



**CENTRAL  
EMERGENCY  
RESPONSE FUND**



**A SOUND HUMANITARIAN INVESTMENT**

# **RESIDENT/HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS PAKISTAN**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Timo Pakkala**

## PART 1: COUNTRY OVERVIEW

### I. SUMMARY OF FUNDING 2012<sup>1</sup>

Table 1: Country Summary of Allocations (US\$)		
Breakdown of total response funding received by source	CERF	36,736,840
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	1,420,204
	OTHER (Bilateral/Multilateral)	408,432,120
	TOTAL	446,589,164
Breakdown of CERF funds received by window and emergency	<b>Underfunded Emergencies</b>	
	<i>First Round</i>	14,845,730
	<i>Second Round</i>	0
	<b>Rapid Response</b>	
	Internal Strife	11,970,485
	Floods	9,920,625

### II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the 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 ☐
- b. 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, cluster/sector coordinators and members and relevant government counterparts)?  
YES ☒ NO ☐  
*The report was prepared with inputs from recipient agencies and clusters. The final report was shared with Humanitarian Country Team (HCT). Each recipient head of agency also endorsed their inputs.*

The following report includes three sections reporting on the use of three separate CERF allocations including an allocation for initial support for internal strife in KP/FATA, support as a result of under-funding for the KP/FATA response, and initial support for the response to the 2012 floods in northern Sindh, eastern Balochistan and southern Punjab.

<sup>1</sup>Does not include late 2011 allocation.

## PART 2: CERF EMERGENCY RESPONSE – INTERNAL STRIFE (RAPID RESPONSE 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 289,552,241		
Breakdown of total response funding received by source	Source	Amount
	CERF (Rapid Response 2012)	11,970,485
	CERF (Underfunded Round 2012)	14,845,730
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	1,420,204
	OTHER (Bilateral/Multilateral)	191,763,581
	<b>TOTAL</b>	<b>220,000,000</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 –Date of Official Submission: 9 March 2012			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	12-CEF-024	Health	276,145
FAO	12-FAO-016	Agriculture	349,600
UNHCR	12-HCR-022	Multisector	4,265,287
WHO	12-WHO-023	Health	1,177,058
UNICEF	12-CEF-022	Protection	124,077
UNICEF	12-CEF-026	WASH	1,428,197
WHO	12-WHO-022	WASH	310,140
UNICEF	12-CEF-025	Nutrition	315,636
UNFPA	12-FPA-017	Protection	89,698
WFP	12-WFP-027	Food Cluster	3,634,647
Sub-total CERF Allocation			<b>11,970,485</b>
<b>TOTAL</b>			<b>11,970,485</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	10,600,968
Funds forwarded to NGOs for implementation	1,346,092 <sup>2</sup>
Funds forwarded to government partners	23,425 <sup>3</sup>
<b>TOTAL</b>	<b>11,970,485</b>

Since July 2008, Pakistan's north-western areas of Khyber Pakhtunkhwa (KP) and Federally Administered Tribal Area (FATA) have experienced significant population movement as a result of Government operations against non-state armed actors, and episodes of sectarian violence. At the peak of the crisis in April/May 2009, nearly three million people fled their areas of origin in both FATA and KP. Since then, the Government of Pakistan, with the assistance of the humanitarian community, has facilitated the return of millions of displaced families to their areas of origin. In January 2012, the military began new security operations in the sub-division Bara, Khyber Agency forcing an initial wave of 7,000 families to flee their homes for safer locations in KP province. The Pakistan Humanitarian Response Plan (PHRP) expired in early 2010, and the Government refused an extension of the plan. In absence of an appeal in 2011, an integrated and coordinated response, supporting new displacements, such as from Mohmand and Kurram Agencies, was missing. This led the humanitarian community to respond bilaterally to meet the needs. In late 2012, in consultation with the provincial authorities, a plan for possible humanitarian scenarios in 2012 and move towards coordinated response plan, known as the Humanitarian Operational Plan (HOP), providing strategic guidance and operational planning for managing the Internally Displaced Person (IDP) complex emergency. In addition, the HOP was meant to be utilised to mobilize resources in the absence of an international appeal. The HOP is an internal planning document, to ensure a cohesive response to the population's needs.

The priorities for CERF allocations were guided by the HOP, to ensure effective, efficient, and relevant use of CERF resources.

Background:

In 2011, the humanitarian community witnessed the following developments, which guided the strategic framework for the HOP in 2012:

- Continued and new displacements from parts of FATA, which partly remained insecure, including Mohmand, Kurram and Khyber Agencies in early 2012. Of particular concern, was the increased tension in the Bara Tehsil of Khyber Agency, an area relatively close to Peshawar District. Following the initiation of military operations in the area, registration of the population fleeing and provision of assistance commenced. The establishment of IDP camps inside FATA agencies of Mohmand and Kurram to host the population displaced in early 2011. Some of the camps were vacated, but others, such as the New Durrani in Kurram Agency, hosted approximately 2,900 families/15,000 IDPs by the end of 2011.<sup>4</sup>
- Returns of approximately 40,000 families<sup>5</sup> to parts of FATA, which had been de-notified by the authorities as areas relatively more secure and where military operations, had finished.
- An existing mix of IDPs living inside and outside of camps, in both KP and FATA, with a marked prevalence of displaced populations living in host communities (approximately 90 per cent), but with a camp population characterized by extremely vulnerable and in lack of alternative coping mechanisms<sup>6</sup>.
- Continued instability in parts of FATA, affecting livelihoods and infrastructure and limiting access to basic services.

<sup>2</sup> Proposal stated that an estimated \$1,960,768 would be subgranted to NGO partners. However, during implementation, some modalities had to be changed due to security concerns, lack of the capacity of implementing partners or changing procurements modalities to ensure transparency or quality.

<sup>3</sup>

<sup>4</sup> Since December 2009, around 56,000 families from Kurram and Orakzai agencies have fled to the hosting districts of Kohat and Hangu. To accommodate some of them, Nahqi and Danishkol camps were established on 29 January 2011 but vacated later in the year.

<sup>5</sup> According to FDMA, initially 22,868 families returned to Orakzai Agency, 4,169 families to Kurram Agency, and 9,724 families to Bajaur and Mohmand in 2011. By 25 November 2011, a total of 10,348 families had returned to their homes in Bajaur and Mohmand agencies, according to PDM, according to UNHCR. In South Waziristan Agency, 6,580 of 41,563 families that fled to the districts of Tank and DI Khan have returned home, according to FDMA (source: [www.fdma.gov.pk](http://www.fdma.gov.pk)).

<sup>6</sup> According to UNHCR and Government IDP registration statistics, at the beginning of the year the camp population was of 10,301 families, or some 10.9 per cent of the entire registered IDP population of 94,270 families,

- Restricted access to FATA and areas of KP, with related obstacles to humanitarian access and effective delivery of humanitarian assistance.

In consultation with the local authorities,<sup>7</sup> the humanitarian community in January 2012 projected the following scenarios for 2012:

- Continued GOP security operations in FATA, leading to continued displacement, particularly from Khyber agency and an estimated 5,000 families from Orakzai and other parts of FATA.<sup>8</sup>
- Facilitation of the return of an estimated 93,535 families to parts of FATA to be de-notified (including long- and short- term IDPs and families displaced by sectarian violence).
- Continued displacement of 104,000 to 133,000 families<sup>9</sup>, reduced to approximately 54,709 by the end of the year, living inside (11 per cent) and outside (90 per cent) camps in both KP and FATA.
- Continued instability in parts of both KP and FATA limiting regular/reliable humanitarian access.
- Continuation of relief activities in the return areas until early recovery and restoration activities could have begun and livelihoods and basic services are at least partially restored.

The needs of IDP families differed according to circumstance including the length of their displacement, the range of external support structures and the hosting arrangement and coping mechanisms. In both camp and off-camp scenarios, a broad and cross-cutting range of gender and protection issues required attention, including equitable registration for assistance; clear information dissemination; specific needs of women, children, elderly, persons with disabilities, chronically ill persons, including facilitation of access to assistance; immediate livelihood needs; specific needs of women and girls, particularly protective spaces, health services and hygiene support.

Despite projected return from the authorities, more than 16,000 families from Khyber agency fled to the Peshawar area between January and March 2012. In keeping with previous patterns, 90 per cent of those affected fled to live with host communities while the most vulnerable population remained in camps<sup>10</sup>. In the absence of a formal request by the Government of Pakistan, the KP authorities informally requested the humanitarian community to mobilize life-saving humanitarian assistance to support the immediate needs of the newly displaced population, including registration, food, basic household assistance packages (tents, utensils and NFIs), support to camp infrastructures and the provision of basic services (WASH, health, nutrition and education) with particular attention to the needs of vulnerable groups.

## II. FOCUS AREAS AND PRIORITIZATION

From end-March 2012 onwards, the CERF Rapid Response allocation was used to address the most immediate and critical needs of more than 16,000 newly displaced families from Khyber Agency to the neighbouring districts of KP, particularly in Peshawar, Nowshera and Charsadda, both in camp settings (Jalozai Camp) and in off-camp hosting arrangements. The influx of IDPs was double the estimated number of displaced by the end of 2011 and required additional measures to address the situation.

This CERF submission came at a time when underfunding was already affecting the humanitarian response, with the \$15 million requested under the CERF Under Funded Window, February 2012, for the registered families in New Durrani Camp, Kurram and protracted conflict displaced families in districts Tank, Kohat, DI Khan and Hangu. This request, however did not foresee the new displacement of more than 16,000 families from the Khyber Agency, which required a dedicated emergency allocation.

Funding was diverted from the IDP crisis to the 2010 and 2011 floods responses, resulting in sporadic funding during 2011. Due to this funding constraint, the Clusters attempted to further prioritize needs of IDPs in camps and hosting areas in addition to supporting newly displaced persons within Mohmand and Kurram agencies in FATA.

There was a higher percentage (30 per cent) of IDPs from Khyber Agency residing in Jalozai camp compared to the previously when 10 per cent of the newly displaced would resided in the camp. Despite funding challenges, the humanitarian

<sup>7</sup>FDMA provided planning assumptions for 2012 followed by discussion and concurrence by PDMA and the Peshawar-based Humanitarian Regional Team (HRT) on November, 20 2011.

<sup>8</sup>Humanitarian partners have developed a Contingency Plan for addressing increased humanitarian needs that may be caused by expected displacements due to continued military operations.

<sup>9</sup>The variation of 29,000 in number of families displaced accounts for the IDPs living in Hangu previously served by ICRC until early 2012.

<sup>10</sup>According to UNHCR and PDMA joint registration statistics by the end of March, the displaced population had increased from 7,000 in January to more than 27,000 IDP families of which around 10,000 families had arrived in the camp in one week (17-25 March) (UNHCR sit-rep 25 march and Fact Sheet 2 April).

community was obliged to increase services in the camp, including CCCM, Shelter/NFIs, WASH, Health, Education, Nutrition, Protection and Food. To meet these needs, UN agencies needed immediate funding to meet the population's critical needs/gaps.

Whilst affected populations initially gathered in Jalozaï Camp due to registration procedure for both camp and off camp populations, access to newly displaced population was reliable, which was a significant factor in the humanitarian response and in determining the caseload for assistance supported by CERF rapid funds.

Subsequent assessments, shortly after the CERF funds were approved, directed additional funding to sustain ongoing activities in camp and start new activities in off camp areas for newly displaced persons. As with previous displacements, the camp populations had specific vulnerabilities (including women heading households, vulnerable persons with no community support; families with no coping mechanisms) that needed to be urgently addressed.

### **III. CERF PROCESS**

On 1 March 2012, the Provincial Disaster Management Authority (PDMA) informed the humanitarian community of an expected displacement of 16,000 families from Khyber Agency. They requested support to respond to the displacement, and issued a written request to OCHA.

As the new influx was greater than previous planning assumptions, the Humanitarian Coordinator, in consultation with the Humanitarian Country Team (HCT), requested CERF support, based on a multi-cluster approach, to enable humanitarian actors to respond to the critical needs of affected persons. In designing the response, the Health and CCCM Clusters undertook a rapid assessment, while other Clusters relied on recent assessments.

OCHA called an urgent meeting of the Humanitarian Regional Team (HRT/ICCM) in Peshawar to guide the CERF process. The HRT prioritized the humanitarian activities based on information on the conditions of the new arrivals in Jalozaï Camp. The CERF funding application was jointly reviewed and endorsed by the HRT on 8 March 2012, just one week after initial information on displacements was provided by the authorities and while significant numbers of IDPs were arriving and already being registered at Jalozaï Camp. The application then received approval from the HCT and the HC submitted the request.

### **IV. CERF RESULTS AND ADDED VALUE**

The significant added value of the CERF support was enabling the humanitarian community to meet the critical needs of the most vulnerable affected populations, effectively. The CERF allocation was used predominantly to meet the needs of the population in Jalozaï Camp. IDPs seeking refuge in camps are usually the most vulnerable, lacking coping mechanisms, and tend to seek refuge in a camp as a last resort. However, a large proportion of IDPs sought refuge off camp. The CERF emergency allocation contributed significantly enabling timely and effective WASH, health, CCCM, food assistance and protective services support in the camp, in particular, meeting the needs of children and women.

Up to an estimated 300,000 persons were assisted, in one or more of the sectors of the response, as agencies coordinated to ensure, relevant, appropriate, and integrated response, including the provision of food, shelter, safe drinking water, hygiene materials, sanitation services, protection support, and healthcare. Local authorities were involved in coordinating the response. The number of beneficiaries per sector is outlined in the following table.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 2,000,000<sup>11</sup></i>				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	Cluster/Sector	Female	Male	Total
	Health	134,657	120,829	255,486
	Agriculture	31,313	33,787	65,100
	Multisector	55,080	56,920	112,000
	Protection	20,267	9,712	29,979
	Wash	145,706	148,514	294,220
	Nutrition	36,690	17,866	54,556
	Food Cluster	73,618	76,623	150,241

Most of the clusters estimated the beneficiary numbers from the Internally Displaced Person Vulnerability Assessment and Profiling (IVAP) data on needs, as well as UNHCR, PDMA KP and FDMA registration figures for IDPs. IVAP provides census type information on IDPs and enables partners' access to their data. The clusters targeted the most vulnerable of these populations. The response was mainly for IDPs living in camps, where the main purpose of the response was to continue and maintain the health, nutrition, education, food and related services which were at risk due to funding shortfalls. The existing population caseload was used which were already in camps availing these services. In designing the response, the Health and CCCM Clusters also undertook rapid assessments, while the rest of the clusters relied on existing numbers.

Total number of beneficiaries represents a sum of beneficiaries reached through a variety of protective services and protection activities, supported by the CERF allocation, from direct assistance (women and children protective spaces activities, individual counselling and support) to broader assistance (such as coverage in registration, monitoring, awareness, communication). CERF beneficiaries provided by the two main protection agencies with dedicated CERF allocations (UNICEF and UNFPA) have been summed considering the different type of assistance offered. UNHCR portion of the multi-sectoral intervention has not been added, considering the overlapping of population in Jalozaï specifically. A large part of beneficiaries for Child Protection and GBV included IDPs in Jalozaï camp (almost 60,000 individuals by early April), but also part of the IDP population from Khyber off camp who was passing by the Jalozaï camp for registration and proceeding to hosting arrangements (e.g. through advice, information messages on documentation and assistance etc.).

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
<b>Female</b>	57,120	145,706
<b>Male</b>	57,120	148,514
<b>Total individuals (Female and male)</b>	114,240	294,220
<b>Of total, children <u>under</u> 5</b>	56,000	45,653

<sup>11</sup> The overall affected population is two million of which displaced population is around 0.7 million and returned population is 1.3 million.

With the help of CERF funds, the agencies were able to achieve most of their targets. Immediate life-saving needs of the IDPs recently displaced were met. Given that KP and FATA regions are undergoing protracted emergency and displacements are taking place on regular basis, the IDPs in the area tend to draw less attention from donors. Even the national media does not give them the desired coverage, thus not putting enough pressure on the Government to respond. The CERF funds were able to kick-start the initial response. The funds helped support initial registration and meeting the immediate needs in terms of food, NFIs, health, etc. The agencies report to have met most of their targets, though some services were delayed mainly due to various security issues.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds were critical in enabling a fast delivery of assistance to beneficiaries, and ensuring life-saving needs were met. In key areas, such as the provision of safe drinking water, food, healthcare, and shelter, humanitarian partners were able to provide assistance as a direct result of CERF support.

**Food Security:** At the time the CERF allocation was approved, high levels of food insecurity prevailed among IDPs living in camp and off-camp settings. In off-camp setting, the IDPs were living in areas with high baseline vulnerability/food insecurity and the influx of IDPs had only exerted additional pressures on already scarce local resources. Consequently, host families exhausted much of their food, fodder and seeds stocks; thus required immediate support to restore their food security. Women, mainly those heading their households, were particularly vulnerable to food insecurity. They required a different set of interventions to address their food security needs. CERF addressed the food security needs of both IDPs and host families comprising men, women and children in the form of livestock and poultry related assistance. The CERF did lead to a fast delivery of assistance albeit with limited scope.

**Nutrition:** The CERF funds enabled the continuation of the existing nutrition services in IDPs camps (Jalozai and Togh Sarai) from March 2012 onward until end of September 2012. The funds also ensured uninterrupted services for IDPs outside camps and host communities in six health facilities of Hangu and four health facilities of Nowshera district of Khyber Pakhtunkhwa until end of September, 2012. The funds enabled the support for Mother and Child Health (MCH) and Expanded Programme on Immunization (EPI) services catering to the needs of new influx of Khyber IDP's of FATA from mid-March to mid-October.

**WASH:** WASH critical interventions continued without disruption, where lack of funds would have resulted in discontinuation of services in critical areas, such as in Jalozai Camp.

**Protection:** The funds enabled a quick reaction to the increasing protection needs of some segments of the population in Jalozai, notably women and children, contributing to extend protective services which positively impacted the well-being of children.

**Health:** CERF funding enabled health cluster to address immediate life-saving issues in camps and off camps through disease surveillance, provision of essential medicines, Maternal, Neonatal and Child Health (MNCH), health and hygiene sessions and Primary Health Care (PHC) services via static and mobile health units. From the onset of displacement, CERF supported a WHO team dispatched to the camp area for rapid needs assessment, identification of immediate gaps, health issues in camp and immediate priorities of the Pabbi Satellite Hospital as the first-entry district health facility for case referral from Jalozai camp and other nearby health facilities. CERF funds addressed the basic life-saving response by the Health cluster partners through provision of essential health service delivery in IDPs camps. Surveillance and response to alerts and threats of outbreaks contributed to reduction of morbidity and mortality from communicable diseases and helped target life-saving interventions, such as disinfection of water sources, vector control and immunization. CERF funds were used to maintain the delivery of community and facility-based preventive and curative health services to people living in the camps. UNFPA and cluster partners used CERF funds to fill gaps and procure reproductive health kits, hygiene kits and other relief items to assist the affected population through timely responses. Given the absence of an international appeal and the many competing global priorities, the CERF funding provided a necessary injection of funds to a variety of sectors, to promote a holistic response to displacement.

**b) Did CERF funds help respond to time critical needs<sup>12</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

<sup>12</sup>Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

CERF support ensured the timeliness of the response, with rapid funding enabling early humanitarian action. From the receipt of information from the authorities in regard to significant displacements, humanitarian actors were able to submit an application to CERF within a week, meaning a response in time to address critical needs.

**Food Security:** CERF allocation to the emerging situation of Bara IDP influx helped prevent further losses to their livestock and poultry assets. The food security needs of special marginalized groups, including women-headed households, were addressed through the restocking of critical poultry assets. The provision of supplementary animal feed and veterinary support has been very useful in reducing animal mortality while increasing their productivity. Additionally, within the context of the food security cluster, WFP was able to provide critical household food rations for affected IDP's from Khyber agency residing in the Jalozai camp. The continuity of household food rations was utilized to continue and ensure food security for these targeted IDP's using ERF funds.

**Nutrition:** The funding helped to respond immediately to the nutritional needs of IDPs in camps and IDPs outside camps and contributed towards saving lives of malnourished children in the area of intervention. Immediate response, through CERF funds, reduced morbidity and mortality.

**WASH:** The WASH Cluster, in particular UNICEF, was able to continue the provision of safe drinking water and improved access to basic sanitation. Through this timely intervention, populations were prevented from WASH related diseases, such as diarrhea and malaria, which exacerbates other problems related to health and nutrition.

**Protection:** With the sudden increase, it was assessed that the new IDP population were 55 per cent children, and some 30 per cent females of reproductive age.<sup>13</sup> These segments of the camp population required support to respond to their specific needs and to provide protective spaces in the new phase of camp displacement, often culturally difficult to accept and possibly enhancing exposure and risks of harassment, abuse, neglect or exploitation (e.g. child labour).

**Health:** As health services are for everyone including men and women, therefore, equal services were provided. Close coordination was ensured with Reproductive Health (RH) Task Force through Health Cluster platform and close coordination was ensured to address health issues of mother and children. RH Taskforce established at all (national, provincial/hub) levels to strengthen coordination among partners working on RH, facilitated the mapping of RH services. Due to CERF funding, avoidable morbidities and mortalities were averted using the existing surveillance system. A medicine shortage was addressed. All project activities complemented each other. CERF funds provided immediate assistance in terms of life-saving medicines, referral services, MNCH, mental health and through establishment of temporary health posts in camps for immediate health services delivery. WHO, UNICEF and UNFPA coordinated the response along with partners NGOs to ensure fast and effective health service delivery for prevention and control of outbreaks. With the help of CERF funds, immediate response was made possible to mothers and children in saving their lives and reducing morbidity. As health services are for everyone, including men and women, equal services were provided. Close coordination was ensured with Reproductive Health Task Force through Health Cluster platform and close coordination was ensured to address health issues of mother and children. RH Taskforce, established at all (national, provincial/hub) levels to strengthen coordination among partners working on RH, facilitated the mapping of RH services.

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

YES ☒ PARTIALLY ☐ NO ☐

As the initial source of humanitarian funding to support newly displaced persons, CERF support was critical in terms of ensuring a timely and effective response, however it is difficult establish a causal nexus as to whether CERF helped to improve resource mobilization. The overall donor support was limited though it would be a fair assumption to say CERF support did act as a catalyst for other humanitarian funding.

**Nutrition:** The CERF allocation enabled the cluster to commence activities, and allow time for resource mobilization with other donor opportunities. CERF enabled targeting of the interventions to the populations in most need, and as a consequence the response was more coordinated and focused. The CERF contribution enabled field implementation while the cost of supplies was partially shared by UNICEF from its contingency supply.

**Protection:** The Protection Cluster has struggled to attract sufficient funding. The CERF funds helped a quick mobilization of resources for urgent gap filling measures, while undertaking measures to mobilise other funding

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<sup>13</sup>Reference population date for the breakdown, 12 April 2012.

**Food Security** - While CERF was approved and implemented in timely manner, the emergency did not receive adequate support from the donor community. Food assistance is also being provided in other parts of the KPK and FATA for IDPs from various agencies which helped the food cluster in highlighting the critical need for mobilizing much needed resources for providing immediate relief to affected households through food ration distribution.

**Health:** CERF funds were used as initial support to establish basic health infrastructure in camps for provision of health services to the displaced population and these services were further supported for extension and maintenance of these services by other donor agencies like USAID, OFDA, Norway, etc. CERF fund was a rapid assistance injected to save human lives during emergencies which was more effective and coordinated response which motivated other donors, such as USAID to support the health cluster in filling gaps in the health service delivery.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

CERF played an important role in strengthening the coordination and liaison among the humanitarian community, helping to focus efforts on prioritising humanitarian action, targeting of affected populations, and providing a framework for the response. The rapid decision making and coordination by the Clusters, within the HCT and HRT, and at inter-agency level enabled a timely and effective response.

**Nutrition:** The CERF funds were provided at a time when the Nutrition cluster had no other funding support for operations/field implementation of the needed emergency nutritional needs of the displaced population. The funds contributed to renewed coordination at the inter-cluster and within cluster levels to determine priorities in the framework of the humanitarian emergency.

**Protection:** The increase structures and activities within the Jalozai camp, including those prompted by the CERF allocation, demanded a more solid coordination of partners, both through CCCM and protection activities. Dedicated meetings amongst service providers operating through Women-Friendly Spaces in Jalozai started during summer 2012, directly at field level. Broader child protection and gender-based violence (GBV) general activities continued to be addressed by the respective sub-clusters.

**Health:** District-level coordination meetings in the IDPs hosting districts were organized by WHO in collaboration with district health authorities to identify the gaps and address them. Furthermore, due to linkages between WASH, nutrition and health interventions, the coordination is also being carried out between three clusters and the respective government departments. The coordination mechanism contributed significantly in planning the response activities. The health activities were prioritized by the cluster based on the urgent life-saving needs of the displaced people. Implementation of the project was done with considerable input from the relevant district health authorities in order to complement the activities of the Health Department.

**Food Security:** Support to livestock has been repeatedly identified as a high priority need by various NGOs as well as FAO but the provincial Government and Fata Disaster Management Authority (FDMA) initially resisted rendering such assistance in the IDP camps. The successful implementation of this CERF supported humanitarian project and its impact on beneficiaries paved the way for GOP endorsement of such interventions in the camp. As most of the vulnerable are residing in the Jalozai camp, a lot of protection issues were resolved through better coordination among all the humanity community with improvement.

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Despite CERF's significant allocation, substantial needs remained unmet due to funding constraints.	Given that CERF is not meant as a primary funding source and cannot replace the role of traditional donors, OCHA and the HCT should engage the CERF Secretariat and other stakeholders on how to enhance resource mobilization efforts within the country to reduce over-reliance on CERF contributions.	OCHA, HCT, CERF secretariat
Flexibility in utilization of funds.	CERF funding is usually limited to the proposed geographical locations by WASH actors, whereas in complex emergencies it	CERF

	was observed that movement of IDPs usually remained very fluid. It would be more practical to allow flexibility in change of geographic locations during the course of implementation in line with changing needs of IDPs and hosting community.	
Funds only for emergency response.	Part of CERF should be kept to build resilience towards a disaster.	LGRDD, CERF and WHO
Usefulness of CERF funding in protection in emergency response	Continue to consider protection as a life-saving intervention, as established by the CERF Guidelines.	CERF, OCHA, HC, HCT
The CERF allocation, despite being addressed to UN agencies, continues to be widely disbursed to INGOs whereas the capacity and presence of NGOs can be utilized in the scenario of dearth of funds.	Continue to involve NGOs as implementing partners.	CERF, OCHA, HC, HCT
The importance of a swift decision is critical to address urgent needs during an influx.	Continue to allow for a quick decision and disbursement of funds after the proposal reaches the Secretariat.	CERF
More guidance on beneficiary indications at both proposal and reporting stage needed.	Ensure that agencies are proposing and reporting beneficiaries following the CERF guidelines and set clear guidelines (especially on population under 5 and children).	OCHA, CERF
Quality reporting.	Avoid to wait for more than 1.5 years to call for the CERF reporting in the interest of quality submissions.	CERF and OCHA

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
There is considerable buy-in of food security related interventions from both GOP and disaster affected populations who are dependant on agriculture, livestock and poultry production for livelihoods.	Whereever possible, efforts should be made from the very onset of emergency response to strengthen self-sustaining mechanisms of addressing food security. Consequently, the Country Teams should focus on agriculture, livestock and poultry as a useful tool for achieving food security in the medium and longer term -alongside the provision of food assistance. Support to agriculture is therefore relevant at both initial emergency response and recovery period.	HCT, Food Security Cluster
The interventions in the camps and communities were well-coordinated and as a consequence were helpful in achieving the targets.	For effective interventions in emergencies, effective coordination (cluster approach) should be a corner stone of planning and implementation	All stakeholders involved in the response.
Involvement of local communities and staff provides an added value and facilitates implementation.	Local communities should always be involved in the emergency response and humanitarian interventions.	
Involvement of community volunteers in the project proved to be a good initiative in terms of project sustainability and maintenance at the community level. These volunteers were actively involved during the whole project period.	Incorporate volunteer engagement and participation in programming.	UNICEF/ Partner

Integration and convergence with external programmes and other service providers in the camp enhanced the quality of project interventions and delivery of immediate services to vulnerable children and women. It also helped in developing strong linkages between the camp community and other service providers and improved their service delivery.	Incorporate convergence and integration in programme design and strengthen collaborative mechanisms and efforts towards this end.	UNICEF/ Partner
Regular coordination meetings with camp administration (PDMA) and other service providers contributed immensely in strengthening of coordination among all service providers at camp level, which in result helped in developing strong referral mechanism and timely redress of Child Protection (CP) and women issues and cases. Similar thematic coordination mechanisms (e.g. amongst agencies running Women-Friendly Spaces) also contributed to a better division of responsibilities, and avoidance of overlapping or gaps.	Enhance the technical assistance to PDMA specifically in child protection in emergency areas for more effective and visible role.	UNICEF/ PDMA/ Protection and CCCM
Importance of well-run CCCM activities to create positive synergies amongst camp actors and follow-up with immediate action and improvement of services to the identified needs and challenges (e.g. by protection actors).	Strengthen inter-cluster coordination and exchange of information,	Protection cluster/ CCCM/ Camp authorities
Engaging adolescent girls and boys throughout the project implementation has yielded better results.	Adolescent girls and boys have been active members of the Child Protection Committees to help facilitate Protective Learning and Community Emergency Services (PLaCES) activities, and to actively engage in discussions on child protection issues and concerns and how they can be involved in addressing those at camp level. Particular attention needs to be given to adolescents in future programming.	UNICEF/ Partner
Establishment of separate structures for women at each PLaCES was indeed a positive step to motivate and encourage adolescents girls and women to come to PLaCES, hence increasing the enrolment of women and girls at PLaCES.	Customize the standards of PLaCES within the cultural contexts of KP and FATA.	UNICEF/ Partner
The timely presence of protection actors on the ground able to conduct participatory consultations with the affected population, particularly women, children, older	Continue to ensure the presence of protection staff in camp settings (and off-camps) as an important investment in human resources to meaningfully engage the population of concern and highlighted needs.	Protection Agencies/ cluster/ donors supporting protection(as a highly human resource-oriented activity)

population, persons with disability, is critical to identify needs and respond. In April 2012, a protection cluster assessment brought up challenges for women access (purdah walls, separate WASH facilities) and immediate interventions were advocated		
Specific sectoral assessments are required for optimal utilization of funds in host communities.	It will be useful to consider providing with resources for cluster lead rapid assessments to optimize resource utilization.	UNICEF/OCHA (Cluster Lead Agency)
Re-appropriation of Funds based on changing scenarios.	In our proposals enough flexibility shall be included for re-appropriation of funds based on changing needs including change in targets from one scenario to another (camp to host or vice-versa).	UNICEF
Prioritizing needs of people with disabilities in planning, funds allocation and implementation.	In acute emergencies the WASH needs of people with disabilities are often not considered in the immediate aftermath of the emergency which needs to be rectified in future emergencies.	UNICEF/ protection cluster (advocacy)
Unmet needs identified.	There are unmet needs that are critically needed within the camp and this component has been ignored by all partners. The existence of potential triggers within the camp should alert all partners to potential risks in the camp, reference is made here to the presence of 21 diagnosed cases of Obsessive-Compulsive disorder and 32 cases of Schizophrenia. UNFPA helped avert potential threats by providing high quality medicines and psychiatric services, but the treatment for the patients has discontinued due to closure of the project. There was high unmet need for family planning (FP) which was addressed in this camp by UNFPA. Unfortunately, partners providing RH services in the camps had ignored such critical component of RH when being well aware of the fact that there are a high number of women infected with Hepatitis C especially those who are pregnant with 6 or more alive children and having as many as 12 alive issues.	UNFPA
Coordination	Strong Coordination resolves issues avoiding duplication of services addressing more population with the resources available and building ownership.	UNFPA
Health cluster should remain active to address health challenges for better preparedness.	Periodic meetings in all provinces co-chaired by health authorities and regular sharing with OCHA, PDMA, NDMA, NHEPRN and among various clusters	Department of Health (DOH), health stakeholders
Public Health facility utilization increased due to CERF funds for medicines.	All partners should address the issue of Access to medicine as part of their regular support/development programmes	DOH, Humanitarian agencies/health partners

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	15/03/12–15/09/12
2. CERF project code:		12-CEF-024	6. Status of CERF grant:	<input type="checkbox"/> On-going <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:		Health		
4. Project Title:		Emergency health assistance to mothers, new-borns and children newly displaced from Khyber Agency residing in camps in Khyber Pakhtunkhwa		
7. Funding	a. Total project budget:		US\$ 828,435	
	b. Total funding received for the project:		US\$ 522,683	
	c. Amount received from CERF:		US\$ 276,145	
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:  The reason for increase in the number is due to the new influx of Khyber IDP's in Jalozai IDP's Camp - which was more than planned. Off Camp IDP's also benefited from the same camp. The registration point for the new IDP's (In Camp & Off Camp) was inside the camp and the registration process continued for the entire project duration due to which Special teams were deployed for EPI, Health, and Hygiene Promotion and for referral cases (ANC/PNC/Delivery). These services were for all the IDP's (In Camp and Off Camp) to reduce morbidity and mortality. Secondly a Mother and Child Week was also celebrated in Jalozai and Tough Sarai IDPs Camps which covered the entire camps due to which coverage was increased through soft component (Health Education Sessions)
a. Female		57,120	80,897	
b. Male		54,880	62,589	
c. Total individuals (female + male):		112,000	143,486	
d. Of total, children <u>under 5</u>		16,800	19,134	
9. Original project objective from approved CERF proposal				
To ensure that newly arrived women and children of Khyber Agency (24,816 individuals comprising 13,056 registered children under age 5 and 11,760 women residing in camp) 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"><li>Over 80% of 2,352 children in IDP camp Jalozai to receive immunization against Measles, Polio, Diphtheria, Tetanus, Pertussis and Hep-B and Hib as routine.</li><li>Over 95% of 15,960 children under age 5 to receive polio drops through Supplementary Immunization Activity (SIA).</li><li>Over 90% of 14,112 children 6 months to 59 months (15% of total displacement) to receive measles vaccination twice in six months.</li><li>Over 80% of 4,800 IDP families to have access to a package of evidence-based information and services delivered during Mother and Child Weeks (MCW).</li><li>More than 80% of 4,032 (2-5 year old children) living in Jalozai camp to be dewormed through Mother and Child Week interventions.</li><li>More than 80% of the targeted 1,344 pregnant women to receive Tetanus Toxoid (TT) vaccination, ante-natal care, clean delivery kits, and new-born kits.</li><li>More than 80% of targeted 1,344 pregnant women to be assisted through delivery by skilled birth attendants.</li><li>More than 70% of targeted 1,344 pregnant women to undergo at least one post natal visit with skilled birth attendants (SBAs) at the facility or community level.</li><li>More than 60% of 2,688 pregnant and lactating women receive health and hygiene messages through social mobilizers and</li></ul>				

facility-based health workers.	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• 3,162 children under 2 fully immunized in IDP camps. 3,162 children vaccinated against Measles and 2,646 against Polio, Diphtheria, and Tetanus, Pertussis and Hep-B and Hib.</li> <li>• 9 rounds of Polio Campaigns (SIA's) were conducted in which average coverage was 96.8%</li> <li>• Measles Campaign conducted in Jaloza Camp for IDP's and in adjacent host communities to vaccinate 6months -15 year's old children. A total of 44,633 (76%) children were vaccinated.</li> <li>• During Mother and Child Week in IDP's camp total 1,488 health &amp; hygiene sessions were conducted in which 11,087 people participated. Total 492 PLW's and CBA's received TT vaccination, 6,286 children were dewormed and total 764 children were vaccinated.</li> <li>• A total of 6,286, 2-5 year old children, living in Jaloza camp were dewormed through Mother and Child Week interventions.</li> <li>• 1,844 pregnant women received TT vaccination, 1,640 received ANC, 954 (71%) received Child Delivery Kits (CDKs) while 1,684 (125%) received New Born Kits (NBK).</li> <li>• A total of 559 (83%) pregnant women have been assisted through delivery by skilled birth attendants. [Yearly target was 1,344 while target for 6 months was 672.]</li> <li>• A total of 1,278 (95%) women had at least one post-natal visit with skilled birth attendants (SBAs) at the facility or community level.</li> <li>• A total of 4,842 (180%) PLW's received health and hygiene messages through social mobilizers and facility-based health workers.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Due to increase in the target age group of children (as per recommendation of the Health Cluster and Technical Advisor WHO) and huge influx of new IDPs, the target for measles vaccination was increased three-folds which increased operational costs. There is no significant discrepancy between planned and actual outcomes. However, there is over achievement in targets which is mentioned above. The registration point for the new IDP's (In Camp and Off Camp) was inside the camp and the registration process continued for the entire project duration due to which Special teams were deployed for EPI, Health and Hygiene Promotion and for referral cases (ANC/PNC/Delivery). These services were for all the IDP's (In Camp and Off Camp) to reduce morbidity and mortality. A Mother and Child Week was also celebrated in Jaloza and Togh Sarai IDP's Camps which covered the whole of the camps due to which coverage was increased through soft component (Health Education Sessions).</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>2a:</b> It contributed significantly to gender equality in which the different needs (MCH ,EPI, etc.) of Children and Women/Girls was addressed and also men were engaged through health education promotion sessions to bridge the gap between the both sexes so that women /girls /children can easily utilize the services.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No separate end of project evaluation carried out. However, in order to ensure effective implementation at the field level, the following measures were in place during the course of implementation</p> <ul style="list-style-type: none"> <li>• Department of Health was involved in the monitoring of the project sites.</li> <li>• Direct field level monitoring was regularly carried out by UNICEF Peshawar-based staff, wherever the security clearance got approved.</li> <li>• Third-party monitoring, through a specialized consulting firm, conducted on a regular basis.</li> <li>• 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.</li> </ul>	

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:	FAO		5. CERF Grant Period:	15/03/12–14/09/12
2. CERF project code:	12-FAO-016		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	AGRICULTURE			
4. Project Title:	Critical support to livestock of conflict affected population in Jalozei Camp and surrounding areas, KP			
7. Funding	a. Total project budget:		US\$ 2,500,000	
	b. Total funding received for the project:		US\$ 349,600	
	c. Amount received from CERF:		US\$ 349,600	
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		31,313	31,313	N/A
b. Male		33,787	33,787	
c. Total individuals (female + male):		65,100	65,100	
d. Of total, children <u>under</u> 5		10,806	10,806	
9. Original project objective from approved CERF proposal				
General Objective: Improved food security conditions of displaced conflict-affected population of Khyber Agency and hosting communities in KP. Specific Objective: Enhanced availability and access to nutritious food for displaced households and hosting families in Jalozei Camp and surrounding areas in KP.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> <li>Livestock assets supported through health intervention and feeding integration.</li> <li>Quantity and quality of livestock production improved.</li> </ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> <li>For Livestock Package, overall 80 tonnes of Urea Molasses Blocks, 5,500 de-wormer blisters, Vials 50 of Hemorrhagic Septicemia vaccine for large animals and 100 Vials of Enterotoxaemia vaccine for small animals were procured and distributed among 8,000 HHs to support 10,000 small and 3,000 large ruminants. The intervention has been very useful in protecting surviving livestock and improving their productivity through timely veterinary support.</li> <li>Critical productive poultry assets were increased for 1,300 internally displaced conflict-affected families for the production and consumption of nutritious egg. Each household received a flock with reproductive capacity, comprising 8 female and 2 male birds, poultry feed, drinker, feeder and egg collection trays.</li> </ul>				
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:				
N/A				
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?				YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): The livestock and poultry inputs specifically targeted women in the household who are responsible for their upkeep and enjoy some degree of control over the use of their production.

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

YES ☒ NO ☐

FAO monitoring teams working at district, provincial and national levels provided regular feedback and recommendations. The Reporting Unit at FAO Crisis Preparedness and Response Unit (CPRU) maintained a database of regular progress reports from the SP 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. In particular, the FDMA highly appreciates the intervention and urges FAO to scale up such initiatives and expand their coverage inside FATA. Beneficiary feedback suggests a significant reduction in animal mortality arising from the spread of diseases. Moreover, restocking of poultry assets is very well received by the beneficiaries, particularly women, as it improves their children's nutrition as well as allows them to carry these productive assets back to their native villages once the situation becomes conducive for the return and resettlement of IDPs.

**TABLE 8: PROJECT RESULTS**

CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	15/03/12-15/09/12
2. CERF project code:		12-CEF-022	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:		Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Protective Learning and Community Emergency Services for Children and Women IDPs in Jalojai Camp		
7. Funding	a. Total project budget:		US\$ 396,369	
	b. Total funding received for the project:		US\$ 124,077	
	c. Amount received from CERF:		US\$ 124,077	
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
a. Female		9,921	45,326	The expansion of age-specific CP services through “PLaCES”, tailored for all age groups of children (children being under age 18) and with dedicated spaces and services for adolescent girls and women in particular, has significantly increased the number of children above age 5 accessing the protective services. In addition, in order to ensure a holistic and sustainable approach to child protection, services and communications messages also targeted mothers, care givers and other community members.
b. Male		8,400	35,663	
c. Total individuals (female + male):		18,312	80,989	
d. Of total, children <u>under</u> 5		56,000	44,314 children under 18, of which an estimated 11,078 are under 5	
9. Original project objective from approved CERF proposal				
The specific objectives of the project are as under:				
<ul style="list-style-type: none"><li>• Provide safe, private and stimulating spaces for children and women to access age and gender-appropriate protective services, including non-formal learning and life skills-based education; psychosocial support; awareness and peer discussion on rights-based issues; and identification and response to separated children and cases of Gender-based violence.</li><li>• Facilitate safe and dignified access to children and women (including most vulnerable groups, such as children with disabilities, and single headed households) to life saving emergency services, such as nutrition and WASH, in order to mutually reinforce the survival, development and protection of children; provision of registration (for protection), and screening.</li><li>• Strengthen community protection mechanisms through establishment and orientation of Child Protection Committees (male and female volunteers, including adolescents) to monitor, identify, respond to and prevent protection cases involving children and women and provide a longer term, sustainable structure that can help in move to the return (home) areas.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>• 56,000 children (28,000 girls, and 28,000 boys) have protection through early registration and screening.</li><li>• 4,200 children (2,100 girls and 2,100 boys), and 1,500 women access 10 PLaCES to be established with safe, separate spaces for children and women (PLaCES targeting up to 420 children and 150 women, each over a 6-month period).</li><li>• 400 community members (200 male and 200 female, including 20% adolescents) to be trained and supported as Child</li></ul>				

<p>Protection Committee members and volunteers.</p> <ul style="list-style-type: none"> <li>• 24,000 community members (12,000 children, 6,000 men and 6,000 females) to be reached with communications messages directly through the PLACES approach, related to positive feeding and care practices, and protection messages, such as negative consequences of child marriage, early pregnancy and gender-based violence for nutrition, health and well-being.</li> <li>• Child protection issues in the camp monitored on a daily basis, coordination facilitated and interventions made with the authorities when necessary.</li> <li>• In addition, key basic protection messages communicated through the WASH hygiene promotion network to all 4,800 families (33,600 IDPs).</li> <li>• Advocacy and referrals of the 13-18 year old out-of-school children to appropriate camp schools where possible.</li> </ul>
<p>11. Actual outcomes achieved with CERF funds</p> <ul style="list-style-type: none"> <li>• 6,113 children (4,039 boys and 2,074 girls) and 1,748 women reached through 21 PLACES in Jalozi Camp. The PLACES provided a friendly and participatory environment where girls, boys, adolescents and women have significantly benefited to improve their safety, health and overall well-being. The PLACES provided an opportunity of learning to children and women to develop life skills and benefit from informal education in safe and separate spaces within the PLACES structures / premises. The PLACES maintained separate profiles for both children and women, which were properly maintained and updated on a regular basis.</li> <li>• 400 community members including men, women and adolescents have been trained in monitoring, identification and reporting of child protection issues and / or individual cases and to find possible solutions including decisions on referral of cases that cannot be addressed at local level. These committees supported PLACES Facilitators and Child Protection Monitors identify children and women at risk and make timely interventions to prevent violence, abuse and exploitation of the girls, boys and women in the camp. The child protection committees also organized regular meetings for discussion on child protection issues and other developments in the camp impacting the protection of children and women.</li> <li>• 54,739 community members (32,071 children, 8,420 men and 14,248 female) have been reached with communication messages directly through the PLACES approach, including outreach through Child Protection Monitors, related to positive feeding and care practices, negative consequences of child marriages, early pregnancy and gender-based violence for nutrition, health and well-being.</li> <li>• The project conducted rapid assessment of vulnerable children and women and enlisted a total of 4,605 vulnerable children (1,762 boys and 1,112 girls) and 1,731 women. They include separated and orphaned children, children with disabilities and widows, including child and female headed households.</li> <li>• A child protection monitoring mechanism was developed to monitor, identify and report child protection issues in a coordinated manner at camp level and 200 members from the project staff including other stakeholders were trained. The mechanism has been very effective in identifying child protection issues and enabling the system and services to address those issues by linking them with key stakeholders and other service providers working on the same mandate. The mapping of social and protective services developed and operationalized to ensure coordination and referral of 11,664 vulnerable individual cases to relevant services in the camp. This also includes the referral of 4,193 children (2,373 boys and 1,820 girls) for formal education and 7,047 cases to other social and protection services like health, non-food items, birth registration and vocational skills. This activity had been coordinated with Child Protection sub cluster for expanding the system to gender-based violence, too.</li> <li>• 24,244 girls, boys, men and women were provided risk education through different activities including awareness sessions.</li> <li>• 54,730 girls, boys, men and women have been provided with basic /key protection messages and life-saving information through different communication for development activities including awareness sessions. The project established a network with other services like WASH, Health and Education and those programmes provided services convergent in the PLACES. The communication activities included child protection, gender-based violence, parental skills, reproductive health and hygiene.</li> <li>• The project had also established Grievance Desk in phase – 3 of the camp where two Child Protection Monitors had been deployed who registered 1,733 grievances and referred those to relevant service providers mainly pertaining to identify documents, dual addresses, second wife registration, child headed households, repatriation, etc.</li> <li>• The project had some value addition activities which include the promotion of cultural and community participatory opportunities and events. These included celebration of International Child Labour Day, debates and sports competitions, EID MILAN Parties, drawing competitions, songs and theatres etc. Such activities also included collaborative efforts with different organizations like EssaGul Foundation, National Sports Coalition, International Rescue Committee (IRC) for education and protection; Muslim Aid for education; Human Resource Development Society (HRDS) and Society for Sustainable Development (SSD) for WASH; Merlin for health; Khwando Kor and FATA Development Authority (FDA) for vocational trainings and UNFPA for GBV.</li> </ul> <p>Note: The total beneficiaries' figures in the table above reflect children directly accessing PLACES, CP Committee members, and vulnerable children identified through rapid assessments, referrals, and recipients of protection messages. Many of these beneficiaries received additional services, such as risk education, and multiple communications messages.</p>
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>
<p>The early stages of implementation showed that the majority of adolescent girls and women could not participate in PLACES</p>

activities because of the cultural restrictions on their movements outside their residential tents. Therefore, the PLaCES were expanded to all areas of the camp to address the accessibility factors and dedicated spaces and timings for services were introduced. This also helped in attracting more adolescents and women for getting the services. Secondly, the quality of services in PLaCES was also up-graded through provision of fans and electricity as well as vocational skills to women and adolescent girls. The PLaCES were also equipped with fire extinguishers and buckets for sand, including trainings of staff to deal with any emergency situation. Furthermore, the project expanded its collaborative efforts and brought other services into the PLaCES through convergence and integration. All these value addition efforts greatly helped in getting more children of all ages, not only children under age 5, and women into the protection services and mechanisms.

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

YES ☒ NO ☐

**2b-** PLaCES have separate spaces for adolescent girls and women to ensure privacy and security. All PLaCES and mobile teams have female and male facilitators. Child Protection Committees also have separate female and male committees.

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

YES ☐ NO ☒

UNICEF followed a systematic monitoring throughout the duration of the project including UNICEF and partners' regular field monitoring visits, weekly and monthly reporting (partner reports and UNICEF sitrep), UNICEF and partner reports to the Child Protection Sub Cluster and Inter-Cluster fora.

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	15/03/12-15/09/12
2. CERF project code:	12-CEF-026	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 displaced communities from Khyber Agency, living in camps and host communities		
7. Funding	a. Total project budget:		US\$ 3,000,000
	b. Total funding received for the project:		US\$ 1,428,197
	c. Amount received from CERF:		US\$ 1,428,197
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
a. Female		53,760	87,466
b. Male		58,240	94,754
c. Total individuals (female + male):		112,000	182,220
d. Of total, children <u>under</u> 5		16,800	30,977
<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i> The total planned target of reaching 112,000 IDPs (16,000 families) from Khyber Agency, residing in camp or in the hosting communities were assisted/supported by provision of WASH services (including safe drinking water, adequate sanitation, hygiene promotion and distribution of WASH NFI's (buckets, jerry canes and hygiene kits). 70,220 additional IDPs (10,030 families at 7 per family) were supported by provision of hygiene kits, utilizing the unspent money from water trucking and reinstallation of pipe networking in the two new phases of Jalozai camp. The amount for decommissioning of WASH facilities was also utilized for assistance as no repatriation occurred during the period and IDPs are still residing in the camp.			
9. Original project objective from approved CERF proposal			
This project will cover WASH needs for some 112,000 people (including approximately 19,040 children under 5, 53,760 women and 58,240 men), displaced from Khyber agency and residing in Jalozai camp or in surrounding hosting areas. The objectives of the project are to support WASH interventions, as highlighted above, to help reduce the incidence of water, sanitation and hygiene related disease through the provision of safe drinking water, adequate sanitation and hygiene promotion activities to IDPs.			
10. Original expected outcomes from approved CERF proposal			
At the end of the project period, 5,000 additional families will have been provided with access to safe drinking water, access to adequate sanitation and bathing facilities and will have been reached with appropriate hygiene messages and WASH NFI distribution as required in Jalozai camp. An additional 11,000 families residing off camp will benefit from the distribution of hygiene kits.			
11. Actual outcomes achieved with CERF funds			
The project has covered WASH needs for 182,220 people (including approximately 30,977 children under 5, 87,466 women and 94,754 men), displaced from Khyber Agency and residing in Jalozai camp or in surrounding hosting areas. Details of the outcomes achieved are:  Supply of safe drinking water to 5,230 IDP families (36,620 individuals) in Jalozai camp, ensuring easy access and appropriate facilities for women and girls, the elderly and persons with disabilities as per SPHERE guidelines: <ul style="list-style-type: none"> <li>• Installation of 315 water storage tanks.</li> <li>• Operation and maintenance of the tube wells and pipe networking in the camp.</li> <li>• Water quality testing of water sources for bacterial contamination/residual chlorine and routine water treatment to meet water quality standards.</li> <li>• 10,460 water buckets and 10,460 jerry cans distributed for safe storage of water.</li> </ul>			

<p>5,230 IDP families (36,620 individuals) in Jalozai 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:</p> <ul style="list-style-type: none"> <li>• 1,260 temporary latrines and 630 bathing facilities, 315 washing places, 157 laundries and 78 solid waste collection points installed and maintained.</li> <li>• Installation of latrines in health and school facilities (in conjunction with Health and Education Clusters) in the new phases of the camp.</li> </ul> <p>5,230 IDP families (36,620 individuals) in Jalozai camp reached with key hygiene messages sensitized on appropriate and improved hygiene practices:</p> <ul style="list-style-type: none"> <li>• Through Inter personal 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.</li> <li>• 10,460 hygiene kits distributed to women and adolescent girls to cater for their specific needs.</li> </ul> <p>20,800 IDP families (145,600 individuals) from Khyber Agency residing off camp benefitted from the distribution of WASH NFI's including hygiene kits, jerry canes and water buckets at the registration points in Jalozai camp.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>70,220 additional IDPs (10,030 families) supported by provision of hygiene kits, utilizing the unspent money from water trucking and reinstallation of pipe networking in the two new phases of Jalozai camp (that was taken care by OXFAM GB). The amount for decommissioning of WASH facilities was also saved and utilized for assistance as no repatriation planned during the period and IDPs are still residing in the camp and provided support for basic WASH services.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>2a</b> - 36,620 IDPs including women, children and men reached with basic WASH services in camps with special focus on privacy for women and adolescent girls. Hygiene kits distributed includes items to cater for the specific needs of adolescent girls and women.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No separate end of project evaluation carried out. However, in order to ensure effective implementation at field level, the following measures were in place during the course of implementation</p> <ul style="list-style-type: none"> <li>• Direct field level monitoring was regularly carried out by UNICEF Peshawar based staff, wherever the security clearance got approved.</li> <li>• Third-party monitoring through a specialized consulting firm on regular basis.</li> <li>• Deployment of UNICEF monitors in field areas for day-to-day support and field-based monitoring.</li> <li>• 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.</li> </ul> <p>Provincial and FATA Disaster management authorities' visits and feedback remained useful to rectify and improve.</p>	

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TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:	UNICEF	5. CERF Grant Period:	21/03/12-01/09/13	
2. CERF project code:	12-CEF-025	6. Status of CERF grant:	<input type="checkbox"/> On-going <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:	Nutrition			
4. Project Title:	Emergency Life-Saving Nutrition Services for Conflict Affected IDPs of Khyber Agency residing in Jalozaï camp in Khyber Pakhtunkhwa			
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 946,908 US\$ 689,557 US\$ 315,636	
Results				
8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries		Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female		4,993	7,038	N/A
b. Male		2,399	3,162	
c. total individuals( female+ male) :		7,392	10,200	
d. Of total, children under 5:		4,704	6,200	
9. Original project objective from approved CERF proposal				
<p><u>Overall Objective:</u>            The overall objective is to ensure that the Global Acute Malnutrition (GAM) rate among the affected population in the target camps is maintained below the 10% emergency threshold by improving the nutritional status through provision of effective nutritional services at the community and facility level that meet national and internationally recommended minimum standard of care for population affected by emergency.</p> <p><u>Specific Objectives:</u></p> <ul style="list-style-type: none"> <li>To ensure provision of lifesaving nutrition services for acutely malnourished children (boys and girls) under age 5 and pregnant and lactating women (PLW) suffering from acute malnutrition, through community- and facility- based nutritional management approach.</li> <li>To prevent malnutrition in early childhood through promotion of improved infant and young child feeding, care giving, and care seeking practices at the facility, community and family level and to prevent and control the donation and distribution of breast milk substitutes in emergency-affected areas.</li> <li>To prevent and treat micronutrient deficiency disorders in children and women through provision of multiple micronutrient supplementation and Vitamin A, and through deworming campaigns.</li> </ul>				
10. Original expected out comes from approved CERF proposal				
<ul style="list-style-type: none"> <li>Three fixed nutrition sites are established for provision of CMAM interventions in Jalozaï camp.</li> <li>Around 15 trained and equipped community outreach workers (COWs) in the target centres screen around 4,704 children and 2,688 PLW for assessment of acute malnutrition using criteria of the mid- and upper- arm circumference (MUAC) and Oedema.</li> <li>Health care providers (HCPs) of the Department of Health and NGOs in their respective centers register around 823 MAM children and 706 PLW in Supplementary Feeding Programmes (SFPs) for supplementary plumpy doses and fortified blended food (provided by WFP). Around 412 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.               <ul style="list-style-type: none"> <li>a. Around 2,688 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.</li> </ul> </li> </ul>				

<p>b. 80% of the targeted beneficiaries (2,957 mothers) receive key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after six months, and hygienic practices.</p> <ul style="list-style-type: none"> <li>• Around 3,293 children and 2,688 mothers are provided with multi-micronutrient (MM) supplements.</li> <li>• Around 2,822 children receive de-worming treatment and Vitamin A dose as per national guidelines.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• Three fixed nutrition sites remained functional in the target areas for CMAM interventions.</li> <li>• The CERF funds enabled a minimum of 15 Outreach Workers to be recruited for the project that enabled screening of a minimum of 4,700 children and at least 2,688 PLW for acute malnutrition using MUAC and oedema criteria.</li> <li>• The CERF funds enabled a minimum of 823 Moderate Acute malnourished (MAM) children and 706 PLW to be identified and treated in the SFP with supplementary foods received from WFP. Similarly, at least 412 severe acute malnourished children were treated with therapeutic foods and essential medicines in the OTP of CMAM.</li> <li>• Through nutrition awareness sessions, a minimum of 2,957 mothers/caretakers of children under 5 were reached with messages on infant and young child feeding.</li> <li>• A minimum of 3,293 children under age 5 and 2,688 pregnant and lactating women received multi-micronutrient supplements. Further, a minimum of 2,822 children received de-worming treatment and Vitamin A dose.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>2a</b> - Nutrition intervention targeted at screening a total of 7,392 direct beneficiaries including 6,200 young girl children (under 5) and 700 PLW for acute malnutrition and were treated as per the protocols).</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No separate end of project evaluation carried out. However, in order to ensure effective implementation at field level, the following measures were in place during the course of implementation</p> <ul style="list-style-type: none"> <li>• Direct field level monitoring was regularly carried out by UNICEF KP based staff, wherever the security clearance got approved</li> <li>• Deployment of UNICEF monitors in field areas for day to day support and field based monitoring</li> <li>• 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</li> </ul>	

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:	UNFPA	5. CERF Grant Period:	27/03/12-26/09/12	
2. CERF project code:	12-FPA-017	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:	Protection			
4. Project Title:	Provision of RH/GBV services through Implementation of Minimum Initial Service Package (MISP) addressing Women and Youth's Protection and Psychosocial needs for internally displaced Population in Jalozi Camp Nowshera, KPK, Pakistan			
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 450,000 US\$ 89,698 US\$ 89,698	
Results				
8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).				
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:	
a. Female	13,050	6,576	During the course of implementation, it was decided among the existing partners in the Jalozi Camp to avoid duplication of services and thus only critical gaps should be filled in by UNFPA. This resulted in UNFPA providing support for non-existent FP and STI services along with GBV case management. The vocational and livelihood activities were to be catered by other partners thus reducing the overall number of beneficiaries targeted in the project. An additional component that was contributed through the CERF project was the establishment of a recreational facility for children accompanying women that came to avail FP and GBV services at UNFPA-led centres.	
b. Male	7,000	2,292		
c. Total individuals (female + male):	20,050	8,868		
d. Of total, children under 5	0	1,200		
9. Original project objective from approved CERF proposal				
Provision of GBV/RH integrated services with special focus on family planning, mental rehabilitation and STI's Services among all IDPs				
10. Original expected outcomes from approved CERF proposal				
To ensure that existing and emerging protection rights including psychosocial needs, prevention from violence, abuse, exploitation for IDP Women and Youth are addressed				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> <li>336 women attended 21 awareness sessions whereby they were able to discuss issues with qualified psychologists and psycho-social counselors with confidence and assuring confidentiality.</li> <li>In addition, 603 women received psychiatric consultations and appropriate treatment for acute and chronic mental conditions acquired as a result of the humanitarian conditions.</li> <li>In addition 2,550 females benefitted from FP services while 1,800 males received condoms.</li> <li>614 female cases and 492 male cases of STIs were diagnosed and received treatment.</li> <li>96 GBV cases were registered and dealt accordingly, while 259 women and girls sought services for related issues.</li> <li>UNFPA also provided 2,118 Hygiene Kits benefitting women and girls of reproductive age among the IDPs in these centers.</li> <li>The project also established children-friendly recreational/ amusement facilities for children accompanying their mothers to the Women Friendly Spaces (WFS), resulting in 1,200 children under 5 being direct beneficiaries.</li> </ul>				
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):2b If 'NO' (or if GM score is 1 or 0):please describe how gender equality is mainstreamed in project design and implementation	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	15/03/12-15/09/12
2. CERF project code:	12-HCR-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multisector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and humanitarian assistance to IDPs in Khyber Pakhtunkhwa and FATA		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 21,765,692 US\$ 21,765,692 US\$ 4,265,287
<b>Results</b>			
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	55,080	55,080	
b. Male	56,920	56,920	
c. Total individuals (female + male):	112,000	112,000	
d. Of total, children <u>under</u> 5	7,124	7,124	
9. Original project objective from approved CERF proposal			
The overall objectives of this project are fourfold: <ul style="list-style-type: none"> <li>• IDPs have access to life-saving assistance to meet their immediate needs in camps (CCCM, CRI)</li> <li>• IDPs are protected for the elements through the provision of basic shelter (Shelter)</li> <li>• IDPs have equitable access to assistance and are protected from rights abuses (Protection)</li> <li>• IDPs have access to safe, voluntary and dignified return of IDPs to their place of origin (Shelter/NFIs and Protection)</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Provision of emergency shelter and Core Relief Items (CRIs) to newly displaced families (Shelter CRI)</li> <li>• Maintenance of general site operations and expansion to accommodate newly displaced families (CCCM)</li> <li>• Camp situation monitored on a daily basis, coordination facilitated and interventions made with the authorities when necessary (CCCM)</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• Provision of family all-weather 5,000 tents.</li> <li>• Procurement and Distribution of 7,600 NFIs packages which includes 6 blankets, 2 quilts, 4 sleeping mats, 1 kitchen set type B, 2 jerry cans non-collapsible 10L, 2 heavy duty plastic buckets 20L, 1 mosquito net, 2 plastic tarpaulins, 18 m sanitary cloth, 1.5 Kg soap.</li> <li>• NFIs transportation and distribution cost.</li> <li>• Construction of parda-wall (protection)</li> <li>• Camp management, administration and security</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
NA			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):  If 'NO' (or if GM score is 1 or 0): Women and girls benefitted from the interventions in an equitable manner, their mobility was increased and environment improved with the set-up of Purda walls and the summarization of the camp. Particular attention was paid to their protection concerns through protection monitoring.			
14. M&E: Has this project been evaluated?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

UNHCR has been regularly monitoring the situation of IDPs, including registration, access to assistance and services through monitoring mechanisms adopted different methods:

- Regular monitoring missions
- IDP registration database
- Feedback from beneficiaries through focus group discussions and individual interviews
- Coordination with other stakeholders through regular cluster meetings at different levels
- Review of a variety of records, including activity reports and monthly progress reports from implementing partners, UNHCR procurement records and distribution lists

**TABLE 8: PROJECT RESULTS**

CERF Project Information					
1. Agency:		World Food Programme		5. CERF Grant Period:	15/03/12-15/09/12
2. CERF project code:		12-WFP-027		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Food Security			<input checked="" type="checkbox"/> Concluded
4. Project Title:		Food Assistance for Communities Affected by Insecurity in Pakistan's Khyber Pakhtunkhwa Province			
7. Funding	a. Total project budget:			US\$ 114,744,840	
	b. Total funding received for the project:			US\$ 621,171	
	c. Amount received from CERF:			US\$ 3,634,647	
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		54,880	73,618	Food purchased with this CERF grant was used to reach a greater number of newly-displaced families from Khyber with life-saving relief assistance than planned, owing to the higher volume of population displacement from the agency's Bara Sub-Division than originally anticipated.	
b. Male		57,120	76,623		
c. Total individuals (female + male):		112,000	150,241		
d. Of total, children <u>under</u> 5		15,200	20,403		
9. Original project objective from approved CERF proposal					
<ul style="list-style-type: none"><li>To save lives and avert hunger amongst conflict-affected IDPs (men, women, girls and boys)</li><li>To include 16,000 newly-registered IDP families within the current caseload</li></ul>					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none"><li>Improved food consumption over the assistance period for targeted displaced persons: households with acceptable food consumption score exceeds 80%of the targeted population</li><li>Stabilized nutritional status of targeted infants and young children</li></ul>					
11. Actual outcomes achieved with CERF funds					
<ul style="list-style-type: none"><li>Improved food consumption over the assistance period for targeted displaced persons: households with acceptable food consumption score exceeds 80%of the targeted population<ul style="list-style-type: none"><li>This contribution allowed for the distribution of 5,377 metric tons of mixed commodities (slightly higher than the total tonnage projected at the time of proposal submission, owing to typical changes associated with commodity price fluctuations). Amid higher population displacement from the Bara Sub-Division of FATA's Khyber agency than had earlier been projected by the Government and its humanitarian counterparts, this grant was used to help accommodate these increased needs within WFP's already-stretched food pipeline. Commodities purchased with these CERF funds allowed WFP to reach a peak total of 21,463 newly-displaced families from Khyber (or approximately 150,241 individuals) with life-saving relief food assistance within a single monthly distribution cycle: 134%of the plan, owing to the higher volume of outflows than anticipated (note that by early April 2012 more than 20,000 families from Bara had already been registered, with a further 21,000 still enlisted and awaiting formal registration).</li><li>During the relevant period, all food distributions to newly-displaced Khyber IDPs took place through established distribution points in Jalozai Camp in KPK's Nowshera district.</li><li>This assistance proved critical in helping to maintain adequate food consumption amongst these beneficiaries: with WFP monitoring and evaluation findings confirming that of all IDP and recent returnee families provided with WFP relief food assistance in KPK and FATA last year, 81% had maintained acceptable food consumption levels by December 2012 (just above the target). Overall, this represented a considerable improvement from the average 76.9 percent found the previous year, and from a baseline of 22.3%amongst some groups in January 2011.</li></ul></li><li>Stabilized nutritional status of targeted infants and young children<ul style="list-style-type: none"><li>Through the distribution of 32 metric tons of specialised supplementary and fortified foods purchased with this grant under the joint WFP-UNICEF Community Management of Acute Malnutrition programme, WFP was also able to treat moderate</li></ul></li></ul>					

<p>acute malnutrition amongst approximately 3,000 children aged 6-59 months and PLW within the same newly-displaced group.</p> <ul style="list-style-type: none"> <li>The performance of the CMAM programme during 2012 was highly positive, with recovery rates from malnutrition found to be well above the SPHERE planning threshold of 75%. However, average rates of default from the programme were found to have increased somewhat from levels observed previously (at 2.37% amongst children aged 6-59 months and 1.85% amongst PLW), owing to the fluidity of movement within IDP populations which interrupted regular attendance.</li> </ul>	
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"/>
<p><b>If 'YES', what is the code (0, 1, 2a, 2b): 2a</b>  <b>If 'NO' (or if GM score is 1 or 0):</b></p> <p>As an emergency operation, anticipated results centred on meeting primary and immediate needs amongst targeted groups. Fundamental life-saving outcomes were hugely significant for both male and female beneficiaries; as both faced considerable threats to their food consumption and nutritional status. But, in confluence 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 (a common corollary to crisis). 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>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 in culturally-conservative areas for the supply of rations to a blood relative where a female beneficiary was unable to be present. As such, the proportion of women receiving household food rations during the conduct of life-saving relief food distributions in KPK and FATA was higher than planned (at more than 14% of all recipient families).</p> <p>Furthermore, targeted nutritional support activities explicitly aimed to treat the incidence of malnutrition amongst women.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Although no formal, specific evaluation of the project was undertaken, please note the following on standard WFP monitoring and evaluation mechanisms employed.</p> <p>WFP monitoring and evaluation mechanisms reflect a corporate Results-Based Management framework: using a logical framework approach to monitor activities and their efficiency and effectiveness in achieving results. This involves monitoring the distribution process and following-up with recipient communities post-distribution through focus group discussions and other stakeholder consultations.</p> <p>In Pakistan, where the security situation permits, WFP undertakes monitoring directly to ensure maximum accountability. Monitoring undertaken by a contracted third party is used in areas where direct UN access is limited. Cooperating Partners provide information on the number of beneficiaries reached and the amount of food distributed, which is verified by WFP. WFP maintains coordination and oversight of all monitoring processes by providing corporate monitoring and reporting tools to partners, and cross-verifying information supplied via other sources.</p> <p>A quarterly monitoring exercise is undertaken in randomly-sampled locations, and results analyzed in order to identify strengths and weaknesses of a programme and make informed management decisions to improve effectiveness and efficiency.</p> <p>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.</p> <p>With regard to the implementation of activities supported by this grant, WFP adhered to all of the above.</p> <p>Furthermore, alongside implementation of this operation, the establishment of a dedicated WFP complaints desk helped to</p>	

strengthen operational transparency and accountability through the receipt and resolution of direct beneficiary feedback related to a range of grievance issues. This facility is now used to monitor the conduct of all WFP assistance programmes in Pakistan.

An annual performance report on the overarching WFP food assistance operation within which this response was accommodated is under preparation and will be shared with donors in April.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	15/03/12-15/09/12
2. CERF project code:	12-WHO-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Water Quality Monitoring, Improvement and environmental surveillance		
7. Funding	a. Total project budget:	US\$ 831,657	
	b. Total funding received for the project:	US\$ 310,140	
	c. Amount received from CERF:	US\$ 310,140	
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	53,760	53,760	
b. Male	58,240	58,240	
c. Total individuals (female + male):	112,000	112,000	
d. Of total, children <u>under</u> 5	14,676	14,676	
9. Original project objective from approved CERF proposal			
To support WASH interventions and help reduce the incidence of water, sanitation and hygiene-related disease through regular water testing, provision of water quality and hygiene improvement supplies, ensuring adequate sanitation coverage and hygiene/sanitation promotion activities to affected people.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Waterborne diseases surveillance and identified affected communities facing greatest health risks from water borne diseases and ensured that appropriate response mechanisms put in place.</li> <li>Early alert and response to possible water related outbreaks in camps, weekly microbial water quality trends and residual chlorine shared in water supplies report.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>WHO EH team regularly monitors the diarrhea prevalence in the flood affected districts and conducts investigation and response to Acute Watery Dairrhoea (AWD) Alerts/Outbreaks. The team performed regular drinking water supply chlorination and disinfection and mobilized resources for the provision of water collection and storage facilities, hygiene kits, NFIs and health education and awareness raising materials. 585 samples were tested inside IDP camps in which less than 10% of the samples were found microbiologically contaminated due to water quality improvement measures taken by WHO. WHO have installed 6 chlorinators in Jalozaï camp for chlorination on drinking water at water supply source. Two field water testing labs have been established in Jalozaï camp for regular monitoring of water quality. WHO provided 3,060,000 aqua tabs, 2,000 Jerry-cans, 2,750 Hygiene Kits, 150,000 soaps and hygiene improvement supplies to TMAs/ Public Health and Engineering Department (PHED) and DOH.</li> <li>WHO EH unit has supported the WASH Partners and district water authorities (TMA and PHED) with necessary water treatment chemicals for regular chlorination of the water tankers supplying water to the affected communities and 100 Colour comparator kits with reagents to monitor the residual chlorine level of water supplies (0.2-0.5ppm) for ensuring that drinking water remained safe at consumer end.</li> <li>Waterborne diseases surveillance and identified affected communities facing greatest health risks from water borne diseases and ensured that appropriate response mechanisms put in place. Early alert and response to possible water related outbreaks in camps, weekly microbial water quality trends and residual chlorine shared in water supplies report.</li> </ul>			
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 checked="" type="checkbox"/> NO <input type="checkbox"/>

**If 'YES', what is the code (0, 1, 2a, 2b):1**

As WASH response is for all affected population after emergency, WASH cluster partners including UN agencies in collaboration with TMAs/PHED provided hygiene kits, ensuring establishment of male/female latrines according to sphere standards.

**If 'NO' (or if GM score is 1 or 0):**

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

YES ☐ NO ☒

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	15/03/12-15/09/12
2. CERF project code:	12-WHO-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Rapid Primary Health Care Response including disease control and outbreak response for increasing IDP population of "Jalozai" camp (Nowshera district, Khyber Pakhtunkhwa province, Pakistan) focusing on filling the gaps/unmet life-saving needs in the health response.		
7. Funding	a. Total project budget:		US\$ 4,206,932
	b. Total funding received for the project:		US\$ 1,193,731
	c. Amount received from CERF:		US\$ 1,193,731
Results			
8. Total number of direct beneficiaries planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	53,760	51,600	
b. Male	58,240	55,900	
c. Total individuals (female + male):	112,000	107,500	
d. Of total, children under 5	14,676	14,676	
9. Original project objective from approved CERF proposal			
<p>The overall objective of the project is to maintain the standard of the health conditions of IDPs in Jalozai camp through expansion and continued provision of essential health services interventions to reduce morbidity and mortality among the crisis-affected population.</p> <p>Specific objectives:</p> <p>In coordination with the cluster partners and provincial health department the following specific objectives would be achieved:</p> <ul style="list-style-type: none"> <li>To provide essential emergency Primary Health Care services to the affected population especially for women and children, elderly, and people with disabilities; including provision of life saving emergency treatment for the complicated and severely malnourished children.</li> <li>To address the emerging public health threats in a timely and appropriate manner through the existing Disease Early Warning System (DEWS) and response, enhancing protection of affected communities from preventable illnesses through routine water quality surveillance and disinfection, hygiene promotion and improving hygienic conditions and infection control mechanisms of targeted healthcare facilities;</li> <li>To ensure the delivery of the health response in a coordinated manner and according to Global Health Cluster, WHO, SPHERE and national standards.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Coordination of emergency health response is ensured along with Health Cluster partners, PDMA, Camp Management, health authorities and other clusters working in and around the camp.</li> <li>Provision of essential package of Primary Health Care services to IDPs including treatment of common illnesses, provision of life saving treatment of SAM through operationalization of Stabilization centre, emergency obstetric services, ante-natal and post-natal car, Essential Newborn care, IMNCI, mental health and immunization to the affected population living in Jalozai camp.</li> <li>Provision of life saving essential medicines for priority health care needs in the camp is in place.</li> <li>Functioning of DEWS with Rapid Response Teams responding within 24-48 hours to 80% of all outbreak alerts and achieving mitigation of communicable disease outbreak threats through different measures including EPI vaccination outreach/campaigns, vector control, water and sanitation improvements, cholera case management, health education and</li> </ul>			

awareness campaigns.	
11. Actual outcomes achieved with CERF funds:	
<p>Epidemiological Surveillance and Response: DEWS</p> <p>The weekly trend of leading priority diseases were analyzed and monitored at district, provincial and national level and disseminated to all partners in the weekly epidemiologic bulletin published and loaded on the website. From April 2011 to September 2012, a total of 121 alerts were reported, timely investigated and response measures were put in place to control the 2 confirmed outbreaks. The alerts involved 169 cases.</p> <p>The details on diseases are as follows: 57 measles alerts were reported and on investigation, 61 cases (patients) were identified during active surveillance. Blood samples were collected for confirmation and were provided treatment accordingly. 50 alerts for <i>Cutaneous Leishmaniasis</i> led to the identification and management of 92 cases (patients). Case management and vector control activities were initiated in Jalojai camp in collaboration with the Government's department of health. An alert of malaria was reported, which involved testing and appropriate treatment for only one case. Two alerts for rabies were reported and when investigated, three cases (patients) were identified and treated.</p> <p>Five alerts of typhoid were investigated and on active surveillance, two cases were confirmed and treated accordingly. Six alerts of AWD were reported, which led to the confirmation of two cholera outbreaks which were controlled effectively, while environmental health engineers provided complete investigation of water sources and relevant interventions to disinfect sources. Hygiene promoters provided hygiene awareness sessions to the camp affected families.</p> <p>Essential Medicines: Emergency Rapid Primary Health Care (PHC) response including disease control and outbreak response for increasing IDP population of "Jalojai" camp (Nowshera district, Khyber Pakhtunkhwa province, Pakistan) focusing on filling the gaps/unmet life-saving needs in the health response was provided.</p> <p>Target Districts: IDP camp: Jalojai (Nowshera district, Khyber Pakhtunkhwa province, 16,000 families with the below breakdown: Male: 55,900 Female: 51,600 Children under 5: 14,674</p> <p>During the project period, WHO provided essential medicines including 25 Emergency Health Kits and 5 Diarrheal Treatments Kits to IDPs in Jalojai camp.</p> <p>MNCH: During the emergencies, maternal new-born and child health services are badly affected. Through the CERF funding, the health care providers of Pabbi hospital (located in hosting areas) and its referral health staff facilities were trained on management of basic obstetric care. As most of them were not able to handle basic obstetric care emergencies, Basic EmOC course was given to health care providers. The neo-natal component was addressed through the introduction of essential new-born course package. The main emphasis was on new born resuscitation which was the weakest part of in the assessment of health workers. The health care providers were also trained on how to manage the new born baby and specially babies with low birth weight. The Kangaroo mother care was introduced first time in these area which was highly appreciated by the participants. The child health component was addressed by imparting training on child health care, especially on the management of diarrheal diseases and Acute Respiratory Infections (ARIs), which are the two most killer diseases in children under 5 in Pakistan; this complemented by Diarrheal Treatment Centres (DTCs) and ARI centres.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
M&E is built in process of the CERF implementation while the project is monitored by MNCH Officers, EH Officers, Surveillance Officers and respective District Health Officers from the target districts. The CERF implementation is monitored through standard health indicators which report on the disease situation for outbreak control and mitigation of risk of communicable diseases.	

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## PART 2: CERF EMERGENCY RESPONSE – INTERNAL STRIFE (UNDERFUNDED ROUND 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: 289,552,241</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF (Under Funded Round 2012)	14,845,730
	CERF (Rapid Response 2012)	11,970,485
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	1,420,204
	OTHER (Bilateral/Multilateral)	191,763,581
	<b>TOTAL</b>	<b>220,000,000</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 –Date of Official Submission: 22 February 2012			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	12-CEF-012-C	Health	103,403
UNICEF	12-CEF-012-D	Health-Nutrition	101,262
FAO	12-FAO-009	Agriculture	1,107,491
UNICEF	12-CEF-012-E	Protection/Human Rights/Rule of Law	215,000
UNFPA	12-FPA-008	Protection/Human Rights/Rule of Law	120,001
UNICEF	12-CEF-012-B	Education	59,920
UNFPA	12-FPA-007	Health	70,287
UNHCR	12-HCR-011	Multisector	2,770,273
WHO	12-WHO-013	Health	357,633
WFP	12-WFP-016	Food	4,696,260
UNICEF	12-CEF-012-A	Water and Sanitation	3,884,931
IOM	12-IOM-008	Shelter and non-food items	1,359,269
Sub-total CERF Allocation			<b>14,845,730</b>
<b>TOTAL</b>			<b>14,845,730</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	12,092,310
Funds forwarded to NGOs for implementation	2,030,340
Funds forwarded to government partners	723,080
<b>TOTAL</b>	<b>14,845,730</b>

**Note:** Due to two CERF allocations supporting KP/FATA displaced persons, much of the information in the following section is a repetition of information in the previous section of the report.

Since July 2008, Pakistan's north-western areas of KP and FATA experienced significant population movement, as a result of operations by the Government against armed non-state groups, and episodes sectarian violence. At the peak of the crisis in April/May 2009, some 3 million people were displaced.

Whilst the majority of IDPs voluntarily returned to their homes since July 2009, significant humanitarian needs persisted in 2012, as over 108,000 families remained displaced. An estimated 3 million people (both recent returnees and people remaining in their communities) required early recovery support to ensure the restoration of basic services and rebuilding livelihoods.

In 2011, population displaced from parts of FATA due to insecurity in locations, such as Kurram and Khyber Agencies. For the first time, IDP camps were established inside the FATA agencies of Mohmand and Kurram. This restricted humanitarian access, and affected the delivery of timely and principled assistance. Camps hosting IDPs, who were unable to return home, remained in place. Camps, such as New Durrani camp in Kurram, hosted approximately 15,000 IDPs at the end of 2011; Togh Sarai camp in Hangu District (KP), hosted more than 5,600 IDPs; and the population of Jalozi camp grew steadily due to a new influx of IDPs from Khyber (more than 36,000 IDPs at the end of 2011).

By the end of 2011, it was evident the displacement situation in certain areas was becoming a protracted crisis, and IDPs living inside and outside camps, in both KP and FATA, required continued support. Local authorities were providing as much support as possible, given their resources; however, the population needs outweighed their capacity. Humanitarian partners prepared to provide the needed support, while also preparing for new influxes (e.g. the fresh displacement from Khyber Agency starting at the end of 2011 and peaking in spring 2012), and for possible returnees. Some 40,000 families returned to parts of FATA de-notified (declared safe for returns)<sup>14</sup> by the Government. However, they required basic services, livelihoods support, and other legal and material support for a sustainable and durable solution to displacement.

The needs of IDPs differed according to the circumstances of their displacement; the length of displacement, impacts on coping mechanisms, the support structures and services available, and particularly for the off-camp displaced population. In both camp and off-camp scenarios, a range of gender and protection issues required attention. This included equitable and inclusive registration for access to humanitarian assistance; clear information dissemination on available assistance and services; specialized services to address the specific needs of children, women, older people, persons with disabilities, chronically ill individuals, and at-risk groups (e.g. ethnic and religious minorities).

Immediate humanitarian needs for newly displaced persons included food, household assistance packages (emergency shelter and NFI kits), protective services to support the well-being of people with specific needs and basic services (WASH, health, nutrition and education). Whilst hosting arrangements, or rented accommodations, sometimes provided enhanced shelter solutions and basic services in hosting communities, they were often insufficient to cater for the additional displaced population, and the host community. As such, these services needed to be reinforced.

IDPs residing in the three main camps – Jalozi (Nowshera District, KP), Togh Sarai (Hangu District, KP), and New Durrani (Kurram Agency, FATA) – were identified as the most vulnerable. IDP vulnerability profiling exercise (IVAP) data showed families in Jalozi and Benazir camps (before its closure in April 2012) had an average monthly family income of PKR 2,900 (approximately \$0.21 per person per day). These families had little or no assets, and had a high number of dependents, with two out of six family members considered particularly vulnerable due to old age, disability, illness, etc. Monthly food assistance had allowed most families to barely maintain a “borderline” food consumption score, meaning the majority of families were bordering on being identified as food insecure.

For off-camp families, IVAP also identified high levels of vulnerability identifying very low family incomes (PKR 3,100 per month, or \$0.23 per person per day), and a lack of family ownership of assets. Dependency on external support was identified as even higher than in camps, and food consumption scores ranged from “poor” to “borderline” food insecurity.

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<sup>14</sup> Notification is a legal process, where areas are “notified” following a calamity and therefore, the population pay no taxes. De-notification occurs when the Government undertake a review, and declare the area safe for return, and for related activities.

Anecdotal evidence indicated that the presence of such large numbers of IDPs had a negative impact on service availability to host communities.

Some 40 per cent of families displaced for a protracted period (more than one year) were classified by IVAP as “borderline” vulnerable, with an average income almost twice as high as that of the most vulnerable. These families were likely to own some assets, and identified as food secure. However, most of these families also had at least one vulnerable dependent family member, due to age, disability, etc. These families occasionally resorted to negative coping strategies in order to be able to return to their places of origin. IVAP data supported humanitarian agencies with information related to the conditions of existing displaced persons, with relation to their needs, status, and support mechanisms. This data allowed the humanitarians to profile the concentrations of IDPs in the Peshawar Valley, including affected populations specific vulnerabilities and needs. This information revealed, for example, water was consistently available to more than 80 per cent of households in most hosting sub-districts (tehsils), but with significant gaps in Tank, Hangu, and Kohat.

Assessments also revealed the majority (90 per cent) of long-displaced people expressed their desire to return to their areas of origin. However, return was largely impossible due to insecurity challenges, and ‘notification’ of areas by the Government. Land and housing damages/problems, and a lack of job opportunities, in areas of origin, were also cited as significant obstacles to return. Priority recovery needs amongst both returnees and the non-displaced populations, included food, security and shelter, in almost all agencies. Returnee families received dedicated returns assistance, including a six-month food ration, shelter materials, and a family NFI package from the humanitarian community. Some families were also provided with a cash grant of PKR 25,000 (\$294) from the Government. However, the rehabilitation of livelihoods and services in areas of return remained a key challenge to sustainable return.

The influx of IDPs from Khyber Agency continued for the latter part of 2012, resulting in the displacement of more than 400,000 people, who joined thousands of other displaced and returning families that needed ongoing assistance.

## **II. FOCUS AREAS AND PRIORITIZATION**

The primary needs of displaced persons included the provision of food, safe drinking water, hygiene materials and education, sanitation facilities, shelter, protection services and healthcare. However, resource mobilization continued to be a significant problem due to limited resources and the diversion of funding to support the floods response of 2010 and 2011. In addition, the Pakistan Humanitarian Response Plan (PHRP) expired on 31 December 2010. As a result, in 2011, 50 per cent (\$332,179,558) of the requested \$661,180, 978 was funded.

As a result of the underfunding, crisis affected persons in KP/FATA received limited support, particularly the most vulnerable groups including women, children, the elderly, and persons with disabilities. As highlighted in the context analysis, food security was a major issue, as was the limited availability of healthcare, water, sanitation and hygiene support, shelter materials, and protection services. Priorities were outlined to focus the use of resources on the most vulnerable and on the delivery of life-saving humanitarian action.

## **III. CERF PROCESS**

The 2012 CERF Under-Funded Emergencies (UFE) window allocation amounted to \$15 million. As the allocation targeted the conflict-affected population in KP and FATA, the Humanitarian Regional Team (HRT) in Peshawar took the lead in guiding the coordination process and determined life-saving needs from various datasets.

The HRT outlined the CERF process, including allocations and prioritization according to CERF life-saving criteria, defined timelines, and organized roles and responsibilities. Available data was used to analyze gaps to then feed into prioritizing the use of resources. The HRT agreed CERF should cover the priority short-term needs of commonly identified vulnerable groups. Clusters, the PDMA and the FDMA coordinated on the overall needs and proposed CERF strategy to ensure needs had been prioritized in an appropriate manner. The key factors for determining priority needs of different groups of beneficiaries in specific locations; the CERF life-saving criteria; the humanitarian funding situation; and avoidance of creating push or pull factors regarding displacement and/or return.

Two components of HOP were identified as eligible for CERF funding: support to IDPs/host communities during displacement and support to IDPs as they returned to areas of origin. However, due to funding gaps, further targeting and prioritization was required. As a result of a funding analysis, the HRT agreed resources should be used to bridge funding gaps until the end of May. Agreed activities included maintaining established IDP camp services; meeting the priority need for food and clean drinking water in host communities; and supporting IDPs whose areas of origin were declared safe by providing assistance for principled return.

The HRT prioritized the following activities for CERF funding:

- Provision of three months of food to an estimated 18,000 newly registered camp and off-camp IDP families, including: IDPs in Dera Ismail Khan, Hangu and Kohat as identified by IVAP; IDPs in Hangu who had not received food assistance from December 2011 due to suspension of ICRC assistance; and newly-displaced IDPs from Khyber in Jalozaï.
- Maintenance of existing services in established IDPs camps as a gap-filling measure until the end of May.
- A one-time rehabilitation of water systems to ensure SPHERE standards were met with regard to water quality/quantity among the most vulnerable mixed IDP/host family communities in the four districts of KP where IDPs were concentrated and likely to be displaced for a long time.
- Provision of return packages (including transport, tents, NFIs, hygiene and tool kits and information campaigns) for 5,000 conflict-affected displaced families returning to their areas of origin in Kurram Agency, FATA.
- Support to protection activities, which are critical cross-cutting components across all aspects of the CERF scope of work.

The HCT received recommendations from the HRT in Peshawar in relation to the needs, prioritization strategy, gaps and response plan as per CERF criteria, for review. The HCT members reviewed the documents and thoroughly discussed the approach at an HCT meeting where questions were answered by an HRT representative.

Further information on cluster strategy, prioritization process, complementarity and rationale for inclusion of projects was discussed in detail in the cluster proposals. The selected agencies (UNHCR, WFP, UNICEF, UNFPA, WHO, FAO and IOM) prepared their proposals in consultation with their cluster members (including Government and NGOs) and implementing partners as well as in the inter-cluster forum. Proposals were submitted to OCHA for review, adhering to the submitted chapeau, and finalization. In conclusion, the comprehensive proposal was reviewed and endorsed by the HCT before submission by the HC to the CERF Secretariat.

The complementary nature of the projects in the proposal were aimed at implementing a holistic, comprehensively prioritized response whereby the activities of one proposal/agency would fully complement, support and increase the impact of the others.

#### IV. CERF RESULTS AND ADDED VALUE

CERF support filled critical funding gaps enabling necessary humanitarian assistance for crisis affected populations in KP/FATA. In the face of major resource mobilization challenges, the humanitarian community was able to prioritize and target the most vulnerable and under supported, affected populations due to CERF funding, supporting an estimated 430,000 persons in one or more of the different response sectors.

**Health:** CERF funds enabled the provision of health services to the affected population through the treatment and prevention of life threatening conditions related to communicable diseases, including outbreak control activities such as establishment of an emergency Early Warning and Response System, training of health staff, social mobilization and targeted health education, and establishment of ad-hoc treatment units. CERF funding supported the provision of the PHC service package (including MNCH/reproductive health, mental health and psychosocial support) through strengthening of service delivery points (basic health units /rural health centres/civil hospital, temporary health clinics in IDP camps as well as mobile health units).

**Protection:** CERF funds supported various protection activities for the displaced population in a number of locations, in camps (Togh Sarai and Jalozaï, in particular) and in hosting areas, both in KP (Peshawar, Nowshera, Hangu) and FATA (Kurram). It was a critical injection of funding for the traditionally underfunded Protection Cluster. CERF funding supported the registration of IDP families with a minimal dataset, and addressed vulnerabilities in the camps. In Jalozaï camp, protection activities supported the initial processing of registrations of IDPs from Khyber Agency. In connection to the registration as well as the process of return, UNHCR and its partners maintained desks to handle grievances in Kohat, Dera

Isma Khan and Sadda/Kurram, where IDPs and returnees could receive information and assistance on problems identified during the registration process. CERF support also allowed for a more continuous presence in the camps. As for the child protection response, in Jaloza, Togh Sarai and host communities in Hangu, CERF funding enabled the presence of some 27 child protection monitors and the formation of some 24 child protection committees (with 312 members) that were able to identify children exposed to particular risks, neglect, abandonment, and abuse. More than 900 children were identified and provided with support, including through referral to child protection authorities. CERF funds also supported the running of 22 child protective spaces to support the well-being of children and mothers through the provision of psychosocial support and other services (recreational and educational activities, information sessions, skills development). It is estimated that almost 8,250 children (35 per cent girls) benefitted from these services, through their adaptation to meet the cultural requirements of women and girls. Other awareness sessions on child rights, birth registration, and mine risk education, conducted by various UNICEF partners, reached more than 34,000 children. In the GBV response, conducted by UNFPA, mainly in Kohat, CERF funds facilitated the establishment and running of women friendly spaces to provide women and adolescent girls with a variety of services, including the distribution of hygiene kits (1,000), the provision of individual counselling sessions to women at risk, the organization of awareness sessions, including for the male population, and participation in vocational training sessions.

**Food:** The CERF funded response was highlighted and progress shared periodically at the food cluster meetings, held at both the provincial and the national levels. The value added at the food cluster level was that food assistance for a relatively stable number of households in this context helped in directing other partners and agencies working in areas of food assistance as well as other humanitarian activities to the supported IDPs. In this way, the need to adopt a more holistic humanitarian relief approach, which took into account a comprehensive support package was highlighted.

**Shelter:** The provision of non-food items was essential for the IDPs who fled from insecurity affected areas on a short notice. The NFI kit was accordingly designed to include basic household items essential for daily use. After the massive influx of IDPs from Khyber, UNHCR had totally exhausted its resources procured for IDP operations; CERF funding sustained the provision of life saving assistance to vulnerable, freshly displaced groups.

The off-camp families planning to return to Kurram Agency required support as they did not receive assistance that was provided to families residing in camps in the first place. The sudden influx of IDPs from Khyber Agency led to diversion of shelter/NFI stocks allocated for off camp returnees. Support to this caseload facilitated dignified, informed, voluntary and sustainable returns. IOM worked closely with RTF, Protection Cluster, IVAP and OCHA to support the vulnerable groups as they return to their areas of origin as lack of support would result in negative coping mechanisms by potential returnees including selling assets, taking loans, prolong displacement, etc. With the onset of winters, the returning families with damaged/destroyed houses specifically need winterized shelter/NFIs including tents, blankets, quilts, woollen shawls and sleeping mats to prevent morbidity and mortality due to low temperatures.

**Agriculture:** The funds were used for the continuation and upscaling of livestock related interventions in Durrani Camp of Kurram Agency, which were previously supported through (limited) Emergency Response Funds. The support was very timely and instrumental in sustaining livestock assets and further improving their productivity. This had a direct and positive impact on household nutrition and food security amongst beneficiary households.

The funding instrument also provides the opportunity to initiate the production of nutritious short cycle crops at beneficiary household level to improve their nutrition and reduce their dependency on external food assistance. The intervention also mitigated additional burdens on the hosting families.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total number of individuals affected by the crisis: 2,000,000<sup>15</sup></i>				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	Cluster/Sector	Female	Male	Total
	Health	77,041	64,349	141,390
	Health-Nutrition	13,613	6,338	19,951
	Agriculture	82,796	89,294	172,090
	Protection/Human Rights/Rule of Law	69,887	50,548	120,435
	Education	1,480	1,777	3,257
	Multisector	32,560	34,476	67,036
	Food	148,219	154,269	302,488
	Water and Sanitation	208,510	225,885	434,395
	Shelter and non-food items	60,338	62,253	122,591

IDPs vulnerability and profiling activity carried out in Dera Ismail Khan, Hangu and Kohat districts of Khyber Pachtunkhwa guides the clusters in estimating beneficiaries. The clusters also focussed the caseload previously managed by ICRC, which had stopped its operations due to security concerns. UNHCR and Government figures on registration in IDP camps were also used by the clusters. Government and humanitarian agencies estimates of IDPs expected to return and requiring assistance including transport, tents, NFIs, hygiene and tool kits and information campaigns.

Beneficiaries represent a sum of beneficiaries reached through a variety of protective services and protection activities supported by the CERF allocation, from direct assistance (women and children protective spaces activities, individual counselling and support) to broader assistance such as coverage in registration, monitoring, awareness, communication. CERF beneficiaries provided by the 2 main protection agencies with dedicated CERF allocations (UNICEF and UNFPA) have been summed considering the different type of assistance offered and the diversified locations (Jalozai, Togh Serai camps, hosting communities in Kurram and Hangu). UNHCR multi-sector intervention has also been added considering all beneficiaries due to the registration activities undertaken for all IDPs in Kurram and Jalozai).

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
<b>Female</b>	444,210	694,444
<b>Male</b>	426,790	689,189
<b>Total individuals (Female and male)</b>	871,000	1,383,633
<b>Of total, children under 5</b>	148,070	293,951

**Note:** Some beneficiaries may have received services and items from various humanitarian partners, under various clusters and sectors, thereby being double-counted during aggregation.

<sup>15</sup> The overall affected population is two million of which displaced population is around 0.7 million and returned population is 1.3 million.

CERF funds have remained a critical source for continuing life-saving assistance to IDPs, especially in camps. These IDPs represent the most vulnerable families as most other families prefer to live with host families or rented houses to ensure their privacy, considered a matter of family honour. Some activities, such as support to public health facilities and provision of WASH facilities, also helped many IDP families living in hosting areas. Most agencies report having met their targets as mentioned in the attached project sheets. The response to the IDPs is an ongoing process. CERF funds were able to provide the agencies a breathing space, where they could mobilize funds from other sources. While the most of the CERF projects have completed, the services to the IDPs continue, indicating that CERF funds were important contributors to an ongoing need.

UNICEF's WASH intervention is a solid example of how CERF funds played a critical role albeit the changes it had to make the funds allocation against the project (12-CEF-012-A): According to the funding agreement, an expected caseload of 67,900 individuals was to be addressed across three IDP camps (Jalozai, Togh Sarai and New Durrani) for a period of three months. However, the increased length of stay in the IDP camps of existing populations and the fact that UNICEF was unable to mobilize additional resources to support WASH services in IDP Camps required that an additional \$0.60M from this project be diverted to continue extending WASH services in the camps to operate and maintain these facilities for a total period of nine months. It should be noted that IDPs in camps have no alternate coping mechanism or access to community services while residing in camps and support for services in camps is a WASH Cluster priority. Due to this change, there was a slight reduction in the overall number of IDPs reached in host communities and the associated numbers of hosting populations. There was also a reduction in the number of BHUs and schools reached with WASH facilities.

The table below summarizes the beneficiaries targeted, in the proposal, and reached, both currently and at the time of reporting.

	Target Population (Individuals)	Total Beneficiaries Reached (March 2013)	Total Beneficiaries Reached (May 2013)	Time period in Proposal	Actual Time period
<b>Camps</b>	67,900	45,045	45,045	3 months	9 Months
<b>Host Communities</b>	525,000	354,350	466,900	N/A	N/A
<b>Returnees</b>	35,000	35,000	35,000	N/A	N/A
<b>BHUs / Schools*</b>	11 / 40	5 / 10	7 / 20	N/A	N/A
*Number of BHUs and schools where WASH facilities were installed/rehabilitated					

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funding was critical in filling a funding gap, and enabled the humanitarian community to deliver critical assistance to affected populations. Given the specific circumstances of the response the CERF funding meant the agencies could deliver immediate humanitarian support as opposed to delays in the delivery of assistance while advocating for donor support.

**Education:** CERF funding plugged resource gaps and enabled the immediate scale-up of emergency services following an influx of IDPs from Khyber Agency to Jalozai camp and surrounding areas in early 2012.

**Nutrition:** CERF funds enabled the continuation of existing nutrition services both in IDP camps (Jalozai and Togh Sarai) and off-camp IDPs and host communities in Hangu District.

**Protection:** CERF funds filled a chronic resource gap for child protection services and led to fast delivery of assistance to the most vulnerable girls, boys, adolescents and women in Jalozai camp.

As protection is a traditionally underfunded sector, and 2012 was particularly challenging due to donor fatigue, CERF funds enabled humanitarian partners to carry out essential activities to preserve the human dignity of people with specific, but otherwise, non-prioritized needs.

**Agriculture:** CERF funds helped the Food Security Cluster to bridge critical humanitarian gaps identified within the displaced communities and their host families by the humanitarian community and FDMA.

**Food:** WFP was able to provide critical household food rations for affected IDP's fleeing conflict in the FATA due to early confirmation and quick transfer of funds allowed WFP to move fast.

**Health:** Under the underfunded arrangement, CERF funding enabled health cluster to maintain the provision of immediate life-saving issues in camps and off-camps through disease surveillance, provision of essential medicines, MNCH, health and hygiene sessions and PHC services via static and mobile health units. From the onset of displacement, CERF funds were utilized to address the basic life-saving issues by the Health cluster partners through provision of essential health service delivery in IDPs camps include disease surveillance and response to alerts and threats of outbreaks contributed to reduction of morbidity and mortality from communicable diseases and helped target life-saving interventions such as disinfection of water sources, vector control and immunization.

b) **Did CERF funds help respond to time critical needs<sup>16</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

CERF funds contributed significantly to the delivery of timely humanitarian assistance in the context of a protracted crisis with ongoing humanitarian needs over an extended period of time.

**Education:** CERF funds enabled humanitarian organizations to address critical education needs of the IDPs.

**Nutrition:** CERF funds enabled partners to immediately respond to the nutritional needs of IDPs in and out of camps and host families outside camps and contributed towards saving the lives of malnourished children.

**Protection:** CERF funds were used to provide life-saving protection services and information, including monitoring of the child protection situation in a systemic manner and referral of cases to critical social and protection services. The PLACES and the structures supported through CERF funds increased convergence and integration with other services aimed at addressing the critical needs of children and women. The funds supported critical protective activities, such as registration and protective spaces for women and girls. This was possible both in camps, traditionally gathering the most marginalized population with no alternative coping mechanisms, but also in remote areas, where the presence of essential services was certainly minimal.

**Agriculture:** CERF funds supported the continuation and scale-up of livestock related interventions in New Durrani camp. The support was timely and instrumental in sustaining livestock assets and further improving their productivity. This had a direct and positive impact on household nutrition and food security amongst beneficiary households.

CERF funds also supported the production of nutritious, short-cycle crops at beneficiary households' level to improve their nutrition and reduce their dependency on external food assistance. The intervention also mitigated additional burdens on the hosting families.

**Food:** Additionally, within the context of the food security cluster, WFP was able to provide critical household food rations for affected IDP's fleeing conflict in the FATA and residing in camps. These IDP's needed immediate food assistance and CERF funds enabled continuity by the WFP in the provision of household food rations.

**Health:** CERF funding helped in continuation of health services for the displaced population in camps and off camps. This enabled prevention of avoidable morbidity and mortalities using the existing surveillance system. There was also shortage of medicines in the affected districts, which were provided through CERF. CERF funds were utilized for timely response to address health issues of mothers and children in saving their lives and reducing morbidity. As health services are for everyone including men and women, therefore, equal services were provided. Close coordination was ensured with Reproductive Health Task Force through Health Cluster platform and close coordination was ensured to address health issues of mother and children.

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

YES ☒ PARTIALLY ☐ NO ☐

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<sup>16</sup>Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

Indications from donors note the positive impact CERF had as a catalyst to mobilize other humanitarian funding. CERF highlighted the needs and humanitarian action required to response the crisis in KP/FATA. With the CERF allocation, donor interest was focused on the needs, and a number of donors visited the area to identify the areas they would support.

**Education:** CERF funding catalyzed the mobilization of significant additional funds from the Danish Embassy for the same emergency and from other institutional donors to meet the increased needs of IDPs.

**Nutrition:** CERF funds helped agencies to target their interventions to the populations in most need and as a consequence the response was more coordinated and focussed. The CERF contribution enabled field implementation while the cost of supplies was partially shared by UNICEF from its contingency stocks and partially through an ECHO grant for Hangu District.

**Child Protection:** CERF funds reduced the resource gap and provided more time to UNICEF to intensify resource mobilization, thus resulting in the mobilization of \$100,000 from the Danish Embassy for Jalozai and \$412,000 from Australian NATCOM for Jalozai, Togh Sarai and host communities of Hangu district.

**Agriculture:** While the agriculture and livestock component of the food security-related emergency response remained largely underfunded, CERF-funded projects provided an opportunity to highlight the significance of these interventions in the early phases of the emergency, leading to agriculture-related interventions being considered under the Early Recovery Assistance Framework. The food security situation could have been significantly improved if support to agriculture was envisaged in the early phases of emergency response.

**Food:** Food assistance is also being provided in other parts of the KPK and FATA for IDPs from various agencies which helped the food cluster in highlighting the critical need for mobilizing much needed resources for providing immediate relief to affected households through food ration distribution.

**Health:** Under CERF's UFE window, donor agencies and donor countries were sensitized to support the unmet needs and gaps in the health service delivery for IDPs in camps and off camps. CERF funds were used as filling gaps and maintenance of health services to ensure epidemic outbreak controls and mortality among the displaced population. The health services were further supported for extension and maintenance by other donor agencies like USAID, OFDA, Norway, etc.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

CERF funding increased coordination amongst the humanitarian community because it generated momentum among implementing partners and encouraged them to share information on assessed needs and collectively develop response strategies. CERF also helped the humanitarian community to prioritize humanitarian action ensuring resources were used to target the most vulnerable affected persons.

CERF funding not only revitalized protection activities, but also increased the participation of I/NGOs, traditional secondary recipients of funding from UN agencies, thus enhancing engagement with the cluster. It is estimated that some 40 per cent of the allocation went to support the activities of UN agencies' partners on the ground.

With regard to agriculture-focused activities, advocacy at inter-cluster forums was informed by a common understanding of critical food security needs and input/feedback from Government authorities and other clusters such as Protection, Nutrition and Camp Coordination, which further improved the quality of implementation of food security activities.

In line with addressing the needs of the most vulnerable who are residing in camps and elsewhere, CERF assistance helped in bringing protection and gender issues to the fore at the food cluster level. At the food cluster level, better coordination resulted in a better flow of information and therefore leading to a highlighting of the needs and gaps faced by the IDPs beyond their immediate food needs.

CERF funds were utilized in coordination with DoH, NGO partners, WASH, CCCM and Nutrition clusters to ensure the effective health services delivery and prevention of wastage/duplication of resources. Coroordination meetings were conducted in Jalozai camp and at provincial level under the leadership of health department and WHO to identify, prioritize and address the public health needs in timely manner.

## V. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Despite CERF's significant allocation, substantial needs remained unmet due to funding constraints.	Given that CERF is not meant as a primary funding source and cannot replace the role of traditional donors, OCHA and the HCT should engage the CERF Secretariat and other stakeholders on how to enhance resource mobilization efforts within the country to reduce over-reliance on CERF contributions.	OCHA, HCT, CERF secretariat
The funding was for a limited period, keeping in mind the protracted nature of displacement.	More flexible funding guidelines should be considered.	CERF secretariat
Allow more flexibility in utilization of funds.	CERF funding is usually limited to the proposed geographical locations, whereas in complex emergencies IDP movements are usually very fluid. It will be more practical to allow flexibility in the change of geographic locations during the course of project implementation in line with changing needs of IDPs and the hosting community.	CERF secretariat
Being often disbursed to specialized partners of UN agencies, the CERF allocation supports coordination and cohesion in a sector/ cluster, especially if traditionally underfunded.	Continue to consider the whole spectrum of life-saving activities as per CERF guidelines and support the inclusion of all life-saving clusters.	CERF secretariat
More guidance on beneficiary figures at both proposal and reporting stages is needed.	Ensure that agencies are proposing and reporting beneficiaries in line with CERF guidelines and provide more guidelines where needed.	OCHA, CERF

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The registration process excluded a number of vulnerable displaced families.	The humanitarian community should advocate for improved targeting of beneficiaries and introduction of policies to ensure their inclusion in humanitarian assistance programmes from the outset.	HCT, Government
Access within FATA remains a challenge, which in turn limits humanitarian space.	The humanitarian community should advocate for more access to vulnerable populations.	HCT, Government
Regular inter-cluster meetings/ coordination with WASH Cluster facilitated planning and response, in outbreak investigation, water quality control and test and health promotion activities in camps. Strong coordination and cooperation continued with DOH at provincial and district level working alongside a robust disease surveillance system and contribute to a joint response to address increased communicable diseases.	More inter-cluster meetings between Health and WASH clusters need to be strengthened at both provincial and district levels for coordinated responses from both clusters. Coordination with Health department and PDMA needs to be strengthened at provincial levels to facilitate filling of gaps and meeting of needs in the health services delivery. UNFPA and reproductive health partners need to establish and strengthen the Reproductive Health Task Force mechanism at provincial and district levels.	Health and WASH Clusters  Health Cluster, DoH and PDMA  UNFPA and RH Partners

UNFPA assisted Reproductive Health Taskforce established at all (national, provincial/hub) levels to strengthen coordination among partners working on RH, facilitated the mapping of RH services		
Support from the country team facilitated effective response.	It should be continued and more coordination meetings should be conducted during proposal development and then also at the implementation stage.	OCHA/Cluster lead
The funding support for education is very limited.	During an emergency situation children are the most vulnerable to adverse physical, psychological and social impacts. In such a situation education is very important for bringing children into normalcy. Therefore education should be given due to priority in funds allocation	HCT
The interventions in the camps and communities were well-coordinated and as a consequence were helpful in achieving the targets.	For effective interventions in emergencies, effective coordination (cluster approach) should be a corner stone of planning and implementation	Cluster/implementing agencies
Involvement of local communities in the project increased effectiveness of response.	Local communities should always be involved in the emergency response and humanitarian interventions.	Implementing agencies
Access and presence of the ground is critical for activities requiring direct contacts with eth population, such as protection monitoring and service delivery. The restriction in humanitarian access, especially for cluster members, severely challenged the protection action.	More advocacy on humanitarian access.	OCHA, HC, HCT
Involvement of community volunteers in the project proved to be a good initiative in terms of project sustainability and maintenance at the community level. These volunteers were actively involved during the whole project period.	Incorporate volunteer engagement and participation in the programming.	UNICEF/ Partner
Integration and convergence with external programmes and other service providers in the camp enhanced the quality of project interventions and delivery of immediate services to vulnerable children and women. It also helped in developing strong linkages between the camp community and other service providers and improved their service delivery.	Incorporate convergence and integration in programme design and strengthen collaborative mechanisms and efforts towards this end.	UNICEF/ Partner

Regular coordination meetings with camp administration (PDMA) and other service providers contributed immensely in strengthening of coordination among all service providers at camp level, which in result helped in developing strong referral mechanism and in timely redress of CP and women issues and cases.	Enhance the technical assistance to PDMA specifically in child protection in emergency areas for more effective and visible role.	UNICEF/ PDMA
Importance of well-run CCCM activities to create positive synergies amongst camp actors and follow-up with immediate action and improvement of services to the identified needs and challenges (e.g. by protection actors).	Strengthen inter-cluster coordination and exchange of information.	Protection cluster/ CCCM/ Camp authorities
Establishment of separate structures for women at each PLaCES was indeed a positive step to motivate and encourage adolescents girls and women to come to PLaCES, hence increased the enrolment of women and girls at PLaCES.	Customize the standards of PLaCES within the cultural contexts of KP and FATA.	UNICEF/ Partner
Specific sectoral assessments are required for optimal utilization of funds in host communities.	It will be useful to consider providing with resources for cluster lead rapid assessments to optimise resource utilization.	UNICEF/OCHA (Cluster Lead Agency)
Re-appropriation of Funds based on changing scenarios	In our proposals, enough flexibility shall be included for re-appropriation of funds based on changing needs including change in targets from one scenario to another ( camp to host or vice-versa)	HCT
Prioritizing needs of people with disabilities in planning, funds allocation and implementation.	In acute emergencies the WASH needs of people with disabilities are often not considered. For future we need to consider a good estimate of their needs with separate budget lines and strategy.	HCT/Implementing agencies
Access constraints and negative repercussions on the implementation, need for ongoing programming for at least one more year. IDPs are still present in Kurram agency; maternal mortality is quite higher than other parts of KP and FATA due to lack of BEmONC and RH services. Access to the area and seeking NOC is another challenge.	Kurram Agency is a challenging area to work and our intervention lasted from March to December 2012 for nine months whereas this place requires continuation of programme for at least one more year. IDP's are still there and maternal mortality is quite higher than other parts of KP and FATA due to lack of BEmONC and RH services. Access to the area and seeking NOC is another challenge.	UNFPA
Health cluster should remain active to address health challenges for better preparedness	Periodic meetings in all provinces co-chaired by health authorities and regular sharing with OCHA, PDMAs, NDMA, NHEPRN and among various clusters.	DOH, health stake holders
CERF fund only meant for	Part of CERF should be kept to build resilience for disaster and	DOH,CERF

emergency.	health systems.	Secretariat, WHO
Public Health facility utilization increased due to CERF funds for medicines	All partners should address the issue of access to medicine as part of their regular support/development programmes.	DOH, Humanitarian agencies/health partners
More collegial discussion in the CERF reporting; avoid that the reporting collates submissions dating back more than 1 year given the turnover of staff	Avoid to wait for more than 1 years to call for the CERF reporting in the interest of quality submissions.	CERF and OCHA

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	21/03/12-31/12/12
2. CERF project code:		12-CEF-012-C	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:		Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Emergency health assistance to mothers, new-borns and children displaced from the Federally Administered Tribal Areas (FATA) residing in camps in Khyber Pakhtunkhwa and FATA.		
7. Funding	a. Total project budget:		US\$ 695,842	
	b. Total funding received for the project:		US\$ 281,331	
	c. Amount received from CERF:		US\$ 103,403	
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		26,019	30,853	No significant discrepancies. However the slight overachievement is due to two Rounds of Mother and Child Week in the IDP camp in which main focus was on women and children who were benefited with EPI services, deworming, TT Vaccination, ANC/PNC, Health and Hygiene education sessions. (Registration process for both In Camp and Off Camp IDPs continued until Oct 2012, so those also benefited which were not planned initially.)
b. Male		27,081	27,014	
c. Total individuals (female + male):		67,567	68,011	
d. Of total, children <u>under</u> 5		9,027	10,144	
9. Original project objective from approved CERF proposal				
To ensure that women and children in IDP camps of Jalojai (15,000 individuals, 50% of the total camp population), ToghSarai (6,000 individuals) and New Durrani (12,656 individuals) as well as IDPs living with host families in Kurram Agency (39,758 individuals) 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"><li>Over 80% of 3,717 children under age 2 in IDP camps of KP and FATA and in Kurram Agency receive immunization against measles, polio, diphtheria, tetanus, pertussis and Hep-B and Hib.</li><li>Over 80% of 12,000 IDP families have access to a package of evidence-based information and services delivered during Mother and Child Weeks (MCW).</li><li>More than 80% of 6,372, children ages 2 to 5 living in IDP camps are dewormed through Mother and Child Week interventions.</li><li>More than 80% of the targeted 2,124 pregnant women receive Tetanus Toxoid (TT) vaccination, ante-natal care, clean delivery kits, and newborn kits.</li><li>More than 80% of targeted 120 pregnant women are assisted through delivery by skilled birth attendants.</li><li>More than 70% of 120 targeted women undergo at least one post-natal visit with skilled birth attendants (SBAs) at the facility or community level.</li><li>More than 60% of 2,248 PLW receive health and hygiene messages through social mobilizers and facility-based health workers.</li><li>One Solar refrigerator to be installed in MCH centre in Jalojai and PHC centre Togh Sarai each.</li><li>Relevant IEC Material including Banners and Flyers reporting and recording tools provided to IPs for display and distribution in the communities.</li></ul>				
11. Actual outcomes achieved with CERF funds				

<ul style="list-style-type: none"> <li>• A total of 3,551 (94.5%) children under age 2 in IDP camps of KP and FATA and in Kurram Agency were fully immunized. Total 3,551 children (94.5%) were vaccinated against measles, 3,919 (105%) against polio, 3,919 (105%) against diphtheria, 3,919 (105%) against tetanus, 3,919 (105%) against Pertussis and 3,919 (105%) against Hep-B and Hib.</li> <li>• Mother and Child week was celebrated in Jalojai (12,650 families) and Togh Sarai (1,159 families) IDP camp. A total of 605 health education sessions were conducted in which 3,058 males and 4,278 female participants benefited. A total of 603 PLW's and CBA's received TT vaccination, 6,412 children were dewormed and a total of 3,106 children were vaccinated.</li> <li>• A total of 6,412 (101%), 2 to 5 year old children living in IDP camps are dewormed through Mother and Child week interventions.</li> <li>• 2,101 pregnant women (98.9%) received Tetanus Toxoid (TT) vaccination, 2743 (129%) received ANC Care, 619 (29%) received CDK's while 773 (36.3%) received NBK.</li> <li>• A total of 356 (297% of target) pregnant women are assisted through delivery by skilled birth attendants.</li> <li>• A total of 267 (222% of target) women attended at least one post natal visit with skilled birth attendants (SBAs) at the facility or community level.</li> <li>• A total of 2,908 (129% of target) PLW's receive health and hygiene messages through social mobilizers and facility-based health workers.</li> <li>• All the relevant IEC Material including banners and flyers reporting and recording tools provided to IPs for display and distribution in the communities.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> <li>• The funds for the procurement of solar refrigerators were diverted to fill the gap in the implementing partner's (CERD) operational cost to undertake the life-saving maternal and child health interventions in Jalojai and Togh Sarai IDP camps. The operational cost fell short having to implement the measles vaccination campaign in Jalojai and Togh Sarai at the request of the Government. This was agreed after the government's assurance that the cold chain would not get compromised in Jalojai and Togh Sarai and the sub store for vaccines would be established by the Government. With this diversion of funds, there was no overall impact on the planned outcomes and achievement.</li> </ul>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2a: The efforts contributed significantly to gender equality in which the different needs (MCH ,EPI etc) of children and women/girls were addressed and also the men were engaged through health education promotion sessions to bridge the gap between the two genders so that women /girls /children can easily utilize the services.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No separate end of project evaluation carried out. However, in order to ensure effective implementation at field level, the following measures were in place during the course of implementation</p> <ul style="list-style-type: none"> <li>• DOH was involved in the monitoring of the project sites.</li> <li>• Direct field level monitoring was regularly carried out by UNICEF Peshawar-based staff, wherever the security clearance got approved.</li> <li>• Third-party monitoring through a specialized consulting firm on regular basis.</li> <li>• 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.</li> </ul>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	FAO	5. CERF Grant Period:	27/03/12-31/12/12
2. CERF project code:	12-FAO-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	AGRICULTURE		
4. Project Title:	Critical support to protect and restore livestock based livelihoods and improve food security of conflict affected population of Kurram Agency, Federally Administered Tribal Areas (FATA)		
7. Funding	a. Total project budget:		US\$ 4,800,000
	b. Total funding received for the project:		US\$ 1,256,888
	c. Amount received from CERF:		US\$ 1,107,491
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	82,756	102 618	<p>The project originally targeted 18,500 households through a combination of livestock, poultry and short cycle crop production inputs. However, in view of the growing number of vulnerable households requiring humanitarian assistance and taking into consideration the residual funds available to the project, the beneficiary household allocation was revised which increased the number of beneficiaries to 22 988 – 4,488 households more than the original plan.</p> <p>According to the Census Report 1998, FATA Population Demography, the average household size is 9.3.</p> <p>(<a href="http://www.fata.gov.pk/index.php?option=com_content&amp;view=article&amp;id=56&amp;Itemid=92">http://www.fata.gov.pk/index.php?option=com_content&amp;view=article&amp;id=56&amp;Itemid=92</a>).</p>
b. Male	89,294	111 70	
c. Total individuals (female + male):	172,050	213 788	
d. Of total, children <u>under 5</u>	28,697	34 206	
9. Original project objective from approved CERF proposal			
<p>General Objective: Improved food security of conflict-affected population of Lower Kurram Agency, FATA.</p> <p>Specific Objective: Enhanced availability and access to nutritious food for in-camp and off-camp displaced households and hosting families in New Durrani Camp and Sadda areas of Lower Kurram Agency.</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Livestock and poultry assets preserved through increased availability of animal feed.</li> <li>Quantity and quality of livestock production improved through veterinary assistance and feeding integration.</li> <li>Diversified diet and enhanced nutritional intake through increase availability of nutritious, mineral and protein rich food.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Critical livestock assets owned by approximately 18,000 households comprising both IDPs and host families have been protected with improved productivity through the distribution of fodder and veterinary supplies.</li> <li>Productive poultry assets have been replenished for 3,500 highly food insecure households which in turn improved their food security through the consumption of protein rich food. Production of short cycle nutritious crops has also been very beneficial in improving household level food security for 6,000 conflict affected household. On average, each beneficiary</li> </ul>			

household produced 400 kilograms of vegetables and legumes.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
In an attempt to achieve a greater and more lasting impact on beneficiaries, FAO utilized the saving of budget under the project to additionally assist 5 850 conflict-affected IDPs and their hosting families who earlier received livestock related support in Durrani Camp and surrounding area having higher concentration of IDPs in Kurram Agency. These additional activities were executed through an amendment in LoA with the service provider on 10 September 2012.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): NA</p> <p>If 'NO' (or if GM score is 1 or 0): The project provides critical support for the survival and improved productivity of livestock – the only livelihoods asset for which, rural women enjoy some degree of control over the production and it's utilization.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>FAO monitoring teams working at provincial and national levels provided regular feedback and recommendations. The Reporting Unit at FAO Crisis Preparedness and Response Unit (CPRU) maintained a database of regular progress reports from the SP 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.</p> <p>A post-distribution survey was carried out in September- October 2012 by ACTED (FAO SP) to verify the beneficiaries, inputs distribution and their utilization. Survey also determined the relevancy of the items received and beneficiary satisfaction level.</p> <p>Main findings:</p> <p><u>Livestock Group</u></p> <ul style="list-style-type: none"> <li>• Of the wheat straw recipients all reported that it was used for their animals.</li> <li>• Of the urea molasses recipients, 62.2% of these used it, 23.3% said it was damaged during their custody of it and 1.1% sold it.</li> <li>• Of the milking kit recipients, 95.4% reported using it and 1.1% sold it.</li> <li>• Of the initial dewormers recipients, 82.4% used it, 15.4% reported that they saved it. Furthermore, 65.6% received a second round of dewormers; out of these, 74.6% used it and 3.2% sold it.</li> <li>• Of the beneficiaries that received animal compound feed, 92.3% used this feed for their animal, 6.2% saved it and 1.5% sold it.</li> <li>• Of the recipients of animal feeder kits, 97.6% said that they were using the kits.</li> <li>• Regardless of the way items were used, 100% of beneficiaries categorized all the received items as relevant and useful for them.</li> </ul> <p><u>Poultry Group</u></p> <ul style="list-style-type: none"> <li>• Of the poultry bird recipients, 95.7% reported retaining these birds at the end of the project and 4.3% reported the loss of received birds.</li> <li>• All of the recipients of feeders, drinkers, poultry cages and egg trays reported that they were still in use by them at the end of the project;</li> <li>• Of the poultry feed recipients, 99% of HHs used this feed while 1% saved it.</li> <li>• 99% reported that the received items were useful and relevant for them.</li> </ul> <p><u>Livestock – Poultry Group</u></p> <ul style="list-style-type: none"> <li>• All the interviewed beneficiaries of livestock – poultry group received poultry feed and 100% of these used this feed.</li> <li>• Of those who received animal compound feed and dewormers, all of them used it for their animals.</li> <li>• Distributed items were reported useful and relevant by 100% of these beneficiaries.</li> </ul> <p><u>Vegetable – Legumes seed Group</u></p> <ul style="list-style-type: none"> <li>• All of the assorted vegetable kits recipients reported that they had saved all the received vegetable seeds included in home garden vegetable kit. The major reason for not cultivating the needs was the lack of available land (89.3%).</li> <li>• Of the legume seed beneficiaries, 52.8% utilized these seeds while 33.3% saved them.</li> <li>• 35.1% reported all or few of received items (seeds) as useful and relevant for them.</li> </ul> <p>Beneficiary satisfaction 87.3% of total interviewed beneficiaries during the assessment showed their satisfaction with the distribution process.</p> <p>Relevancy</p>	

- While responding to the question about the relevancy of the items received, 82.7% of total interviewed beneficiaries responded that all received items were relevant and useful, 0.3% categorized few of them as useful and relevant, while 15.4% responded negatively to the same question.
- The majority of the respondents who did not consider the inputs as relevant (96.5%) belonged to the vegetable-legume seeds beneficiaries group where, as previously mentioned, a majority of beneficiaries reported not having access to land. Inputs might also not be relevant because the seeds were not completely adapted to the Kurram environment or they were distributed after the planting season.

#### Trainings

- 71.4% of total assessed beneficiaries attended one or more training session.
- 100% of these beneficiaries categorized these training programmes as very useful for them.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	21/03/12-31/12/12
2. CERF project code:	12-CEF-012-D	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Life-Saving Nutrition Services for Conflict-Affected IDPs from the Federally Administered Tribal Areas (FATA) residing in camps in Khyber Pakhtunkhwa		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 3,248,452 US\$ 1,130,193 US\$ 101,262
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:
Female	6,862	13,613	The number of beneficiaries was exceeded. During the CERF implementation period, it was possible for UNICEF to utilize contingency stocks, allowing for the USD 30,567 allocated to the procurement of OTP supplies, medicines and micronutrients, including transport and handling costs in the CERF budget, to be transferred to the implementing partners for implementation costs. This resulted in increased coverage of the nutrition sites and increased beneficiary numbers.
Male	3,297	6,338	
Total individuals (Female and male)	10,159	19,951	
Of total, children under 5	6,465	12,786	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>To ensure provision of life-saving nutrition services for acutely malnourished children (boys and girls) under age 5 and PLW suffering from acute malnutrition, through community and facility based nutritional management approach.</li> <li>To prevent malnutrition in early childhood through promotion of improved infant and young child feeding, care giving, and care seeking practices at the facility, community and family level and to prevent/control the donation and distribution of breast milk substitutes in emergency affected areas.</li> <li>To prevent and treat micronutrient deficiency disorders in children and women through provision of multiple micronutrient supplementation, Vitamin A and deworming campaigns.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Four fixed nutrition sites established for provision of CMAM interventions in Jalozei and Togh Sarai camp.</li> <li>Around 15 trained and equipped community outreach workers (COWs) in the target centres screen around 6,465 children and 3,694 PLW for assessment of acute malnutrition using criteria of the MUAC and Oedema.</li> <li>HCPs of the Department of Health and NGOs in their respective centers register around 646 MAM children and 554 PLW in Supplementary Feeding Programmes (SFP) for supplementary plumpy doses and fortified blended food (provided by WFP). Around 323 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.</li> <li>Around 3,694 mothers/caretakers are educated on the importance of early initiation of breastfeeding, exclusive breastfeeding up</li> </ul>			

<p>to six months of age, appropriate complementary feeding, good nutrition during pregnancy and lactation and improved hygiene practices through Behaviour Change Communication (BCC) approach.</p> <ul style="list-style-type: none"> <li>• 80% of the targeted beneficiaries (2,955 mothers) receive key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after six months, and hygienic practices.</li> <li>• Around 4,525 children and 3,694 mothers are provided with multi-micronutrient (MM) supplements.</li> <li>• Around 3,879 children receive de-worming treatment and Vitamin A dose as per national guidelines.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>• It was not necessary to establish four new nutrition sites with the CERF support, as originally proposed. The CERF funds were utilized to fund the continuation of nutrition services in 15 sites that were already established in Jalozai (4 centres), Togh Sarai (1 centre), and also the hosting communities in Hangu (6 centres), and Nowshera (4 centres).</li> <li>• The CERF funds enabled a total of 45 community outreach workers to be trained in the two target camps and hosting communities. The Community Workers screened 12,826 children [male = 6,338 (49%) and female = 6,488(51%)] and 7,165 PLW for assessment of acute malnutrition using criteria of the mid upper arm circumference (MUAC) and oedema.</li> <li>• CERF funding enabled HCPs of the DoH and NGOs in their respective centres to register a total of 1,437 MAM children (584(41%) male and 853 (59%) female) and 580 PLW in the SFP for supplementary plumpy doses and fortified blended food (provided by WFP). Similarly 299 SAM children (584 (41%) male and 853 (59%) female) were registered in an OTP for therapeutic foods, as per CMAM protocols, in coordination with the community outreach.</li> <li>• CERF funding enabled 1,814 nutrition awareness sessions to be conducted, reaching 16,945 mothers/caretakers of children under 5 with messages on infant and young child feeding.</li> <li>• CERF funding enabled 9,978 children and 5,928 PLWs to be provided with multi-micronutrient supplements</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The number of beneficiaries was exceeded. During the CERF implementation period, it was possible for UNICEF to utilize contingency stocks, allowing for the \$30,567 allocated to the procurement of OTP supplies, medicines and micronutrients, including transport and handling costs in the CERF budget, to be transferred to the implementing partners for implementation costs. This resulted in increased coverage of the nutrition sites and increased beneficiary numbers.</p> <p>It was estimated that four additional nutrition sites would be required. In the time period after the development of the CERF proposal, it became evident that the existing 15 nutrition services would be sufficient to support the beneficiary caseload, and that it was not necessary to establish four additional nutrition sites. Thus, no new nutrition sites were established with the CERF funding.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2a - Around 70 percent of the nutrition intervention beneficiaries were women and girls.	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>No separate end of project evaluation carried out. However, in order to ensure effective implementation at field level, the following measures were in place during the course of implementation</p> <ul style="list-style-type: none"> <li>• Direct field level monitoring was regularly carried out by UNICEF KP based staff, wherever the security clearance got approved</li> <li>• Deployment of UNICEF monitors in field areas for day to day support and field based monitoring</li> <li>• 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</li> </ul>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	27/03/12-31/03/13 with no-cost extension
2. CERF project code:	12-CEF-012-E	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Child Protection		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Enhanced protection of IDP Children and Women in camps (Jalozai and Togh Sarrai) and off-camp host communities (Hangu) through life-saving and time-critical assistance		
7. Funding	a. Total project budget:		US\$ 1,014,127
	b. Total funding received for the project:		US\$ 215,000
	c. Amount received from CERF:		US\$ 215,000
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	62,312	67,430	The total beneficiaries exceeded the planned target slightly, with a greater number of adult beneficiaries than initially planned. The reason for this was the identified need for inclusion of more mothers, carers and community members to ensure sustainable, community based protective mechanisms for children.
b. Male	46,734	42,592	
c. Total individuals (female + male):	109,046	110,022	
d. Of total, children <u>under 18</u>	93,468	62,869	
9. Original project objective from approved CERF proposal			
To continue and enhance the protection of internally displaced children (93,468) and women (15,578) in camps (Jalozai and Togh Sarrai) and off-camp host communities (Hangu) through life-saving and time-critical assistance and community based mechanisms augmenting child protection monitoring and response during the five months under-funded period covered by CERF.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Provision of 'protection by presence' in camps and host communities</li> <li>Equitable access to psychosocial support and social services</li> <li>Continuation of community based child protection mechanisms</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>27 trained Child Protection Monitors were placed to establish and do regular capacity building of community structures for the prevention of many child protection issues and concerns and link the humanitarian community and services providers for the protection of vulnerable children in Jalozai and Togh Sarai camps and host communities in 5 target Union Councils of Hangu.</li> <li>A mechanism was in place to identify children exposed to particular protection risks such as unaccompanied, separated, missing, orphaned, disabled, out of school children and health problems in camps and host communities. The Child Protection Monitors with the support of Child Protection Committees identified 917 children in the camp and host communities and supported them with provision of services through referral mechanism. Moreover, the Child Protection Monitors were provided with the standard operating procedures on missing, unaccompanied and separated children developed by the National Disaster Management Authority (NDMA), with technical support from UNICEF.</li> <li>22 Child Protection Centres/PLaCES were maintained for the provision of psychosocial support and other services to children and women through learning and recreation activities, non-formal education, peer to peer and child to child communication approaches and life skills. A trained psychologist hired and deployed who identified psychosocial cases and referred them to available services within the camp and beyond.</li> <li>8,243 children (5,343 boys and 2,900 girls) and 2,062 women reached through 22 Child Protection Centres/ PLaCES in camps and host communities. The CP Centres/PLaCES provided a friendly and participatory environment where girls, boys,</li> </ul>			

<p>adolescents and women have greatly benefited to improve the safety, health and overall well-being. The CP Centres/PLaCES provided an opportunity of learning to children and women to develop their life skills and benefit from informal education in safe and separate spaces within the PLaCES structures / premises. The CP Centres/PLaCES maintained separate profiles for both children and women which were properly maintained and updated on regular basis. The CPCs/PLaCES Facilitators and CP Monitors have been closely working with camp management, local authorities and local partners for addressing and advocating for child rights and child protection issues at camp level. Women were provided with easy and safe access to private spaces for breast feeding, social interaction and benefitted from integrated social services at CP Centers/PLaCES.</p> <ul style="list-style-type: none"> <li>• 34,120 boys, girls, men and women reached through sessions on different topics such as birth registration, basic health and hygiene, child rights, mine risk education, life skills, importance of education, adverse effects of child labour and early child marriages, importance of birth registration in camps and host communities.</li> <li>• 64,615 girls, boys, men and women have been provided with basic key protection messages and life-saving information through different communication for development activities including awareness sessions. The project had established network with other services like WASH, Health and Education and those programmes provided services convergent in the PLaCES. The communication activities included child protection, gender-based violence, parental skills, reproductive health and hygiene.</li> <li>• 156 members of 12 Adolescent Groups within the camp were supported who acted as agents of change and sensitized other peers in a wide range of protection issues, and prevented risks to children to violence, abuse, exploitation and neglect and referred vulnerable children and women to the CP Centres/PLaCES for service provisions.</li> <li>• 312 members of 24 Community-based Child Protection Committees actively participated in promoting child rights, raising child protection issues, sharing them with responsible authorities for its resolution and building accountability at camps and host communities.</li> <li>• A comprehensive mapping of available service providers within the camps and host communities conducted and implemented to ensure integration and access of children and women to these service providers throughout the project period. The services like WASH, psychosocial support, birth registration, NFIs, vaccinations, M&amp;CH health facilities were provided to 503 children and women in the CP Centres/PLaCES through integration.</li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The project had initially been designed on the official government planning figures. However, in reality the actual number of displaced people living in the target areas is different. Hence, the difference between the planned targets and actual achievement is wide. Most of those who were physically residing in the project areas have been accessed through the project interventions. In order to ensure the participation of adolescent girls and women in PLaCES activities (and address the cultural restrictions on their movements outside their residential tents) PLaCES were expanded to all areas of the camp to address the accessibility factors. This also helped in attracting more adolescents and women for services. Secondly, the quality of services in PLaCES was also up-graded through provision of fans and electricity as well as vocational skills to women and adolescent girls. The greater number of adult beneficiaries reflected the emphasis on supporting community based awareness and protective mechanisms to ensure sustainability beyond the duration of the project, and therefore communications messages and provision of services to women and carers in PLaCES (eg counselling on parenting, breastfeeding, child safety etc) targeted adults as direct beneficiaries but will also have a longer term impact on children as well.</p> <p>CERF grant expiry date according to the original signed agreement was 31 December 2012. UNICEF requested a 'no cost extension' (NCE) for financial closure including verification of financial claims by implementing partners and also to verify results achieved. At UNICEF's request, CERF granted NCE until 31 March 2013, which enabled UNICEF and the implementing partners to conclude the project successfully and make full utilisation of the funds received from CERF.</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>Not part of a CAP project and no Gender Marker process was applied. PLaCES have separate spaces for adolescent girls and women to ensure privacy and security. All PLaCES and mobile teams have female and male facilitators. Child Protection Committees also have separate female and male members.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>UNICEF followed a systematic monitoring throughout the duration of the project including UNICEF and partners' regular field monitoring visits, weekly and monthly reporting (partner reports &amp; UNICEF sitrep), UNICEF &amp; partner reports to the Child Protection Sub Cluster and Inter-Cluster fora.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period: 04/04/12-31/12/12	
2. CERF project code:		12-CEF-012-B	6. Status of CERF grant: <input type="checkbox"/> On-going	
3. Cluster/Sector:		Education KP/FATA	<input checked="" type="checkbox"/> Concluded	
4. Project Title:		Provision of emergency quality education to conflict affected children from the Federally Administered Tribal Areas (FATA) residing in the displacement camps of Jalozai and Togh Sarai (Khyber Pakhtunkhwa)		
7.Funding	a. Total project budget:		US\$ 5,559,446	
	b. Total funding received for the project:		US\$ 957,920	
	c. Amount received from CERF:		US\$ 59,920	
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:  2,500 children reached as the project was for primary age children so children targeted are 5 and above.
a. Female		1,047	1,480	
b. Male		1,513	1,777	
c. Total individuals (female + male):		2,560	3,257	
d. Of total, children <u>under</u> 5		2,000	2,500	
9. Original project objective from approved CERF proposal				
Children continue to have access to quality child friendly schools interventions in the two target camps (Jalozai and Togh Sarai) to ensure quality basic education for all children				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>A total of 2,000 children (1,200 boys and 800 girls) receive education in the child friendly schools at camp</li><li>Student-centred teaching and learning methodologies are encouraged and practised in the affected camp schools.</li><li>38 school teachers (23 male and 15 female) receive refresher courses on the Child Friendly School concept and practiced with related teaching skills and other methods in psychosocial support, positive discipline, and life skill teaching;</li><li>16 Social Mobilization Committees members (8 males' SMCs; 8 females' SMC) are strengthened in the affected IDP camps.</li><li>A total of 152 School Management Members (76 male; 76 females) and 370 community members (214 males; 156 females) are refreshed about their roles and responsibilities.</li><li>Teaching material and essential school supplies received by the schools in the IDP camps.</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>A total of 750 children (400 boys and 350 girls) in Togh Sarai and 1750 (947 boys and 803 girls) children in Jalozai IDP camp continued receiving education in child friendly environment.</li><li>Capacity building of 38 school teachers (23 male and 15 female) is continued- a special training was organized for teachers on Child friendly School Approach which would contribute further to enhance their understanding of child friendly school and healthy learning environment for children</li><li>Recreational activities were organised in targeted camps schools. These included quiz competitions, debates, exposure visits, celebrations and sports competitions.</li><li>Two broad based community dialogues were conducted with parents, community and shura members to sensitize them on children education. Enrolment campaigns were organized to attract more children. 90 community members (354 male and 236 female) participated in these sensitization meetings.</li><li>Total 16 School Management Committees (8 male and 8 female) were formed with 152 memberships. Members of School Management Committees (SMC) were educated on their roles and responsibilities. As a result they played a key role in increasing children enrolment in the schools and also involve themselves in school affairs.</li><li>Two thousands and five hundreds(2500) children in the IDP camps of Togh Sarai and Jalozai were provided necessary supply including text books, Note books, stationery, recreational material and chairs for teachers</li></ul>				

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>2b</b> The principle purpose of the project is to advance gender equality. This was achieved through:</p> <ul style="list-style-type: none"> <li>• Collection of sex- and age-disaggregated data of children</li> <li>• Inclusion of both parents – mothers and fathers, in SMCs to ensure women and men participate equally in decision-making.</li> <li>• Girls and boys provided safe and adequate access to separate latrines, washing facilities and water at school</li> <li>• Community members (men and women) were sensitized on the importance of education, especially in times of crises</li> </ul>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No evaluation of the project has been conducted. However, UNICEF is committed to supporting humanitarian action through systematic monitoring, analysis and assessment of performance against benchmarks in concert with its partners. These benchmarks are defined in UNICEF's Core Commitments for Children in Humanitarian Action (CCCHA). Implementing partners provided fortnightly, monthly and quarterly reporting of activities implemented and benefits achieved. All reporting data was collected, analyzed and disseminated to all Education Cluster members and government counterparts on a fortnightly basis.</p> <p>Third party monitoring of project activities was used to supplement UNICEF staff visits. Monitoring activities included the certification and verification of work in place, monitoring and reporting against the CCCHA prescribed list of indicators, coordination of project relevant institutions, and facilitation of various project related matters.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	03/04/12-31/03/13 with no-cost extension
2. CERF project code:	12-CEF-012-A	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Water and sanitation		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Provision of WASH services to IDPs living in camps, host communities, hosting communities and returnees in KP and Federally Administered Tribal Areas (FATA)		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 26,000,000 US\$ 13,600,315 US\$ 3,884,931
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	444,210	214,006	The project has been completed, but targets are under achieved due to the following reasons : a) To bridge the funding gap in IDP camps which was critical and lifesaving, required funds were diverted to camps which were initially planned for hosting community for a period of 6 months, (June to December 2012). b) Provision of WASH services was initially planned, mainly for IDP families living in host communities and hosting population. However, deteriorating security situation and access to the area hampered progress against planned targets. As a result less number of beneficiaries were reached against the target (525,000 individuals) c) Camp beneficiaries mostly remain unchanged and are counted once for reporting purpose while resources are required on monthly basis for maintenance, operations and rehabilitation of WASH facilities for the same caseload. Furthermore, a no-cost extension till 31 March 2013 was granted to complete the on-going WASH interventions especially water supply schemes in the target area through NGO and government counterparts. The work was finalized in the extended time period.
b. Male	426,790	231,839	
c. Total individuals (female + male):	871,000	445,845	
d. Of total, children <u>under</u> 5	148,070	75,793	
9. Original project objective from approved CERF proposal			
This proposal covers WASH needs for some 871,000 conflict-affected children, women and men, residing in camps, host communities, hosting communities and returnees including support to Health Facilities and Schools. The main objectives of the project are below: <ul style="list-style-type: none"> <li>• Ensure access and provision of safe drinking water, appropriate sanitation, and promotion of safe hygiene practices to 9,700 IDP families (67,900 individuals) in camps;</li> <li>• Support efforts to improve access to safe drinking water, sanitation and hygiene promotion activities benefiting 75,000 families (525,000 IDPs) living in host communities and hosting population</li> <li>• Provision of hygiene kits to 5,000 families (35,000 IDPs) returning to their areas of origin;</li> <li>• Provision of WASH facilities in 11 basic health units and 40 primary schools serving IDP population in collaboration and coordination with the health and education clusters.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			

<ul style="list-style-type: none"> <li>Until May 31, 2012 an estimated 9,700 IDP families in camps (New Durrani Camp FATA, Jalojai &amp; Togh Sarai (KP) and any new camp), will have been provided with safe drinking water, will have access to adequate sanitation facilities, mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required.</li> <li>By August 31, 2012, 5,000 returnee families would have been provided with hygiene kits.</li> <li>By August 31, 2012, 75,000 households (IDP families and hosting families) would have access to improved WASH services (including safe drinking water, toilets, WASH NFI's etc) (efforts will be geared to reach to minimum SPHERE standards). These will be one off activities and sustainability will be ensured through handing over of the completed facilities and/or the beneficiaries Water &amp; Sanitation committees through a prior consultative process.</li> <li>11 BHUs and 40 Schools serving IDP populations will have WASH facilities as per SPHERE standards. Operation &amp; Maintenance will be ensured through prior consultation with the Health &amp; education authorities respectively and subsequent hand over of the facilities provided after completion.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>Camps: Until Dec 31, 2012 an estimated 6,435 IDP families (45,045 individuals) in camps (New Durrani Camp FATA, Jalojai &amp; Togh Sarai (KP) have been provided with WASH assistance as per SPHERE guidelines. WASH services in the camp includes provision of clean drinking water through water trucking and pipe networking, installation and maintenance of 2,575 latrines, 1,288 washrooms, 645 washing pads, 644 water tanks and 165 solid waste collection points and delivering key hygiene messages.</li> <li>Returnees: 5,000 returnee families (35,000 IDPs) have been provided with hygiene kits as a return package.</li> <li>Host Communities: 23,257 households (162,800 individuals) including IDPs and hosting population of district DI Khan - KP, have access to improved WASH services including safe drinking water through installation of submersible pumps/hand pumps and rehabilitation of water supply schemes, distribution of 5,000 water buckets and 5,000 jerry cans for safe storage of drinking water, rehabilitation of WASH facilities in 20 primary schools, seven BHU's and one DHQ Hospital and promotion of hygiene messages. Khyber Influx: In addition to the planned figures under this proposal; 29,000 IDP families (203,000 individuals) from Khyber agency were provided with WASH NFIs (including hygiene kits, plastic buckets and jerry canes). The displaced population from Khyber Agency was unexpectedly, where the Rapid Response funds specifically allocated for the provision of WASH services for Khyber were in- sufficient. Therefore, funds were utilized from this grant to cover the critical WASH needs of IDPs residing off camp.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>At the end of the project period actual outcomes show variances compared to the planned figures as funds were utilized for a longer time period (April 2012– Mar 2013) against the agreed/planned duration of (April – May 2012) to cater to critical WASH needs of 6,435 families (45,045 IDPs) residing in camps and host communities. From June – Dec 2012, UNICEF had limited funds to cover WASH services in the camps of KP and FATA, due to which funds were diverted from host communities to meet the basic WASH needs of camp inhabitants. Moreover as stated above; 29,000 IDP families (203,000 individuals) from Khyber Agency were provided with WASH packages (including hygiene kit, jerry canes, water buckets) at the registration point.</p> <p>Implementation of activities in the host communities were delayed predominantly due to fluid security situation and government obligation for obtaining NOC for implementing partners. In addition difficulty in schemes execution by Government line agency (PHED) in Dera Ismail Khan where ground water is not easily accessible and finding skilful firm is a challenge are added factors that caused delay in the implementation plan.</p> <p>UNICEF was able to overcome these implementation challenges during the start of the extended period with support from the Provincial Government through Provincial Disaster Management Authority (PDMA) and Public Health Engineering Department (PHED). PHED district offices supported UNICEF implementing partners (IP) in arranging skillfull firms – specialized in deep drilling – and provided the required technical support to the field staff. All water systems were completed before the No Cost Extension timeline of 31 March 2013. PDMA not only supported IPs in providing/extending NOCs but also facilitated UNICEF staff field visits. During the start of 2013, the security situation also remained comparatively better, which resulted in favourable working conditions.</p>	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2a :45,045 individuals (6,435 IDP families) including women, children and men reached with basic WASH services in camps with special focus on privacy for women and adolescent girls. Hygiene kits distributed includes items to cater for the specific needs of adolescent girls and women.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No separate end of project evaluation carried out. However, in order to ensure effective implementation at field level, the following measures were in place during the course of implementation	

- Direct field level monitoring was regularly carried out by UNICEF Peshawar based staff, wherever the security clearance got approved
- 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
- Provincial and FATA Disaster management authorities visits and feedback remained useful to rectify and improve

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNFPA	5. CERF Grant Period: 27/03/12-31/12/12	
2. CERF project code:		12-FPA-007	6. Status of CERF grant: <input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Health	<input checked="" type="checkbox"/> Concluded	
4. Project Title:		Provision of 24/7 free RH-services with special focus on BEmONC in New Durrani Camp in Kurram agency in Federally Administered Tribal Area, Pakistan for Complex Emergency		
7. Funding	a. Total project budget:		US\$ 1,000,174	
	b. Total funding received for the project:		US\$ 70,287	
	c. Amount received from CERF:		US\$ 70,287	
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		7,064	13,756	The beneficiaries reached were markedly higher than the planned figures owing to increased demand through the project as it was able to cater to the RH needs of women and girls of reproductive age in the target area complemented with the fact that UNFPA was the only agency providing RH services in security compromised areas of Kurram Agency, both for in-camp and off- camp IDPs.
b. Male		5,543	2,200	
c. Total individuals (female + male):		12,607	19,633	
d. Of total, children <u>under 5</u>		6,003	30,200	
9. Original project objective from approved CERF proposal				
To contribute to the prevention and reduction of maternal mortality and morbidity among the affected vulnerable populations through provision of timely basic reproductive health services				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>Over 80% of IDP families have access to evidence-based information and services .</li><li>More than 80% of the targeted pregnant women receive ante-natal care, clean delivery kits, and newborn kits.</li><li>More than 80% of targeted pregnant women are assisted through delivery by skilled birth attendants.</li><li>More than 70% of women undergo least one post natal visit with skilled birth attendants (SBAs) at the facility or community level.</li><li>More than 60% women receive health and hygiene messages through staff and facility-based health workers.</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>13.756 [194%] females and 2.200 [40%] males accessed RH services;</li><li>2909 [206%] pregnant women received Ante-Natal Care services;</li><li>1289 [91%] pregnant women received Clean Delivery Kits;</li><li>1373 [194%] mothers received Newborn Baby Kits;</li><li>4000 [57%] women of reproductive age received Hygiene Kits;</li><li>1448 [102%] deliveries assisted by skilled birth attendants;</li><li>93 [6%] deliveries referred to Comprehensive Emergency Obstetric Care units;</li><li>64 [4.5%] cases of intrauterine deaths were offered appropriate treatment services;</li><li>1200 [95%] women received Post-Natal Care services;</li><li>2200 [40%] males and 2467 [35%] females received health, reproductive health and hygiene messages;</li></ul>				
Note:				

<ul style="list-style-type: none"> <li>UNFPA was not able to meet the expected outcome no.5: 60% women received health, RH and hygiene messages because some of government staff were not able to record the attendance, therefore, exact numbers could not be recorded and analysed. However, the project was able to bring in males attendance during the project.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Mentioned above	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):2b If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:		UNFPA	5. CERF Grant Period:	
2. CERF project code:		12-FPA-008	27/03/12-31/12/12	
3. Cluster/Sector:		Protection	6. Status of CERF grant:	
			<input type="checkbox"/> Ongoing	
			<input checked="" type="checkbox"/> Concluded	
4. Project Title:		Gender-based violence response and preventive services, for IDPs and host communities focusing on filling the gaps/unmet life-saving needs in the GBV response for crisis affected IDPs in Khyber Pakhtunkhwa Province and FATA, Pakistan		
7.Funding	a. Total project budget:		US\$ 1,039,612	
	b. Total funding received for the project:		US\$ 120,001	
	c. Amount received from CERF:		US\$ 120,001	
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:  The reached female and male beneficiaries outweighed the planned figures as the demand created by the project activities attracted an increased number of individuals. It is pertinent to mention that due to lack of NOC being granted to the IP for Kurram (the other target FATA Agency), UNFPA could not implement the project in Kurram and restricted its implementation only in Kohat district.
a. Female		7,382	9,060	
b. Male		3,817	4,303	
c. Total individuals (female + male):		14,486	13,363	
d. Of total, children <u>under</u> 18		3,287	1,467	
9. Original project objective from approved CERF proposal				
Ensure women IDPs are able to access assistance and protected from being returned to risk				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>• Women Friendly spaces established and functional to support the conflict affected women and adolescent girls;</li><li>• Multi sectors needs of the gender based survivors are ensured, a functional referral mechanism in place, to facilitate the survivors who reported cases of violence;</li><li>• Dissemination of information on the available services at field level GBV;</li><li>• Trained staff available for directly providing the counseling services to those in need of, and focusing more on the survivors of gender based violence;</li><li>• Health facilities are equipped, so as to respond to the needs of GBV survivors (Rape Treatment Kit &amp; PEP(Post exposure prophylaxis kits available in the health facility);</li><li>• Coordination / link of the GBV cases with the relevant services at field level i.e WASH,Health,Food etc are in place;</li><li>• Targeted information campaign targeting the most vulnerable women through the CFS to ensure that humanitarian communications including related to registration and returns reaches these IDPs</li><li>• Outreach to women to learn their particular needs in terms of returning to their areas of origin and any concerns that they may have that may be at risk on return</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>• 694 classes of needs, based vocational trainings, were held that tremendously benefited 4,128 males and 7,350 females.</li><li>• 33 GBV cases were identified and treated out of which 30 were domestic violence, 2 of forced marriage and 1 was rape case.</li><li>• 550 men and women attended 36 psychosocial sessions conducted by qualified psychologists and psychosocial counsellors.</li><li>• 34 women received individual counselling sessions for critical issues.</li><li>• In addition, 302 clients/ patients were provided RH services that included 49 FP, 30 ANC, 111 STIs, while 18 patients were referred to health facilities for comprehensive RH services, and 94 received other general health</li></ul>				

consultations. • A total of 1,000 hygiene kits were also distributed among women and girls of reproductive age.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Mentioned above.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):2b If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	02/04/12-31/12/12
2. CERF project code:	12-HCR-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multisector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and humanitarian assistance to IDPs in Khyber Pakhtunkhwa and FATA		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 21,765,692 US\$ 21,765,692 US\$ 2,770,273
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	32,560	32,560	
b. Male	34,476	34,476	
c. Total individuals (female + male):	67,036	67,036	
d. Of total, children <u>under</u> 5	10,809	10,809	
9. Original project objective from approved CERF proposal			
The overall objectives of this project are four-fold: <ul style="list-style-type: none"> <li>• IDPs seeking assistance in camps are registered (CCCM/Protection)</li> <li>• IDPs have access to life saving assistance to meet their immediate needs in camps (CCCM)</li> <li>• IDPs have equitable access to assistance and are protected from rights abuses (Protection)</li> <li>• IDPs have access to safe, voluntary and dignified return of IDPs to their place of origin (Shelter/NFIs and Protection)</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
Outcomes: Support to IDPs in camp (2 months): <ul style="list-style-type: none"> <li>• Registration of newly-displaced families conducted with minimum set of data required (Protection)</li> <li>• Provision of emergency shelter and household goods to newly displaced families (Shelter/NFI)</li> <li>• Maintenance of general site operations and expansion to accommodate newly displaced families (CCCM)</li> <li>• Camp situation monitored on a daily basis, coordination facilitated and interventions made with the authorities when necessary (CCCM)</li> </ul> Support to IDPs off-camp (6 months): Provision of information on conditions of return to PoCs (Protection) Return packages (one-time assistance): Provision of return assistance (Shelter and NFIs)			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>• Provision of 3300 all-weather family tents.</li> <li>• Procurement, distribution and transportation of 3,300 NFI kits.</li> <li>• Registration of new arrivals (1,200 families from Upper Orakzai, 5,000 families from Khyber and 15,000 families from Khyber)</li> <li>• Establishment of 3 grievance desks in Kohat, DI Khan and Sadda (Kurram)</li> <li>• Camp Management, Administration, Security and maintenance of 2 IDP camps (Jalozai and New Durrani)</li> </ul>			
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"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): Women and girls benefitted from the interventions in an equitable manner, their mobility was increased and environment improved with the set-up of Purda walls and the summerization of the camp. Particular attention was paid to their protection concerns through protection monitoring.

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

YES ☒ NO ☐

UNHCR has been regularly monitoring the situation of IDPs, including registration, access to assistance and services through monitoring mechanisms adopted different methods:

- Regular monitoring missions
- IDP registration database
- Feedback from beneficiaries through focus group discussions and individual interviews
- Coordination with other stakeholders through regular cluster meetings at different levels
- Review of a variety of records, including activity reports and monthly progress reports from implementing partners, UNHCR procurement records and distribution lists

**TABLE 8: PROJECT RESULTS**

CERF Project Information					
1. Agency:		IOM		5. CERF Grant Period:	03/04/12–31/12/12
2. CERF project code:		12-IOM-008		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Shelter and Non Food Items			<input checked="" type="checkbox"/> Concluded
4. Project Title:		Non Food Items, Transport and Humanitarian Communications Support for IDPs and returnees of FATA			
7. Funding	a. Total project budget:			US\$ 6,800,000	
	b. Total funding received for the project:			US\$ 1,359,269	
	c. Amount received from CERF:			US\$ 1,359,269	
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		1,072,495	150,637	The high planned figure for target beneficiaries was calculated in view of humanitarian communications/protection sector activities; beneficiaries were planned on basis of total displaced population in April 2012 whilst the population reached is based on outreach of various communication activities including radio campaigns and social mobilizations.	
b. Male		1,161,870	163,190		
c. Total individuals (female + male):		2,259,965	313,827		
d. Of total, children <u>under</u> 5		25,600	10,366		
9. Original project objective from approved CERF proposal					
<p>To provide non-food items, transport and humanitarian communications support to 'off-camp' highly vulnerable displaced populations from conflict-affected areas.</p> <p>With funding from the CERF secretariat, IOM aims to provide transport and toolkits to 5,000 families/35,000 individuals displaced outside camps and returning to Kurram Agency; an additional 2,800 toolkits to returning families from the camps are to be provided with an all-purpose toolkit for house repair.</p> <p>The programme will include a component on humanitarian communications where awareness raising sessions, information campaigns, frequently asked questions (FAQs) and banners with key information on returns process, assistance packages, de-notified areas and grievance procedures will be developed whilst radio campaigns focusing on flood cessation and assistance packages will be broadcast.</p>					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none"><li>• Provide transport and return support to 5,000 families/35,000 individuals currently displaced outside camps in lower and central Kurram, Kohat and Hangu.</li><li>• Provide 2,800 all-purpose toolkits to returning families for house repair (1 tool kit per family).</li><li>• Deliver critical, lifesaving information about available humanitarian assistance to displaced population through IOM Humanitarian Communications Programme.</li></ul>					
11. Actual outcomes achieved with CERF funds					
<ul style="list-style-type: none"><li>• 3,591 displaced off camp families supported to return to their areas of origin in lower and central Kurram including free transport and snack/meals in coordination with the Returns Task Force (RTF) and FDMA.</li><li>• 3,899 camp and off camp returnee families provided all-purpose basic toolkits comprising of trowel, piers, hammer, concrete pan, edze, chisel, hand saw, nails, grub hoe, hand hoe, sickle, rake and shovel to support house repair and other recovery activities. Balance of 3,901 tool kits handed over to UNHCR for distribution in Dera Ismail Khan amongst returnee families for South Waziristan.</li><li>• Following a strong recommendation by the RTF and in consultation with CERF secretariat, 2,100 winterized tents were distributed amongst vulnerable returnee families of Kurram Agency in December 2012. This was done keeping in view the extent of damage to housing in areas of return and the sub-freezing winter temperatures delaying immediate rebuilding.</li><li>• Approximately 313,827 individuals benefited from the Humanitarian Communications activities that provided critical, life-saving information regarding available humanitarian assistance for displaced and returning populations through:<ul style="list-style-type: none"><li>○ 1,449 awareness raising sessions reaching 26,400 affected individuals.</li></ul></li></ul>					

<ul style="list-style-type: none"> <li>○ 8 information campaigns that included FAQs, banners with key information on returns process, assistance packages, de-notified areas and grievance procedures.</li> <li>○ 5 radio campaigns focusing on food cessation messages for Orakzai IDPs in Kohat/Hangu and South Waziristan IDPs in D.I. Khan and Tank.</li> <li>○ 3,100 key community representatives from the affected population engaged as part of 'Human Networks' to serve as active contact points for receiving key messages through Short Messaging Service (SMS) and further sharing with their communities.</li> </ul>	
<p>The following activities supported achievement of planned outcomes:</p> <ul style="list-style-type: none"> <li>• Returns assistance, winterized tents and toolkits were provided to affected population by IOM's field offices in Peshawar and in close coordination and support extended by Shelter Cluster, RTF and FDMA.</li> <li>• Return activities were coordinated with RTF in line with agreed principles as specified in the Humanitarian Country Team's IDP Returns Standard Operating Procedures.</li> <li>• Specifications for each Non Food Items (NFIs) followed international guidelines i.e. the SPHERE standards and IFRC guidelines; items were procured according to standard IOM procurement procedures and protocols.</li> <li>• Taking into consideration the security sensitivities, all activities were directly implemented by IOM staff deployed in Kurram Agency; regular updates were shared with all relevant stakeholders in form of database of returned families and newsletters.</li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <ul style="list-style-type: none"> <li>• Less than planned families were supported to return due to uncertain security situation in the areas of returns. From April-October 2012, returns operations were postponed multiple times to due security incidents in areas of origin. With the onset of winter, returns activities were suspended by the RTF.</li> <li>• 2,100 winterized tents were distributed amongst vulnerable returnee families following RTF's recommendation and approval from CERF secretariat.</li> <li>• The high planned figure for target beneficiaries was calculated in view humanitarian communications/protection sector activities; beneficiaries were calculated on the basis of total displaced population in April 2012 whilst the population reached is based on outreach of various communication activities including radio and social mobilization.</li> </ul>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <ul style="list-style-type: none"> <li>• IOM monitoring teams ensured that adequate procedures were followed during the beneficiary selection distributions to maintain order and facilitate access for all, including men, women, boys, girls and vulnerable groups such as the elderly, persons with disabilities and female-headed households.</li> <li>• Separate lines were made for men and women. Moreover, women and elderly beneficiaries were assisted on priority basis so that they could leave and return earlier.</li> </ul>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		World Food Programme	5. CERF Grant Period:	10/04/12–31/12/12
2. CERF project code:		12-WFP-016	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:		Food Security		<input checked="" type="checkbox"/> Concluded
4. Project Title:		Food Assistance for Conflict-Affected Communities in Pakistan's Khyber Pakhtunkhwa Province (KPK) and Federally-Administered Tribal Areas (FATA)		
7. Funding	a. Total project budget:		US\$ 621,171	
	b. Total funding received for the project:		US\$ 83,082,441	
	c. Amount received from CERF:		US\$ 4,696,260	
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		61,740	148,219	WFP reached a higher number of beneficiaries with this contribution than planned, as the new wave of population displacement from FATA's Khyber agency placed considerable pressure on WFP's food pipeline, necessitating higher distribution of commodities (including those purchased with these CERF funds) in a single monthly distribution cycle than had initially been envisaged (note that the proposal had planned for the distribution of equal quantities each month over a three-month duration).
b. Male		64,260	154,269	
c. Total individuals (female + male):		126,000	302,488	
d. Of total, children <u>under</u> 5		17,000	41,078	
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"><li>To save lives and avert hunger amongst conflict-affected IDPs (men, women, girls and boys)</li><li>To preclude declines in the nutritional status of affected infants and young children</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>Improved food consumption over the assistance period for targeted displaced persons: households with acceptable food consumption score exceeds 80 per cent of the targeted population</li><li>Reduced or stabilized malnutrition in targeted infants and young children: prevalence of low MUAC stabilized at pre-crisis levels for 80 per cent of the targeted population of children</li></ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"><li>Improved food consumption over the assistance period for targeted displaced persons</li></ul> <p><i>Regular and timely supply of monthly family food rations, distributed on an unconditional basis:</i></p> <ul style="list-style-type: none"><li>– This contribution allowed for the distribution of 6,764 metric tons of mixed commodities (a slight difference from the total tonnage projected at the time of proposal submission, owing to typical changes associated with commodity price fluctuations and standard 1 per cent losses incurred during the transformation of purchased wheat to distributed wheat flour). Distributions of the same allowed for the provision of full monthly food baskets to a peak of 302,488 individuals displaced by conflict in FATA and residing both in camps and off-camp communities in the DI Khan, Hangu Kohat and Nowshera districts of KPK. This figure exceeded plans as the new wave of population displacement from FATA's Khyber agency placed considerable pressure on WFP's food pipeline, necessitating higher distribution of commodities (including those purchased with these CERF funds) in a single monthly distribution cycle than had initially been envisaged (note that the proposal had planned for the distribution of equal quantities each month over the three-month project duration). A greater number of beneficiaries are assisted when more food is distributed in a single distribution cycle than if the same quantity was used to assist the same members of a smaller group for multiple monthly cycles.</li><li>– Distributions took place both in camps and through 'humanitarian hubs' established in target districts: decentralized facilities at which food was both stored and delivered directly to beneficiaries in a controlled environment amid ongoing volatility in the overarching security situation. While WFP targeted its assistance to all IDPs registered by UNHCR (and then verified by the National Database Registration Authority), the use of an online WFP database and verification system</li></ul>				

<p>at all hub locations ensured no duplication in the provision of family rations.</p> <ul style="list-style-type: none"> <li>- This assistance proved critical in helping to maintain adequate food consumption amongst these beneficiaries: with WFP monitoring and evaluation findings confirming that of all IDP and recent returnee families provided with WFP relief food assistance in KPK and FATA last year, 81 per cent had maintained acceptable food consumption levels by December 2012 (just above the target). Overall, this represented a considerable improvement from the average 76.9 per cent found the previous year, and from a baseline of 22.3 per cent amongst some groups in January 2011.</li> <li>• Stabilized nutritional status of targeted conflict-affected children aged 6 months – 12 years <ul style="list-style-type: none"> <li>• Through the distribution of fortified foods and the provision of other specialised supplementary commodities alongside general family food rations (including high-energy biscuits and preventive ready-to-use supplementary foods purchased with this CERF grant), WFP relief food assistance also helped to stabilize the nutritional status of these typically vulnerable groups. While security conditions precluded a follow-up study in 2012, independent assessments from the previous year confirmed that more than 80 per cent of young children in communities receiving similar assistance demonstrated a normal MUAC measurement of 12.5 cm or above.</li> <li>• Amid alarmingly high malnutrition rates across areas of operation, and in response to a change in priority for different commodities between CERF proposal submission and grant confirmation, some of these funds were used to purchase 28 metric tons of ready-to-use supplementary food (RUSF) for young children aged 6-59 months and fortified blended foods for pregnant and lactating women. These were distributed through the joint WFP-UNICEF Community Management of Acute Malnutrition programme in the same target locations to approximately 1,330 moderately acute malnourished children and 4,800 pregnant and lactating women for life-saving treatment purposes. The performance of this programme was highly positive, with recovery rates from malnutrition found to be well above the SPHERE planning threshold of 75 per cent. However, average rates of default from the programme were found to have increased somewhat from levels observed previously (at 2.37 per cent amongst children 6-59 months and 1.85 per cent amongst pregnant and lactating women), owing to the fluidity of movement within IDP populations which interrupted regular attendance.</li> </ul> </li> </ul>	
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"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a  If 'NO' (or if GM score is 1 or 0):</p> <p>As an emergency operation, anticipated results centred on meeting primary and immediate needs amongst targeted groups. Fundamental life-saving outcomes were hugely significant for both male and female beneficiaries; as both faced considerable threats to their food consumption and nutritional status. But, in confluence 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 (a common corollary to crisis). 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>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 in culturally-conservative areas for the supply of rations to a blood relative where a female beneficiary was unable to be present. As such, the proportion of women receiving household food rations during the conduct of life-saving relief food distributions in KPK and FATA was higher than planned (at more than 14 per cent of all recipient families).</p> <p>Furthermore, targeted nutritional support activities explicitly aimed to treat the incidence of malnutrition amongst women.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Although no formal evaluation of the project was undertaken, please note the following on standard WFP monitoring and evaluation mechanisms employed.</p> <p>WFP monitoring and evaluation mechanisms reflect a corporate Results-Based Management framework: using a logical framework approach to monitor activities and their efficiency and effectiveness in achieving results. This involves monitoring the distribution</p>	

process and following-up with recipient communities post-distribution through focus group discussions and other stakeholder consultations.

In Pakistan, where the security situation permits, WFP undertakes monitoring directly to ensure maximum accountability. Monitoring undertaken by a contracted third party is used in areas where direct UN access is limited. Cooperating Partners provide information on the number of beneficiaries reached and the amount of food distributed, which is verified by WFP. WFP maintains coordination and oversight of all monitoring processes by providing corporate monitoring and reporting tools to partners, and cross-verifying information supplied via other sources.

A quarterly monitoring exercise is undertaken in randomly-sampled locations, and results analyzed in order to identify strengths and weaknesses of a programme and make informed management decisions to improve effectiveness and efficiency.

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.

With regard to the implementation of activities supported by this grant, WFP adhered to all of the above.

Furthermore, alongside implementation of this operation, the establishment of a dedicated WFP complaints desk helped to strengthen operational transparency and accountability through the receipt and resolution of direct beneficiary feedback related to a range of grievance issues. This facility is now used to monitor the conduct of all WFP assistance programmes in Pakistan.

An annual performance report on the overarching WFP food assistance operation within which this project was accommodated is under preparation and will be shared with donors in April.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	02/04/12–28/02/13 with no-cost extension
2. CERF project code:	12-WHO-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Primary Health Care including disease control and outbreak response for IDPs in camps focusing on filling the gaps/unmet life-saving needs in the health response.		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 20,558,513 US\$ 1,355,707 US\$ 357,633
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	32,432	32,432	
b. Male	35,135	35,135	
c. Total individuals (female + male):	67,567	67,567	
d. Of total, children <u>under</u> 5	10,000	10,000	
9. Original project objective from approved CERF proposal			
<p>The overall objective of the project is to maintain the standard of the health conditions of IDPs in camps through continued provision of essential health services interventions to reduce morbidity and mortality among the crisis affected population.</p> <p>In partnership with sister organizations, UNFPA and UNICEF, ensure holistic coverage to:</p> <ul style="list-style-type: none"> <li>To provide essential emergency Primary Health Care services to the affected population especially for women and children, elderly, and people with disabilities.</li> <li>To address the emerging public health threats in a timely and appropriate manner through the existing Disease Early Warning System (DEWS) and response, enhancing protection of affected communities from preventable illnesses through routine water quality surveillance and disinfection, hygiene promotion and improving hygienic conditions and infection control mechanisms of target healthcare facilities.</li> <li>To ensure the delivery of the health response in a coordinated manner and according to Global WHO, SPHERE and national standards.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>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.</li> <li>Functioning DEWS with teams responding within 24-48 hours for 80% of all outbreak alerts and achieving mitigation of communicable disease outbreak threats among the target population</li> <li>Weekly reporting of priority communicable diseases by oriented health care providers and district/ agency teams with data analyzed and disseminated on weekly basis Response to epidemic alarms through relevant means: EPI vaccination outreach or campaigns, vector control, water and sanitation improvements at household level, clinical case management at hospitals, health education and awareness campaigns</li> <li>Maintain access to quality essential medicines for priority health care needs in IDP camps.</li> <li>Hygiene conditions at target health facilities improved and infection control mechanism in place to avert waterborne disease outbreaks.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
The following outcomes were achieved through the CERF funds:			

- Provision of essential package of primary health care services to IDPs:

WHO through the NGOs Partners provided health services to the primary health care facilities in IDPs camps and hosting areas through WHO's implementing partners (NGOs/INGO). The Implementation was undertaken through Health cluster partners for provision of essential life saving primary health care services in the IDPs camp through provision of medicines, skilled and qualified human resource support, referral services, disease surveillance and reporting, health and hygiene promotion etc. at Health Posts established in IDPs camps. A Call for proposal was issued and potential implementing partners include international and national NGOs were identified for the implementation of project in camp. The main priority was new Durrani camp in SaddaKurram Agency where a temporary health post was established for 3 months duration through NGO partner S n S for provision of basic primary health care services for displaced people residing in new Durrani camp.

- Disease Surveillance and Response through DEWS:

The weekly trend of leading priority diseases is analyzed and monitored at district, provincial and national level and disseminated to all partners in the weekly epidemiologic bulletin published and loaded on the website.

From April 2012 to February 2013, a total of 473 alerts were reported, timely investigated and responded from the program target area (IDP camps and the hosting districts in KP/FATA). Appropriate measures were applied to control the 24 confirmed outbreaks and prevention of further spread of the diseases.

During the period, 294 Measles alerts were reported with four deaths. On field investigation six geographically limited outbreaks were identified having 418 cases while others were sporadic cases. The Measles cases were provided vitamin A drops and supportive treatment. Outreach vaccination activities were arranged in the affected locations and surroundings. Some 83 alerts for Leishmaniasis led to the identification and management of 163 cases, case management and vector control activities were implemented timely along with the provision of medicine; 42 alerts investigation for Acute Watery Diarrhoea (AWD) led to confirmation of 14 Cholera outbreaks where 18 cholera cases were confirmed on laboratory tests. Eight alerts for Bloody Diarrhoea with 82 reported cases were also responded to and effectively controlled; an Acute Viral Hepatitis outbreak was identified with 22 cases and was also responded to and contained. Appropriate measures were taken (including hygiene promotion, provision of hygiene kits, water quality testing and treatment) to confine the water borne diseases outbreaks and effectively controlled. Two alerts for CCHF were reported and one confirmed outbreak was identified and responded to timely where three CCHF cases were confirmed on laboratory investigation. One of the CCHF patients died while two patients were cured after treatment. Some 14 alerts with five deaths were also responded for NNT; Some five alerts of Diphtheria were investigated and Anti Diphtheria Serum provided to all the cases and prophylactic erythromycin was made available to the close contacts of the patients. One alert for malaria outbreak was detected and responded to timely and contained and appropriate treatment provided to the patients; an alert of chicken pox was reported involving three cases and was also investigated and measures were taken to prevent the spread of the disease to further.

During this period total 366 lab samples from the patients for different diseases (Measles, Cholera, CCHF, Hepatitis, CCHF and Diphtheria etc.) were collected and transported for Laboratory confirmation from NIH Islamabad. Through CERF funding DEWS was established and expanded in the target areas where more than 100% alerts were reported and responded timely (within 24-48 hours) to control risk of outbreaks in the displaced settlements and camps.

The weekly trends for the common DEWS priority disease were monitored and appropriate health care measures were applied whenever the increasing trends noticed for any of the diseases (fig 1). The case load for the diseases was also used to arrange the supplies for the facilities where the cases reported.

#### Essential Medicines:

Due to the volatile security situation in Khyber agency, the population, and particularly those from Shalobar tribe, moved to camps and off camps settlements in Khyber Pakhtunkhwa province. The displaced people are living in camps including Jalozei, New Durrani and Togh Sarai while most of the displaced people are living in host communities in the settled districts, putting burden on the already under-resourced health care system. Responding to this augmented needs, WHO supported the DOH and implementing partners for the provision of essential medicine and surgical supplies for primary health care including essential supplies for disease control and outbreak response for IDPs in camps focusing on filling the gaps/unmet life-saving needs in the health response. Under the umbrella of Health cluster, close coordination with all stakeholders were maintained to avoid duplication. Provision of medicines was delivered in the form of medicine kits which were customized according to epidemiological trends and DEWS data. 20 EHK packages were delivered which contains treatments for both communicable as well as non-communicable diseases, items for minor surgery and clean delivery kits. This provision also includes 9 DT kits which contains treatments for 500 plus diarrhoeal interventions (for 100 severe cholera cases (cholera treatment unit) and 400 moderate cholera cases (oral rehydration unit), as well as 100 cases of adults and 100 cases of children affected by Shigella dysentery.

<p>Beneficiaries covered through essential medicines provision:</p> <p>Male: 33,800</p> <p>Female: 31,200</p> <p>Children under 5: 9,620</p> <p>A total of 20 emergency health kits and 9 diarrhoea treatment kits were distributed in Jalozi, Togh Sarai and New Durrani camps between 2<sup>nd</sup> April 2012 and 28 February 2013.</p> <p>Environmental Health and Hygiene promotion for control of water born diseases:</p> <p>WHO EH teams regularly monitored the diarrhoea prevalence in camps and conducted investigation and response to AWD alerts/outbreaks. The team performed regular drinking water supply chlorination and disinfection and mobilized resources for the provision of water collection and storage facilities, hygiene kits, water quality supplies and health and hygiene education and awareness raising materials. WHO tested 938 water samples during water quality monitoring; of these, 64% (599) of samples tested were found microbiologically contaminated.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <p>The no-cost extension was requested to complete activities which were delayed due to security situation in the country and target areas including Muharram (Shiite holy month, usually marked with violence) and the release of a politically sensitive video against Mohammad (PBUH). The releases of video affected operations on ground as all activities were suspended for 3 weeks across Pakistan due to the tense security situation. The situation was extremely sensitive in Khyber Pakhtunkhwa. The suspension of activities in the said 3 weeks caused the delay in training of all 100 health care providers within the stipulated time.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>M&amp;E is built in process of the CERF implementation while the project is monitored by MNCH Officers, EH Officers, Surveillance Officers and respective District Health Officers from the target districts. The CERF implementation is monitored through standard health indicators which report on the disease situation for outbreak control and mitigation of risk of communicable diseases.</p>	

## PART 2: CERF EMERGENCY RESPONSE – FLOODS (RAPID RESPONSE 2012)

### I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total amount required for the humanitarian response: 168,584,522</i>		
Breakdown of total response funding received by source	Source	Amount
	CERF	9,920,625
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	3,125,951
	OTHER (Bilateral/Multilateral)	41,335,774
	<b>TOTAL</b>	<b>54,382,350</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – Date of Official Submission: 5 October 2012			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	12-CEF-122	Water and Sanitation	1,006,442
UNHCR	12-HCR-051	Shelter and Non-Food Items	562,446
WFP	12-WFP-072	Food	2,496,824
UNICEF	12-CEF-120	Health-Nutrition	393,926
UNICEF	12-CEF-121	Protection/Human Rights/Rule of Law	321,675
UN Habitat	12-HAB-002	Water and Sanitation	575,000
UN Habitat	12-HAB-003	Shelter and Non-Food Items	564,890
UNDP	12-UDP-012	Security	83,764
WFP	12-WFP-074	Health-Nutrition	286,894
WHO	12-WHO-073	Water and Sanitation	275,001
WHO	12-WHO-074	Health-Nutrition	75,757
UNICEF	12-CEF-118	Education	403,952
UNICEF	12-CEF-119	Health	346,470
FAO	12-FAO-038	Agriculture	489,073
UNFPA	12-FPA-043	Health	153,245
UNHCR	12-HCR-050	Protection/Human Rights/Rule of Law	76,000
WFP	12-WFP-073	Coordination and Support Services Logistics	443,154
WHO	12-WHO-075	Health	696,142
IOM	12-IOM-030	Shelter and Non-Food Items	669,970
Sub-total CERF Allocation			<b>9,920,625</b>
<b>TOTAL</b>			<b>9,920,625</b>

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of Implementation Modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	8,488,075
Funds forwarded to NGOs for implementation	1,112,471
Funds forwarded to government partners	320,079
<b>TOTAL</b>	<b>9,920,625</b>

Flash floods and hill torrents, triggered by heavy monsoon rains experienced in Pakistan in September 2012, caused widespread loss of life, livelihoods, and infrastructure. The Government of Pakistan identified southern Punjab, north-western Sindh and north-eastern Balochistan as the hardest-hit areas. The Government disaster management authorities citing Rajanpur District in Punjab; Jacobabad and Kashmore districts in Sindh; and Jaffarabad and Naseerabad in Balochistan as the five worst-affected districts with the most significant human and material losses, damages and the highest needs. The Government notified, or declared, 13 districts as calamity-hit: Jaffarabad, Jhal Magsi, Nasirabad and Killa Saifullah in Balochistan; Dera Ghazi Khan and Rajanpur in Punjab; and Ghotki, Jacobabad, Kashmore, Khairpur, Larkana, Qambar Shahdadkot and Shikarpur in Sindh. Some districts were inundated by floodwaters for the third consecutive year, worsening the humanitarian situation of families that were recovering from the 2010 and 2011 floods.

According to the NDMA, the 2012 floods affected 4.8 million people in 14,159 villages, damaged 636,438 houses, affected 1.2 million acres of crops and killed 12,121 head of cattle. Local authorities established 484 relief camps (i.e. relief/evacuation centres, largely schools and other public buildings) that hosted up to 314,408 people affected by the floods. The cycle of displacement was relatively short in Punjab, where floodwaters receded faster than in the worst-affected areas of Balochistan and Sindh, where displacement persisted well into early 2013.

Humanitarian partners conducted the Multi-sector Initial Rapid Assessment (MIRA) in five hardest-hit districts (Jaffarabad and Nasirabad in Balochistan; Rajanpur in Punjab; and Jacobabad and Kashmore in Sindh) upon the Government's request.

The coordinated assessment found at least 2 million people in need of humanitarian assistance in the five assessed districts, with critical needs including, the provision of and access to food, safe drinking water, primary healthcare services, shelter support, education, and protection services. Notably, 88 per cent of key informants reported communities losing food stocks, with over 90 per cent of reporting communities to be reducing their meals by once or twice a day, also reducing child feeding, while 80 per cent of reported dependency on drinking water from hand pumps that had been contaminated by floodwaters.

MIRA key informants also indicated that 25.5 per cent of communities had no shelter at all, 18.7 per cent of people were living in makeshift shelters, 11.6 per cent of communities were using bamboo and tarpaulin as shelter, and 9.8 per cent of the people were hosted by relatives.

Over 90 per cent of key informants indicated that communities experienced health problems, citing malaria and diarrhoea as the two main health issues, followed by skin infections such as scabies, cough and cold fever. Key informants also said 32 per cent of health facilities were non-functional as a result of the floods.

The MIRA findings also revealed major impacts on both farm and non-farm livelihoods, and widespread damages to community basic infrastructures including buildings, small businesses, and homes. Of note, MIRA findings indicated 80 per cent of standing crops were destroyed, 91 per cent reported losses of fodder stocks, and 54 per cent of irrigation channels were destroyed. Findings also showed that across the districts 88 per cent of homes had been damaged or destroyed.

## **II. FOCUS AREAS AND PRIORITIZATION**

Based on the needs identified by the MIRA findings, the HCT prioritized the five assessed districts for CERF allocations. A more comprehensive Monsoon Humanitarian Operational Plan was developed as a broader strategic and fundraising tool covering flood-affected areas across the three provinces.

MIRA findings identified food, emergency shelter, drinking water, health services, education and protection as the priority needs of the affected population, consistent with the priority humanitarian needs identified by the NDMA, the PDMA, and the District Disaster Management Authorities (DDMA).

MIRA findings enabled agencies and clusters to collectively understand the humanitarian impact of the floods and informed their strategic humanitarian priorities in their applications for CERF support, based on the identified needs and gaps, particularly in relation to life-saving activities, in order to minimize the suffering of the flood-affected people. The findings captured the challenges faced and vulnerabilities between gender and age groups, and helped humanitarian partners to develop project plans built on gender-sensitive project indicators in order to redress gender inequality. Key humanitarian findings:

- Approximately 2 million people affected;
- FOOD SECURITY AND LIVELIHOODS
- 88 per cent of key informants reported food stocks were lost;
- 90 per cent of key informants reported reducing daily meals;
- 88 per cent of key informants reported reduction of daily meals for children;
- 80 per cent of standing crops were destroyed;
- 58 per cent of irrigation channels were destroyed;
- 91 per cent reported a loss of fodder stocks;
- 26 per cent of affected populations depending on non-farm livelihoods suffered losses;

The Food Security Cluster response strategy focused on saving lives, averting hunger and improving food security and livelihoods of the flood-affected population. The strategy revolve around provision of un-conditional Food assistance to flood affected population, promotion of immediate livelihood protection by preserving livestock productivity (feed and health support) and ensuring resumption of essential agricultural activities through support to families for Rabi and Zaid Rabi Crops (cereal, oilseeds, and fodder) with a winter vegetable pack (including pulses/legumes) as source of food and income; cash interventions where markets were functional, and capacity-building sessions.

#### WATER, SANITATION AND HYGIENE

- 80 per cent of key informants reported dependency on contaminated hand pumps;
- Only 10 per cent of persons with access to protected water sources;
- 57 per cent of key informants reported community practice open defecation;
- 79 per cent were without hygiene material such as soap;
- 81 did not have safe drinking water containers.

The main focus of the response was provision of emergency critical life-saving water, sanitation and hygiene (WASH) services to flood-affected communities during the first three months, followed by early recovery services in priority areas through various specific interventions.

#### SHELTER

- 88 per cent of homes reportedly damaged or destroyed;
- 26 per cent of the population reported without any form of shelter;
- 19 per cent of key informants reported persons using makeshift shelters;
- 11.6 per cent of key informants reported persons using bamboo and tarpaulin as shelter;
- 9.8 per cent of key informants reported persons hosted by relatives;
- 98 per cent did not have shelter tool kits;
- 82 per cent did not have adequate fuel or firewood;
- ;
- 68 per cent did not have blankets;
- 56 per cent did not have bedding mats;

The Shelter Cluster sought to complement the Government of Pakistan's support to those whose homes had been destroyed by the floods or otherwise could not access adequate shelter and to ensure that the affected population had access to shelter and non-food items required to provide basic protection from rain and sun as well as enabling people to maintain privacy and dignity. Partners gave priority to vulnerable populations and made special accommodations to ensure women, children and people with specific vulnerabilities had access to shelter.

#### HEALTH

- 90 per cent reported health issues citing malaria and diarrhoea;
- 32 per cent of health centres were not functional;
- 

The overall objective of the health response strategy was to provide emergency health care, including high-impact, critical life-saving services for men, women and children of communities in flood-affected areas through supporting, provision of/and maintaining essential life-saving health services in the priority districts..

#### EDUCATION

- 74 per cent of children were not going to school; and
- 55 per cent of children had lost educational material.

In response, the Education Cluster supported learning activities through the establishment of Temporary Learning Centres (TLCs), advocating for and supporting the re-opening of schools and establishment of non-formal education and recreational programmes, providing appropriate basic education, early learning, and recreational materials, among other activities.

#### PROTECTION

- Up to 50 per cent of the affected population were women;
- Up to 39 per cent of the affected population under 14 years old;
- 23 per cent of key informants reported neglect or marginalization;
- 37 per cent reported difficulties accessing assistance;
- 56 reported fighting due to scarcity of resources;
- 16 per cent reported exclusion of particular groups;
- 10 per cent reported the exclusion of female-headed households;

The overall objective of the Protection Cluster was to ensure adequate attention in the disaster response to persons and groups with specific needs: children; women, including female-headed household, single women without effective male or community support, women at risk (e.g. survivor of violence); older persons; persons with disabilities and other groups at risk of exclusion, in coordination and cooperation with key protection and social-welfare governmental institutions as well as in coordination with other relief/ service providers.

Multi-Sectoral Initial Rapid Assessment (MIRA) guided the clusters in estimating their beneficiary targets.

The estimated population for support through CERF funding was based on MIRA findings which was conducted in five severely flood-affected districts in the most-affected districts—i.e. Jaffarabad and Nasirabad (in Balochistan); Rajanpur (in Punjab); and Jacobabad and Kashmore (in Sindh). The target population was chosen among the cluster partners in cluster meeting to address the immediate life-saving needs of the affected population in five severely affected districts. On the basis of these estimates, the beneficiary numbers for health, WASH and food response were determined.

Beneficiary numbers were estimated based on shelter needs identified in the five worst-affected districts of Rajanpur (Punjab), Jacobabad and Kashmore (Sindh), Jafferabad and Nasirabad (Balochistan). Preliminary MIRA findings reported acute shelter needs in the affected areas, with over one-fourth of the affected population (25.5%) lacking any kind of shelter support, 18.7% in makeshift shelters, 11.6% in shelters made of tarpaulins and bamboos and another 6.6% in tents.

### III. CERF PROCESS

The HCT requested the HC to inquire about the possibility of requesting CERF support to respond to the floods. The HC tasked OCHA to follow up on this request. CERF secretariat informed how a request for support would be considered.

Following the necessary consultations, the national Inter-Cluster Coordination Mechanism (ICCM) clearly defined the CERF response priorities and suitable funding allocations based on the findings of the MIRA, including secondary information, and cluster-specific data and information. These defined response priorities were then recommended to the HCT by the ICCM, which approved the recommendations. The priorities then guided the development of the CERF grant proposal. Gender was taken into account throughout consultations, and included in the ICCM recommendation to the HCT.

The prioritization of projects was based on needs analysis and information available on the response during the development of the proposal, which guided an early gap analysis, and the CERF life-saving criteria. The process of prioritization was inclusive within the cluster system and the priorities identified by humanitarian partners were consistent with the Government's.

In line with the overall priorities recommended by the ICCM and approved by the HCT, each cluster defined cluster-specific priorities with regard to actions and locations and response. Agencies aligned their project proposals with cluster strategies and ensured cross-sector complementarity of projects. Examples of complementarity across projects and clusters included links between WASH and education for safe drinking water distribution and gender-sensitive sanitation facilities in schools; health and nutrition activities linking to ensure referrals and appropriate treatment of affected people according to conditions; and protection and gender issues mainstreamed throughout all projects.

Overall between women, men and children, the ratio of beneficiaries targeted for assistance was 44.9 per cent for women, 28 per cent for children, and 27.1 per cent for men.

#### IV. CERF RESULTS AND ADDED VALUE

In the absence of an international appeal for the 2012 floods response, the CERF grant was not only catalyzed humanitarian funding for the response but immensely supported early action in response to priority humanitarian needs of the most vulnerable flood-affected people, as identified by the MIRA, defined by the Inter-Cluster Coordination Mechanism (ICCM), and agreed by the HCT.

Multiple agencies applied for funding within each sector because of their varying capacities in various locations, and differing response approaches within the sector, most notably in WASH and Shelter clusters. They each submitted three agency proposals in each sector. Having multiple agencies responding in the same sector ensured quicker and more effective coverage and provision of assistance to flood-affected people and capitalized on agencies' capacities to implement relevant responses according to the identified needs.

Considering the scale of the 2012 flooding, the geographical extension and the presence in the country of UNHCR, UN-Habitat and IOM, all agencies with recognized capacities and experience in the shelter sector, as well as presence in the affected areas, the CERF grant was divided amongst these three agencies in order to ensure a maximum geographical and beneficiary coverage. These agencies were active members of the Shelter Cluster and worked closely with the cluster in the planning of their activities to avoid duplications and ensure their targeting according to priority areas and groups.

Agencies coordinated their activities to ensure the effective, efficient, appropriate, and timely provision of assistance to needy populations. Agencies also put in place mechanisms to promote accountability to beneficiaries through self-regulation and a common respect for the rights and dignity of beneficiaries.

**WASH:** CERF support enabled the rapid commencement of the WASH response, providing more than 119,000 men, women and children with life-saving assistance, including safe drinking water and access to basic sanitation and hygiene education, with relief activities designed to ensure culturally appropriate and gender-segregated facilities where required. CERF's support also enabled the WASH Cluster agencies to deliver a timely WASH response for many of the most vulnerable affected populations, also enabling the cluster to illustrate unmet needs and advocate for additional funding to meet them.

**Protection:** CERF support provided immediate start-up support to agencies to enable them to offer protective services to people with specific needs in the flood-affected districts. CERF funding provided to two local partners, active in Rajanpur, Jacobabad and Kashmore, districts facilitated a series of outreach-oriented protection activities. The Protection Cluster ensured a mobile presence of mixed teams in the flood-affected areas to enable them to conduct participatory consultations with the population, following gender representative criteria; to provide information on available assistance (almost 3,000 people were directly reached, 50 per cent female); to assess their needs and challenges in accessing assistance; and to refer individuals with specific needs to service providers (510 individuals were referred).

CERF funding also enabled the set-up of helplines to support the population in obtaining information on available assistance and services (almost 1,300 families were reached), as well as to request legal assistance/ information, including on civil documentation (308 families benefited from individual consultations). Under the **child protection response**, CERF funding enabled the establishment of PLACES, with separate spaces for children and women and supported mobile teams to reach out to neighboring areas and offer a series of protective services and activities. CERF supported the establishment of 38 centres, attended by some 13,500 children (49 per cent girls) and almost 4,200 women. In addition, about 1,000 community members (58 per cent women) were trained in child protection principles and supported as Child Protection Committee members. More than 6,800 community members also received child protection-related messages. CERF funding also enabled the integration of a **GBV response** into reproductive health activities.

**Health:** CERF support injected much needed humanitarian funding and bridged critical funding gaps, in supporting the establishment of five mobile health service units in Sindh - three in Jacobabad and two in Kashmore district – through which UNFPA provided basic emergency obstetric care (BEmOC), primary healthcare and other reproductive health services. The mobile health units also ensured the provision of the first line of treatment to neonates; identification and prompt referral of emergency cases to tertiary health care facilities for comprehensive services; identification, treatment and referral of GBV cases in the community; provision of psychosocial counselling services and enhancement of awareness on basic human rights.

The CERF-funded response resulted in increased access to and utilization of the minimum initial service package (MISP) for reproductive health among the target population, leading to an improved reproductive health status of women of child-bearing age and newborns in Jacobabad and Kashmore districts in Sindh. The comprehensive RH and GBV services contributed towards the reduction of possible maternal deaths through the timely provision of antenatal care services to 3,122 pregnant women and post-natal care to 593 women who received services to avoid complications after delivery. Psychosocial counsellors provided assistance to 472 victims of gender-based violence. They conducted 211 individual and community counselling sessions in both districts and sensitized the community regarding their rights to health and life through behaviour change communication. In addition, 876 women received family planning services, which were complemented by distribution of reproductive health items, including safe delivery kits and women hygiene kits. CERF funds also supported the provision of items such as reproductive health kits, hygiene kits and other relief items to the affected population.

**Food:** The CERF funded response was highlighted and progress shared periodically at the food cluster meetings held at both the provincial and the national levels. The value added at the food cluster level was that food assistance for a relatively stable number of households in this context helped in directing other partners and agencies working in areas of food assistance as well as other humanitarian activities to supporting the flood affected populations. In a situation where the severe lack of funds hampered the relief effort, CERF funding provided critical support to get the relief effort started.

**Shelter:** CERF Funds allowed the rapid funding to cover emergency shelter needs and NFIs of the affected population. This CERF allocation was instrumental to support the release of contingency stocks, as some agencies, whose stocks were pre allocated for the complex emergency, had replenishment of stocks as a caveat for its distribution. CERF also enabled the set up and scale up of the shelter cluster team, who ensured the coordination of the shelter response. Moreover, the CERF funds also covered partially the Temporary Settlement Support Unit (TSSU) assessments, which monitored the displacement, return patterns and main needs of the displaced populations. UNDSS established its presence in Sukkur. The management of all security related operations for the Flood Affected Areas (FAAs) -- Sindh, Punjab and Balochistan -- were managed from Sukkur. UNDSS extended its presence to Sukkur and strengthened its NGO liaison capacity. While the security environment in the flood affected areas remained highly complex and volatile, the monsoon emergency in 2012 added additional security challenges. DSS also established communications structure at Sukkur in order to provide a full coverage to the humanitarian actors throughout the flood affected areas.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 4,800,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Water and Sanitation	115,900	116,080	231,980
	Education	6,233	10,093	16,326
	Shelter and Non-Food Items	27,991	30,494	58,485
	Food	200,698	208,890	409,588
	Health-Nutrition	46,405	22,499	68,904
	Protection/Human Rights/Rule of Law	26,053	30,921	56,974
	Security	NA	NA	NA
	Health	466,441	203,213	669,654
	Agriculture	13,720	14,280	28,000
	Coordination and Support Services (Logistics)	NA	NA	NA

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	371,400	466,441
Male	210,000	208,890
Total individuals (Female and male)	581,400	675,331
Of total, children <u>under 5</u>	420,000	369,763

Based on MIRA results, the agencies planned to reach some 580,000 individual - a target which was achieved while serving nearly 15 per cent more beneficiaries. Most of the targets set in the initial proposals were achieved by the agencies, thanks to the experience of the previous two years flooding. As mentioned above, the past experience showed that where the Government may not agree to an appeal or delay it, CERF funds were considered vital and used diligently to ensure maximum results. With the help of CERF funds, immediate life-saving needs of the target population were met, however, vulnerabilities still exist in the flood-affected areas. Some of these vulnerabilities are residual from the previous two years flooding, while the rest are endemic to the region due to socio-economic situation.

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

YES ☒ PARTIALLY ☐ NO ☐

CERF support catalyzed the initial response to the floods in 2012, enabling early action and the delivery of life-saving assistance. CERF funding also bridged critical humanitarian financing gaps for example, being the only available form of support for the **Education Cluster's** floods response, enabling UNICEF to reach 16,326 children within the first three months of the response.

The rapid allocation of CERF funds facilitated the provision of safe drinking water, food, primary healthcare, shelter, protection and education services for the most vulnerable populations. It ensured for the **Protection Cluster** the ability to introduce safe spaces and protective and psychosocial support to girls, boys and women during the early stages of the floods emergency response. This was particularly important because the socio-cultural context in the flood-affected areas limits girls' and women's mobility, as indicated by the MIRA, which highlighted the concern of security and lack of privacy for girls and women.

**Food Security:** In the initial stages of the flood response when funding was critically needed, the quick confirmation allowed WFP to divert commodities from other interventions in country knowing that those resources would be paid back. This helped in providing critical support to the worst affected households in the earliest days of the flood response. CERF funding also enabled the continuation of key food security activities among rural Sindh households that suffered massive crop and livestock damages during the floods – missing one agricultural season or losing one harvest sometimes takes smallholders and peasants several cropping seasons to recover. Some of the beneficiaries had not fully recovered from earlier shocks (2010 floods, drought, etc.) when the floods washed away a major portion of their summer (*Kharif*) crops such as cotton, rice, vegetables, fodder and seeds stocks. Project beneficiaries also sustained considerable damages to their livestock assets and were finding it difficult to sustain the surviving animals due to worm infestation and loss of fodder and forage stocks. CERF funding facilitated the resumption of crop production activities during the winter (*Rabi*) season and supplementary animal feed to sustain livestock assets during the fodder-stressed lean season. The CERF allocation was the only humanitarian assistance channelled through the UN system for relief activities in the agriculture and livestock sector. It allowed FAO to initiate relief operations and respond rapidly to the humanitarian needs of the affected population.

**Shelter:** CERF allowed the quick mobilization of agencies and distribution of emergency shelters and NFI. CERF was instrumental to fund organizations that required stock replenishment before the release of contingency stocks.

**WASH:** CERF contributions to WASH agencies during the 2012 floods allowed beneficiary agencies to reach beneficiaries quickly, through rapid initiation of the response. Without this contribution WASH activities would have stagnated following the mobilization of contingency stocks and would not have been initiated or scaled up in many areas requiring assistance. CERFs rapid allocation and flexibility remain highly important to enable an effective, timely response.

**Health:** Under the Rapid Response, arrangement WHO and Health Cluster Partners ensure timely and effective delivery of basic emergency lifesaving health services to the flood affected population. Key activities supported through CERF funds were disease surveillance, provision of essential medicines, MNCH, health and hygiene sessions and PHC services via static and mobile health units.

**b) Did CERF funds help respond in time critical needs<sup>17</sup>?**

YES ☒ PARTIALLY ☐ NO ☐

CERF support was the first major contribution to the floods response and was critical in terms of timely delivery of humanitarian assistance. Without CERF support critical, humanitarian needs of the most vulnerable populations may have been unmet, compounding the impact of the crisis.

**Nutrition:** CERF funds were used for the provision of timely nutritional assistance to vulnerable and malnourished children and pregnant and lactating women. The initial focus was on prevention of deterioration of the nutritional status of vulnerable groups and treatment of affected people.

**Protection:** CERF funding enabled agencies to facilitated timely access to assistance and address neglect and marginalization of vulnerable segments of the population, lack or loss of documentation, possible instances of violence against boys and girls, and the need for protective spaces for women and girls, all of which were identified by the MIRA.

**Education:** CERF funding supported the establishment of Temporary Learning Centres (TLCs), which were essential to facilitating a sense of normalcy in the lives of the affected children. TLCs also attracted a large number of children who had never been to schools; more than 35 per cent of children in TLCs were in schools for the first time.

**Food Security:** CERF funds for agricultural activities enabled the provision of immediate assistance to flood-affected people to grow winter crops in order to improve food availability and household nutrition. Crop production took place after water receded in some parts of the agricultural belt, where households had lost agricultural inputs (seeds, fertilizers, etc.) and lacked access to cash and credit. CERF-funded agricultural activities helped partners to bridge food gaps, thus limiting dependency on external food assistance. Additionally, critical livestock assets owned by 2,000 households were protected with improved productivity. In flood-affected areas, livestock is a key source of household nutrition and provides access to quick cash in times of need. Additionally, within the context of the food security cluster, WFP was able to provide critical household food rations for affected households when they needed it most and when the response of the humanitarian community was severely underfunded. These IDPs needed immediate food assistance and CERF funds enabled continuity by the WFP in the provision of household food rations.

**Shelter:** The CERF funded shelter/NFI kits were the first to be distributed in severely affected areas of North Sindh, South Punjab and Balochistan after the limited contingency stock available with agencies was exhausted. Majority of distributions were targeted towards displaced households residing in temporary settlements or next to their damaged/destroyed houses meeting critical shelter needs of population living under the open skies.

**WASH:** WASH life-saving interventions by nature are time critical, where lack access to safe drinking water and basic sanitation significantly increase the vulnerability of affected populations, in particular children, to WASH-related diseases, such as diarrhea. Therefore, CERF funds did help respond to time-critical needs in WASH. However, the need still significantly outweighed the scale of the response.

**Health:** Just after the floods health cluster mobilized its existing resources to address public health concerns for avoiding morbidity and mortalities using the existing surveillance system along support through medicines in the affected districts which were provided through CERF. In the flood affected districts Health Cluster partners were supported through provision of PHC services package (including maternal, newborn and child healthcare, mental health and psycho social support) along with strengthening of service delivery points/temporary health posts and Mobile Health Units in the affected areas.

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

YES ☒ PARTIALLY ☐ NO ☐

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<sup>17</sup>Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns; locust control).

The CERF support did help improve resource mobilization from other sources and bridged critical funding gaps, though due to the large number of natural and man-made emergencies in Pakistan over the last few years, resource mobilization has been a major challenge to humanitarian assistance despite generous CERF contributions. The resistance to having a formal international appeal in Pakistan compounded resource mobilization challenges, and overall CERF funds constituted just under 18 per cent of the total funds received for the 2012 floods response.

**Education:** By showing results on the ground through the rapid establishment of TLCs, the Education Cluster managed to attract funding from other donors, including the Polish Government (for UNICEF), ERF (for national NGO partners) and DANIDA (for Save the Children).

**Protection:** CERF funds supported the kick-starting of protection and child protection programming, as the funds were immediately transferred to two UNHCR local partners on the ground to enable them to provide assistance in two of the most affected districts. In the child-protection sector, CERF funds amounted to around 75 per cent of all child protection sectoral funding (UNICEF and non-UNICEF) in the first two months of the response, and UNICEF was subsequently able in the third month to mobilize an additional \$500,000 for child protection. CERF continued to account for around 30 per cent of all child protection sectoral funding three months after the emergency.

**Food Security:** Food assistance commenced relatively early in the emergency but at a very low-scale due to a severe shortage of funds. This initial response helped the food cluster in highlighting the critical need for mobilizing much needed resources for providing immediate relief to affected households through food ration distribution. Although FAO did not receive additional donor funds to support the people affected by the 2012 floods, the gaps identified during the implementation of the CERF project resulted in the reprogramming of one donor-funded project to allow livestock-related support to an additional 5,600 households in Naseerabad District, Balochistan.

**Shelter:** Over all, the resource mobilization for 2012 floods response did not reach the desired momentum due to a number of factors including lack of a formal appeal; however a number of key traditional donors contributed towards the shelter cluster activities outlined under MHOP. Accordingly shelter cluster has been able to meet 34 per cent of the emergency shelter needs of 386,171 households prioritized for assistance as of March 2013.

**WASH:** The CERF contribution allowed WASH Cluster agencies the ability to demonstrate the significant impact of a timely WASH response for affected populations, thereby allowing the Cluster to illustrate on-ground and advocate for additional funding from other sources. However it is not clear whether this alone improved resource mobilization from other sources as resource mobilization in Pakistan is complex for a variety of different reasons.

**Health:** CERF funds were used as initial support to mobilize the health system for immediate response for saving lives health services and CERF funds motivated other donors, such as USAID, to support the health cluster in filling gaps in the health service delivery.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES ☒ PARTIALLY ☐ NO ☐

CERF brought humanitarian partners together for better, well-coordinated and timely response. Clusters were instrumental in ensuring CERF allocations were allocated and utilized effectively, ensuring lifesaving actions were prioritized in the CERF supported response. Inter-agency coordination was also supported by CERF with agencies working closely to coordinate and complement humanitarian responses to maximize impacts and use of resources, and to ensure the most vulnerable populations were targeted.

**Food Security:** In line with addressing the needs of the most vulnerable who are residing in camps and elsewhere, CERF assistance helped in bringing protection and gender issues to the fore at the food cluster level. At the food cluster level better coordination resulted in a better flow of information and therefore leading to a highlighting of the needs and gaps faced by the IDP's beyond their immediate food needs. A gender and protection sensitive reporting of assistance provided to beneficiaries lead to the intervention improving effectiveness and targeting than intervention in past years.

**Protection:** In the Protection Cluster and the Child Protection Sub-Cluster, five local NGOs (two focused on protection and three on child protection) that who received CERF funding actively participated in district-level coordination forums, including co-chairing some district protection working groups with the Government.

**Nutrition:** The CERF allocation process was consultative and all clusters/sectors were represented through the inter-cluster coordination mechanism. In the Nutrition Cluster, UNICEF, WFP and WHO came together to better coordinate complementary nutrition interventions.

**Shelter:** CERF funded the coordination of the Shelter Cluster and TSSU, which enabled a better and timely coordination of the shelter response, as well as the roll out of the TSSU assessment, which monitored the displacement patterns and main needs of the displaced population in temporary settlements

**WASH:** The CERF contribution provided an impetus for improved inter-cluster coordination during CERF strategy development and discussion on humanitarian priorities.

**Health:** Regular inter-cluster meetings / coordination with NGOs, DOH, WASH and nutrition clusters facilitated planning and response, outbreak investigation, water quality control and test and health promotion activities. The national health cluster meets regularly in Islamabad and cluster meetings are also conducted at provincial level and at district level to coordinate and plan the response activities according to identified gaps without any duplication. District level coordination meetings in the IDPs hosting districts are also being organized by WHO in collaboration with district health authorities. Furthermore, due to linkages between WASH, Nutrition and Health interventions, the coordination is also being carried out between the health, nutrition and WASH clusters and the respective government departments. The cluster produces “Who is doing What and Where” matrix and maps regularly and sharing with partners. In the coordination meetings, partners give update on their activities and inform about any gaps, constraints, problems which are then addressed through DOH, WHO and other cluster partners. CERF fund enabled coordination with multiple actors, including local health authorities, NGO as implementing partners, WASH cluster, CCCM and Nutrition cluster partners. Strong coordination was ensured at provincial and district level to ensure effective and efficient health service delivery.

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Despite CERF's significant allocation, substantial needs remained unmet due to funding constraints.	Given that CERF is not meant as a primary funding source and cannot replace the role of traditional donors, OCHA and the HCT should engage the CERF Secretariat and other stakeholders on how to enhance resource mobilization efforts within the country to reduce over-reliance on CERF contributions..	OCHA, HCT, CERF Secretariat
CERF can rapidly kick-start funding through local implementing partners and allow for a rapid roll-out of activities.	Continue to support prompt activation of the emergency window for emergency-prone countries.	CERF secretariat
There appear to be some concerns that CERF funds are meant only for activities in line with the 'life-saving criteria.' This was a bit contentious in the process of allocation of CERF funding across different sectors.	There is a need for more in-country orientation on CERF guidelines and on how CERF funds can best be utilized.	CERF secretariat /OCHA
CERF funds enabled the provision of assistance to children who would otherwise have been out of	Given the emergency character of CERF funding, CERF guidelines should explicitly require the inclusion of the Education Cluster in grant applications to avoid long consultation meetings. These guidelines will be used by the country team in discussions	CERF secretariat

school, exposed to protection challenges and at risk of engaging in illegal and criminal activities.	with Government departments.	
There appeared to be some persistent misunderstanding or lack of consensus surrounding the definition and application of 'life-saving criteria'.	Better education / orientation of in-country teams dealing with CERF issues on CERF guidelines.	OCHA
The requirement for individual agency proposals to complement one another in a single common application was overly strict in the case of RR grants and too vague with regard to UFE applications.	While promoting complementary responses amongst applicant agencies is welcome, the requirement should perhaps be more flexible as different organizations often have very different priorities with regard to how/where to use available funding based on a range of factors, such as relative overall resourcing levels or sector-specific developments as an emergency unfolds. A strict process for common prioritization may perhaps be more applicable in the case of grants supplied through the UFE window.	CERF secretariat
CERF fund only meant for emergency response.	Part of CERF funds should be allocated to building the resilience of disaster-affected communities.	CERF secretariat

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

<b>Lessons Learned</b>	<b>Suggestion For Follow-Up/Improvement</b>	<b>Responsible Entity</b>
There is considerable buy-in of food security-related interventions from both GOP and disaster-affected populations who are dependent on agriculture, livestock and poultry production for their livelihoods.	Wherever possible, efforts should be made from the very onset of an emergency response to strengthen self-sustaining mechanisms of addressing food security. Country Teams should focus on agriculture, livestock and poultry as a useful tool for achieving food security in the medium and longer-term, alongside the provision of food assistance. Support to agriculture is therefore relevant at both initial emergency response and recovery period.	HCT, Food Security Cluster
Specific sectoral assessments are required for optimal utilization of funds in host communities.	It would be useful to consider providing resources for cluster lead rapid assessments to optimize resource utilization.	Cluster Lead Agency
There should be flexibility to allow re-appropriation of funds based on changing scenarios.	Enough flexibility should be included in proposals to allow re-appropriation of funds based on changing needs, including changing targets from one scenario to another.	Cluster Lead Agency
Prioritizing needs of people with disabilities in planning, funds allocation and implementation.	In acute emergencies, the WASH needs of people with disabilities are often not considered. In the future, humanitarian partners should consider a good estimate of their needs with separate budget lines and strategy.	UNICEF
The consultative and participatory approach for CERF allocation created a consensus over the prominent needs and improved prioritization of needs and resources.	The consultative approach should be maintained. Partners need to come with justified needs and rational estimates of resources.	All clusters and OCHA

As in previous years, there continued to be a lack of sufficiently clear criteria for the allocation of available resources amongst eligible recipient agencies. Furthermore, rapid response allocations perhaps remain too limited as start-up financing.	A principled system for resource allocation should be standardized, formalized and clearly communicated to eligible participants.	CERF secretariat / OCHA
Handling requests from the Government for transportation service and deployment of boats requires effective coordination.	Constant coordination and communication with Government authorities needs to be maintained to keep them aware of the support provided by the Logistics Cluster during an emergency response.	WFP / Logistics Cluster
There is a need for an effective strategy for the handover of boat operations as an emergency period winds down.	The process can be streamlined through floating an expression of interest to gather information on NGOs or other service providers who can operate boats to facilitate quick humanitarian response in support of the Government.	WFP / Logistics Cluster
The most appropriate point of use (POU) option for a location depends on existing water and sanitation conditions, water quality (including aesthetic conditions such as taste, odour and colour), cultural acceptability, implementation feasibility, availability of Household Water Treatment Systems (HWTS) technologies, environmental factors and other local conditions.	Water treatment needs to be accompanied by safe storage. Containers with narrow openings and a dispensing device such as a tap or spigot are indispensable for the protection of collected water against re-contamination. These measures are particularly important because the microbial quality of drinking water frequently declines after collection.	WASH Cluster partners / Government authorities
Anarchy, tribal hostilities and a breakdown in the law and order situation created hurdles in accessing the targeted community.	More efforts should be made to address gender-based violence within the context of a feudal and tribal system of identification. Cultural constraints should be considered and addressed for effective project implementation.	Protection Cluster
There is a need for more collegial discussions regarding CERF reporting and OCHA should play a more proactive role in this process.	In order to ensure quality submissions, the request for inputs for CERF reports should not wait for more than a year.	OCHA/CERF secretariat

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS				
CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period: 10/10/12-09/04/13	
2. CERF project code:		12-CEF-122	6. Status of CERF grant: <input type="checkbox"/> Ongoing	
3. Cluster/Sector:		WASH	<input checked="" type="checkbox"/> Concluded	
4. Project Title:		Life-saving WASH Interventions for Flood Affected Populations in Sindh and Balochistan		
7. Funding	a. Total project budget:		US\$ 6,895,000	
	b. Total funding received for the project:		US\$ 6,720,984	
	c. Amount received from CERF:		US\$ 1,006,442	
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		76,500	73,950	
b. Male		73,500	71,050	
c. Total individuals (female + male):		150,000	145,000	
d. Of total, children <u>under 5</u>		21,000	20,300	
9. Original project objective from approved CERF proposal				
The overall objective of the project is to prevent excess morbidity and mortality in the flood affected areas of Pakistan through WASH interventions to help reduce the incidence of water, sanitation and hygiene related disease through the provision of safe drinking water, adequate sanitation coverage and/or hygiene promotion activities for 150,000 individuals in prioritized flood-affected districts of Sindh and Balochistan.				
10. Original expected outcomes from approved CERF proposal				
At the end of the project period 150,000 displaced people, including women and children will have been provided with safe drinking water, 40,000 will have had access to basic sanitation facilities and will have been reached with appropriate hygiene messages. These interventions will thereby reduce the vulnerability of this population to water, sanitation and hygiene-related disease.				
Additional outcomes include:				
<ul style="list-style-type: none"><li>WASH-related disease surveillance and identification of flood affected communities facing greatest health risks from WASH diseases identified and appropriate response mechanisms put in place.</li><li>Early alert and response to possible WASH related outbreaks in camps, weekly microbial water quality trends and residual chlorine in water supplies report.</li><li>Environmental health monitoring and appropriate intervention linked to outbreak of diseases.</li></ul>				
11. Actual outcomes achieved with CERF funds				
Achievement:				
<ul style="list-style-type: none"><li>Approximately 8,000 men, women and children received safe drinking water for a period of one month through water tankering in districts Kashmore, Jacobabad and Shikarpur.</li><li>95,000 were supported with safe drinking water in Qillah Saifullah and Jaffarabad districts of Balochistan and Kashmore, Shikarpur and Jacobabad districts in Sindh, through rehabilitation of 9 community water supply schemes and the installation / rehabilitation of 230 hand pumps. Principles of disaster risk reduction are incorporated to ensure that newly constructed hand pumps were resistant to damage and contamination in the event of future emergencies.</li><li>Provision of sanitation facilities to 14,000 displaced people in Jaffarabad district through construction of 500 emergency WASH facilities (latrines and washing places).</li><li>35,000 people in Kashmore, Shikarpur and Jacobabad districts in Sindh were supported through social mobilization</li></ul>				

<p>processes to create open defecation free communities, including the construction of 500 demonstration latrines. The community was sensitized through various triggering processes to construct latrines at household level. Household level work was undertaken by the community after the project.</p> <ul style="list-style-type: none"> <li>Hygiene promotion to 14,000 people on safe hygiene practices and 4,000 minimum family packages was distributed to 4,000 displaced families. Additional 35,000 received hygiene promotion and soaps to support the promotion of hand washing at critical times.,under the social mobilization for sanitation activities Kashmore, Shikarpur and Jacobabad districts in Sindh.</li> <li></li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No major discrepancies.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2a(145,000 individuals 73,950 female, reached with the WASH facilities in camps, with special focus on privacy for women and adolescent girls. Hygiene kits distributed includes items to cater for the specific needs of adolescent girls and women.	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>The project was subject to standard monitoring and evaluation practices for all UNICEF WASH programmes. This includes:</p> <ul style="list-style-type: none"> <li>Joint monitoring for direct field level monitoring was regularly carried out by UNICEF staff and PHED staff.</li> <li>Extensive field monitoring was also out through third party monitors exclusively for WASH. The feed back and reports from the monitors were shared with the implementing partners and corrective actions taken.</li> <li>Qualitative field monitoring for all sections including WASH was carried through another third party monitors.</li> <li>Progress (of the entire WASH response) was also reviewed in the biweekly/monthly WASH Cluster meetings</li> </ul>	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	FAO	5. CERF Grant Period:	24/10/12 – 06/05/13
2. CERF project code:	12-FAO-038	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	AGRICULTURE		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency assistance for the prompt resumption of agricultural activities and protection of productive livestock assets in flood affected districts of Jacobabad and Jafferabad.		
7. Funding	a. Total project budget:	US\$ 7,383,394	
	b. Total funding received for the project:	US\$ 489,073	
	c. Amount received from CERF:	US\$ 489,073	
<b>Results</b>			
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	13,720	13,720	N/A
b. Male	14,280	14,280	
c. Total individuals (female + male):	28,000	28,000	
d. Of total, children <u>under</u> 5	4,200	4,200	
9. Original project objective from approved CERF proposal			
Under the overall objective of enhancing the food and nutrition security for flood victims, the FAO assisted project seeks to ensure the survival of critical productive livestock assets and prompt resumption of agricultural activities in worst affected areas in Sindh and Balochistan.			
10. Original expected outcomes from approved CERF proposal			
<b>Expected outcomes</b> <p>Project activities funded by CERF will assist 4,000 flood-affected households with two key interventions. 2,000 households (1,000 each in Jacobabad and Jafferabad) will receive immediate assistance for the protection and restoration of productive livestock assets. Additionally, 2,000 households (1,000 each in Jacobabad and Jafferabad) will receive assistance to resume agricultural activities during the upcoming Rabi season.</p> <p>The specific <b>expected outcomes</b> generated by this response will be:</p> <ul style="list-style-type: none"> <li>• Food security of beneficiary households improved.</li> <li>• Dependency on food aid progressively reduced.</li> <li>• Milk productivity either stabilized, or increased.</li> <li>• Distress sales of surviving livestock reduced.</li> <li>• Loss of draught animal power reduced (an essential pre-condition for the resumption of agricultural production and restoration of livelihoods).</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<p>The project supported about 4,000 flood affected vulnerable households for the agriculture and livestock related activities in seven selected Union Councils (UCs) in districts Jacobabad and Jafferabad. In the provided crop production inputs, the agriculture package included wheat seeds 100 tonnes, DAP 100 tonnes, 2,000 vegetable kits and livestock package included animal compound feed 400 tonnes and de-wormers 4,000 blister packs. All the input items were procured on the national market. For the distribution of the vegetable seeds, special emphasis was given to the women beneficiaries for growing vegetable kitchen gardens. FAO FDG results showed that almost 90% of beneficiaries utilized their vegetable inputs producing on average 140 kg of vegetables mostly consumed within the households.</p>			

<p>The crop production inputs were utilized over 2,400 acres of land (2,000 with wheat and 400 with vegetables) which produced (based on the Post Harvest Focus Group Discussion) around 3,280 tonnes of wheat for consumption by beneficiaries and nearly the same quantity of straw for consumption by livestock.</p> <p>Food stocks specifically wheat grains significantly increased (almost all the wheat grain production during Rabi 2012-13 was stored to meet household food needs) and were described as sufficient to meet family food needs for almost six months as compared to baseline where on average food stocks were available for only one week.</p> <p>As a result of timely provision of livestock inputs (compound feed and de-wormers) a considerable increase in livestock productivity has been achieved which is evident from 20-30 per cent increase in milk yields and a sharp reduction in distressed sale of productive livestock assets as well as losses due to animal sickness (which was reduced by 80 %) during the project implementation.</p> <p>During inputs distribution, all the targeted households received trainings on improved agriculture and livestock practices. In addition, about eight training sessions were organized on wheat production technology and livestock management practices in four UCs of Sindh. The participants were trained in site selection for wheat and kitchen gardening, land preparation, sowing and aftercare, fertilizer application, weed and pest management, use of insecticides and pesticides, cultivation and storage, irrigation and post harvest management, proper utilization of livestock inputs and protection and management of livestock during emergency situation and restoration of their productivity, better utilization of livestock distributed inputs and proper care and management of livestock. A total of 1,726 beneficiaries received these trainings.</p>	
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"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The project provided critical support for the survival and improved productivity of livestock – the only livelihoods asset for which , rural women enjoy some degree of control over the production and it's utilization. Participation of women was also ensured through their inclusion in training programme (wherever possible) to benefit from improved methods of crop production and livestock management.</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>The performance of inputs as assessed during various monitoring visits, the intervention had a positive impact on household food and nutrition security, improved livelihood and reduced dependency on food aid.</p> <p><b>Baseline and Focus Group Discussion (FDG)</b>  FGDs were conducted in December, 2012 to establish baseline against project indicators. The qualitative study targeted two villages in each union council with a minimum of 15 members of the community. The results showed that about 95 per cent of household were food insecure and were dependent on either food-aid or resorting to personal borrowing to meet their daily food needs. On average each household had food stocks sufficient for only one week consumption. A total of 80 per cent of the rice crop was damaged having catastrophic impact on household in terms of food security; as rice is the main staple food of the region. Cultivation of wheat was ranked as of high importance to meet household future food needs and external assistance was desired critically by the respondents to get them enabled to cultivate wheat crop. Livestock are the valuable assets in rural economy, and almost all the households had at least 1-2 large and 3-4 small ruminants. 24 per cent of distress sale was reported by the respondents due to the lack of shelter and fodder for the livestock.</p> <p><b>Post Distribution Monitoring</b>  Post-distribution monitoring was carried out for the project during last week of February 2013. The results showed that all the beneficiaries had received their full package of inputs and expressed satisfaction with the quality of inputs. Two irrigation applications had been applied and the growth patterns (according to beneficiary feedback) were better than last season. Beneficiaries were therefore hopeful to obtain better yields from the upcoming harvest.</p> <p><b>Post Harvest Assessment: Focus Group Discussion (FDG)</b></p>	

The Post Harvest Assessment FDGs were conducted in May 2013 using the same methodology as was used in conducting FDGs in December 2012. The results showed that the wheat seeds were cultivated on an average of one acre with an average production obtained was 820 kg. Overall 24 per cent increase in production of wheat was reported as compared to baseline production figures of 970 kg.

The net value generated from FAO provided Rabi crop production of wheat and vegetable was PKR 35,155/-. Almost 100 per cent of the Rabi wheat production after harvest was stored to meet household food needs.

The beneficiaries were successful to cultivate their land with wheat crop due to availability of Rabi crop inputs, which otherwise would have remained uncultivated if the project had not provided them with the Rabi crop inputs. The project provided livestock feed was used for almost two months for 1-2 large ruminants and distress sale due to shortage of fodder as well as losses due to animal sickness reduced by 80 per cent. Moreover, milk productivity was increased on average by 1.5 kg/day.

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNHCR	5. CERF Grant Period:	24/10/12 – 23/04/13
2. CERF project code:	12-HCR-051	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and Non-Food Items		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Shelter to Floods Affected Populations		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 4,465,000 US\$ 4,465,000 US\$ 562,446
<b>Results</b>			
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	4,459	4,627	Since the distribution was done free of cost by the IP, therefore the cost was used to purchase additional 48 tents and given to the IDPs.
b. Male	4,641	4,809	
c. Total individuals (female + male):	9,100	9,436	
d. Of total, children <u>under 5</u>	455	455	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Emergency shelter to the populations affected by the floods in Pakistan provided.</li> </ul>			
10. Original expected out comes from approved CERF proposal			
<ul style="list-style-type: none"> <li>1,300 most vulnerable families (at least 9,100 persons) in Sindh and Balochistan receive tents to be used for the emergency shelter.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
1,348 tents distributed to most vulnerable families (approximately 9,436 persons) in Sindh and Balochistan.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
As the IP distributed the tents free of cost, the funds saved were used to supply an additional 48 tents to the IDPs. UNHCR identified Asian Development Organization to carry out distribution of these tents in the area identified as having the greatest needs, UC Qadirpur.			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):1 If 'NO' (or if GM score is 1 or 0): UNHCR's assessments, planning and implementation focus on Age, Gender and Diversity Main streaming (AGDM). In addition, female-headed households are rendered priority followed by elderly persons with minors, females with chronically ill and persons with disabilities and minors without effective support in the beneficiary identification and implementation processes.			
14. M&E: Has this project been evaluated?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
UNHCR has been regularly monitoring the situation of IDPs through monitoring mechanisms with different methods: <ul style="list-style-type: none"> <li>Regular monitoring missions</li> <li>IDP registration database</li> <li>Feedback from beneficiaries through focus group discussions and individual interviews</li> <li>Review of a variety of records, including activity reports and monthly progress reports from implementing partners, UNHCR procurement records and distribution lists</li> </ul>			

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	World Food Programme	5. CERF Grant Period:	15/10/12 – 14/04/13
2. CERF project code:	12-WFP-072	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Food Security		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Food Assistance to Families Affected by Floods in Pakistan		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 28,804,424 US\$ 27,147,358 US\$ 2,496,824
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	191,100	200,698	Higher number of reached beneficiaries than planned was achieved due to the difference between actual and budgeted commodity rates.
b. Male	198,900	208,890	
c. Total individuals (female + male):	390,000	409,588	
d. Of total, children <u>under 5</u>	52,962	55,622	
9. Original project objective from approved CERF proposal			
To mitigate the negative impacts of monsoon flooding on people whose food and nutrition security had been critically and abruptly affected in Sindh and Balochistan.			
10. Original expected outcomes from approved CERF proposal			
Stabilized and/or improved food consumption over the assistance period for targeted persons.			
11. Actual outcomes achieved with CERF funds			
Stabilized and/or improved food consumption amongst targeted flood-affected households <i>Regular and timely supply of monthly family food rations, distributioned on an unconditional basis:</i> <ul style="list-style-type: none"> <li>As in the previous year, this CERF grant was amongst the first to be provided in support of WFP's emergency food assistance response to the needs of communities affected by 2012 monsoon flooding in Pakistan's Sindh and Balochistan provinces. With other necessary commodities in the monthly relief family food basket re-prioritised from available in-country stocks with the approval of other donors who later replenished the same, the most urgently required item at the time was wheat flour (the key dietary staple). This contribution allowed WFP to purchase 4,729 metric tons of wheat, of which 4,681 metric tons was distributed in the form of fortified wheat flour (following typical 1 per cent losses during the milling process) to 409,588 beneficiaries during the October-November distribution cycle. This figure was slightly higher than planned owing to the eventual purchase of more wheat than initially anticipated, given the difference between actual and budgeted commodity rates.</li> <li>WFP's relief food assistance proved critical in helping to maintain adequate food consumption among these beneficiaries, thereby protecting the lives of people in distress. The proportion of newly flood-affected families in Sindh and Balochistan with acceptable food consumption by December fell only marginally short of the target 80 per cent, owing to the considerable impact of the disaster and resultant difficulties in securing complementary food items from other sources. This was reflected in the findings of the joint Government-UN MIRA, which surveyed the extent of the damage and priority assistance requirements across five of the worst-affected districts in September and found that 91 per cent of families had reduced their food intake by one or two meals a day. By the end of the year, less than 1 per cent of WFP-assisted families had a poor food consumption score.</li> <li>Meeting basic food requirements on a regular and systematic basis was also central to a successful transition into early recovery. Emergency distributions allowed beneficiaries the freedom to engage in recovery planning in the relative security that basic household consumption needs were being met, and helped to avoid high debt burdens amongst recipient communities.</li> </ul>			
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"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a          If 'NO' (or if GM score is 1 or 0):</p> <p>As an emergency operation, anticipated results centred on meeting primary and immediate needs amongst targeted groups. Fundamental life-saving outcomes were hugely significant for both male and female beneficiaries; as both faced considerable threats to their food consumption and nutritional status. But, in confluence 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 (a common corollary to crisis). 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>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 in culturally-conservative areas for the supply of rations to a blood relative where a female beneficiary was unable to be present.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Although no formal evaluation of the project was undertaken, please note the following on standard WFP monitoring and evaluation mechanisms employed.</p> <p>WFP monitoring and evaluation mechanisms reflect a corporate Results-Based Management framework: using a logical framework approach to monitor activities and their efficiency and effectiveness in achieving results. This involves monitoring the distribution process and following-up with recipient communities post-distribution through focus group discussions and other stakeholder consultations.</p> <p>In Pakistan, where the security situation permits, WFP undertakes monitoring directly to ensure maximum accountability. Monitoring undertaken by a contracted third party is used in areas where direct UN access is limited. Cooperating Partners provide information on the number of beneficiaries reached and the amount of food distributed, which is verified by WFP. WFP maintains coordination and oversight of all monitoring processes by providing corporate monitoring and reporting tools to partners, and cross-verifying information supplied via other sources.</p> <p>A quarterly monitoring exercise is undertaken in randomly-sampled locations, and results analyzed in order to identify strengths and weaknesses of a programme and make informed management decisions to improve effectiveness and efficiency.</p> <p>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.</p> <p>With regard to the implementation of activities supported by this grant, WFP adhered to all of the above.</p> <p>Furthermore, alongside implementation of this operation, the establishment of a dedicated WFP complaints desk helped to strengthen operational transparency and accountability through the receipt and resolution of direct beneficiary feedback related to a range of grievance issues. This facility is now used to monitor the conduct of all WFP assistance programmes in Pakistan.</p> <p>An annual performance report on the overarching WFP food assistance operation within which this project was accommodated is under preparation and will be shared with donors in April.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:		UNICEF	5. CERF Grant Period:	
2. CERF project code:		12-CEF-120	19/09/12-18/03/13	
3. Cluster/Sector:		Nutrition	6. Status of CERF grant:	
			<input type="checkbox"/> On-going	
			<input checked="" type="checkbox"/> Concluded	
4. Project Title:		Emergency Life-Saving Nutrition Services for Flood affected districts in Sindh, Punjab and Balochistan		
7.Funding	a. Total project budget:		US\$ 5,541,903	
	b. Total funding received for the project:		US \$ 393,926	
	c. Amount received from CERF:		US\$ 393,926	
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		62,259	63,007	
b. Male		29,934	30,025	
c. Total individuals (female + male):		92,193	93,032	
d. Of total, children <u>under 5</u>		58,657	59,618	
9. Original project objective from approved CERF proposal				
The overall objective is to ensure that the GAM rate among the affected population in the target areas is maintained below the 10% emergency threshold by improving the nutritional status through provision of effective nutrition.				
Specific objectives include:				
<ul style="list-style-type: none"><li>• To ensure provision of lifesaving nutrition services for acutely malnourished children (boys and girls) under the age of five and PLW suffering from acute malnutrition, through a community and facility based nutritional management approach.</li><li>• To prevent malnutrition in early childhood through promotion of improved infant and young child feeding, care giving, and care seeking practices at the facility, community and family level and to prevent and control the donation and distribution of breast milk substitutes in emergency affected areas.</li></ul>				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"><li>• 30 fixed nutrition sites are established for provision of CMAM interventions in 6 districts of Sindh, Punjab and Balochistan.</li><li>• Operational stabilization centres at DHQ hospital level, one in each district (Rajanpur and Jaffarabad)<ul style="list-style-type: none"><li>– Health Care workers (including pediatricians, doctors and nurses / LHVs) in these districts will be trained on the case management of severe malnutrition.</li><li>– Around 210 trained and equipped COWs in the target centres screen around 58,657 children and 33,518 PLW for assessment of acute malnutrition using criteria of the MUAC and Oedema.</li><li>– HCPs of the Department of Health and NGOs in their respective centers register around 6,112 children suffering from MAM and 4,693 PLW in SFP for supplementary plumpydozes and fortified blended food (provided by WFP). Around 3,871 children suffering from SAM 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.</li><li>– About 400 cases of Severe Acute Malnutrition with medical complications will be treated in Stabilisation centers.</li><li>– Around 47,478 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.</li><li>– 80% of the targeted beneficiaries (37,478 mothers) receive key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after six months, and hygienic practices</li><li>– Around 23,044 children and 5,866 mothers are provided with multi-micronutrient (MM) supplements</li><li>– Around 41,898 children receive de-worming treatment and Vitamin A dose as per national guidelines</li></ul></li></ul>				

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> <li>Some 28 fixed nutrition sites were established for provision of community management of acute malnutrition (CMAM) interventions in 2 districts of Balochistan and Sindh.</li> <li>Two stabilization centres at DHQ Jafarabad and Jacobabad were established and are operational.</li> <li>Seventy four Health Care workers (including paediatricians, doctors and nurses / LHV's) in Jaffarabad, Naseerabad and Jacobabad districts were trained on the case management of severe malnutrition.</li> <li>Over 220 trained and equipped community outreach workers (COWs) in the target centres screened <b>59,168</b> children and <b>33,289</b> pregnant and lactating women (PLW) for assessment of acute malnutrition.</li> <li>Nearly 8,420 under 5 year old children suffering from moderate acute malnutrition (MAM) and 5,216 PLW registered in Supplementary Feeding Programmes (SFP) for supplementary (WFP Component).</li> <li><b>Some 3,800</b> children suffering from severe acute malnutrition (SAM) registered in outpatient therapeutic feeding programmes (OTP) for therapeutic foods, as per CMAM protocols, in coordination with the community outreach and concerned centres.</li> <li>Over 395 cases of Severe Acute Malnutrition with medical complications treated in Stabilisation centers.</li> <li><b>Nearly 45,560</b> mothers/caretakers 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.</li> <li>Some <b>42,808</b> mothers/caregivers received key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after six months, immunisation hygienic practices.</li> <li><b>Nearly 22,920</b> children and 5,656 mothers provided with multi-micronutrient (MM) supplements.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
none	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2a Gender equality is met through the Nutrition intervention a total of 93,032 PLW and young children ( under 5) were screened for acute malnutrition and out of this total, 68% (63,007) were females)	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No separate end of project evaluation carried out. However, in order to ensure effective implementation at field level, the following measures were in place during the course of implementation:</p> <ul style="list-style-type: none"> <li>Direct field level monitoring was regularly carried out by UNICEF Provincial-based staff, wherever the security clearance was approved.</li> <li>Deployment of UNICEF monitors in field areas for day-to-day support and field -based monitoring.</li> <li>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.</li> </ul>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	15/10/12-14/04/13
2. CERF project code:	12-CEF-121	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Child Protection Sub Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protective, Learning and Community Emergency Services for Flood Affected Children and Women in Balochistan, Sindh and Punjab		
7. Funding	a. Total project budget:		US\$ 2,195,118
	b. Total funding received for the project:		US\$ 832,182
	c. Amount received from CERF:		US\$ 321,675
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	16,090	19,005	Actual results exceeded the planned targets, due to the popularity of the PLaCES amongst children and a strong interest of community members, particularly women, to join Child Protection Committees and/or participate in community awareness and communications sessions. The introduction of linked spaces for children and women also encouraged mothers with younger children to attend PLaCES, and this resulted in a higher than expected beneficiary number of children under the age of 5.
b. Male	8,810	12,714	
c. Total individuals (female + male):	24,900	31,719	
d. Of total, children <u>under</u> 5	1,092	2,098	
9. Original project objective from approved CERF proposal			
<p>UNICEF PLaCES provide an entrance point to access children and women in flood-affected areas. The specific objectives are to:</p> <ul style="list-style-type: none"> <li>• Provide safe, private and stimulating spaces for children and women to access age and gender appropriate protective services, including non-formal learning and life skills based education; psychosocial support; awareness and peer discussion on rights based issues; and identification and response to separation of children and cases of gender-based violence.</li> <li>• Facilitate safe and dignified access of children and women, including most vulnerable groups, such as persons with disabilities and single headed households, to life-saving emergency services, such as nutrition and WASH, in order to mutually reinforce the survival, development and protection of children.</li> <li>• Strengthen community protection mechanisms through establishment and orientation of Child Protection Committees (male and female volunteers, including adolescents) to monitor, identify, respond to and prevent protection cases involving children and women and provide a longer term, sustainable structure that can transition to the return (home) areas.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• 30 PLaCES to be established with safe, separate spaces for children and women and mobile teams (each PLaCES targeting up to 500 children and women over a 3 month period).</li> <li>• 15,000 children accessing PLaCES (50% girls).</li> <li>• 7,500 women accessing PLaCES (women are 30% of overall beneficiary target).</li> <li>• 60 locations visited by mobile PLaCES team (mobility is expected to be more challenging in Balochistan due to security considerations).</li> <li>• 340 community members (including 20% adolescents) trained and supported as Child Protection Committee members and volunteers.</li> <li>• 2,000 community members are reached with communications messages related to positive feeding and care practices, and negative consequences of early marriage, early pregnancy and gender-based violence for nutrition, health and well-being.</li> </ul>			
11. Actual outcomes achieved with CERF funds			

<p>CERF funds represented the first Child Protection emergency funds received by UNICEF and enabled the initial kick off of the child protection services in areas of displacement. During the period of implementation, additional funds were received from other donors. As of the time of reporting, the CERF funds represented approximately 35% of the overall funds utilised. The outcomes reported below were achieved with this CERF contribution:</p> <ul style="list-style-type: none"> <li>• 40 PLaCES established.</li> <li>• 15,723 children accessing PLaCES (Male: 7,775 / Female: 7,949).</li> <li>• 5,107 women accessing PLaCES.</li> <li>• 68 locations visited by mobile PLaCES.</li> <li>• 2,198 community members (1,604 female, 594 male) trained and supported as CP Committee members and volunteers.</li> <li>• 8,690 community members reached with communication messages.</li> <li>• Toll free help lines were established in three districts of Sindh (Jacobabad, Kashmore and Shikarpur) and enabled the identification and referral of 475 cases (298 boys, 177 girls) of missing, separated, orphan, and child labourers.</li> </ul>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <ul style="list-style-type: none"> <li>• The number of PLaCES established and locations covered through mobile teams exceeded planned targets due to the quick movement of population from areas of displacement to areas of return and a need to establish some new PLaCES and cover additional locations in return area</li> <li>• Community acceptance for adolescent girls and women's participation in PLaCES takes considerable social mobilization and relationship building in the initial phase. Although women's attendance inside PLaCES spaces did not reach the full target, the number of women participating in Child Protection Committees (volunteer committees linked to the PLaCES and providing community outreach) considerably exceeded the target. This indicates that, while women may not have been able to regularly attend the PLaCES sessions (possibly due to other responsibilities and tasks), there was a strong participation of women in the PLaCES community activities. In addition, participation of girls, including adolescent girls, was very strong. Overall, almost 51% of the total children who participated in the PLaCES were girls. In total, the number of female beneficiaries in the project exceeded the target.</li> <li>• Interest of community members in child protection committees, and inclusion of adolescent members, enabled significantly greater mobilization beyond the initial target of 8 members per committee. As noted above, this was particularly pronounced amongst female community members who represented 73% of the total Committee members.</li> <li>• Use of dedicated communications staff (IP staff) was able to increase substantially the coverage of community with interpersonal messages</li> </ul>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>2a</b> This project was included in the Monsoon HOP, and a designated member of the Gender Task Force (authorized to give gender marks to MHOP projects) reviewed the project and marked it as a 2a.</p>	
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>UNICEF followed a systematic monitoring throughout the duration of the project including UNICEF and partners' regular field monitoring visits, weekly and monthly reporting (partner reports and UNICEF sitrep), UNICEF and partner reports to the Child Protection Sub-Cluster and Inter-Cluster fora.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UN-Habitat	5. CERF Grant Period:	16/10/12 – 15/04/13
2. CERF project code:	12-HAB-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Immediate WASH assistance addressing the lifesaving needs of 4,500 (31,500) most vulnerable flood affected families in four districts of Sindh and Baluchistan Provinces of Pakistan		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 1,850,000 US\$ 1,375,000 US\$ 575,000
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	14,805	23,902	The planned provision of safe drinking water by tankers could not be performed due to rapid returning of affected families to their original locations. However, this activity was replaced by repairing additional 260 hand pumps and distributing over 2,000 portable household water filters along with additional water testing and disinfection of microbiologically contaminated water sources. Seven Mini WATA Kits were distributed in seven villages for the disinfection of microbiologically contaminated water sources through production of liquid chlorine.
b. Male	16,695	26,953	
c. Total individuals (female + male):	31,500	50,855	
d. Of total, children <u>under</u> 5	4,725	7,628	
9. Original project objective from approved CERF proposal			
<p>To save human lives by reducing the incidence of mortality and morbidity brought by waterborne diseases among women, girls, boys and men by:</p> <ul style="list-style-type: none"> <li>Provision of safe drinking water and life-saving basic sanitation to flood affected families in an estimated two hundred spontaneous settlements in Jaffarabad &amp; Naseerabad in Balochistan and Jacobabad districts in Sindh province;</li> <li>Promotion of safe health and hygiene behaviours to prevent outbreak of epidemics, with special focus on women and children in Jaffarabad and Naseerabad in Balochistan and Jacobabad districts in Sindh province.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Significant reduction on the incidence of morbidity and mortality in spontaneous settlements due to lack of safe drinking water and poor sanitation among targeted 4,500 families or 31,500 people, especially pregnant women, girls, children under age 5 and other vulnerable people.</li> <li>Reduced risk for outbreak of diseases related to WASH among 31,500 targeted people.</li> <li>Decision-making and responsibilities for water and sanitation are being shared equally by women and men.</li> <li>Women and girls utilizing WASH facilities with dignity and privacy.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>The initial plan of repairing 100 hand pumps was successfully done; 35 hand pumps were repaired in District Jacobabad benefiting over 700 families, whereas 65 hand pumps were repaired in districts Jaffarabad and Naseerabad benefiting over 1,365 families.. The planned provision of safe drinking water by tankers could not be performed due to rapid returning of affected families to their original locations. However, this activity was replaced by repairing additional 260 hand pump. 1,037</li> </ul>			

latrines were constructed benefiting 2,227 families in three districts of Sindh and Baluchistan, i.e. Jacobabad, Jaffarabad and Naseerabad, respectively. This facility was provided in a total of nine Union Councils i.e. Balochabad, Mubarakpur, Kot-Jango, Bachro in District Jacobabad; Cattle Form, Chalgari, Hafizabad and, Sohra in district Jaffarabad; and ManjooShori in district Naseerabad.

- Water testing and disinfection of 100 water sources was also carried out and distributing over 2,000 portable household water filters along with additional water testing and disinfection of microbiologically contaminated water sources. Seven Mini WATA Kits were distributed in seven villages for the disinfection of microbiologically contaminated water sources through production of liquid chlorine. Extensive training was also imparted in order to ensure smooth functioning of these kits. In those villages where no dry place was available for the construction of semi-permanent latrine due to extensive stagnant surrounding water, 4,116 men women and children were provided with 115,248 self-sanitizing bio-degradable Peepoo bags along with training for practicing safe and hygienic disposal of excreta.
- In district Jacobabad, 43 hygiene sessions were successfully conducted for promoting and practicing improved health and hygiene in targeted villages of four Union Councils. Some 55 Health and Hygiene Sessions were organized in 5 union council of District Jafferabadi – Cattle Form, Chalgari, Hafizabad, Rojhan and Sohra – where 3,200 men women and children were oriented. 30 health and hygiene sessions were held in targeted villages of Union Council ManjooShori in district Naseerabad, where 2,100 men, women and children were 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 importance and use of ORS.
- Distribution of 4,500 hygiene kits, catering special needs of women and girls was completed successfully. 1,500 hygiene kits were distributed amongst vulnerable families of four Union Councils of Jacobabad benefiting 10,500 men women and children. 2,312 hygiene kits were distributed in nine Union councils of District Jafferabad i.e Ban Manik, Cattle Form, Chalgari, Hafizabad, Mamool, Rojhan, Sobatpur Sadar, Sohra and UC 4 from where 16,184 men women and children are benefited. Some 688 hygiene kits were distributed in 2 union councils of District Naseerabad i.e. Bedar and Manjoo Shori, benefiting 4,816 men women and children.

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

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

YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a, 2b):2a

If 'NO' (or if GM score is 1 or 0):

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

YES ☐ NO ☒

TABLE 8: PROJECT RESULTS

CERF Project Information					
1. Agency:		UN-Habitat		5. CERF Grant Period:	16/10/12 – 15/04/13
2. CERF project code:		12-HAB-003		6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing
3. Cluster/Sector:		SHELTER			<input type="checkbox"/> Concluded
4. Project Title:		Humanitarian shelter response to address immediate life-saving shelter needs for vulnerable and extremely vulnerable flood affected people in the province of Balochistan			
7. Funding	a. Total project budget:			US\$ 3,216,848	
	b. Total funding received for the project:			US\$ 564,890	
	c. Amount received from CERF:			US\$ 564,890	
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		8,110	10,084	Efficient procurement of the shelter materials allowed UN-Habitat to reach more beneficiaries and provide additional shelters.	
b. Male		9,145	11,371		
c. Total individuals (female + male):		17,255	21,455		
d. Of total, children <u>under</u> 5		2,588	3,218		
9. Original project objective from approved CERF proposal					
In coordination with the Shelter/NFI Cluster, NDMA, PDMA of Sindh and Baluchistan and the local Government authorities, the proposed project will provide 865 road side temporary shelters, 1,600 new temporary shelters for vulnerable and extremely vulnerable families affected by the flood, focusing on women-headed households, within a maximum period of three months while also providing critical support to shelter cluster coordination with technical expertise and information management.					
10. Original expected outcomes from approved CERF proposal					
<ul style="list-style-type: none"><li>• Support to shelter cluster coordination and shelter provision with other humanitarian actors.</li><li>• Immediate debris/mud removal through distribution of 2,000 tool kits and community participation.</li><li>• Immediate protection of 865 affected families living on roadsides or elevated places with distribution of road side temporary shelters.</li><li>• At least 1,600 unskilled labors instructed on the construction of temporary shelters.</li><li>• Protection provided to 1,600 homeless families with assisted self-construction of emergency shelters with provision of materials and tool kits.</li><li>• At least 100 unskilled/semiskilled laborers form communities trained on masonry including DRR skills, knowledge and practices.</li><li>• 100 trained laborers provided with new knowledge on good practices and tools will be the trainees for income generation.</li><li>• Returnees return to their original place with some experience and know-how to construct shelters.</li></ul>					
11. Actual outcomes achieved with CERF funds					
<ul style="list-style-type: none"><li>• Shelter cluster coordination supported.</li><li>• Debris/mud removed and shelters through distribution of 3,200 tool kits and community participation.</li><li>• Immediate protection of 1,000 affected families living on roadsides or elevated places, provided with distribution of road side temporary shelters.</li><li>• Around 2,100 unskilled labors instructed on the construction of temporary shelters.</li><li>• Protection provided to 2,100 homeless families with assisted self-construction of emergency shelters with provision of materials and tool kits.</li><li>• 100 unskilled/semiskilled laborers form communities trained on masonry including DRR skills, knowledge and practices.</li><li>• 100 trained laborers provided with new knowledge on good practices and tools will be the trainees for income generation.</li></ul>					

<ul style="list-style-type: none"> <li>Returnees returned to their original place with some experience and knowhow to construct shelters.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
UN-Habitat over reached the target of the planned outcomes within available 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"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0):</p> <p>The beneficiaries of the intervention include vulnerable and extremely vulnerable households, such as women-headed households, elders, persons with disabilities, etc. These are the households which can scarcely contribute labour of any kind for reasons of gender, health or age.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Challenges from report:</p> <ul style="list-style-type: none"> <li>The project was implemented through experienced and committed staff who worked beyond their capacity.</li> <li>Proper planning, review meeting proper monitoring and documentation, and participatory approach resulted to achieve the targets.</li> <li>support and guidance from senior management resulted in successful complementation as well as Coordination with Government, Cluster and other stakeholder also remain benefil for achieving of the targets.</li> <li>Availability of material on constructed shelters was one of the main problems because disaster area is situated at far of distances from the main city. So, it took more time to manage material from other provinces to acual place.</li> <li>Weather and rains was another issue which also affected the work plan.</li> </ul>	

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	World Food Programme	5. CERF Grant Period:	19/09/12 – 18/03/13
2. CERF project code:	12-WFP-074	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health & Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Life-Saving Nutrition Services for Flood-Affected Districts in Sindh, Punjab and Balochistan		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:	US\$ 5,541,903 (total joint project budget for WFP, UNICEF and WHO) US\$ 286,894 US\$ 286,894	
<b>Results</b>			
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	7,749	8,040	WFP was able to reach a slightly higher number of beneficiaries than planned, owing to lower commodity rates at the time funds were programmed which allowed for the purchased of 133 metric tons of food (instead of the originally anticipated 125 metric tons).
b. Male	3,056	3,750	
c. Total individuals (female + male):	10,805	11,790	
d. Of total, children <u>under</u> 5	6,112	7,353	
9. Original project objective from approved CERF proposal			
To stabilize or reduce moderate acute malnutrition amongst children aged 6-59 months and pregnant and lactating women in the worst-affected Union Councils.			
10. Original expected outcomes from approved CERF proposal			
Stabilized or reduced moderate acute malnutrition amongst children aged 6-59 months and pregnant and lactating women in target flood-affected areas.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>This CERF grant allowed WFP to launch an immediate response in 2012 flood-affected areas, by replenishing stocks of ready-to-use supplementary food for children and fortified blended food for women available in-country in September, but then re-prioritized to victims of the latest monsoon floods under the ongoing, but expanded, CMAM programme. This approach was necessary given the typical delivery lead-time of 3 months for these commodities, which would have precluded an immediate life-saving response should the expansion have been forced to wait for new commodity purchases. Between October and December 2012, a total 11,790 beneficiaries were reached: 110 per cent of the planned caseload, owing to the purchase of a higher quantity of food than originally anticipated given reduced commodity rates at the time of programming.</li> <li>In order to measure the project's planned and outcome, WFP monitored CMAM programme performance indicators. Across Sindh (but not restricted to areas affected by 2012 floods), average recovery rates amongst moderately acute malnourished children aged 6-59 months and pregnant and lactating women were found to be 91.25 per cent and 94.41 per cent, respectively. Both results are well above minimum SPHERE standards.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
N/A			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): N/A If 'NO' (or if GM score is 1 or 0): This project specifically aimed to address the special nutritional requirements of pregnant and lactating women.			
14. M&E: Has this project been evaluated?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

Although no formal evaluation of the project was undertaken, please note the following on standard WFP monitoring and evaluation mechanisms employed.

WFP monitoring and evaluation mechanisms reflect a corporate Results-Based Management framework: using a logical framework approach to monitor activities and their efficiency and effectiveness in achieving results. This involves monitoring the distribution process and following-up with recipient communities post-distribution through focus group discussions and other stakeholder consultations.

In Pakistan, where the security situation permits, WFP undertakes monitoring directly to ensure maximum accountability. Monitoring undertaken by a contracted third party is used in areas where direct UN access is limited. Cooperating Partners provide information on the number of beneficiaries reached and the amount of food distributed, which is verified by WFP. WFP maintains coordination and oversight of all monitoring processes by providing corporate monitoring and reporting tools to partners, and cross-verifying information supplied via other sources.

A quarterly monitoring exercise is undertaken in randomly-sampled locations, and results analyzed in order to identify strengths and weaknesses of a programme and make informed management decisions to improve effectiveness and efficiency.

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.

With regard to the implementation of activities supported by this grant, WFP adhered to all of the above.

Furthermore, alongside implementation of this operation, the establishment of a dedicated WFP complaints desk helped to strengthen operational transparency and accountability through the receipt and resolution of direct beneficiary feedback related to a range of grievance issues. This facility is used to monitor the conduct of all WFP assistance programmes in Pakistan.

An annual performance report on the overarching WFP food assistance operation within which this project was accommodated is under preparation and will be shared with donors in April.

TABLE 8: PROJECT RESULTS			
<b>CERF Project Information</b>			
1. Agency:	UNDP Pakistan on behalf of UNDSS	5. CERF Grant Period:	08/11/12 – 07/05/13
2. CERF project code:	12-UDP-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Security		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Enhancement of Safety and Security of Humanitarians entities (UN agencies, funds, programmes and I/NGOs) and IDPs and Field Safety Collaboration		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 166,563 US\$ 83,764 US\$ 83,764
<b>Results</b>			
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	NA	NA	
b. Male	NA	NA	
c. Total individuals (female + male):	NA	NA	
d. Of total, children <u>under</u> 5	NA	NA	
9. Original project objective from approved CERF proposal			
<p>The UN Security Risk Assessment (SRA), dated 1 October 2012, identified critical vulnerabilities in the UN Security Management System (SMS) in Pakistan that needed to be augmented to enable the SMS to facilitate safe and secure delivery of programmes by the UN agencies, programmes and funds and the humanitarian community in the flood-affected areas of Pakistan.</p> <p>UNDSS will continue to deploy resources in strategic areas within the flood emergency area of operations in order to more readily provide support and assistance at enabling and facilitating the delivery and implementation of humanitarian assistance missions in the affected localities under a safe and secure manner.</p>			
10. Original expected outcomes from approved CERF proposal			
<p>To give better understanding of the security situation among local and international partners and provide the best possible safety operations to enable the humanitarian community to deliver their mandates, while ensuring the organization's duty of care responsibility for the security and safety of its personnel. Staff safety and Saving Lives Together (SLT) are across-cutting issues that span across all humanitarian sectors, and will add value to relief, early recovery and reconstruction efforts.</p>			
11. Actual outcomes achieved with CERF funds			
<p>The rapid allocation of CERF funds allowed DSS to establish and maintain the Integrated security approach to the development of security systems in the flood affected area. This included the deployment of an Intl and Natl security officers into the area. The establishment of a DSS presence in the flood-affected area meant that timely liaison with the Law Enforcement Agencies (LEAs) for the provision of security escorts etc. As the escorts were a requirement of the LEAs close and timely liaison was required. The liaison was also vital amongst the UN AFPs who deployed to the flood-affected areas. The enhanced communications for all regions and districts allowed for the real-time monitoring of all missions into and out of the flood affected areas.</p> <p>Increased security awareness through Safe and Secure Approaches in Field Environments (SSAFE) trainings: The provision of SSAFE training allowed staff deploying to the flood-affected area to gain the basic security needs for deployments into the field environment.</p>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No discrepancy to report.			
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):

If 'NO' (or if GM score is 1 or 0): UNDSS ensured maximum safety and security of UN personnel through the strengthening of security systems. Special attention was paid to the female staff deployed in the flood hubs to ensure their safety to the maximum.

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

YES ☐ NO ☒

TABLE 8: PROJECT RESULTS

CERF Project Information					
1. Agency:		UNICEF		5. CERF Grant Period:	10/08/2012- 09/04/2013
2. CERF project code:		12-CEF-118		6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:		Education			<input checked="" type="checkbox"/> Concluded
4. Project Title:		Restoring Educational services in flood affected areas of Sindh and Balochistan			
7. Funding	a. Total project budget:			US\$ 2,815,825	
	b. Total funding received for the project:			US\$ 908,000	
	c. Amount received from CERF:			US\$ 403,952	
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		6,060	8,594	In Balochistan, 17,774 children including 4,294 girls were enrolled in 130 TLCs in district Naseerabad and Jaffarabad up until end March, 2013.	
b. Male		6,060	19,267	The actual achievement exceeded the planned target due to the following reasons:	
c. Total individuals (female + male):		12,120	27,861	<ul style="list-style-type: none"><li>Implementing partners in Sindh and Balochistan had prior presence in the focus areas which proved cost effective for implementation.</li><li>The government's strategy to facilitate the return of IDPs once the water receded meant that the TLCs moved back with the population to areas of origin where returnee and stayee children benefitted thus increasing the number of beneficiaries.</li></ul>	
d. Of total, children <u>under 5</u>		4,000	3,265	In Sindh, 10,087 school aged children, including 4,300 girls, in flood-affected district of Jacobabad in Sindh, had access to safe, protective, gender-sensitive and quality learning environments through setting up of 170 Temporary Learning Centers (TLCs).	
9. Original project objective from approved CERF proposal					
<ul style="list-style-type: none"><li>Ensure all children, girls and boys, affected by the floods in Jacobabad district in Sindh province and Jaffarabad and Nasirabad districts in Balochistan province have access to safe and secure learning environments and opportunities to acquire life-sustaining information in health and hygiene, and receive psychosocial support.</li><li>Support School Management Committees, communities and Education authorities in affected areas of Jacobabad, Jaffarabad and Naseerabad to acquire skills to support teaching and learning for teachers and children in the emergency and recovery contexts of the flood emergency.</li></ul>					
10. Original expected outcomes from approved CERF proposal					
12,000 school-aged children, including 6,000 girls, in flood-affected districts of Jacobabad, Jaffarabad and Nasirabad, have access to safe, protective, gender-sensitive and quality learning environments that enable them to cope with the emergency.					
11. Actual outcomes achieved with CERF funds					
Balochistan					
<ul style="list-style-type: none"><li>17,774 school aged children, including 4,294 girls, in flood-affected districts of Jaffarabad and Naseerabad in Balochistan province, were able to access safe, protective, gender-sensitive and quality learning environments through setting up of 130 Temporary Learning Centres (TLCs)</li><li>3,265 children under 5 accessed learning and recreational opportunities in the flood affected areas of Jacobabad district</li></ul>					

Sindh	<p>in Sindh province, and Jaffarabad and Naseerabad districts in Balochistan province.</p> <ul style="list-style-type: none"> <li>The establishment of TLCs was focussed in both camps and damaged schools. After the return of families to their home the same TLCs were re-established in the areas of origin at the sites of damaged schools utilized to carry on regular academic activities.</li> </ul>
	<ul style="list-style-type: none"> <li>10,087 school aged children, including 4,300 girls, in flood-affected district of Jacobabad in Sindh, had access to safe, protective, gender-sensitive and quality learning environments through setting up of 170 Temporary Learning Centers (TLCs).</li> <li>713 Para teachers and Government teachers including 102 women teachers were trained on Child Friendly learning environment and promotion of sports and recreation activities and health and hygiene messages in three districts i.e. Jacobabad, Kashmore and Shikarpur so that they run TLC effectively.</li> </ul>
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The actual achievement exceeded the planned target due to the following reasons:</p> <ul style="list-style-type: none"> <li>Implementing partners in Sindh and Balochistan had prior presence in the focus areas which proved cost effective for implementation.</li> </ul> <p>The government's strategy to facilitate the return of IDPs once the water receded meant that the TLCs moved back with the population to areas of origin where returnee and stayee children benefitted thus increasing the number of beneficiaries.</p>	
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	
<p>1 - This denotes that the project is designed to contribute in some limited way to gender equality</p>	
<p>This was done through the following measures:</p> <ul style="list-style-type: none"> <li>During data collection from women, men, boys and girls, it was ensured that the data from women was collected by women.</li> <li>Consultations were held with IDP community – women and men – about the feasibility of separate or mixed schools for girls and boys and as a result, separate TLCs for girls and boys were set up.</li> </ul>	
<p>14. M&amp;E: Has this project been evaluated?</p>	
<p>No evaluation of the project has been conducted. However, UNICEF is committed to supporting humanitarian action through systematic monitoring, analysis and assessment of performance against benchmarks in concert with its partners. These benchmarks are defined in UNICEF's Core Commitments for Children in Humanitarian Action (CCCHA). Implementing partners provided fortnightly, monthly and quarterly reporting of activities implemented and benefits achieved. All reporting data was collected, analyzed and disseminated to all Education Cluster members and government counterparts on a fortnightly basis.</p> <p>Third-party monitoring of project activities was used to supplement UNICEF staff visits. Monitoring activities included the certification and verification of work in place, monitoring and reporting against the CCCHA prescribed list of indicators, coordination of project relevant institutions, and facilitation of various project related matters.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	19/09/12-18/03/13
2. CERF project code:	12-CEF-119	6. Status of CERF grant:	<input type="checkbox"/> On-going
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Health Assistance to Flood Affected Population of Floods 2012		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 11,100,000 US\$ 346,470 US\$ 346,470
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	371,400	362,135	
b. Male	210,000	197,649	
c. Total individuals (female + male):	581,400	559,784	
d. Of total, children <u>under 5</u>	420,000	492,486	
9. Original project objective from approved CERF proposal			
<p>The main objective of the project is to improve the health conditions of flood affected population in five districts of the three provinces by strengthening, provision and maintenance of primary health care services among the targeted population complimented by timely detection and prompt response to disease outbreaks while focusing on:</p> <ul style="list-style-type: none"> <li>Delivering live-saving interventions to flood affected children and their mothers.</li> <li>Ensuring equitable access to integrated Maternal New-born and Child Health / Reproductive Health/GBV at community level.</li> <li>Ensuring the delivery of the health response in a coordinated manner and according to MISP standards.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p>The results expected from the immediate response actions are the following:</p> <ul style="list-style-type: none"> <li>Extended number of health care providers would have their knowledge and skill enhanced in EmONC, ENC and child care.</li> <li>Awareness amongst the general masses in terms of early recognition of complications and danger signs would be instilled.</li> <li>Extended number of health facilities providing 24/7 Basic and Comprehensive EmONC and child health care services.</li> <li>Health care facilities aided and complemented with essential medicines for EmONC and child health.</li> <li>Complete child health care package would be made available in the health facilities where in the complete treatment of synchronized services of EmONC and ENC would be available.</li> <li>Targeted health facilities will be able to treat the diseased mothers and children.</li> <li>No of potential outbreaks detected and contained.</li> <li>Percentage of alerts for outbreaks responded within 24 hours of reporting</li> <li>Increased accessibility and utilization of MISP for the target population resulting in improved reproductive health status of the women of child bearing age and newborns in the flood affected districts of Sindh, Punjab and Baluchistan.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>An emergency Mother and Child Week was held in October 2012 in the priority districts of Sindh for provision of health education, vaccination and deworming. Through the LHWs, in three flood affected districts of Shikarpur, Jacobabad and Kashmore.               <ul style="list-style-type: none"> <li>150,228 mothers were reached with health education sessions.</li> </ul> </li> <li>Mother and Child Week Plus with supplies were also held from 28 November to 3 December 2012.</li> <li>A total of 311,763 children under 5 were treated by LHWs for diarrhoea in the three flood affected districts.</li> <li>19,456 children were vaccinated against measles in camps for flood displaced population in the initial phase when in November 2012 the families started shifting to their houses.</li> <li>25,650 Long Lasting Insecticide Nets (LLITNs) were distributed, benefitting households with pregnant women and children</li> </ul>			

<p>under age 5 (two LLITNs (bed-nets) per household for malaria prevention.</p> <ul style="list-style-type: none"> <li>• Mother and Child Week was held in Shikarpur, Jacobabad and Kashmore districts of Sindh from 7 to 12 May 2013 for health education, vaccination and deworming. UNICEF provided operational support to National Program for Lady Health Workers for training of LHWs in Sindh for MCW and transportation support to the provincial staff for the monitoring of Mother and Child Week.</li> </ul> <p style="margin-left: 40px;">Data from the flood effected districts is as under;</p> <table border="0" style="margin-left: 40px;"> <tr> <td>- Children 2-5 Years Deworming</td> <td style="text-align: right;">161,267</td> </tr> <tr> <td>- Children 0-2 Years vaccinated</td> <td style="text-align: right;">56,539</td> </tr> <tr> <td>- TT to pregnant women</td> <td style="text-align: right;">23,291</td> </tr> </table> <ul style="list-style-type: none"> <li>• Mother Child Week was conducted in April, 2013 in Punjab where <ul style="list-style-type: none"> <li>- 13,306 LLITNS were procured and distributed in flood affected Union Councils of Rajanpur and DG.Khan districts. LHWs referred pregnant women from their community to the health facilities where they were registered by the Lady Health Visitor and given bed-nets.</li> <li>- 13,000 pregnant women were provided antenatal care examination and TT vaccination was ensured &amp; protection provided against malaria and given obstetric care services.</li> </ul> </li> <li>• In Rajanpur and DG Khan districts around 24 health facilities serving as 24/7 EmONC (Emergency Obstetrics and New born Care) Health Centres have been supported for transportation and additional human resource resulting in obstetric care by skilled birth attendants. This support contributed towards reaching 18,979 pregnant women for antenatal care and , 5,414 women for clean and safe deliveries</li> <li>• Financial Support was provided to 182 Community Mid Wives (CMWs) of MNCH Programme and 2,034 LHWs of National Programme for Family Planning and Primary Health Care. The CMWs were operationalized for 24/ 7 services at community-level while LHWs performed social mobilization activities during Mother and Child Week and were utilized for bed-net distribution in the flood-affected high priority Union Councils at village level.</li> <li>•</li> </ul>		- Children 2-5 Years Deworming	161,267	- Children 0-2 Years vaccinated	56,539	- TT to pregnant women	23,291
- Children 2-5 Years Deworming	161,267						
- Children 0-2 Years vaccinated	56,539						
- TT to pregnant women	23,291						
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p> <p>The variation between original and achieved results occurred as the Government of Sindh adopted the Mother and Child Week approach for achieving targeted results and utilized selected activities for programme purpose. Due to logistic issues, a full-fledged Mother and Child Week could not be carried out; however selected interventions were operationalized in targeted areas including health education sessions through LHWs. UNICEF supported supplies were also distributed to beneficiaries.</p>							
<p>13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>						
<p>2a. For the main-streaming of gender related issues, mothers were the main beneficiaries of health education through LHWs; children under 5 were targeted for vaccination and diarrhea treatment; insecticide treated bed nets were provided to households with at least one pregnant woman or child under 5.</p>							
<p>14. M&amp;E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>						
<p>The project was regularly monitored. In addition to UNICEF and government staff there was third-party monitoring through a specialized consulting firm that conducted field monitoring of emergency interventions on a regular basis as well.</p>							

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	19/09/12–18/04/13
2. CERF project code:	12-FPA-043	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Integrated Lifesaving maternal and newborn healthcare and GBV services for flood affected population in 5 districts in Pakistan		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 254,000 US\$ 254,000 US\$ 153,245
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	200,000	43,000	The initial proposal submitted was for 5 districts in 3 provinces namely, Balochistan, Punjab and Sindh, thus the planned beneficiaries were estimated to be 200,000. However, CERF funds were utilized only for Sindh. Further, during the implementation of the project, there was need to include primary healthcare services along with the RH services, thus the inclusion of men and children under 5 as direct beneficiaries
b. Male	0	8564	
c. Total individuals (female + male):	200,000	51,564	
d. Of total, children <u>under 5</u>	0	1200	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Ensure equitable access to integrated Maternal Newborn and Child Health / Reproductive Health/GBV at community level.</li> <li>Ensure the delivery of the health response in a coordinated manner and according to MISP standards.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
Increased accessibility and utilization of MISP for the target population resulting in improved reproductive health status of the women of child bearing age and newborns in the flood affected districts of Sindh, Punjab and Balochistan.			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>5 Mobile Service Units (MSUs) were immediately mobilized for provision of life-saving comprehensive RH services in 2 flood-affected districts of Sindh.</li> <li>Timely provision of life saving comprehensive RH services led to 3,122 women undergoing ante-natal (A/N) check-ups along with 593 women seeking postnatal care through the MSUs.</li> <li>Tetanus toxoid vaccinations were ensured to all registered pregnant women.</li> <li>43 high risk cases were referred to tehsils and district hospitals respectively for comprehensive emergency caesarean section.</li> <li>184 women were delivered safely by the SBAs which were a part of the core team of MSUs. The project was also able to cater to 40 cases that needed post abortion care.</li> <li>The project identified 472 victims of gender-based violence, 8 were provided treatment while 12 were referred.</li> <li>Provision of timely care to 14,200 newborns and child healthcare to 16,000 cases.</li> <li>Other RH services were also made available to 2,442 women and girls.</li> <li>Primary healthcare services were provided to an estimated 10,144 men and children in the 2 districts.</li> <li>Distribution of 4,000 hygiene kits to women and girls of reproductive age and an estimated 1,373 newborn (N/B) kits among the affected population.</li> <li>In addition RH kits were distributed which were sufficient to address critical RH needs of 50,000 to 100,000 populations for three months.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
The project aimed to focus initially only on women, however, as provision of primary healthcare services for men and children were			

also incorporated during implementation dictated by dire needs on ground resulting in variation between planned and actual outcomes.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):2b If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	29/10/12 – 28/04/13
2. CERF project code:	12-HCR-050	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection, Human Rights, Rule of Law		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection monitoring, referrals and counselling to the flood-affected displaced population in the most affected districts of Sindh and Punjab		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 6,058,000 US\$ 6,058,000 US\$ 76,000
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	11,000	11,520	6,641 Individuals were provided direct assistance on individual bases. Approximately 25,000 Individuals were reached through information campaign, i.e. leaflets, radio programmes.
b. Male	19,000	20,121	
c. Total individuals (female + male):	30,000	31,641	
d. Of total, children <u>under</u> 5	4,500	4,500	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> <li>Ensure equitable and dignified access for vulnerable persons and groups with specific needs (i.e. children, women, including female-headed households and single women without effective male or community support, older persons, persons with disabilities and other groups at risk of exclusion) to life-saving assistance initiatives.</li> <li>Establishment of protection monitoring and referral networks to identify and refer cases with specific needs to service providers, both governmental and non-governmental organizations, and provision of information on available services/assistance.</li> <li>Ensure a coordinated response to protection concerns through capacity building of government and humanitarian response mechanisms.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Establishment of 6 mobile teams mixed in gender and profile to address protection issues in Sindh (4 teams) and Punjab (2 teams).</li> <li>Targeted population (30,000 Individuals) are monitored, coordination facilitated and interventions made with the concerned authorities when necessary.</li> <li>Psychosocial Counsellors provide counselling to approximately 1,000 vulnerable individuals.</li> <li>At least 150 Focused Group Discussions will be held with male and female members of the community to assist the affected population in making informed decisions about their rights and assistance provided by Government and relief agencies.</li> <li>Affected population is aware of their legal rights and is facilitated in the provision of legal documents that may be necessary to be included in the assistance.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
Establishment of 6 mobile teams mixed in gender and profile to address protection issues in Sindh (4 teams) and Punjab (2 teams) <ul style="list-style-type: none"> <li>Targeted population (31,641 Individuals) were monitored, coordination facilitated and interventions made with the concerned authorities when necessary.</li> <li>Psychosocial Counsellors provided counselling to approximately 111 (73 males and 38 females) vulnerable individuals.</li> <li>At least 147 Focused Group Discussions were held with Male and Female members of the community to assist the affected population in making informed decisions about their rights and assistance provided by Government and relief agencies.</li> <li>289 individuals were assisted and provided with legal counselling for provision of their legal documents</li> <li>2,996 persons reached, consulted and informed through FGD/ community consultations. 50% participants were females (Rajanpur, Jacobabad, Kashmore)</li> <li>308 families provided with direct legal aid / civil documentation support (Rajanpur, Jacobabad, Kashmore).</li> <li>1,247 families reached through helplines to provide information on available services and assistance.</li> </ul>			

<ul style="list-style-type: none"> <li>509 persons with specific needs referred to service providers (Government and NGOs, particularly for health, psychosocial support, and material assistance).</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The difference in expected/achieved outcomes is due to assumptions based on the number of displaced people vs actual number identified by the mobile protection teams through the field visits.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):2a This project was not part of the Monsoon HOP, as UNHCR did not present any projects, however UNHCR carried out the activities through two implementing partners - CCHD and SHARP - both of which had projects in the Monsoon HOP. These projects were assigned the Gender Marker code 2a.</p> <p>In all of its activities, UNHCR seeks to promote the equal rights of women, girls, boys and men. The agency works to meet the needs of women-at-risk, unaccompanied children and others with specific needs. It cooperates regularly with these groups to promote such activities.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>UNHCR has been regularly monitoring the situation of IDPs through monitoring mechanisms with different methods:</p> <ul style="list-style-type: none"> <li>Regular monitoring missions</li> <li>IDP registration database</li> <li>Feedback from beneficiaries through focus group discussions and individual interviews</li> <li>Coordination with other stakeholders through regular cluster meetings at different levels</li> <li>Review of a variety of records, including activity reports and monthly progress reports from implementing partners, UNHCR procurement records and distribution lists</li> </ul>	

**TABLE 8: PROJECT RESULTS**

CERF Project Information			
1. Agency:	World Food Programme	5. CERF Grant Period:	19/09/12 – 18/03/13
2. CERF project code:	12-WFP-073	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Logistics Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Logistics Cluster Coordination to Support the Humanitarian Community in Enhancing Emergency Response Capacity		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 493,158 US\$ 443,154 US\$ 443,154
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	NA	NA	The Logistics Cluster aimed to support the life-saving responses of other clusters. The number of 'beneficiary' organizations of services supplied using these CERF funds amounted to 28.
b. Male	NA	NA	
c. Total individuals (female + male):	NA	NA	
d. Of total, children <u>under</u> 5	NA	NA	
9. Original project objective from approved CERF proposal			
Using this CERF funding, WFP in its role as lead of the Logistics Cluster aimed to provide the humanitarian community involved in the provision of life-saving post-flood humanitarian assistance with sufficient and secure relief cargo storage space through the establishment of humanitarian hubs in affected areas. These intended to fill a critical logistics gap and enable the humanitarian community to deliver sufficient quantities of life-saving and life-sustaining relief support to populations severely affected by 2012 monsoon flooding.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Uninterrupted supply of emergency relief items to the affected population for all humanitarian actors.</li> <li>Improved ability of the humanitarian community to respond and operate in the affected areas.</li> <li>Coordinated, predictable, timely and efficient emergency logistics response.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>Storage space and transport services were provided to 28 different humanitarian organizations and government bodies, including the NDMA and PDMA, participating in the emergency response, thereby ensuring an uninterrupted supply of emergency relief items. In summary, 2 hubs were established in Sukkur and Jacobabad for cargo handling and storage, and transport services were provided for a total of 3,144 m3 of non-food items and 5,105 metric tons of emergency food packages.</li> <li>A total of 31 fibreglass motorboats were deployed in water-locked areas of Balochistan and Sindh to support the government's search and rescue efforts, provide necessary access for people to food, water, medical and education facilities while allowing them to stay in their homes, and for the conduct of necessary assessments in isolated areas to ensure an efficient response. This boat operation supported a total of 14 different organizations.</li> <li>A total of 4 Logistics Cluster coordination meetings were held in Islamabad and Sukkur facilitating a coordinated response to the logistics needs of participating organizations.</li> </ul>			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
In most cases, the outputs achieved were higher than planned as the Government relied heavily upon the services provided by the Logistics Cluster to transport their food and shelter items to the affected areas, which was not planned at the outset of the			

response.	
13.Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):N/A If 'NO' (or if GM score is 1 or 0): N/A	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
A survey will be conducted amongst the cluster membership to ascertain the quality of Logistics Cluster services provided to them at the end of the operation. There will also be a lessons learned session for members.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	07/11/12 -06/05/13
2. CERF project code:	12-IOM-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter and Non Food Items		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Shelter and CCCM support for the flood affected population of 2012 Pakistan floods		
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 8,885,310 US\$ 7,300,000 US\$ 669,970
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	15,724	25,421	The initial target for assistance under this project was to reach 5,200 households (approximately 32,760 individuals). Procurement savings however allowed for the provision of an additional 1,650 roofing kits to vulnerable households with damaged/destroyed shelters
b. Male	17,035	24,452	
c. Total individuals (female + male):	32,760	49,873	
d. Of total, children <u>under</u> 5	14,087	11,694	
9. Original project objective from approved CERF proposal			
Humanitarian response to meet the immediate and life-saving Shelter/NFI and CCCM needs of the most vulnerable of those affected by the 2012 Pakistan floods			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>5,200 flood affected vulnerable households living in damaged/destroyed houses, temporary settlements, road sides are provided with emergency shelter assistance.</li> <li>Database of multisectoral needs is maintained and a comprehensive TSSU report is prepared and shared with all stakeholders on a regular basis particularly by addressing shelter, food, WASH and health gaps.</li> <li>Database of the supported families maintained.</li> <li>Equal access to shelter and non-food items is ensured for men, woman, girls and boys.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<i>Emergency shelter kits and NFI kits</i> <ul style="list-style-type: none"> <li>5,200 flood-affected, vulnerable families (approximately 32,760 individuals) have received Emergency Shelter Kits and NFI Kits, thereby contributing towards Shelter Cluster's target to reach 70% of 386,171<sup>18</sup> vulnerable households with damaged/destroyed houses in flood affected areas.</li> <li>In line with Shelter Cluster's strategy, the shelter kit comprised of bamboos, tarpaulins and rope set whilst NFI kit included high thermal fleece blankets and plastic sleeping mats. Specifications for shelter/NFI kit followed international technical guidelines, i.e. the SPHERE standards and IFRC guidelines; procurement was done in line with standard IOM procedures and protocols.</li> <li>Specifications for shelter/NFI kit followed international technical guidelines, i.e. the SPHERE standards and IFRC guidelines; procurement was done in line with standard IOM procedures and protocols.</li> <li>Items were procured and distributed according to standard IOM procurement procedures and protocols. The quantity of items distributed and families supported are as follows: roofing kits (plastic sheets, bamboos and rop sets) to 1,650 families, Shelter kits (plastic sheets, bamboos, rope sets) to 5,200 families and NFI kits (thermal fleece blankets, sleeping mats, gunny sacks) to 5,200 families.</li> <li>IOM worked with the Shelter Cluster, local government and PDMA Sindh to identify areas with outstanding shelter needs.</li> </ul>			

<sup>18</sup> For updates please refer to [www.shelterpakistan.org](http://www.shelterpakistan.org).

<ul style="list-style-type: none"> <li>Measures were put in place to prioritize areas with the highest damage figures and to assist the most vulnerable families. In line with shelter cluster strategy, shelter/NFI support was provided to:</li> <li></li> <li>People whose houses had been damaged or destroyed by the floods and were able to return to the site of their house.</li> <li>Those who have been displaced for an extended period of time by the floods.</li> <li>People living in both urban and rural environments were included in the categories above.</li> <li><i>Database</i></li> <li>Findings of Shelter Cluster/(TSSU contributed towards finalizing the areas of intervention for Shelter/NFI distributions</li> <li>Districts Kashmore, Shikarpur and Qambar Shahdat Kot were among the severely affected districts in Sindh and were therefore prioritized as IOM's primary areas of intervention under this grant.</li> <li>For this project, distributions were carried out with support from local implementing partners including Save the Nature and Humanity Development Organization (STNAH), Support to Deprived People (SDP), Community Development Foundation (CDF), National Rural Development Organization (NRDO), and Sustainable Development Program for the Poor (SDPP), New Kiran Citizen's Community Board, Serve Foundation Pakistan (SFP) and Sindhu Education Society.</li> <li>IOM's network of implementing partners conducted village level needs assessments and assisted in distributions.</li> <li>In order to maintain two-way communications with the affected population and prevent politicization/manipulation of relief support, shelter/NFI packages included "Aid is Free" sticker in Sindhi with the contact number of IOM toll free complain helpline. Weekly updates were provided to the programme manager and head of sub-offices regarding any complaints received for further investigation.</li> <li>The Shelter Cluster's TSSU monitored population movement, track affected families residing in temporary settlements and their key needs using the Displacement Tracking Mechanism (DTM).</li> <li>TSSU assessments were conducted in two rounds:</li> <li>The first phase of TSSU assessment profiled the multi sector needs of the population in temporary settlements in seven districts: Jacobabad, Shikarpur, Kashmore, Qamber Shahdadkot, Larkana, Sukkur and Ghotki. 313 temporary settlements hosting 50,195 individuals (7,969 families) were assessed.</li> <li>The second phase of TSSU assessment focused on identifying the humanitarian situation in temporary settlements as well areas of return. TSSU teams were able to locate and assess a total of 95 temporary settlements hosting 6,151 families in districts Jacobabad, Kashmore, Shikarpur, Qambar Shahdadkot, Ghotki in Sindh and Jafferabad and Naseerabad in Balochistan. Additionally the teams profiled the situation in 2,859 villages of the same districts.</li> <li>Key TSSU findings are summarized below:</li> <li>A consistent pattern of movement towards return areas is observed; however, 6,151 families remained displaced in Sindh and Balochistan, with inaccessible place of origin cited as the main impediment to return (82%), and majority of IDPs fearing they will remain displaced for at least 1 to 3 months.</li> <li>Overall, people residing in Temporary Settlements (TS) remain in need for humanitarian assistance, particularly in certain districts where relief efforts have been limited: 77% of IDPs in Naseerabad live in makeshift shelters and the remaining families are using recycled tents from 2010. In Ghotki, 28% of IDPs do not have access to any type of shelter.</li> <li>TSSU findings indicate similar living conditions in temporary settlements and return areas with significant need for humanitarian support. 59% of people in assessed villages/return areas are residing in temporary shelters or with host families facing conditions comparable to IDPs.</li> <li>Compromised living conditions, limited access to basic services and protection concerns were reported in both TS and return areas. 66% of affected families reported a deterioration of economic conditions, facing difficulties to buy adequate food following the floods and significant loss of livelihoods sources particularly livestock.</li> <li>75% of the children are without access to basic education. Only 50% of families displaced and 64% of families in villages assessed have access to clean water. Overall, 91% of the communities assessed (displaced and returned) reported shortage of medicines.</li> <li>TSSU findings were regularly shared with respective cluster including food, WASH, health and protection; detailed presentations were made to the Humanitarian Country Team and at the ICCM; regular updates are posted on the shelter cluster website and sent to the cluster mailing list..</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The initial target for this project was to reach 5,200 households through provision of Emergency Shelter and NFI kits. Procurement savings allowed for the procurement of an additional 1,650 roofing kits enabling a total of 6,850 households to be reached benefitting approximately 49,873 individuals.	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):1

If 'NO' (or if GM score is 1 or 0):

- IOM monitoring team maintained due oversight to ensure proper procedures are followed during beneficiary selection and distributions to facilitate access for all, including men, women, boys, girls and vulnerable groups, such as the elderly, persons with disabilities and especially female-headed households.
- Separate lines were made for men and women. Moreover, women and elderly beneficiaries were served on priority basis so that they could leave earlier.

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

YES ☐ NO ☒

IOM maintained a stringent check on implementing partners' activities and operations. IOM's monitoring teams conducted regular field visits related to this project. These visits were primarily conducted for:

- Beneficiary verification: IOM's teams verified beneficiary lists submitted by the implementing partners to ensure targeting of vulnerable population and prevent unfair inclusion/exclusion from the program. New assessments were requested if the sample assessed was not in line with the eligibility criteria.
- Shelter/NFI distribution monitoring: IOM's teams monitored distributions and provided support to distribution activities. Support actions comprised of checking if tokens matched with needs assessment record, ensuring that beneficiary signatures and/or thumbprints are taken, facilitating access for vulnerable groups and receiving feedback from beneficiaries and wider community. This information was recorded and compiled in a monitoring checklist and any issues relayed to operations and management at sub office and Islamabad level.
- Post distribution monitoring checks: Post distribution spot checks were conducted to gather feedback regarding the process, timeliness, beneficiary selection and quality of relief delivery.

TABLE 8: PROJECT RESULTS

CERF Project Information				
1. Agency:	WHO		5. CERF Grant Period:	19/09/12 -18/03/13
2. CERF project code:	12-WHO-074		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded
4. Project Title:	Life-saving interventions for reducing excess morbidity and mortality among the highly vulnerable population groups due to complications associated with severe acute malnutrition in the recent floods affected districts.			
7. Funding	a. Total project budget:		US\$ 544,214	
	b. Total funding received for the project:		US\$ 75,758	
	c. Amount received from CERF:		US\$ 75,757	
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		220	236	400 was the planned figure in the WHO part of the CERF proposal. This figure is for the life-saving in-patient treatment of severe acute malnutrition with complications in children under age 5. This is specialist care provided to children under age 5 as per the protocols of care.
b. Male		180	195	
c. Total individuals (female + male):		400	431	
d. Of total, children <u>under</u> 5		400	431	
9. Original project objective from approved CERF proposal				
Provision of life-saving critical emergency treatment to reduce excess mortality and morbidity due to severe acute malnutrition with complications.				
10. Original expected outcomes from approved CERF proposal				
<ul style="list-style-type: none"> <li>2 operational Stabilization Centres (SCs) at DHQ hospital level, one in each district (Rajanpur and Jaffarabad).</li> <li>45 Health Care workers (including pediatricians, doctors and nurses / LHV's) in these districts will be trained on the case management of severe malnutrition.</li> </ul>				
11. Actual outcomes achieved with CERF funds				
<ul style="list-style-type: none"> <li>Two Nutrition Stabilization Centres, established in District Head Quarter (DHQs) of Rajanpur and Jaffarabad) in which to date 431 children have been admitted in these NSCs out of which 304 children were cured, 18 defaulted and 1 died.</li> <li>Two separate training activities were conducted in respective DHQs of the respective districts for capacity building purposes. 25 health care professionals (12 nurses, 3 LHV's, 8 doctors and 2 pediatricians) were trained in Rajanpur, while 22 health care professionals (9 nurses, 5 LHV's, 6 doctors and 2 pediatrician) were trained in Jaffarabad. A total of 47 health care professionals were trained in official trainings as per the WHO course on recommended facility-based management of severe acute malnutrition with complications.</li> </ul> <p>Numerous health care providers were also given orientation and trainings during the monitoring visits of the WHO Nutrition Officers and respective nutrition focal persons of health department Sindh.</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 checked="" type="checkbox"/> NO <input type="checkbox"/>

If 'YES', what is the code (0, 1, 2a, 2b):1

If 'NO' (or if GM score is 1 or 0): WHO supported Infant and Young Child Feeding (IYCF) activities in the Nutrition stabilization center. Special support was provided to the female attendants of the SAM children in the form of awareness education on multiple subjects.

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

YES ☐ NO ☒

WHO has set up a monitoring and evaluation department to ensure that there is strict adherence to WHO guidelines and donors' requirements during all phases of the project starting from funding proposals to distribution of funds, implementation of the activities and final report submission.

Monitoring is done by 1) WHO Nutrition and Government teams and 2) WHO Essential Medicines team which ensure that supplies are sufficiently available. For this particular project, a joint/pediatrics department of academia/DoH/WHO/Nutrition cluster teams at the provincial level conducted monitoring of the stabilization centres regarding facility information, services delivery, staffing positions, equipment and supplies and physical infrastructure, etc.

During the visits, compliance was seen in almost all the places as the staff was well trained on the delivery of services. This is also evident from the indicators and the achievements of standards which are significantly better than the bench mark (SPHERE standards).

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	10/10/12–09/04/13
2. CERF project code:	12-WHO-073	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water and Sanitation		<input checked="" type="checkbox"/> Concluded
4. Project Title:	WASH Interventions for flood-affected populations in 5 districts, (focusing on life-saving interventions of WASH response)		
7. Funding	a. Total project budget:		US\$ 1,052,880
	b. Total funding received for the project:		US\$ 275,001
	c. Amount received from CERF:		US\$ 275,001
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	36,400	36,400	All the targeted beneficiaries were covered through CERF funding.
b. Male	33,600	33,600	
c. Total individuals (female + male):	70,000	70,000	
d. Of total, children <u>under</u> 5	11,900	11,900	
9. Original project objective from approved CERF proposal			
To support WASH interventions and help reduce the incidence of water, sanitation and hygiene related disease through regular water testing, provision of water quality and hygiene improvement supplies, ensuring adequate sanitation coverage and hygiene/sanitation promotion activities to 70,000 affected people.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>Waterborne diseases surveillance and identification of flood affected communities facing greatest health risks from water borne diseases identified and appropriate response mechanisms put in place.</li> <li>Early alert and response to possible water related outbreaks in camps, weekly microbial water quality trends and residual chlorine shared in water supplies report.</li> <li>Environmental health monitoring and appropriate interventions linked to control of outbreaks of diseases.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>WHO Environmental Health team regularly monitored the diarrhea prevalence in the flood affected districts and conducted investigation and response to AWD Alerts/Outbreaks. The team performed regular drinking water supply chlorination and disinfection and mobilized resources for the provision of water collection and storage facilities, hygiene kits, NFIs and health education and awareness-raising materials. From first of November until to date, WHO EH team has responded to 30 alerts and controlled 13 outbreaks in the CERF funded districts of Sindh, Punjab and Balochistan.</li> <li>A proactive water quality monitoring programme was implemented in target flood affected districts. The focus being the reduction of water and sanitation related morbidity and mortality in flood affected communities. Successful collaboration was developed with Pakistan Council of Research in Water Resources (PCRWR), WASH Cluster partners and government water authorities Tehsil Municipal Administration (TMA) and PHED for generating appropriate response on contaminated water sources in the affected districts.</li> <li>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.</li> <li>WHO environmental health team tested more than 1057 water sources, where more than 78% were found contaminated, and WHO distributed 3,000,000 pur sachets and 5,000,000 aquatabs, 200,000 soaps, 35,000 jerry cans and 1670 hygiene kits in all flood-affected districts. 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</li> </ul>			

<p>with soap and safe disposal of feces materials. WHO collaborated with LHWs national programme in which orientation was provided to the LHWs and Lady Health Supervisors LHSs prior to these health promotion campaigns along with the distribution of water treatment and soap supplies. Door-to-door visits and community sessions were organized in which the local community elders and religious leaders were involved for effective message communication.</p> <ul style="list-style-type: none"> <li>• WHO EH unit supported the WASH partners and district water authorities (TMA and PHED) with necessary water treatment chemicals for regular chlorination of the water tankers supplying water to the affected communities and 200 colour comparator kits with reagents to monitor the residual chlorine level of water supplies (0.2-0.5 ppm) for ensuring that drinking water remained safe at consumer.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
13. Are the CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 1</p> <p>As WASH response is for all affected population after emergency, WASH cluster partners including UN agencies in collaboration with TMAs/PHED, provided hygiene kits, ensuring provision of WASH services according to sphere standards.</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF Project Information				
1. Agency:	WHO		5. CERF Grant Period:	19/09/12 -18/03/13
2. CERF project code:	12-WHO-075		6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded
4. Project Title:	MNCH Assistance to the 2012 Flood-Affected Population			
7. Funding	a. Total project budget: b. Total funding received for the project: c. Amount received from CERF:		US\$ 1,132,000 US\$ 696,142 US\$ 696,142	
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	246,400	246,400		
b. Male	50,000	50,000		
c. Total individuals (female + male):	446,400	446,400		
d. Of total, children <u>under 5</u>	150,000	150,000		
9. Original project objective from approved CERF proposal				
<ul style="list-style-type: none"> <li>To improve the access of marginalized population to integrate MNCH services including essential new-born care, Basic Emergency Obstetric care and integrated neonatal and childhood illness .</li> <li>To equip affected population with the knowledge and skill to adopt healthy lifestyle.</li> <li>To reduce the case fatality rate due to epidemic prone diseases with the support of a robust disease surveillance and outbreak response network.</li> </ul>				
10. Original expected outcomes from approved CERF proposal				
<p>The results expected from the immediate response actions are the following:</p> <ul style="list-style-type: none"> <li>Extended number of health care providers would have their knowledge and skill enhanced in EmOC, ENC and child care.</li> <li>Awareness amongst the general masses in terms of early recognition of complications and danger signs would be instilled.</li> <li>Extended number of health facilities providing 24/7 Basic and Comprehensive EmONC and child health care services.</li> <li>Health care facilities aided and complemented with essential medicines for EmONC and child health.</li> <li>Complete child health care package would be made available in the health facilities where in the complete treatment of synchronized services of EmONC and ENC would be available.</li> <li>Targeted health facilities will be able to treat the mothers and children with diseases.</li> <li>No of potential outbreaks detected and contained.</li> <li>Percentage of alerts for outbreaks responded within 24 hours of reporting.</li> </ul>				
11. Actual outcomes achieved with CERF funds				
<p>MNCH:</p> <ul style="list-style-type: none"> <li>Under the skill enhancement of health care providers trainings had been conducted through department of health and some local NGOs.250 Health care providers were trained in IMNCI, ENC and EmOC service (91 health care providers had been trained on IMNCI , 75 on ENC and 81 on EmOC/PCPNC). There were providing service in nearly 100 Health facilities. More the 1050 LHWs have been trained to engage them in MNCH activities in order to mobilize the community through village health communities, women groups of LHWs and utilization of health facilities for safe deliveries. These LHWs were also trained on Community IMNCI which in turned reduce the mortality and morbidity of under 5 children, The LHWs were providing service for more than 1 million population</li> </ul>				

- More than 1000 mothers were sensitised through different awareness sessions in health facilities on the early recognition of complications and danger signs during and after pregnancy.
- Support was provided in shape of training, supplies, awareness sessions, medicines and human resources to health facilities serving the affected population to 10 health facilities providing 24/7 Basic and Comprehensive EmONC and child health care services. Health care facilities were provided with essential medicines for EmONC and child health.
- Provision of clean delivery services at community level was one of the important components of this project. Nearly 33,000 clean delivery kits were procure and distributed to the community through LHWs, LHV CMWs and TBA. These CDKs were used by the poorest and marginalized population in the far flung areas. To save the neonates, the neonatal resuscitation kits were procured and distributed to targeted health facilities. The pneumonia kits were also provided to HF for treatment of children. Outbreaks were detected through WHO/DEWS system and timely response was initiated in the targeted project locations.

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

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

YES ☒ NO ☐

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

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

YES ☐ NO ☒

This is ongoing project and M&E is built in the project implementation while the project is monitored by MNCH Officers, Surveillance Officers and respective District Health Officers from the target districts. The CERF implementation is monitored through standard health indicators which report on the disease situation for outbreak control and mitigation of risk of communicable diseases.

# 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 INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
CERF EMERGENCY RESPONSE – INTERNAL STRIFE (RAPID RESPONSE 2012)								
12-CEF-024	Health	UNICEF	CERD	NNGO	156,713	04/06/2012	05/04/2012	Existing funds were utilized to ensure uninterrupted services for the new influx of Khyber Agency IDP's. CERF funds were used for further continuation of MNCH services as per CERF project.
12-CEF-024	Health	UNICEF	EDO-Health Nowshera	GOV	15,653	09/05/2012	01/04/2012	Initially already available funds were utilized to ensure uninterrupted services for the new influx of Khyber Agency IDP's. CERF funds were used for further continuation of EPI services including measles vaccination campaign in Jalozei IDP's Camp, Nowshera.
12-CEF-024	Health	UNICEF	EDO-H Hangu	GOV	579	04/09/2012	16/03/2012	Initially already available funds were utilized to ensure uninterrupted services. CERF funds were used for further continuation of EPI services in Togh Sarai IDP's camp –Hangu..
12-CEF-022	Child protection	UNICEF	CERD	NNGO	61,688	06/06/2012	15/03/2012	Existing funds were utilized

								to ensure continuation of emergency activities in the same area through ongoing Partnership Cooperation Agreements (PCA) using other UNICEF funds. CERF funds were used to extend the activities through an addendum to the PCA.
12-CEF-026	WASH	UNICEF	HRDS	NNGO		05/03/2012	17/03/2012	
12-CEF-026	WASH	UNICEF	SSD	NNGO		05/09/2012	16/08/2012	
12-CEF-026	WASH	UNICEF	SEED	NNGO		05/09/2012	10/08/2012	
12-CEF-025	Nutrition	UNICEF	Merlin	INGO	116,502	12/09/2012	01/04/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-025	Nutrition	UNICEF	CDO	NNGO	85,059	12/09/2012	05/04/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-025	Nutrition	UNICEF	CERD	NNGO	16,804	10/09/2012	05/04/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-025	Nutrition	UNICEF	LRH	GOV	4,470	12/09/2012	05/04/2012	The projects were implemented with available

								funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-WHO-023	Health	WHO	EHSAR Foundation	NNGO	48,477	10/04/2012	01/05/2012	
12-WHO-023	Health	WHO	MERLIN	INGO	199,665	25/04/2012	20/04/2012	
12-WHO-023	Health	WHO	CAMP	NNGO	117,268	03/04/2012	20/04/2012	
12-FAO-016	Agriculture	FAO	Cooperazione e Sviluppo (CESVI)	INGO	71,887	05/06/2012	29/05/2012	
			Directorate of Livestock and Dairy Development Khyber Pakhtunkhwa	GOV	2,723	30/07/2012	22/06/2012	
12-WFP-027	Food	WFP	Awaz Welfare Organization	NNGO	692	30/04/2012	01/04/2012	
			Basic Education and Employable Skill Training	NNGO	77,782	30/04/2012	01/04/2012	
			Center for Excellence for Rural Development	NNGO	49,314	30/04/2012	01/04/2012	
			Community Research and Development Organization	NNGO	38,479	30/04/2012	01/04/2012	
			Lawari Humanitarian Organization	NNGO	17,101	30/04/2012	01/04/2012	
			Research & Awareness for Human Dev Benef and Rights	NNGO	741	30/04/2012	01/04/2012	

			Save The Children Fund	INGO	7,764	30/04/2012	01/04/2012	
			Society for Skill Training and Development	NNGO	2,406	30/04/2012	01/04/2012	
<b>CERF EMERGENCY RESPONSE – INTERNAL STRIFE (UNDERFUNDED ROUND I 2012)</b>								
12-CEF-012-B	Education	UNICEF	IRC	INGO	40,664	20/11/12	2/04/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-012-B	Education	UNICEF	District Education Department Hangu	GOV	10,297	9/10/12	16/04/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-012-C	Health	UNICEF	CERD	NNGO	73596	04/06/2012	04/06/2012	
12-CEF-012-C	Health	UNICEF	Agency Surgeon Kurram	GOV	4,480	22/06/2012	01/04/2012	The projects were implemented with available funds and then CERF funds were used to fill the gaps of third quarter of 2012.
12-CEF-012-D	Nutrition	UNICEF	Merlin	INGO	51,301	11/06/2012	01/01/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.

12-CEF-012-D	Nutrition	UNICEF	CDO	NNGO	27,675	04/12/2012	01/06/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-012-D	Nutrition	UNICEF	HMC	GOV	2,250	08/10/2012	01/07/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-012-D	Nutrition	UNICEF	KTH	GOV	4,385	08/10/2012	01/01/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-012-A	WASH	UNICEF	SSD	NNGO	342,286	17/05/2012	18/04/2012	CERF grant was for the continuity of our on- going WASH response in camps and off- camps. In April when we received this grant – agreements with NGO partners were already in place – while payments were made after complying to UNICEF set procedures such as spot checks, verification of accounts, submission of programmatic reports , third party
12-CEF-012-A	WASH	UNICEF	SEED	NNGO	205,610	10/07/2012	20/07/2012	
12-CEF-012-A	WASH	UNICEF	RID	NNGO	155,821	10/07/2012	11/04/2012	
12-CEF-012-A	WASH	UNICEF	PHED	GOV	353,610	10/10/2012	21/10/2012	

								monitoring reports etc. usually as reimbursements
12-CEF-012-E	Child Protection	UNICEF	PVDP	NNGO	73,643.16	07/06/2012	27/03/2012	Partner was already implementing CP emergency activities in the same area through ongoing Partnership Cooperation Agreements (PCA) using other UNICEF funds. CERF funds were used to extend the activities through an addendum to the PCA.
	Child Protection	UNICEF	CERD	NNGO	38,600	31/10/2012	01/05/2012	Partner was already implementing CP emergency activities in the same area through ongoing Partnership Cooperation Agreements (PCA) using other UNICEF funds. CERF funds were used to extend the activities through an addendum to the PCA.
12-WHO-013	Health	WHO	Save and Serve	NNGO	109,122	02/06/12	16/07/2012	
12-FPA-007	Health	UNFPA	FDMA	GOV	32,386	13/04/2012	20/03/2012	Initiated with FPA core funds as CERF funds received later
12-FPA-008	Protection	UNFPA	BPDO	NNGO	25,371	05/11/2012	07/11/2012	
12-HCR-011	Protection	UNHCR	PDMA/FDMA	GOV	307,000	02/04/2012	02/04/2012	
			NRC	INGO	300,000	02/04/2012	02/04/2012	
			IRC	INGO	102,000	02/04/2012	02/04/2012	
			CERD	NNGO	105,000	02/04/2012	02/04/2012	

12-FAO-009	Agriculture	FAO	Agency for Technical Cooperation and Development (ACTED)	INGO	87,214	05/06/2012	29/05/2012	
			Directorate of Livestock and Dairy Development FATA	GOV	2,995	30/07/2012	22/06/2012	
			FDMA	GOV	4,816	14/06/2012	06/06/2012	
12-WFP-016	Food	WFP	Awaz Welfare Organization	NNGO	5,148	30/06/2012	01/06/2012	
			Basic Education and Employable Skill Training	NNGO	93,658	30/06/2012	01/06/2012	
			Center for Excellence for Rural Development	NNGO	90,679	30/06/2012	01/06/2012	
			Community Research and Development Organization	NNGO	25,327	30/06/2012	01/06/2012	
			Health Department	GOV	861	30/06/2012	01/06/2012	
			Lawari Humanitarian Organization	NNGO	12,545	30/06/2012	01/06/2012	
			Research & Awareness for Human Dev Benef and Rights	NNGO	964	30/06/2012	01/06/2012	
			Save The Children Fund	INGO	24,760	30/06/2012	01/06/2012	
			Society for Skill Training and Development	NNGO	39,356	30/06/2012	01/06/2012	

CERF EMERGENCY RESPONSE – FLOODS (RAPID RESPONSE 2012)								
12-CEF-122	WASH	UNICEF	BSDS	NNGO	99,046	13/09/2012	05/11/2012	
12-CEF-122	WASH	UNICEF	PAO-BK	NNGO	61,422	13/09/2012	11/11/2012	
12-CEF-122	WASH	UNICEF	PHED	GOV	145,185	13/09/2012	26/11/2012	
12-CEF-120	Nutrition	UNICEF	Global Movement for Children & Women (GMCW)	NNGO	149,947	05/12/2012	15/11/ 2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps. On the basis of financial assessment of partners funds were reimbursed.
12-CEF-118	Education	UNICEF	Boy Scouts Association of Balochistan (BBSA)	NNGO	61,294	12/11/2012	23/08/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps.
12-CEF-118	Education	UNICEF	Pakistan Fisherfolk Forum (PFF)	NNGO	164,224	04/12/2012	15/08/2012	The projects were implemented with available funds and then CERF funds were used to extend/fill in the financial gaps.
12-CEF-121	Child protection	UNICEF	NRSP	NNGO	86,760	16/11/2013	08/11/2013	
12-CEF-121	Child Protection	UNICEF	Lodhran Pilot Project	NNGO	45,228	13/11/2012	02/11/2012	
12-CEF-121	Child Protection	UNICEF	Hayat Foundation	NNGO	12,968	25/12/2012	10/12/2012	
12-CEF-121	Child Protection	UNICEF	BSDS	NNGO	24965	29/11/2012	01/11/2012	
12-CEF-119	Health	UNICEF	National MNCH Program	GOV	19,418	31/10/2012	01/11/2012	
12-CEF-119	Health	UNICEF	National LHW Program	GOV	110,768	10/11/2012	15/10/2012	
12-FPA-043	Health	UNFPA	PNFWH	NNGO	143,219	18/10/2012	19/09/2012	Initiated with FOA core funds as CERF funds

								received later. Due to urgency on the ground, UNFPA started the rapid response project one month earlier and transferred the funds to its implementing partners in September 2012.
12-HCR-050	Protection, Human Rights, Right of Law	UNHCR	SHARP	NNGO	23,843	24/10/12	01/10/2012	Total
			CCHD	NNGO	47,183	24/10/12	01/10/2012	
12-FAO-038	Agriculture	FAO	Community Development Foundation (CDF)	NNGO	30,404	18/12/2012	28/11/2012	
			AZAT Foundation	NNGO	30,638	18/12/2012	23/11/2012	
12-WHO-074	Nutrition	WHO	DoH, Nutrition Cell	GOV	44,708	13/11/2012	20/11/2012	
12-WFP-072	Food	WFP	Acted	INGO	16,519	31/10//2012	01/10/2012	
			Azat Foundation	NNGO	2,013	31/10//2012	01/10/2012	
			Balochistan Sustainable Development Society	NNGO	4,238	31/10//2012	01/10/2012	
			Basic Development Foundation	NNGO	12,053	31/10//2012	01/10/2012	
			Gender and Reproductive Health Organization	NNGO	3,696	31/10//2012	01/10/2012	
			Hands Together	NNGO	18,102	31/10//2012	01/10/2012	
			Mojaz Foundation	NNGO	3,971	31/10//2012	01/10/2012	
			Motto to Empower Health, Education	NNGO	7,022	31/10//2012	01/10/2012	
			National Relief Committee	NNGO	2,217	31/10//2012	01/10/2012	
			Save The Children Fund	INGO	7,044	31/10//2012	01/10/2012	
			Sindh Rural Support Programme	NNGO	21,783	31/10//2012	01/10/2012	
			Society for Awareness, Advocacy and Development	NNGO	6,148	31/10//2012	01/10/2012	

			Tameer-e-Khalaq Foundation	NNGO	11,530	31/10//2012	01/10/2012	
			Women Development and Community Organization	NNGO	7,665	31/10//2012	01/10/2012	
			World Vision	INGO	7,329	31/10//2012	01/10/2012	

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ANC	Ante Natal Care
A/N	Ante-Natal
ARI	Acute Respiratory Infection
AWD	Acute Watery Diarrhoea
BCC	Behavior Change Communication
BD	Bloody Diarrhoea
BEmONC	Basic Emergency Obstetric Care
BHU	Basic Health Unit
CAP	Consolidated appeal process
CBA	Child Bearing Age Women
CCC	Core Commitments to Children
CDF	Community Development Foundation
CDK	Child Delivery Kits
CERF	Central Emergency Respond Fund
CMAM	Community management of acute malnutrition
CMW	Community Mid Wife
CPC	Child Protection Center
COW	Community Outreach Workers
CP	Child Protection
CRI	Core Relief Item
C/S	Caesarian Section
DEWS	Disease Early Warning System
DHQ	District Headquarter (hospital)
DHS	Demographic Household Survey
DoH	Department of Health
DTM	Displacement Tracking Mechanism
DTC	Diarrhoea Treatment Centre
ECHO	European Commission Humanitarian Organization
EmONC	Emergency Obstetric and Neonatal Care
ENC	Essential Newborn Care
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of United Nations
FATA	Federally Administered Tribal Area
FDA	FATA Development Authority
FDMA	Fata Disaster Management Authority
FP	Family Planning
GAM	Global Acute Malnutrition
GB	Gilgibt Baltistan
GBV	Gender-Based Violence
HC	Health Centers
HCP	Health Care Providers
HH	House Hold
HF	Health Facility
HRDS	Human Resource Development Society
HRT	Humanitarian Regional Team
HWTS	Household Water Treatment System

IASC	Inter Agency Standing Committee
ICCM	Inter-Cluster Coordination Mechanism
IDP	Internally Displaced Person
IEC	Information, Education and Communication
IOM	International Organization for Migration
IMNCI	Infant Maternal Neo-Natal Children Immunization
IMR	Infant Mortality Ratio
IP	Implementing Partner
IPC	International Policy Center
IRC	International Rescue Committee
IVAP	Internally Displaced Persons Vulnerability Profiling
IYCF	Infant and Young Child Feeding
KP	Khyber Pakhtunkhwa
LHV	Lady Health Visitor
LHS	Lady Health Supervisor
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
MCNA	Multi Cluster Needs Assessment
MCW/MCHW	Mother and Child Health Week
MIRA	Multi-sector Initial Rapid Assessment
MISP	Minimum Initial Services Package
MM/MMS	Multi Micronutrient Supplements
MMR	Maternal Mortality Ratio
MNCH	Maternal, Neonatal and Child Health
MSU	Mobile Service Unit
MUAC	Mid and Upper Arm Circumference
NBK	New Born Kits
N/B	New Born
NDMA	National Disaster Management Authority
NHEPRN	National Emergency Preparedness & Response Network
NFI	Non Food Item
NGO	Non Governmental Organization
NID	National Immunization Day
NIS	Nutrition Information System
NOC	No Objection Certificate
NRDO	National Rural Development Organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OTP	Outpatient Therapeutic Programme
PAC	Post Abortion Care
PCRWR	Pakistan Council of Research in Water Resources
PDMA	Provincial Disaster Management Authority
PHC	Primary Health Care
PHED	Public Health and Engineering Department
PHRP	Pakistan Humanitarian Response Plan

PLaCES	Protective Learning and Community Emergency Services
PLW	Pregnant and Lactating Women
RH	Reproductive Health
RUTF	Ready-to-Use Therapeutic Food
SSAFE	Safe and Secure Approaches in Field Environment
SAM	Severe Acute Malnourished
SBA	Skilled Birth Attendants
SDP	Support to Deprived People
SDPP	Sustainable Development Program for the Poor
SFP	Supplementary Feeding Programme
SIA	Supplementary Immunization Activity
SLT	Saving Lives Together
SMC	School Management Committees
SPHERE	Social and Public Health Economics Research Group
SRA	Security Risk Assessment
SSD	Society for Sustainable Development
STNAH	Save the Nature and Humanity Development Organization
TBA	Traditional Birth Attendants
TLC	Temporary Learning Center
TMA	Tehsil Municiple Administration
TS	Temporary Settlement
TSSU	Temporary Settlement Support Unit
TT	Tetanus Toxoid vaccination
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commission for Refugees
UNICEF	United Nations Children Fund
WFS	Women Friendly Spaces
WASH	Water and Sanitation Hygeine
WFP	World Food Programme
WHO	World Health Organization