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| [Logo of the IP] |  |

[Name of the Implementing Partner]

**Narrative Report**

Submitted to International Organization for Migration (IOM)

Submitted by [name of responsible officer]

1. **Project Summary**

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| **Key Information** |
| Request Number |  |
| Request date |  |
| Start date of distribution | (Day/ Month/ Year) |
| End date of distribution | (Day/ Month/ Year) |
| Date(s) of needs assessment |  |
| Total number of individuals, with disaggregation | Individuals:Men:Women:Boys:Girls:PWDs: %: |
| Total number of households |  |
| Total number of individuals |  |
| Total number of winterization kits |  |

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| **Beneficiaries Breakdown** |
| Tehsil / Taluka |  | Union Council |  | Camp(s)/ village(s) |  |
| Type of Service |  |
| Age Group | 0-4 | 5-17 | 18-59 | >60 | Total |
| Gender | Boys | Girls | Boys | Girls | Men | Women | Men | Women |
| Planned |  |  |  |  |  |  |  |  |  |
| Actual |  |  |  |  |  |  |  |  |  |
| People with Disabilities Reached |  |  |  |  |  |  |  |  |  |

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| Sub-districts(s) |  | Community/ Communities |  | Camp(s) |  |
| Type of Service |  |
| Age Group | 0-4 | 5-17 | 18-59 | >60 | Total |
| Gender | Boys | Girls | Boys | Girls | Men | Women | Men | Women |
| Planned |  |  |  |  |  |  |  |  |  |
| Actual |  |  |  |  |  |  |  |  |  |
| People with Disabilities Reached |  |  |  |  |  |  |  |  |  |

1. **Before Distribution**

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| How did you inform community members of the selection criteria? Include dates/locations of activities if relevant. |
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| In your PDM, what percentage (%) of beneficiaries said they were aware of the selection criteria? |  |
| Do you think this is a good percentage?If not, please explain how you aim to improve this in the next RRM distribution: |
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1. **During Distribution**

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| **Implementation Activities** |
| Were the distributions done at a distribution site, door to door, or both?  |  |
| Apart from IP distribution staff, which other actors were present during the distribution? (e.g. IP M&E, IOM, Local Council members, donor staff, etc.) |  |
| Who informed beneficiaries of the time, date and place of the distribution?  |  |
| Did you delegate this to other actors (e.g., camp management, local council, other actors)? If so, who? |  |
| ***If there were any challenges faced during the distributions, please explain them below in the section titled “Challenges and Lessons Learnt”*** |

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| What steps did you take to accommodate the needs of elderly people, women, and people with disabilities in the distribution? |
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1. **Accountability to Affected Populations**

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| **Feedback and Complaint Mechanism** | **Present? Yes/No** |
| Box at distribution site |  |
| Partner hotline banner |  |
| IOM AAP banner |  |
| Box/desk at partner’s office |  |
| Other (please specify) |  |

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| **Please list all the suggestions, feedback and complaints you received, and specify what actions were taken, if any.** |
| Suggestion: | Date | Action taken (if necessary) |
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| Feedback | Date | Action taken (if necessary) |
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| Complaints | Date | Action taken: |
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1. **Challenges and Lessons Learnt**

For example:

1. What were the overall challenges of the project? Logistics challenges? Operational/ distribution challenges? M&E challenges? AAP challenges? Coordination challenges? Security challenges? Access Challenges? Health challenges?
2. In case of incidents, when did it take place? How long, did it cause interruption? Any loss of assets? If so, what was the value? List the items lost
3. What changes have occurred to the needs? Any shift in locations? Why these changes happen? Why are these needs important?

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| **Challenge** | **Action Taken** | **Lesson Learnt** |
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