



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

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

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Timo Pakkala

REPORTING PROCESS AND CONSULTATION SUMMARY

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

In April 2013, the CERF Secretariat commissioned an independent review of processes and results of CERF-funded projects in Pakistan in 2012 and 2013. The review's recommendations led to an HCT-driven lessons learned exercise through which partners conducted an After Action Review and recommended ways of improving the timeliness, efficiency and effectiveness of CERF-supported responses. The exercise conducted between June and September involved consultations within the ICCM and HCT and was informed by experiences from CERF allocations in 2012 and 2013, including Rapid Response allocations for the conflict-related displacement. Clusters and agencies held various meetings to review the in-country process from the moment of identification of a need for a CERF request, through the various steps that follow: prioritization, allocation, monitoring and reporting. In November, the HCT endorsed the recommendations of the lessons learned exercise, which are incorporated into this report.

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

YES ☒ NO ☐

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

YES ☒ NO ☐

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 324,636,693		
Breakdown of total response funding received by source	Source	Amount
	CERF	3,888,565
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	2,637,898
	OTHER (bilateral/multilateral)	207,117,101
	TOTAL	213,643,564

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 03-May-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-064	Education	152,796
UNICEF	13-CEF-065	Health-Nutrition	135,001
UNICEF	13-CEF-066	Protection/Human Rights / Rule of Law	180,002
UNICEF	13-CEF-067	Health	150,000
UNICEF	13-CEF-068	Water and sanitation	200,320
FAO	13-FAO-022	Agriculture	344,358
UNFPA	13-FPA-022	Protection / Human Rights / Rule of Law	250,003
UNHCR	13-HCR-037	Protection / Human Rights / Rule of Law	140,063
UNHCR	13-HCR-038	Shelter and non-food items	400,073
WFP	13-WFP-029	Food	1,001,431
WHO	13-WHO-029	Water and sanitation	49,980
WHO	13-WHO-031	Health	384,539
UN Habitat	13-HAB-001	Water and sanitation	100,000
UN Habitat	13-HAB-002	Shelter and non-food items	399,999
TOTAL			3,888,565

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,107,089
Funds forwarded to NGOs for implementation	754,275
Funds forwarded to government partners	27,201
TOTAL	3,888,565

HUMANITARIAN NEEDS

Since 2008, Pakistan's north-western areas of Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Areas (FATA) have experienced significant population movement as a result of security operations by the Government of Pakistan against non-state armed groups, as well as sectarian violence. In 2009, more than 3 million people were displaced from their homes, many of whom have since returned.

Patterns of displacement and returns continued to fluctuate in 2013. Between March and June, an escalation of hostilities between non-state armed actors and security operations against the groups displaced nearly 80,000 people from the Tirah Valley in Khyber Agency and 63,800 people from Kurram Agency, both in FATA. Although more than 108,000 people returned to their homes in FATA in 2013, as of the end of the year, more than 1 million people remained displaced in KP and FATA.

Displacements from the Maidan area in the Tirah Valley commenced in mid-March due to an escalation of hostilities between rival armed groups and the Government's security operations against armed non-state actors. More than 90 per cent of the internally displaced people (IDPs) sought refuge among host communities in different locations in the Peshawar Valley and some moved to Kohat and Hangu districts in KP and Kurram Agency in FATA, with some families hosted in the New Durrani camp in Kurram. A situation report by the FATA Disaster Management Authority's (FDMA) on 21 April 2013 indicated the following demographic breakdown among the IDPs: children (46 per cent), women (33 per cent) and men (21 per cent).

Many of these families fled with no belongings. Owing to security concerns, their displacement was expected to last for at least six months, during which the IDPs would require humanitarian assistance.

Government authorities in KP requested humanitarian partners to provide the displaced people with immediate life-saving humanitarian assistance comprising food, non-food items (NFIs), tents, livestock support, nutrition, water, sanitation and hygiene (WASH) and education, with particular attention to the needs of vulnerable groups. To facilitate the response, the authorities established a new registration point at Jerma in Hangu, which came into operation on 27 April.

Assessed needs

A rapid observation exercise¹ carried out by seven international non-governmental organizations² between 28 and 31 March 2013 found that most of the displaced people sought refuge in Peshawar, while others went to Kohat, Hangu and Nowshera districts. Most of the IDPs sought refuge among previously displaced off-camp families in KP, with four to five families living in one compound. These hosting displaced families were already vulnerable, having adopted a number of negative coping mechanisms in order to live off-camp throughout their own displacement, and so it was a considerable added burden to have the newly displaced families living with them.

Many families had vulnerable members, including sick or injured individuals, elderly, disabled, women and children in need of prioritized support, including food, health care, clean drinking water, nutritional support³, shelter and other non-food needs. Many IDPs were severely injured while walking across mountains into displacement and required urgent medical and psychosocial assistance. Many families had no money, having paid exorbitant transportation costs and high rents in off-camp locations.

An inter-cluster rapid assessment that took place between 17 and 23 April 2013 identified food, agriculture, livestock-based livelihoods support and shelter as the key priority needs of the displaced population. Nearly 90 per cent of the surveyed

¹ Report of multi-organization observation of Tirah Valley displacement, 3 April 2013 (unpublished report by OCHA Pakistan).

² The seven organizations were ACF, ACTED, IRC, IVAP, NRC, Oxfam and Save the Children.

³ Protection Cluster Briefing Note – Displacement from Tirah Valley, Khyber Agency, FATA.

displaced people from the Tirah Valley identified food, shelter and livelihoods support as their top priorities, with assessment data and observation reports also indicating significant protection needs.

The assessment showed the families had insufficient money to buy food and resorted to negative coping mechanisms, including relying on help from friends, purchasing food on debt, eating cheaper basic foods, limiting portion size at meals, decreasing expenses on health care, skipping meals for entire days and selling household items. In addition to food assistance, the assessment also revealed that the families required basic relief items, health care, cash and clean water.

The displaced population was already vulnerable and grappling with challenges such as lack of vaccination coverage, family separation, the lack of livelihoods. Half of the lactating women were reported to have stopped breastfeeding due to displacement and the lack of appropriate cultural support mechanisms.

Food: Complementary feeding was inadequate, increasing the risk of malnutrition among the newly displaced population. Reproductive health and vaccination needs were critical. The displaced families had limited or no food supplies, and little financial support to buy essential items.

The rapid assessment uncovered the vulnerabilities of the displaced people and pointed towards a rapidly deteriorating food security situation, with nearly 70 per cent of the IDPs resorting to harmful coping strategies such as reducing the frequency, quality and quantity of food; women eating less food than men; some IDPs selling their productive assets and personal affects, accumulating debt and compromising other needs such as health care and education.

Agriculture: Agriculture and livestock sectors suffered badly due to the insecurity and displacements. Agricultural activities were banned and substantial resources in the form of wheat, maize and fodder stocks were destroyed or spoiled due to security operations. Agricultural land remained barren, resulting in significant losses.

Although some IDPs were able to bring some of their livestock assets, they faced difficulties in maintaining them due to the shortage of feed, lack of vaccination and veterinary support. The majority of IDPs with livestock ranked feed provision as the highest priority need, followed by vaccination and construction of safe animal shelters in order to salvage their (remaining) critical productive assets.

In FATA, as elsewhere, the pro-poor and pro-gender-balance nature makes livestock a critical productive asset for the household. Women have a prominent role in the management of livestock, as they are mainly responsible for feeding, watering and milking animals at the household level. Livestock is often the only asset to which women have real access and some degree of control. Leaving this source of livelihoods unprotected would have created a gender gap in assistance provided.

Water, sanitation and hygiene: The IDPs who sought refuge among host communities increased the burden on existing drinking water supplies and sanitation facilities, whose coverage was already below standards, thus making the population more vulnerable to WASH-related diseases. Assessment findings indicated approximately 40 per cent of surveyed IDPs relied on unprotected sources for drinking water, including surface water sources, with only 4 per cent reporting some sort of household-level water treatment. The protected water sources were also often contaminated.

In hosting communities water access and coverage rates varied widely in displaced districts, with areas such as Kohat considered as “water – scarce”, as 36 per cent of the population used unprotected water sources. In Hangu, 40 per cent of the population relied on unprotected sources of drinking water, and 40 per cent in Kurram. Access to piped water in Hangu and Kohat districts were at 8 per cent and 26 per cent respectively. Water quality was a major concern too, with 50 per cent of the population surveyed reporting bad taste and discoloration from drinking water sources.

Drainage and sanitation standards were reported to be very poor in the hosting areas. Approximately 20 per cent of the respondents relied on open defecation, reported as high as 29 per cent in Kurram Agency. Further, 40 per cent relied on informal sanitation facilities near their residences – thus 60 per cent of the population did not have access to appropriate safe sanitation. In addition, more than 70 per cent of the affected population did not use soap for hand washing. The WASH situation in general placed a higher risk among women and girls.

Shelter: According to the inter-agency assessment, shelter needs were the second top priority of the IDPs. The main housing concerns were overcrowding, poor living conditions, and lack of funds to pay high rents.

Health: Although existing emergency health services in Jalozaï, Togh Sarai and New Durrani camps were enough to support the newly displaced populations, additional funds were needed to maintain and expand the health services.

II. FOCUS AREAS AND PRIORITIZATION

Food Security and Livelihoods

In the Tirah Valley, agriculture, livestock and poultry are major sources of household food security, nutrition and livelihoods. Saving surviving livestock was highly time-sensitive, as delayed morbidity, mortality, distress sales and slaughter would have increased rapidly if no livestock related support was provided. The provision of animal feed as well as veterinary support for surviving small and large ruminants was prioritized to minimize further losses of productive assets.

The timing of the conflict coincided with the *Rabi* cropping season during which (staple) wheat is produced. The wheat harvest starts at the end of May and continues until mid-June. Due to the conflict, standing crops remained unattended after IDPs fled the area. In the Tirah Valley, the IDPs were unable to harvest their wheat crop, which exacerbated an already precarious food insecurity situation.

The provision of animal feed was a time-critical form of support to the displaced population. This was particularly important given that most IDPs were unable to obtain wheat straw and other biomass to feed their livestock.

Some of the IDPs from the Tirah Valley brought livestock with them, which posed the risk of spreading animal diseases in and outside camps in Kurram and Nowshera. In addition, the influx of IDPs and their livestock exerted extra pressure on the limited resources available for the host families' livestock. To address this situation, after reprogramming, veterinary support was provided to the livestock of host families.

All vulnerable groups were targeted for assistance, especially households headed by widows, children, women and the elderly.

Water, sanitation and hygiene (WASH)

WASH interventions were focused on New Durrani camp and areas with a higher concentration of IDPs from the Tirah Valley, which included Kohat and Hangu (KP) and six tehsils of Kurram Agency (Sadda, Sateen, Sultani, Shashoo, Dogar and Jogdara). New Durrani camp had no water source; hence water trucking was the only option in the provision of potable drinking water to the IDPs from the Tirah Valley.

Education

Education support was provided to displaced children aged between 3 and 12 years in Kohat, Hangu and Kurram Agency. These children were affected by conflict and their school calendar year was disrupted. Education was prioritized to avoid a situation where entire generations are rendered uneducated, disadvantaged, and unprepared to contribute to their society's recovery. Activities were prioritized on the basis that children in the affected areas, including girls, would benefit from the interventions based on assessed needs. Schools were selected in consultation with the Education Department to ensure displaced children in target areas, especially those with most IDPs, received support.

Nutrition

Nutrition activities were prioritized and scaled up in Kohat and Hangu districts for approximately 9,648 vulnerable individuals (including 5,808 children and 3,840 pregnant and lactating women).

An analysis under the Internally Displaced Persons Vulnerability Assessment and Profiling⁴ (IVAP) exercise showed 65 per cent of the surveyed IDPs had a poor or borderline food consumption score, only around 34 per cent had an acceptable food consumption score. More than 50 per cent of the surveyed individuals reported their children had two or less than two meals eaten per day – the standard for children is four meals per day. IVAP analysis also showed a 21 per cent decrease in breastfeeding practices among the displaced women⁵.

Shelter

Shelter assistance for the Tirah Valley IDPs was prioritized in higher concentration areas such as Sadda, Sateen, Sultani, Shashoo, Dogar and Jogdara in Kurram Agency.

⁴ <http://www.ivap.org.pk/> [2012]

⁵ <http://www.ivap.org.pk/> [2013]

Protection

Protection was prioritized, both in terms of dedicated services and cross-cutting issues, in addition to the elements identified by the population as being most critical.

III. CERF PROCESS

Ahead of the population movements from the Tirah Valley, the Directors-General of the KP Provincial Disaster Management Authority (PDMA) and FDMA informed the humanitarian community about the anticipated displacement of 14,000 families from the valley. PDMA requested the humanitarian community to provide immediate assistance to the affected families.

The internal 2013 Humanitarian Operational Plan for KP and FATA developed earlier in 2013 did not foresee the displacements and therefore did not include a provision to support the affected population. Therefore humanitarian partners required rapid funding from CERF to support the newly displaced population, while also seeking resources to continue assistance for the existing IDPs.

Humanitarian partners conducted a rapid observation exercise between 28 and 31 March 2013 and an inter-cluster rapid assessment between 17 and 23 April 2013, both of which noted the need for urgent assistance, especially food, temporary shelter, NFIs, health care, cash assistance, clean drinking water, nutritional support, and protection services. The assessments were conducted by humanitarian partners comprising clusters, UN agencies, NGOs, and Government authorities. The findings informed humanitarian partners' strategic planning and priority setting.

Based on the assessed needs against the backdrop of limited resources to address them, the Humanitarian Regional Team (HRT) or ICCM in Peshawar, KP, recommended an application for funds from CERF, while pursuing funds from other sources such as the ERF, which allocated \$1 million to address critical needs of the IDPs, with a focus on the provision of primary health services at New Durrani Camp; provision of protective and community services, including psychosocial services and gender-based violence response; distribution of NFIs, and food security assistance, especially critical livelihoods components.

The Humanitarian Country Team (HCT) approved the HRT/ICCM recommendation, after which the HRT/ICCM convened a meeting involving clusters, INGOs and other partners during which emergency needs were prioritized and submitted to the HCT, which reviewed and approved them for submission to the CERF Secretariat.

Food Security and Livelihoods

Subsequent to the HRT meeting on the prioritization of needs, members of the Food Security Cluster held consultations at different forums and prioritized improving the food consumption score of the IDPs and their means of livelihood, especially through livestock support. The cluster's priority interventions were guided by the strategy set out in the 2013 HOP for KP and FATA.

For agriculture and livelihoods support, a twin-track process was adopted for precise targeting of beneficiaries: geographically (in-camp and off-camp) and at the household level. Vulnerable farming families that received assistance were selected on the basis of the following criteria:

- Conflict-affected IDPs from the Tirah Valley and their host families.
- Livestock-rearing or farming families with limited resources to purchase feed/veterinary support for their animals.
- IDPs with access to a small piece of arable land for kitchen gardening.
- For the livestock component, preference was given to those rearing lactating or pregnant ruminants.
- Families whose livestock productivity was declining due to fodder shortages/ lack of medication and vaccination.
- Willingness to grow vegetables for their own consumption and marketing of the surplus.
- Households headed by women and elderly people were given preference.

The selected families were facing difficulties in maintaining their productive livestock assets due to high costs or limited access to fodder/forage and veterinary supplies. Food-insecure families were mainly dependent on livestock for their livelihoods and were likely to adopt negative strategies (e.g., distressed selling and slaughtering of livestock) to cope with fodder shortages.

WASH

During a consultation meeting on the CERF process, all the three WASH-focused agencies (UNICEF, UN-Habitat and WHO) discussed the modalities of response, division of work and geographical areas in detail. As a result a consensus was reached on the utilization of CERF funds for WASH responses both in and outside camps.

UNICEF was given the role of providing assistance in New Durrani camp, as it was already operational in the camp, whereas UN-Habitat opted to respond to WASH needs in hosting communities. As per its mandate, WHO focused on water quality surveillance and outbreaks response both in and outside camps. WASH activities were conducted through cluster member NGO partners, community-based organizations, and Environmental Health Engineers, in close coordination with relevant line authorities in KP and FATA, such as the Public Health Engineering Department, Local Government and Rural Development Department, Department of Health, PDMA and FDMA.

Special attention was paid to the sanitation needs of women and girls residing in the IDP camps as well as the host communities, factoring in their privacy needs, and to ensure protection from potential sexual harassment and violence due to the absence of proper defecation spaces.

Shelter

Under the Shelter/NFI Sector allocation, IOM targeted off-camp displaced families with winterized tents and NFI distribution through a careful beneficiary selection criteria devised in consultation with the Protection Cluster to prioritize extremely vulnerable families.

The Shelter Cluster recommended rental subsidy as the fastest and best strategy with immediate positive impact in terms of timely support to IDPs in need. UN-Habitat proposed to help the IDPs by providing rental cash assistance through an innovative banking system.

UNHCR targeted 6,116 families in the camps with NFIs, while UN-Habitat assisted 1,025 off-camp IDPs in central Kurram with rental subsidies.

Education

UNICEF was the only agency in the Education Cluster in the geographical area in which the education project under this grant package was implemented. It worked through the Education Department and I/NGOs in close collaboration with other relevant Government authorities (e.g., FDMA) and UN agencies.

The beneficiary targets were gender disaggregated – 50 per cent girls and boys – and implementing partners focused on gender mainstreaming in the project implementation cycle, factoring in cultural sensitivity. Project activities were undertaken both in girls' and boys' schools. Teacher training events were conducted separately for both female and male teachers by female and male trainers respectively. Male and female school management committees were oriented on the establishment of a mechanism to protect children from exploitation and sensitization on importance of education and child rights.

Nutrition

The Nutrition Cluster's priority interventions were guided by the strategy set out in the 2013 HOP for KP and FATA. UNICEF, WFP and WHO worked in close collaboration to provide nutrition services as per their mandates. UNICEF supported the establishment of community-based services for the management of acute malnutrition (CMAM) through the provision of operational support to NGOs - Frontier Primary Health Care (FPHC) for Kohat and Centre of Excellence for Rural Development (CERD) for Hangu. Outreach and outpatient services were established in primary health-care centres - Basic Health Units (BHUs) and Rural Health Centres (RHCs). WFP provided in-kind supplies support to moderately acutely malnourished children and pregnant and lactating women (PLW) to be distributed to target beneficiaries through the above-mentioned partner NGOs. WHO supported the establishment of a sentinel site surveillance and stabilization care centre in Kohat for in-patient management of severe acute malnutrition.

Health

The Health Cluster's priority interventions were guided by the strategy set out in the 2013 HOP for KP and FATA. UNICEF, UNFPA, WHO and NGOs worked in close collaboration with the Department of Health to address the needs of the affected population in and outside camps through existing health facilities. The allocation of funds for life-saving priority activities was discussed in Health Cluster meetings, in which partners and Department of Health officials were present. Health partners held consultations and agreed on priority areas of focus, such as the New Durrani camp, where health coverage was very weak; hence CERF funds were used to address the emergency health needs of the displaced population.

The provision of emergency health services to the target population was coordinated through the cluster mechanism at national and provincial levels in close consultation with NGO partners.

Protection

Since the end of March 2013, the Protection Cluster in KP/FATA has been engaged in monitoring the situation of the IDP families displaced from Tirah Valley⁶. While assistance to the Tirah Valley IDPs continued, at the end of June the authorities de-notified all 98 villages in Bagh Maidan area, based on the reports that the security forces had regained control of the Tirah Valley. During several meetings of the Return Task Force, the Government announced the intention to organize the IDP return. The Protection Cluster through its members consulted the displaced population to capture their intentions and position vis-à-vis the announced return process. Based on the selected sample, 377 individuals were consulted during a Return Intention Survey (48.5%women).

As for the majority of the other Return Intention Surveys conducted with IDPs from FATA, the return to Tirah Valley represented the most preferred durable solution (96.3% of the respondents). In expressing this preference the vast majority of the IDPs did not report any external pressure, and some 53% were willing to return in a short timeframe. It was also evident, however, that better information on the situation in areas of return was still sought and that “Go and See” visits would have been appreciated by the large majority of the IDPs (73%). The consultations also revealed that assistance and coping mechanisms in areas of return would influence the decision; that the expected challenges in return areas were significant, particularly in terms of shelter assistance and basic services (health and education); and that IDPs would have liked to see some of the specialised assistance currently offered to women and children to continue in areas of return to overcome the psychological distress of the recent violent displacement.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 79,839 registered IDPs and their host communities				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Education	1,471	1,793	3,264
	Health	40,320	43,680	84,000
	Health-Nutrition	6,720	3,103	9,823
	Protection / Human Rights / Rule of Law	69,908	72,324	142,232
	Water and sanitation	38,680	36,340	75,020
	Agriculture	40,320	43,680	84,000
	Shelter and non-food items	24,470	28,876	53,355
	Food	81,123	84,435	165,558

⁶See Protection Cluster Bulletin March – May 2013 and the protection Cluster Briefing Notes on Tirah Valley available on <http://complex.pakresponse.info/Clusters/Protection.aspx>

BENEFICIARY ESTIMATION

WASH

UNHCR provided factsheets of registered IDPs, which provided a basis for data on beneficiaries, complemented with the actual counting of beneficiary families. Since only UNICEF conducted the WASH response in New Durrani camp, there was no duplication of beneficiary figures.

In hosting communities, IDPs were registered through a formal house-to-house survey and the numbers of direct beneficiaries recorded. An analysis of 4W reports enabled the identification and elimination of duplication among WASH Cluster agencies.

The beneficiary assessment revealed that the planned provision of safe drinking water by tankers could not be executed due to limited requirements on the ground as most of the IDPs were already supported by hosting communities and other humanitarian partners. However, this activity was replaced by the provision of 355 food graded household water storage tanks (each of 200 gallon capacity) for enhancing the storage capacity of safe drinking water which increased the overall total number of beneficiaries from 73,452 to 75,020 within the allocated budget.

Education

The number of school-going-age children was calculated based on IDP figures provided by UNHCR. Schools in hosting areas with a high concentration of IDPs were selected to enrol the maximum number of displaced children in order to facilitate the resumption of their education. UNICEF was the only Education Cluster agency in the geographical area where this project was implemented; there was no duplication of beneficiary figures.

The cluster was able to reach 3,264 children against an estimated target of 2,500. The enrolment campaign and sensitization of host community and IDPs helped to increase the enrolment of children. Campaigns were conducted in Hangu, Kohat and Kurram Agency to increase enrolment of IDP children in Government schools. Various activities were conducted in this regard such as enrolment walks, sensitization seminars and quiz competitions in schools.

Nutrition

Beneficiary figures were reported through the Nutrition Information System (NIS), as outlined in the table below:

Target Population [Families = 8,000 * 6 = 48,000]	48,000	100%	48,000	
Children: (for CMAM)	% Basis	Prevalence	Incidence	Target
Screening: # of children 6-59 months of age (12.1% of total population)	12.1%	5,808		5,808
SFP: # of Moderate Acute Malnourished Children (10% of 6-59 months children)	10.0%	581	871	1,016
OTP: # of Severe Acute Malnourished Children (5% of 6-59 months children)	5.0%	290	436	508
SC: # of SAM Children with Medical Complications (5% of 6-59 months children)-20% of SAM for SC	1.0%	58	87	102
Deworming: # of Children (24-60 months) (12 % of total population)-70% coverage	4.9%	2,352		2,352
MM Supplementation: # of Children (6-59 months) (12.1% of total population)- 70% coverage	8.5%	4,066		4,066
Pregnant/Lactating Women:				
Screening: # of Pregnant and lactating women-PLW (8% of target population)	8.0%	3,840		3,840
MMS: # of PLW provided multi-micronutrient supplements [80% of PLW]	80.0%	3,072		3,072
SFP: # of PLW at risk of malnutrition MUAC < 21 cm [15% of total PLW]	15.0%	576	864	1,008
Sessions # of Sessions conducted for IYCF and Maternal Nutrition Promotion	----	----	----	1,440
Nutrition Promotion: # of Mothers/Caretakers educated on IYCF and Maternal Nutrition Key Messages	----	----	----	26,880

There is a small deviation between the estimated and target beneficiaries from 9,648 originally planned to 9,823 reached.

Health

In camps, UNHCR factsheets on registered IDPs served as the basis for target beneficiary figures, complemented by the actual counting of beneficiary families. Health services benefited families in New Durrani camp and those living outside the camp, near health facilities. As WHO was the only health agency that provided services in the camp, there was no duplication of beneficiary figures.

In hosting communities, IDPs were registered through a formal house-to-house survey and the numbers of direct beneficiaries calculated. An analysis of 4W reports enabled the identification and elimination of duplication among Health Cluster agencies. UNICEF and WHO targeted the same beneficiaries; therefore there is no difference in target and reached beneficiaries.

Shelter and NFIs

79,839 people were displaced in 2013 from Tirah Valley. Out of this figure, more than half were reached by CERF grant (47,622 adults and 5,783 children) against the planned 90,150. However, this assistance was at the place of displacement and not at the place of return, where the expenditure would be considerably higher - shelter kits and one room shelters are requirements costing several million dollars. 2014 is the year of return and therefore requires more funding.

Prior to Tirah IDP registration, NRC had distributed NFIs to some 7,000 families; UNHCR did not distribute NFIs to these families who had already received the NRC NFIs and provided the remaining 10,000 families with NFIs. Tents/shelter was provided to those IDPs who chose to reside in the camps.

Protection

The cluster's beneficiary targets are based on the UNHCR fact sheet, which provides the overall number of people displaced. In case of child protection, the overall number of female and male individuals reached exceeded the planned targets while the number of children reached under the age 5 was below target.

The cluster originally targeted 118,352 individuals and reached 142,232 and was able to achieve this increase through:

- Intensive social mobilization and emphasis on community-level contribution in the form of community-provided spaces for the activities, particularly in mobile outreach locations.
- Community acceptance was enhanced through recruitment of staff from local communities.
- Expanded networks with other stakeholders and service providers brought convergence of services at the Protective Learning and Community Emergency Services (PLaCES) and outreach locations, which also helped in expanding communication services to more communities.
- The scale-up of mine risk education for returnees, in response to identification of mine risk as a specific child protection concern.
-

The social and cultural norms of the FATA population regarding participation of women and girls was a significant challenge to the regular visits of women and girls to PLaCES, which also had a flow-on effect on the coverage of children under 5 as this age group would generally be accompanied by mothers and female care givers to the PLaCES.

For reproductive health the number of female beneficiaries reached was higher than the target owing to the ground realities. It was observed during implementation, that more women needed protection and reproductive health (RH) services than expected. This includes consultations for protection and RH.

The number of reached people was derived from the total number of IDPs registered by UNHCR. The planning figure is based on statistics provided by the FATA Disaster Management Agency. However, during registration there are differences in these figures due to family size or family members opting to stay behind.

Food Security

The total displacement resulting from the hostilities in Tirah Valley in Khyber Agency was recorded at 17,018 families. The subsequent spill over of hostilities in this region impacted the Para Chamkani area in Kurram Agency, which resulted in an additional displacement of 10,575 families from that region as well which cumulatively led to the displacement of 27,593 families (165,558 individuals) during the year 2013. These figures reflect those originally registered IDPs by UNHCR who received assistance prior to NADRA verification. After NADRA verification, the Tirah Valley IDP numbers reduced to 13,891 families subsequently reducing the overall number of assisted families. The figure above reflects the highest numbers of those who received assistance during the period.

All of these beneficiaries were in urgent need of humanitarian assistance and were therefore incorporated into the ongoing relief activities implemented by WFP in the region. Furthermore, given the availability of rice provided by a separate in-kind contribution, and its partial substitution for wheat flour in the food basket, quantities of the latter purchased with this CERF grant allowed for the distribution of full cereal rations amongst 197 percent of the planned beneficiary caseload (84,000).

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	41,160	81,123
Male	43,680	84,435
Total individuals (Female and male)	84,840	165,558
Of total, children <u>under</u> age 5	12,432	22,483

CERF RESULTS

In the Rapid Response to the Tirah Valley displacement, recently displaced IDPs settled in Kurram, Hangu and Kohat were targeted. As all the clusters targeted the same population, so OCHA selected the highest number of beneficiaries reached by a cluster (Food Security Cluster in this case) as an estimation of total number of population reached. OCHA deemed this to be the best estimated figure to avoid duplication. While some livestock activities are reported in Nowshera and Peshawar, however, the target population remains the same, i.e Tirah Valley IDPs.

The total displacement resulting from the hostilities in Tirah Valley in Khyber Agency was recorded at 17,018 families. The subsequent spill over of hostilities in this region impacted the Para Chamkani area in Kurram Agency which resulted in an additional displacement of 10,575 families from that region as well which cumulatively led to the displacement of 27,593 families (165,558 individuals) during the year 2013. These figures reflect those originally registered IDPs by UNHCR who received assistance prior to NADRA verification. After NADRA verification, the Tirah Valley IDP numbers reduced to 13,891 families subsequently reducing the overall number of assisted families. The figure of 165,558 reflects the highest numbers of those who received assistance during the period.

All of these beneficiaries were in urgent need of humanitarian assistance and were therefore incorporated into the ongoing relief activities implemented by WFP in the region. Furthermore, given the availability of rice provided by a separate in-kind contribution, and its partial substitution for wheat flour in the food basket, quantities of the latter purchased with this CERF grant allowed for the distribution of full cereal rations amongst 197 percent of the planned beneficiary caseload.

Food Security and Livelihoods

CERF funds supported the provision of general food rations to 165,558 people (81,123 females and 84,435 males), including IDPs from Para Chamkani in Kurram Agency (10,575 families), thus improving the food consumption score of nearly 80 per cent of targeted beneficiaries in and outside camps.

Humanitarian partners also provided livestock and veterinary support to the most vulnerable 14,000 farming families or 84,000 individuals (43,680 males, 40,320 females) within and outside camps, including 20,160 children under five in Kohat, Nowshera, Peshawar and Kurram Agency. This assistance was a first step towards rebuilding the IDPs' livelihoods.

Competitive bidding combined with favourable timing of procurement resulted in considerable savings to the tune of \$44, 353 under the supplies, commodities and materials budget line. A no-cost reprogramming request was thus submitted on 15 October 2013 for the utilization of these savings. After re-programming, FAO procured more animal health inputs than originally planned and reached more people in need, increasing the number of beneficiaries from 7,000 to 14,000 families.

The livestock of host families were equally exposed to disease outbreaks, a situation that was exacerbated by the movement of livestock of the IDPs to hosting areas. Therefore host communities were also included in the vaccination programme, especially against foot-and-mouth disease (FMD). In total, FMD vaccines large and small ruminants owned by 14,000 families (7,000 displaced and 7,000 host families). To address the increased burden exerted by the livestock of IDPs on the limited resources in

the hosting areas, FAO procured emergency veterinary supplies for eight Government veterinary centres in Kurram, Kohat, Peshawar and Nowshera.

Out of the 14,000 assisted families, 3,150 (1,000 in KP and 2,150 in FATA) received 378 tonnes of animal compound feed⁷ and 189 tonnes of urea molasses blocks received. In addition, 1,500 vegetable kits were provided to 900 families in Kurram and 600 families in Kohat for the production of nutritious vegetables. In total, 19,928 large and 18,204 small ruminants were vaccinated in camps, off-camp locations and hosting areas by the Directorate of Livestock and Dairy Development in KP and FATA.

The number of livestock covered exceeded the planned number (i.e. 19,600 large and 16,800 small animals) as some of the animals needed comparatively smaller doses than others, based on age, weight and body condition.

Technical assistance was provided to the beneficiaries at inputs distribution points. Veterinary officers from the Civil Veterinary Hospital in Kohat District, the Directorate of Livestock, KP, and Dairy Development, FATA, conducted sessions on the proper use of input packages, including Urea Molasses Blocks (UMBs) and Animal Compound Feed (ACF). FAO's technical officers continuously provided technical backstopping to relevant line departments in the delivery of these sessions.

The interventions had a direct and positive impact on the food security and nutritional status of the Tirah Valley IDPs and host families by improving livestock productivity and health, increasing resistance to disease, reducing malnutrition and stress, and mitigating distress sales.

All activities were implemented in accordance with the original plan. In the case of vaccination, the initial target, 7 000 families exceeded, having vaccinated also the animals of additional 7,000 hosting families, which were not envisaged as beneficiaries in the initial plan. Competitive bidding combined with favourable timing of procurement resulted in considerable savings to the tune of US\$44,353 under the supplies, commodities, materials budget line. A no-cost reprogramming request was thus submitted on 15 October 2013 for the utilization of these savings

WASH

CERF funds enabled the provision of WASH services to an estimated 75,020 people (38,680 women and 36,340 men). The services included access to safe drinking water, appropriate sanitation, promotion of safe hygiene practices, continuous water quality surveillance and hygiene improvement supplies both in camp settings and hosting communities.

The CERF funds were predominantly used to address the needs of displaced families in New Durrani camp, hosting communities in Kohat and Hangu, KP, and six tehsils of Kurram Agency (Sadda, Sateen, Sultani, Shashoo, Dogar and Jogdara). In Kurram Agency, 6,000 individuals (3,060 females and 2,940 males) in spontaneous settlements were provided with access to safe drinking water, basic sanitation and hygiene messages. Local authorities helped to coordinate the response through the WASH Cluster, as did the FDMA and FATA Secretariat.

Education

Under the education project, 3,264 children were enrolled in schools in IDP hosting districts; 50 teachers were trained on education in emergencies, psychosocial support, life skills-based education and health and hygiene; 25 Parent Teacher Councils (PTC)/School Management Committees (SMC) were formed/reactivated in all targeted schools; 3,600 children received necessary learning material; 30 health and hygiene sessions were held with children and teachers; and 40 additional teachers were supported to address the gender and student-teacher ratio in schools.

Nutrition

The scaling up of nutrition services directly benefitted 9,823 vulnerable people (6,332 children and 3,491 PLW), according to data reported through the Nutrition Information System (NIS). Key project results include:

- 17 fixed nutrition sites (10 in Kohat and 7 in Hangu) were supported for three months.
- 28 community outreach workers/community mobilizers, 7 nutrition assistants and 7 nutrition educators were trained on CMAM and IYCF.
- 6,208 children (3,042 boys and 3,166 girls) and 3,491 PLW were screened for acute malnutrition by outreach workers in the community and nutrition assistants in health facilities.

⁷ Originally wheat straw was planned to be procured and distributed which was replaced with animal compound feed as during July- August 2013 the Government of Pakistan decided to move IDPs from Tirah Valley to their place of origin, keeping in view easy transportation of inputs, the package was thus redesigned.

- 1,114 moderately acutely malnourished (MAM) children (500 boys and 614 girls) and 1,176 malnourished PLW were registered and supported through supplementary food provided by WFP. Similarly, siblings of the 1,114 MAM children were provided with high energy biscuits (HEBs) through WFP's support to avoid the sharing of supplementary food with their malnourished siblings.
- 430 severely acutely malnourished children (193 male and 237 female) were registered and treated with therapeutic foods and symptomatic medication.
- Community outreach workers and mobilizers conducted 1,492 nutrition education sessions and reached 15,500 mothers/caretakers of the screened children with improved IYCF messages.
- 4,199 children (2,193 boys and 2,006 girls) were provided with multi-micronutrient (MM) powder for home fortification. Similarly, 4,237 PLW were provided with MM tablets for daily use for three months.
- 311 children were provided with deworming treatment in the nutrition centres. Most of the children were dewormed through Mother and Child days and Mother and the Child Week campaign in December through Lady Health Workers of the government.
- 25 District Health Managers and Coordinators/Managers of I/NGOs were trained on a five-day NiE (Nutrition in Emergencies) package.

Health

Life-saving activities included the provision of essential emergency health-care services through static and outreach services; controlling the growing risk of epidemics through surveillance and early response; tackling water contamination in order to avoid waterborne diseases; community-based health and hygiene information campaigns and detection and treatment of cases of acute and severe malnutrition issues.

CERF funding helped to avert avoidable morbidity and mortalities through the existing surveillance system for detection of outbreaks and timely response. Health activities were complementary and implemented in collaboration with partner NGOs and district health authorities.

WHO provided training on in-patient care to 24 health-care providers and Lady Health Workers; established one stabilization centre and treated 124 severely acutely malnourished children.

Shelter

CERF funding enabled the provision of shelter support to 47,622 displaced adults and 5,783 children in their areas of displacement.

Prior to Tirah IDP registration, NRC had distributed NFIs to some 7,000 families; UNHCR did not distribute NFIs to these families who had already received the NRC NFIs and provided the remaining families with NFIs. Tents/shelter was provided to those IDPs who chose to reside in the camps.

Protection

CERF funding enabled the Protection Cluster to provide the following assistance:

- 38,200 children (43 per cent girls) and 8,300 women provided with protective services in 171 child protective spaces
- More than 3,700 Child Protection committee members trained to monitor and raise awareness on child rights with outreach coverage of 137,300 community members (53 per cent children)
- More than 15,000 children (43.8 per cent girls) and 4,400 women referred to specialized service providers/ institutions
- More than 71,000 children (43 per cent girls) and 28,200 adults addressed with Mine Risk Education
- 16 Grievance Desks advised, referred cases addressed remedies (documentation/ registration) for almost 17,200 IDPs (32 per cent women)
- Some 35,300 IDPs (42 per cent women) received legal aid/ legal advice, particularly on civil documentation support and property related issues
- More than 22,700 displaced /returning women supported with protective spaces and services (including psycho-social support, vocational training, rights and RH awareness)
- More than 3,700 older persons and persons with disabilities offered specialized support (counseling, mobility devices, referral for assistance).
- 26,800 IDPs (32 per cent women) consulted on various protection-related issues and on voluntary /well-informed return (3 Return Intention Surveys)
- Detailed Child Protection Assessment in cooperation with KP CP authorities

- Joint Cluster monitoring missions, analysis, recommendations and evidence based advocacy with authorities and humanitarian stakeholders in all new displacement and return movements
- Strengthening of referral system and of cooperation with protection-mandated authorities (PDMA /FDMA Gender Child Cell, Social Welfare Department, KP CP Welfare Commission)

CERF's ADDED VALUE

Timely allocation of funds from CERF enabled UN agencies and their humanitarian partners to meet the critical needs of vulnerable affected people in camps and hosting communities. IDPs in camps are usually the most vulnerable segment of the affected population, as they opt for camps as a last resort. Further, partners assisted more than 90 per cent of the displaced people who chose to reside off-camp, as they were equally in need of life-saving assistance.

WASH

The CERF allocation added a significant value by enabling UNICEF and its partners to meet the critical WASH needs of the most vulnerable IDP population in a timely manner in line with the SPHERE standards.

Education

CERF funds enabled UNICEF to fill critical education gaps among displaced children in hosting districts, through various educational services such as enrolment of displaced children in hosting districts' schools; provision of education supplies to displaced children in Kohat, Hangu and Kurram Agency and training of teachers and PTC/SMC members.

Nutrition

CERF funds ensured the timely provision of life-saving nutritional services to vulnerable children (boys and girls) and pregnant and lactating women at the community and facility level in line with national and internationally recommended minimum standards of care.

Health

CERF funds enabled WHO and its partners to provide life-saving health services and bridge critical gaps in the delivery of health services, through timely response to disease outbreaks and the provision of essential life-saving medicines for critical diseases.

Shelter

The timely allocation of CERF funds enabled UN-Habitat to assist extremely vulnerable households, especially those headed by women, the elderly and the disabled. Assessment findings indicated more than 90 per cent of the affected families sought shelter among host communities, with some living in overcrowded settings with relatives and some in temporary makeshift shelters.

The majority of extremely vulnerable IDPs could not afford to pay the high rents and were therefore in desperate need of shelter assistance. CERF funds enabled partners to address the critical needs of these IDPs to enable them to live a dignified life during displacement.

Protection Cluster

CERF funding covered critical gaps in protection related to Tirah displacement, focusing on specific needs of women and children; as well as access to legal assistance of IDPs and redress mechanisms through grievance desks.

Food Security

FAO in collaboration with implementing partners was able to utilize CERF funds to ensure the food security of affected communities through provision of agriculture and livestock inputs. Funds were utilized to provide animal feeding support to livestock of displaced families and to avert the risk of diseases in the livestock of both displaced and host communities through effective vaccination and deworming. In addition eight veterinary dispensaries and hospital whose resources were badly affected by the influx of displaced population were supported through provision of medicine and equipments and ensured their smooth functioning.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funding was approved at a very critical stage as a high level of vulnerability and food insecurity prevailed among IDPs in and outside camps. The funds enabled FAO to immediately respond to the agriculture and livestock needs of the IDPs and host families, with a special focus on women-headed households. The allocation enabled a fast delivery of assistance for the protection of critical livestock assets and improved household food security among the IDPs; ensuring life-saving needs were met.

WASH, Education and Nutrition clusters were already responding to the needs of IDPs from Central and Lower Kurram, when displacements from the Tirah Valley took place. The timely allocation of CERF funds enabled these clusters to immediately cater to the needs of the new influx without disrupting the ongoing response. Lack of funds would have placed an immense burden on UN agencies. Moreover, critical WASH, education and nutritional needs of IDPs in hosting communities were immediately addressed. Partners conducted activities such as water trucking and provision of water storage tanks and hygiene kits in areas of middle Kurram Agency, where many IDPs were residing, to address immediate needs. Social mobilization efforts enabled partners to address the education needs of children.

The Health Cluster addressed immediate needs through disease surveillance, provision of essential medicines, maternal, neonatal and child health (MNCH), health and hygiene sessions, and primary health care (PHC) services through existing health facilities and via static and mobile health units. Surveillance and response to alerts and threats of outbreaks contributed to the reduction of morbidity and mortality caused by communicable diseases and enabled better targeting of life-saving interventions, such as disinfection of water sources, vector control and immunization.

CERF funds enabled partners to address critical shelter needs of the vulnerable IDPs and reduced the burden placed on the relatives and friends who hosted the IDPs. And for IDPs who had no friends and relatives to host them, the assistance provided a decent tenancy solution, which enabled them to live a dignified life during displacement.

CERF funds covered in a timely manner critical protection gaps that arose during Tirah displacement. The three UN agencies implementing the CERF funding have vast experience and also have experienced IPs to work with them. Once the money reached the agencies, assessments had been completed in advance and delivery was immediate.

CERF funds enabled the Food Security Cluster to provide critical food rations to the newly displaced people. A large number of people who were displaced with their livestock also received urgent assistance, due to timely disbursement of CERF.

b) Did CERF funds help respond to time critical needs⁸?

YES ☒ PARTIALLY ☐ NO ☐

Through CERF funds, agencies were able to cope with the additional caseload of IDPs from the Tirah Valley and managed to continue and scale up critical humanitarian services in camps and hosting communities.

As a result no significant water, sanitation and hygiene-related disease outbreak was reported during the response period – this is a significant indicator of responding to life-saving critical WASH needs of the displaced population.

Due to CERF funding, avoidable morbidities and mortalities were averted through the existing surveillance system and provision of life-saving medicines, referral services, MNCH, mental health and the establishment of temporary health posts in camps for immediate health services delivery. A shortage of medicines was addressed. All project activities complemented each other.

WHO, UNICEF and UNFPA coordinated the response along with partner NGOs to ensure fast and effective health service delivery for prevention and control of outbreaks. As health services are for everyone, equal services were provided to men and women. Close coordination with the Reproductive Health Task Force through the Health Cluster enabled partners to address the health concerns of mothers and children.

IDPs and hosting families were overcrowded and the approaching winter season threatened to make their conditions worse, so timely shelter assistance and the provision of winterized NFIs and tents significantly reduced suffering among the affected population. IDPs who were paying rent were able to purchase winterized items for their children from their rent savings.

⁸Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

CERF funding also enabled the provision of emergency school supplies to meet critical needs of the most vulnerable children. CERF funding supported IDPs and host families in the protection and restoration of livestock assets and resumption of agricultural activities, with a special focus on kitchen gardens for female beneficiaries. This support prevented the worsening of the food security situation, which would have resulted in widespread hunger and other harmful coping strategies, including criminal activities. The provision of time-critical assistance supported income streams and the health and nutrition of the targeted families. Veterinary support reduced livestock morbidity and mortality.

Due to the flexibility of the CERF funding, FAO was able to support public service providers in KP and FATA through the provision of veterinary supply kits comprising animal life-saving medicines and surgical equipment necessary for veterinary practices. The intervention helped public service providers to cope with the pressure placed on their limited resources by the IDP influx in and outside camp settings. Furthermore, the Livestock Department in FATA and KP received 12 cold chain boxes for the proper storage and transportation of vaccines, which enabled the department to provide veterinary support at beneficiary locations.

The 2013 CERF grants reached beneficiaries in Tirah Valley and Central Kurram with winterized NFIs and tents before the bitter winter set in; which regularly records sub-zero temperatures

CERF funds also allowed the protection actors to cover critical protection needs of Tirah IDPs such as psychosocial support, essential and critical information sharing, safe spaces for women and children and grievance desks.

Critical food needs of the IDPs were met through the CERF grants.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds were used for the initial provision of health services to the displaced population in and outside camps, and these services were further supported by other donors, such as Finland, the ERF, Norway, among others. CERF funds enabled partners to jumpstart life-saving activities, which motivated other donors, such as USAID, to support the Health Cluster in filling gaps in health service delivery.

The CERF-funded agriculture and livelihoods project involved Departments of Livestock and Dairy Developments (L&DD) in KP and FATA in the provision of outreach support to beneficiaries in terms of treating/deworming their livestock in the selected project areas. The departments contributed financial and technical support from their own resources for the successful implementation of project activities.

As per the signed Letters of Agreement (LoAs), the departments bore approximately 50 per cent of the POL cost incurred during the implementation of time-critical activities (vaccination, veterinary practices). Project activities strengthened the linkages between the departments and project beneficiaries by facilitating interaction between veterinary professionals and project beneficiaries in far-flung areas that were previously not reached by the L&DD. Veterinary professionals provided valuable suggestions to the farmers involved in animal husbandry and livestock management.

CERF funds enabled UNICEF led clusters (nutrition, WASH and education) to launch immediate responses, while conducting detailed assessments the findings of which informed the mobilization of resources from other donors.

The needs are significant and the ability to implement protection activities provided by CERF generated greater interest in the situation in the international community.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

CERF funding facilitated the setting of priorities by humanitarian partners in a coordinated way, through the HCT, HRT/ICCM and clusters. The funds supported clusters by facilitating their immediate responses. This not only improved coordination within clusters, but also between different clusters both at planning and implementation levels.

From project inception to implementation, UNICEF led clusters (WASH, Nutrition and Education) maintained close collaboration and co-operation between various actors to ensure humanitarian assistance was provided in a coordinated way, thus avoiding overlaps and duplication of assistance in target locations. This not only improved coordination mechanisms within clusters, but also between different clusters both at planning and implementation levels. The implementation of WASH, Nutrition and Education projects using CERF funding also improved coordination mechanisms at the federal, provincial and local levels, bringing together UN agencies, national and international non-governmental organizations, government entities and other stakeholders involved in the response.

WHO organized agency and district-level coordination meetings in the IDP hosting areas in collaboration with Government health officials to identify gaps and address them. The implementation of health activities was done with considerable input from relevant district health authorities in order to complement the activities of the Health Department. Furthermore, due to linkages between WASH, nutrition and health activities, coordination between these three clusters and respective Government departments improved considerably.

Food Security partners improved coordination mechanisms at federal, provincial and local levels with Agriculture and Livestock departments, FDMA, UN agencies, the Food Security Cluster, NGOs as well as Agency political administration and community representatives. Close liaison was maintained with these actors to ensure the provision of transparent and coordinated assistance to the conflict-affected families. Close coordination was also maintained with law enforcement agencies (army, police) to facilitate FAO technical teams and monitoring missions in the field.

For protection activities, CERF funds significantly contributed to improved coordination amongst the humanitarian community, leading to an exercise on Tirah valley lessons learnt and strict adherence to the return matrix, as per the SOPs on return in KP FATA.

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

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

V. LESSONS LEARNED

TABLE 6:OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Humanitarian partners' reporting capacity is weak, with omissions or underreporting of project results. Cluster representatives noted that the reporting format is not always conducive to systematic monitoring.	A simplified online reporting system (similar to other donors' reporting systems) could be more helpful in recording interim progress of CERF activities and providing final inputs. Reporting guidelines should be followed by all actors, with proper coordination meetings before the reporting.	CERF, Clusters, UN Agencies
More flexibility is required in utilization of funds.	CERF funding is usually limited to the proposed target areas, whereas in complex emergencies like that of the Tirah Valley displacements, movement of IDPs from their initial places of settling is a usual phenomenon. It would be more useful to allow changes in geographical locations during the course of project implementation.	CERF Secretariat
Shelter assistance activities were delayed due to security operations in the area, curfew during the	Security challenges caused by sectarian violence and tensions should be kept in mind while designing and implementing projects in context facing such challenges, and there should be more flexibility in project timeframes.	CERF Secretariat

month of Muharram and tension in the area due to sectarian violence. Therefore, UN-Habitat needed a no-cost extension to complete its project.		
--	--	--

TABLE 7:OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
The prioritization of needs and activities should be evidence-based, transparent, and well-communicated.	Project activities should be based on assessed needs, gaps and agreed focus areas, keeping in mind gender-mainstreamed priorities. The HC, supported by the HCT, is responsible for deciding priorities for CERF allocations, on the basis of recommendations from the ICCM and UN agencies.	HCT, Clusters, UN Agencies
Proposals should be aligned to existing needs and strategies in operational plans and be prepared with sufficient consultation among cluster members to ensure appropriate targeting based on key figures, trends and gender-specific needs.	Drafting teams should ensure proposals for CERF funds draw on available evidence, as provided through assessments, particularly those that highlight gender differentials, needs and priorities and observations, with appropriate assistance proposed.	Clusters, UN Agencies
Many CERF proposals included disproportionate overhead/operational costs.	Since CERF funding aims to support live-saving activities and requires effective use of limited resources, no more than 10 percent of the total requested amount should be budgeted to cover staff costs, unless strongly justified for the specific project / context. Training on CERF proposals and project design should be conducted for agencies.	Clusters, UN Agencies OCHA
Proposal vetting presents an opportunity to increase the involvement of non-UN actors in the CERF process, enlarging the scope for inclusivity and presenting an opportunity to potentially strengthen humanitarian responses supported by CERF. Vetting also includes gender marker assessment, as a gap was	Based on defined CERF priorities, as decided by the HC, clusters should develop a vetting checklist with clear gender-sensitive indicators. The checklist can help to ensure continuity and standardization in the vetting process, and ensure a timely turnaround from clusters. Proposals should incorporate inputs from all available references, such as the gender-mainstreaming checklist, which should be considered in the vetting process.	Clusters, UN Agencies

noted in agencies' ability to meet the gender marker 2a and 2b codes.		
A flow chart of processes contextualizes and guides the process, helping all users to understand key steps and the flow of activities.	In each CERF allocation process, an appropriate flow chart should be shared and used.	OCHA HCT, Clusters, UN Agencies
Some proposals did not factor in coordination and the provision of integrated services needed to deliver project outcomes. For instance, a proposal to set up a basic health unit also needs to consider water supply to help improve health outcomes.	Inter-sector coordination is necessary from the beginning of proposal development as well as in agency efforts to implement solid and sustainable projects.	Clusters, UN Agencies
In order to understand the impact, outputs and outcomes of CERF activities on beneficiaries and value for donor money, much depends on individual agencies' monitoring mechanism.	Monitoring and evaluation must be carried out and reported appropriately, including gender-mainstreamed outcomes.	Clusters, UN Agencies
During implementation it was observed that administrative issues are difficult to resolve if local Government authorities are not on board.	The local administration should be involved through PDMA/FDMA to resolve administrative issues that arise during the course of project implementation.	UN Agencies
Distribution of shelter cash assistance through banking was an innovative and resource-efficient mode of assistance.	Rental assistance through banking should be promoted in areas where people live with host families or in rented accommodation when displacement is expected to last for more than three months. However, the security situation must be analyzed before cash assistance through banking and payment dates and times should be set appropriately to avoid unnecessary gathering at the banks. Local banking facilities should be analysed in terms of capacity and security measures.	Shelter Cluster, UN Agencies
The law and order situation was unpredictable in most of the villages where activities such as livestock vaccination were carried out, as they were either in or adjacent to tribal areas.	Strict vigilance with intense care and security is needed for veterinary professionals carrying out activities in insecure areas.	UN Agencies, NGOs, Government
Village committees helped	Village committees, community elders and local communities	UN Agencies, NGOs,

to ensure transparency in project activities.	should be involved throughout the project cycle.	Government
Due to the volatile law and order situation in KP and FATA, timely NOCs were required for the implementation of project activities and monitoring and evaluation.	Close liaison should be maintained with respective Government bodies - law enforcement agencies, FDMA and local political administration to secure relevant permits in time.	UN Agencies, NGOs, Government
Tirah Valley has great farming potential and requires more agricultural support.	Returning IDPs should be provided with more agricultural support, as Tirah Valley has high potential for growing fruit orchards (grapes, apple, walnuts and pomegranates) from which they can receive substantial income. In addition, there is vast potential of value chain and enterprise development e.g. anardana (seed of wild pomegranates).	UN Agencies, NGOs, Government
The enrolment of children in Government schools in IDP hosting districts was a good practice to ensure ownership among local education departments and bring back normalcy to the displaced children. Community participation was a key factor in bringing IDP children to schools.	Ownership of project activities among Government departments and community participation should be prioritized to enhance the sustainability of interventions.	UN Agencies, NGOs, Government
Early construction of model latrines and rehabilitation of water points at target locations with community involvement empowers communities to initiate construction activities on a larger scale.	Construction of model latrines and rehabilitation of water sources should be initiated simultaneously in many villages for a faster construction rate.	WASH Cluster, UN Agencies, NGOs
Involvement of local communities in choosing a latrine solution that best suits local conditions and needs boosts community members' contribution to project activities.	Interventions that mobilize communities' contribution to the construction of WASH facilities, through materials and labour, should be fostered in WASH responses.	WASH Cluster, UN Agencies, NGOs
Construction of latrines with proper sanitation provisions reduces health and hygiene risks and prevents outbreaks of epidemic diseases.	Staying within cultural boundaries, women should be involved in the selection of suitable latrine sites, in order to increase community acceptance and ownership of project activities and outcomes.	WASH Cluster, UN Agencies, NGOs

Provision of agricultural tools for land preparation and livestock tools for milk collection and animal feeding should be prioritized in agriculture and livelihoods response.	More funds are required to address the needs of conflict-affected families to restore their livestock- and agriculture-related activities.	HCT, UN Agencies, NGOs
--	--	------------------------

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:		UNICEF	5. CERF grant period:	
2. CERF project code:		13-CEF-064	23 May 2013 – 22 Nov 2013	
3. Cluster/Sector:		Education	6. Status of CERF grant:	
4. Project title:		Emergency Education Response for Tirah IDPs in Kohat, Hangu and Kurram Agency		
7. Funding	a. Total project budget:		US\$1 ,177,092	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:		US\$ 152,796	▪ NGO partners and Red Cross/Crescent:
	c. Amount received from CERF:		US\$ 152,796	▪ Government Partners:
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		1,250	1,471	Enrolment campaign and sensitization of host community and IDPs helped to increase the enrolment of children. Campaigns were conducted in Hangu, Kohat and Kurram Agency to increase enrolment of IDP children in Government schools. Various activities were conducted in this regard such as enrolment walks, sensitization seminars and quiz competitions in schools.
b. Male		1,250	1,793	
c. Total individuals (female + male):		2,500	3,264	
d. Of total, children <u>under</u> age 5		200	200	
9. Original project objective from approved CERF proposal				
Children continue to have access to quality child friendly schools services in off-campus locations to ensure quality basic education for all children.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none">2,500 children provided educational services in child and adolescent friendly environment.50 teachers sensitized on education in emergencies, psychosocial support, life skills-based education, health & hygiene.25 school management committees are functional in all focused schools.2,500 children received necessary learning material.				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none">3,264 children provided educational services in child and adolescent-friendly environment.50 teachers sensitized on education in emergencies, psychosocial support, life skill based education, health and hygiene.				

<ul style="list-style-type: none"> • 25 Parent Teacher Councils (PTC)/School Management committees (SMC) formed and reactivated in all focused schools. • 3,600 children received necessary learning material. • 30 meetings held with PTCs and community members. • 30 health hygiene sessions held with children and teachers. • 40 additional teachers supported to address the gender and student teacher ratio in schools. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Education project reached an additional 764 beneficiaries' as a result of extensive enrolment campaigns and sensitization of host community and IDPs to increase the enrolment of children. Campaigns were conducted in Hangu, Kohat and Kurram Agency to increase enrolment of IDP children in government schools. Various activities were conducted in this regard such as enrolment walks, sensitization seminars and quiz competitions in schools.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The agency self-assigned gender marker score 2a. In both the concept note and later the CERF proposal submitted to OCHA, the beneficiary targets were gender disaggregated at 50 per cent girls and boys. Implementing partners focused on gender mainstreaming in the project implementation cycle, factoring in cultural sensitivities in the area. Project activities were undertaken both in girls' and boys' schools. Teacher trainings were conducted separately for both female and male teachers by female and male trainers respectively. Male and female school management committees were oriented on establishing a mechanism to protect children from exploitation and sensitization on importance of education and child rights. Age- and sex-disaggregated data on beneficiaries was collected and shared in 4Ws and OCHA Situation Reports.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No end-of-project evaluation has been carried out. However, in order to ensure effective implementation at the field level, the following measures were in place:</p> <ul style="list-style-type: none"> • Direct field level monitoring was carried out by UNICEF province-based staff from time to time, wherever security clearance was provided. • Deployment of UNICEF monitors in field areas for day-to-day support and field-based monitoring. • Cluster updates and meetings, such as camp coordination meetings at provincial and camp levels, were a good source of information sharing on progress and constraints. 	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:		UNICEF	5. CERF grant period:	
2. CERF project code:		13-CEF-065	16 May 2013 – 15 Nov 2013	
3. Cluster/Sector:		Health-Nutrition	6. Status of CERF grant:	
			<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency Life-saving Nutrition Services for Conflict-Affected Internally Displaced Persons (IDPs) from the Tirah Valley of the Federally Administered Tribal Areas (FATA) residing with host communities in district Kohat and Hangu of Khyber Pakhtunkhwa		
7. Funding	a. Total project budget:		US\$ 435,959	
	b. Total funding received for the project:		US\$ 205,080	
	c. Amount received from CERF:		US\$ 135,001	
		d. CERF funds forwarded to implementing partners:		
		▪ NGO partners and Red Cross/Crescent:		US\$ 103,338
		▪ Government Partners:		US\$ 11,478
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		6,686	6,657	
b. Male		2,962	3,042	
c. Total individuals (female + male):		9,648	9,699	
d. Of total, children <u>under</u> age 5		5,808	6,208	
9. Original project objective from approved CERF proposal				
<p>The overall objective of the project was to ensure provision of life saving nutritional services or vulnerable children (boys and girls) and pregnant & lactating women at the community and facility level that meet national and internationally recommended minimum standard of care for a population affected by the recent displacement.</p> <p>Specific Objectives:</p> <ul style="list-style-type: none"> To ensure provision of lifesaving nutrition services for acutely malnourished children (boys and girls) less than five years of age and pregnant and lactating women (PLW) suffering from acute malnutrition, through community and facility based nutritional management approach (CMAM) for six months. To promote improved infant and young child feeding, care giving, and care seeking practices at the facility, community and family level, promote good maternal nutrition and to monitor and control the donation and distribution of breastmilk substitutes in emergency affected areas. To contribute to treatment of micronutrient deficiency disorders in children and women through provision of multiple micronutrient supplementation and Vitamin A and through deworming campaigns. To strengthen capacity for effective implementation of nutrition interventions through trainings/refreshers of DoH and NGOs; ensure effective and timely implementation of nutrition interventions through information gathering; monitoring of trends and status of malnutrition in the target population. 				

10. Original expected outcomes from approved CERF proposal	
<ul style="list-style-type: none"> • Six fixed nutrition sites remain functional for provision of CMAM interventions in the target areas • 24 trained and equipped community outreach workers (COWs) in the target areas screen around 5,808 children and 3,840 PLW for assessment of acute malnutrition using criteria of the mid- and upper-arm circumference (MUAC) and Oedema. • Health care providers (HCPs) of the DoH and NGOs in their respective centres register around 1,016 MAM children and 1,008 PLW in Supplementary Feeding Programmes (SFP) for and fortified blended food (provided by WFP). 508 Severe Acute Malnourished (SAM) children are also registered in outpatient therapeutic feeding programmes (OTP) for therapeutic foods, as per CMAM protocols, in coordination with the community outreach and concerned centres. • Approx. 14,400 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. • Approx. 1,440 nutrition promotion sessions are conducted in the target villages and health facilities. • Approx. 4,066 children and 3,072 mothers are provided with multi-micronutrient (MM) supplements. • Approx. 2,352 children receive de-worming treatment and Vitamin A dose as per national guidelines. • Approx. 24 facilities based health care providers and 24 community based health workers receive refresher trainings on CMAM/IYCF. Supplements. • Weekly/Monthly implementation data is updated through NIS (Nutrition Information System) to monitor progress and trends of malnutrition. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 17 fixed nutrition sites (10 in Kohat and seven in Hangu) were supported through CERF funds for three months. The support was provided through two national NGOs: Frontier Primary Health Care (FPHC) in Kohat District and Centre of Excellence for Rural Development (CERD) in Hangu District. • 28 community outreach workers/community mobilizers, seven nutrition assistants and seven nutrition educators were trained on CMAM and IYCF. • 6,208 children (3,042 male and 3,166 female) and 3,491 PLW were screened for assessment of acute malnutrition by outreach workers in the community and nutrition assistants in the facilities. • 1,114 moderately acutely malnourished (MAM) children (500 male and 614 female) and 1,176 malnourished pregnant and lactating women (PLWs) were registered and supported through supplementary food provided by WFP. Similarly, siblings of 1,114 MAM children were provided with high energy biscuits (HEBs) through WFP support to avoid sharing of supplementary foods with malnourished siblings. Further, 430 severely acute malnourished children (193 male and 237 female) were registered and treated with therapeutic foods and symptomatic medication. • Community outreach workers and mobilizers conducted 1,492 nutrition education sessions, reaching out to around 15,500 mothers/caretakers of the screened children with improved IYCF messages. The messages included promotion of exclusive breastfeeding, appropriate complementary feeding, importance of maternal nutrition, proper hygiene messages and information about use of and access to available nutrition services. • 4,199 children (2,193 male and 2,006 female) were provided with multi-micronutrient (MM) powder for home fortification. Similarly 4,237 PLW were provided with MM tablets for daily use for three months. • 311 children received deworming treatment in the nutrition centres. Most of the children were dewormed through Mother and Child days and Mother and Child Week campaign in December through Lady Health Workers of the government. • 25 District Health Managers and Coordinators/Managers of I/NGOs were trained in a five-day NiE (Nutrition in Emergencies) package. • Weekly data for the project was shared and reported through Nutrition Information System (NIS). 	
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>The agency self-assigned a gender marker score of 2a. The analysis of needs of women, men, girls and boys was based on findings of the multi-cluster rapid assessment and data from UNHCR registration. Project objectives and activities focused on gender mainstreaming and more than 68 per cent of individuals reached are females. Age- and sex-disaggregated data on beneficiaries was collected and shared in 4Ws and OCHA Situation Reports.</p>	

14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No end-of-project evaluation has been carried out. However, in order to ensure effective implementation at the field level, the following measures were in place:</p> <ul style="list-style-type: none"> • Direct field level monitoring was carried out by UNICEF province-based staff from time to time, wherever security clearance was provided. • Deployment of UNICEF monitors in field areas for day-to-day support and field-based monitoring. • Cluster updates and meetings, such as camp coordination meetings at provincial and camp levels, were a good source of information sharing on progress and constraints. 	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:		UNICEF	5. CERF grant period:	
2. CERF project code:		13-CEF-066	23 May 2013 – 22 Nov 2013	
3. Cluster/Sector:		Protection / Human Rights / Rule of Law	6. Status of CERF grant:	
			<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
4. Project title:		Protective Learning and Community Emergency Services (PLaCES) for girls, boys and women displaced from Tirah Valley of Khyber Agency (FATA)		
7. Funding	a. Total project budget:		US\$ 526,000	
	b. Total funding received for the project:		US\$ 300,002	
	c. Amount received from CERF:		US\$ 180,002	
		d. CERF funds forwarded to implementing partners:		
		■ NGO partners and Red Cross/Crescent: US\$ 125,073 ■ 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).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		13,871	14,892	The overall number of female and male individuals reached exceeded the planned targets while the number of children reached under the age 5 was below target. The overall higher than target coverage was achieved through: <ul style="list-style-type: none"> - Intensive social mobilization and emphasis on community-level contribution in the form of community-provided spaces for the activities, particularly in mobile outreach locations. - Community acceptance was enhanced through recruitment of staff from local communities. - Expanded networks with other stakeholders and service providers brought convergence of services at the PLaCES and outreach locations, which also helped in expanding communication services to more communities. - The scale-up of mine risk education for returnees, in response to identification of mine risk as a specific child protection concern.
b. Male		10,981	25,370	
c. Total individuals (female + male):		24,852	40,262	
d. Of total, children <u>under</u> age 5		1,557	1,095	The social and cultural norms of the FATA population regarding participation of women and girls was a significant challenge to the regular visits of women and girls to PLaCES, which also had a flow-on effect on the coverage of children under 5 as this age group would generally be accompanied by mothers and female carers to the PLaCES.
9. Original project objective from approved CERF proposal				

To enhance the protection of internally displaced children and women in host communities of Kurram and Kohat through life-saving and time-critical assistance and community-based mechanisms augmenting child protection monitoring and response during the six-month period covered by CERF.

10. Original expected outcomes from approved CERF proposal

- 6,787 children (3,529 girls and 3,258 boys), and 2,003 women access 27 Places and Child Protection centres established with safe, separate spaces for children and women.
- 972 community members (324 male and 324 female, including 324 adolescents) trained and supported as Child Protection Committee members in camps and host communities.
- 18,185 community members (2,771 children, 7,399 men and 8,015 female) are reached with communications messages directly through the Places and Child Protection Centres related to positive feeding and care practices and protection messages such as negative consequences of child marriage, gender based violence for nutrition, health and well-being.
- 6,787 children and 2,003 women provided with psychosocial support in Places.
- Child protection issues in the camp monitored on a daily basis, coordination facilitated and interventions made with the authorities when necessary.
- Advocacy and referrals of children to appropriate camp schools where possible.
- Children identified as separated, unaccompanied and missing are immediately registered and provided interim care or alternative community based care options.
- Members of 81 Child Protection Committees play effective roles in monitoring vulnerable children and women and linking them with referral services.

11. Actual outcomes achieved with CERF funds

- 7,374 children (2,957 girls and 4,417 boys) and 1,211 women accessed 27 PLACES (eight static PLACES in New Durrani camp and 19 outreach mobile teams covering 76 outreach locations in both Kurram Agency and Kohat District), benefiting from protective and convergent (other humanitarian) services in safety and privacy, including psychosocial support.
- 2,170 community members (693 men, 432 women, and 1,045 adolescents (486 girls and 559 boys) were oriented and mobilized as volunteer members of 108 community-based Child Protection Committees (four committees – men/women/male adolescents/female adolescents for each of the PLACES) in New Durrani camp and hosting communities in both Kurram Agency and Kohat District. This was well above the target of community committees and committee members, demonstrating the high level of ownership and commitment of community members – particularly adolescents – generated by the project. The committees were instrumental in monitoring and identifying child protection issues and cases, adopting locally applicable solutions where appropriate, and utilizing the referral system for linking child protection cases and needs with social and protection services.
- 24,599 community members (2,780 girls, 7,508 boys, 9,858 men and 4,453 women) were reached with communication messages through face-to-face sessions, distribution of information, education and communication materials at PLACES, outreach locations and return embarkation points, and meetings with stakeholders. The messages disseminated covered topics including child labour; care of separated, unaccompanied and missing children; children with disabilities; community based care and psychosocial support of children; DRR measures for child protection; child marriage; and birth registration. The 24,599 community member's also included 9,108 returnees who received targeted communications on mine risk education (see below).
- 4,908 cases (2,459 girls, 2,289 boys and 160 women) of protection and child rights violations were identified for case management and referral to services through the community Child Protection Committees. Of these, 1,730 cases of children and women were provided with services in collaboration with FDMA, camp management, Child Protection Units and other service providers.
- Amongst the 4,908 cases identified for referrals and case management were 404 out of school children (225 boys and 179 girls) who were referred for enrolment in schools in camps and host communities.
- The child protection interventions in camp and hosting communities were coordinated with relevant stakeholders, including the Child Protection Sub Cluster, Agency / District level Protection Working Groups, FDMA, PDMA, Child Protection and Welfare Commission (KP) and Child Protection Units, and Social Welfare Department.
- Child protection monitoring was integrated in the return process (5,609 registered families plus 6,623 unregistered families) commencing from 15 September – 15 November 2013, through the stationing of trained child protection staff at the return departure ('embarkation') points in Jarma in Kohat District and New Durrani in Kurram Agency to monitor and identify child protection concerns and cases for specialized assistance and referrals.

In the response to the identification (through the child protection monitoring, above) by returnees of mine risk as a security concern

<p>for children and family members, mine risk education (MRE) was introduced at the return departure points. UNICEF's implementing partner Pakistan Village Development Programme (PVDP), in close collaboration with Government partners and the Child Protection Units, provided mine risk education and awareness to 9,108 individuals (871 girls, 4,229 boys, 549 women and 3,459 men). The higher number of boys and men reached with the MRE is due to the relatively higher number of men and boys represented amongst the returnee movements.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Social and cultural norms amongst the FATA population regarding girls' and women's public participation and sensitivities regarding certain child protection subjects (e.g. child marriage) had an impact on the full achievement of some of the female beneficiary targets, despite multi-level efforts within the project to address these (e.g. use of female staff from local communities, social mobilization with male community influencers and family members). This included the number of women accessing PLaCES (1,211 women instead of 2,003) and the number of women reached through communication messages (4,453 women instead of 8,015 women).</p> <p>The number of community volunteers mobilised to participate in Child Protection Committees was however much higher than target for both women and men, indicating that a strong interest was generated amongst communities to support community based mechanisms for the protection of children. The overall number of beneficiaries reached was also well above target, attributable to the social mobilization efforts, a high number of outreach locations (76) to facilitate access, the convergence of multiple protection and other humanitarian services at PLaCES, and the introduction of targeted MRE efforts at returnee departure points.</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>The agency self-assigned a gender marker score of 2a. This CERF project was not part of a CAP and therefore did not receive a gender marker. The specific 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 male and female facilitators in PLaCES and outreach mobile services and established separate spaces for adolescent girls and women next to, but separate from, the mixed children's areas, to ensure privacy and security for women and girls. Separate sessions for adolescent boys were also provided. The use of mobile outreach teams also facilitated the access of women and girls who may not have been permitted to walk to the fixed PLaCES sites. The project provided equal opportunities to male and female rights holders within the target population to access services and to participate in community-based Child Protection Committees and adolescent groups. Women and adolescent girls represented 42.3 per cent of all committee members and the committees also comprised of representatives from the IDP and hosting communities.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The implementing partner carried out field monitoring visits on a regular basis throughout the project implementation period and shared monthly monitoring reports with UNICEF. UNICEF's Child Protection in Emergencies Officer also conducted regular field monitoring visits to the project sites and generated reports accordingly. 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 also utilized 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 No-Objection Certificate constraints. The project was also monitored by the FDMA representative at Kohat and Kurram, including the Agency Administration at Kurram Agency, who shared feedback with UNICEF staff.</p>	

TABLE 8: PROJECT RESULTS

CERF project information				
1. Agency:		UNICEF	5. CERF grant period:	
2. CERF project code:		13-CEF-067	23 May 2013 – 22 Nov 2013	
3. Cluster/Sector:		Health	6. Status of CERF grant:	
			<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
4. Project title:		Emergency health assistance to mothers, newborns and children displaced from Tirah Valley, Khyber Agency, from Federally Administered Tribal Areas (FATA)		
7. Funding	a. Total project budget:		US\$ 437,119	
	b. Total funding received for the project:		US\$ 321,319	
	c. Amount received from CERF:		US\$ 150,000	
		d. CERF funds forwarded to implementing partners:		
		▪ NGO partners and Red Cross/Crescent:		US\$ 111,849
		▪ Government Partners:		US\$ 15,723
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		16,820	16,509	The original expected outcome was to reach more than 80 per cent of planned target while 90 per cent has been achieved; however the outcome on multi-micronutrient (MM) supplementation could not be reached due to an NOC-related issue from Drug Regulatory Authority (DRA) for procuring MM supplements (which includes MM Sachet ,MM Tablets and Folic Acid). Funds for this activity were supposed to come from other projects.
b. Male		14,008	11,263	
c. Total individuals (female + male):		30,828	27,772	
d. Of total, children <u>under</u> age 5		14,280	14,549	
9. Original project objective from approved CERF proposal				
To ensure that women and children of Tirah Valley IDP's living in Host Communities and in IDPs Camp in Kohat District and Hangu of KP and in Kurram Agency of FATA have access to basic health services and information through facility- and community-based interventions.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> Over 80% of 2,158 under 2 years' children receive routine immunization against Measles, Polio, Diphtheria, Tetanus, Pertussis and Hep-B and Hib. At least 80% of 25,200 children (9months-10 Years) will receive measles vaccination through measles campaign. At least 80% of 12,600 children receive Vitamin A supplementation. Over 80% of 100,000 individuals living in host communities (17,388 New Tirrah Valley IDP's) in District Kohat have access to a package of evidence-based information and services delivered during Mother and Child Days (MCD's). More than 80% of 12,000, 2 to 5 year old children are dewormed through Mother and Child Days interventions in District Kohat. More than 80% of the targeted 1,680 pregnant women receive Tetanus Toxoid (TT) vaccination, & Ante-Natal care. More than 70% of 1,680 targeted women undergo least one post natal visit with skilled birth attendants (SBAs) at community level. 				

<ul style="list-style-type: none"> • At least 80% of 14,280 children and 3,360 PLW receive multi-micronutrient supplementation. • At least 80% of 3,360 PLWs receive health, and hygiene commodities (CDKs, Baby Kits & LLINs). • More than 60% of 3,360 PLW receive health and hygiene messages through social mobilizers and facility-based health workers. • Relevant IEC Material including Banners and Flyers reporting and recording tools provided to IPs for display and distribution in the communities. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 1,831 children under 2 years (84 per cent of target children) received immunization against BCG; 2,058 children under 2 years (95 per cent) received immunization against Diphtheria, Pertussis, Tetanus, Hep-B and Hib (Penta) and 2,270 children under 2 years (105 per cent) received measles vaccination. • Another 1,662 children (9 months -10 years) out of 1800 (92 per cent) were vaccinated through measles vaccination campaign in Togh Sarai IDP camp, Hangu. • 10,317 children (6-59 months), covering 82 per cent of target children, received Vitamin A supplementation in host communities of Kohat. • 84,528 of 100,000 individuals (85 per cent) living in host communities in Kohat District received a package of evidence based information and services delivered during Mother and Child Days (MCDs). • 12,279 children of age 2-5 years (102 per cent) were dewormed through Mother & Child Days intervention in District Kohat. • 1,519 targeted women (90 per cent) received Tetanus Toxoid (TT) vaccination and 2,026 women (120 per cent) received antenatal care. • 1,424 women (85 per cent) received at least one post-natal visit with skilled birth attendants (SBAs). • 2,473 (74 per cent) Pregnant & Lactating Women (PLW) received Clean Delivery Kits (CDK); 2,134 (64 per cent) received New born Kits (NBK) and 5,436 PLW received Insecticide treated bednets (ITNs). • 3,454 PLW (1,720 pregnant and 1,734 lactating), covering 102 percent of target population, received health and hygiene messages. • IEC Material including 200 banners each for maternal health, sanitation, immunization, breast feeding and prevention from diarrhoea (total 1200 banners) were provided to implementing partners (IPs) for display in the host communities. Moreover, family booklets (21,429), advocacy folders (150) and counselling cards (100) were provided to IP's for promotion of health education. Reporting and recording tools including registration sheets for EPI (700) and registration sheets for deworming (700) were also provided. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The planned targets for children under 5 and women were met but the male target remained underachieved. The underachievement of 3,056 beneficiaries is because the measles campaign is need based and it was not requested from the government for children beyond five years of age.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The agency self-assigned a gender marker score of 2a. The project objectives contributed significantly to gender equality as different health needs of children and women/girls were addressed. The analysis of needs of women, men, girls and boys was based on findings of the multi-cluster rapid assessment and the data from UNHCR registration. Health education promotion sessions also engaged men to bridge the gap between both genders and for effective utilization of services for women /girls and children. The age and sex disaggregated data of beneficiaries was collected and shared in 4Ws and OCHA Situation Reports.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No end-of-project evaluation was carried out. However, in order to ensure effective implementation at the field level, the following measures were in place:</p> <ul style="list-style-type: none"> • Department of Health was involved in the monitoring of project sites. • Direct field-level monitoring was regularly carried out by UNICEF Peshawar-based staff, wherever security clearance was provided. 	

- Third-party monitoring, through a specialized consulting firm, was conducted on a regular basis.
- Cluster updates and meetings, such as camp coordination meetings at provincial and camp levels, were a good source of information sharing on progress and constraints.

TABLE 8: PROJECT RESULTS

CERF project information					
1. Agency:		UNICEF		5. CERF grant period:	22 May 2013 – 21 Nov 2013
2. CERF project code:		13-CEF-068		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Water and sanitation			
4. Project title:		Provision of WASH services to Internally Displaced Persons (IDPs) living in camps, host communities hosting communities and Khyber Pakhtunkhwa (KP) and Federally administered Tribal Areas (FATA)			
7. Funding	a. Total project budget:		US\$ 10,905,000		d. CERF funds forwarded to implementing partners: ■ NGO partners and Red Cross/Crescent: US\$ 91,446 ■ Government Partners: US\$ 0
	b. Total funding received for the project:		US\$ 6,560,094		
	c. Amount received from CERF:		US\$ 200,320		
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		4,116	4,420	No significant discrepancy occurred between the planned and actual outcomes. However, the project was able to reach an additional 620 beneficiaries' based on actual counting of IDP families in New Durrani Camp.	
b. Male		4,284	4,600		
c. Total individuals (female + male):		8,400	9,020		
d. Of total, children <u>under</u> age 5		1,260	1,353		
9. Original project objective from approved CERF proposal					
<p>The proposal aims at saving human lives and reducing the mortality and morbidity due to waterborne diseases among women, girls, boys and men by addressing WASH needs for 73, 452 (14,300 with WASH package & 60,000 through ensuring water quality) conflict-affected children, women and men, residing in camps, primarily in New Durrani Camp and IDPs living with host families and spontaneous settlements in Kurram Agency. The main objective for UNICEF of the project is to:</p> <ul style="list-style-type: none"> • Ensure access to safe drinking water, appropriate sanitation, and promotion of safe hygiene practices to 8,400 IDPs in camps. 					
10. Original expected outcomes from approved CERF proposal					
At the end of the project period (3 months), an estimated 8,400 IDPs in camps, primarily New Durrani Camp, would have been provided with safe drinking water, access to adequate sanitation facilities, mobilization for promotion of sanitation coverage and appropriate hygiene messages as required including provision of hygiene kits.					
11. Actual outcomes achieved with CERF funds					

The CERF funding covered WASH needs for 9,020 IDPs (including approximately 1,353 children under 5, 4,420 women and 4,600 men) displaced from Tirah Valley residing in New Durrani camp of FATA for a period of three months. Details of the outcomes achieved are:

Supply of safe drinking water to 9,020 IDPs in New Durrani camp, ensuring easy access and appropriate facilities for women and girls, elderly people and persons with special needs as per SPHERE guidelines:

- Installation of 157 water storage tanks and regular provision of safe drinking water through water trucking.
- Water quality testing of water sources for bacterial contamination/residual chlorine and routine water treatment to meet water quality standards.
- 1,503 water buckets and 1,503 jerry cans distributed for safe storage of water.

9,020 IDPs in New Durrani camp provided with safe sanitation facilities as per SPHERE guidelines, ensuring easy access and separate facilities for women and girls to help ensure personal safety and privacy:

- 532 temporary latrines, 266 bathing facilities, 156 washing places and 37 solid waste collection points installed and maintained.
- Installation of latrines in health and school facilities (in conjunction with Health and Education Clusters) for new influx in the camp.

9,020 IDPs in New Durrani camp reached with key hygiene messages sensitized on appropriate and improved hygiene practices:

- Through Interpersonal Communication Sessions (IPC) and the distribution of Information, Education and Communication (IEC) material by focusing on hand-washing at critical times, proper use of latrine and safe storage of water.
- 1,503 hygiene kits distributed to women and adolescent girls to cater for their specific needs.

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

No significant discrepancy occurred between the planned and actual outcomes. However, the project was able to reach an additional 620 beneficiaries' due to additional displacement from Tirah Valley increasing the camp population.

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

YES ☐ NO ☒

The agency self-assigned a gender marker score of 2a. Based on findings of the multi-cluster rapid assessment, the WASH response was planned accordingly. The project paid special attention to the sanitation needs of women and girls residing in the IDP camps as well as the host communities to address their sanitation needs along with their privacy needs and ensure protection from the potential sexual harassment and violence due to the absence of proper defecation spaces. Isolated and fenced (surrounded by wall) latrines, bathing places and laundry places provided for women and young girls as per demand by the community. Hygiene kits distributed included items to cater for the specific needs of adolescent girls and women.

14. M&E: Has this project been evaluated?

YES ☐ NO ☒

No end-of-project evaluation carried out. However, in order to ensure effective implementation at the field level, the following measures were in place:

- Direct field level monitoring was regularly carried out by UNICEF Peshawar-based staff, whenever the security clearance was provided.
- Third-party monitoring through a specialized consulting firm on regular basis.
- Deployment of UNICEF monitors in field areas for day-to-day support and field-based monitoring.
- Cluster updates and meetings, such as camp coordination meetings at provincial and camp levels, were a good source of information sharing on progress and constraints.
- FATA Disaster management authorities (FDMA) visits and feedback remained useful to rectify and improve activities.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	FAO	5. CERF grant period:	16 May - 15 November 2013
2. CERF project code:	13-FAO-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Agriculture		
4. Project title:	Emergency Assistance for the Protection of Critical Livestock Assets and Improved Household Food Security for Conflict Affected IDPs of Tirah Valley		
7. Funding	a. Total project budget: US\$ 2,500,000		d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project: US\$ 344 358		
	c. Amount received from CERF: US\$ 344 358		
▪ NGO partners and Red Cross/Crescent: US\$ 40 000 ▪ Government Partners: US\$ 12 000			
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	23,520	40,320	All activities were implemented in accordance with the original plan. In the case of vaccination, the initial target, 7 000 families exceeded, having vaccinated also the animals of additional 7,000 hosting families, which were not envisaged as beneficiaries in the initial plan. Competitive bidding combined with favourable timing of procurement resulted in considerable savings to the tune of US\$44,353 under the supplies, commodities, materials budget line. A no-cost reprogramming request was thus submitted on 15 October 2013 for the utilization of these savings.
b. Male	25,480	43,680	
c. Total individuals (female + male):	49,000	84,000	
d. Of total, children <u>under</u> age 5	11,760	20 ,160	
9. Original project objective from approved CERF proposal			
Under the overall objective of enhancing the food and nutrition security for the Tirah Valley IDPs, the FAO-assisted project seeks to ensure the survival and improved productivity of critical productive livestock assets and where possible, improve household nutrition through the production and consumption of nutritious vegetables.			
10. Original expected outcomes from approved CERF proposal			
<p>Project activities funded by the proposed CERF will assist a total of 7,000 IDP families including; a) 7,000 families receiving veterinary support for their productive livestock; b) within the 7,000 families 3,150 families with prevalence of nutritionally challenged/stressed livestock will additionally receive animal feed and; c) within the 7,000 families receiving veterinary support 1,500 families will receive inputs for the production of nutritious vegetables.)</p> <p>The specific expected outcomes generated by this response will be:</p> <ul style="list-style-type: none"> • Food security of beneficiary households improved; • Dependency on food aid progressively reduced; • Milk productivity either stabilized, or increased; • Distress sales of surviving livestock reduced; • Loss of draught animal power reduced (an essential pre-condition for the resumption of agricultural production and 			

<p>restoration of livelihoods as IDPs eventually return to their native villages).</p> <p>Main indicators of the expected outcomes will include the following:</p> <ul style="list-style-type: none"> • Tonnage of animal feed distributed as a percentage of planned; • Number of assorted vegetable kits distributed as a percentage of planned; • Total number of beneficiary households reached; • Area planted with provided vegetable production inputs; • Number of animals (small and large ruminants) receiving feed and veterinary support; • Level of distressed sales in target area/beneficiary households over period of project implementation; • Level of livestock mortality in target area/beneficiary households over period of project implementation; • Intake frequency of milk and milk products in target area/beneficiary households over period of project implementation. 	
11. Actual outcomes achieved with CERF funds	
<p>Overall, a total of 14,000 beneficiary families were identified and selected to receive assistance. Out of the 14,000 families, 3,150 families received livestock support, 1,500 families received vegetable kits and 14,000 families received vaccination support.</p> <ul style="list-style-type: none"> • Livestock Package: 378 tonnes of animal compound feed and 189 tonnes of Urea Molasses Blocks, sufficient to support the livestock for 2 months, were distributed to 3,150 IDPs Families (1,000 in KP and 2,150 in FATA). • Vegetable Package (<i>khariif</i>): 425g of vegetable kits (each Okra 100g, Pumpkin 50g Brinjal 50 g, Cucumber 50g, French Bean 125g, Bitter Guard 50g were distributed to 1,500 IDPs families. • Animal Health and Veterinary Supply Package: 9,800 large animals and 8,400 small animals of 7,000 IDP families vaccinated against Hemorrhagic Septicaemia Vaccine and Enterotoxaemia, respectively. • 14 000 de-wormers (blisters) enough for 9,800 large and 8,400 small ruminants were provided to 7,000 IDP families. • After reprogramming, foot and mouth disease (FMD) vaccines were administered to 19,908 large and 18,134 small ruminants of 14,000 IDP and IDPs hosting families. • 19,928 large and 18,204 small ruminants were provided booster dose of FMD vaccines to ensure the long lasting immunity in the livestock of 14,000 IDPs families; the number of targeted animal increased than the planned number (19,600 large and 16,800 small) as some of the animal required lower doses than others due their low body weight, age and body condition. • Eight veterinary centres whose limited resources were affected due to the influx of IDPs from Tirah Valley were provided with veterinary supplies (essential medicines and equipments). • All targeted beneficiaries were oriented in proper use of inputs received during the distribution. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>In the case of vaccination, the initial target of 7,000 families was exceeded, having vaccinated also the animals of additional 7,000 hosting families, which were not envisaged as beneficiaries in the initial plan. The livestock of the host families were equally exposed to the risk of outbreak of diseases and needed protection and immunization. Competitive bidding combined with favourable timing of procurement resulted in considerable savings to the tune of US\$44,353 under the supplies, commodities, materials budget line. A no-cost reprogramming request was thus submitted on 15 October 2013 for the utilization of these savings.</p>	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The livestock and agriculture inputs specifically targeted women in the households, as they are responsible for the upkeep of livestock and enjoy some degree of control over the use of their production.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>FAO monitoring teams working at provincial and national levels provided regular feedback and recommendations. The Reporting</p>	

Unit at FAO Disaster Preparedness and Resilience Unit (DPRU) maintained a database of regular progress reports from the service providers, covering all the project activities. Moreover, 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.

FAO service provider (BEST) conducted a focus group discussion (FGD) with the beneficiary IDPs and host families in September 2013. Based on FDG results, the project beneficiaries ranked the interventions as helpful and supportive towards protection of their livestock and in the restoration of their productivity. According to the FGDs, the beneficiaries were finding it very difficult to maintain their livestock assets as it was an extra burden to feed their animals when they had other day-to-day priorities for their families. Due to the reason, majority of the IDPs had to sell their livestock at meagre prices. The FDG results show that due to the provision of the animal feed and urea molasses blocks, the selling of livestock reduced by 70 per cent. The support also helped in stabilizing milk production, increasing it by 1 to 2 litres per animal. Milk production remarkably increased by 30 to 35 per cent due to the availability of proper feed for the livestock.

Technical assistance to beneficiaries helped them to properly utilize inputs provided by FAO. Before the CERF funded support, their animals were producing 3 to 4 litres of milk, which increased to 4.5 to 5.5 litres per animal. To assess self-reported dietary behaviours after inputs distribution, some of the project beneficiaries responded that they started selling extra milk and surplus vegetables produced from their kitchen gardens.

The results of the FDGs show the majority of the beneficiaries stated that as a result of the inputs received under the project, their income had increased as they were not spending on buying additional milk and vegetables for household consumption and their earnings were used for purchasing animal fodder and some other necessary items of routine use. The activities also benefited other community members, as the extra milk was shared with them, strengthening social bonds within the target communities.

TABLE 8: PROJECT RESULTS

CERF project information					
1. Agency:		UNFPA		5. CERF grant period:	28 May 2013 – 28 Nov 2013
2. CERF project code:		13-FPA-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Protection / Human Rights / Rule of Law			
4. Project title:		Provision of 247 integrated Reproductive Health multisectoral Gender Based Violence services ensuring Basic Emergency Obstetric and Neonatal Care for the Tirah Valley IDPs in Kohat and Kurram Agency			
7. Funding	a. Total project budget:		US\$ 500,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 250,003	■ NGO partners and Red Cross/Crescent: US\$ 203,148 ■ Government Partners: US\$ 0	
	c. Amount received from CERF:		US\$ 250,003		
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		7,000	17,582	The female beneficiaries reached more than the target [251%] owing to the ground realities. It was observed during implementation, that more women needed protection and reproductive health (RH) services than expected.	
b. Male		2,500	2,847		
c. Total individuals (female + male):		9,500	20,429		
d. Of total, children <u>under</u> age 5		2,00	0		
9. Original project objective from approved CERF proposal					
To ensure equitable access to integrated RH and multi-sectoral GBV services for the conflict-affected populations of Tirah Valley and host communities in selected facilities and at community level.					
10. Original expected outcomes from approved CERF proposal					
<p>The reproductive health status of women and girls is improved and GBV services are in place in Kohat.</p> <ul style="list-style-type: none"> • 24/7 Basic Emergency Obstetric and Neonatal Care services are made available in New Durrani Camp and data regularly available on RH indicators for 6 months project duration. • Lifesaving BEmOC services available for IDPs residing in UC Jerma, Kohat • Women and girls have safe and dignified access to their RH/menstrual and post natal needs • The IDPs are sensitized on GBV issues, empowered through vocational trainings and Alternative Dispute Resolution institutions 					
11. Actual outcomes achieved with CERF funds					
<p>24/7 Basic Emergency Obstetric and Neonatal Care services are made ;</p> <ul style="list-style-type: none"> • 8,858 [126%] women received basic RH services; • 2,143 [953%] pregnant women received antenatal care [ANC]; • 2,015 [1440%] total number of live births; • 53[530%] pregnant women referred for Comprehensive Emergency Obstetric care [C-EmOC]; • Selected RH Kits distributed to the community and selected health facilities 					

<p>Lifesaving BEmOC services available for IDPs residing in UC Jerma, Kohat,</p> <ul style="list-style-type: none"> • RH services have been provided in # 1 government hospital [Liaquat Memorial Hospital in Kohat District] and # 1 Rural Health Centre in Gumbat; <p>Women and girls have safe and dignified access to their RH/menstrual and post natal needs:</p> <ul style="list-style-type: none"> • 3,500 [40.%] women received hygiene kits • 2,143 [100 %] pregnant women received clean delivery kits • 1000 [50%] lactating women received newborn baby kits <p>The IDPs are sensitized on GBV issues, empowered through vocational trainings and Alternative Dispute Resolution institutions.</p> <ul style="list-style-type: none"> • 402[100%] women attended awareness sessions on GBV issues • 169 [50%] men attended awareness sessions on GBV issues • 1 [One] Women Friendly Health Space established and operated; • 442 [74%] women attended vocational training at Women Friendly Spaces; • 454[75%] men attended vocational training ; • 20 Alternative Dispute Resolution committees established 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The female beneficiaries reached more than the target [251%] owing to the ground realities. It was observed during implementation, that more women needed protection and reproductive health (RH) services than expected.</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>The agency self-assigned gender marker code 2b. The project primarily targeted female beneficiaries in Kohat district among Tirah Valley IDPs. They were involved in needs assessments and the implementation of reproductive health services, vocational training sessions for livelihoods activities, gender-based violence awareness sessions, among others. The provided protection services to reduce women's vulnerability to GBV. The activities were based on gender and age analysis. Through the female beneficiaries, the project also reached out to men to engage them in promoting behavioural change among women.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The project was subjected to UNFPA's standard M&E procedures.</p>	

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:		UNHCR	5. CERF grant period:	
2. CERF project code:		13-HCR-037	27 Apr. 2013 – 31 Dec. 2013	
3. Cluster/Sector:		Protection / Human Rights / Rule of Law	6. Status of CERF grant:	
			<input type="checkbox"/> Ongoing	
			<input checked="" type="checkbox"/> Concluded	
4. Project title:		Protection and humanitarian assistance to IDPs of Tirah Valley (Khyber Agency FATA) Khyber Pakhtunkhwa		
7. Funding	a. Total project budget:		US\$ 290,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:		US\$290,000	▪ NGO partners and Red Cross/Crescent:
	c. Amount received from CERF:		US\$ 140,063	▪ Government Partners:
				US\$104.900
				US\$0
Results				
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		43,680	37,434	Beneficiaries reached figures are derived from the total number of IDPs registered by UNHCR. The planning figure is based on statistics provided by the FATA Disaster Management Agency. However, during registration there are differences in these figures due to family size or family members opting to stay behind.
b. Male		40,320	44,107	
c. Total individuals (female + male):		84,000	81,541	
d. Of total, children <u>under</u> age 5		3,800	16,984	
9. Original project objective from approved CERF proposal				
The overall objectives of this project are fourfold:				
<ul style="list-style-type: none">IDPs have access to registration desks particularly female headed households to facilitate their equitable access to assistance/services and have access to a grievance mechanism in case of facing issues registering (Protection).IDPs and particularly most vulnerable have access to legal aid/counselling to help protect from rights abuses (Protection).Protection monitoring for off-camp IDPs to understand protection dynamics of this caseload (Protection).				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none">IDPs will be able to register, access assistance and services.Most vulnerable will have access to protection mechanisms to record their concerns and will be assisted in resolving their concerns on a priority basis.IDPs' will become aware of the significance of civil documentation including identity, land and property related issues as well as marriage or divorce certificates. IDPs will be able to obtain or renew their Computerised National Identity Cards (CNICs) CNICs. IDP women without identity documents will have their own CNICs to enable them register and access assistance and services. IDPs will be aware about family tree issues.IDPs are protected from human rights abuses and are able to exercise their rights including making informed choices about returning to their areas of origin/residence in safety and dignity or resettling elsewhere in the country.IDPs will have a say in the projects designed for their communities and will have the sense of ownership through participatory approach.				

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 81,541 IDPs registered and provided with assistance and services. • 914 most vulnerable were provided with access to protection mechanisms to record their concerns and were assisted in resolving their concerns on a priority basis. • 4,250 IDPs made aware of the significance of civil documentation including identity, land and property related issues as well as marriage or divorce certificates through 170 awareness raising sessions. • 3,033 IDPs were provided with legal advice; of these 1,134 IDPs were provided with or renewed their Computerised National Identity Cards (CNICs). • 775 displaced women without identity documents were given their own CNICs to enable them register and access assistance and services. IDPs were made aware about family tree issues. • 6,875 IDPs were protected from human rights abuses and were able to exercise their rights, including making informed choices about returning to their areas of origin/residence in safety and dignity or resettling elsewhere in the country. • All registered IDPs had a say in the projects designed for their communities and a sense of ownership through participatory approach. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Beneficiaries reached figures are derived from the total number of IDPs registered by UNHCR. The planning figure is based on statistics provided by the FATA Disaster Management Agency. However, during registration there are differences in these figures due to family size or family members opting to stay behind.	
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"/>
Protection activities took into account gender-specific issues. A large component of the project focused on ensuring that women were provided with their own identity documents to ensure that they could enjoy full access to assistance and services. Protection assistance was provided in a gender-sensitive manner (e.g.: through women's grievance desks, and through gender-balanced mobile protection teams.)	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>UNHCR regularly monitored the situation of IDPs, including registration, access to assistance and services in New Durrani (Kurram Agency) and Jerma (Kohat District) registration points, and off-camp locations through a number of different methods, including:</p> <ul style="list-style-type: none"> • Establishing and building the capacity of Mobile Protection Response Teams to provide effective protection coverage and interventions. • Establishing grievance desks at various food hubs. • Regular protection monitoring missions. • Maintenance of and reference to the IDP registration database. • Direct feedback from beneficiaries through focus group discussions and individual interviews by Mobile Protection Teams. • Constant coordination with partners. • Coordination with other stakeholders through regular protection cluster meetings at district and provincial levels. • Regular review of a variety of records, including activity reports and monthly progress reports from implementing partners. 	

TABLE 8: PROJECT RESULTS				
CERF project information				
1. Agency:		UNHCR		5. CERF grant period:
2. CERF project code:		13-HCR-038		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Shelter and non-food items		
4. Project title:		Emergency shelter and NFIs assistance to IDPs of Tirah Valley (Khyber Agency FATA) Khyber Pakhtunkhwa		
7. Funding	a. Total project budget:		US\$ 800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:		US\$ 800,000	▪ NGO partners and Red Cross/Crescent: CERD: \$ 14,450 SRSP: \$ 14,450
	c. Amount received from CERF:		US\$ 400,073	▪ 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).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		43,680	21,620	Prior to Tirah IDP registration, NRC had distributed NFIs to some 7,000 families; UNHCR did not distribute NFIs to these families who had already received the NRC NFIs and provided the remaining 10,000 families with NFIs. Tents/shelter was provided to those IDPs who chose to reside in the camps.
b. Male		40,320	25,380	
c. Total individuals (female + male):		84,000	47,000	
d. Of total, children <u>under</u> age 5		3,800	9,790	
9. Original project objective from approved CERF proposal				
<p>The overall objectives of this project are as follows:</p> <ul style="list-style-type: none"> IDPs have access to basic emergency shelter. IDPs have access to life saving assistance to meet their immediate needs in camps. Population has sufficient basic and domestic items. 				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> IDPs will have access to emergency shelter and Core Relief Items. IDPs are protected from harsh weather and take shelter in the IDP camp. IDP families have non-food items to kick start their life. 				
11. Actual outcomes achieved with CERF funds				
<p>5,869 IDPs were provided with emergency shelter and 10,000 core relief items were distributed.</p> <ul style="list-style-type: none"> 5,869 IDPs have been protected from harsh weather and provided shelter in the IDP camp. 10,000 IDP families have non-food items to kick-start their life 				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				
<p>Prior to Tirah IDP registration, NRC had distributed NFIs to some 7,000 families; UNHCR did not distribute NFIs to these families who had already received the NRC NFIs and provided the remaining 10,000 families with NFIs. Tents/shelter was provided to those IDPs who chose to reside in the camps.</p>				

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
NFI kits are designed to include female hygiene products and shelters ensure crucial privacy for women, children and men. In camp settings, purda walls are in place to ensure the protection and privacy of communities and the women and children within them.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
UNHCR field staff in New Durrani, Jerma, and off-camp areas were present during distribution and, along with implementing partners, monitored the progress of distribution. Subsequent partner reports, and UNHCR stock reports, confirmed the success of the distribution.	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	5. CERF grant period:	30 Apr. 2013 – 30 Oct. 2013
2. CERF project code:	13-WFP-029	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Food Assistance for Internally Displaced Persons and Returnees in Pakistan's North-west		
7. Funding	a. Total project budget:	US\$ 221,022,300	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$204,354,120	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 21,543
	c. Amount received from CERF:	US\$1,001,431	▪ <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	41,160	81,123	<p>The total displacement resulting from the hostilities in Tirah Valley in Khyber Agency was recorded at 17,018 families. The subsequent spillover of hostilities in this region impacted the Para Chamkani area in Kurram Agency which resulted in an additional displacement of 10,575 families from that region as well which cumulatively led to the displacement of 27,593 families (165,558 individuals) during the year 2013. These figures reflect those originally registered IDPs by UNHCR who received assistance prior to NADRA verification. After NADRA verification, the Tirah Valley IDP numbers reduced to 13,891 families subsequently reducing the overall number of assisted families. The table on the left reflects the highest numbers of those who received assistance during the period.</p> <p>All of these beneficiaries were in urgent need of humanitarian assistance and were therefore incorporated into the ongoing relief activities implemented by WFP in the region. Furthermore, given the availability of rice provided by a separate in-kind contribution, and its partial substitution for wheat flour in the food basket, quantities of the latter purchased with this CERF grant allowed for the distribution of full cereal rations amongst 197 percent of the planned beneficiary caseload.</p>
b. Male	42,840	84,435	
c. Total individuals (female + male):	84,000	165,558	
d. Of total, children <u>under</u> age 5	11,407	22,483	
9. Original project objective from approved CERF proposal			
<p>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.</p>			

10. Original expected outcomes from approved CERF proposal

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

- Household Food Consumption Score (target: 80 percent of assisted families have an acceptable Household Food Consumption Score);
- Number of women, men, girls and boys receiving food; and
- Tonnage of food distributed.

11. Actual outcomes achieved with CERF funds

- Household food consumption score (Improved food consumption over the assistance period for targeted displaced persons i.e. ensuring that 80% of the population has an acceptable household food consumption score)
Regular and timely supply of monthly family food rations, distributed on an unconditional basis:
- This contribution allowed for the distribution of 3,975 metric tons of fortified wheat flour (following standard 99 percent extraction ratio in the transformation of 4,015 metric tons of wheat donated by the Government of Pakistan to support relief operations in the area).
- Given the availability of rice provided by a separate US in-kind contribution, and its distribution alongside the government-donated wheat flour, quantities of the latter purchased with this CERF grant allowed for the distribution of full cereal rations amongst 197 per cent of the planned beneficiary caseload.
- Distributions of the same allowed for the provision of a full monthly food basket to 27,593 families (165,558 individuals) displaced by conflict from FATA's Khyber and Kurram agencies during 2013. Distributions using this contribution were conducted in Kurram and Orakzai agencies in FATA and in Peshawar and Kohat districts in KP where the targeted displaced families were residing. One IDP camp (Durrani Camp in Kurram Agency) was also assisted using this CERF grant.
- Distributions took place between July 2013 to October 2013, at nine off-camp distribution hubs and one camp based distribution point. While WFP targeted its assistance to all IDPs registered by UNHCR (and then verified by the National Database and Registration Authority), the use of an online WFP database and verification system at all hub locations ensured no duplication or overlap in the provision of family food rations. WFP assistance is provided on a needs basis and is not contingent upon formal registration. Where families did not possess the necessary documentation, a temporary token-based system was used. Although the government has initiated the process of returns, WFP continued the provision of relief rations for those who have returned taking into account when returns take place in relation to the harvest calendar, the duration of displacement and the state of assets in the area of origin; however, 6 month on average.
- This assistance proved critical in helping to maintain adequate food consumption amongst these beneficiaries: with WFP monitoring and evaluation findings confirming that all families assisted through the distribution of food purchased with 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 2013 with an acceptable food consumption score (to an average 81.55 percent, from a baseline of 33.4 percent amongst some groups in March 2013).
- Through the distribution of fortified commodities (including wheat flour under this CERF grant) and the provision of other specialised supplementary foods alongside general family food rations, WFP relief food assistance also proved to facilitate a stabilisation of the nutritional status of typically vulnerable groups to preclude further deterioration in their nutrition security. These commodities also provided micronutrient supplementation to the targeted beneficiaries
- Distributions were undertaken by four selected implementing partners with a proven history of requisite management, technical and logistical capacities, as well as an existing presence in target areas.

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

The age- and gender-wise breakdown of beneficiaries reached using this CERF grant is as follows:

	Male	Female	Total
Number of Children below 5 years of Age	11,473	11,010	22,483
Number of Children 5 to 18 years of Age	34,072	32,731	66,803
Number of Adults	38,890	37,383	76,273
TOTAL	84,435	81,123	165,558

3. Tonnage of food distributed

This CERF grant was used for "twinning" with the in-kind contribution of wheat flour from the Government of Pakistan. Twinning involves matching an in-kind contribution with a cash donation from other donors to meet the associated costs of the

<p>former (including transformation, transport, handling, distribution, monitoring and administration). A total of 8,575 mt of food was distributed to the targeted beneficiaries from July to October 2013 out of which 3,975 mt of wheat flour was provided to the beneficiaries with the assistance of the funds provided under this CERF grant.</p> <p>Since 2012, the Government of Pakistan has contributed a total of 200,000 metric tons of in-kind wheat valued at US\$68 million to assist families displaced from FATA as well as those who have so far managed to return. Overall, international donors have provided nearly US\$54 in twinning with the Government contribution to date. The US has provided 56,300 mt of in-kind rice valued at US\$62 for distribution as part of the cereal ration for the same beneficiaries.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>No significant variance in the planned and achieved outcome indicators as per the proposal apart from the total number of beneficiaries reached. Causes of variance in the beneficiary numbers has been explained in section 8.</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>As an emergency operation, anticipated results centred on meeting primary and immediate needs amongst targeted groups. Fundamental life-saving outcomes were very significant for both male and female beneficiaries as both had faced considerable threats to their food consumption and nutritional status. But, in convergence with the integration of gender equity objectives into the programme design, results may reasonably be expected to have helped forestall any further exacerbation of gender gaps. Owing to the more severe limitations and greater burdens faced by women during times of displacement, they are more likely to resort to detrimental coping strategies; a trend that was mitigated by the impacts of this operation. Furthermore, where the provision of emergency assistance contributed to saving lives and maintaining family composition, fewer women would be forced to assume the burden of family provider, under disproportionately challenging circumstances. Similarly, when household food consumption is subject to some restriction, the specific nutritional needs of women tend not to be met; since they are typically marginalized in food allocation and often eat last and less. As such, WFP's provision of a nutritionally balanced food basket sufficient to meet the requirements of all family members helped to address this issue.</p> <p>All WFP activities employ a human rights approach and do not discriminate on the basis of gender, ethnicity or disability. Efforts were undertaken to identify and prioritize the most vulnerable to receive assistance. In order to ensure the effective application of humanitarian principles on ground, involved field staff also received specialized training regarding these principles. Explicit efforts were made to facilitate the receipt of assistance by female-headed households, who were given priority attention during assessment and subsequent distribution processes. Separate queues and waiting areas were established for women at distribution sites, while provisions were made to a blood relative where a female beneficiary was unable to be present. Specific measures were taken at distribution locations that prioritize the treatment of women, the elderly and disabled. A dedicated desk for women with female staff and separate waiting areas are also maintained at distribution locations in these culturally-conservative areas for the supply of rations. Vulnerable individuals are assisted on a priority basis and child friendly spaces are being introduced by WFP cooperating partners inside humanitarian hubs.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>WFP conducts mainly two types of monitoring. Statistical model based on random sampling which represents the overall result to a certain degree of confidence and purposive monitoring which is called a follow-up monitoring to resolve issues which has been raised during sample monitoring or reported through other sources such as the Beneficiary Feedback Desk. The sample monitoring is again split into two stages: a) Distribution monitoring and b) Post-distribution monitoring. The objective of distribution monitoring is to access overall performance of cooperating partners in distribution management, beneficiary selection process, beneficiary awareness about their entitlements, numbers of beneficiaries supported and tonnage distributed compared to the plan, a random measurement of the actual food basket, to ensure safe distribution, address gender and protection issues, to find out the average time spent to receive rations, the quality of food distributed and so on. On the other hand, post distribution monitoring is conducted at the household level after two to three weeks from distribution. On average, 10 households are interviewed per site to make it a fair representation. The objective of post distribution monitoring is to assess the acceptance and end use of food rations, household demography, short-time impact of food assistance (food consumption score), opportunity cost of food ration and perception of food assistance.</p> <p>During the reporting period, randomly selected households were interviewed to monitor the implementation process and time management at distribution points, as well as accessibility and utilization of WFP food commodities. Furthermore, each humanitarian hub was coordinated by a WFP monitoring representative in the field to smoothen distribution management while ensuring adherence to the minimum accountability standards during a humanitarian emergency. Subject to the security situation,</p>	

WFP field monitors undertook random visits to the distribution sites to ascertain that the distribution is taking place as per agreed criteria and that the beneficiaries are receiving their food entitlements. Grievance desks were established at distribution points and are managed by dedicated grievance focal persons in order to cater to beneficiary concerns and ensure proper redress of their concerns. WFP monitoring teams are present on-site to ensure that distributions are conducted in accordance with the prescribed guidelines and standards, and a dedicated WFP beneficiary feedback desk established in Islamabad continues to help strengthen operational transparency and accountability through the receipt and resolution of direct beneficiary feedback related to a range of issues.

These monitoring and evaluation processes collect a range of data used to determine the outcomes generated by a particular intervention, and are supplemented by more detailed impact studies typically outsourced to a third party research institution on an annual basis and supervised by WFP's dedicated Vulnerability Analysis and Mapping (VAM) function.

TABLE 8: PROJECT RESULTS

CERF project information					
1. Agency:		WHO		5. CERF grant period:	1 May 2013 – 30 Nov 2013
2. CERF project code:		13-WHO-029		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Water and sanitation			
4. Project title:		Provision of WASH services to Internally Displaced Persons (IDPs) living in camps, host communities hosting communities and Khyber Pakhtunkhwa (KP) and Federally administered Tribal Areas (FATA)			
7. Funding	a. Total project budget:		US\$ 1,270,000		
	b. Total funding received for the project:		US\$ 49,980		
	c. Amount received from CERF:		US\$ 49,980		
		d. CERF funds forwarded to implementing partners:			
		▪ NGO partners and Red Cross/Crescent:		US\$0	
		▪ 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).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		28,800	28,800		
b. Male		31,200	31,200		
c. Total individuals (female + male):		60,000	60,000		
d. Of total, children <u>under</u> age 5		8,880	8,880		
9. Original project objective from approved CERF proposal					
<p>This proposal aims at saving human lives and reduce the mortality and morbidity due to waterborne diseases among women, girls, boys and men by addressing WASH needs for 73, 452 (14,300 with WASH package & 60,000 through ensuring water quality) conflict-affected children, women and men, residing in camps, primarily in New Durrani Camp and IDPs living with host families and spontaneous settlements in Kurram Agency. The main objective for WHO of the project is:</p> <ul style="list-style-type: none"> 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 approximately 60,000 affected people. 					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none"> Waterborne diseases surveillance and identification of affected communities facing greatest health risks from water borne diseases and ensure that appropriate response mechanisms put in place. 3300 families would receive WASH related supplies during a response to water borne diseases outbreaks and 60,000 would be indirect beneficiaries. Early alert and response to possible water related outbreaks in camps, weekly microbial water quality trends and residual chlorine in water supplies report. 					
11. Actual outcomes achieved with CERF funds					
<p>Beneficiaries reached through WASH supplies in outbreak response: 60,000 (male 28,800, female 31,200)</p> <p>WHO Environmental Health team regularly monitored the diarrhoea prevalence in IDP camps and off camps and conducted investigation and response to AWD Alerts/Outbreaks. The team performed regular drinking water supply chlorination and</p>					

<p>disinfection and mobilized resources for the provision of water collection and storage facilities, hygiene kits, NFIs 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.</p> <ul style="list-style-type: none"> • Main water sources were tested for microbiological contamination and where samples 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, soap, NFIs and hygiene kits. • WHO environmental health team tested more than 737 water sources and 630 for residual chlorine in IDP camps. 800 health and hygiene sessions conducted with distribution of IEC material. The main focus was given to safe water handling, use of household water disinfection chemicals like aqua tabs and pure sachets, hand washing with soap and safe disposal of feces materials. WHO EH team 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 focuses in tracing the source 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 were monitored till the improvement of health status of the affected population. • In order to provide response to alerts and outbreaks in Camps and off camps in IDPs hosting districts and health facilities serving IDPs in Nowshera, Kohat, Hangu, Jalozaï Camp, Togh Sarai Camp and New Durrani Camp WHO handed over number of environmental Health supplies including 25271 soaps, 1700 IEC material excluding Dengue IEC material, 889 hygiene kits, 1487 cloth washing soaps, 290 Kg Chlorine and 4000 Jerry canes to government departments, WASH and Health partners. <p>Installed 5 chlorinators in Jalozaï camp to ensure the provision of safe drinking water.</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"/>
The agency self-assigned 1. As WASH response is for all the affected population after an emergency, WASH cluster partners including UN agencies in collaboration with TMAs/PHED provided hygiene kits, ensured establishment of male/female latrines according to Sphere standards.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Standard WHO monitoring and evaluation processes were applied to the project, which included:</p> <ul style="list-style-type: none"> • Weekly water quality testing and situation reports from field Environmental Health Engineers • Environmental health engineers visits and camps assessment reports. Provincial Disaster Management Authority, Department of Health and Camp Management have been involved in monitoring all activities carried out in camp. 	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	5. CERF grant period:	1 May 2013 -12 Dec 2013
2. CERF project code:	13-WHO-031	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project title:	Provision of Emergency Primary Health Care and Life-saving Nutrition Services for new influx of IDPs from Tirah Valley focusing on filling the gaps		
7. Funding	a. Total project budget:	US\$3,930,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 384,539	■ NGO partners and Red Cross/Crescent: US\$87,000 ■ Government Partners: US\$ \$27,000
	c. Amount received from CERF:	US\$ 270,539	
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	40,320 (65 girls < 5 SAM)	40,320 (65 girls < 5 SAM)	
b. Male	43,680 (55 boys < 5 SAM)	43,680 (55 boys < 5 SAM)	
c. Total individuals (female + male):	84,000 (120 <5 SAM) 720 < 5 HANSS)	84,000 (120 <5 SAM) 720 < 5 HANSS)	
d. Of total, children <u>under</u> age 5	12,432 (840 nutrition)	12,432 (840 nutrition)	
9. Original project objective from approved CERF proposal			
The overall objective of the project is to address the emergency health and nutrition needs of the new influx of IDPs from Tirah valley through provision of primary health care services and nutrition interventions to reduce morbidity and mortality among the affected displaced population.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Provision of essential package of primary health care services to IDPs including treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care and immunization to the affected population living in IDPs camps. • Functional disease surveillance and outbreak response teams responding within 24-48 hours for 80% of all outbreak alerts and achieving mitigation of communicable disease outbreak threats among the target population. • Weekly reporting of priority communicable diseases by oriented health care providers and district/ agency teams with data analysed and disseminated on weekly basis Response to epidemic alarms through relevant means like EPI vaccination outreach or campaigns, vector control, water and sanitation improvements at household level, clinical case management at hospitals, health education and awareness campaigns. • Hygiene conditions at target health facilities improved and infection control mechanism in place to avert waterborne disease 			

outbreak.

- One operational Nutrition Stabilization Center at DHQ hospital level in the district Kohat as decided by the Nutrition Cluster in Peshawar.
- Two operational Health and Nutrition Sentinel Site Surveillance Systems in two locations in district Kohat as decided by the Nutrition Cluster in Peshawar.
- 20 Health Care workers (including paediatricians, doctors and nurses / LHV's) in this district will be trained on the case management of severe malnutrition.
- 40 Health Care Workers in this district will be trained in the Health and Nutrition Sentinel Site Surveillance System.

11. Actual outcomes achieved with CERF funds

- Emergency health services were supported through CERF funds in all three IDPs camps in the form of operational support to ad hoc/temporary health posts, disease surveillance, provision of essential medicines to the health posts in camps and off-camp health facilities supporting IDPs in the hosting districts.
- Functional disease surveillance and outbreak response teams responded within 24-48 hours for 80% of all outbreak alerts and achieving mitigation of communicable disease outbreak threats among the target population. The DEWS activities maintained and strengthened in the target population (both in the IDP camps and hosting community) during this CERF project period. The disease situation monitored vigilantly and appropriate actions taken timely by the WHO-DEWS teams. More than 80% of the alerts were responded within 24 hours of reporting and appropriate measures were taken. The health care providers in the target area were trained on standard case definition, alert thresholds, immediate reporting, cases management and disease prevention. Field investigation conducted for the alerts reported and sample were collected and transported for laboratory confirmation from NIH Islamabad. Medical supplies provided for cases management; social mobilization activities conducted on prevention of diseases and targeted health education conducted; reactive mass vaccination campaign arrange where needed; Supported for preparation of specific ad-hoc treatment units (e.g. DTCs) in the targeted districts. During the CERF project period (from May-Nov 2013) the DEWS team in collaboration with the DoH and health cluster partners detected 47 alerts and investigated in the IDP camps and in hosting communities, six outbreaks were identified and responded and controlled. Maximum 27 alerts were reported for Measles and timely investigated. Active search for the clustering of the cases were carried out in the locality of the cases, and the vaccination status of the children were checked and vaccination status was found very low in these localities and the children under 5 year age were most affected. Vitamin A drops to the suspected measles cases and health education has also imparted to the affected population in order to maintain isolation and on the importance of routine immunization. Outreach vaccination for Measles arranged in these localities to prevent further spread of Measles. DEWS has provided 8 alerts for Diphtheria were reported in the IDP hosting districts and were promptly responded. 2 outbreak were identified on field investigation. Anti-Diphtheria Serum (ADS) provided for the Diphtheria cases and prophylactic antibiotics supplied / prescribed to the close contacts of the cases. Vaccination status in the localities of the cases assessed and strong advocacy did with the district Health authorities to strengthen the outreach vaccination activities in the localities.. Three (3) alerts were reported for Acute Watery Diarrhoea (AWD) / Cholera from the IDP camps. The alerts were responded very promptly. Stool samples were collected and transported for Laboratory confirmation but fund negative for V Cholera. Rapid Response teams mobilize to manage the situation, supplies for the treatment of Cholera case placed at the site; tent-to-tent campaigns organize on hygiene education and to disinfect water.
- WHO EH team 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 focuses in tracing the source 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 were monitored till the improvement of health status of the affected population. Around 5,327 people were reached during these awareness sessions. These sessions were conducted to sensitize the communities on preventable measures related to different diseases focusing on water borne diseases

Life Saving Nutrition Response:

- One Nutrition stabilization centre was established and operational in the district of Kohat.
- Two Health and Nutrition Sentinel Site Surveillance System (HANSS) sites were established and functional in the district of

Kohat. <ul style="list-style-type: none"> • 23 health care providers were trained of facility based management of severe acute malnutrition in Kohat. • 47 health care workers were trained in the district on HANSS. • 127 complicated cases of SAM were treated NSC in Kohat 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
N/A	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
There was no separate evaluation conducted for the CERF project, however, M&E is a built-in component of all WHO projects.	

TABLE 8: PROJECT RESULTS

CERF project information					
1. Agency:		UN Habitat		5. CERF grant period:	19 Jun 2013 – 31 Dec 2013
2. CERF project code:		13-HAB-001		6. Status of CERF grant:	<input type="checkbox"/> On-going <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Water and sanitation			
4. Project title:		Provision of WASH services to Internally Displaced Persons (IDPs) living in camps, host communities hosting communities and Khyber Pakhtunkhwa (KP) and Federally administered Tribal Areas (FATA)			
7. Funding	a. Total project budget:		US\$ 837,194	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 100,000	■ NGO partners and Red Cross/Crescent: US\$0 ■ Government Partners: US\$0	
	c. Amount received from CERF:		US\$ 100,000		
Results					
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		2,577	3,060	During the beneficiary assessment it was found the planned provision of safe drinking water by tankers could not be executed due to less requirements on ground as most of the IDPs were already supported by hosting communities and other humanitarian partners. However, this activity was replaced by the provision of 355 food graded household water storage tanks (each of 200 gallon capacity) for enhancing the storage capacity of safe drinking water which increased the overall total number of beneficiaries from 5,052 to 6,000 families within the allocated budget.	
b. Male		2,475	2,940		
c. Total individuals (female + male):		5,052	6,000		
d. Of total, children <u>under</u> age 5		758	900		
9. Original project objective from approved CERF proposal					
<p>This proposal aims at saving human lives and reduce the mortality and morbidity due to waterborne diseases among women, girls, boys and men by addressing WASH needs for 73, 452 (14,300 with WASH package & 60,000 through ensuring water quality) conflict-affected children, women and men, residing in camps, primarily in New Durrani Camp and IDPs living with host families and spontaneous settlements in Kurram Agency. The main objective for UN Habitat of the project is:</p> <ul style="list-style-type: none"> • Ensure access to safe drinking water, basic sanitation and promotion of hygiene practices to flood affected families for an estimated 5,052 IDPs (842 families) residing in spontaneous settlements in Kurram Agency. 					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none"> • Significantly reduced the incidence of morbidity and mortality in spontaneous settlements due to lack of safe drinking water and poor sanitation among targeted 842 families or 5,052 people, especially pregnant women, girls, children under 5 years of age and other vulnerable people. • Reduced risk for outbreak of diseases related to WASH among 5,052 targeted people. • 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. 					
11. Actual outcomes achieved with CERF funds					

<ul style="list-style-type: none"> • The initial plan of repairing 45 water sources was successfully accomplished; 12 sources in cluster Sadda (sogomila, saianomohalla, jabbamuhalla, tirak, kiamabadsada, bilalmohalla, Karkhanokaly, PeerQaoumsasad, kochikaly), 6 in cluster Sateen (upper sateen), 14 in cluster Shahoo (gawakimittokaly, satarkaly, jindari, alizai, makhizai, shahoo, peer qaum, warsak and durrani), 1 in Sultani (sultani proper), 11 in Jodara (kharkay, satan, shabazsama, wam, soekhapa, karomella, yaralnaka, saidanokorgarikot, qimatoshapalapaty, sabardayangarikot, proper garikot), 1 in cluster Doger (masozaikasa, jandakhail) benefiting a total 5052 families. The planned provision of safe drinking water by tankers could not be executed due to less requirement on ground as most of the IDPs were facilitated by hosting communities. However, this activity was replaced by the provision of 355 food graded household water storage tanks for enhancing the storage capacity of safe drinking water. Out of 125 planned latrines 100 latrines could be constructed within the available budget, 17 in Sadda cluster, 27 in Shahsoo cluster, 6 in Sateen cluster, 20 in Sultani cluster, 2 in Doger cluster and 28 in Jodara cluster benefiting 200 families. • Water testing and disinfection of 45 water sources was also carried out in Sadda, Sateen, Shahoo, Jodara and Doger for ensuring the provision of safe drinking water. The only sourced declared as microbiologically contaminated was disinfected. • A total of 250 hygiene sessions were successfully conducted for promoting and practicing improved health and hygiene in targeted villages of Sadda, Sateen, Shahoo, Sultani, Doger and Johdara oriented on i) hand washing with soap at critical times; ii) safe defecation/use of latrine; iii) water treatment through pur sachet; iv) safe water storage and handling; and v) promotion of rehydration methods including the importance and use of ORS while benefiting 1000 men, women and children. • Distribution of planned 250 hygiene kits, catering special needs of women and girls was completed successfully in Sadda, Sateen, Shahoo, Sultani, Doger and Johdara benefiting 250 families. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The planned provision of safe drinking water by tankers could not be executed due to less requirements on ground as most of the IDPs were supported by hosting communities and other humanitarian partners. However, this activity was replaced by the provision of 355 food graded household water storage tanks (each of 200 gallon capacity) for enhancing the storage capacity of safe drinking water which increased the overall total number of beneficiaries within the allocated budget.	
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"/>
The agency self-assigned 2a. Gender issues were taken into account by reaching out to women, girls, boys and men, including the elderly and people with special needs. Gender equality was also considered while declaring vulnerable and extremely vulnerable families e.g., households headed by widows/females, the elderly (male and female) and people with special needs (male and female). Separate water collection points for male and female were constructed. Special needs of women were also taken into account while constructing emergency latrines. Women's and girls' special needs related to menstrual hygiene management (MHM) were also considered through hygiene kit distribution. Hygiene promotion sessions were delivered by a gender-balanced team of UN-Habitat. The 2a code was given based on these gender considerations.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The evaluation is on-going because the project has just been concluded due to security issues.	

TABLE 8: PROJECT RESULTS

CERF project information					
1. Agency:		UN Habitat		5. CERF grant period:	19 Jun. 2013 – 31 Jan. 2014
2. CERF project code:		13-HAB-002		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Shelter and non-food items			
4. Project title:		Integrated Humanitarian Shelter Assistance addressing the life-saving shelter needs of 1,025 extremely vulnerable IDP families living with host communities in Kurram Agency of FATA in Pakistan			
7. Funding	a. Total project budget:		US\$ 1,500,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:		US\$ 399,999	▪ NGO partners and Red Cross/Crescent: US\$0	
	c. Amount received from CERF:		US\$ 399,999	▪ 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).					
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female		2,924	2,859	The family size was taken as seven, while later on it was established that the actual family size is 6 to 6.3. With this family size, the number of individuals decreased from the planning figures, but the number of families remains unchanged.	
b. Male		3,226	3,496		
c. Total individuals (female + male):		6,150	6,355		
d. Of total, children <u>under</u> age 5		928	953		
9. Original project objective from approved CERF proposal					
Humanitarian shelter assistance addressing the lifesaving shelter needs of 1,025 extremely vulnerable IDP families focusing on women-headed household living with host communities in Kurram Agency of FATA in Pakistan.					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none"> Shelter assistance provided to 1,025 homeless families with assisted rental assistance and/or self-construction of emergency shelters with provision of materials and tool kits. 1,025 IDPs oriented on repair and reconstruction of houses and shelters, (This is the value addition, UN-Habitat will provide information material (already prepared) and awareness to targeted beneficiaries. This activity is not being charged to CERF.) Returnees return to their original place with some experience and knowhow to construct shelters. 					
11. Actual outcomes achieved with CERF funds					
<p>1,025 most vulnerable IDP families including widows, elderly women, and chronic patient and aged households were provided with shelter cash assistance for dignified shelters.</p> <p>1,025 beneficiaries' families were trained on shelter construction and repair before their return. These families are now able to repair or reconstruct their shelters.</p> <p>Government of KP and FATA decided to facilitate and expedite the volunteer return. Through this CERF funding, IDPs return was expedited, and 1,025 families returned to their place of origin (Tirah) after getting the shelter assistance.</p>					

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The project implemented exactly what was planned.	
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"/>
The agency self-assigned 2a. Gender issues were taken into account by reaching out to women, girls, boys and men, including the elderly and people with special needs. Gender equality was also considered while declaring vulnerable and extremely vulnerable families, e.g., households headed by widows/females, the elderly (male and female), and people with special needs (male and female). Assessment forms had questions regarding gender needs.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Instalment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-065	Nutrition	UNICEF	Frontier Primary Health Care (FPHC)	NNGO	\$47,259	2-Oct-13	1-May-13	Initially already available funds were utilized and CERF funds were utilized for the 4th quarter of 2013 to ensure un-interrupted services.
13-CEF-065	Nutrition	UNICEF	Centre of Excellence for Rural Development (CERD)	NNGO	\$56,079	2-Oct-13	16-May-13	Initially already available funds were utilized and CERF funds were utilized for the 4th quarter of 2013 to ensure un-interrupted services.
13-CEF-065	Nutrition	UNICEF	Deputy Director Nutrition	GOV	\$11,478	9-Nov-13	1-Sep-13	Funds were reimbursed
13-CEF-067	Health	UNICEF	EDO Health-Hangu	GOV	\$2,529	18-Jun-13	1-Jul-13	Initially already available funds were utilized and CERF funds were utilized for the 3rd & 4th quarter of 2013 to ensure interrupted services in Togh Sarai IDP camp, Hangu.
13-CEF-067	Health	UNICEF	PEACE	NNGO	\$83,087	18-Jun-13	1-Jul-13	
13-CEF-067	Health	UNICEF	EDO Health - Nowshera	GOV	\$12,060	2-Aug-13	23-May-13	As UNICEF pay quarterly installments to Government, and UNICEF had already advanced funds for the second quarter of 2013. CERF funds were used to fill the gaps of third & fourth quarter of 2013 to bridge the funding gap.
13-CEF-067	Health	UNICEF	Directorate of Health Services (DHS) FATA	GOV	\$1,134	8-Oct-13	1-Jul-13	Initially already available funds were utilized and CERF funds were utilized for the 4th quarter of 2013 to ensure uninterrupted services in New Durrani IDP camp, Kurram agency, FATA.
13-CEF-067	Health	UNICEF	Centre of Excellence for Rural Development (CERD)	NNGO	\$28,762	18-Nov-13	15-Aug-13	Initially already available funds were utilized to ensure uninterrupted services. CERF funds were used for further continuation of MNCH services.

13-CEF-068	Water, Sanitation and Hygiene	UNICEF	Society for Sustainable Development (SSD)	NNGO	\$91,446	19-Aug-13	13-Jun-13	
13-CEF-066	Child Protection	UNICEF	Pakistan Village Development Programme (PVDP)	NNGO	\$125,073	20-Jun-13	12-Jun-13	
13-CEF-064	Education	UNICEF	EDO Education - Hangu	NNGO	\$8,851	1-Jul-13	20-Nov-13	Initially already available funds were utilized and CERF funds were utilized for the 4th quarter of 2013 to ensure un-interrupted services.
13-CEF-064	Education	UNICEF	Peace and Development Organization (PADO)	NNGO	\$40,079	12-Jun-13	1-Jun-13	Initially already available funds were utilized to ensure uninterrupted services. CERF funds were used for further continuation of MNCH services.
13-HCR-037	Protection	UNHCR	NRC	INGO	\$70,000	20-May-13	1-May-13	The implementing partners were already on ground and conducting UNHCR projects. They prefinanced the projects till the CERF funds reached.
13-HCR-037	Protection	UNHCR	CERD	NNGO	\$34,900	15-May-13	1-May-13	The implementing partners are already on ground and conducting UNHCR projects. They prefinanced the projects till the CERF funds reached.
13-HCR-038	Shelter & NFI	UNHCR	CERD	NNGO	\$14,450	15-May-13	1-May-13	The implementing partners are already on ground and conducting UNHCR projects. They prefinanced the projects till the CERF funds reached.
13-HCR-038	Shelter & NFI	UNHCR	SRSP	NNGO	\$14,450	27-May-13	1-May-13	The implementing partners are already on ground and conducting UNHCR projects. They prefinanced the projects till the CERF funds reached.
13-WFP-029	Food Assistance	WFP	Center For Excellence For Rural development	NNGO	\$7,841	30-Jul-13	1-Jul-13	Covering a range of costs incurred y the partner and charger to WFP for programme implementation including: staffing, equipment, administration, travel and monitoring costs
13-WFP-029	Food Assistance	WFP	Society for Skill Training and Development	NNGO	\$11,920	30-Jul-13	1-Jul-13	Covering a range of costs incurred y the partner and charger to WFP for programme implementation including: staffing, equipment, administration, travel and monitoring costs

13-WFP-029	Food Assistance	WFP	Community Research and Development Organization	NNGO	\$1,664	30-Jul-13	1-Jul-13	Covering a range of costs incurred y the partner and charger to WFP for programme implementation including:staffing, equipment, administration, travel and monitoring costs
13-WFP-029	Food Assistance	WFP	Save The Children Fund	INGO	\$118	30-Jul-13	1-Jul-13	Covering a range of costs incurred y the partner and charger to WFP for programme implementation including:staffing, equipment, administration, travel and monitoring costs
13-FPA-022	Protection	UNFPA	Merlin	INGO	\$12,538	5-Jul-13	5-Jul-13	UNFPA CO admits that there was deviation between budgeted and actual CERF proposal figures due to additional release of CERF funds to BPDO. As per CERF proposal the agreed amount under BPDO execution was only for human resources/ staff salary cost. However, for the smooth implementation of project UNFPA CO decided to also transfer the funds for the procurement of medicines, medical equipment, equipment and women friendly space structure to BPDO which as per approved proposal were under UNFPA execution. UNFPA CO admits that this reappropriation was done without the prior approval of CERF Secretariat. Moreover, UNFPA CO assures that CERF funding was used for the agreed/approved project proposal only.
13-FPA-022	Protection	UNFPA	BPDO	NNGO	\$105,758	1-Jul-13	1-Jul-13	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Ante Natal Care
ARI	Acute Respiratory Infections
BCC	Behavior Change Communication
BeMOC	Basic Emergency Obstetric Care
BHU	Basic Health Unit
CAP	Consolidated appeal process
CBA	Child Bearing Age Women
CCC	Core Commitments to Children
CDK	Child Delivery Kits
CERF	Central Emergency Respond Fund
CMAM	Community management of acute malnutrition
CNIC	Computerized National Identity Card
CMW	Community Mid Wife
CPC	Child Protection Center
COW	Community Outreach Workers
CP	Child Protection
DEWS	Disease Early Warning System
DoH	Department of Health
EHK	Emergency Health Kit
EmONC	Emergency Obstetric and Neonatal Care
ENC	Essential Newborn Care
EPI	Expanded Programme on Immunization
ERF	Emergency Response Fund
FAO	Food and Agriculture Organization of United Nations
FATA	Federally Administered Tribal Areas
GAM	Global Acute Malnutrition
GB	Gilgibt Baltistan
GBV	Gender-Based Violence
HC	Health Centers
HCP	Health Care Providers
HRT	Humanitarian Regional Team
IASC	Inter Agency Standing Committee
ICCM	Inter-Cluster Coordination Mechanism
IDP	Internally Displaced Person
IEC	Information, Education and Communication
INEE	Inter-Agency Network for Education in Emergencies
IP	Implementing Partner
IVAP	Internally Displaced Person Vulnerability Assessment & Profiling
IYCF	Infant and Young Child Feeding
KP	Khyber Pakhtunkhwa
LHV	Lady Health Visitor
LHW	Lady Health Worker
LLITN	Long Lasting Insecticide Nets
LTA	Long Term Agreement
MAM	Moderate Acute Malnutrition
M&E	Monitoring and Evaluation

MCH	Mother and Child Health
MCW/MCHW	Mother and Child Health Week
MM/MMS	Multi Micronutrient Supplements
MNCH	Maternal, Neonatal and Child Health
MUAC	Mid and Upper Arm Circumference
NADRA	National Database Registration Authority
NBK	New Born Kits
NDMA	National Disaster Management Authority
NFI	Non Food Item
NGO	Non Governmental Organization
NID	National Immunization Day
NIS	Nutrition Information System
NOC	No Objection Certificate
NWA	North Waziristan Agency
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Program
PDMA	Provincial Disaster Management Authority
PHC	Primary Health Care
PLaCES	Protective Learning and Community Emergency Services
PLW	Pregnant and Lactating Women
PTSMC	Parent-Teacher School Management Committee
RH	Reproductive Health
RUTF	Ready to Use Therapeutic Food
SAM	Severe Acute Malnourished
SBA	Skilled Birth Attendants
SC	Stabilization Centre
SFP	Supplementary Feeding Programme
SMC	School Management Committees
SPHERE	Social and Public Health Economics Research Group
SSD	Society for Sustainable Development
TLC	Temporary Learning Center
TT	Tetanus Toxoid vaccination
UC	Union Council
UNFA	United Nations Fisheries Agreement
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children Fund
WASH	Water and Sanitation Hygiene
WFP	World Food Program
WHO	World Health Organization