Irons, 930 roof tiles, 2 PVC pipes, 1 plastic sheet, 1 door and 1 window.
- A distribution point was established at Dabori in upper Orakzai Agency, approximately 15 km outside of Tirah Valley, due to inaccessible road conditions beyond that point for heavy weight vehicles transporting the kits in bulk.
- Given the size and weight of the kits, further transport of individual kits from the distribution point at Dabori to the final destination in Tirah Valley was facilitated through 4x4 vehicles.
- IOM engaged the Community Research Development Organization (CRDO) as a local implementing partner from July to November 2014 to support distributions, mitigating access challenges.
- IOM maintained a stringent check on CRDO activities and operations. IOM field teams directly selected the beneficiaries in line with the vulnerability criteria devised by the Shelter Cluster, targeting female-headed families and other vulnerable returnees with severely damaged/destroyed houses, and remained present during the distribution process.
- Beneficiary statistics, including sex, age and gender disaggregated figures, were recorded in a progress tracking database.
- All items procured under this grant followed international technical guidelines (i.e. SPHERE standards and IFRC guidelines), in line with standard IOM procurement procedures and protocols.

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

**UNHCR:** There was no discrepancy between planned and actual outcomes.

**UN-Habitat**: Outcome # 3 showed that 1,330 men and women will be provided with training and equipped with a toolkit. The training orientation part was 100 per cent achieved whereas toolkits were given to 1,195 beneficiaries instead of 1,330. The 135 extremely vulnerable families were provided with full shelter support with UN-Habitat and its implementing partner doing all the construction work; toolkits were not required.

**IOM:** Initial plans to distribute rubble repair or roofing kits were revised in light of the severity of housing damages in Tirah Valley, the onset of winter and other planned or ongoing shelter or NFI interventions by partners in the area. In consultation with the Shelter Cluster, including project partners UNHCR and UN-Habitat, shelter repair kits were identified as the most appropriate form of assistance for vulnerable returnee families. Kits consisted of building materials such as girders, roofing tiles, windows and doors that were more costly to procure and distribute than rubble repair or roofing kits. Project activities were delayed due to extended time taken by government authorities in granting travel and project NOCs. However, IOM was able to complete distributing all shelter repair kits before the onset of extreme winter conditions. Together, these factors resulted in reduced beneficiary numbers reached against planned figures, but ensured appropriate and targeted recovery assistance for the most vulnerable returnee families.

| 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):** 2a

**If 'NO' (or if GM score is 1 or 0): UNHCR:** NFI kits are designed to include female hygiene products. Shelters ensure crucial privacy for women, children and men. In camp settings, purdah walls are in place to ensure the protection and privacy of communities and the women and children within them.

**UN Habitat:** Women-headed households and widows were given prime focus in this project besides other vulnerabilities.

| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT ☐ |
|---|---|
| **UNHCR:** UNHCR regularly monitored the situation of IDPs, including access to assistance and services in all camps. Constant coordination with partners was ensured and regular reviews were done on a variety of records including activity reports and monthly progress reports from partners.<br>**UN Habitat:** Post-project evaluation was planned and two senior staff members from operations and programme from the Country Office were assigned to conduct this evaluation but due to the tense security situation in the project area travel NOC from FDMA could not be issued and this is still pending.<br>**IOM:** No evaluation was planned in the project proposal, however, regular monitoring ensured that proper procedures were followed during distributions to maintain order and facilitate access for all, including men, women, boys, girls and vulnerable groups such as elders, disabled and female-headed households. | EVALUATION PENDING ☐<br>NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNICEF | 5. CERF grant period: | 07.04.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-CEF-033 | 6. Status of CERF grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Health | | ☒ Concluded |
| 4. Project title: | Emergency health assistance to mothers, newborns and children displaced from Federally Administered Tribal Areas (FATA) residing in IDP camps and selected host communities returned areas of Kurram Agency | | |

| 7.Funding | | | | |
|---|---|---|---|---|
| | a. Total project budget: | US$480,000 | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US$353,929 | ▪ *NGO partners and Red Cross/Crescent:* | US$221,698 |
| | c. Amount received from CERF: | US$300,000 | ▪ *Government Partners:* | US$9,414 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 27,686 | 25,147 (90%) | Since the initial estimate, population figures could fluctuate up or down so the expected outcome was to reach between 80 to 100 per cent of the planned target but no lower than 80 per cent. Reaching over 90 per cent of the planned target falls within the original target. |
| *b. Male* | 24,220 | 23,251 (96%) | |
| *c. Total individuals (female + male):* | 51,906 | 48,398 (93%) | |
| *d. Of total, children under age 5* | 22,283 | 21,216 (95%) (9,784 girls; 11,432 boys) | |

9. Original project objective from approved CERF proposal

To ensure that women and children of FATA living in Jalozai ,Togh Sarai and New Durrani IDP Camps and in returned areas of Kurram, Khyber and SWA have access to basic health services and information through facility- and community-based interventions.

10. Original expected outcomes from approved CERF proposal

| Expected Outcomes | Indicators |
|---|---|
| 1) Over 80% of 4,588 under 2 years children will receive routine immunization against measles, polio, diphtheria, tetanus, pertussis, hepatitis B and Hib.<br>2) At least 80% of 39,323 children (9 months to 10 years) will receive measles vaccination through measles campaign.*<br>3) At least 80% of 19,661 children will receive vitamin A supplementation.**<br>4) Over 80% of 5,590 families *(33,540 individuals M: 18,112; F: 15,428)* living in Jalozai IDPs Camp Nowshera *(Particularly mothers and children)* and Tough Sarai IDPs Camp, Hangu *(particularly mothers, children, adolescents and elderly)* will receive MCH and MCH/PHC services respectively. | 1) No. of children under the age of two received routine vaccination. (Accessibility: Penta 1, Coverage: Penta 3 and fully immunized children: measles 1).<br>2) No. of children vaccinated against measles.<br>3) No. of children received vitamin A supplementation.<br>4) No. of families/Individuals registered for MCH and PHC services. |

| | |
|---|---|
| 5) At least 80% of 5,139 children (2 to 5 years) will be dewormed.<br>6) At least 80% of the targeted 672 pregnant women will receive Antenatal care through skilled birth attendants (SBAs).<br>7) At least 80% of the targeted 2,621 pregnant women will receive Tetanus Toxoid (TT) vaccination<br>8) At least 80% of 400 pregnant ladies will be provided delivery services in Jalozai IDP's camp through SBAs.<br>9) All complicated cases i.e. 100% will be referred to referral hospitals.<br>10) At least 80% of 672 pregnant ladies will receive health, and hygiene commodities (clean delivery kits, newborn baby kits) and 1,344 pregnant and lactating women will receive long lasting insecticidal nets (LLINs).<br>11) More than 80% of 7,053 child bearing age women (CBAs) receive health and hygiene messages through social mobilizers and facility-based health workers.<br>12) Strengthening of Routine EPI services in IDP camps and in host communities.<br>13) Provision of PHC services (curative) to all the IDPs living in Tough Sarai IDPs camp (7,000 individuals).<br><br>* Measles campaign will be conducted subject to the request from the government and availability of measles vaccines with EPI Department.<br>** Vitamin A supplementation is done biannually along with Polio National Immunization Days (NIDs). | 5) No. of 2-5 year old children dewormed.<br>6) No. of pregnant women (new contacts) received ANC Care through SBAs.<br>7) No. of pregnant ladies vaccinated against tetanus. (TT 1 & 2)<br>8) No. of deliveries conducted by SBAs in Jalozai IDPs Camp.<br>9) No of complicated cases referred to referral hospitals.<br><br>10) No. of women received CDKs, baby kits and LLINs.<br><br>11) No of CBAs received health and hygiene education sessions.<br><br>12) No. of EPI centres supported by provision of (HR, cold chain equipment, etc.)<br>13) a) No of consultations<br>b) Health facility utilization rate (1 to 4). |

11. Actual outcomes achieved with CERF funds

1. 4,046 (88%) children (< 2 years) received routine vaccination against measles, polio, diphtheria, tetanus, pertussis, hepatitis B and Hib.
2. 34,341 (87%) children (9 months to 10 years) vaccinated against measles.
3. 17,594 (89%) children received vitamin A supplementation.
4. 5,199 (93%) families or 31,194 individuals (15,089 women; 16,105 men) registered for MCH and PHC services.
5. 5,595 (109%) children (2 to 5 years old) dewormed.
6. 583 (87%) pregnant women received ANC care through SBAs.
7. 2,159 (82%) pregnant women vaccinated against tetanus.
8. 387 (96%) deliveries conducted by SBAs in Jalozai IDP Camp.
9. 69 (100%) complicated cases referred to referral hospitals.
10. 657 (98%) women received CDKs, received newborn baby kits and 2,127 women received LLINs.
11. 6,721 (95%) PLWs received health and hygiene education sessions.
12. Total 20 EPI centres (4 EPI centres in Jalozai Camp, 1 in Togh Sarai Camp, and 1 in New Durrani Camp and 14 in host communities of Kurram Agency) supported by providing human resources and cold chain equipment to the Departments of Health in KP and FATA to ensure continued EPI services in all three camps and host communities.
13. a) 100% patients benefited through 24/7 OPD services in Togh Sarai IDP Camp
    b) Facility utilization rate: 4

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

The expected outcome was to reach more than 80 per cent of the planned target, whereas the actual results show a greater achievement.

| 13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? 2a | YES ☐ NO ☒ |
|---|---|
| **If 'YES', what is the code (0, 1, 2a or 2b):** 2a (assigned by HCT Gender Advisor). The project objectives contributed significantly to gender equality as different health needs of children and women and girls were addressed. The specific health of needs of women and girls and children were considered within the design, implementation and monitoring framework of the project. Health education promotion sessions also engaged men to bridge the gap between both genders and for effective utilization of services for women, girls and children. The age and sex disaggregated data of beneficiaries was collected and shared in 4Ws and situation reports.<br>**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 evaluation of the project was not planned and hence not done. However, in order to ensure effective field-level implementation the following measures were in place during the course of implementation:<br>• Department of Health was involved in monitoring the project sites.<br>• Regular direct field-level monitoring was conducted by UNICEF Peshawar-based staff, wherever security clearance was approved.<br>• Regular third-party monitoring through a specialized consulting firm was conducted.<br>• Cluster updates and meetings, such as camp coordination meetings at provincial and camp levels, were a good source of information sharing on progress and constraints. | EVALUATION PENDING ☐<br>NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | FAO | 5. CERF grant period: | 09.04.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-FAO-008 | 6. Status of CERF grant: | ☐Ongoing |
| 3. Cluster/Sector: | Agriculture | | ☒Concluded |
| 4. Project title: | Support to protect and restore livelihoods of affected families in Federally Administered Tribal Areas (FATA) | | |

| 7.Funding | | | | |
|---|---|---|---|---|
| | a. Total project budget: | US$2,000,000 | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US$1,479,517 | ▪ *NGO partners and Red Cross/Crescent:* | US$130,348 |
| | c. Amount received from CERF: | US$1,479,517 | ▪ *Government Partners:* | US$26,655 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 65,044 | 93,197 | All activities were implemented in accordance with the original plan. However, an additional 9,930 families were provided with *Rabi* package including wheat seed due to savings incurred under different budget lines. The quantity reduction in household package of red bean seeds and competitive bidding combined with favourable timing in procurement resulted in considerable savings of $250,000 under the supplies, commodities and materials budget line. To utilize these savings and transfer maximum benefit to the conflict-affected returnee families, an additional 9,930 families benefitted. Thereby, FAO reached more people in need than originally planned increasing the number of beneficiaries from 22,435 to 32,360 families. |
| *b. Male* | 69,566 | 100,963 | |
| *c. Total individuals (female + male):* | 134,610 | 194,160 | |
| *d. Of total, children under age 5* | 16,841 | 24,291 | |

9. Original project objective from approved CERF proposal

Improved food and nutrition security, and coping mechanisms of the most affected returnee households and IDPs in Khyber and Kurram by safeguarding, restoring and improving their productive assets

10. Original expected outcomes from approved CERF proposal

Outcome 1: Farm agricultural and food household production restored in 18,510 most affected farming households.

- 80% of faming households have harvested the crop with an average expected productivity
- 80% of backyard gardens maintained by women producing nutritional rich food by the end of the project
- 80% of backyard poultry units maintained by women producing average number of eggs by the end of the project

Outcome 2: Increased livestock production of 3,220 families (particularly women of childbearing age and children) and improved coping mechanisms through livestock safeguarding of 22,435 most affected returned and IDP households.

- 90% of animals treated are healthy by the end of the project
- 90% of animals receiving feed have increased production

11. Actual outcomes achieved with CERF funds

Overall, a total of 32,360 beneficiary families were identified and selected to receive agriculture and livestock assistance.

Agriculture inputs packages:

- 8,500 families received 102 MT of maize seed, 34 MT of NPK fertilizer and 8,500 vegetable kits each comprising of okra, sponge gourd, bitter gourd, pumpkin, turnip, coriander, spinach and bottle gourd (6,350 in Kurram Agency and 2,150 in Khyber Agency)
- 6,150 families in Kurram Agency received 18.5 MT of red bean seed, 12.3 MT of NPK fertilizer and 6,150 vegetable kits
- 3,860 families in Kurram Agency received 38.6 MT of Mung bean seed, 7.72 MT of NPK fertilizer and 3,860 vegetable kits
- 1,000 families in Khyber Agency received 8 MT of *Kharif* fodder and 2,220 families in Kurram Agency received 18 MT of *Kharif* fodder
- 3,220 families in Kurram Agency received 6.44 MT of NPK fertilizer, 580 MT of animal compound feed and 193 MT of urea molasses blocks
- 9,930 families in Kurram Agency received 496 MT of wheat seed

Poultry Package:

- 700 female-headed families in Kurram Agency received poultry packages, each comprised of 10 female and 2 male birds, 1 feeder, 1 drinker, 3 egg collection trays, 50 kg poultry feed and chicken wire mesh

Livestock Inputs:

- Out of 32,360 assisted families, 22,435 beneficiary families (15,705 in Kurram Agency and 6,730 in Khyber Agency) were provided with dewormers and vaccination for 20,205 large and 54,907 small ruminants
- Nine veterinary centres in Kurram and Khyber Agencies were provided with veterinary supplies (essential medicines and equipment)

BEST, FAO's service provider, conducted a focus group discussion (FGD) with beneficiaries in December 2014. Based on FGD results, project beneficiaries ranked the interventions as helpful and supportive towards restoring their agriculture-based livelihoods and protecting their livestock. According to the FGD, the majority of beneficiaries (about 90 percent) utilized the agriculture inputs and obtained approximately 25 to 30 per cent higher yield than a normal production. FGD results showed about 90 per cent of beneficiaries successfully managed their kitchen gardens. Almost all beneficiaries expressed that weekly vegetable consumption increased two to three times, mainly due to the different varieties of vegetables produced in their kitchen gardens.

After establishing home-based poultry farms, beneficiaries reported including eggs in their daily diets with 4 to 5 eggs weekly while the surplus of 30 to 35 eggs per week were vend out in the nearby small markets. Livestock input support also helped stabilize milk production resulting in a 25 to 35 per cent increase in milk production volume. The prevalence of lethal diseases like enterotoxaemia, foot and mouth disease and pest des petites ruminants reduced drastically in livestock. To assess self-reported dietary behaviours after input distribution, some of the project beneficiaries responded they started selling extra milk and surplus vegetables produced from their kitchen gardens.

The FDG results show the majority of beneficiaries stated their income had increased as a result of the project inputs as they did not have to buy wheat, pulses, milk and vegetables for household consumption and used their earnings to purchase other necessary items. This contributed to the families' overall economic well-being and provided them with the opportunity to diversify their diets, thus effectively meeting their nutritional needs.

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

An additional 9,930 families were provided with *Rabi* package, including wheat seeds, due to savings incurred under different budget lines. The quantity reduction in household package of red beans seeds and competitive bidding combined with favourable timing of procurement resulted in considerable savings of $250,000 under the supplies, commodities and materials budget line. To utilize these savings and transfer maximum benefit to the conflict-affected returnee families, an additional 9,930 families benefitted. Thereby, FAO reached more people in need than originally planned increasing the number of beneficiaries from 22,435 to 32,360 families.

| 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):**<br>**If 'NO' (or if GM score is 1 or 0):** 2a (assigned by the HCT Gender Advisor)<br>FAO continues to place a strong focus on gender equality considerations and inclusion of marginalized group such as women-headed households in project activities. This approach was incorporated while designing the criteria to select the beneficiaries. The poultry and agriculture inputs specifically targeted women beneficiaries who are responsible for their upkeep and enjoy some degree of control over the use of their production. Under this project, 9,741 (43 per cent) female and 22,619 (57 per cent) male beneficiaries were supported. | |

| 14. Evaluation: Has this project been evaluated or is an evaluation pending | EVALUATION CARRIED OUT ☐ |
|---|---|
| An evaluation was not conducted as this was not a budgeted activity, however; FAO monitoring teams working at provincial and national levels provided regular feedback and recommendations and assessed the quality of intervention throughout the course of project implementation through regular monitoring visits The Reporting Unit at FAO Disaster Preparedness and Resilience Unit maintained a database of regular progress reports from service providers, covering all the project activities. FAO closely monitored and exchanged information on activities with Government line departments and with other cluster members in its capacity as Food Security Cluster lead.<br>FGDs were also conducted after the inputs distribution, results highlighted above under the outcomes achieved with CERF funds. | EVALUATION PENDING ☐<br>NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | UNFPA | 5. CERF grant period: | 01.04.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-FPA-012 | 6. Status of CERF grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Health | | ☒ Concluded |
| 4. Project title: | Provision of access to life saving RH services ensuring 24/7 Emergency Obstetrics Care (BEmONC) and Health Services to Gender-based Violence (GBV) Survivors in order to prevent excess maternal and neonatal mortality and morbidity across Returnees in Tirah Valley of Khyber and Host Community in Kurram Agency in FATA and Peshawar in KP | | |

| 7.Funding | | | | |
|---|---|---|---|---|
| | a. Total project budget: | US$1,000,000 | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US$100,109 | ▪ *NGO partners and Red Cross/Crescent:* | US$83,280 |
| | c. Amount received from CERF: | US$100,109 | ▪ *Government Partners:* | US$0 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 6,913 | 10,612 | Women beneficiaries reached during the project period were more than expected. The needs of meeting the reproductive health needs on the ground were massive. More people attended the awareness raising sessions, and consultations for antenatal treatment, referrals and community mobilization. |
| *b. Male* | 1,012 | 1,224 | |
| *c. Total individuals (female + male):* | 7,925 | 11,836 | |
| *d. Of total, children under age 5* | 100 | 96 | UNFPA and its partners worked together with other members of health cluster, relevant clusters for referral and the authorities to ensure timely life-saving interventions. |

9. Original project objective from approved CERF proposal

To ensure equitable access to reproductive health (RH) services (including maternal newborn and child health/reproductive health and psychosocial support to GBV survivors) for the conflict-affected populations, host communities and returnees in selected facilities and at community level.

10. Original expected outcomes from approved CERF proposal

**Outcome:** Improved health status by equitable access to maternal child and neonatal health, reproductive health services at both the community and health facility levels.

**Indicators:**

1. Over 80% of IDP/returnee and host families have access to emergency obstetric and neonatal services.
2. More than 90% pregnant women receive ante-natal care, clean delivery kits and newborn kits.
3. More than 80% of targeted pregnant women are assisted through delivery by skilled birth attendants.
4. More than 70% of women undergo at least one postnatal visit with SBAs at the facility or community level.
5. More than 80% women receive referrals for complications of pregnancy.
6. More than 50% women and adolescent girls receive counselling support.
7. 20% men and boys are aware on RH and GBV concepts.

11. Actual outcomes achieved with CERF funds

The CERF funded project was intended to cover 12 per cent of the total affected women of reproductive age; and 2 per cent of the affected men. The project demonstrated measures to provide life-saving reproductive health services to the affected population. Over 80 per cent of the targeted population have access to emergency obstetric and neonatal care and delivered safely.

The reproductive health needs of men in the affected population were addressed. They received basic counselling, awareness and treatment related to RH including sexually transmitted infections and HIV/AIDS.

UNFPA with Support With Sustainable Solution (SWWS), its implementing partner, worked together with other members of the Health Cluster to ensure the provision of health services. OCHA has played a great role in coordinating the interventions with other relevant clusters and authorities. Linkages were made with the Protection Cluster and the GBV sub-cluster to ensure referrals of GBV survivors.

| Indicators | CERF Target | Achieved | % |
|---|---|---|---|
| No. males received basic reproductive health services | 1,012 | 1,224 | 121% |
| No. of females received basic reproductive health services | 6,913 | 10,612 | 154% |
| No. pregnant women received Basic Emergency Obstetric Care services | 1,290 | 1,113 | 86% |
| No. 90 newborn baby kits procured | 90 | 90 | 100% |
| No. 90 newborn baby kits distributed | 90 | 90 | 100% |
| No. 90 hygiene kits procured | 90 | 90 | 100% |
| No. 90 Hygiene kits distributed | 90 | 90 | 100% |
| No. 5 female health staff trained on BEmOC (safe motherhood) | 5 | 12 | 240% |
| No. 5 female health staff trained on standard precaution and infection prevention | 5 | 8 | 160% |
| No. 3 male health staff trained on standard precaution and infection prevention | 3 | 3 | 100% |
| No. women attended awareness raising sessions on RH issues | 6,426 | 5,765 | 90% |
| No. men attended awareness sessions raising sessions on RH issues | 941 | 1,224 | 130% |

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

Women beneficiaries were reached were more than expected. Meeting the reproductive health needs on the ground were massive. Knowledge of RH in emergency-related issues of the health staff working at the CERF-supported health facilities were considered insufficient therefore, UNFPA and its partner decided to provide on-the-job trainings to more health staff.

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):** 2A. The project contributed significantly to gender equality to ensure the life of women and men. The project was designed to meet the reproductive health needs of the women and men and aimed to target women by providing basic RH services. The activities were also based on gender and age analysis.

**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 ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

No evaluation was planned. The project used the UNFPA standard M&E procedures.

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | WFP | 5. CERF grant period: | 14.04.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-WFP-017 | 6. Status of CERF grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Food | | ☒ Concluded |
| 4. Project title: | Emergency Food Assistance for Internally Displaced Persons and Returnees in Pakistan's North-West | | |

| 7.Funding | | | | |
|---|---|---|---|---|
| | a. Total project budget: | US$592,722,873 | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US$343,958,433 | ▪ *NGO partners and Red Cross/Crescent:* | US$190,387 |
| | c. Amount received from CERF: | US$2,799,675 | ▪ *Government Partners:* | US$0 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 479,220 | 726,421 | During the reporting period additional displacement occurred in FATA as a consequence of operations "Zarb-e-Azb" in NWA and "Khyber-I" in Bara Tehsil, Khyber Agency. As displacement from Bara Tehsil still continues, over 700,000 people were forced to leave their homes in 2014. In 2014, WFP provided relief food rations to 493,000 and 137,000 newly displaced people from NWA and Khyber Agency respectively. New displacement and slower than expected returns brought the total number of assisted people to over 1.7 million compared to the planned 978,000 people. The new displacement in 2014, which had not occurred at the time the proposal was submitted, led to higher than planned beneficiary numbers reached with this grant which was fully utilized in a shorter time period than originally anticipated. Commodities procured with the support of this CERF grant would have lasted over a longer timeframe had the additional displacement not taken place. |
| *b. Male* | 498,780 | 756,071 | |
| *c. Total individuals (female + male):* | 978,000 | 1,482,492 | |
| *d. Of total, children under age 5* | 132,812 | 201,322 | |

9. Original project objective from approved CERF proposal

The strategy for WFP relief assistance is guided by the goal of meeting basic emergency food needs amongst conflict-affected populations, through the conduct of general food distributions. The key specific objectives of this activity are to save lives and avert hunger.

10. Original expected outcomes from approved CERF proposal

The key output and outcome indicators to be monitored will include:

- Household Food Consumption Score (target: 80 per cent of assisted families have an acceptable Household Food Consumption Score);
- Number of women, men, girls and boys receiving food; and
- Tonnage of food distributed.
- Number of referred complaints referred by the Beneficiary Feedback Desk that have been resolved.

11. Actual outcomes achieved with CERF funds

- Household Food Consumption Score (improved food consumption over the assistance period for targeted displaced persons i.e. ensuring 80 per cent of the population has an acceptable household food consumption score)
- Regular and timely supply of monthly family food rations, distributed on an unconditional basis
- This contribution covered procurement of 3,212 MT of non-cereal commodities which were distributed as part of the WFP monthly relief food basket alongside wheat contributed by the Government. The WFP monthly relief food basket consists of 80 kg of cereal rations (wheat flour and/or rice), 8 kg of pulses, 4 kg of vegetable oil, 1 kg of salt. Commodities procured with this CERF grant were 1,880 MT of yellow split peas, 673 MT of fortified vegetable oil and 659 MT of iodized salt. The pulses and vegetable oil were procured internationally while the salt was procured locally.
- Distribution of commodities with this CERF contribution allowed provision of a full monthly food basket between April and December 2014 to 247,082 families displaced as a result of law enforcement operations.
- During the reporting period additional displacement occurred in FATA as a consequence of operations "Zarb-e-Azb" in NWA and "Khyber-I" in Bara Tehsil, Khyber Agency. As displacement from Bara Tehsil still continues, over 700,000 people were forced to leave their homes in 2014 alone. In 2014, WFP provided relief food rations to 493,000 and 137,000 newly displaced individuals from NWA and Khyber Agency respectively. New displacement and slower than expected return brought the number of assisted people to over 1.7 million compared to the planned 978,000 individuals. The new displacement that took place in 2014, which had not occurred at the time the proposal was submitted, led to higher than planned beneficiary numbers reached with this grant which was fully utilized in a shorter time period than originally anticipated.
- WFP assisted all IDPs registered by UNHCR, then verified by NDMA, using the online WFP database and verification system at all hub locations which ensured no duplication or overlap in providing family food rations. WFP assistance is provided on a needs basis and is not contingent upon formal registration. Where families did not possess the necessary documentation, a temporary token-based system was used. Although the Government initiated the returns process, WFP continued providing relief rations for those returning taking into account when returns takes place in relation to the harvest calendar, duration of displacement and state of assets in the area of origin. Targeting and distribution modalities were formalized in coordination with the Protection Cluster to maximize facilitation of vulnerable and marginalized population groups.
- This assistance proved critical in helping to maintain adequate food consumption among these beneficiaries with WFP monitoring and evaluation findings confirming that over 80 per cent of the families assisted through food distribution under this grant had maintained acceptable food consumption levels. Overall, WFP assistance promoted a significant increase in the proportion of all IDP and returnee families supported during 2014 with an acceptable food consumption score—an average of 86 per cent, from an average 81 per cent in 2013 and a baseline of 33.4 per cent in March 2013.
- Through the distribution of fortified commodities including wheat flour, WFP relief food assistance facilitated a stabilization of the nutritional status of typically vulnerable groups to preclude further deterioration in their food and nutrition security. These commodities provided critically needed micronutrient supplementation to the targeted beneficiaries. Wheat was milled and fortified locally with a premix containing iron, folate and other vitamins and minerals. Vegetable oil was enriched with vitamins A and D. Iodized salt was provided to address iodine deficiencies.
- Distributions were undertaken by five selected implementing partners with a proven history of requisite management, technical and logistical capacities, and an existing presence in target areas.
- Number of women, men, girls and boys receiving food.
- The age and gender breakdown of beneficiaries reached with this CERF grant is as follows:

| | Male | Female | Total |
|---|---|---|---|
| Number of children below 5 years of age | 102,737 | 98,586 | 201,322 |
| Number of children 5 to 18 years of age | 305,097 | 293,089 | 598,186 |
| Number of adults | 348,237 | 334,747 | 682,984 |
| **TOTAL** | 756,071 | 726,421 | 1,482,492 |

**Tonnage of food distributed**

This CERF grant was used to procure non-cereal commodities which were distributed alongside the Government contributed wheat. From April to December 2104, 168,281 MT of food was distributed to targeted beneficiaries out of which 3,212 of non-cereal commodities were provided to beneficiaries with this CERF grant.

**Number of referred complaints referred by the Beneficiary Feedback Desk that have been resolved.**

The WFP beneficiary feedback desk registered 144 complaints/feedback pertinent to WFPs relief intervention (supported by CERF and other donors) which were then referred onto the relevant department/official to resolve. As of 31 December 2014, 140 registered queries were fully resolved while 4 remained pending. The category breakdown of the registered complaints is as follows:

| Type Of Cases | No. Of Cases |
|---|---|
| Internal to WFP | 1 |
| Positive feedback/suggestions | 1 |
| Political/preferential treatment | 2 |
| Selling of food items | 2 |
| Referred to UNHCR | 2 |
| Quality and quantity of food items/cash assistance | 4 |
| Related to child protection | 5 |
| Targeting and registration | 8 |
| Service deliver issues/irregularities | 111 |
| **Total Cases** | **144** |

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

Refer to the explanation provided for variance in beneficiary number in section 8

| 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):** 2a (assigned by the HCT Gender Advisor)

**If 'NO' (or if GM score is 1 or 0):** Please describe how gender equality is mainstreamed in project design and implementation

As an emergency operation, anticipated results centred on meeting primary and immediate needs among targeted groups. Life-saving outcomes were significant for both male and female beneficiaries as both faced considerable threats to their food consumption and nutritional status. In integrating gender equity objectives into the programme design, results may be expected to have helped forestall further exacerbation in gender gaps. Owing to the more severe limitations and greater burdens faced by women during times of displacement, they are more likely to resort to detrimental coping strategies; a trend mitigated by this operation. Where provision of emergency assistance contributed to saving lives and maintaining family composition, fewer women would be forced to assume the burden of family provider, under disproportionately challenging circumstances. Similarly, when household food consumption is subject to restrictions, women's specific nutritional needs tend to be unmet since they are typically marginalized in food allocation and often eat last and less. As such, WFP's provision of a nutritionally-balanced food basket sufficient to meet the requirements of all family members helped to address this issue.

All WFP activities employ a human rights approach and do not discriminate on the basis of gender, ethnicity or disability. Efforts were undertaken to identify and prioritize the most vulnerable to receive assistance. To ensure the effective application of humanitarian principles on the ground, relevant field staff received specialized training on these principles. Explicit effort was made to facilitate female-headed households to receive assistance, who were given priority attention during assessment and distribution processes. During 2014, over 18 per cent of the families provided with relief food assistance by WFP in the region were women-headed households, illustrating the degree of success WFP had in increasing access for women to assistance. Separate queues and waiting areas were established for women at distribution sites. Provisions were made to a proven blood relative when a female beneficiary was unable to be present. Specific measures were taken at distribution locations that prioritized women, older people and people with disabilities A dedicated desk for women with female staff and separate waiting areas for ration supplies were maintained at distribution locations in these culturally conservative areas. WFP facilitated women's participation in food distribution committees and ensured that distribution sites were safe for women and girls. At each humanitarian hub, labourers were available to carry food items on behalf of recipient women, when they could do it themselves or were not accompanied by male relatives, from the distribution counter to the roadside. In response to the problems encountered while implementing the relief response for the families displaced from NWA, WFP undertook special measures to ensure that rations are delivered to the vulnerable female-headed households in a safe and dignified manner. This included establishing a separate distribution hub for women who were traditionally marginalized in their host community and cultural constraints inhibited their access to the monthly relief rations they were eligible to.

All information management products disaggregated data by gender, during the planning stages through to monitoring and evaluation, facilitated an equitable outcome. WFP operates in close coordination with the Protection Cluster to ensure identifying and catering for vulnerable households among the targeted population. WFP sub-offices and cooperating partners were required to report any protection-related issues that may affect beneficiaries and appropriate mechanisms are in place to enable them to identify and report these issues. WFP implemented safeguards for other traditionally marginalized groups, such as people with disabilities, chronically ill or older people including separate records of families headed by such members during assessment processes, to ensure they will be treated on a priority basis; receive special distribution provisions where partners will provide food rations directly at their residence; and a proven blood relative may receive rations when a disabled, chronically ill and/or older woman was unable to go to the distribution site. Cooperating partners regularly and routinely engaged with communities including

| 14. Evaluation: Has this project been evaluated or is an evaluation pending? | EVALUATION CARRIED OUT ☐ |
|---|---|
| No formal evaluation of WFP Pakistan's relief intervention was conducted during the reporting period which was beyond the scope of regular programme monitoring. However, WFP did conduct localized assessments of the targeted population to better inform programme implementation modalities. These included assessing unregistered vulnerable IDP families from NWA and the Protection Risk Analysis associated with food distribution in Bannu subsequent to the NWA displacement. | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## TABLE 8: PROJECT RESULTS

**CERF project information**

| | | | |
|---|---|---|---|
| 1. Agency: | WHO | 5. CERF grant period: | 04.04.14 – 31.12.14 |
| 2. CERF project code: | 14-UFE-WHO-015 | 6. Status of CERF grant: | ☐ Ongoing |
| 3. Cluster/Sector: | Health | | ☒ Concluded |
| 4. Project title: | Emergency health response with focus on critical gaps in health services delivery focussing on most vulnerable groups such as women, children, persons with disabilities and elderly, affected by crisis in Khyber Pakhtunkhwa and FATA | | |

| 7.Funding | | | | |
|---|---|---|---|---|
| | a. Total project budget: | US$14,000,000 | d. CERF funds forwarded to implementing partners: | |
| | b. Total funding received for the project: | US$2,100,000 | ▪ *NGO partners and Red Cross/Crescent:* | US$300,000 |
| | c. Amount received from CERF: | US$800,001 | ▪ *Government Partners:* | US$0 |

**Results**

8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).

| *Direct Beneficiaries* | *Planned* | *Reached* | *In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:* |
|---|---|---|---|
| *a. Female* | 237,223 | 288,000 | The CERF funded coverage is more than 600,000 beneficiaries including men, women and children while the coverage was provided through essential medicines support, disease surveillance and health hygiene education. |
| *b. Male* | 256,991 | 312,000 | |
| *c. Total individuals (female + male):* | 494,214 | 600,000 | |
| *d. Of total, children under age 5* | 104,526 | 115,600 | |

9. Original project objective from approved CERF proposal

The overall objective of the project is "to timely address the emergency health needs of the IDPs and returnees population through provision of primary health care services to reduce morbidity and mortality among the affected displaced and returnees population".

**Specific objectives:**

WHO in partnership with Provincial Health Departments, PDMA, FDMA, UNICEF, UNFPA and NGO partners would support to provide timely health services to the target population.

- To provide essential emergency Primary Health Care services to the affected population especially for women and children, elderly, and people with disabilities through implementing partners for filling critical gaps in the health service delivery for displaced and returnees population having low access to health services.
- To ensure dignified access to essential health care of all the population sects with special emphasis to vulnerable groups like pregnant and lactating ladies, adolescent boys and girls, elderly and disabled
- To address the emerging public health threats in a timely and appropriate manner through the disease surveillance and outbreak response, enhancing protection of the displaced population from preventable illnesses through monitoring disease trends, water quality surveillance and disinfection, hygiene promotion and improving hygiene awareness in camps and off camps settlements with special focus on vulnerable groups including person with disabilities, elderly and pregnant women through the camp social mobilization committees and with the support of CCCM cluster

10. Original expected outcomes from approved CERF proposal

**Outcomes:**

- Increased access of affected IDP population including vulnerable groups to essential package of primary health care services including treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care and immunization for women and children along with referral support.
- Functional disease surveillance accomplished and outbreak response is activated and efficient to timely report alerts and respond to outbreaks. Enhanced reporting on priority communicable diseases with sex and age disaggregated data.
- Increased capacities of male and female health service providers to address health care needs of vulnerable and excluded groups in emergencies.

**Indicators**

- Number of health supplies including kits (emergency health kits, diarrhoeal kits and medicines for alerts and outbreaks) for priority health needs provided
- Number of reports and evidence based brief available on situation of priority communicable diseases, alerts and outbreak response
- Number of affected men and women articulating messages on health and hygiene and accessing health services
- Number of male and female health care providers trained and capacitated on health care response in emergencies

11. Actual outcomes achieved with CERF funds

**Essential medicines, kits and supplies**

WHO provided essential medicine coverage to 279,060 population through 28 EHKs, 30 DD kits, 300 anti-rabies vaccines and 12,000 vitamin A capsules and assorted medicines to health partners including Department of Health and IPs.

**Beneficiaries:**

Male: 145,111; Female: 133,949; Children > 5: 62,091

Emergency health response with focus on critical gaps in health services delivery focussing on most vulnerable groups such as women, children, persons with disabilities and elderly, affected by crisis in Khyber Pakhtunkhwa and FATA.

**Target districts:**

1. Khyber Agency
2. South Waziristan Agency
3. Three camps: Jalozai, New Durrani and Togh Sarai
4. Kurram

- WHO Essential Medicines team prepared the specifications to procure medicines and supplies and assemble the medicine kits. These kits include the medicines for communicable diseases (acute diarrhoea, malaria and scabies); non-communicable diseases (diabetes, hypertension, gastric disorders, asthma and medicines for MNCH) and items for trauma/minor surgery. This not only filled gaps in essential medicine supplies but also for disease alert and outbreak response.
- The essential medicine team ensured the delivery of medicines based on epidemiological profile to targeted health facilities. WHO pharmacists provided technical support on maintaining good inventory and storage practices and evidence-based quantification of medicines requirements. Medical kits were customized according to seasonal disease trends and requirements to cope with priority health care needs of the target population. The Essential Medicines Management team evaluated medicine demands based on the catchment population and morbidity and previous consumption data.
- 36 field visits were conducted including assessment (identification of gaps and practices being used) and monitoring to determine the evidence based on need of essential medicines. On-the-job training was provided on good pharmaceutical storage practices, rational utilization of medicines, good dispensing practices and safe disposal of used syringes and unwanted pharmaceuticals to health staffs including doctors, pharmacists, medical technicians, dispensers and store keepers. Patient exit interviews were conducted to gauge the patient's knowledge about medicine usage, patient compliance and quality of services and weekly and monthly essential medicines situation reports were prepared and shared. In compliance with on-going monitoring mechanisms, every new request for a medicine supply was analysed by comparing previous consumption patterns and morbidity data.
- 300 participants were trained on antimicrobial resistance, standard treatment guidelines and rational prescription and protocols, consumption patterns, analysis of trends and demand generation. Hands-on trainings were provided on good inventory management, stock keeping, good storage practices, rational use of medicines, inventory management software (Logistic Support System) and medicines quantification methods.

**Alerts/Outbreaks responded:**

- 56 responses were provided to alerts/outbreaks of diphtheria, acute watery diarrhoea, measles and scabies.

**Key Achievements:**

- Needs based supply of essential medicines was maintained thereby focusing rational utilization.
- Logistic support system implemented for improved inventory management.
- Improved coordination between WHO, DHS, FATA Directorate and PDMA/FDMA as they all received essential medicine support resulting in improved Department of Health response to WHO support and interventions.
- Procedures for safe disposal of expired medicines and sharps especially syringes adopted in the districts.
- Improved record keeping and inventory management.
- Improved Good Pharmaceutical Storage Practices.

**Health and Hygiene Education Awareness and water quality monitoring:**

- Through CERF funds, WHO teams supported water-borne diseases alert response, through water quality testing, disinfection and hygiene promotion focusing on children, women and men.
- Awareness activities including provision of IEC materials were undertaken for personal, environmental hygiene and water safety. Health and hygiene education materials (messages, pamphlets, brochures, etc.) were developed and disseminated among the displaced communities in camps and hosting areas. Materials were designed to promote hygiene behaviours, sanitation improvements and community management of water and sanitation facilities.
- Support was provided in water quality monitoring, by providing basic water physio-chemical testing, including water testing kits, supplies and reagents including water disinfection chemicals to water supply service providers to prevent or control water-related diseases outbreaks.

**Primary Health Care (PHC), disease surveillance and response:**

- Emergency PHC including communicable disease surveillance and control was undertaken in the IDP camps and hosting districts to mitigate risk of outbreaks of communicable diseases among the displaced population. Effective communicable disease surveillance and response is critical for early detection and timely response to outbreaks and to prevent excessive deaths and disease from the infectious diseases during humanitarian emergencies. The effectiveness of DEWS in the humanitarian emergencies is well established in timely detection, response and control of outbreaks of killing diseases such as measles, cholera, diphtheria and Crimean–Congo haemorrhagic fever (CCHF) and monitoring trends of seasonal infectious diseases and appropriate action as required for others such as acute respiratory infections, diarrhoea, dysentery (bloody diarrhoea), malaria, scabies and leishmaniasis.
- DEWS activities were maintained and strengthened in the target population (both in the IDP camps and hosting community) during this CERF project period. From April to 31 December 2014 **198** alerts were reported from the IDP hosting districts. The DEWS team investigated alerts and **16** outbreaks were identified and controlled. The alerts were mainly for measles, CCHF, diphtheria, neonatal tetanus, Leishmaniasis, acute watery diarrhoea and dengue fever. Five health facilities in the IDP camps regularly shared weekly reporting. During this period **131,759** patient consultations were reported at the IDP Camp health facilities. Acute respiratory infection was the leading cause of consultation followed by acute diarrhoea. Malaria and scabies were reported as common health problem in the IDP camps. **Seventy one** cases of cutaneous Leishmaniasis and **11** measles case were reported in the IDP camps. Appropriate case management and prevention interventions were implemented to control the diseases' spread. The disease situation was vigilantly monitored and appropriate timely actions taken by the WHO DEWS teams. Over 80 per cent of the alerts were responded to within 24 hours of reporting and appropriate measures taken. The health care providers in the target area were trained on standard case definition, alert thresholds, immediate reporting, cases management and disease prevention. The health care providers were trained on intra-lesion injections to treat Leishmaniasis cases. Field investigations were conducted for the reported alerts and samples were collected and transported for laboratory confirmation at the National Institute of Health Islamabad. Medical supplies were provided for case management; social mobilization activities were conducted on prevention of diseases and targeted health education was conducted. Reactive mass vaccination campaign were arranged where needed with support to prepare specific ad-hoc treatment units in the targeted districts. Weekly Epidemiological Bulletins produced and share with the partners for appropriate action.
- Under sub-contracting arrangement with Cluster partners, rehabilitation and basic repair of the overburdened health facilities was undertaken to ensure functionality of the health facilities serving IDPs in the hosting areas. WASH facilities along with provision of basic equipment and medical supplies was undertaken in the health facilities serving displaced population.

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 ☐ NO ☒ |
| **If 'YES', what is the code (0, 1, 2a or 2b**): 2a (assigned by the HCT Gender Advisor)<br>**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 ☐ |
| | EVALUATION PENDING ☐ |
| | NO EVALUATION PLANNED ☒ |

## 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-UFE-FAO-008 | Agriculture | FAO | Directorate of Livestock and Dairy Development FATA | No | GOV | $26,655 | 26-May-14 | 1-May-14 | FAO implemented the project activities through implementing partners BEST and Directorate of Livestock and Dairy Development FATA. |
| 14-UFE-FAO-008 | Agriculture | FAO | Basic Education and Employable Skill Trainings (BEST) | No | NNGO | $130,348 | 2-May-14 | 1-May-14 | FAO implemented the project activities through implementing partners BEST and Directorate of Livestock and Dairy Development FATA. |
| 14-UFE-FPA-012 | Health | UNFPA | Support With Working Solution (SWWS) | | NNGO | $83,280 | 2-May-14 | 1-May-14 | |
| 14-UFE-CEF-033 | Health | UNICEF | CERD | Yes | NNGO | $188,041 | 23-Jul-14 | 1-Jul-14 | Initially already available funds were utilized and CERF funds were utilized for the later half of 2014 to ensure uninterrupted services in host communities/areas of return. |
| 14-UFE-CEF-033 | Health | UNICEF | PEACE | Yes | NNGO | $33,657 | 25-Sep-14 | 6-Oct-14 | Initially already available funds were utilized and then CERF funds were used for last quarter of 2014. |
| 14-UFE-CEF-033 | Health | UNICEF | DHO Nowshera | Yes | GOV | $1,813 | 26-May-14 | 1-Apr-14 | Initially already available funds were utilized and then CERF funds were used to ensure uninterrupted services. |
| 14-UFE-CEF-033 | Health | UNICEF | DHS FATA | Yes | GOV | $7,601 | 15-May-14 | 1-Apr-14 | Initially already available funds were utilized and CERF funds were utilized from the second quarter of 2014 to ensure uninterrupted EPI services in New Durrani IDP Camp and in host communities of lower Kurram Agency in FATA. |
| 14-UFE-WHO-015 | Health | WHO | Basic Awareness and Rehabilitation | No | NNGO | $300,000 | 15-Aug-14 | 20-Aug-14 | |
| 14-UFE-CEF-034 | Nutrition | UNICEF | Prime Foundation | Yes | NNGO | $82,198 | 18-Jul-14 | 1-May-14 | Initially already available funds were utilized and CERF funds were utilized for the later half of 2014 to ensure |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | uninterrupted services in host communities/areas of return. |
| 14-UFE-CEF-034 | Nutrition | UNICEF | Frontier Primary Health Care | Yes | NNGO | $152,634 | 1-Aug-14 | 1-May-14 | Initially already available funds were utilized and CERF funds were utilized for the later half of 2014 to ensure uninterrupted services in host communities/areas of return. |
| 14-UFE-CEF-034 | Nutrition | UNICEF | Center of Excellence for Rural Development | Yes | NNGO | $21,012 | 30-May-14 | 1-May-14 | Initially already available funds were utilized and CERF funds were utilized for the later half of 2014 to ensure uninterrupted services in host communities/areas of return. |
| 14-UFE-CEF-034 | Nutrition | UNICEF | PEACE | Yes | NNGO | $36,640 | 30-Aug-14 | 1-May-14 | Initially already available funds were utilized and CERF funds were utilized for the later half of 2014 to ensure uninterrupted services in host communities/areas of return. |
| 14-UFE-WFP-018 | Nutrition | WFP | Action Against Hunger (ACF) | Yes | INGO | $1,186 | 17-Oct-14 | 17-Sep-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-018 | Nutrition | WFP | Centre of Excellence in Rural Development (CERD) | Yes | NNGO | $25,524 | 4-Sep-14 | 4-Aug-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-018 | Nutrition | WFP | Frontier Primary Health Care (FPHC) | Yes | NNGO | $48 | 7-Sep-14 | 7-Aug-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-018 | Nutrition | WFP | Peoples Empowerment and Consulting Enterprise (PEACE) | Yes | NNGO | $4,248 | 6-Sep-14 | 6-Aug-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 14-UFE-WFP-018 | Nutrition | WFP | Basic Education and Employable Skills Training (BEST) | Yes | RedC | $153 | 30-Dec-14 | 9-Dec-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-018 | Nutrition | WFP | Relief Pakistan(RP) | Yes | NNGO | $1,034 | 29-Nov-14 | 29-Oct-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-HCR-012 | Shelter & NFI | UNHCR | Sarhad Rural Support Programme (SRSP) | No | NNGO | $48,000 | 4-Apr-14 | 4-Apr-14 | |
| 14-UFE-HAB-001 | Shelter & NFI | UN Habitat | Community Research and Development Organization (CRDO) | No | NNGO | $95,334 | 24-Nov-14 | 1-Nov-14 | The implementation arrangement with IP was Agreement of Cooperation (AOC). The IP agreed to start the project as soon as the contract is signed. |
| 14-UFE-IOM-014 | Shelter & NFI | IOM | Community Research and Development Organization (CRDO) | Yes | NNGO | $21,740 | 11-Aug-14 | 25-Jul-14 | Start date of activities was delayed due to delays in processing the required No Objection Certificate (NOC). |
| 14-UFE-CEF-035 | Water, Sanitation and Hygiene | UNICEF | Asia Humanitarian Organization (AHO) | Yes | NNGO | $172,675 | 31-Dec-14 | 1-Nov-14 | Initially already available funds were utilized and then CERF funds were utilized to ensure interrupted services. Accessibility to the target areas, provision of NOCs by the government and identifying actual needs delayed implementation of activities. WASH response by UNICEF was based on actual on-the-ground needs and per the proposal submitted by the implementing partner after conducting a detailed needs assessment in the target areas and detailed estimates/BOQs prepared and exact identification of the location for infrastructure work provided. Funds were transferred to the partner after verifying the quality of work done by the implementing partner. |
| 14-UFE-CEF-035 | Water, Sanitation and | UNICEF | SABAWON | Yes | NNGO | $25,899 | 31-Dec-14 | 15-May-14 | Initially already available funds were utilized and then CERF funds were |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Hygiene | | | | | | | | utilized to ensure uninterrupted services. |
| 14-UFE-CEF-035 | Water, Sanitation and Hygiene | UNICEF | Techno Consultants | Yes | NNGO | $27,809 | 31-Dec-14 | 1-Nov-14 | Private firm hired as contractors on Long Term Agreement by UNICEF to provde technical staff as third party monitors. |
| 14-UFE-WFP-017 | Food Assistance | WFP | Lawari Humanitarian Organization (LHO) | Yes | NNGO | $64,285 | 19-Nov-14 | 19-Oct-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-017 | Food Assistance | WFP | Centre of Excellence in Rural Development (CERD) | Yes | NNGO | $26,612 | 10-Dec-14 | 10-Nov-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-017 | Food Assistance | WFP | Basic Education and Employable Skills Training (BEST) | Yes | NNGO | $55,511 | 10-Dec-14 | 10-Nov-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-017 | Food Assistance | WFP | Community Research and Development Organisation (CRDO) | Yes | NNGO | $518 | 14-Dec-14 | 14-Nov-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-017 | Food Assistance | WFP | Pakistan Red Crescent Society (PRCS) | Yes | RedC | $15,637 | 10-Dec-14 | 10-Nov-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |
| 14-UFE-WFP-017 | Food Assistance | WFP | Save the Children (SCF) | Yes | INGO | $27,825 | 29-Nov-14 | 29-Oct-14 | Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. |

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

| | |
|---|---|
| 4Ws | Who, what, when, where |
| BCC | Behaviour Change Communication |
| BHU | Basic Health Unit |
| CCHF | Crimean-Congo haemorrhagic fever |
| CCC | Core Commitments to Children |
| CCCM | Camp Coordination and Camp Management |
| CDK | Clean Delivery Kits |
| CERD | Centre of Excellence for Rural Development (NNGO) |
| CERF | Central Emergency Response Fund |
| CP | Child Protection |
| CMAM | Community Management of Acute Malnutrition |
| DD Nutrition | Deputy Director Nutrition |
| DDK | Diarrhoeal Disease Kit |
| DEWS | Disease Early Warning System |
| DoH | Department of Health |
| DRA | Drug Regulatory Authority |
| DRR | Disaster Risk Reduction |
| EHK | Emergency Health Kits |
| EPI | Extended Programme on Immunization |
| ERF | Emergency Response Fund |
| FATA | Federally Administered Tribal Areas |
| FAO | Food and Agriculture Organization |
| FATA | Federally Administered Tribal Areas |
| FDMA | FATA Disaster Management Authority |
| FGD | Focus Group Discussion |
| FM | Frequency Modulation |
| FPHC | Frontier Primary Health Care (NNGO) |
| GBV | Gender-based violence |
| HCC | Humanitarian Call Centre |
| HCP | Health Care Provider |
| HCT | Humanitarian Country Team |
| HEB | High Energy Biscuit |
| HOP | Humanitarian Operation Plan |
| HRT | Humanitarian Regional Team |
| IAERNA | Inter-agency Early Recovery Needs Assessment |
| IASC | Inter-agency Standing Committee |
| ICCM | Inter-Cluster Coordination Mechanism |
| IDP | Internally Displaced Person |
| IEC | Information, Education and Communication |
| ITN | Insecticide-treated bed nets |
| IVAP | Internally Displaced Persons Vulnerability Assessment & Profiling |
| IYCF | Infant and Young Child Feeding |
| KAP | Knowledge Attitude and Practice |
| KP | Khyber Pakhtunkhwa |
| LLINs | Long-lasting Insecticidal Nets |
| LoS | Length of stay |
| LSS | Logistics support system |
| MAM | Moderate Acute Malnutrition |
| MCD | Mother and Child Days |
| MMP | Multi Micronutrient Powder |
| MM | Multi-micronutrient |

| | |
|---|---|
| MMT | Multi Micronutrient Tablets |
| MNCH | Maternal, Neonatal and Child Health |
| MUAC | Mid- and Upper-Arm Circumference |
| NBK | Newborn kits |
| NDMA | National Disaster Management Authority |
| NFI | Non-food item |
| NGO | Non-governmental organization |
| NHEPRN | National Health Emergency Preparedness and Response Network |
| NiE | Nutrition in Emergencies |
| NIS | Nutrition Information System |
| NNGO | National Non-Governmental Organization |
| NOC | No Objection Certificate |
| NPK | Nitrogen Phosphorus Potassium |
| NSAG | Non-state armed groups |
| ORS | Oral rehydration salts |
| OTP | Outpatient Therapeutic Feeding Programme |
| PCA | Programme Cooperation Agreement |
| PDMA | Provincial Disaster Management Authority |
| PHC | Primary Health Care |
| PLW | Pregnant and Lactating Women |
| PRRO | Protracted Relief and Recovery Operations |
| RH | Reproductive health |
| RHC | Rural Health Centre |
| RTF | Return Task Force |
| RUSF | Ready-to-Use Supplementary Food |
| SAM | Severe Acute Malnourished |
| SBA | Skilled birth attendant |
| SC | Stabilization Centres |
| SFP | Supplementary Feeding Programme |
| TSFP | Therapeutic Supplementary Feeding Programme |
| UC | Union Council |
| WASH | Water, sanitation and hygiene |
| WFP | World Food Programme |
| UMB | Urea Molasses Block |
| UNTHFA | United Nations Trust Fund for Human Security |