



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
PAKISTAN
RAPID RESPONSE
COMPLEX EMERGENCY – INTERNAL STRIFE**

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. Cluster/sector coordinators from Nutrition, Education, Child protection, FAO and WHO provided responses to the matrix.

- 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 the HCT for comments and suggestions. An in-depth exercise was conducted with the Cluster/sector coordinators to obtain their views on the CERF process in Pakistan.

- 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 HCT for endorsement and comments. The HC reviewed the report for the final approval. The Cluster/ sector coordinators were involved in the final compilation of the report.

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	4,907,639
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	7,306,677**
	OTHER (bilateral/multilateral)	298,323,338***
	TOTAL	310,537,654

* 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: 30-Jun-14			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-RR-CEF-105	Protection	191,979
WHO	14-RR-WHO-050	Health	460,000
UNICEF	14-RR-CEF-102	Health	119,998
UNFPA	14-RR-FPA-032	Health	100,000
UNDP	14-RR-UDP-008	Common Safety and Security	73,710
UN-Habitat	14-RR-HAB-003	Water, Sanitation and Hygiene	220,319
WHO	14-RR-WHO-049	Water, Sanitation and Hygiene	102,639
UNICEF	14-RR-CEF-101	Water, Sanitation and Hygiene	317,202
UNFPA	14-RR-FPA-031	Protection	100,001
UNHCR	14-RR-HCR-030	Protection	469,687
WFP	14-RR-WFP-046	Nutrition	120,002
UNICEF	14-RR-CEF-099	Nutrition	180,351
WFP	14-RR-WFP-045	Common Logistics	200,000
FAO	14-RR-FAO-022	Food Security	299,996
WFP	14-RR-WFP-044	Food Security	1,951,755
TOTAL			4,907,639

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,533,935
Funds forwarded to NGOs for implementation	1,265,497
Funds forwarded to government partners	108,207
TOTAL	4,907,639

HUMANITARIAN NEEDS

Pakistan's north-western areas of Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA) have witnessed major population displacements as a consequence of security operations between government armed forces and non-state armed groups as well as sectarian violence. At the peak of the crisis in April/May 2009, nearly three million people had fled their areas of origin. The Government of Pakistan (GOP), with the assistance of the humanitarian community, has facilitated the return of over 165,000 families to their areas of origin since 2010. In June 2014, however, after the failure of talks between the GOP and non-state actors, the security launched full-scale operations against non-state armed groups in North Waziristan Agency (NWA) within FATA. This security operation between the Government armed forces and non-state armed actors forced the local population to flee from insecure areas to safer places in KP Province, with the majority currently in Bannu and other adjacent districts.

The operations in NWA had been anticipated for several years. In 2011, the Humanitarian Country Team (HCT) developed a contingency plan that was periodically updated. In 2012, there was an estimated 500,000 people in NWA¹. It was predicted that in the event of an operation approximately 70 per cent (350,000 people) would be displaced and over a long period of time. The pattern and number of displacement, however, differed from the prediction. The number of people was significantly higher with displacement occurring in a short timeframe of just over a week. As of 28 June, there were approximately 466,694 individuals (36,904 families) displaced who were enlisted². No further increase has been reported.

The majority of the newly displaced are women and children, 32 and 42 per cent respectively, with limited personal or household items, or livestock, and reportedly without food, water, or shelter items. The majority of the affected people have little or no money, and are likely to accumulate debts as a coping mechanism during their displacement. The Government announced a monthly cash grant of PKR 7,000 (US\$69), which was later increased to PKR 15,000 (\$148). There are multiple vulnerable groups among the displaced, such as sick or injured people, older people, people with disabilities or people facing gender-based discrimination. As of 21 June, this cash allocation was given to people as they enlisted at registration points. This allocation is under revision by the authorities.

Humanitarian partners reported critical needs with core protection concerns, food, safe drinking water, primary health care including psychosocial assistance, reproductive health care for 4 per cent of women, shelter support either through cash for short-term rental accommodation for off-camp IDPs or shelter materials, security and education services.

Multiple partner evaluations of Bannu noted that the coverage for immunization among internally displaced persons (IDPs) was very low and posed a threat of epidemics like measles and polio. On 19 June, WHO worked closely with authorities to vaccinate over 149,000 people. WHO vaccinated approximately 1,000 children at various checkpoints as displaced families passed various checkpoints.

As indicated by a Protection Cluster assessment, the majority of women reported suffering from psychological stress and fatigue. Women were not comfortable in the overcrowded areas due to strict purdah observance. Most of the women were apprehensive about pregnant women who have problems in accessing maternal care services, especially those women who are separated from their families during displacement. Women fear losing children, especially during travel. Some women complained about a lack of separate washing facilities for women at registration points. Overall no evidence was found that any specific assistance was being provided to women or children and there was no arrangement from authorities to address women's specific needs. There were no separate registration desks for female-headed households. National Database and Registration Authority (NADRA) mobile units were deployed but no support was offered to those lacking a Computerized National Identity Card (CNICs).

Consultations highlighted how one of the main concerns (57 per cent of respondents) was for children's wellbeing, and noted psychological stress and suffering due to sudden flight and current displacement situation. As per local customs and family arrangements, older persons and persons with disabilities were mostly reported to be in the care of families. Persons with disabilities appeared to be among the most vulnerable segment of population especially during displacement, as shared by the respondents.

There is limited humanitarian access to Bannu, one area of displacement due to the unpredictable security situation and recurrent curfews. In addition, earlier security threats from the Taliban warning people against using the Government established camp

¹ The HCT and local authorities extrapolated this figure based on the 1998 census figures.

² Since many of the displaced people were previously registered and verified as internally displaced persons, enlisting in the Pakistan context means their names are already recorded and an updated verification of the old and new caseloads will be done at a later period.

facilities and the lack of basic facilities in the camps remain a big challenges. While the displaced are living with their friends and families as a temporary option, scarcity of accommodation facilities in Bannu coupled with refusal by locals to rent their houses to IDPs due to security reasons have dramatically forced displaced populations to migrate to the neighbouring districts of Dera Ismail Khan, Nowshera, Peshawar and Tank in KP; and Bhakkar, Multan and Fatehjang in Punjab; and other parts of the country. The concentration of most of the displaced population (approximately 80 per cent of the total displaced population) in Bannu will stretch the demand for basic social services such as health, nutrition, shelter, and water sanitation and hygiene (WASH), the Government may be required to increasing resources to improve service delivery to cope with the ever increasing demand. There is no radio room in Bannu or Dera Ismail Khan (DI Khan), and no UNDSS support available on the ground.

Experience has shown that humanitarian needs related to new displacement must be analysed separately from those of protracted displacement. In both camp and off-camp scenarios, a broad and cross-cutting range of gender and protection issues require attention including equitable registration for assistance, clear information dissemination, particular needs of the sick or elderly, access to assistance of minority groups, women's access to distribution points and other services, as well as the particular health and hygiene needs of women and girls.

In the wake of this new displacement from NWA, the GOP through the federal-level Ministry of States and Frontier Regions (SAFRON), appointed as the overall coordinator for the complex emergency, officially requested the humanitarian organizations to extend its humanitarian operations for the existing IDP case load to the new influx from NWA for the immediate life-saving humanitarian assistance including both household assistance packages (food, tents and non-food items [NFI]), with particular attention to the needs of vulnerable groups) and provision of basic services such as education, health, nutrition and WASH.

II. FOCUS AREAS AND PRIORITIZATION

Some clusters partners had undertaken initial rapid evaluations of the conditions of the displaced people to understand the immediate needs and gaps. They reported key protection concerns as some 74 per cent of the displaced are women and children. Key findings from the Protection Cluster assessment (20-22 June) in Bannu, Frontier Region (FR) Bannu, Kakki Bharat, Baka Khel and Razmak revealed the inaccessibility of transportation services, traffic congestion at check points, and long hours waiting in hot weather to register at Baka Khel in FR Bannu. The harsh hot weather severely affected all the displaced people; causing them serious ailments.

The findings of a Multi-sectoral Initial Rapid Assessment (MIRA) conducted from 12 to 16 July 2014 were:

- Only 5 per cent of families had a source of income, while 95 per cent of the families had no income
- Inadequate shelter services, overcrowding in areas of displacement, harsh weather conditions, and high rental charges remain key challenges for displaced families
- The majority of displaced families do not plan to move out of Bannu; 2 per cent intend to move to other parts of KP
- The majority of displaced families living in schools will soon face displacement when schools re-open
- Health related problems include skin infections/scabies, diarrhoea, coughs, colds, and fever
- 73 per cent of the key informants reported that displaced in their community face problems obtaining assistance due to various reasons. The most common reason (31 per cent) is lack of documentation—CNIC cards
- 20 per cent of the respondents think female headed households (7 per cent), children headed households (4 per cent), older persons and persons with disabilities (5 per cent) are excluded from distribution due to distribution modalities/lay-out, or other reasons
- 11 per cent reported they were aware of children who were separated from their families
- Lack of access to information, particularly on registration process, available services, and support were identified as major gaps
- Very limited number of households use unprotected water sources, which are assumed to be safe /free from contamination
- 87 per cent of displaced families are not treating water at home; 13 per cent use water treatment methods
- 40 per cent of displaced families in Bannu are not using latrine facilities and practice open defecation.

Due to a ban on routine immunization, including polio, in NWA for over two years the majority of displaced people had no immunity. Upon displacement many moved into host communities resulting in a high risk environment for spreading communicable diseases. The NWA displacement added considerable pressure on the weak existing social services in hosting areas such as housing, health services, education, food supplies, water, sanitation and infrastructure.

The WASH response in any humanitarian emergency forms part of life-saving interventions and was a priority area of humanitarian response throughout 2014. According to the NWA MIRA conducted in July 2014, access to clean drinking water, sanitation and hygiene (WASH) facilities was identified as one of the main priority needs. The assessment findings revealed problems with the quality of water after direct observation of water at the household level. In a majority of instances (65 per cent), the water had a bad taste or smell whereas 14 per cent water had turbidity. A limited number of households (19 per cent) were using unprotected water sources, which were assumed to be safe and free of contamination; 87 per cent of people were not treating the water at home, while a small portion of the population (13 per cent) used water treatment methods. Access to sanitation was observed as a huge issue due to pre-existing poor sanitation conditions and coverage. A large proportion of displaced families (40 per cent) residing in Bannu

District were not using latrine facilities and were practicing open defecation. Nearly 44 per cent displaced women and girls did not have access to separate latrines in spontaneous camps.

CERF funding was prioritized to support life-saving WASH interventions for 38,974 IDPs, residing in temporary settlements or with hosting families, by providing temporary water and sanitation services and sensitizing with key hygiene messages. In target areas, 286,000 individuals were reached through water quality testing and surveillance by WHO. WASH response was prioritized in host communities of Bannu District, where 80 per cent of NWA IDPs were concentrated, with further services in Lakki Marwat and Karak. Over 85,000 IDP families³ reside in District Bannu. CERF funding was utilized only for critical life-saving activities in the district.

Although hosting communities of Bannu District accommodated the majority of IDPs nutrition services were non-existent through the existing public health system. Also, no nutrition skilled, non-governmental organization (NGO) partners were available in the district to cater to the needs of malnourished IDPs. The Nutrition Cluster under the NWA Interagency Contingency Plan 2014 proposed to deliver community-based nutrition services in Bannu District through the Department of Health (DoH) staff with the integrated support of WFP and UNICEF.

Through the proposed CERF funds UNICEF and WFP targeted 200,000 people with direct programme beneficiaries estimated at 40,200 individuals (27,713 women and 12,487 men) which included 16,000 pregnant and lactating women (PLW) and 11,713 girls and 12,487 boys under age 5. CERF funds were mainly used to fill critical gaps in implementing needed services in the catchment areas of 20 health facilities in Bannu District, already identified in coordination with the district health authorities of Bannu and the provincial Nutrition Cell. Additionally another 10 facilities in Bannu District were operationalized with UNICEF support through Department of Health KP and Relief Pakistan, an UNICEF implementing partner. UNICEF shared the cost of Ready to Use Therapeutic Food (RUTF), anthropometric equipment and micronutrient supplements from other funding sources.

In July 2014, ERF allocated \$3.5 million to respond to newly displaced people from NWA residing in Bannu, DI Khan, Lakki Marwat and Karak Districts. Twenty-two projects from Education, Food Security, Health, Nutrition, Protection and WASH Clusters were approved.

III. CERF PROCESS

Operations in NWA had been predicted for some years. The HCT developed a contingency plan in 2011 that was updated periodically since. In 2012, the humanitarian community together with the local authorities estimated that some 500,000 people from NWA would be affected. It was predicted that approximately 70 per cent or 350,000 would be displaced in the event of a military operation in the area. However, the pattern and number displaced differed from the prediction. Significantly more people were displaced and in a very short period of time of just over a week. When the CERF application was developed on 28 June 2014, some 466,694 individuals, comprising 36,904 families had been displaced. This number later increased to over 100,000 families.

The majority of the newly displaced were women (32 per cent) and children (42 per cent). These IDPs tended to have limited personal or household items, or livestock, and reportedly had no food, water, or shelter items. The majority of the affected people also had little or no money, and were likely to accumulate debt as a coping mechanism during displacement. Although the Government announced a monthly cash grant of PKR 7,000 (\$69), later increased to PKR 15,000 (\$148), the amount was considered insufficient given that the average family size was 12 persons. There were multiple vulnerable groups among the displaced including individuals and heads of households that were vulnerable due to age, disability, gender and health. The cash allocation was being given to the population as they enlisted at registration points.

Humanitarian partners reported the critical needs of affected populations included food, safe drinking water, primary health care (including psychosocial assistance), reproductive health care for 4 per cent of women, and shelter support either through cash for short-term rental accommodation for off-camp IDPs or shelter materials and security. The affected people were also in need of education services.

An assessment by a humanitarian partner in Bannu District found that immunization coverage among IDPs was very low and posed a threat of epidemics like measles and polio. WHO worked closely with the authorities to vaccinate more than 149,000 people on 19 June 2014. They also vaccinated approximately 1,000 children as the displaced families passed through various check points.

As indicated by Protection Cluster assessment, the majority of the women were reported to be suffering from psychological stress and fatigue. Women were not comfortable in overcrowded areas due to the strict observance of purdah. Most women were concerned about pregnant women that had problems accessing maternal care services, especially those women who were separated from their families during displacement. A significant number of women feared losing children, especially during travel. Some women complained about a lack of separate washing facilities for women at registration points. Overall there was no evidence that any specific assistance was being provided to women or children, and there was no arrangement from authorities to address the specific needs of women for example, there were no separate registration desks for female headed households. NADRA mobile units were deployed but no support was being offered to those who did not have a CNIC.

³ UNHCR KP/FATA IDP fact sheet dated 16 March 2015.

The consultations highlighted that one of the main concerns of IDPs (reported by 57 per cent of respondents) was for the wellbeing of children, with many noting their psychological stress and suffering due to the sudden flight and displacement. As per local customs and family arrangements, older persons and persons with disabilities were mostly reported to be in the care of their families. Persons with disabilities appeared to be among the most vulnerable segment of population especially during the displacement, as shared by the respondents.

There was limited humanitarian access to areas of displacement in Bannu due to the unpredictable security situation and curfews. In addition, security threats from the Taliban warning people against using the Government established camp facilities and a lack of basic facilities in the camps were challenges. While many IDPs were living with their friends and family as a temporary option, scarcity of accommodation facilities in areas of displacement in Bannu coupled with refusal by locals to rent their houses to IDPs for security reasons forced some to move once again to the neighbouring districts of DI Khan, Tank, Peshawar, Nowshera in Khyber Pakhtunkhwa and Bhakkar, Multan and Fatehjang in Punjab; and other parts of the country. The concentration of most IDPs from NWA (approximately 80 per cent) in Bannu overstretched demand for basic social services such as WASH, health, nutrition, and shelter. As a result, the government had to invest resources to improve service delivery to cope with the ever increasing demand. There was no radio room in Bannu or DI Khan, and no UNDSS support available on the ground.

The experience from the past response showed that humanitarian needs of those that were newly displaced had to be analysed separately from those in protracted displacement. In both camp and off-camp scenarios, a broad and cross-cutting range of gender and protection issues required attention including: equitable registration for assistance; clear information dissemination; particular needs of the sick or elderly; access to assistance of minority groups; women's access to distribution points and other services; as well as the particular health and hygiene needs of women and girls.

In the wake of the displacement from NWA, the Government appointed the federal level ministry of SAFRON (Ministry of States and Frontier Regions) as the overall coordinator for the IDP crisis. The Government also officially requested UN and its partners to extend humanitarian operations for the existing IDP caseload to the new influx from NWA for immediate lifesaving humanitarian assistance including both household assistance packages (food, tents and NFIs, with particular attention to the needs of vulnerable groups) and the provision of basic services (such as WASH, health, nutrition and education).

Country based pooled funds: Emergency Response Funds (ERF) allocated \$3.5 million to the NWA emergency. Sector prioritization and geographical coverage was based on consultations conducted by the Humanitarian Regional Team, which was also responsible for CERF application. ERF allocations complemented the CERF projects. Both CERF and ERF covered the districts of Bannu, FR Bannu, DI Khan, Hangu Karak, Kohat, Lakki Marwat and Tank, Khyber Pakhtunkhwa (KP) Province, where most of the IDPs were residing.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

Total number of individuals affected by the crisis: 537,156				
	Cluster/Sector	Female	Male	Total
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Protection	75,000	67,500	250,000
	Agriculture	112,322	126,660	238,982
	Nutrition	28,078	16,427	44,505
	Health	150,000	210,000	360,000
	Common Safety and Security	N/A	N/A	N/A
	Water, Sanitation and Hygiene	145,860	140,140	286,000
	Common Logistics	N/A	N/A	N/A
	Food Security	263,206	273,950	537,156

BENEFICIARY ESTIMATION

Food Security: To respond to the NWA crises in FATA, the Food Security Cluster maintained effective coordination with all concerned stakeholders to capture and communicate maximum information on beneficiaries, including gender, household/family composition and localities in the hosting areas of KP. The information collected helped estimate the required response and funding requirements to reach and support the affected in terms of their food security and livelihoods. The Cluster provided feedback on targeting response through estimating the beneficiaries under each assistance modality such as, general food distribution, livestock assistance and cash based programming. The 4Ws information collection and management tool on humanitarian response helped guide the interventions to ensure avoiding any possible duplication. The Cluster ensured the proper utilization of resources through bi-lateral meetings. As a result, stakeholders agreed to revise or modify activities where any conflict duplication and possible wastage of resources was found. For example, the Government provided poultry vaccination while FAO provided de-wormer, Foot and Mouth Disease (FMD) and Pestes des Petit Ruminants (PPR) activities.

There was a challenge in family size which was initially estimated at 12.6, making the humanitarian response difficult in terms of support packages under different clusters. Further investigated showed there were 6.1 members per family.

Health: Beneficiary estimation was based on the displaced population living in the catchment area of the health facilities. Furthermore the overburdened health facilities were targeted for the health assistance having large number of IDPs coming for consultation to the health facilities. Outpatient Department records in the health facilities were also considered to estimate the number of beneficiaries.

Nutrition: The Nutrition Cluster estimated the total number of beneficiaries on the basis of IDPs residing in the hosting communities of 30 Union Councils of Bannu District. For CERF support, the needs of 30 per cent of the total beneficiaries were calculated.

WASH: In hosting communities, registered IDPs were identified through a formal house to house survey, supported by UNICEF and UNHABITAT, and the number of direct beneficiaries was estimated. Analysis of cluster 4Ws matrix reports helped avoid double-counting and duplication among WASH Cluster agencies.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	185,000	263,206
Male	65,000	273,950
Total individuals (Female and male)	250,000	537,156
Of total, children <u>under</u> age 5	105,000	107,500

CERF RESULTS

Common Safety and Security: Rapid allocation of CERF funds enabled maintaining the integrated security approach in developing security systems; ensuring enhanced communications for the humanitarian community dealing with affected localities and people affected in the areas of operation; increased security awareness through local coordination; and providing timely security advisories and updates. Humanitarian organizations were the direct beneficiaries of common safety and security activities. An average of seven humanitarian missions per day were provided with security-related information, 10 national and 3 international NGOs were provided with security-related information and advice, an average of 150 missions were provided with radio room security coverage, and an average of 250 mission movements were monitored by the radio room. Indirect support was provided to IDPs, returnees, stayees, and host families through the other clusters.

Food Security: Donor funding took a while before it started flowing and the support of CERF to supplement the humanitarian response activities played a pivotal role in reaching the affected communities within minimum time. The 4Ws of Food Security Cluster was updated monthly since the start of the NWA displacement. The Cluster rechecked and verified the reported information on the 4Ws matrix for CERF-funded projects to NWA IDPs. After reviewing the Cluster strategy, it can be observed that the outcome in term of meeting urgent nutritious food need was achieved for nearly 92,000 families (552,000 individual beneficiaries) of the NWA caseload. There was a slight increase in achieved number of beneficiaries due to some other projects contributing to the same target group. Moreover, over 90 per cent of this outcome was achieved and around 92,395 families (554,370 individual) were reached.

In terms of livelihood the productive assets of NWA IDPs, over 62,000 families (403,000 individuals) were supported with livestock support. This includes countering depleting negative coping strategies. As a result of CERF funds, the food including nutrition intake level was substantially increased and livelihood productive assets were protected and survived and case of disease was marginally decreased.

The Food Security Cluster provided the most critical veterinary assistance to 25,156 IDP and host families, 13,428 IDPs and 11,728 host families, (238,982 people: 126,660 males and 112,322 females including 100,372 children under age 5) in Bannu, Karak and Laki Marwat Districts of KP. Priority was given to the most vulnerable families with children, older people, persons with disabilities and female-headed households.

Health: CERF funds supported life-saving interventions to reduce the risk of communicable diseases among the displaced population. CERF funds supported more than 774,500 IDPs living in the host communities in Bannu and CERF funds helped in the control of outbreaks of communicable diseases.

T the basic emergency health needs of the affected population were addressed through CERF-funded diseases surveillance and outbreak response, the provision of essential medicines and medical supplies to overburdened health facilities to reduce risk of epidemics among the affected displaced population.

Nutrition: CERF funding provided life-saving nutrition services to 44,505 people (28,078 females and 16,427 males including 32,019 children under age 5). Beneficiaries included IDPs from NWA and hosting communities in 30 union councils of Bannu District.

CERF funds supported the provision of nutrition services especially the operational cost of establishing nutrition services in 30 union councils of Bannu District. Additionally it helped WFP in procuring a locally produced chickpea-based ready-to-use supplementary food (RUSF), Acha Mum, to manage moderate acute malnourished children through a targeted supplementary feeding programme.

Protection: With Protection Cluster support, FDMA conducted family-based registration of displaced families using people's Computerized National Identification Card (CNIC) while the Cluster maintained grievance desks to address any issues or complaints. The data of 63,477 families was updated in a Registration Data Update (RDU) exercise conducted over two months to collect missing information from the initial registration to ascertain the place of displacement, demographic breakdowns, and needs

of IDPs. Upon completion was issued a registration form. Over 30,000 families were rejected by NADRA due to technical issues while an estimated 10,000 families were not included in the initial registration by FDMA.

To facilitate IDPs rejected by NADRA and those not included in the initial registration data, the Protection Cluster established eight grievance desks at different locations in five districts of Bannu, Lakki Marwat, DI Khan and Peshawar to record grievances and forward them to FDMA for the registration. The grievance desks enabled the most vulnerable to record grievances more easily. Ten hotlines were also established to provide counselling and referrals to the nearest grievance desk to record their complaint. Mobile Protection Teams were established in the major IDP hosting areas to reach out to displaced families with protection concerns who would be referred to the appropriate authority or partner. Mobile protection Teams also enhanced awareness of the displaced about their rights.

Over 100,000 hotline calls were received and 41,086 grievances have been recorded to date. Of these, 25,424 cases have been resolved while 15,662 cases are in process with FDMA. This activity will continue with UNHCR funding for the first half of 2015. A vulnerability assessment identified 6,264 vulnerable families eligible for assistance; of these 2,450 families were issued vulnerability-based registration forms and provided with assistance. Distribution of registration forms for these families is still ongoing.

To strengthen access to support and multi-sectoral referrals to address gender-based violence, protective spaces such as women-friendly health spaces were established. Different strategies were implemented, from provision of psychosocial support, access to basic reproductive health services, and referral for GBV incidents through case management, awareness raising at community level to enhance prevention, education programmes and livelihood skills trainings to empower women. Direct beneficiaries from activities carried out in the women friendly spaces were mainly women and girls, as a means to facilitate their access to key support and information understanding the local context and practices that limit mobility of women. Strengthening referral mechanisms and community awareness sessions resulted in other indirect beneficiaries from the overall IDP and host community.

WASH: A total of 38,974 individuals including 19,877 women and 19,097 men and 5,966 children (under age 5), residing in spontaneous settlements and host communities in District Bannu, Lakki Marwat and Karak were provided with access to safe drinking water, basic sanitation and promotion of hygiene practices. Local authorities along with community organizations were involved in coordinating the response through the WASH District working group mechanism. The Provincial Disaster Management Authority (PDMA) also played a significant role in facilitating the response. The CERF allocation was used to meet WASH needs of the most vulnerable IDP families living with hosting communities in Bannu District and Lakki Marwat. Moreover 286,000 individuals have been reached through water quality testing and surveillance by WHO in all the three target areas.

Over 80 per cent of the affected population resided off-camp and were in need of life-saving WASH needs. CERF allocation enhanced the ability of the humanitarian community to meet the critical needs of the most vulnerable groups in a timely manner.

CERF's ADDED VALUE

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

WASH: CERF funding enabled fast delivery of assistance. 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 for implementing activities. With the release of CERF funds, WASH related activities were strategically and timely prioritized and delivered and in essence CERF funds enhanced effective and efficient delivery of WASH assistance to the returning IDPs and hosting communities alike. The critical WASH needs of IDPs in hosting communities were immediately responded to, including water storage communal hand pumps and emergency latrines and health and hygiene campaigns in areas of District Bannu. No disease outbreaks were reported in the areas of intervention.

Food Security: The short time span and limited funding opportunity at the start of the NWA response was a big challenge to the Food Security Cluster and its efforts to mobilize resources to provide nutritious food, livestock feed/fodder and vaccinations. CERF funds were one of the prime sources to begin the process of delivering assistance to the affected population. The Cluster was able to provide emergency lifesaving nutritious food and livestock-saving interventions to beneficiaries in a timely and efficient way in hosting districts of KP.

CERF funding was approved at a very critical stage as a high level of vulnerability and food insecurity prevailed among displaced families. The funds enabled FAO to immediately respond to the livestock related needs of the vulnerable IDPs and host families, with a special focus on female headed households. The allocation enabled the fast delivery of assistance for the protection of critical livestock assets and improved household food security among the conflict-affected displaced families.

Common Safety and Security: UNDSS, with the allocation of CERF funds, delivered rapid assistance to the humanitarian community by establishing a Communications Centre in Bannu. This provided a better understanding of the security situation among national and international partners and the best possible safety and security operations to enable the humanitarian community to deliver their mandates, while ensuring UNDSS's duty of care responsibility for the security and safety of all humanitarian personnel.

Health: As a jump in start funding arrangement of humanitarian funding mechanism to support newly displaced persons, CERF support was useful in ensuring a timely and effective response to fill gaps that addressed critical health needs in the emergency. CERF funding enabled the Health Cluster to address immediate life-saving issues in camps and off-camp by providing disease surveillance, essential medicines, maternal neonatal and child health (MNCH), health and hygiene sessions and primary health care (PHC) services via static and mobile health units.

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

YES PARTIALLY NO

Food Security: The large influx of IDPs into hosting areas of KP created a vacuum in terms of accessibility and availability of food for humans and animals while the lack of economic opportunities, aggravated the food security and livelihoods situation of these people. CERF funding provided the foundation to the Food Security Cluster to help save the lives of the affected and their livestock. CERF funding supported IDPs and host families in protecting and restoring livestock assets and helped them to increase their food and nutrition security. This support prevented the food security situation from worsening which would have resulted in widespread hunger. Provision of time-critical assistance helped increase and diversify household food production and enhance the protection and productivity of livestock.

Common Safety and Security: CERF funds assisted in the activities of the humanitarian community through a vital communication system thus supporting the safety and security of any concerned.

The promptness and timely processing of the CERF funds largely enabled the agencies/Clusters to effectively mobilize and promptly deliver WASH and Nutrition required resources for the NWA response in District Bannu. CERF funds helped initiate Nutrition services through the existing public health system in District Bannu..

Health: Rapid displacement of a large number of people put a strain on existing health facilities in hosting areas. These health facilities needed urgent health supplies. With the help of CERF funds, the cluster was able to provide essential medicines to the Government Health Department. Further, CERF funds allowed the Cluster to monitor the disease situation through the Disease Early Warning System (DEWS) and be prepared to respond to epidemics. Due to effective monitoring, no major disease outbreak was reported from the hosting areas.

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.

Food Security: CERF funding provided the Food Security Cluster with the leverage in terms of time to mobilize other resources by Cluster members who secured funding to meeting the critical food security needs. It was one of the first contributions towards the IDPs response; which was used for the protection of livestock assets belonging to IDPs and host families. These services were further supported by other donors including USAID and the Belgian Development Cooperation.

Health: Although overall donor support was limited, the CERF support served as a catalyst for other humanitarian funding to the Health Cluster. It motivated other donors, such as Finland, ECHO 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. ECHO also provided \$1.2 million for emergency health response in Bannu District for the displaced population from NWA.

Nutrition: Initially, CERF funds helped maintain and continue basic nutrition services to the displaced population which were then further extended and maintained by other donor agencies.

WASH: CERF funding helped improve resource mobilization from other sources as it provided more chances to remain present in critical response areas. CERF funding enabled several other agencies/donors to prioritize the WASH needs of returnees in their places of origin. A total of US\$ 7.2 million for WASH assistance has been mobilised by UNICEF and UN-Habitat for extremely vulnerable and vulnerable families in living in hosting communities in Bannu, Lakki Marwat and DI Khan. Additionally INGOs like Oxfam GB, DRC and Islamic Relief had also been able to respond to the needs of displaced population by securing a reasonable volume of funding.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The CERF funding process and project implementation helped improve coordination and minimize overlapping activities among the humanitarian community—bringing together UN agencies, national and international NGOs, and government entities and other

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

stakeholders involved in the response. Other positive outcomes included avoiding overlap and duplication of assistance for target beneficiaries. The cluster/sector approach enabled services to be synchronized and strategically aligned to already identified needs in the targeted areas and inter-cluster assessment reports and be in synch with the prioritized needs in the hosting communities.

CERF funding helped in the establishing of working group coordination mechanisms for the emergency response providing a platform for all the agencies and concerned government departments to coordinate their activities. The forum avoided duplication of activities up to the maximum extent and provided updated analyses through regular compilation of 4Ws matrices.

The CERF 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.

Common Safety and Security: Rapid allocation of CERF funds enabled maintaining the integrated security approach to the development of security systems, enhanced communications for the affected localities and IDP-affected areas of operation, increased security awareness through local coordination, and providing timely advisories to all humanitarian partners.

Food Security: The Food Security Cluster stayed and maintained coordination with all humanitarian actors—NGOs and concerned Government departments—in paving the way for further funding while CERF funding supported the humanitarian response. The CERF funded project played an instrumental role in improving coordination at federal, provincial and local levels. As Cluster lead agency, FAO maintained close collaboration with the livestock department, FDMA, UN agencies, Cluster members, agency political administration and community representatives to ensure provision of a transparent and coordinated assistance to the IDPs and host families. Close coordination was also maintained with security and law enforcement agencies to facilitate technical teams and monitoring missions in the field.

Health: The 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.

As Cluster lead agency, WHO, in collaboration with district health authorities, organized district-level coordination meetings in IDP hosting district 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.

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

CERF funding definitely added value to the whole NWA response. The funding triggered a reasonable volume of funding in the sector which helped the humanitarian agencies to effectively and timely respond to the needs of displaced people. In an area where number of displaced population is more than the hosting communities and the already deplorable situation of water and sanitation, CERF provided immediate and extremely required WASH services and helped in minimising the risk to human sufferings.

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.

UN agencies worked collaboratively throughout the implementation of the CERF-funded projects – from start to finish – providing life-saving assistance to the displaced population.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Short duration of funding especially for nutrition response makes it very difficult to achieve the desired results	Duration for nutrition interventions must be more than six months to allow complete treatment of identified malnourished beneficiaries	CERF secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Early mobilization of resources and rapid assessment helped in the initiation of early construction activities at larger scale.	Work can be started simultaneously in many villages to achieve faster construction rate.	WASH cluster Implementing agency
Involvement of local communities in choosing the type of latrine that best suits local practices and needs enhances the effective usage of WASH facilities.	The involvement of communities through more effective participatory rural appraisal is needed.	WASH cluster Implementing agency
Quality construction of latrines with proper design reduces the health and hygiene risks and saves lives from outbreak of epidemic diseases.	More effective monitoring and selection of contractor is required.	WASH cluster Implementing agency
Early construction of model latrines and rehabilitation of water at proper locations with involvement of community helps train people to initiate construction activity at larger scale.	Work can be started simultaneously in many villages to construct model latrines and rehabilitate water sources in each village which results in faster construction rate.	WASH cluster Implementing agency
Close coordination and liaison with provincial and local authorities facilitated access to the sites and smooth implementation of the project.	To minimize delays with NOC requests and facilitate partners in timely implementation of the projects, OCHA, on behalf of UN agencies and NGOs, will continue humanitarian interface with government authorities and maintain high level advocacy at both provincial and federal level for NOC clearance.	WASH Cluster Implementing agency OCHA
Contingency agreements with NGO partners and Government helped in early establishment of required nutrition services	Contingency agreements need to be formalized for unforeseen emergencies to avoid delays in response due to lengthy formalities of agreements finalization	UN and implementing partners
Due to the volatile law and order situation in targeted areas, 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 resolve the accessibility challenges in time.	UN member states, NGOs, Government
Acquiring NOCs from government authorities to implement projects in security compromised areas of KP and FATA is a time consuming process and often results in operational delays.	Maintain close coordination and liaison with provincial and local authorities for access to restricted areas and smooth implementation of projects. OCHA on behalf of UN agencies and local and international NGO partners should maintain regular humanitarian interface with government authorities and maintain high level advocacy at both provincial and federal level for NOC clearances.	
Life-saving needs and protection of livelihood assets of IDPs with already depleting purchasing power could not started without a delay in context of contingency planning.	The rapid and timely response would play a more vital role in effective and coordinated approaches including proactive liaison for working with stakeholders.	Food Security Cluster, FDMA, Government counterparts, donor

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF WFP	5. CERF grant period:	UNICEF 16.07.14 – 15.01.15 WFP 16.07.14 – 15.01.15
2. CERF project code:	14-RR-CEF-099 14-RR-WFP-046	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Nutrition		
4. Project title:	Emergency life-saving nutrition services for conflict affected Internally Displaced Persons (IDPs) children and women from North Waziristan Agency residing in hosting communities of Bannu District in Khyber Pakhunkhwa		
7. Funding	a. Total project budget:	US\$595,780,903 (UNICEF \$3,058,030) (WFP \$592,722,873)	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$344,458,433 (UNICEF \$500,000) (WFP \$343,958,433)	<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$96,797 (UNICEF \$88,402) (WFP \$8,396)
	c. Amount received from CERF:	US\$300,353 (UNICEF \$180,351) WFP \$120,002)	<ul style="list-style-type: none"> ▪ Government Partners: (UNICEF \$64,580)
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	27,713	28,078	The slight overall increase in number of reached beneficiaries is due to the fact that supplies cost was diverted to operations as supplies were provided by UNICEF through other funding sources and supply in-kind contribution by donors.
b. Male	12,487	16,427	
c. Total individuals (female + male):	40,200	44,505	
d. Of total, children <u>under</u> age 5	24,200	32,019	
9. Original project objective from approved CERF proposal			
<p>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. As Nutrition treatment takes long time (minimum of two months and in a considerable number of cases up to three months, the total duration of the project is stretched to at least six months to allow time for complete treatment of beneficiaries identified and registered in the third month. The implementation calendar of three months is for CERF supported activities only, UNICEF and WFP will utilize funds from other resources for the remaining period.</p> <p>Specific Objectives:</p> <ol style="list-style-type: none"> 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). 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	Indicators	Activities
<p>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).</p>		
<p>1.1 10 fixed nutrition sites remain functional for provision of essential nutrition services in the target areas</p> <p>1.2 The Nutrition Stabilization Center placed and operated in the DHQ of district of Bannu.</p> <p>1.3 30 trained and equipped community outreach workers (OWs) in the target areas screen around 24,200 children (11,713 girls and 12,487 boys) and 16,000 PLW for assessment of acute malnutrition using criteria of the mid-upper-arm circumference (MUAC) and Oedema.</p> <p>1.4 Health care providers (HCPs) of the DoH and NGOs in their respective centres register around 4,351 MAM children (2,132 girls and 2,219 boys) and 3,740 malnourished PLW in Targeted Supplementary Feeding Programmes (TSFP) for receiving fortified blended food (provided by WFP). 998 Severe Acute Malnourished (SAM) children (483 girls and 515 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</p>	<ul style="list-style-type: none"> • No. of functional nutrition SFP/OTP/IYCF sites providing CMAM services and IYCF information • No. of children (boys/girls) and PLW screened for assessment of malnutrition and referred to feeding/treatment centres • % of acute malnourished children (boys/girls) (SAM and MAM) recovered (>75%) • % of acute malnourished children (boys/girls) (SAM and MAM) defaulted from treatment (<15%) • Average Length of Stay (LOS) for male and female in the programme 	<ul style="list-style-type: none"> • Community mobilization sessions and screening for assessment of acute malnutrition in the community through outreach workers; • Referral of identified malnourished children and PLWs for appropriate care and active follow up of beneficiaries in the community; • Screening and registration of clients in appropriate feeding program as per CMAM protocols by the health care providers (HCPs); • Provision of supplementary and therapeutic foods to the identified clients as per protocols; • Referral and follow up of SAM children with complications and no appetite to the identified stabilization centres (SC) for further treatment; • Education of mothers/caretakers on proper use of the provided food and medication; • Reporting of progress on weekly and monthly basis.
<p>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.</p>		
<p>2.1 Approx. 9,600 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.</p> <p>2.2 Approx. 960 nutrition promotion sessions are conducted in the target villages and health facilities</p>	<ul style="list-style-type: none"> • No. of health care providers and outreach workers trained (male and female) on IYCF • No. of functional breastfeeding corners providing full assessment and referral services for management of lactation failure. • No. of community mobilization sessions held for men and women • No. of mothers/fathers reached with key messages on IYCF & health education. 	<ul style="list-style-type: none"> • 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; • Provision of relevant information, education and communication (IEC) materials to the health facilities, outreach staff and the community. • Monitoring of unsolicited free distribution of Infant Feeding Formulas in the facilities and communities.
<p>Objective 3. Ensure access of boys, girls and targeted women to and use of multi-micronutrient supplementation program,</p>		

vitamin A and deworming campaigns.		
3.1 Approx. 14,907 children (7,215 girls and 11,538 boys) and 7,692 mothers are provided with multi-micronutrient (MM) supplements	<ul style="list-style-type: none"> • % of target children and PLW provided MM sachets and tablets. 	<ul style="list-style-type: none"> • Registration and referral of target children and PLW for multiple micronutrient (MM) supplementation
3.2 Approx. 11,200 children (5,421 girls and 5,779 boys) receive de-worming treatment and Vitamin A dose as per national guidelines	<ul style="list-style-type: none"> • No. of eligible children (boys/girls) de-wormed. • No. of children (boys/girls) provided with vitamin-A dose. 	<ul style="list-style-type: none"> • Education of mothers/caretakers on the proper use of MM supplements • Registration of target children for deworming treatment & 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. 40 facilities based health care providers and 80 community based health workers receive trainings/refreshers on CMAM/IYCF.	<ul style="list-style-type: none"> • No. of HCP and Health Workers provided (male and female) refresher trainings. 	<ul style="list-style-type: none"> • Conduct refresher trainings on CMAM/IYCF
4.2 Weekly/Monthly implementation data is updated through Nutrition Information System (NIS) to monitor progress and trends of malnutrition.	<ul style="list-style-type: none"> • No. of coordination meetings conducted • No. of weekly/monthly NIS reports generated (sex and age disaggregated) 	<ul style="list-style-type: none"> • Monthly cluster coordination meetings and consultations with relevant stakeholders and partners • Sharing monthly NIS reports

11. Actual outcomes achieved with CERF funds

The CERF funding support for Nutrition was utilized for the NWA IDP response in Bannu District. The response was provided in partnership with the Department of Health, KP and NGO partners: Relief Pakistan and CAMP. The funds covered UNICEF operational programme costs while supplies were covered from other funding sources. CERF bridged WFP's funding gap in its nutrition support for moderately malnourished children aged of 6 to 59 months providing Acha Mum, a locally produced Ready-to-use Supplementary Food (RUSF) under the targeted supplementary feeding programme (TSFP).

The overall project targets agreed under various objectives were fully achieved.

Outcomes under specific objective 1:

- UNICEF supported operational cost of 30 nutrition sites: 20 sites operated in partnership with DoH and 10 sites operated in partnership with Relief Pakistan. One Stabilization Centre was supported in District Headquarter (DHQ) Hospital of Bannu District.
- 32,019 children aged 6 to 59 months (girls: 15,592; boys: 16,427) and 12,486 PLW were screened for acute malnutrition.
- 919 severe acute malnourished children were registered in OTP with RUTF.
- WFP funding support focused on the management of moderate acute malnourished children aged 6 to 59 months in TSFP with Acha Mum. Provision of CERF-funded Acha Mum successfully treated 4,554 children aged 6 to 59 months (girls: 2,231, boys: 2,323) for acute moderate malnutrition. WFP reached an additional 4.6 per cent of children, 4,554 MAM children against the target of 4,351, due to market price reduction for an extra 1,833 Acha Mum purchased with CERF funding. There were 10,129 pregnant and lactating women registered as moderate malnourished and provided with specialized nutritious food commodities through WFP resources.
- Cure rate in both OTP and TSFP was over 90 per cent which is above the Sphere minimum standards of 75 per cent; the default rate was less than 8 per cent.

Outcomes under specific objective 2:

- 162 health care providers/outreach workers (women: 114; men: 48) were trained on Infant and Young Child Feeding (IYCF) package.
- All 30 supported nutrition sites offered IYCF counselling services.
- 2,240 community mobilization sessions reached 17,958 mothers/caretakers of children under age 5 with improved IYCF messages including early initiation of breastfeeding, exclusive breastfeeding up to six months of age, and timely introduction of age appropriate complementary feeding. Promoting good hygiene, providing appropriate information material and monitoring unsolicited distribution of infant feeding formulas remained part of the communication strategy.

Outcomes under specific objective 3:

- 18,043 children aged 6 to 59 months (girls: 8,772; boys: 9,271) and 10,072 PLW received multi-micronutrients supplements.
- Vitamin A and deworming was not administered as they are part of the bi-annual campaigns (vitamin A with National Immunization Days and deworming as part of Mother and Child Week), which were not held during the reporting period.

Outcomes under specific objective 4:

- 122 facility based health care providers (female: 86; men: 36) and 280 community-based health workers (men outreach workers:

10, women outreach workers: 30 and Lady Health Workers: 240) were trained on Community Management of Acute Malnutrition (CMAM) and IYCF training packages.

- 30 health facilities were strengthened to offered nutrition services with operational support from UNICEF. WFP support in providing fortified blended food was extended to 48 health facilities.
- DoH and cooperating partners provided monthly NIS and Excel based data.
- 4 cluster meetings were conducted in Bannu District and 3 monthly progress reviews were conducted with the District Health Office and PPHI in Bannu. Individual partners regularly updated the District Disaster Management Authority (DDMA) on the project progress.

WFP

CERF funding of \$120,002 for NWA IDPs response was used to bridge the funding gap in WFP's nutrition support for moderately malnourished children of 6-59 months of age through provision of Acha Mum, a locally produced and procured Ready-to-use Supplementary Food (RUSF) under the Community based Management of Acute Malnutrition Targeted Supplementary Feeding Programme (TSFP) being implemented in Bannu District. In June-July 2015, during proposal development, the Government only identified 20 union councils with IDP concentrations in Bannu. By mid-January 2015, the programme was extended to 48 union councils through a consultative process involving the KP Department of Health and Nutrition Cluster which guided the geographic coverage of the nutrition support intervention.

Through a joint Memorandum of Understanding, WFP is implementing the Community Management of Acute Malnutrition (CMAM) programme in partnership with UNICEF and WHO. Under the agreed framework, UNICEF focused on the Supplementary Feeding Programme (SFP) while WFP targeted severe cases of malnutrition and provided assistance to the moderately malnourished targeted beneficiaries. WHO managed SC which catered to malnourished individuals with medical complications. WFP and UNICEF components of the programme were operational in integration in all 48 union councils of District Bannu. The overall project targets and the specific objectives are fully achieved in the reporting period. Actual outcomes against the Specific Objectives are the following:

Outcomes of SO 1: 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 CMAM.

- 1.1. WFP and UNICEF jointly planned specific objectives and targets as an integrated approach under CMAM. WFP focused on treating moderately acute malnourished children aged 6 to 59 months through Acha Mum; 4,554 children aged 6 to 59 months (girls: 2,231, boys: 2,323) were successfully treated for acute moderate malnutrition. An additional 203 children (an additional 4.6 per cent) were reached, 4,554 MAM children against the target of 4,351 due to market price reduction to purchase an extra 1,833 Acha Mum with CERF funding.
- 1.2. 48 DoH health facilities remained functional with nutrition services against the planned figures of 20 health facilities. The additional health facilities were included on the request of the provincial government and in consultation with the nutrition cluster and partners. All 48 nutrition sites provided integrated services jointly by UNICEF and WFP.
- 1.3. Nutrition Information System (NIS) and Excel based data analysis from cooperating partners and the Nutrition Cell, Department of Health indicated an effective adherence of the programme standards to the minimum Sphere Standards for nutrition programming in emergencies. Key Programme Indicators (KPI) analysis shows the following trends: 92 per cent cure rate, 7.8 per cent default rate, 0 per cent death rate (the default rate was mainly attributed to frequent movement of the IDPs in the initial 2 months).

Outcome of SO 2: Ensure access of 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 affected areas.

- 2.1 The Infant and Young Child Feeding (IYCF)-related activities continued as a joint initiative between UNICEF and WFP. During the reporting period 10,129 pregnant and lactating women were registered as moderate malnourished and provided with specialized nutritious food commodities through WFP resources. All the identified PLW were referred for IYCF counselling in the breastfeeding corners at the nutrition sites in health facilities. Under WFP operational support through other sources and in integration with UNICEF and cooperating partners, all the TSFP sites remained functional with functional breastfeeding centres for simple and detailed assessments.
- 2.2 WFP and UNICEF strictly monitored the control mechanism for breast milk substitutes in Bannu District since the project start date. e.g. dry milk donated by one of the donors, was discussed jointly with the government and measures were agreed to prevent its utilization for children as per the prescribed IYCF practices and UN breastfeeding substitute protocols.
- 2.3 Cooperating partner and government data indicated 374 IYCF counselling sessions were completed in 48 union councils. The figures are low because of conservative cultural norms and frequent movement of IDPs in the first two months of the project. The lack of Lady Health Workers (LHWs) in 12 union councils, however, also contributed to fewer sessions than originally planned. However, the main contribution in constraints relating to IYCF remains the cultural norms that inhibit access for women to these sessions among the NWA IDPs.

Outcomes of SO 3: To ensure access of boys, girls and targeted women to and use of vitamin-A and multi-micronutrient supplementation program, and deworming campaigns.

- 3.1 Micronutrient supplementation of vitamin A and deworming activities were part of UNICEF's project targets. WFP-supported cooperating partners, referred all potential cases of micronutrient and vitamin A deficiencies and deworming to the UNICEF-supported intervention.

<p>Outcomes of SO 4: To strengthen capacity of male and female staff of DoH and NGOs for effective implementation of nutrition interventions through trainings/refreshers; 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</p> <p>4.1 WFP provincial team trained 35 master trainers in Bannu in November 2014 through its own resources. The master trainers further trained 367 health facility and outreach staff of the cooperating partners and Government from the 48 targeted union councils. (Nutrition assistants/IYCF staff: 127, LHWs: 229 and LHS: 11).</p> <p>4.2 The Government Department of Health and cooperating partners provided monthly NIS and Excel based data. As of November 2014, four reports were received from Bannu reflecting adherence to the key performance indicators of Sphere standards (ref: SO 1.3).</p> <p>4.3 4 meetings of the provincial Nutrition Cluster were held in Bannu and 3 monthly progress reviews were conducted with the District Health Officers and WFP cooperating partners in Bannu. Individual partners regularly updated the District Disaster Management Authority (DDMA) on the project progress.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>With CERF funding, 4,554 children aged 6 to 59 months were reached with 40.993 tons⁵ of Acha Mum, in additional 203 children (4.6 per cent). The slight increase in beneficiary figures and food tonnage is due to a market price reduction enabling WFP to purchase an additional 1.833 mt of Acha Mum with the same funding.</p> <p>Similarly slight increase in screening figures and multi-micronutrient supplementation is due to the utilization of funds from other sources including DFATD and USAID grants received by UNICEF to procure RUTF and multi-micronutrient supplements. The funds agreed under CERF supported procurement of nutrition supplies were diverted for operational cost of nutrition sites.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>Gender equality is fully mainstreamed in the project by ensuring both men and women are selected as project participants and beneficiaries. Age- and sex-disaggregated data on beneficiaries was collected and shared in 4Ws and OCHA situation reports.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>UNICEF: The evaluation of the project was not planned, however, to ensure effective field-level implementation, the following measures were in place during the course of implementation:</p> <ul style="list-style-type: none"> • Direct field level monitoring was conducted by Peshawar-based UNICEF staff as security clearances were approved. • Third-party monitoring was regularly conducted through a specialized consulting firm. • Provincial- and district-level cluster updates and meetings provided information on progress and constraints. <p>WFP has planned Cooperating Partners Performance evaluations for April 2015; a performance evaluation of partners engaged in implementing the nutrition support intervention. This is not an evaluation of the results of the intervention but a scrutiny of the performance of the partners.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

⁵ Ton denotes metric tons—1,000 kg or 2,204 lbs.

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:	UNICEF WHO UN-Habitat	5. CERF grant period:	UNICEF: 23.06.14 – 22.12.14 WHO: 31.07.14 – 30.01.15 UN-Habitat:31.07.14 – 28.02.15	
2. CERF project code:	14-RR-CEF-101 14-RR-WHO-049 14-RR-HAB-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:	Water, Sanitation and Hygiene			
4. Project title:	WASH Emergency Response for IDPs of North Waziristan Agency			
7. Funding	a. Total project budget:	US\$5,400,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US\$3,317,226 (UNICEF \$2,557,226) (UN-Habitat \$760,000)		▪ <i>NGO partners and Red Cross/Crescent:</i> US\$185,181 (UNICEF)
	c. Amount received from CERF:	US\$640,160 (UNICEF \$ 317,202 WHO \$ 102,639 UN-Habitat \$220,319)		▪ <i>Government Partners:</i> US\$0
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>	
a. Female	145,860	145,860		
b. Male	140,140	140,140		
c. Total individuals (female + male):	286,000	286,000		
d. Of total, children <u>under</u> age 5	48,620	48,620		
9. Original project objective from approved CERF proposal				
<p>To save human lives by reducing the incidents of mortality and morbidity due to waterborne diseases among NWA IDPs including children and women by:</p> <ul style="list-style-type: none"> • Provision of sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene. (UNICEF, UN-Habitat) • Provision of sanitation facilities that are culturally appropriate, secure, sanitary, user-friendly and gender-appropriate. (UNICEF, UN-Habitat) • Provision of critical WASH-related information to prevent outbreak of epidemics and child illness. (UNICEF, UNHABITAT, WHO) • 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				
<p>UNICEF</p> <p>At the end of the project period (3 months), out of the total UNICEF caseload of 240,000 an estimated 25,000 IDPs (primarily those living alongside host communities in cities, and those living in and spontaneous camps including schools) would have been provided with safe drinking water, access to adequate sanitation facilities, and appropriate hygiene messages. In addition this would have supported the impact of the polio and routine immunization programme as large population have not been vaccinated for at least two years and the potential for spread of communicable diseases due to the overcrowded conditions and poor water and</p>				

nutrition situation is a high risk factor.

Indicators:

- 25,000 IDPs with access to safe drinking water as per SPHERE minimum standards
- 50 number of drinking water systems/ hand pumps installed/ rehabilitated in communities, schools, health facilities and camps.
- 50 WASH infrastructure repaired in schools and health centres
- 25,000 individuals reached through appropriate hygiene messages.

WHO:

- Water-borne diseases surveillance and identification of affected communities facing greatest health risks from water-borne diseases in hosting communities of Bannu, Lakki Marwat and Karak and ensure appropriate response mechanisms put 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 so that 600 public water facilities and household drinking water sources in 4 IDPs hosting districts conform to microbial safety standards of WHO
- 55,000 soaps and 500,000 Aqua tabs distributed to 4,200 families
- 3 chlorinators installed at 3 water supply sources in 3 union councils of Bannu
- 7552 individuals reached through appropriate hygiene messages

UNHABITAT:

- Significantly reduced incidence of morbidity and mortality in spontaneous settlements due to lack of safe drinking water and poor sanitation among targeted 846 families or 11,000 individuals, especially pregnant/lactating women, girls, children under 5 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 11,000 targeted people especially in young girls and children under 5 years.
- 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.

Indicators:

- 11,000 IDPs including women, girls, men, boys and people with special needs living in spontaneous settlements provided with safe drinking water and proper sanitation facilities as per sphere standard guidelines.
- 25 water supply systems upgraded along with water quality testing catering the need of safe drinking water availability to IDPs
- 275 emergency latrines constructed catering the needs of most vulnerable groups so that women, children and young girls defecate with dignity and privacy.
- Hygiene campaigns for 846 families conducted in 8 different locations and 50 spontaneous settlements covering 11,000 IDPs with reduced risk of outbreak of diseases related to WASH by improving their knowledge, attitude and practices including pregnant/lactating women, girls, and children less than 5 years of age, other vulnerable people and people with special needs.

11. Actual outcomes achieved with CERF funds

UNICEF:

CERF funding provided WASH services to 27,974 IDPs from NWA residing in spontaneous camps/schools and host communities of Bannu and Lakki Marwat Districts of KP for three months. Details of the outcomes achieved are as follows:

- 27,974 NWA IDPs received access to safe drinking water (4,756 children under five, 14,267 women, and 13,707 men including older people) through water trucking, rehabilitation of 12 existing drinking water systems, installation of 100 water storage tanks and 50 hand pumps, and rehabilitation of water facilities in 24 spontaneous camps/schools.
- 21,763 IDPs (3,700 children under five, 11,099 women, 10,664 men) received access to adequate sanitation facilities through installation of 78 emergency pit latrines in host communities, rehabilitation/repair of latrines facilities in 56 schools where IDPs had taken refuge during the summer vacations, and 56 solid waste bins were installed to collect solid waste in schools.
- 27,974 beneficiaries reached with appropriate hygiene messages/awareness sessions on improved hygiene practices with emphasis on hand washing at critical times, proper use of latrine, safe water storage and environmental/personal hygiene. Messages were 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). Twelve hygiene promoters (7 men and 5 women) supported 1,399 hygiene awareness sessions (834 for women and 565 for men).

WHO:

WHO Environmental Health team regularly monitored prevalence of diarrhoea and water borne diseases in IDP hosting districts and, conducted investigation and response to water borne diseases alerts/outbreaks. The team performed regular drinking water supply chlorination and disinfection and mobilized resources for the provision of water collection, treatment and storage facilities and health education and awareness-raising materials. WHO worked in close coordination with WASH cluster partners in order to

avoid duplication in distribution of supplies.

- Main water sources were tested for microbiological contamination and samples collected were found unfit for drinking; results were shared with 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 more than 1,000 water sources for residual chlorine in high risk areas.
- 8,115 individuals were reached through 520 health and hygiene sessions along with distribution of IEC material. The main focus was given to safe water handling, use of household water disinfection chemicals like aqua tabs, hand washing with soaps and safe disposal of faeces materials. WHO Environmental health unit supported the DEWS team in investigation and responded to all the water born alerts and outbreak received from affected communities. During the investigation phase, WHO Environmental health unit traces the sources of contamination, applies water quality control measures, health education and awareness interventions and material support to the affected communities and water authorities, where in follow up phase's effectiveness of the improvement measures and environmental health conditions are monitored till the improvement of health status of the affected population. WHO installed 3 auto chlorinators on 3 water supply schemes in district Bannu to ensure the provision of safe drinking water.
- In order to provide response to alerts and outbreaks in IDPs hosting districts and 24 health facilities serving IDPs in District Bannu, WHO handed over number of environmental health supplies including 120,000 soaps, 5,000 IEC material, 3,000 kg Chlorine and 1,000,000 aqua tabs to relevant government departments, WASH and Health implementing partners.

UN-Habitat:

- 11,000 IDPs including women, girls, men, boys and people with special needs living in spontaneous settlements provided with safe drinking water and proper sanitation facilities as per sphere standard guidelines. Total 846 food graded household water storage tanks were provided for the enhancement of water storage capacity and for ensuring safe storage of drinking water for NWA IDPs in District Bannu. Due to delays in approval of NOC the provision of clean drinking water through water tankering in 08 off-camp locations could not be executed as the urgent need of IDPs had already been fulfilled.
- Up gradation of existing 40 water supply systems in terms of provision of new bore, hand pump pads and connection with existing drains and installation of additional 15 communal hand pumps. (10 separate for women/persons with special needs/children and 5 for men) in District Bannu.
- Water quality testing carried out to ensure provision of safe drinking water through upgraded water sources.
- Total 275 emergency latrines constructed, addressing the needs of extremely critical families, special needs of women, persons with special needs and elderly people, as a lifesaving intervention in NWA IDP hosting communities/spontaneous camps of District Bannu.
- Total 200 hygiene promotion sessions were conducted for promotion of positive Health and Hygiene practices targeting 846 families (including men, women, girls and boys of all age group, elderly people, people from various ethnic and religious groups e.tc.), facilitated by a gender balanced team, on i) Safe water storage & 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; v) safe defecation/Use of latrine.

Pre Knowledge, Attitude and Practice (KAP) survey with equal number of teams of men and women surveyors, was conducted to assess KAP that supported and enabled community members to adopt healthier and more hygienic life practices thus facilitated towards launch of an effective and efficient hygiene campaigning (activity by other sources and not CERF funding).

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

No significant discrepancy occurred between planned targets and actual outcomes.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b):</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>The agency self-assigned a gender marker score of 2a. UNICEF implementing partners during the initial rapid assessment has given special attention to identify WASH needs of women and adult girls by engaging female hygiene promoters as members of the assessment team. Separate emergency pit latrine were installed in the hosting communities for IDP families to help maintain privacy among hosting and IDP families. Female hygiene promoters were engaged to have an easy access to the women community in conducting hygiene sessions.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNICEF: The evaluation of the project was not planned and hence not done. UNICEF and the implementing partner carried out field monitoring visits on a regular basis throughout the project implementation period. The partner regularly shared field monitoring reports with UNICEF. The findings of field visits by UNICEF staff were shared with the implementing partner during project review meetings for programme improvement and any adjustments in the project work plan. UNICEF continued utilizing third party monitoring to complement partner and UNICEF reporting, and ensure regular monitoring visits in sites where access was sometimes limited due to security or NOC constraints.</p> <p>UN-Habitat: Project evaluation is pending as the project concluded on 28 February 2015 after approval of NCE by CERF secretariat. The project evaluation was supposed to be funded from other funding sources, however, it is subject to the availability of other funding sources.</p>	EVALUATION PENDING <input checked="" type="checkbox"/> (UN-Habitat)
	NO EVALUATION PLANNED <input checked="" type="checkbox"/> (UNICEF and WHO)

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	31.07.14 – 30.01.15
2. CERF project code:	14-RR-CEF-102	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency health assistance to mothers, newborn and children displaced from North Waziristan Agency of FATA		
7. Funding	a. Total project budget:	US\$1,200,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$3,657,038	▪ NGO partners and Red Cross/Crescent: US\$73,791
	c. Amount received from CERF:	US\$119,998	▪ Government Partners: US\$25,977
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	62,825	54,841	Although UNICEF reached 89 per cent of beneficiary targets 80 per cent was the minimum target and partners were encouraged to reach 100 per cent. In this emergency due to uncertain displacements and returns the target population was not constant with anticipated under or overachievements.
b. Male	21,675	20,750	
c. Total individuals (female + male):	84,500	75,591	
d. Of total, children <u>under</u> age 5	42,500	41,680	
9. Original project objective from approved CERF proposal			
To ensure that women and children of North Waziristan Agency IDPs have access to basic health services and information through facility- and community-based health interventions.			
10. Original expected outcomes from approved CERF proposal			
Expected Outcomes		Indicators	
1)	Over 80% of 15,000 under 2 years children (F: 7,650, M: 7,350) receive routine immunization against measles, polio, diphtheria, tetanus, pertussis, hepatitis B and Hib.	1)	No. of children under the age of two received routine vaccination against measles, polio, diphtheria, tetanus, pertussis, hepatitis B and Hib. (Indicator: Penta 3).
2)	At least 90% of 37,500 6-59 months children (F: 19,125, M: 18,375) will receive measles vaccination through measles campaign.*	2)	No. of children vaccinated against measles.
3)	At least 95% of 42,500 under 5 children (M: 20,825, F: 21,675) will receive polio vaccine through polio campaign.	3)	No. of children vaccinated against polio
4)	At least 80% of 37,500 6-59 months children (F: 19125, M: 18,375) receive vitamin A supplementation.	4)	No. of children received vitamin A supplementation.
5)	Over 80% of 100,000 individuals (16,666 families) livings in host communities of District Kohat/Hangu have access to a package of evidence-based information and services delivered during Mother and Child Days (MCDs).	5)	No of families/individuals reached through MCD interventions.
6)	At least 80% of 22,500, 2 to 5 year old children (M: 11,025, F: 11,475) are dewormed.	6)	No. of 2-5 year old children dewormed
7)	At least 80% of the targeted 10,250 pregnant women receive Antenatal care through SBAs.	7)	No of pregnant women received ANC Care through

<p>8) At least 80% of the targeted 10,250 pregnant women receive Tetanus Toxoid (TT) vaccination</p> <p>9) At least 80% of 1,000 pregnant ladies will be provided delivery services in fixed MCH Centres through SBAs</p> <p>10) At least 80% of 15,000 children and 8,000 PLW receive multi-micronutrient supplementation</p> <p>11) At least 80% of 10,000 PLs receive health, and hygiene commodities (CDKs, newborn baby kits) and 8,000 PLWs will receive LLINs.</p> <p>12) More than 70% of 42,000 Child Bearing Age (CBA) women receive health and hygiene messages through social mobilizers and facility-based health workers.</p> <p>13) Strengthening of routine EPI services in IDP camps and in host communities.</p>	<p>SBAs.</p> <p>8) No. of pregnant ladies vaccinated against tetanus.</p> <p>9) No. of deliveries conducted by SBAs in Jalozai IDP Camp</p> <p>10) No. of children and women received multi-micronutrient supplementation.</p> <p>11) No. of women received CDKs, baby kits and LLINs.</p> <p>12) No. of PLWs received health and hygiene education sessions.</p> <p>13) No of EPI Centres supported (HR, cold chain equipment, etc.)</p>
<p>11. Actual outcomes achieved with CERF funds</p>	
<p>1. 11,593 (77%) children under the age of two received routine immunization against measles, polio, diphtheria, tetanus, pertussis, hepatitis B and Hib. This activity was covered from CERF and other funding sources. (Indicator: Penta 3)</p> <p>2. Measles campaign was conducted in seven southern districts of KP, with 180,815 children (6 to 59 months) vaccinated, out of which 37,739 (101%) children (19,247 girls; 18,492 boys) were vaccinated in Bannu District.</p> <p>3. 41,860 (98%) children under 5 received polio vaccine through polio campaigns.</p> <p>4. 21,622 (58%) children, 6-59 months received vitamin A supplementation.</p> <p>5. 16,000 families (96%; 92,800 individuals) living in host communities of Hangu and Kohat District were reached through MCD services, supported by CERF funds and other resources.</p> <p>6. 19,404 (86%) children 2-5 year old dewormed with support from CERF funds and other resources.</p> <p>7. 9,617 (94%) pregnant women received ANC care through SBAs.</p> <p>8. 7,479 (73%) pregnant women vaccinated against tetanus.</p> <p>9. 823 (82%) deliveries conducted by SBAs in three health facilities of Bannu District.</p> <p>10. Multi-micronutrient supplementation was covered and provided to women and children through nutrition interventions for NWA displaced population. This activity was dropped from MCD interventions to avoid duplication.</p> <p>11. 7,479 pregnant women received CDKs and NBKs, and 6,873 pregnant women received LLINs.</p> <p>12. 29,480 (71%) CBA women received health and hygiene education sessions.</p> <p>13. To boost immunization, routine EPI services were strengthened through provision of 20 EPI vaccinators in NWA IDP hosting communities of Bannu District. This was supported from CERF and other funding sources.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p> </p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): The project contributed significantly to gender equality as different health needs of children and women/girls were addressed. The specific health needs of women/girls and children were considered within the design, implementation and monitoring framework of the project. Health education promotion sessions engaged men to bridge the gap between both genders and effectively utilize services for women/girls and children. The sex and age disaggregated data of beneficiaries was collected and shared in 4Ws and situation reports.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>A project evaluation was not planned. To ensure effective implementation at the field level, the measures were in place during the course of implementation</p> <ul style="list-style-type: none"> • Department of Health was involved in the monitoring of the project sites. • Direct field level monitoring was regularly carried out by UNICEF Peshawar-based staff, wherever the security clearance was approved. • Provincial- and district-level cluster updates and meetings were a good source of information on progress and constraints. 	<p>EVALUATION PENDING <input type="checkbox"/></p> <p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNICEF UNHCR UNFPA	5. CERF grant period:	UNICEF: 01.08.14 – 31.01.15 UNHCR: 31.07.14 – 30.01.15 UNFPA: 31.07.14 – 30.01.15
2. CERF project code:	14-RR-CEF-105 14-RR-HCR-030 14-RR-FPA-031	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Protection		
4. Project title:	Establishing multi-agency protection prevention and response services for the newly displaced population from North Waziristan (General protection, child protection, GBV and ATDF) to district and FR Bannu		
7. Funding	a. Total project budget:	US\$4,600,000 US\$1,965,313	d. CERF funds forwarded to implementing partners: US\$593,259
	b. Total funding received for the project:	(UNICEF \$341,979) (UNHCR \$1,523,334) (UNFPA \$100,001)	<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: (UNICEF \$154,299) (UNHCR \$438,960) (UNFPA \$55,648)
	c. Amount received from CERF:	US\$761,667 (UNICEF \$191,979) (UNHCR \$469,687) (UNFPA \$100,001)	<ul style="list-style-type: none"> ▪ Government Partners: US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	75,000	75,000	Around 92,000 families were assisted with the registration, Registration Data Upgrade (RDU), grievance desk, protection monitoring and vulnerability assessment activities; approximately 48 per cent male and 52 per cent female. The exceeded figure was unexpected for which UNHCR mobilized its own resources to bridge the gap
b. Male	67,500	67,500	
c. Total individuals (female + male):	250,000	250,000	
d. Of total, children <u>under</u> age 5	107,500	107,500	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • To enhance the psychosocial wellbeing and protection of internally displaced children and women, including persons with age and disabilities, in host communities of District and FR Bannu through community based life-saving and psychosocial assistance adopting UNICEF’s model of Protective Learning and Community Emergency Services (PLaCES) for the initial three months emergency response covered by CERF. (UNICEF) • To establish a multi-sectoral survivor-centred GBV prevention and response service for the displaced GBV survivors from North Waziristan in Bannu. (UNFPA) • Ensure all IDP families have access to registration, which enables them to access relief assistance provided by various government entities and humanitarian community. (UNHCR) • Achieve more accurate population figures within 2 months, for forward planning by humanitarian actors. The current registration captures only the basic information and requires further elaborated and disaggregated data including vulnerability data in order to effectively use the data for response planning and effective targeting. (UNHCR) • Ensure that IDPs are informed about their rights, assistance available, and access to civil documentation since lack of information in regards to available assistance/services/registration are pointed out in various assessment as one of the major constraints. UNHCR) • Capture overall protection issues and concerns among IDP communities and ensure that persons with specific needs are 			

identified and responded in a timely manner in order to access appropriate services and assistance. (UNHCR)

10. Original expected outcomes from approved CERF proposal

UNICEF:

- 9,198 (4,415 boys and 4,783 girls) and 2,250 women, including 1,500 elderly men provided critical protective and psychosocial services through 6 static PLaCES and 24 outreach services; CERF funds will help to support 6 static PLaCES by providing 12 kits i.e. two per PLaCES
- 840 community members (210 men and 210 women, including 210 adolescent girls and 210 adolescent boys) trained and supported as Child Protection Committee members for expanded coordination and community based work
- 27,151 community members (18,961 children, 5,669 men and 2,521 women) reached with communication messages directly through PLaCES and outreach services related to life-saving and protection practices and services
- 2,309 vulnerable cases (1,899 children and 410 women and men) monitored through child protection monitoring mechanism and facilitated through social case management and referrals
- To increase the well-being of 1,000 persons with limited mobility and their caregivers by increasing independence through the provision of assistive devices, independent living techniques, and basic preventative care
- 1,000 persons with disabilities caused by impairment and old age, have secured access to their basic needs
- 1,500 caregivers are aware of relevant techniques to ensure that the people with disabilities and elder people have access to their basic needs in a dignified manner

UNFPA:

- 1 Women Friendly Health Space created and functioning
- 3000 of women and adolescent girls accessing women friendly health space
- 1000 of GBV survivors received medical treatment
- 750 of GBV survivors received psycho-social support
- 500 of GBV survivors referred to the other GBV pillars [i.e.: protection, legal and security pillars]
- 250 of GBV cases reported and followed up through case management
- 1000 hygiene kits procured and distributed
- 1500 women received vocational training skills in tailoring, handicraft, beautician courses, etc.
- 13, 154 women and 3000 men attended awareness raising sessions on GBV

Besides, the proposed 3 months project activities will aim to achieve the following expected outcomes at the programmatic level; Improved coordination of GBV programming in response to the conflict through GBV multi-sectoral coordination;

- Enhanced safety and security of women, girls and boys in the affected areas through preventive measures;
- Increased awareness among affected community males and females on the risks of GBV

UNHCR:

- IDP population data disaggregated by sex, age, location and diversity is available
- Registration data will be upgraded/verified for up to 75% of IDPs predominantly hosted in Bannu District. The registration exercise is planned to complete in 1-2 months, and the registration teams will progress to surrounding areas of Bannu to register the remaining 25% of the displaced population. Basic individual data, specific needs and location data will be collected to report on population statistics. IDPs families will also continue to have access to relief assistance. Population profile data will be essential for forward planning by all humanitarian actors.
- Mechanisms established for the relay information and monitoring of protection concerns.
- 4 grievance desks, 2 legal officers and 2 mobile protection monitoring teams shall be established for period of 3 months in Bannu, to ensure basic coverage and provide platform for particularly persons with specific needs to access to information, obtain relief assistance and referral pathways.

(a) Indicators

UNICEF:

- No. of PLaCES and Outreach Services functional
- No. / percentage of communities covered through PLaCES / Outreach Services
- No. of girls accessing PLaCES and Outreach Services
- No. of boys accessing PLaCES and Outreach Services
- No. of women accessing PLaCES and Outreach Services
- No. of children and women with disabilities accessing PLaCES and Outreach Services
- No. of child or woman headed households accessing PLaCES and Outreach Services
- No. of community-based Child Protection Committees functional
- No. of vulnerable children and women identified and referred to social and related services
- No. of missing, separated and unaccompanied children provided in interim, alternative and /or family base care
- No. of children, women and men reached with key child protection messages and life-saving information
- No. assistive devices provided to improve access to basic needs
- No. of people who are able to use their assistive device immediately following training

- No. of sessions completed in independent living techniques and basic exercises
- No. of basic preventative care sessions

UNFPA:

Indicators	TOTAL
• No. Women Friendly Health Space created and functioning	1
• No. of women and adolescent girls accessing women friendly health spaces	3,750
• No. of GBV survivors received medical treatment	1,250
• No. of GBV survivors received psycho-social support	938
• No. of GBV survivors referred to the other GBV pillars (i.e. protection, legal and security pillars)	625
• No. of GBV cases reported and followed up through case management	312
• No. hygiene kits procured	1653
• No. hygiene kits distributed	1653
• No. women received vocational training	1,500
• No. women attended awareness raising sessions on GBV	16,442
• No. of women attended awareness sessions raised knowledge on GBV issues. <i>This will be measured by providing pre-test and post-test. (At least 25% marked raised from pre-test to post-test.)</i>	4,111
• No. men attended awareness raising sessions on GBV	3,750
• No. of men attended awareness sessions raised knowledge on GBV issues. <i>This will be measured by providing pre-test and post-test. (At least 25% marked raised from pre-test to post-test.)</i>	937

UNHCR

- Percentage of IDPs individually registered
- No of IDPs approached to grievance desks and found solutions
- No. of IDPs with documentation problems finding solution with the support of NADRA and the government authorities
- No. of mobile teams established for outreaching in the community to reach the vulnerable.
- No. of IDPs with specific needs reached by the mobile teams and refer to the appropriate services/assistance.

11. Actual outcomes achieved with CERF funds

- 9,293 children (5,204 boys and 4,089 girls) and 2,871 women, including 226 elderly men were provided critical protective and psychosocial services through 6 static PLaCES and 24 outreach services in Bannu district and FR Bannu. PLaCES provided a friendly and participatory environment where girls, boys, adolescents and women significantly benefited with improved safety, health and overall well-being. Female and male trained facilitators based in PLaCES and outreach services/locations managed these facilities, who facilitated culturally and age-appropriate activities as per regular schedules. Each PLaCES was provided with two recreational kits.
- 840 community members (210 men, 210 women, 210 adolescent girls and 210 adolescent boys) were oriented and supported as Child Protection Committee members including adolescent groups for expanded coordination and community based work in IDPs hosting communities in Bannu District and FR Bannu. These committees were instrumental in monitoring and identifying child protection issues and cases, adopting locally applicable solutions where appropriate, and utilizing the referral mechanism to link child protection cases and needs with social and protection services.
- 21,826 community members (5,963 girls, 7,959 boys, 4,637 men and 3,267 women) were reached with communication messages through delivery of sessions, dissemination of information, education and communication materials at PLaCES and outreach locations in host communities. These sessions and information material were aimed to enhance levels of understanding and knowledge among participants on child labour, care of separated, unaccompanied and missing children, children with disabilities, mine risk education, community based care and psychosocial support of children, disaster risk reduction measures for child protection, child marriage, and birth registration.
- The referral mechanism facilitated vulnerable children and women's access to critical services by enhancing coordination among various organizations including Child Protection Unit, PDMA and other service providers. The mechanism included the participation of members and focal persons from organizations and other service providers in host communities. The mechanism included an updated mapping of social and protective services. There were 1,671 vulnerable children including children with disabilities and 85 women identified and referred to appropriate services, including WASH, psychosocial support, birth registration, NFIs, vaccinations and Mother and Child Health facilities in host communities.
- The well-being of 1,077 persons with limited mobility and their caregivers were enhanced with increasing independence by providing assistive devices, independent living techniques, and basic preventative care in host communities.

- There were 1,077 persons with disabilities and persons with limited mobility provided with assistive devices according to their needs, with the aim of facilitating mobility, independence, and dignity. These assistive devices included toilet chairs, elbow crutches, auxiliary crutches, wheelchairs, walkers, and urinal flasks. A small number of mattresses (including anti-bedsores mattresses) were also distributed to relevant beneficiaries. These beneficiaries were oriented on the correct use and maintenance of the provided assistive device.
- There were 1,410 caregivers trained and oriented around relevant techniques to ensure that people with disabilities and older people have access to their basic needs in a dignified manner in host communities. The most common preventative care techniques used included bed-sore prevention, fracture care, fever management and seizure management.

Indicators

- 6 PLaCES 24 Outreach Services functional
- Approximately 50% of communities covered through PLaCES / Outreach Services
- 4,089 girls accessing PLaCES and Outreach Services
- 5,204 boys accessing PLaCES and Outreach Services
- 2,871 women accessing PLaCES and Outreach Services
- 165 children and women with disabilities accessing PLaCES and Outreach Services
- 60 child or woman headed households accessing PLaCES and Outreach Services
- 120 community-based Child Protection Committees functional.
- 1,756 vulnerable children and women identified and referred to social and related services
- 0 missing, separated and unaccompanied children provided in interim, alternative and /or family base care
- 21,826 children, women and men reached with key child protection messages and life-saving information
- 1,077 assistive devices provided to improve access to basic needs
- 1,077 people who are able to use their assistive device immediately following training.
- 60 sessions completed in independent living techniques and basic exercises
- 45 basic preventative care sessions

UNHCR:

Registration (implemented by SRSP): UNHCR provided its expertise in registration and through its implementing partner, Sarhad Rural Support Program (SRSP), provided support to local authorities in establishing registration points in key locations in Bannu district. With the initial registration (at household level) completed, UNHCR additionally also embarked upon to complete a RDU exercise with support from SRSP. SRSP established six registration centres that had enough capacity to register the majority of IDPs in Bannu. SRSP established mechanisms for persons with specific needs to be referred to protection pathways in conjunction with the Bannu District Protection Coordination Working Group which was operational during the period. This also included referrals for female-headed households, persons with disabilities and older persons. During the registration process, the role of NADRA (National database and registration authority) was significant to verify the registration data for authentic information in line with national database.

FDMA registered 122,870 families, of these, 93,181 families were verified by NADRA while 29,689 families were rejected. To facilitate the IDPs rejected by NADRA, UNHCR established grievance desks throughout all major districts through EHSAR Foundation. To date, 41,086 grievances were recorded, of these, 25,424 cases have been resolved while 15,662 cases are in process. FDMA conducted the registration of NWA IDPs with UNHCR supported them in the second and third phases of registration. FDMA conducted the initial registration of IDPs in FR Bannu, District Bannu, DI Khan, and Kurram Agencies and shared the registration data with NADRA for verification. Verification included checking the authenticity of the CNIC, ensuring that the IDP is from NWA and no other member of the family is registered. The data with NADRA feedback was shared with UNHCR and WFP to provide assistance.

Due to the large influx of IDPs, FDMA could not collect all the information required for registration. As a result, the data collected was not up to standard. Many IDPs, especially women, did not have a CNIC and had problems with registration. The lack of information made it difficult to ascertain the place of displacement, demographic breakdowns, and needs of IDPs. To collect the missing information, UNHCR conducted a RDU exercise in Bannu, DI Khan, and Peshawar over a period of two months. The objective of this exercise was to collect all the necessary information required for registration, and provide an updated IDP registration form to the IDPs. The data of 63,477 families was updated in two months and IDPs were issued a registration form. Grievance desks were established to assist IDPs without CNICs, especially women, and facilitate eligible IDPs in getting registered. A vulnerability assessment of unregistered IDPs was conducted jointly by UNHCR and WFP to identify any vulnerable IDPs who could not register due to lack of civil documentation. There were 6,264 vulnerable families identified as eligible for assistance, of these, 2,450 families were issued vulnerability-based registration forms and provided assistance by UNHCR and WFP. The distribution of registration forms for these families is still on-going. Grievance desks also facilitated IDPs who were rejected by NADRA by providing counselling sessions, and making referrals to relevant authorities.

Registration Indicators:

- Percentage of IDPs individually registered: Target achieved 100% to register IDPs (122,870 families registered of these, 93,181 families were verified by NADRA).

Protection Monitoring (implemented by ESHAR): ESHAR established protection mobile teams to assure effective protection monitoring through recording of grievances. The main purpose of this activity was to reach out to IDPs more pro-actively,

particularly considering the mobility constraints faced by women, persons with disability, older persons, etc. Monitoring the protection concerns and issues, ensuring female participation/participation of persons with limited mobility due to a disability or old age, and assessment of the conditions in areas of displacement is critical in for planning for further intervention tailored to specific needs. Protection monitoring included identifying cases facing challenges during registration and referring to registration while ESHAR effectively addressed problems and found solutions. In this regard, mechanisms were established for authentic information and monitoring of protection concerns.

The NWA displaced people were provided every possible protection on the spot with full coverage of legal assistance through specialized protection partners: EHSAR and CERD. Both partners provided full coverage through grievance desks and mobile coverage for grievance and protection monitoring. There were 49,502 grievances recorded and legal assistance provided to 24,588 IDPs. A vulnerability assessment of unregistered IDPs was conducted jointly by UNHCR and WFP to identify any vulnerable IDPs who could not register due to lack of civil documentation. There were 6,264 vulnerable families identified as eligible for assistance. Of these, 2,450 families were issued vulnerability-based registration forms and provided assistance by UNHCR and WFP. The distribution of registration forms for these families is still on-going.

Protection monitoring Indicators:

- Eight mobile teams were established (one in Peshawar, five in Bannu, one in Lakki Marwat and one in DI Khan) for community outreach to reach the vulnerable.
- 25,424 cases of IDP families with specific needs reached by the mobile teams and referred to the appropriate services/assistance.

Grievance desk (implemented by ESHAR): Legal teams provided advocacy and support for inclusive registration (including removing barriers to access registration, particularly for people with limited mobility, and for women, increase field coverage through mobile registration teams). Grievance desks were established in areas of displacement in four locations in Bannu District. Counselling and legal assistance were provided, including civil documentation support. The cases facing registration challenge were referred from registration to grievance desks for further follow up.

EHSAR Foundation implemented protection and grievance desk activities for NWA IDPs, displaced to different districts of KP. According to the plan, EHSAR Foundation established eight grievance desks in four different districts. These grievance desks were located in Bannu, DI Khan, Lakki Marwat and Peshawar:

1. One Grievance desk at Haji Camp food hub, Peshawar District
2. One Grievance Desk at Government Commerce College, Bannu Township, Bannu District
3. One Grievance Desk at Government Vocational Training Institute, Bannu City, Bannu District
4. One Grievance Desk at Sport Complex, Bannu, Bannu District
5. One Grievance Desk at Government Degree College Mamash Khel, Bannu District
6. One Grievance Desk at Teacher Training Institute Ghorī Wala, Bannu District
7. DHQ Hospital, Lakki Marwat
8. BHU Shorkot, DI Khan District

Grievance desks provided services through dedicated male and female staff as per project documents.

- Grievances Recording: These grievances were recorded on the specific format by Grievance Desks Officers.
- Legal Assistance: Legal officers provided legal assistance with civil documentation to families lacking them.
- Protection Monitoring: As per project documents, protection monitoring activities conducted by protection officers identified protection concerns and other vulnerabilities among the reached families to grievance desk.
- Awareness and counselling: Protection officer conducted awareness sessions with IDPs regarding their rights and other mechanisms which could help them move from un-verified to a verified IDP family.

These activities enabled the Protection Cluster and UNHCR to provide humanitarian assistance to un-registered families of NWA Agency in November 2014 by developing a plan to assist the most vulnerable families among the un-registered with food and NFI packages. EHSAR Foundation in coordination with CERD, verified the vulnerability of un-registered families and issued a temporary registration for un-registered families to receive assistance from UNHCR and WFP. There were 49, 580 un-verified IDPs families who filed grievances with the grievance desks which were forwarded to UNHCR for further action. From the NADRA and FDMA recorded grievances, solutions were found for 25,424. Legal officers provided legal counselling and assistance to 24,588 IDPs. There were 399 Persons with Special Needs in the NWA IDPs identified, monitored, verified and then assisted accordingly with the support of different stakeholders. The block food cases were resolved and the IDPs were eligible for receiving the food grants. One hundred and twenty-seven sessions with 6,876 participants were held on the importance of civil documentation and the process and procedure of grievances recording. After the screening exercise there were 1,665 most vulnerable IDPs of Bara Tehsil, Khyber Agency who were referred to Jalozai Camp for shelter.

Grievance Desk Indicators:

- 49,580 IDP families approached to grievance desks and of these 25,424 families found solutions.
- 25,424 IDP families with documentation problems finding solution with the support of NADRA and the government authorities.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0):</p> <p>The agency self-assigned a gender marker score of 2a. The protection needs of girls, boys, women and men, including older persons and people with disabilities, were considered within the design, implementation and monitoring framework of the project. The project hired and deployed men and women facilitators in PLaCES and outreach services and established some separate spaces for adolescent girls and women to ensure privacy and security for women and girls. Separate sessions for adolescent boys were also provided.</p> <p>Separate registration and grievance desks were established for women, disabled and old age, and these desks were made ensure to have female staff for female IDPs.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>The evaluation of this project was not planned. UNICEF and the implementing partner conducted regular field monitoring visits throughout the project implementation period. The partner regularly shared field monitoring reports with UNICEF. UNICEF's Child Protection in Emergencies Officer also conducted regular field monitoring visits to project sites and provided reports. Findings of field visits by UNICEF staff were shared with the implementing partner during project review meetings to improve the programme improvement and make any adjustments in the project work plan.</p> <p>UNHCR conducts an annual desk review evaluation with a team composed of staff from multiple sectors. The team evaluates overall performance of the organization to implement projects and activities during the period. Each organization is rated for risk with proper documentation of the project implementation throughout the project cycle. This evaluation is documented and filed in each partner's file.</p> <p>It is UNHCR standard procedure to evaluate every partner which ultimately covers the project and activities implemented by the implementing partner. A separate evaluation is not necessarily conducted for the specific project.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	30.6.14- 31.1.15
2. CERF project code:	14-RR-FAO-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Agriculture		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency support to protect the livestock affected by the North Waziristan crisis through provision of critical veterinary supplies and feed		
7. Funding	a. Total project budget:	US\$299,996	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$299,996	▪ NGO partners and Red Cross/Crescent: US\$0
	c. Amount received from CERF:	US\$299,996	▪ Government Partners: US\$10,895
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	107,160	112,322	The overall beneficiaries reached exceeded the planned number due to fluctuating livestock holding per family which ranged from two to eight animals per family. Vaccination of 120,000 poultry birds was not conducted as originally planned. Vaccinations for Black Quarter Disease, Haemorrhagic Septicemia and Enterotoxemia were not administered to livestock as these were administered by the government livestock department. To avoid duplicating efforts, FAO provided dewormers, FMD and PPR vaccines for livestock belonging to IDPs and host families in Bannu, Karak and Laki Marwat Districts.
b. Male	120,840	126,660	
c. Total individuals (female + male):	228,000	238,982	
d. Of total, children <u>under age 5</u>	95,760	100,372	
9. Original project objective from approved CERF proposal			
To protect and restore main livelihood assets and food production of the conflict affected small-scale livestock holders through preservation of animal health and productivity			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome 1: 72,000 large ruminants, 72,000 small ruminants and 120,000 chicken have been protected from deadly diseases and their sanitation status has been restored</p> <ul style="list-style-type: none"> 98 per cent of animals treated are living and healthy by the end of the project 			
11. Actual outcomes achieved with CERF funds			
<p>Overall, 25,156 IDPs and host families were identified and selected to receive livestock assistance.</p> <ul style="list-style-type: none"> 72,000 large animals (39,256 animals belonging to 13,428 IDPs and 32,744 animals belonging to 11,728 host families) were provided with dewormers and vaccinated against Foot and Mouth Disease (an initial dose plus a booster dose) in f Bannu, Karak and Laki Marwat Districts. Similarly, 72,000 small animals (37,024 animals owned by 13,428 IDPs and 34,976 animals owned by 11,728 host families) were provided with dewormers; vaccination against Peste des Petit Ruminants (PPR) disease and FMD (an initial plus booster dose) in three targeted districts. <p>Beneficiary feedback collected through monitoring visits confirmed that the project beneficiaries ranked the interventions as helpful and supportive towards protection of their livestock and in the restoration of their productivity. Moreover, the prevalence of lethal disease like FMD and PPR reduced drastically among livestock.</p>			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>FAO continues to place a strong focus on gender equality considerations and inclusion of marginalized groups such as women-headed households in the project activities. This approach was incorporated while designing the criteria to select beneficiaries. Women beneficiaries with small and large animals were specifically targeted under this project.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>An evaluation was not conducted as this was not budgeted, 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 the service providers, covering all the project activities. FAO closely monitored and exchanged information on the activities with the Government line departments and, in its capacity of Food Security Cluster lead, with other Cluster members.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	31.07.14 – 30.01.15
2. CERF project code:	14-RR-FPA-032	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of access to life-saving reproductive health services in order to prevent excess maternal and neonatal mortality and morbidity amongst North Waziristan Agency IDPs in Bannu district		
7. Funding	a. Total project budget:	US\$100,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$100,000	▪ NGO partners and Red Cross/Crescent: US\$70,272
	c. Amount received from CERF:	US\$100,000	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	59,221	12,868	The project was initiated using the CERF funding, and the number of beneficiaries remained low in the starting period. The continuation of the project through other funds (from November 2014 – June 2015) resulted in a much higher number with overall project targets achieved. These included 879,140 women of reproductive age, and an estimated 105,497 pregnant women. The targets were initially low due to the security situation in the district. At times, project activities were brought to a halt due to curfew in the city.
b. Male	21,155	2,980	
c. Total individuals (female + male):	80,376	15,848	
d. Of total, children <u>under</u> age 5	5,000	600	
9. Original project objective from approved CERF proposal			
To ensure key lifesaving reproductive health services are accessible and available to the conflict-affected populations of North Waziristan Agency residing in Bannu district.			
10. Original expected outcomes from approved CERF proposal			
Outcome:			
The reproductive health status of IDP women and girls in Bannu District is improved.			
Indicators: The UNFPA CERF project is targeted 25% of the total female IDPs, 10% of the total male IDPs. However, direct target beneficiaries are mentioned in the table below:			
<ul style="list-style-type: none"> • No. of females received basic reproductive health services • No. males received basic reproductive health services • No. pregnant women received Basic Emergency Obstetric Care services • No. pregnant women referred to higher level health facilities for Comprehensive Emergency Obstetric Care services • At the end of the project, health facilities are able to provide Basic Emergency Obstetric Care Services • At the end of the project, referral hospital is able to provide Basic and Comprehensive Emergency Obstetric Care Services • No. clean delivery kits procured • No. clean delivery kits distributed • No. newborn baby kits procured • No. newborn baby kits distributed • At the end of the project, health facilities received basic medical and non-medical supplies; • No. women attended awareness raising sessions on reproductive health (RH) issues; • No. of women attended awareness raising sessions raised knowledge on RH issues (i.e. safe delivery, STIs and HIV preventions and GBV). This will be measured by providing pre-test and post-test. (At least 25% marked raised from pre-test to 			

post-test).

- No. men attended awareness sessions raising sessions on RH issues
- No. of men attended awareness raising sessions raised knowledge on RH issues [i.e. safe delivery, STIs and HIV preventions and GBV; This will be measured by providing pre-test and post-test. At least 25% marked raised from pre-test to post-test).

11. Actual outcomes achieved with CERF funds

During conflicts, natural disasters and emergencies, sexual and reproductive health needs are easily overlooked even though these needs are often staggering. One in five women of childbearing age is likely to be pregnant in a crisis situation. Without access to reproductive health services and lack of reproductive health awareness, serious health implications exist for both mother and child.

UNFPA, with CERF support, and in collaboration with Muslim Aid, runs a project for Provision of Basic Reproductive Health Services through Implementation of Minimum Initial Service Package for NWA IDPs in Bannu. This project was supported with CERF funding from 1 August to 31 October 2014; benefitting 9,711 persons (8,512 women and 1,197 men) with reproductive health services provided through the project. Also, 86 deliveries were assisted and 617 clean delivery kits and 600 newborn baby kits were distributed to the NWA affected population in Bannu.

Indicators	Target	Achieved	%
No. of females received basic reproductive health services	9,807	8512	87
No. males received basic reproductive health services	819	1197	146
No. pregnant women received Basic Emergency Obstetric Care services	1,961	1693	86
No. pregnant women referred to higher level health facilities for Comprehensive Emergency Obstetric Care services	275	16	6
At the end of the project, health facilities are able to provide Basic Emergency Obstetric Care Services	2	3	150
At the end of the project, referral hospital is able to provide Basic and Comprehensive Emergency Obstetric Care Services	2	1	50
No. clean delivery kits distributed	617	617	100
No. newborn baby kits distributed	600	600	100
At the end of the project, health facilities received basic medical and non-medical supplies	2	3	150
No. women attended awareness raising sessions on RH issues	2,452	2030	83
No. of women attended awareness raising sessions raised knowledge on RH issues (i.e. safe delivery, STIs and HIV preventions and GBV). This will be measured by providing pre-test and post-test. (At least 25% marked raised from pre-test to post-test).	613	529	86
No. of men attended awareness sessions raising sessions on RH issues	1,000	1783	178
No. of men attended awareness raising sessions raised knowledge on RH issues (i.e. safe delivery, STIs and HIV preventions and GBV). This will be measured by providing pre-test and post-test. (At least 25% marked raised from pre-test to post-test.)	250	220	88

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

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

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

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

EVALUATION CARRIED OUT

No evaluation was planned in the proposal submitted to CERF for the reproductive health intervention in Bannu District for NWA

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	UNDP	5. CERF grant period:	11.08.14 – 10.02.15
2. CERF project code:	14-RR-UDP-008	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Common Safety and Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Enhancement of Safety & Security of Humanitarians & IDPs and Field Safety – Saving Lives Together		
7. Funding	a. Total project budget:	US\$120,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$73,710	▪ NGO partners and Red Cross/Crescent: US\$0
	c. Amount received from CERF:	US\$73,710	▪ Government Partners: US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	N/A	N/A	
b. Male	N/A	N/A	
c. Total individuals (female + male):	N/A	N/A	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>The UN Security Risk Assessment (SRA) dated October 2013 identified vulnerabilities in the UN Security Management System (SMS) in Pakistan that needed to be augmented to enable the SMS to facilitate safe and secure delivery of programmes by the United Nations Agencies, Programmes and Funds and the Humanitarian Community with the IDP operations.</p> <p>UNDSS will continue to deploy resources in strategic areas within the IDP emergency area of operations in order to more readily provide support and assistance at enabling and facilitating the delivery and implementation of humanitarian assistance missions in the affected localities under a safe and secure manner.</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Number of UN missions provided with security related information on a daily basis • Number of international and local partners provided with security related information • Number of missions provided with radio room security coverage • Number of missions monitored by both radio rooms • Staff safety and Saving Lives Together are cross-cutting issues that span all humanitarian sectors, and will add value to relief, early recovery and reconstruction efforts. 			
11. Actual outcomes achieved with CERF funds			
<p>Rapid allocation of CERF funds allowed to maintain the Integrated security approach to the development of security systems; enhanced communications for the affected localities/IDP affected areas of operation; increased security awareness through local coordination; and providing timely advisories were provided.</p> <ul style="list-style-type: none"> • An average of seven humanitarian missions per day were provided with security related information. • 10 national and 3 international NGOs were provided with security-related information. • An average of 150 missions were provided with radio room security coverage. • An average of 250 missions were monitored for movement by the radio room. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Direct beneficiaries were humanitarian entities/ clusters. Indirect support was provided to IDPs, returnees, stayees, and host families through other active clusters.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): N/A</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>UNDSS ensured maximum safety and security of the UN and the humanitarian community through the strengthening of security and communication systems alongside with local level coordination support. Special attention was paid to the female staff deployed in the IDP affected areas to ensure their safety to the maximum.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Regarding the project evaluation, it was an ongoing, continuous planned movements of field mission personnel wherein UNDSS and Agency Security Personnel were constantly providing oversight while on the mission area to ensure the project expected outcomes were achieved. In addition, UNDSS Telecommunication Specialist from Islamabad made several missions to the project areas in order to assess the undisrupted continuity of the communication mechanism. The UNDSS Critical Incident Stress Management Unit mission visited the area for compliance purposes.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	22.06.14 – 21.12.14
2. CERF project code:	14-RR-WFP-044	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance for Internally-Displaced Persons from North Waziristan Agency FATA		
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	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$1,951,755	▪ <i>Government Partners:</i>
			US\$55,852
			US\$ 6,758
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	132,500	263,206	The new displacement that took place from NWA in 2014 subsequent to the proposal submission led to higher than planned beneficiary number reached through this grant which was utilized in a shorter timeframe than was originally anticipated—one month instead of the planned three months. The commodities procured with CERF funding would have lasted for a longer timeframe had the additional displacement not taken place. In the prevalent scenario, however, they were disbursed in a shorter time period to a larger number of beneficiaries.
b. Male	117,500	273,950	
c. Total individuals (female + male):	250,000	537,156	
d. Of total, children <u>under</u> age 5	108,445	72,946	
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:			
<ul style="list-style-type: none"> • Number of women, men, girls and boys receiving food; (as per the planned beneficiary number in the proposal) • Tonnage of food distributed (12,313 ton of cereal and non-cereal commodities are planned to be distributed in 3 months of which 2,016 ton of non-cereal commodities will be procured/distributed with the proposed CERF fund) • Number of referred complaints referred by the Beneficiary Feedback Desk that have been resolved during the reporting period of this proposal 			
11. Actual outcomes achieved with CERF funds			
<p>1. Number of women, men, girls and boys receiving food; (as per the planned beneficiary number in the proposal)</p> <ul style="list-style-type: none"> • CERF funding covered procurement costs of 2,218 ton of non-cereal commodities 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), 8 kg of pulses, 4 kg of vegetable oil and 1 kg of salt. Commodities procured with CERF funding were 1,020 ton of pulses (yellow split peas), 528 ton of fortified vegetable oil and 120 ton of iodized salt. The pulses and vegetable oil were procured internationally while the salt was procured locally. This grant also supported procurement of 550 ton of Wheat Soya Blend (super cereal) which was provided as supplementary nutrition assistance to children under age 5 who were displaced alongside their families from NWA. • CERF funding enabled commodity distribution and provision of a monthly food basket from June to December 2014 to 89,526 families displaced from NWA. 			

- Additional displacement as a consequence of operation *Zarb-e-Azb* in NWA occurred with a major portion of new displacement from NWA occurring subsequent to the submission of this CERF proposal. This led to a higher than planned beneficiary number reached through this grant which was fully used in a shorter time frame than originally anticipated.
- WFP assisted IDPs registered by UNHCR and FDMA and verified by NADRA. The online WFP database and verification system at all hub locations ensured no duplication or overlap in providing family food rations. WFP assistance, however, was provided on a needs basis and was not contingent upon formal registration. Families without the necessary documentation were supported using a temporary token-based system. Targeting and distribution modalities were formalized in coordination with the Protection Cluster to maximize facilitation of vulnerable and marginalized population groups. In 2014, WFP utilized 13 humanitarian hubs and distribution points in 5 districts of KP, 1 agency and 1 FR of FATA for the NWA relief response. Most of the families were provided assistance in Bannu and the remaining were assisted in DI Khan, FR Bannu, Lakki Marwat and Peshawar in KP and Kurram Agency in FATA.
- The age and gender breakdown of beneficiaries reached under this CERF grant is as follows:

	Male	Female	Total
Number of children below 5 years of age	37,225	35,721	72,946
Number of children 5 to 18 years of age	110,547	106,196	216,742
Number of adults	126,178	121,290	247,468
TOTAL	273,950	263,206	537,156

- This assistance proved critical in helping to maintain adequate food consumption among these beneficiaries. WFP monitoring and evaluation findings confirmed that well 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 also facilitated a stabilization of the nutritional status of typically vulnerable groups to preclude further deterioration in their food and nutrition security. These commodities provided critically needed micronutrient supplementation to the targeted beneficiaries. 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. Blanket distribution of Wheat Soya Blend was conducted for the NWA families targeting children under age 5 to avert incidences of malnutrition among this vulnerable population group.
- 2. Tonnage of food distributed (12,313 ton of cereal and non-cereal commodities planned for distribution in 3 months of which 2,016 ton of non-cereal commodities were procured/distributed with the CERF funding)**

Non-cereal commodities were procured and distributed alongside the Government-contributed wheat. From June 2014 to December 2014, 36,551 TON of food were distributed to targeted beneficiaries out of which 2,218 of non-cereal commodities were provided to beneficiaries with the assistance of CERF funding. To ensure timely mobilization of the NWA relief response WFP borrowed commodities from in-country stocks which were programmed from other WFP interventions across Pakistan. These commodities were subsequently replenished using the commodities funded by this CERF grant alongside other donors. This was essential as commodities procured internationally can have delivery lead times of up to 2.5 months, and as this was a critical life-saving intervention it is essential for WFP to mobilize all resources at its disposal to ensure timely provision of relief food assistance to the affected families.

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

There were 314 complaints/feedback pertinent to WFP's relief intervention—which was supported by CERF alongside other donors—were received by the WFP beneficiary feedback desk, out of which only 1 complaint was registered, and then referred on to the relevant department/official to resolve them. As of 31 December 2014, all relevant registered queries were fully resolved. The complaint was pertinent to misconduct and corruption and was unproven. The complaints that were not registered were general queries that are resolved during the call.

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

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>All WFP activities employ a human rights approach and do not discriminate on the basis of gender, ethnicity or disability. Efforts were undertaken to identify and prioritize the most vulnerable to receive assistance. To ensure the effective application of humanitarian principles on the ground, field staff received specialized training on these principles. Explicit efforts were made to facilitate female-headed households to receive assistance, who were given priority attention during assessment and subsequent distribution processes. During 2014, over 18 per cent of families provided with relief food assistance by WFP in the region were women-headed households, illustrating a degree of success WFP has had in increasing access for women to assistance. Separate queues and waiting areas were established for women at distribution sites, while provisions were made to a proven blood relative where a female beneficiary was unable to be present. Specific measures were taken at distribution locations that prioritized women, older people and persons with disabilities. A dedicated desk for women with female staff and separate waiting areas for the supply of rations were maintained at distribution locations in these culturally conservative areas. WFP also 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 cannot do it themselves or are not accompanied by male relatives) from the distribution counter to the roadside.</p> <p>WFP was aware of the cultural sensitivities and customs of the affected population and in place all its regular safeguards to ensure that women have safe and dignified access to food distribution. When the <i>jirga</i> of NWA elders specifically prohibited women from collecting assistance from the Bannu Sports Complex, the largest distribution point for NWA IDPs, WFP established separate food distribution points exclusively for women IDPs within existing hubs where female partner staff were deployed to mitigate this challenge. Each women's section was equipped with a shaded waiting area and chairs and was cordoned off by a partition to guarantee privacy for the women coming to collect food. To communicate the availability of these resources, radio messages were aired on local radio stations. This had the added benefit of fostering an environment of respect, greater trust and communication between the IDPs and humanitarian actors. WFP partner staff also coordinated with relevant community elders from NWA to assure them that WFP will make all possible efforts to conform to the requirements of their social norms thereby relaxing their inhibitions pertaining to women receiving food assistance.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No formal evaluation of WFP Pakistan's relief intervention was conducted which was beyond the scope of regular programme monitoring. WFP did conduct localized assessments of the targeted population to better inform programme implementation modalities, including the assessment of unregistered vulnerable IDP families from NWA and the Protection Risk Analysis associated with food distribution in Bannu subsequent to the NWA displacement.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WFP	5. CERF grant period:	23.06.14 – 23.12.14
2. CERF project code:	14-RR-WFP-045	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Logistics		<input checked="" type="checkbox"/> Concluded
4. Project title:	Logistics Cluster Augmentation in Support of the Humanitarian Response to IDPs From North Waziristan		
7. Funding	a. Total project budget:	US\$906,723	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$910,124	▪ NGO partners and Red Cross/Crescent: US\$0
	c. Amount received from CERF:	US\$200,000	▪ Government Partners: US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	N/A	N/A	
b. Male	N/A	N/A	
c. Total individuals (female + male):	N/A	N/A	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
<p>Through this CERF funding, WFP in its role as the Logistics Cluster lead aims to provide the humanitarian community logistics support to enhance the timeliness and coordination of the response of the humanitarian community for the IDP operation in NWA and neighbouring KP province. These logistics services will include: coordination, information management, geographic information services (GIS), temporary storage, and road transport (where needed). Where relevant and depending on funding, these services may be provided on a no cost basis, according to the prioritization established by the HCT.</p> <p>These will fill a critical logistics gap and enable the humanitarian community to deliver sufficient quantities of life-saving and life-sustaining relief item to support the IDPs of North Waziristan.</p>			
10. Original expected outcomes from approved CERF proposal			
<p>The expected outcomes of the operation include:</p> <ul style="list-style-type: none"> • Uninterrupted supply of emergency relief items to the affected population for all humanitarian actors. • Improved ability of the humanitarian community to respond and operate in the affected areas. • Coordinated, predictable, timely and efficient emergency logistics response. <p>The key performance indicators for this Special Operation will be</p> <ul style="list-style-type: none"> • Number of Humanitarian Hubs established (Target 3) • Number of agencies and organizations using storage facilities (Target 25) • Number of Mobile Storage Units made available (Target 10) • Total storage space made available (5,000 m²) 			
11. Actual outcomes achieved with CERF funds			
<p>The Provincial Logistics Cluster worked to prevent and alleviate gaps and bottlenecks in the humanitarian logistics response and continue providing a rapid, uninterrupted supply of life-saving and life-sustaining goods and services to those affected by the NWA displacement crisis. The Cluster activities were formally concluded on 26 October 2014 following its activation in June 2014. The CERF grant was used to support the following outcomes generated during the relief phase of the humanitarian response to IDPs from NWA:</p> <ul style="list-style-type: none"> • The Logistics Cluster had established a dedicated coordination cell in Peshawar with Logistics Cluster focal points positioned in Bannu and DI Khan, the centre of the humanitarian response. Weekly coordination meetings occurred in WFP's Peshawar 			

<p>Provincial Office and over 30 national and international NGOs, International Organizations and UN agencies participated.</p> <ul style="list-style-type: none"> • WFP, in its role as lead of the Logistics Cluster, was tasked with providing logistics support to enhance the timeliness and coordination of the response of the humanitarian community for the IDP operation. These logistics services included coordination, information management, GIS, temporary storage (a network of logistics hubs in the area of operation), and road transport as required. • At the onset of the operation, the WFP-led Logistics Cluster established storage facilities at Bannu, DI Khan and Peshawar where storage space was provided to seven different humanitarian organizations participating in the emergency response. • The Cluster made available 1,562 cubic metres of storage space in the facilities at Bannu, DI Khan and Peshawar and used to store and handle relief items on behalf of 7 different organizations. • Mobile storage units were provided and installed for 4 different organizations apart from the storage facilities established at the 3 different locations. • The Cluster enabled road transportation of 5,018 m³ of relief items on behalf of Bannu (ACR), World Vision International, SAFFRON, NRC, DRC, FDMA, Handicap International and Muslim Aid Pakistan. • The Logistics Cluster provided Mobile Storage Units, Supply Chain Management and Warehouse Management training to 32 humanitarian partners and government counterpart organizations, 68 participants in total. This capacity enhancement has gone a long way to prepare partners to become more self-sufficient in the future. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The planned outputs were not completely achieved as most of the humanitarian organizations were not provided with the government clearances to travel and operate in the affected areas resulting in the Logistics Cluster receiving fewer storage requests than anticipated.</p> <p>The combination of fewer services provided and positive support to Cluster activities from key donors, \$129,925.03 of CERF funding remained unspent and was returned.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a or 2b): N/A If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>The humanitarian organizations were fully content with the Logistics Cluster services that they utilised which they shared in the Logistics Cluster coordination meetings. No complaints were received by any of the organizations that utilized the Cluster's coordination services in the course of its operations. These services were continuously used when it was operational. Most of the Cluster's clients returned two or more times to use these services.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	5. CERF grant period:	31.07.14 – 30.01.15
2. CERF project code:	14-RR-WHO-050	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency lifesaving Health response through timely provision of Primary Health Care (PHC) including essential life-saving medicines to reduce morbidity and mortality associated with the epidemic prone diseases among displaced population from North Waziristan Agency.		
7. Funding	a. Total project budget:	US\$4.6 m	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$1.246 m	▪ <i>NGO partners and Red Cross/Crescent:</i>
	c. Amount received from CERF:	US\$460,000	▪ <i>Government Partners:</i>
			US\$134,696
			US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	120,000	150,000	The reached beneficiaries against the planned figures are based on the surveillance data (consultation) from the targeted health facilities and essential medicines coverage.
b. Male	130,000	210,000	
c. Total individuals (female + male):	250,000	360,000	
d. Of total, children <u>under</u> age 5	37,000	54,500	
9. Original project objective from approved CERF proposal			
<p>The overall objective of the CERF project is to reduce morbidity and mortality associated with the epidemic prone diseases in the IDP hosting districts by early detection and response, provide access to essential life-saving medicines and support to healthcare service delivery in southern districts of KP hosting influx of IDPs from NWA.</p> <p>Specific Objectives:</p> <ol style="list-style-type: none"> To provide emergency PHC services that are accessible to women, children elderly and disable of the displaced population living in hosting areas with the support of DoH and NGO partners. To detect and report sex and age disaggregated data of the alerts for potential outbreaks at the earliest possible stage, investigate and respond timely according to the national guidelines. To provide life-saving medical supplies for outbreak response, case management and laboratory supplies for collection and transportation of samples for confirmation of diagnosis. Responding to healthcare needs of target population by improving access, quality and rational use of medical products and essential health technologies by establishing locally managed supply chain within public sector for essential medicine and supplies through gap analysis and health cluster guidelines. Coordination of emergency healthcare services for effective and timely health coverage through Health Cluster coordination mechanism. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 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.

11. Actual outcomes achieved with CERF funds

Disease Surveillance and Response:

- Acute Respiratory tract Infections (ARI) accounted for 14% (36,675 cases) of 266,462 patient consultations in all age groups. ARI was on the rise due to the change in weather, a usual disease pattern. ARI centres were established to mitigate the risks of likely dangerous diseases such as pneumonia and measles.
- Other Acute Diarrhoea (OAD) accounted for 16% of 43,255 patient consultations in all age groups. Cases of acute diarrhoea were reported and appropriate response provided, coordinating with health and WASH authorities and WASH Cluster.
- Unexplained fever accounted for 10% of 26,499 consultations in all age groups.
- Skin infections accounted for 5% of 12,673 patient consultations in all age groups.
- Acute Jaundice Syndrome accounted for 0.3% (724 cases).
- Vaccine Preventable Diseases accounted for 0.3% (672 cases) while measles and diphtheria cases were detected and provided appropriate response.
- Other diseases included chronic illnesses and non-communicable diseases contributed to 55% of the 146,000 patient consultations in all age groups.
- Male-to-female ratio recorded was 39:61 per cent.
- There were a total of 139 alerts, 3 outbreaks, 182 cases and 4 deaths recorded for measles, diphtheria, leishmaniasis, Crimean Congo Haemorrhagic Fever, neonatal tetanus, snake bites, and chicken pox.

Capacity building exercises for the DoH staff and the Health Cluster members were held: 169 health care staff including 23 female staff were trained on disease surveillance, epidemiological case definition of priority diseases, alerts and outbreak thresholds and criteria, disease reporting, rational use of medicines and health care waste management.

Essential medicines:

WHO Essential Medicines team prepared the specifications to procure medicines and supplies and assemble medicine kits which include medicines for communicable diseases (acute diarrhoea, malaria and scabies), non-communicable diseases (diabetes, hypertension, gastric disorders and asthma), MNCH and items for trauma/minor surgery. CERF funding not only filled gaps in essential medicine supplies but also for disease alert and outbreak response.

The Essential Medicines team ensured the delivery of medicines based on epidemiological profiles to targeted health facilities. WHO pharmacists provided technical support in maintaining good inventory and storage practices, evidence-based quantification of medicine 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 of population, morbidity data and previous consumption data.

Target districts:

Bannu, DI Khan, Lakki Marwat, NWA and Tank.

Overview of Supplies:

WHO provided essential medicine coverage to 205,000 people through 22 emergency health kits and 14 diarrhoeal disease kits along with assorted medicines to health partners including; department of Health and IPs.

Beneficiaries:

78,400 males and 126,600 females.

Monitoring Visits:

Twenty-seven field visits conducted including assessment (identification of gaps and practices being used) and monitoring to determine the evidence-based need of essential medicines. On-the-job training was provided on good pharmaceutical storage practices, rational use of medicines, good dispensing practices and safe disposal of used syringes and unwanted pharmaceuticals to health staff. Patient exit interviews were conducted to gauge the patient's knowledge about medicine usage, patient compliance and quality of services. Weekly and monthly essential medicines situation reports were prepared and share. In compliance with on-going monitoring mechanisms, every new request for supply of medicines was analysed, based on comparison with previous consumption pattern and morbidity data before honouring the new request.

Capacity Building:

One hundred and fifty participants were trained on antimicrobial resistance, standard treatment guidelines, 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:

Thirty-six responses were provided to alerts/outbreaks of diphtheria, acute water diarrhoea, measles and scabies.

Key Achievements:

- Need based supply of essential medicines is maintained focusing on rational utilization.
- Logistic support system implemented for improved inventory management.
- Improved coordination among Directorate General Health Services, district health departments and partners.
- 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.

Number of Emergency Health Kits distributed and people covered in FATA and KP			
Partners	Location	Number of Kits	People Covered
DHO	Bannu	11	99,000
KGN	Bannu	2	18,000
Ehsar	Bannu	3	27,000
CERD	Hangu	2	18,000
DHO	Lakki Marwat	1	9,000
Ehsar	New Durrani	3	27,000

Diarrhoeal disease kits distribution and diarrhoeal interventions			
Partners	Location	Number of Kits	People Covered
Women and Children Hospital		2	1,000
DHO	Bannu	6	3,00
Ehsar Foundation	Bannu	2	1,000
Merlin	Bannu	4	2,000

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

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):

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-RR-CEF-105	Child Protection	UNICEF	Pakistan Village Development Programme (PVDP)	Yes	NNGO	\$100,158	26-Aug-14	1-Jul-14	N/A
14-RR-CEF-105	Child Protection	UNICEF	Handicap International	Yes	INGO	\$54,141	17-Oct-14	1-Aug-14	Handicap International was a new partner of UNICEF CP section for this project and first installment was delayed in the process of acquiring relevant documentation from partner for operationalizing payment to partner.
14-RR-CEF-102	Health	UNICEF	Center of Excellence for Rural Development	Yes	NNGO	\$73,791	15-Sep-14	1-Aug-14	N/A
14-RR-CEF-102	Health	UNICEF	Deputy Director EPI	Yes	GOV	\$25,977	19-Nov-14	1-Nov-14	The fund was advanced to DD EPI for conducting Measles Campaign in Southern Districts of KP. A lot of time was consumed in negotiation and advocating with the Government for the measles campaign. The Government was reluctant due to the cases of AEFI (Adverse effects following immunization) reported after measles vaccination in the recent past. Hence the delay in payment occurred.
14-RR-CEF-101	Water, Sanitation and Hygiene	UNICEF	SRSP	Yes	NNGO	\$139,524	13-Oct-14	20-Jul-14	Initially already available funds were utilized and CERF funds were utilized for later half of 2014 to ensure uninterrupted services for NWA IDPs.
14-RR-CEF-101	Water, Sanitation and Hygiene	UNICEF	SABAWON	Yes	NNGO	\$45,657	19-Sep-14	26-Jun-14	Initially already available funds were utilized and CERF funds were utilized for later half of 2014 to ensure uninterrupted services.
14-RR-CEF-099	Nutrition	UNICEF	Director Health Services KP	Yes	GOV	\$64,580	6-Nov-14	1-Oct-14	Initially already available funds were utilized and CERF funds were utilized for later half of 2014 to ensure uninterrupted services in Bannu District .
14-RR-CEF-099	Nutrition	UNICEF	Relief Pakistan	Yes	NNGO	\$65,905	9-Oct-14	1-Sep-14	Initially already available funds were utilized and CERF funds were utilized for later half of 2014 to ensure uninterrupted services.

14-RR-CEF-099	Nutrition	UNICEF	Community Appraisal and Motivation Programme	Yes	NNGO	\$22,497	14-Jan-15	1-Jan-15	Initially already available funds were utilized and CERF funds were utilized to ensure uninterrupted services for NWA IDPs. Accessibility to the target areas and NOC provision by the government delayed implementation of activities.
14-RR-FAO-022	Agriculture	FAO	Directorate of Livestock and Dairy Development KPK	No	GOV	\$10,892	6-Nov-14	30-Sep-14	Due to the non availability of FMD and PPR vaccines in the country, FAO imported these vaccines from Russia and Jordan respectively which took 30 days.
14-RR-WFP-044	Food Assistance	WFP	Lawari Humanitarian Organization (LHO)	Yes	NNGO	\$6	24-Dec-14	24-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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-044	Food Assistance	WFP	Centre of Excellence in Rural Development (CERD)	Yes	NNGO	\$8,810	11-Dec-14	11-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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount

									of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-044	Food Assistance	WFP	Basic Education and Employable Skills Training (BEST)	Yes	NNGO	\$159	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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-044	Food Assistance	WFP	Community Research and Development Organisation (CRDO)	Yes	NNGO	\$15,529	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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.

14-RR-WFP-044	Food Assistance	WFP	Pakistan Red Crescent Society (PRCS)	Yes	RedC	\$3,699	12-Dec-14	12-Nov-14	Covering a range of costs incurred by the partner and charged to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-044	Food Assistance	WFP	Save the Children (SCF)	Yes	INGO	\$1,767	29-Nov-14	29-Oct-14	Covering a range of costs incurred by the partner and charged to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.

14-RR-WFP-044	Food Assistance	WFP	Health Department, Government of Balochistan	Yes	GOV	\$3,725	14-Dec-14	14-Nov-14	Covering a range of costs incurred by the partner and charged to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-044	Food Assistance	WFP	Health and Nutrition Development Society (HANDS)	Yes	NNGO	\$11,488	14-Dec-14	14-Nov-14	Covering a range of costs incurred by the partner and charged to WFP for programme implementation including staffing, equipment, administration, travel and monitoring costs. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.

14-RR-WFP-044	Food Assistance	WFP	Johannitier International	Yes	INGO	\$1,877	22-Dec-14	22-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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-044	Food Assistance	WFP	National Programme Punjab	Yes	GOV	\$3,033	9-Oct-14	9-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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.

14-RR-WFP-044	Food Assistance	WFP	Shifa Foundation	Yes	NNGO	\$12,382	14-Nov-14	14-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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-044	Food Assistance	WFP	Frontier Primary Health Care (FPHC)	Yes	NNGO	\$135	4-Nov-14	4-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. The total value of transfers to partners is US\$ 62,610. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective organization. The value of transfers stipulated is in accordance to that. As stipulated in the proposal the commodities procured using this CERF grant replenished the available in-country stocks from other WFP operations that were borrowed to provide timely relief response to the NWA displaced. In cases where only a nominal amount of commodities were moved from a specific region and/or activity the replenished amount were proportionately nominal.
14-RR-WFP-046	Nutrition	WFP	Action Against Hunger(ACF)	Yes	INGO	\$22	4-Dec-14	4-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. The total value of transfers to partners is US\$ 8,395. The amount of funds transferred to a partner is

									commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. The value of transfers to NGOs stipulated is in accordance to that.
14-RR-WFP-046	Nutrition	WFP	Basic Education and Employable Skills Training (BEST)	Yes	NNGO	\$2,704	12-Nov-14	12-Oct-14	Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administrative, travel and monitoring costs. The total value of transfers to partners is \$8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. As WFP's nutrition response is supported by several donors alongside CERF there are instances that a particular NGO receives and distributes a very small tonnage of commodities funded by CERF. As a result the proportionate value of funds from CERF amount to a very small sum of money.
14-RR-WFP-046	Nutrition	WFP	Community Development Organization (CDO)	Yes	NNGO	\$18	24-Dec-14	24-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. The total value of transfers to partners is US\$ 8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. The value of transfers to NGOs stipulated is in accordance to that.
14-RR-WFP-046	Nutrition	WFP	Medical Emergency Relief International (MERLIN)	Yes	INGO	\$26	14-Oct-14	14-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. The total value of transfers to partners is US\$ 8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. The value of transfers to NGOs stipulated is in accordance to that.

14-RR-WFP-046	Nutrition	WFP	Social Services Pakistan (SSP)	Yes	NNGO	\$260	23-Dec-14	23-Nov-14	Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administrative, travel and monitoring costs. The total value of transfers to partners is \$8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. As WFP's nutrition response is supported by several donors alongside CERF there are instances that a particular NGO receives and distributes a very small tonnage of commodities funded by CERF. As a result the proportionate value of funds from CERF amount to a very small sum of money.
14-RR-WFP-046	Nutrition	WFP	Centre of Excellence in Rural Development (CERD)	Yes	NNGO	\$2,230	9-Dec-14	9-Nov-14	Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administrative, travel and monitoring costs. The total value of transfers to partners is \$8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. As WFP's nutrition response is supported by several donors alongside CERF there are instances that a particular NGO receives and distributes a very small tonnage of commodities funded by CERF. As a result the proportionate value of funds from CERF amount to a very small sum of money.
14-RR-WFP-046	Nutrition	WFP	Frontier Primary Health Care (FPHC)	Yes	NNGO	\$1,021	7-Dec-14	7-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. The total value of transfers to partners is US\$ 8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. The value of transfers to NGOs stipulated is in accordance to that.

14-RR-WFP-046	Nutrition	WFP	Peoples Empowerment And Consulting Enterprise (PEACE)	Yes	NNGO	\$528	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, administrative, travel and monitoring costs. The total value of transfers to partners is \$8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. As WFP's nutrition response is supported by several donors alongside CERF there are instances that a particular NGO receives and distributes a very small tonnage of commodities funded by CERF. As a result the proportionate value of funds from CERF amount to a very small sum of money.
14-RR-WFP-046	Nutrition	WFP	Relief Pakistan(RP)	Yes	NNGO	\$1,586	17-Dec-14	17-Nov-14	Covering a range of costs incurred by the partner and charger to WFP for programme implementation including staffing, equipment, administrative, travel and monitoring costs. The total value of transfers to partners is \$8,395. The amount of funds transferred to a partner is commensurate to the tonnage of CERF-funded commodities handled by the respective NGO. As WFP's nutrition response is supported by several donors alongside CERF there are instances that a particular NGO receives and distributes a very small tonnage of commodities funded by CERF. As a result the proportionate value of funds from CERF amount to a very small sum of money.
14-RR-WHO-050	Health	WHO	EHSAR	Yes	NNGO	\$60,716	15-Aug-14	25-Sep-14	
14-RR-WHO-050	Health	WHO	WEO	Yes	NNGO	\$73,980	15-Aug-14	20-Sep-14	
14-RR-FPA-032	Health	UNFPA	Muslim Aid	No	INGO	\$70,272	18-Aug-14	1-Aug-14	
14-RR-FPA-031	Gender-Based Violence	UNFPA	Sarhad Rural Support Programme	No	NNGO	\$55,648	18-Aug-14	1-Aug-14	
14-RR-HCR-030	Protection	UNHCR	EHSAR	Yes	NNGO	\$89,280	25-Aug-14	31-Jul-14	
14-RR-HCR-030	Protection	UNHCR	SRSP	Yes	NNGO	\$349,680	25-Aug-14	31-Jul-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

4Ws	Who, what, when and where
ARI	Acute respiratory tract infection
CMAM	Community Management of Acute Malnutrition
CNIC	Computerized National Identity Card
DDMA	District Disaster Management Authority
DOH	Department of Health
DHW	District headquarters
FAO	Food and Agriculture Organization
FATA	Federally Administered Tribal Areas
FMD	Foot and Mouth Disease
GIS	Geographic Information Services
GOP	Government of Pakistan
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HRT	Humanitarian Regional Team (Peshawar-based)
IDP	Internally Displaced Person
IYCF	Infant and young child feeding
KP	Khyber Pakhtunkhwa
LSS	Logistic support system
MIRA	Multi-sector Initial Rapid Assessment
MNCH	Maternal Neonatal Child Health
NADRA	National Database and Registration Authority
NFI	Non-food item
NGO	Non-governmental organization
NIS	Nutrition Information System
NOC	No Objection Certificate
NWA	North Waziristan Agency
OAD	Other acute diarrhoeal
OPD	Out Patient Therapeutic Dept.
OTP	Outpatient Therapeutic Feeding Programme
PDMA	Provincial Disaster Management Authority
PHC	Primary health care
PLaCES	Protective Learning and Community Emergency Services
PPHI	Pakistan Primary Health Initiative
PPR	Peste des Petit Ruminants
PSM	Policy and Strategy Meeting
RDU	Registration Data Update
RP	Reproductive Health
RUSF	Ready-to-use supplementary food
RUTF	Ready-to-use-food
SAFRON	Ministry of States and Frontier Regions
SC	Stabilization Centre
SFP	Supplementary Feeding Programme
TSFP	Targeted supplementary feeding programme
WASH	Water Sanitation and Hygiene