

5-YEAR EVALUATION OF THE CENTRAL EMERGENCY RESPONSE FUND

COUNTRY STUDY: PAKISTAN

On Behalf of OCHA



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This document has been prepared by Channel Research as part of the 5-Year Evaluation of the CERF, commissioned by OCHA.

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UN General Assembly Resolution 60/124 sets the objective of the upgraded CERF “to ensure a more predictable and timely response to humanitarian emergencies, with the objectives of promoting early action and response to reduce loss of life, enhancing response to time-critical requirements and strengthening core elements of humanitarian response in underfunded crises, based on demonstrable needs and on priorities identified in consultation with the affected State as appropriate”

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ACRONYMS

| <i>Acronym</i> | <i>Details</i> |
|----------------|--|
| <i>CAP</i> | Consolidated Appeals Process |
| <i>CERF</i> | Central Emergency Response Fund |
| <i>CHF</i> | Common Humanitarian Fund |
| <i>DAC</i> | Development Assistance Committee (of the OECD) |
| <i>DFID</i> | Department for International Development (of the UK) |
| <i>DSS</i> | Department of Safety and Security (of the UN) |
| <i>ERC</i> | Emergency Relief Coordinator (the head of OCHA) |
| <i>ERF</i> | Emergency Response Fund or Expanded Humanitarian Response Fund |
| <i>EU</i> | European Union |
| <i>FAO</i> | Food and Agriculture Organization of the United Nations |
| <i>FATA</i> | Federally Administered Tribal Areas |
| <i>FTS</i> | Financial Tracking Service |
| <i>GA</i> | General Assembly (of the United Nations) |
| <i>GHD</i> | Good Humanitarian Donorship |
| <i>HC</i> | Humanitarian Coordinator |
| <i>HCT</i> | Humanitarian Country Team |
| <i>HDI</i> | Human Development Index |
| <i>HQ</i> | Head Quarters |
| <i>IDP</i> | Internally Displaced People |
| <i>IASC</i> | Inter-Agency Standing Committee |
| <i>INGO</i> | International Non Governmental Organisations |
| <i>IOM</i> | International Organization for Migration |
| <i>KPK</i> | Khyber-Pakhtunkhwa (formerly North West Frontier Province) |
| <i>M&E</i> | Monitoring and Evaluation |
| <i>MDTF</i> | Multi Donor Trust Fund |
| <i>NDMA</i> | National Disaster Management Authority |
| <i>NGO</i> | Non Governmental Organisations |
| <i>NNGO</i> | National Non Governmental Organisations |
| <i>NWFP</i> | North West Frontier Province (now Khyber-Pakhtunkhwa) |

| <i>Acronym</i> | <i>Details</i> |
|----------------|--|
| <i>OCHA</i> | United Nations Office for the Coordination of Humanitarian Affairs |
| <i>OECD</i> | Organisation for Economic Cooperation and Development |
| <i>PAF</i> | Performance and Accountability Framework |
| <i>RC</i> | Resident Coordinator |
| <i>RR</i> | Rapid Response (CERF funding window) |
| <i>ToR</i> | Terms of Reference |
| <i>UFE</i> | Under-funded emergency (CERF funding window) |
| <i>UK</i> | United Kingdom |
| <i>UN</i> | United Nations |
| <i>UNCT</i> | United Nations Country Team |
| <i>UNDP</i> | United Nations Development Programme |
| <i>UNFPA</i> | United Nations Fund for Population Activities |
| <i>UNHCR</i> | United Nations High Commissioner for Refugees |
| <i>UNICEF</i> | United Nations Children's Fund |
| <i>UNIFEM</i> | United Nations Development Fund for Women (now UN Women) |
| <i>UNOPS</i> | United Nations Office for Project Services |
| <i>USD</i> | United States Dollar |
| <i>WASH</i> | Water Sanitation and Hygiene |
| <i>WFP</i> | United Nations World Food Programme |
| <i>WHO</i> | World Health Organization |

MAP OF PAKISTAN



INTRODUCTION

1. This country report provides an analysis of the Central Emergency Fund's disbursements in response to emergencies in Pakistan from 2006 to 2010. It is one of 16 case studies conducted to inform the Five-year Evaluation of the Central Emergency Response Fund (CERF). Mandated by the UN General Assembly, the Five-year Evaluation of the CERF is managed by OCHA's Evaluation and Guidance Section (EGS), and conducted by Channel Research.

CERF

2. The Central Emergency Response Fund (CERF) is a US\$500 million fund established to support rapid response and address critical humanitarian needs in underfunded emergencies. The CERF is managed by the UN Under Secretary General for Humanitarian Affairs and Emergency Relief Coordinator (ERC), and supported by a Secretariat and by other branches of the UN Office for the Coordination of Humanitarian Affairs (OCHA). CERF funding includes a US\$450 million grant element and a US\$50 million loan mechanism. The grant component is comprised of two windows: one for rapid response and one for underfunded crises. The loan facility is a revolving fund which serves as a cash-flow mechanism for eligible humanitarian organizations. Only UN agencies and the International Organization for Migration (IOM) are eligible.

Methodology

Document review

3. Key reference documents were reviewed, including the annual reports of the Resident/Humanitarian Coordinator on the use of the CERF grants, humanitarian appeal documents, the Evaluation of FAO interventions carried out under the CERF (2010), and inter-agency real time evaluations. Numerical data from the CERF Secretariat, the CERF Website, and the UN Financial Tracking Service (FTS) was also analysed to establish the pattern for CERF use and the differences between CERF allocations for Pakistan and the other 78 CERF recipients. Please note that the team defined the year of the grant based on the disbursement date rather than the approval date (which the CERF Secretariat uses as a reference). This was done to facilitate the comparison with other sources of funding.
4. Of the 105 projects funded by the CERF in Pakistan, the team examined 27 randomly selected proposals for funding (see Annex V) submitted to the CERF Secretariat from the country, i.e. 26 per cent of the total, to ascertain the extent to which the proposals paid attention to gender, vulnerability, and cross cutting issues¹.

¹ The gender markers were piloted in 2010 and were not launched officially until 2011 after the CERF evaluation period was concluded. Even though the CERF application template was only revised in 2010 in order to obtain this type of information, the evaluation team has used the markers as a framework for analytical purpose. The vulnerability marker was designed by Channel for this evaluation.

Interviews

5. Two team members visited Pakistan in March 2010 and interviewed different categories of stakeholders (the HC, the Director of the National Disaster Management Authority, OCHA staff, UN agency and NGO staff, the Pakistan Humanitarian Forum of international NGOs, and humanitarian donor representatives). Focus group meetings were also held with members of the WASH cluster and Health cluster implementing partners. The team was unfortunately unable to interview the former Humanitarian Coordinator, who had led the response to several crises in Pakistan, including the 2010 floods. Interviews were structured around a standard list of questions. Depending on the category of stakeholder interviewed, either all of the questions were asked or a selection of them. There was no time to go into non-CERF matters (e.g. ERFs) in detail in the imparted time. The interviews conducted are one of the most significant sources of evidence for this country study. Follow-up consultations were carried out after feedback was provided on the first drafts of the report with staff of the CERF Secretariat and the OCHA Pakistan Country Office.

Analysis

6. The analysis for this study employed the CERF Performance and Accountability Framework (PAF), which defines a set of indicators at each level according to a logic model approach as a means of clarifying accountability and performance expectations around a core set of agreed CERF outputs, outcomes and impacts.²

Reporting

7. The drafting of this report benefitted from comments made by the steering and reference groups on the first country study, as well as more specific comments on this country report.

Constraints

8. The evaluation team faced several important constraints. First, the main constraint with respect to the collection of information was that Pakistan has experienced a high rate of staff turnover³. The team found that almost no agency staff had been in place for the full life of the CERF and typically could at best discuss only the most recent submissions. This is apparent in this report, the findings of which are mostly floods-related. Second, another constraint is the informal nature of much of the information and significant gaps in documentation. There was a lack of clear documentation (through minutes or records of telephone calls and email exchanges) about how CERF allocation decisions were made

² Performance and Accountability Framework for the Central Emergency Response Fund (OCHA, August 2010)

³ In particular after the September 2008 bombing of the Marriott Hotel, Islamabad became a non-family duty station for international UN staff, after which many of them departed.

and what kind of discussion took place about this, both in the field and at Headquarters (CERF Secretariat and agencies). When minutes of key meetings were available, they usually did not include information beyond a few action points or conclusions. Third, project proposals and the annual reports of the Resident/Humanitarian Coordinator are relatively brief and give few details of the projects. The monitoring of CERF projects depends on UN agencies' own monitoring system and there is no centralised monitoring of the projects funded by CERF. This means that there is a lack of monitoring data on what has been concretely achieved by each CERF project, which makes it difficult to draw firm conclusions on performance.

Key definitions

9. The case study is concerned with assessing the following⁴:
- **Relevance/appropriateness:** Relevance is concerned with assessing whether the project is in line with local needs and priorities (as well as donor policy). Appropriateness is the tailoring of humanitarian activities to local needs, increasing ownership, accountability and cost-effectiveness accordingly.
 - **Effectiveness:** Effectiveness measures the extent to which an activity achieves its purpose, or whether this can be expected to happen on the basis of the outputs. Implicit within the criterion of effectiveness is timeliness.
 - **Efficiency:** Efficiency measures the outputs – qualitative and quantitative – achieved as a result of inputs. This generally requires comparing alternative approaches to achieving an output, to see whether the most efficient approach has been used.

Overview

10. The report is structured as follows:
- **Context:** A description of the humanitarian context of the country, and how the CERF was used.
 - **Processes:** A description and analysis of the submission process for the CERF, and the prioritisation and selection of projects.
 - **Outputs:** An analysis of the CERF's overall contribution to the country programme, its timeliness (timeframes), level of donor support, and interaction with other funds.
 - **Outcomes:** An analysis of the outcomes of the CERF process, including the extent to which CERF projects addressed gender, vulnerability, and cross-cutting issues.
 - **Contribution:** An analysis of the CERF's contribution to meeting time-critical live-saving needs, including evidence for the extent to which the CERF contributed to this objective set by the General Assembly.

⁴ These criteria are defined by Beck, T. (2006); *Evaluating humanitarian action using the OECD/DAC criteria for humanitarian agencies: An ALNAP guide for humanitarian agencies*. (Overseas Development Institute: London, March 2006)

- **Conclusions:** An outline of conclusions reached by the evaluation team and recommendations.

1. CONTEXT

Humanitarian context

11. Pakistan has faced some of the world's largest emergencies since 2007, due to conflict and natural disasters. In 2010, the estimated population of Pakistan was over 170 million, making it the world's sixth most-populous country. The population census data does not include 1.7 million registered Afghan refugees. About 20% of the population lives below the international poverty line of US\$1.25 a day.
12. **Floods:** Intense storms and a major cyclone at the end of June and early July 2007 caused severe flooding, displacing over 300,000 people and affecting more than 2.5 million. Baluchistan and Sindh provinces in southern Pakistan were the worst affected, with 280 confirmed deaths and a further 188 missing persons. The flooding spread to 18 districts in Baluchistan and a further five in Sindh. In 2008, floods displaced over 2.5 million people in February and a magnitude 6.4 earthquake struck the province of Baluchistan on 29 October. Ziarat valley was the most affected and more than 70,000 people were displaced just before the winter.
13. **Swat offensive:** In mid-2008, the Pakistan army began a campaign against Taliban militants in their Swat valley bastion. Between then and the end of April 2009, the rise of insecurity in Khyber-Pakhtunkhwa (KPK), the former North West Frontier Province (NWFP), and Federally Administered Tribal Areas (FATA) caused the displacement of nearly 560,000 people. The conflict intensified at the end of April 2009, causing a further displacement of around 1.2 million people, bringing the number of IDPs to close to 1.8 million. Eleven camps were established for the IDPs across NWFP, but the majority stayed with host families. Around 1.6 million people have since returned to their homes.
14. **Floods 2010:** In late July 2010, the worst floods ever to hit Pakistan affected more than 20 million people. The floods started in Khyber-Pakhtunkhwa (KPK) and moved southwards along the Indus River, inundating large areas of Punjab, Sindh, and Baluchistan and affecting an increasing number of people over three weeks. Approximately one-fifth of the land area was underwater. More than 1,700 people lost their lives and 1.8 million houses are reported to have been destroyed or severely damaged, leaving 10 million homeless. The floods caused major damage to roads, bridges, infrastructure and livelihoods. In 2010, there were approximately 1,250,000 Internally Displaced Persons (IDPs) in Pakistan⁵.

Humanitarian response

15. The Government of Pakistan takes an active lead in the coordination of humanitarian aid through the National Disaster Management Authority (NDMA). Given the magnitude of the floods in 2010, the NDMA established two main coordination forums: the Strategic Coordination Group⁶, which was responsible for making strategic decisions on ongoing

⁵ Source: International Displacement Monitoring Centre.

⁶ The Strategic Coordination Group convened on a weekly/bi-weekly basis during the first couple of months of the floods and was attended by representatives of national stakeholders, donors, UN agencies including clusters, and NGOs. The first meeting was held on 21 August. Clusters were expected to provide updates on their

initiatives, discussing general challenges including resource mobilization, coordinating sustained efforts, and sharing information⁷, and the General Coordination Meeting⁸. In the case of the revised Flash Appeal, the NDMA acted as a Review Board for all the projects, with a right to approve or reject them⁹. The Government of Pakistan has made several contributions to the CERF¹⁰.

16. Clusters¹¹ were established in the aftermath of the 2005 earthquake and in response to emergencies, the UN has issued different types of humanitarian appeals¹² since 2006:

Table 1: Pakistan Appeals 2007-2010

| Month/Year | Title of Appeal | Requirements (revised) - USD | Objective |
|------------------|--|------------------------------|---|
| 17 July 2007 | Flash Appeal: Pakistan Cyclone and Floods | 42,922,297 | Provide a three-month response to the cyclone and floods |
| 8 September 2008 | Consolidated Appeal: Pakistan Humanitarian Response Plan (2008-2009) | 17,540,251 | Respond to massive internal displacement in NWFP and FATA |
| 9 February 2010 | Appeal: Pakistan Humanitarian Response Plan (February-December 2010) | 661,180,978 | Meet the remaining needs of the vulnerable populations in NWFP and FATA |
| 9 August 2010 | Flash Appeal (August 2010 - July 2011). | 1,963,473,246 | Floods Relief and Early Recovery Response Plan |

17. Pakistan has received one UFE allocation in February 2008, while the RR window has provided funding eight times (or seven if the two RR allocations made in August 2010 are counted as one) to support the response to unfolding emergencies:

Table 2: Overview of CERF allocations by year

| Year | Month | UFE | RR | Amount (US\$) | Use or Rationale/Emergency |
|-----------------------|----------|-----|----|------------------|--|
| 2007 | July | | ✓ | 5,806,965 | Response to the floods caused by Cyclone Yemyin in southern Pakistan |
| Total for 2007 | | | | 5,806,965 | |
| 2008 | February | ✓ | | 6,808,525 | Response to the floods and support to |

activities of the previous week. Minutes of the meetings were prepared and eight are available online.

⁷ See NDMA floods webpage: <http://www.pakistanfloods.pk/en/response/coordination-forum/strategy-meetings>

⁸ The General Coordination meeting convened on a daily basis at technical level and included relevant donors, UN Agencies and national stakeholders. It served as a platform to share updates on activities and collecting data for “knowledge management, evaluation and analysis for future planning.”

⁹ Minutes of the 7th meeting of the Strategic Group on flood relief operations. NB: It is not standard practice for a government to review Appeal projects.

¹⁰ Contributions from the Government of Pakistan to the CERF amount to US\$94,138 as of 9 April 2011.

¹¹ Agriculture (lead agency: FAO); Camp Coordination and Camp Management (UNHCR); Community Restoration (UNDP); Education (UNICEF/Save the Children); Emergency Telecommunications (WFP); Food Security (WFP); Health (WHO), Logistics (WFP); Nutrition (UNICEF); Protection (UNHCR); Shelter/NFIs (IOM/UNHCR); WASH (UNICEF).

¹² The Flash Appeal for the 2007 floods was not seen as necessary by the government and there were no humanitarian appeals in 2008.

| | | | | | |
|-----------------------|-----------|--|---|-------------------|---|
| | | | | | Afghan refugees |
| | September | | ✓ | 9,924,430 | Provision of food and health assistance in NWFP and FATA |
| | November | | ✓ | 1,986,835 | Response to the earthquake in Baluchistan |
| Total for 2008 | | | | 18,719,790 | |
| 2009 | May | | ✓ | 8,890,399 | Response to food insecurity exacerbated by spiraling food prices as well as massive displacement of people in NWFP and FATA |
| Total for 2009 | | | | 8,890,399 | |
| 2010 | April | | ✓ | 9,852,049 | Assistance for vulnerable populations |
| | August | | ✓ | 16,595,962 | Response to the floods |
| | August | | ✓ | 13,381,573 | Response to the floods |
| | October | | ✓ | 12,003,247 | Response to the floods with a focus on Sindh |
| Total for 2010 | | | | 51,832,831 | |

Source: CERF database (based on annual project code/year of submission)

CERF utilisation

18. Pakistan has received US\$85 million from the CERF between 2007 and 2010, for 105 projects. Amounts allocated from the Underfunded Emergencies (UFE) and the Rapid Response (RR) windows¹³ respectively represent 8 percent and 92 percent of the funds allocated during this period:

Table 3: CERF allocations to Pakistan from 2007-2010

| Sum of Amount Approved | | Year | | | | | Grand Total |
|------------------------|------------|-----------|-----------|-----------|------------|------------|-------------|
| Window | Agency | 2007 | 2008 | 2009 | 2010 | | |
| RR | WFP | 1.789.983 | 2.699.555 | 3.114.701 | 16.800.151 | 24.404.390 | |
| | UNICEF | 1.287.451 | 2.340.994 | 1.190.699 | 10.260.372 | 15.079.516 | |
| | WHO | 896.403 | 1.849.133 | 514.755 | 7.391.240 | 10.651.531 | |
| | UNHCR | 622.468 | 2.087.193 | 2.150.000 | 5.366.357 | 10.226.018 | |
| | UN Habitat | | 886.923 | 795.566 | 3.720.109 | 5.402.598 | |
| | IOM | 693.850 | | | 3.952.149 | 4.645.999 | |
| | FAO | 417.300 | 1.701.836 | | 1.794.723 | 3.913.859 | |
| | UNDP | | | 998.360 | 1.251.604 | 2.249.964 | |
| | UNFPA | 99.510 | 98.542 | 201.665 | 1.146.861 | 1.546.578 | |

¹³ The CERF has a grant and a loan component: "The grant element is split into two components: rapid response window and underfunded emergencies window. Rapid response grants are provided to support core emergency humanitarian needs due to sudden onset emergencies or a rapid deterioration within existing crises; two-thirds of the grant facility is earmarked for rapid response grants. The remaining one-third of the grant facility is set aside for grants to underfunded emergencies." Source: Guidelines - CERF Underfunded Emergencies Window: Procedures and Criteria, January 2011

| | | | | | |
|--------------------|------------|------------------|-------------------|------------------|-------------------|
| | UNESCO | 97.079 | 74.663 | | 171.742 |
| | UNIFEM | | | 149.265 | 149.265 |
| RR Total | | 5.806.965 | 11.761.255 | 9.040.409 | 51.832.831 |
| UFE | UNICEF | 1.520.000 | | | 1.520.000 |
| | FAO | 1.500.000 | | | 1.500.000 |
| | WHO | 1.171.191 | | | 1.171.191 |
| | UNHCR | 1.100.000 | | | 1.100.000 |
| | WFP | 963.458 | | | 963.458 |
| | IOM | 517.496 | | | 517.496 |
| | UN Habitat | 36.380 | | | 36.380 |
| UFE Total | | 6.808.525 | | | 6.808.525 |
| Grand Total | | 5.806.965 | 18.569.780 | 9.040.409 | 51.832.831 |

Source: CERF database (year of disbursement of funds)

19. UNICEF has received the largest number of grants, which stems from the fact that besides being the lead agency for three clusters¹⁴, it is also active in the health and protection clusters. WFP has been supported by the CERF for food security, logistics and telecommunications¹⁵, and air services.

Table 4: Number of projects by window and by UN agency

| Count of Amount Approved | | Year | | | | Grand Total |
|--------------------------|------------|------|------|------|------|-------------|
| Window | Agency | 2007 | 2008 | 2009 | 2010 | |
| RR | UNICEF | 1 | 9 | 4 | 11 | 25 |
| | WHO | 1 | 4 | 2 | 7 | 14 |
| | WFP | 2 | 2 | 3 | 5 | 12 |
| | UN Habitat | | 1 | 2 | 8 | 11 |
| | UNFPA | 1 | 2 | 1 | 4 | 8 |
| | UNHCR | 1 | 1 | 1 | 3 | 6 |
| | FAO | 1 | 3 | | 2 | 6 |
| | IOM | 2 | | | 4 | 6 |
| | UNDP | | | 2 | 3 | 5 |
| | UNESCO | | | 2 | 1 | 3 |
| | UNIFEM | | | | 1 | 1 |

¹⁴ These clusters are: education, nutrition, and WASH.

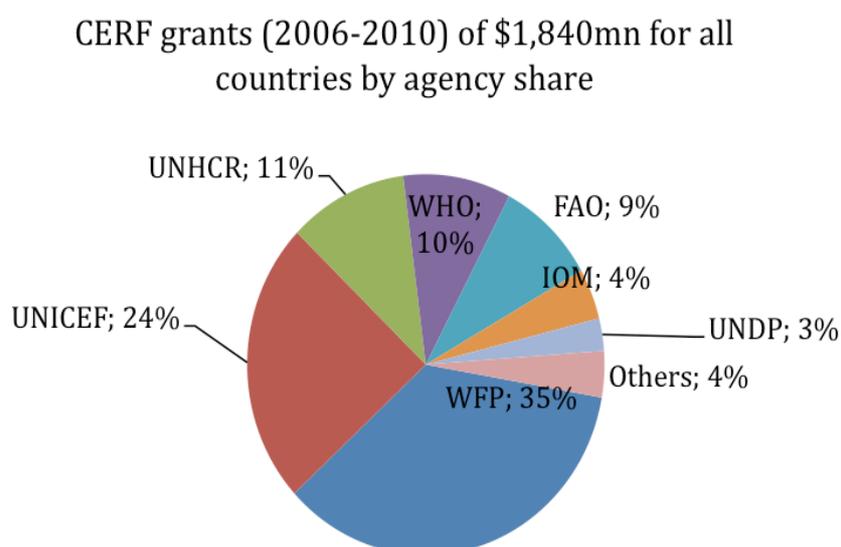
¹⁵ Telecommunications was included in the logistics projects.

| | | | | | | |
|--------------------|------------|---|----|----|----|-----|
| RR Total | | 9 | 24 | 16 | 48 | 97 |
| UFE | UNICEF | | 2 | | | 2 |
| | WFP | | 1 | | | 1 |
| | FAO | | 1 | | | 1 |
| | IOM | | 1 | | | 1 |
| | WHO | | 1 | | | 1 |
| | UN Habitat | | 1 | | | 1 |
| | UNHCR | | 1 | | | 1 |
| UFE Total | | | 8 | | | 8 |
| Grand Total | | 9 | 32 | 16 | 48 | 105 |

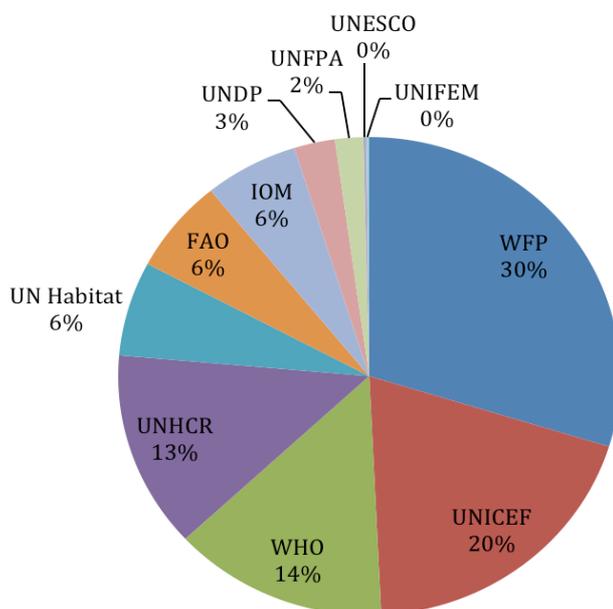
Source: CERF database (year of disbursement of funds)

20. Eleven agencies have benefitted from the CERF. From 2007-2010, the portion of CERF funding received by UN agencies is similar to the global pattern, with WFP and UNICEF receiving a little less and WHO and UNHCR a little more. The higher percentage of funding that went to UNHCR can be explained by the assistance provided to the Afghan refugees and the agency's active role in responding to internal displacement and natural disasters as cluster coordinator for Camp Management and Coordination, Protection, and Shelter/NFI (co-lead).
21. The most striking difference in the pattern of funding is the percentage of funding given to UN-HABITAT, which in Pakistan is actively involved in shelter and sanitation.

Figure 1: Total share of CERF grants per UN agency 2006-2010 (Pakistan and global)

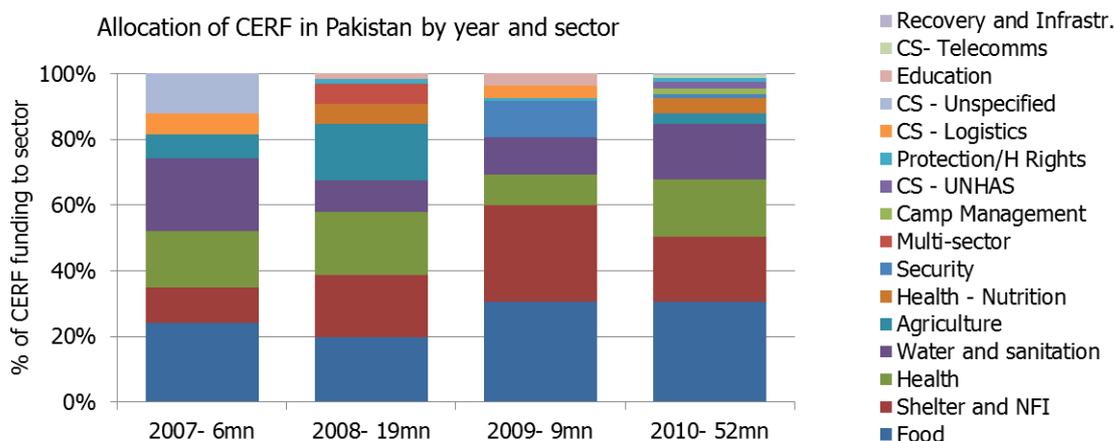


CERF grants (2006-2010) of \$85mn for Pakistan by agency share



22. As can be seen from the graph below, the cluster having received the largest portion of the funding (25%) is Food. Shelter/Non-Food Items (NFI), Health, and Water, Sanitation and Hygiene (WASH) follow. This corresponds to what might have been expected, since most CERF allocations have been made in response to sudden onset emergencies with large population displacements requiring this type of assistance. Food, shelter/NFI, health and WASH were identified as the top priorities in the initial stages of the response to the 2010 floods.

Figure 2: Annual funding per cluster from 2007-2010



23. The pattern of funding for clusters in Pakistan differs quite a lot from the global one, which is due to the higher need for funding to guarantee the security of humanitarian staff (grants to UNDP for UN DSS) and humanitarian situations characterized by large scale population displacement,

for which the top priority is providing shelter/NFIs, given the harsh climatic conditions, together with food, health and WASH. Population displacement also explains the importance of camp coordination and camp management (CCCM).

Figure 3: Sectoral allocations in Pakistan compared with CERF allocations elsewhere

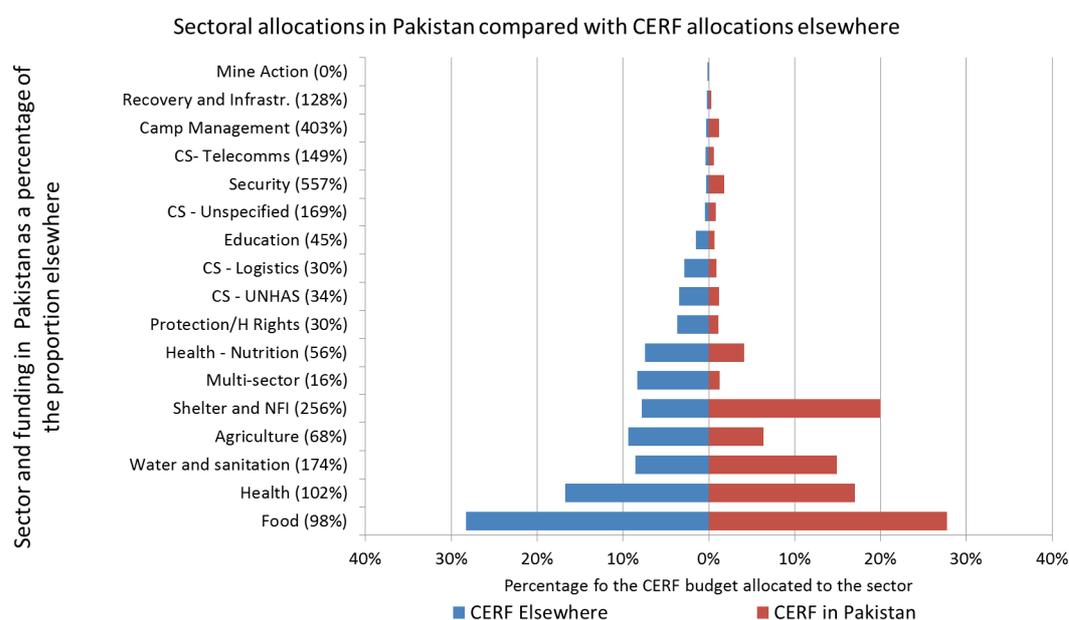


Table 5: Share of CERF funds used for direct implementation by UN agencies and transferred to partners¹⁶

| Year | UN/IOM | | NGOs | | Government | |
|------|-----------------------------|----------------------------|----------------------------|----------------------------|----------------|----------------------------|
| | Amount (USD) | Percentage of annual total | Amount (USD) ¹⁷ | Percentage of annual total | Amount (USD) | Percentage of annual total |
| 2007 | Not available ¹⁸ | | Not available | - | Not available- | - |
| 2008 | 12,367,964 | 66 | 6,351,826 | 34 | | |
| 2009 | 8,147,759 | 92 | 740,000 | 8 | - | - |

Source: Annual reports from the Resident/Humanitarian Coordinator 2007-2009 and draft report for 2010 (NB: amounts for 2010 are not yet available)

¹⁶ The CERF reporting template was modified for the 2007 report so as to include amounts used by UN agencies for direct implementation and amounts forwarded to implementing partners. The template was modified again for the report on 2009 to differentiate funding forwarded to NGOs and to Government and an annex to list each NGO implementing partner and the amount of CERF funding forwarded to them was added.

¹⁷ CERF database (based on Project code/year of submission)

¹⁸ The 2007 annual report combines the RR of 2007 and the UFE of 2008.

2. PROCESSES

2.1 Appropriateness/Relevance

24. CERF processes have been handled differently for the different emergencies since 2007, with varying degrees of inclusiveness and transparency. For the floods in 2010, the Humanitarian Country Team (HCT) agreed on priority sectors and apportioned envelopes to UN agencies on the basis of proposals and requirements generally prepared by cluster coordinators or emergency officers¹⁹, and the Humanitarian Coordinator (HC) took the final decision. This process also involved reducing amounts drastically given that agencies presented unrealistic requirements²⁰. While clusters or cluster coordinators were not systematically involved in the CERF process before the HCT deliberations²¹, a few cluster coordinators (e.g. health, nutrition) had consulted partners on priorities²² before the HCT meeting.
25. When clusters were consulted, it was rather for the downstream identification of priorities and preparation of projects (also for the UFE grant in 2008)²³. Some cluster coordinators systematically consult their cluster partners (e.g. health, protection, WASH, nutrition)²⁴, but in the case of some clusters, UN agencies meet only with their implementing partners²⁵. As the floods started in KPK where UN agencies were already operational, several of them opted to work with the implementing partners they already had.
26. Besides the need for speed, reasons for not involving the clusters may have been, in the early stages, that clusters lacked the strength to conduct a prioritization exercise and later on, that cluster attendance had become so high that a cluster consultation process would have been unmanageable²⁶.
27. Allocating funds among UN agencies in clusters involving more than one UN agency (WASH and in particular shelter/NFI) was apparently difficult. For the first allocation for the 2010 floods, there was no consultation among the three agencies involved in the shelter cluster (IOM, UNHCR, and UN-HABITAT). Consultations took place for the

¹⁹ Interviews.

²⁰ Feedback to the draft report and interviews.

²¹ Two cluster coordinators indicated not having been consulted on priorities by the head of the cluster lead agency, but one of them said that the head of agency, as the head of the cluster lead agency, was fully aware of the needs.

²² One cluster coordinator indicated having consulted cluster members by email, when hard-pressed by time.

²³ Sources: interviews, CERF project submission documents, "Crisis far from over: Millions still in Need of Assistance as Funds dry up", Pakistan Humanitarian Forum, April 2010; and "CERF Projects in Flood Affected Areas of Sindh and Balochistan – Monitoring and Evaluation Report", 2008, NDMA.

²⁴ Information about cluster involvement is inconsistent if not contradictory which may partly stem from the high staff turnover since August 2010, including at the cluster coordinators' level.

²⁵ Several agencies participate in several clusters and when no cluster meeting takes place, separate CERF-related meetings, if any, are conducted by the UN agency's emergency or programme coordinator with the implementing partners. The picture is further complicated by the fact the IOM (shelter/NFI cluster coordinator for the floods) does not work with implementing partners.

²⁶ Information collected during the interviews, but not given as a reason for not involving the clusters.

- subsequent allocations, but agreeing on priorities, complementarities, and levels of funding was arduous and time-consuming²⁷.
28. NGOs have the feeling that they have little say in CERF processes²⁸. They complained about the process at the time of the 2010 RR allocation made in response to the IDP crisis. In their view, the CERF processes for the response to the floods lacked transparency. There is a strong sense among UN staff and NGOs that CERF funds are reserved for UN agencies²⁹. Someone suggested that NGOs can apply for indirect funding through cluster lead agencies, but there is no formal procedure enabling an NGO to do so and as mentioned before, some UN agencies tend to opt to work with their existing implementing partners.
 29. The government plays a strong leadership role in disaster coordination and response. It complained about the first CERF allocation in 2007 because it did not consider that international aid was needed³⁰, but the proposed use of funds was coordinated with the NDMA³¹. For subsequent allocations in 2008, the NDMA insisted on being consulted on sector priorities³². In the case of the 2008 UFE allocation, draft CERF proposals were revised following receipt of NDMA feedback on the proposed projects³³.
 30. The NDMA is well aware of the objectives of the CERF (and the ERF). While it does not take part in CERF consultations, the NDMA has given clear indications of what its priorities were for all stages of the response to the floods and closely followed allocation processes through consultation with the HC prior to HCT allocation meetings, the coordination meetings already mentioned, weekly briefings organized by OCHA on the humanitarian financing situation and the OCHA Financial Tracking Service (FTS). OCHA has also sent the NDMA regular updates on humanitarian funding³⁴.
 31. Donors to the CERF are informed of CERF processes and their outcomes at monthly meetings (informal humanitarian breakfasts) established in 2010 for the IDP crisis. The large majority of donors do not see the need to be more involved while others do not know if they would have the time. Only one donor indicated they would find consultations on the CERF prior to CERF decision-making useful.
 32. Priority needs are identified on the basis of assessments (e.g. rapid assessments after the flooding in Sindh and Baluchistan in 2007; the Multi-cluster Rapid Assessment Mechanism since 2008³⁵) of varying quality. Many assessments were made for the 2010 floods, but no comprehensive needs assessment was carried out³⁶ and donors

²⁷ Interviews.

²⁸ Interviews, which also reported views of other NGOs. According to an informant, CERF allocations tend to be the last point on the agenda of an HCT meeting, and NGOs walk out when the discussions begin.

²⁹ Interviews.

³⁰ Interviews.

³¹ Annual Report of the Resident/Humanitarian Coordinator, 2007, p.2.

³² Interviews; Letter of August 2008 from the Chairman of the NDMA to the WHO Representative.

³³ Summary of CERF Process, Office of the Resident Coordinator, Pakistan, 2008.

³⁴ Interviews.

³⁵ The Multi-cluster Rapid Assessment Mechanism (McRAM) assessment tool uses a combination of questions designed by the clusters, Personal Digital Assistants technology and field teams to provide rapid feedback on emergency situations. A McRAM assessment was carried out in flood affected provinces in August 2010. See <http://mcram.org/>

³⁶ Inter-Agency Real Time Evaluation of the Humanitarian Response to Pakistan's 2010 Flood Crisis, DARA,

complained of the difficulty of getting meaningful, precise data about the needs and guidance as to what to fund as late as November 2010. While it can be assumed that UN agencies have based their projects on assessments³⁷, these do not seem to inform prioritization deliberations at the HCT level.

2.2 Effectiveness

33. Processes are considered to have improved since 2007³⁸, when no one knew about the CERF³⁹, partly thanks to CERF training. Nevertheless, the prioritization of sectors has remained difficult. The main difficulty lies in the absence of an objective method for prioritizing among sectors and apportioning funding to them⁴⁰. At the time of the 2009 IDP crisis, the HCT used a pro-rata approach based on current funding gaps⁴¹, but the CERF Secretariat rightfully rejected this approach for the third allocation of funds to the floods in 2010, since it did not involve any joint prioritization of key activities. UN agencies frequently ask for more than there is and envelopes then need to be cut down. The process can require lengthy negotiations and often generates acrimony, weariness, and suspicion⁴².
34. In this regard, the fact that the NDMA had given the HCT clear orientations of its priorities i.e. food, shelter, health and WASH⁴³ at the time of the 2010 floods facilitated the HC's task. Most of the funds requested in August-October were for these sectors. For the third allocation in October 2010, a new approach (the 'Survival Strategy') was promoted by UNICEF, WFP and WHO to enhance the effectiveness of UN assistance by providing an integrated response in four key emergency sectors (food, health, WASH, and nutrition) in the geographical areas of greatest need.
35. A few interviewees were of the view that variables such as presence on the ground, demonstrated implementation capacity, and comparative added value of the funding for a UN agency should be better taken into account.
36. The initiative for the first two RR allocations for the 2010 floods came from the ERC⁴⁴ and the CERF Secretariat, with a predefined envelope. While this sped up the process and the

March 2011.

³⁷ CERF project proposals refer to the assessments used as a basis for the prioritization of the activities proposed. With respect to assessments, WFP was cited as an example several times (in particular the fact that teams conduct an assessment prior to any distribution).

³⁸ According to one informant, the first CERF submission took 12 days to prepare.

³⁹ Interview.

⁴⁰ A few of the comments made in this respect are good illustrations of the difficulty: "Everyone is looking for a formula"; "it is the best guess of the HC"; "it is high-jacking, the survival of the fittest and loudest".

⁴¹ Interview.

⁴² Non-cluster lead agencies feel that cluster coordinators are biased in favour of the cluster lead agency and that cluster lead agencies are taking all the money.

⁴³ Informants all agree that these were the biggest priorities, but not the only ones.

⁴⁴ The 2006 CERF grant guidelines indicate that the application process can be initiated at the initiative of the HC/RC or the ERC. This possibility for the ERC to take the initiative was included in the 2011 guidelines, which state: "Depending on the extent of the emergency and on whether the overall funding for the response is likely to be inadequate, the ERC may suggest an initial CERF funding "envelope" to the RC/HC based on the best estimate of the scale of the emergency, the immediate funding needs, and taking into account the overall CERF funding available." Source: Guidance Note on Applying for CERF Rapid Response Grants, January 2011.

funding was needed, prior consultations with the HCT about how much money was needed would have been more effective, in particular for the first allocation, because the envelope initially provided (US\$10 million) was well below requirements⁴⁵. Following discussions between the HC, OCHA, and the CERF Secretariat, the first allocation finally amounted to US\$16.5 million⁴⁶ and a second one was rapidly made⁴⁷.

37. The CERF life-saving criteria are seen to be pragmatic and to facilitate decision-making and the development of projects by providing guidance about what the CERF can support. No specific concern was raised about them, except that UNDP considers that some activities essential in the initial stages of a natural disaster, which it can carry out but other UN agencies do not (e.g. rubble or mud removal), do not qualify for CERF funding⁴⁸.

2.3 Efficiency

38. The fact that OCHA has a well-functioning humanitarian financing unit with good knowledge of CERF processes has been valuable for the effective and efficient handling of the CERF project cycle.
39. With respect to monitoring, the CERF reporting system in place is annual and there are no arrangements in place for the findings of monitoring of projects receiving CERF funding to be shared or discussed with the HC or OCHA during project implementation. UN agencies have monitoring and evaluation systems in place, but no obligation to share their findings. The CERF project document format contains sub-sections requiring information on outcomes and indicators and monitoring and reporting provisions and the annual reports from the RC/HC present succinct information about how projects were monitored⁴⁹.
40. The NDMA has been insisting for more detailed information about the provision of assistance and its timeliness, and an online single reporting format has recently been developed by OCHA at its request and is being tested⁵⁰. In 2008, the NDMA accepted the first CERF allocation provided it be involved in the vetting and monitoring of projects as an equal partner. Joint monitoring teams visited all the projects and a rather critical report was issued⁵¹. The only UN agency to have had an evaluation of a few of its CERF

⁴⁵ The amount was considered so low compared to the needs that giving it to a single cluster lead agency was suggested. NB: no one imagined at the time that the disaster would be of such magnitude, but UN agencies.

⁴⁶ The first submission of projects by the HC on 6 August was for US\$10 million.

⁴⁷ Interviews; the CERF website announced on 11 August that the CERF had made a US\$30 million allocation.

⁴⁸ Interviews. The point was made that in Haiti, the ERF had to be called upon for funding debris removal after the 2010 earthquake.

⁴⁹ These include periodic staff field visits, meetings with implementing partners, implementing partner updates, monitoring by local government departments, post-distribution surveys. The 2008 annual report provides interesting insight into some agency initiatives to improve monitoring.

⁵⁰ The online Single Reporting Format database launched in [Pakistan](#) is tightly linked to the Common Humanitarian Action Plan (the strategic framework) and to the strategy of the clusters. UN staff and implementing partners enter updates on the implementation of the projects. The periodicity of updates is defined at cluster level (monthly, weekly) depending on the circumstances. The system enables the tracking and monitoring of assistance at different levels (e.g. national, district, etc.). The information generated is useful for analysis purposes and reporting. The database can only be accessed by those authorized to do so.

⁵¹ The main issue of concern to the NDMA was the percentage that had been used to cover administrative and

projects in Pakistan is FAO⁵². One of its recommendations is that “FAO must do more to monitor its own and IP (Implementing Partner) activities”.

41. Agencies view the transaction costs associated with the CERF as reasonable. The application process and the reporting format and frequency (once per year) are appreciated for their straightforwardness, in particular compared to other funding sources⁵³.
42. UN agencies and the OCHA office have benefitted from the presence of a staff member who had worked with the CERF Secretariat and was able to provide guidance and simplify processes (e.g. filling in parts of the annual reporting template on the basis of existing information before sending it to UN agencies to complete). Agencies appreciate the support provided. The CERF management cycle, and in particular the reporting represents a lot of work for OCHA, but can be handled in Pakistan where they have manpower.
43. The "Survival Strategy" was initially submitted as a joint project of four sectors, the idea being that they would function in the same geographical areas as a “mega” cluster. As the CERF cannot provide one grant to two agencies, UNICEF and UN-Habitat were asked to separate their budgets. This caused some delays (first submission on 13/10 and re-submission on 22/10) and some irritation that can be attributed to a sense of urgency on the ground and a lack of understanding of the rules guiding the CERF.⁵⁴
44. In the case of the floods, the HC was quick in submitting a package of projects on 6 August, but the pressure for speed needs to be weighed against the benefits of a more consultative process.

operational costs (59%) of the projects compared to the 41% allocated to the deliverables. CERF projects in Flood Affected Areas of Sindh and Balochistan – Monitoring and Evaluation, 2008, NDMA. NB: This evaluation was conducted without involving the CERF and participating agencies did not have the opportunity to review the document before it was finalized.

⁵¹ Interviews.

⁵² Three of five 2007-2008 projects were evaluated in the framework of the Evaluation of FAO Interventions carried out under the CERF in Pakistan, July 2010. This evaluation was part of a worldwide evaluation of FAO CERF-funded projects.

⁵³ Interviews.

⁵⁴ Interviews. NB: The CERF Secretariat makes grants to individual agencies and signs an agreement with them.

3. OUTPUTS

3.1 Appropriateness/Relevance

45. The CERF has supported a total of 105 projects from 2007-2010⁵⁵, of which eight were under the UFE window. The CERF contribution to the overall contribution to the various humanitarian appeals (revised requirements) or emergencies has ranged between 2-28 percent of total contributions, as shown below:

Table 6: CERF portion of contributions to Appeals or emergency response

| Year | Type of Appeal | Total (revised) requirements or contributions ⁵⁶ | Total contribution to the Appeal or total humanitarian funding ⁵⁷ | Percentage of requirements covered | CERF contribution | Percentage of contribution covered by the CERF |
|------|----------------|---|--|------------------------------------|-------------------|--|
| 2007 | Flash Appeal | 42,922,297 | 20,902,008 | 49 ⁵⁸ | 5,806,965 | 27.8 |
| 2008 | No appeal | - | 66,754,845 | - | 18,719,790 | 28 |
| 2009 | PHRP | 680,070,527 | 525,810,577 | 77 | 8,890,399 | 2 |
| 2010 | PHRP | 661,180,978 | 332,179,558 | 50 | 9,852,049 | 3 |
| | Flash Appeal | 1,963,473,246 | 1,360,141,831 | 67 | 41,980,782 | 3 |

Source: Financial Tracking Service –Data as of 9 July 2011

46. CERF funding has been allocated for the coverage of needs in the entire geographical area concerned by the emergencies, except for the third allocation for the 2010 floods, which focused on Sindh where the needs were the greatest by then.

47. The CERF has funded projects developed in coherence with CERF criteria.

3.2 Effectiveness

48. The only projects ever to be rejected were two FAO projects submitted in August 2007 (for livestock protection and restoration, and for the restoration of marine and fresh water fisheries). They were presented at a time when the CERF life-saving criteria were being finalised⁵⁹, therefore what could and could not be included was not yet well defined or known (the first Life-Saving criteria guidelines were issued in August 2007). Several RR projects presented in late August 2008 for the response to the population displacements were withdrawn, but an examination of project documents shows that this was either because of the geographical focus of the projects or because proposals were submitted by one UN agency on behalf of several. The projects, together with additional ones, were resubmitted (e.g. a joint WFP/FAO project was resubmitted as

⁵⁵ The number of projects per year is 9 in 2007, 33 in 2008, 15 in 2009, and 48 in 2010.

⁵⁶ For 2008, since there were no appeals, the amount indicated is that of the total of all contributions.

⁵⁷ For 2007, since there was no appeal, the amount indicated is that of the total contribution to humanitarian funding. For 2006 and 2008, CERF funding was also provided outside the Appeals.

⁵⁸ The CERF was the largest donor for this Flash Appeal. Source: Financial Tracking Service.

⁵⁹ Interviews. NB: No one remembers with certainty given that this happened four years ago.

separate ones) in early September 2008 and approved. The entire batch of proposals submitted in the framework of the third RR allocation for the 2010 floods was withdrawn in late September 2010 because the selection process had not followed the CERF guidelines⁶⁰ and another more focussed submission (including the Survival Strategy) was prepared.

49. The CERF and the Emergency Response Fund (ERF) established by OCHA in March 2010⁶¹ operate independently and are managed by different teams. The allocation process for the ERF is cluster-based and involves both the provincial and central levels. The ERF aims to provide flexible funding to address critical needs and unforeseen emergencies and mostly funds NGOs for projects in and outside the humanitarian appeal. The applications are scrutinized by a review board, which includes seven members of the HCT (three UN agencies, three NGOs and one organisation from the gender task force), before the HC takes the final decision. The review board uses ERF proposal selection criteria and the CERF Life-Saving criteria as well as key humanitarian reference documents such as cluster response plans to review and prioritise proposals. Projects are monitored by trained ERF Focal Points based in the OCHA sub-offices. ERF processes are more inclusive and participatory than the CERF's at both cluster and decision-making level. Effectiveness and efficiency gains could be made by streamlining the in-country management of ERF and CERF allocation processes, with a simplified and more rapid procedure for RR requests, and ensuring that the funds complement each other.

3.3 Efficiency

50. In the two cases where a Flash Appeal was issued, CERF RR funds were allocated while it was being prepared (2007 Yemyin cyclone and floods⁶²; 2010 floods), which sped up the entire funding process and enabled UN agencies to start responding. The grants were made against projects to be included in the appeals. Similarly, for the 2008-2009 PHRP, the RR allocation was made just as the CAP had been issued⁶³ (September 2008).
51. A total of 14 requests for no-cost extensions were made from 2007-2010, one of which was eventually not needed. Four of the 13 remaining requests were made by UNESCO and five by UNDP on behalf of the UN Department of Safety and Security (UN DSS). Two of these were not accepted, both of them from UNESCO in 2008 (one of which was a second such request for the same project).
52. For the 97 RR grants from 2007-2010, the timeframe for the project approval process on the part of the CERF Secretariat and UN agency Headquarters was an average of 26 days between the submission of a proposal and the disbursement of funds. The shortest was 7 days and the longest 60 days⁶⁴. Most projects (88) had to be revised and this took

⁶⁰ Instead of being based on an identification of priority needs, proposals were prepared for amounts calculated on the pro-rata basis of funding shortfalls (Source: interviews).

⁶¹ The ERF only became fully operational in August 2010, which is when it received donor contributions.

⁶² 2007 Flash Appeal Cyclone and Floods; IASC Inter-Agency Real Time Evaluation of the Pakistan Floods/Cyclone Yemyin; October 2007, p. 14.

⁶³ Annual Report of the resident/Humanitarian Coordinator on the use of CERF Grants, 2009.

⁶⁴ Three projects for which between 107 and 125 days were necessary between the project submission and the disbursement were removed in order to avoid skewing the statistics.

between 1 and 35⁶⁵ days. There is no significant difference in the timeframe between 2007 and 2010.

Table 7: Average timeframe for processing RR grants for 2007-2010

| | Submission - Revised Proposal ⁶⁶ | Final Proposal – USG Approval | Approval - LoU | LoU - Disbursement | Total (Submission to Disbursement) |
|-----------------------|---|-------------------------------|----------------|--------------------|------------------------------------|
| Number of Days | 10 | 3 | 8 | 5 | 26 |

Source: CERF database

53. In the case of the first allocation for the 2010 floods, it took an average of 6 calendar days, or 4 working days, from the date of the submission of the original proposal for the 12 projects to be approved by the USG. The disbursement of CERF funding for the first allocation for the 2010 floods was faster than normal⁶⁷.

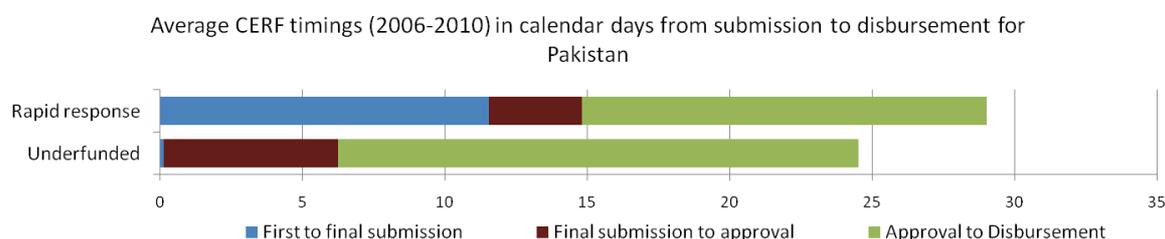
54. A comparison between the timeframes of the first, second, and third allocations indicates that an average of 16 days was needed for the first, 24 for the second, and 42 days for the third⁶⁸. The longer timeframe for the third allocation is due to the withdrawal of proposals initially submitted (as mentioned before) and the preparation of a new submission. This led to a prolonged timeframe from the initial to the final proposal.

Table 8: Average timeframe for the processing of RR grants for the 2010 floods

| | Submission- Revised Proposal | Final Proposal – USG Approval | Approval - LoU | LoU - Disbursement | Total (Submission to Disbursement) |
|----------------------------------|------------------------------|-------------------------------|----------------|--------------------|------------------------------------|
| Number of Days | | | | | |
| 1st allocation | 2 | 4 | 4 | 6 | 16 |
| 2nd allocation | 7 | 3 | 7 | 7 | 24 |
| 3rd allocation | 24 | 4 | 8 | 6 | 42 |

Source: CERF database

55. The timeframe for the 2008 UFE allocation was surprisingly shorter than the RR average:



⁶⁵ Except for a food security project in 2008 that took 79 days, but this was exceptional and involved a substantial decrease in the amount requested.

⁶⁶ Ten projects did not need to be modified/re-submitted.

⁶⁷ The disbursement for most projects was made within two weeks from the submission.

⁶⁸ The first batch of proposals for the third RR allocation was withdrawn and a new one, including the Survival Strategy, was re-submitted, which caused delays.

56. In 2009, NGOs interviewed by Oxfam⁶⁹ expressed concern about the length of time needed by UN agencies “to approve and transfer funds⁷⁰ (with two to three months being seen as a required minimum)” and the management of the contracts. In its briefing paper, Oxfam recommended that UN-NGO funding partnerships be urgently “improved to transfer funds in a more timely and predictable fashion” (Bennett, 2009). According to data compiled by the CERF Secretariat from several countries in 2010, the number of days required on average by UN agencies in Pakistan⁷¹ to disburse funds to their implementing partners once they had received the funds was of 50 calendar days for UNICEF and 155 calendar days for UN-HABITAT. CERF indirect funding to NGOs thus appears to be much slower than the ERF, which takes an average of 50 days between the receipt of the first draft by the ERF team and the disbursement of the first tranche of funds⁷².
57. The implementing partners of two clusters (health and WASH) kick-started the response to the 2010 floods with their own resources⁷³, but saw the timeframe for receiving resources from the cluster lead agency as reasonable⁷⁴.

⁶⁹ *Missing Pieces? Assessing the Impact of Humanitarian Reform in Pakistan*, Nicky Bennett, Oxfam Briefing Paper, 1st October 2009.

⁷⁰ NB: This statement was not related to CERF funding.

⁷¹ Only data from UNICEF and UN-HABITAT is available.

⁷² ERF database.

⁷³ Interviews.

⁷⁴ In general, NGOs do not know the source of the money UN agencies use to fund their operations, so no conclusions can be drawn about the CERF specifically.

4. OUTCOMES

4.1 Appropriateness/Relevance

58. The CERF has been a critical source of early funding for several emergencies, when funding was scarce, the UN had no resource mobilization tool in the absence of an appeal (2008), or humanitarian donors were slow to contribute. These include the floods in 2008 (UFE February allocation), the earthquake in Baluchistan in 2008⁷⁵, internal displacement in KPK in 2008⁷⁶, 2009⁷⁷ and 2010⁷⁸ and the early stages of the floods in 2010. The first allocation for the 2010 floods was announced in early August at a time when the potential magnitude of the unfolding emergency had not yet dawned upon the humanitarian community. This seems to have still been the case by the time of the second CERF allocation which was announced quickly after⁷⁹. Donors were slow to respond⁸⁰ compared to other large scale natural disasters like the earthquake in Haiti⁸¹.
59. Some agencies would not have been able to take part in the response, or at least its early stages, without CERF funds (e.g. UN-HABITAT, UNDP for Community Recovery, FAO, UNDDSS). For some agencies, the CERF has been the only or the largest source of funding (e.g. UNDDSS got no other funding for the PHRP and the response to the floods in 2010, and despite the large amounts of funding that WHO received at a later stage, the CERF has remained its largest donor in 2010)⁸².
60. The CERF is regarded as flexible funding compared to that of other donors who are more directive as to the approach to be followed⁸³.
61. The CERF has reinforced the position of the HC by giving him decision-making authority over the use of CERF funds. However, this is by no means an easy process to lead in the absence of a methodology for deciding which sectors to prioritize (e.g. "It is not healthy if HCs come up with their own recipes")⁸⁴. A head of agency pointed to the need for principles for apportioning funds, to help in the event of a weak HC.
62. The CERF has also enhanced coordination between some of the UN agencies, in particular those working in the same clusters, as well as partnerships (e.g. joint logistics

⁷⁵ Interviews. The government refused that a Flash Appeal be issued, as a result of which the CERF was almost the only source of funding to support the IDPs.

⁷⁶ The September 2008 RR allocation was made as soon as the CAP (PHRP) was launched and has been the largest source of funding (Annual Report of the Resident/Humanitarian Coordinator, 2009, p.2).

⁷⁷ *Missing Pieces? Assessing the Impact of Humanitarian Reform in Pakistan*, Nicki Bennett, Oxfam Briefing Paper, October 2009.

⁷⁸ *Crisis far from over: Millions still in Need of Assistance as Funds dry up*, Pakistan Humanitarian Forum, April 2010.

⁷⁹ The first submission of proposals was made on 6 August and the second on 23 August 2010. They are presented as one allocation on the CERF website.

⁸⁰ On 6 August, US\$ 252,940,520 of US\$ 663,058,364, i.e. 38% of the requirements had been received according to the submission document sent by the HC.

⁸¹ "Pakistan floods: mega disaster needs mega response", Neva Khan, Oxfam's Pakistan Director, 10 August 2010 and "Pakistan floods fail to spark strong global aid", Nahal Toosi, Associated Press, 13 August 2010.

⁸² Interviews.

⁸³ Interviews.

⁸⁴ Interviews.

- for WFP and FAO in 2007 and 2008 and the coordinated provision of food and agricultural inputs by WFP and FAO in 2008⁸⁵; the 2010 Survival Strategy).
63. With respect to the other pillars of the humanitarian reform, while the CERF has supported strategic coordination by allocating funding to projects included in humanitarian appeal documents when such documents existed, it has only reinforced the clusters as coordination bodies inasmuch as they were involved in CERF-related consultations. On the whole, the prioritization process is viewed as UN agency- rather than cluster-based⁸⁶. Some cluster members have benefitted from CERF funding as implementing partners, but this does not reinforce the clusters. By supporting the integrated approach of the Survival Strategy, however, the CERF has enhanced inter-cluster coordination.
 64. Although it is difficult to establish, there is little evidence that the CERF has strengthened partnerships with the NGO sector. NGOs are not systematically consulted (upstream or downstream) on priorities and they have no clear opportunity to request CERF funding from UN agencies through the cluster system or otherwise⁸⁷. In the specific case of IOM, the cluster lead agency for shelter, NGO involvement is further limited by the fact that IOM implements itself.
 65. The CERF has enhanced partnership with the government at central level (NDMA) given its early involvement in the prioritization and the monitoring of activities⁸⁸ as well as with a few government departments at provincial and district level (e.g. UNICEF and UNESCO and the Department of Education in 2008; UNICEF and the Department of Health for nutrition in 2008⁸⁹).

4.2 Effectiveness

66. Early funding has enabled agencies to kick start⁹⁰ or expand operations and mobilize existing assets⁹¹. The news that CERF funds would be available enabled agencies to start planning.
67. The CERF provided seed money to a few agencies (e.g. FAO, UNDP, UN-HABITAT) and the fact that they had a presence on the ground, an accurate knowledge of the needs, and had been able to respond enabled them to leverage further contributions from donors⁹². One of the agencies better funded by donors considers that CERF funding had the

⁸⁵ Annual Report of the Resident/Humanitarian Coordinator on the Use of CERF Grants, 2007, and 2008.

⁸⁶ Interviews (this is a view expressed by a few interviewees of both the UN and NGOs).

⁸⁷ According to one informant, international NGOs did not have sufficient chances of scaling up quickly whereas they had excellent capacities. The ERF was not fully operational in the initial phase of the disaster and ERF grants were too small for the large NGOs, which therefore fell between the cracks.

⁸⁸ This was already mentioned in the Annual Report on the Use of CERF Grants of 2007.

⁸⁹ Annual Report of the Humanitarian/Resident Coordinator on the Use of CERF Grants, 2008.

⁹⁰ Interviews and Inter-Agency Real Time Evaluation of the Humanitarian Response to Pakistan's 2010 Floods Crisis, March 2011

⁹¹ For example, in the case of WHO, mobilizing 57 WHO technical staff working in other duty stations in the region for the response to the 2010 floods.

⁹² Source: interviews. Humanitarian donors, in particular the major ones which also have monitoring capacities, frequently meet informally and share information about the strengths and weaknesses of UN agencies and partners alike Performance affects funding.

opposite effect and another that this was not true for the floods for which a lot of funding came in at once.

68. The 2008 UFE allocation enabled WFP and FAO to provide agricultural assistance to households affected by floods in 2007 in Sindh and Balochistan, who could not be reached earlier due to funding gaps. In 2010, coverage was expanded with successive allocations as the floods covered larger and larger areas. The last allocation of CERF funds was earmarked for the latest province to be affected (Sindh), where response capacities were low.
69. The CERF is encouraging agencies to mainstream gender, vulnerability, and cross-cutting issues in their approaches. The analysis⁹³ of the extent to which gender, vulnerability, and cross-cutting issues were mainstreamed into a sample of 26 projects⁹⁴ shows the following:
70. **Gender:** 30 per cent of the sample (projects in the 2a and 2b categories), clearly promote gender equality, while 34 per cent showed no consideration for gender in any component of the project and 35 per cent included gender aspects in one or two of the components of the project (i.e. needs assessment, activities, or expected outcomes). Most projects having scored “0” were from 2007 (2 projects) and 2008 (6 projects) and only one from 2010, which shows that UN agencies have improved their performance over the years. An increasing number of organisations include gender disaggregated data in the projects. The mandate of the UN agency and the nature of the activities are also a factor of the extent to which gender is mainstreamed⁹⁵.

Table 9: Scores for gender sensitivity

| Score | Number of projects | Percentage of the total |
|-------|--------------------|-------------------------|
| 0 | 9 | 34.5 |
| 1 | 9 | 35 |
| 2a | 3 | 11.5 |
| 2b | 5 | 19 |
| Total | 26 | 100.00 |

71. **Vulnerability:** 50 per cent of the sample (projects scored 2a and 2b) contribute in a significant way to gender equality, and for 19 per cent of the sample and 46 per cent address vulnerability in a limited way. This indicates that almost all projects take vulnerability into account to varying degrees in the needs analysis, the activities, and expected outcomes. Most of the projects have used the word “vulnerable” without

⁹³ The purpose of this analysis was to ascertain the extent to which project documents reflect a ‘sensitive’ approach to these issues. NB: the gender markers were only piloted in 2010 and therefore could not have been used before by agencies to review their project proposals.

⁹⁴ One of the 27 randomly selected projects was not included in the scoring as it is a ‘common services’ Project in support of the humanitarian community.

⁹⁵ Projects focusing on maternal health, nutritional services for lactating/ pregnant women and children are gender sensitive, while others do not include disaggregated data.

targeting specific categories. Agencies working on protection⁹⁶ are better than others at mainstreaming vulnerability into their projects. For projects focusing on crops and livestock, the categories considered vulnerable are families that are food insecure and having lost their livelihoods, which could be regarded as economic vulnerability.

Table 10: Scores for vulnerability

| Score | Number of projects | Percentage of the total |
|-------|--------------------|-------------------------|
| 0 | 1 | 4 |
| 1 | 12 | 46 |
| 2a | 8 | 31 |
| 2b | 5 | 19 |
| Total | 26 | 100.00 |

72. Cross-cutting issues: While 88 per cent of the projects include a cross-cutting issue, only 27 per cent clearly address a cross-cutting issue. Those most frequently addressed are protection, capacity building, coping strategies, and resilience.

Table 11: Scores for integration of cross-cutting issues

| Score | Number of projects | Percentage of the total |
|-------|--------------------|-------------------------|
| 0 | 3 | 11,5 |
| 1 | 16 | 61,5 |
| 2a | 4 | 15 |
| 2b | 3 | 11,5 |
| Total | 26 | 100.00 |

4.3 Efficiency

73. In the case of the 2010 floods, most agencies faced operational constraints which limited their ability to respond during the first couple of weeks⁹⁷. They were then able to respond rapidly in KPK, where they already had response capacities (partners and stocks) established for the response to the IDP crisis or assistance to Afghan refugees.
74. It is difficult to ascertain how quickly the aid was provided in the absence of a tracking system or the inclusion of this type of information in the final reports on the use of the

⁹⁶ Examples are protection, SGBV, malnutrition, maternal and child health.

⁹⁷ Initial constraints included the slow build up of awareness of the potential scope of the floods, reluctance of the government to accept an appeal and let the UN start work and that of the army to have foreigners in certain places, and delays in obtaining visas. Later stage constraints include access, bureaucratic impediments to establishing clusters in the provinces, confusion over NDMA/provincial responsibilities, unequal strength of the cluster coordinators, lengthy and difficult Appeal revision process, and the insufficient availability of supplies.

grants. Several donors and the NDMA are of the view that except for a couple of agencies or sectors⁹⁸, the UN was too reactive, did not scale up as quickly as it should have, and remained slow, in particular in terms of expanding geographic coverage⁹⁹. NGOs and the IFRC are perceived to have been quicker than UN agencies¹⁰⁰ and this had implications for the channelling of donor funding¹⁰¹.

75. Some of the projects are of an enabling nature (e.g. logistics, safety and security, emergency telecommunications) for other agencies or enable economies of scale. For example, WHO procures all pharmaceuticals for the emergency response from known sources (this guarantees their quality) and at a lower cost than could have been done otherwise, and supplies the government and NGOs.

⁹⁸ Unequal performance was reported even for clusters depending on the same cluster lead agency.

⁹⁹ According to a government source, it took two months for the UN to be able to function in Sindh and Punjab. See also the minutes of the Strategic Coordination Committee meetings.

¹⁰⁰ Except for one agency which believes that NGOs cannot deliver in the three month CERF RR timeframe

¹⁰¹ Interviews.

5. CONTRIBUTION

76. The CERF has made an essential contribution to the humanitarian response in Pakistan by providing early funding for emergencies that were not getting funding or sufficient levels of it from humanitarian donors. CERF funding has frequently enabled agencies to kick start operations, boost their response capacities, and occasionally, leverage further donor support.
77. CERF grants have been used to respond to the needs of populations affected by natural disasters (floods, cyclone, or earthquake) and conflict (NWFP/KPK and FATA), who required multi-sector assistance. Depending on the UN agency and the cluster concerned, emergency response projects have focused on entire affected areas (e.g. health services) or on specific categories of the population (IDPs, refugees, returnees, host families, vulnerable categories requiring specific assistance). Certain projects have provided support services (e.g. logistics) enabling humanitarian workers to carry out their activities. The CERF has clearly supported projects of a life-saving nature.
78. The timeliness of the aid provided cannot be ascertained on the basis of the documentation usually available. Annual reports provide indications of achievements against targets, but not of when the assistance was delivered. Nevertheless, given that most of the grants were from the RR window, it is fair to assume that the assistance provided was delivered fairly rapidly.

6. CONCLUSIONS

Processes

79. CERF processes are not yet well established and have been handled differently for the different emergencies since 2007. Clusters and cluster coordinators are not systematically involved in the CERF prioritization process.
- Recommendation 1: The CERF Secretariat needs to provide greater clarity about the consultation processes expected at country level, as the guidance available is too vague about when and how clusters should be involved.
 - Recommendation 2: Minutes should be taken of inter-cluster meetings at which priorities for the CERF are discussed and made available to the HC and the CERF Secretariat, in order to ensure that the inter-cluster recommendations adequately inform CERF deliberations and are given adequate consideration at the HCT level.
80. Prioritizing between clusters or sectors has not been easy, and in this respect, the Survival Strategy can be seen as a strategy to get recognition that certain sectors need to be prioritized in the early stages of emergencies in order to save lives, with the added value that it promotes the coordinated delivery of aid.
- Recommendation 2: The CERF Secretariat and UN agencies should draw lessons from the experiment with a view to possibly replicating it at the onset of other emergencies (rather than a later stage) between different sets of clusters depending on the context. The Survival Strategy should leave room for other clusters to apply for the support they need.
81. The country-level allocation of envelopes to clusters and agencies has been fraught with difficulties and been a cause of inter-agency tensions.
- Recommendation 3: The CERF Secretariat needs to collect and share examples of good practice on how best to prioritize and apportion funding to different clusters, possibly with suggestions of different approaches suited for different contexts and phases of an emergency.

Outputs

82. The annual CERF reporting system is appreciated by UN agencies for its simplicity and periodicity, but information about the monitoring of projects as they are being implemented is not shared with the HC or the CERF Secretariat. A promising online Single Reporting Format is now being piloted and has the potential of providing much better insights into performance than current monitoring mechanisms. If successful, this tool could lead to greater transparency and accountability of humanitarian action.
- Recommendation 4: OCHA and the CERF Secretariat should consider carrying out an independent evaluation of the experiment with a view to possibly replicating it in other countries and using it for projects benefitting from CERF funding.
83. CERF and ERF allocation processes are managed differently and by different teams.

- Recommendation 5: OCHA and the CERF Secretariat should consider streamlining the country-level management of CERF and ERF allocations in order to ensure that they complement each other in support of the strategic objectives of the appeals. A simplified procedure for RR allocations (as compared to a more consultative one for UFE allocations) could be envisaged for the sake of timeliness.

Outcomes

84. Agencies sometimes face organisational and operational constraints, which limit their ability to respond in the immediate aftermath of an emergency. It is easier for them to respond when they already have partners and stocks in place. NGOs often have a comparative advantage in terms of operational capacity, because they are already active in the areas affected by the disaster or the emergency and have partners in place.
- Recommendation 6: In disaster-prone areas where UN agencies are not active, the CERF should consider supporting a response preparedness mechanism similar to the UNICEF Rapid Response to Population Movements project in the Democratic Republic of Congo.¹⁰²
 - Recommendation 7: The CERF should contribute to the ERF, which has the capacity to release funding quickly to NGOs.

¹⁰² The RRMP works in three sectors on the basis of pre-financed partnerships with international NGOs that capable of carrying out immediate multi-sector assessments and proving an immediate response, and the pre-positioning of relief supplies. This mechanism is viewed as good practice and has been systematically prioritized for the receipt of pooled funds (mostly from the Common Humanitarian Fund/Pooled Fund, as well as the CERF for some of its components).

ANNEX I: TOR AND INCEPTION REPORT

The Terms of Reference and the Inception Report are not annexed here due to their length. They can be found at:

Terms of reference:

http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_07.11.2010.pdf

http://www.channelresearch.com/file_download/294/CERF_5YREVAL_Final_TOR_Appendix_V_07.11.pdf

Inception report:

http://www.channelresearch.com/file_download/297/CERF-5-yr-Evaluation-Inception-Report-v200.pdf

ANNEX II : CERF PROCESS

BOX 2: RAPID RESPONSE GRANT PROCESS

- B1. Although there is a preference for applications from a country team, a UN agency can make a request for CERF rapid response window funding at any time (e.g. WFP did so in December 2009 in Kenya). The only requirement, checked by the CERF Secretariat, is that the request be endorsed by the Humanitarian Coordinator (HC) or the Resident Coordinator (RC) in the absence of an HC. Such one-off requests are relatively rare, and the bulk of CERF rapid response funding goes to joint requests by several UN agencies.
- B2. The Emergency Relief Coordinator may also take the initiative of suggesting to the HC or RC the possibility of requesting CERF rapid response funding (OCHA 2006; 2011). This happens only rarely, for example after the 2010 earthquake in Haiti when many UN staff, including top ranking ones, died and most UN buildings were destroyed, in Pakistan at the onset of the 2010 floods, and in DRC for Equateur Province in 2010.
- B3. If requested by the UN country team, an informal indication may be given by the CERF Secretariat as to the likely scale of the CERF envelope for the particular crisis. There is normally a maximum limit of US\$30 million for any one emergency or crisis (United Nations Secretariat, Secretary-General's bulletin, 2006, 2010) but it is extremely rare that the full amount is allocated. The 2010 Pakistan floods are an example. Three RR allocations were made, the first two of which at the initiative of the ERC in August 2010. The initial allocation, at the onset of the floods, was revised up from an initial US\$10 million to US\$16.6 million in consultation with the HC and rapidly followed by a second one of US\$13.4 million (i.e. a total of US\$30 million). The CERF finally provided close to US\$42 million for the response to the floods.
- B4. The CERF Secretariat prefers to see a draft request prior to agreeing informally on an envelope. At a minimum, the CERF Secretariat has to be aware of the beneficiary numbers, justification, funding levels, and types of projects, before discussing the size of a submission. The CERF Secretariat often consults with the ERC on potential envelopes.
- B5. Joint applications are prepared by the country team with the UN agencies discussing the amount to be allocated to each cluster (or agencies where clusters do not exist), and each cluster lead agency preparing proposals in consultation with cluster members. The level of formality of this process varies a lot, depending on how the HC manages the prioritisation process.
- B6. The CERF Secretariat reviews the proposals, frequently leading to adjustments relating to budget issues. The CERF can make substantive comments, but it is assumed that the HC and HCT/clusters have the technical expertise to determine what the urgent needs are as well as the capacities of the agencies on the ground. Once the Secretariat signs off, the grants are reviewed and authorised by the Emergency Relief Coordinator and the agency in question signs a Letter of Understanding¹⁰³ with the UN Secretariat for the release of the funds.

¹⁰³ From second quarter of 2011 an umbrella LoU has been introduced and agencies will counter-sign an

UNDERFUNDED EMERGENCY GRANT PROCESS

- B7. Allocations from the CERF underfunded emergencies window (UFE) are made twice a year, and the two rounds coincide with the global Consolidated Appeal Process (CAP) launch and the CAP mid-year review. Allocations are made to both CAP and non-CAP countries with no predefined division between these. The criteria for selection of countries for UFE funding are the degree of funding shortfall, the severity of humanitarian needs, and type of activities and the implementation capacity. The ERC selects between 17 and 24 countries a year for underfunded emergency support with the bulk of funds (typically two thirds) allocated during the first round.
- B8. For CAP countries, the CERF Secretariat undertakes an analysis of humanitarian indicators combined with an analysis of the level of funding support for the CAP (analysis at sector level for each CAP). For the first underfunded round the previous year's CAP funding data is used for the analysis whereas the funding levels at the CAP mid-year review serve as reference for the second allocation.
- B9. For non-CAP countries, UN agencies' headquarters are invited to vote on which non-CAP emergencies they regard as the most underfunded. The voting process is supplemented with details from each agency on their ongoing humanitarian programmes in the proposed countries and the funding levels of these.
- B10. The CERF Secretariat combines analysis of CAP and non-CAP countries and, based on the UFE criteria, prepares a ranked list of country candidates for the ERCs consideration and decision. The ERC decides of the list of countries for inclusions and on the funding envelope for each. The selected countries and proposed allocation envelopes are discussed with agency headquarter focal points.
- B11. The amount decided by the ERC is notified to the RC/HC in a letter in which the ERC may direct the allocation, or parts of it, to particular underfunded sectors or regions in order to facilitate prioritisation and speed up the process. The RC/HC will have to confirm that the funds are needed and can be implemented according to the stipulated timeline and against the proposed activities.
- B12. At the country level, the allocation process is similar for the preparation of a rapid response allocation. The only other differences for underfunded emergencies is that the grants for the first annual round must be implemented by 31 December of the same calendar year and for the second annual round by 30 June of the next calendar year (OCHA 2010). Again, agencies can ask for a no-cost extension.

approval letter from the ERC, instead of signing a LoU for each grant.

ANNEX III. BIOGRAPHICAL NOTICE OF THE MAIN WRITERS

John Cosgrave is an independent evaluator based in Ireland. He has more than 30 years of experience of humanitarian action and development in nearly 60 countries. His initial academic training was in engineering, and he holds three masters level degrees (in engineering, management, and social science).

After two decades managing projects and programmes for NGOs in the aftermath of natural disasters and complex political emergencies John became a freelance consultant specialising in the evaluation of humanitarian action in 1997. Since 1997 John has led a great many evaluations, mostly of humanitarian action, and including many joint evaluations of humanitarian action and several funding studies, for a wide variety of clients including the UN, Donors, and NGOs.

John was the Evaluation Advisor and Coordinator for the Tsunami Evaluation Coalition and is used to working on politically complex evaluations. He has well developed evaluation skills and trains on humanitarian evaluation both for ALNAP and for the World Bank supported International Program for Development Evaluation Training (IPDET). John combines training with evaluation and brings examples from evaluation practice into the classroom, including for ALNAP and the IPDET. John's writing includes the ALNAP pilot guide for Real-Time Evaluation.

Recent writing by John include: *Responding to earthquakes: Learning from earthquake relief and recovery operations*. (ALNAP and Provention, 2008) and the ALNAP Real-Time Evaluation pilot guide.

Mrs Marie Spaak is an independent consultant since 2008 who has worked in the humanitarian field since 1992, mostly with DG ECHO and OCHA. She has been based in the field (former Yugoslavia, Great Lakes emergency, Bangladesh, Indonesia, Russian Federation, Haiti in 2009 notably) and worked in both Brussels (ECHO) and Geneva (OCHA). She has in-depth knowledge of the UN humanitarian reform process, disaster preparedness and response, field coordination mechanisms and inter-agency processes, and direct experience of different types of pooled funding mechanisms (Indonesia, Indian Ocean tsunami, Somalia, Haiti). She is also familiar with donor perspectives due to her experience with DG ECHO and more recently, an independent mapping of humanitarian donor coordination at the field level carried out with Channel Research in 2009, for which DRC and Sudan were a case study.

She is a Belgian national and fluently speaks and writes French, English and Spanish. She holds a B.A. in Anthropology from Bryn Mawr College, USA, and subsequently studied international development cooperation (Belgium) and project cycle management (Spain).

M. Jock Baker began working as an independent consultant in 1999 following a career of over fifteen years in a series of field-based assignments with the United Nations, including the United Nations Development Program (UNDP), United Nations High Commission for Refugees (UNHCR), World Food Program (WFP), and the Office for Coordination of Humanitarian Assistance (OCHA). Mr. Baker works part-time as CARE International's Programme Quality & Accountability Coordinator at the CARE International Secretariat in Geneva, Switzerland where he is the focal point for CARE's accountability, program quality, disaster risk reduction and transition programming. Mr. Baker has led a number of thematic reviews of organizational policy in addition to participating in and leading a number of assessments, appraisals, participatory reviews and evaluations and he is skilled in workshop design and facilitation.

He holds a BSc in Biological Sciences from the University of Edinburgh and a MSc degree in Economics from the London School of Economics & Political Science.

Mr. Baker's assignments as an independent consultant include Team Leader for and Evaluation of UNHCR's Kosovo Women's Initiative, Senior Evaluator for an Interagency Real-Time Evaluation of Cyclone Nargis commissioned by UNOCHA, Micro-Finance Specialist & Conflict Analyst for an Asian Development Bank appraisal in eastern Sri Lanka, contributing author/editor for the Sphere Handbook, technical reviewer for the World Bank's Post-Conflict Trust Fund, Transition Adviser in Rwanda for the Program on Negotiation at Harvard Law School, disaster management technical adviser for CBS Film Productions Inc., IDP Relief & Reintegration Adviser for the Government of the Philippines and Local Integration Specialist for UNHCR in Indonesia.

Mr. Baker has also managed or led a number of humanitarian evaluations for CARE International, including an interagency evaluation for INGO tsunami responses, an interagency evaluation following hurricane Stan in Guatemala in 2005 and an evaluation of CARE Bangladesh's response following Cyclone Sidr. Mr. Baker is also CARE International's representative to ALNAP and was a member of the OECD-DAC team which peer reviewed WFP's evaluation function in 2007.

Angela Berry-Koch brings 34 years of humanitarian experience to this evaluation. She has worked as a staff member for over twenty years with UNHCR, UNICEF and OCHA. This consultant brings a wealth of experience in nutrition, food security and child protection issues, and has authored numerous important guidelines and manuals for the UN system at large. She has also provided consultancy services in reproductive health and HIV/AIDS to UNDP, UNFPA and UNIFEM in various country offices, primarily in Latin America. With a Masters in Science in Human Nutrition from London School of Hygiene and Tropical Medicine, she is an expert in areas of food security and food aid as well as nutrition in humanitarian situations, having forged the first consultations on human dietary requirements and standards of food aid in emergencies in the 1980's. In the past years she has revised various guidelines for the UN system, including the UNHCR/WFP food assessment guidelines in emergencies. Ms. Berry-Koch has authored many publications, including those related to use of famine foods used in the Horn of Africa, deficiency

disease syndromes in refugee populations, and human rights of displaced populations in Latin America.

Mrs Cécile Collin is a permanent area manager of Channel Research for 5,5 years in charge of Francophone clients and the UN. She is experienced in undertaking complex consultancies missions, evaluations, mid term review and impact assessments related to international assistance, emergencies and post disaster support. She has been a consultant in more than 16 missions, most of them in Africa, notably the Democratic Republic of Congo and Central African Republic including governance, interventions in unstable context, peace building, protection and human rights. She has practical experience of developing and implementing policies and strategies in the areas of multi-sectoral initiatives.

In 2006, she created Channel Research Burundi, subsidiary of Channel Research Belgium in the Great Lakes with the aim to promote African expertise and local capacity building. She took part notably to the CHF evaluation in Central African republic, evaluation of Conflict Prevention and Peace Building Programme for 11 donors, bilateral and multilateral in Eastern DRC, evaluation of post-disaster programmes of the AFD (Agence Française de Développement), a fact finding mission in Central African Republic and evaluation of rapid humanitarian assistance using Norwegian 6x6 military trucks for NORAD.

As a consultant, Mrs Collin benefits from a good knowledge of different evaluation and impact assessment methodologies as well as of general skills in organizational and financial analysis, economics, communication and management, as a graduated in Social sciences and economics (BA) and business administration, performance monitoring (MA). Mrs Cécile Collin is a French national and speaks English, French, Italian and German.

Mrs Annina Mattsson is a full-time area manager and evaluator at Channel Research. She has experience in the evaluation of humanitarian aid, peace building and development programmes in the Middle East, Africa, and South Asia. Working for Channel Research, Mrs Mattsson has gained experience of large multi-donor, multi-sector and multi-country evaluations. She was a key team member in the Sida commissioned follow-up evaluation of the linkages between relief, rehabilitation and development in the response to the Indian Ocean tsunami, the joint donor evaluation of conflict prevention and peace building initiatives in Southern Sudan and has just finished managing and working on the OCHA funded evaluation of the CHF. A part from being an evaluator, she is also advising organizations on their monitoring and evaluation systems.

Mrs Mattsson has carried out short- and longer term missions to Bangladesh, Indonesia, Jordan, Kenya, Kosovo, Liberia, Maldives, Palestinian Territories, Sierra Leone, Sri Lanka, Sudan, Thailand, Uganda and the United Arab Emirates. She is a Finnish citizen, based in Dubai, and speaks fluent Finnish, Swedish, English, Spanish and French, while she is conversational in colloquial Arabic.

ANNEX IV. PERSONS MET OR INTERVIEWED BY TELEPHONE

| | |
|----------------------|---|
| Albrechtsen, Lise | Embassy of Norway, First Secretary |
| Anif, Shahida | NDMA, DRM Officer / UN Coordinator |
| Bessler, Manuel | OCHA, Head of Office |
| Booth, Douglas | WASH Cluster Coordinator |
| Cricboom, Christian | OCHA Pakistan, Information Management Officer |
| Dickinson, Lucy | CERF Secretariat, Programme Officer |
| El Hatab, Omar | UNICEF, Chief, Water, Environment and Sanitation |
| Falconer, Hamish | DFID, Deputy Humanitarian Programme Manager |
| Fay, Aine | Pakistan Humanitarian Forum & CONCERN, Country Director |
| Hacker, Simon | WFP, Logistics Cluster Coordinator |
| Hanazawa, Teruki | Embassy of Japan, First Secretary |
| Herbinger, Wolfgang | WFP, Country Director |
| Hussain, Fawad | OCHA, Humanitarian Affairs Officer, Field Coordination Unit |
| Iqbal, Sadia | WHO, Donor Relations Focal Point |
| Kebede, Mengesha | UNHCR, Representative |
| Kennedy, James | IOM, Shelter Cluster Technical Coordinator |
| Khan, Jehangir | FAO, National Emergency Coordinator |
| King'ori, James | UNICEF, Nutrition Cluster Coordinator |
| Lauer, Katharina | USAID/OFDA, Senior Humanitarian Advisor |
| Le Roux, Susan | OCHA, External Relations and Donor Liaison |
| Lobjois, Stephane | Pakistan Humanitarian Forum & Handicap International, Head of Mission |
| Mahsud, Idrees | NDMA, Director |
| Martinez, Jorge | WHO, Chief of Operations, EHA |
| Matsumoto, Takashi | Embassy of Japan, Adviser |
| Meijndert, Fritz | Embassy of the Netherlands, Counsellor |
| Melisande, Geneviève | CERF Secretariat |
| Mizumoto, Ayumi | UNICEF, Chief, Planning, Monitoring, and Evaluation |
| Moghaddam, Siamak | UN-HABITAT, Country Programme Manager |
| Mohmand, Hamza | WFP, Sr. Information Management Assistant |
| Mubarak, Ammarah | IOM, Program Officer |
| Noviera, Laksmita | OCHA, ERF Manager |
| Pakkala, Timo | Humanitarian Coordinator |
| Peguet, Caroline | OCHA, Head of the ERF Unit |
| Rao, Zulfiqar | WFP, Food Cluster Coordinator |
| Sabatinelli, Guido | WHO, Representative |

| | |
|------------------------|--|
| Seeger, Helen | IOM, Reporting Officer |
| Selleri, Anna Maria | UN-HABITAT, Shelter Advisor |
| Sevcik, David | ECHO, Head of Office |
| Siyal, Mariyam | UNDSS |
| Smith, Karen | CERF Secretariat |
| Sundberg, Ulrika | Embassy of Sweden, Ambassador |
| Tanaka, Toshihiro | UNDP, Country Director |
| Tarakinikini, Filipino | UNDSS, Chief Security Advisor |
| Thomas, Lynn Marie | USAID/OFDA, Senior Humanitarian Advisor |
| Tulk, Jason | First Secretary, Embassy of Canada |
| Ullah, Hidayat | UNDP, Community Restoration Cluster Coordinator |
| Umar, Fareeha | UNFPA-UN Women, Gender Task Force |
| Villeneuve, Pascal | UNICEF, Acting Representative |
| Waldman, Ron | Sr. Advisor to the HC for the Survival Strategy (2010) |

ANNEX V. COUNTRY PROJECT SUMMARY

| Country | Agency – Window – Sector – Grant amount – Project number and emergency type | Disbursement year | Days to disbursement | Title | Activities (note: the text is unedited apart from removal of surplus carriage returns and tabs) | Reviewed |
|----------|---|-------------------|----------------------|---|---|----------|
| Pakistan | UNICEF - RR - Water and sanitation - US\$1,287,451 (07-CEF-047) - | 2007 | 519 | Provision of Safe Drinking Water, Adequate Sanitation and Hygiene to Flood-Affected Population of Balochistan and Sindh | -Provide safe drinking water through water trucking, restoration of existing water supply systems/schemes, cleaning of wells, karezes, ponds, etc -Provide water purifying tablets, jerry cans, water tanks/collapsible bladders -Ensure access to adequate sanitation through provision of latrine slabs, tarpaulin sheets, etc -Disseminate hygiene education messages on the risks associated with drinking contaminated water and unsafe hygiene practices -Provide hygiene kits including soaps, hygiene education materials to the flood-affected vulnerable population | Y |
| Pakistan | FAO - RR - Agriculture - US\$417,300 (07-FAO-025) - | 2007 | 520 | Support for the Restoration of Crop Production and Food Availability | Rapid needs assessment to determine those most vulnerable households with total losses of rabi seed and damaged on-farm water management and water harvesting systems; Assessment and selection of existing local implementing partners; Mobilization of rural communities and local specialist service providers (Department of Agriculture, NGOs, CBOs and farmers associations); Procurement, transportation and delivery of seeds and fertilisers to implementing partners Delivery of seeds and fertilisers to community organizations by implementing partners for distribution to beneficiaries; Training of farmers in land preparation, soil and water conservation, and sowing of improved and fertiliser management Monitoring of project activities and beneficiary rural communities | Y |
| Pakistan | UNFPA - RR - Health - US\$99,510 (07-FPA-016) - | 2007 | 521 | Safe Motherhood | Setting up mobile service units (MSUs) in the worst-affected and relatively inaccessible areas to ensure effective maternal, newborn and child health care services including emergency obstetric care -Utilization of vehicle transport containing a delivery table, maternal, newborn and child health equipment, medicine and supplies including hygiene kits, tented space for outpatient consultations to approx 100 women and their children a day | N |
| Pakistan | UNHCR - RR - Shelter and NFI - US\$622,468 (07-HCR-016) - | 2007 | 522 | NFI Distribution | NFI stock distribution and replenishment through NGO/GOP coordination funded by UNHCR sub-offices Quetta and Peshawar | Y |
| Pakistan | IOM - RR - CS - Unspecified - US\$593,850 (07-IOM-012) - | 2007 | 523 | Procurement and Distribution of NFIs and Potable Water to Displaced Population in Flood-Affected Balochistan and Sindh | Procurement of potable water and NFI's Coordination with distribution mechanisms Distribution to flood affected populations prioritizing spontaneous roadside settlements Gaps Analysis, Monitoring and Evaluation | N |
| Pakistan | IOM - RR - CS - Unspecified - US\$100,000 (07-IOM-017) - | 2007 | 524 | Rapid Disaster Logistics Response Distribution, Assessment and Monitoring at District Level through Rapid Response Teams | Form, train and equip four 'Rapid Disaster Logistics Response Teams' to be drawn from relevant departmental experts and staff with experience gained from the IOM Emergency Rapid Response Teams that were actively responding to emergencies in the earthquake affected areas volunteers, to be based at the same locations, to ensure their availability and capacity to respond effectively to logistical issues in the field; o information hubs serving diverse public information needs (ongoing and planned relief, recovery and reconstruction plans/projects); Create four 'Rapid Logistics Response Hubs' – comprising representatives of each target constituency- at the same locations in order to ... | Y |
| Pakistan | WFP - RR - CS - Logistics - US\$381,132 (07-WFP-041) - | 2007 | 525 | Augmented Logistics Services to the Humanitarian Community in Response to Pakistan Floods | The main activities of this project are the establishment of a minimum of 3 forward logistics hubs, and warehouse management in order to make them operational There will be a strategic airlift to provide the urgently needed support equipment (mobile warehousing and support equipment) Common transport and supply tracking will be an intricate part of the operation | N |
| Pakistan | WFP - RR - Food - US\$1,408,851 (07-WFP-057) - | 2007 | 526 | Food Assistance to Cyclone and Flood Affected Persons in Balochistan | Ready-to-eat foods, including high energy biscuits, dates and canned pulses/chick peas will be provided for one month to communities stranded in flood water and families who have no means to cook due to lack of kitchen utensils, matches and wood for fuel | N |
| Pakistan | WHO - RR - Health - US\$896,403 (07-WHO-032) - | 2007 | 527 | Access to Life-Saving Primary Healthcare Medical Supplies, and Disease Early Warning and Surveillance (DEWS) | -Provide safe drinking water through water trucking, restoration of existing water supply systems/schemes, cleaning of wells, karezes, ponds, etc -Provide water purifying tablets, jerry cans, water tanks/collapsible bladders -Ensure access to adequate sanitation through provision of latrine slabs, tarpaulin sheets, etc -Disseminate hygiene education messages on the risks associated with drinking contaminated water and unsafe hygiene practices -Provide hygiene kits including soaps, hygiene education materials to flood affected vulnerable population | N |
| Pakistan | UNICEF - UFE - Health - US\$820,000 (08-CEF-014-A) - | 2008 | 528 | Nutritional Interventions in Flood Affected Areas of Balochistan and Sindh | 1 About 2,000 severely malnourished children (1,500 in Dadu and Kamber, Sindh; and 500 in Jhal Magsi, Kharan, Khuzdar, Noshki and Washuk in Balochistan province) will be treated and cared with therapeutic food and essential medicines through community-based therapeutic care and facility-based therapeutic centers 2 About 30,000 moderately malnourished children and women (24,000 in Dadu and Kamber, and 6,000 in Balochistan) will receive supplementary food (fortified food) 3 80% of the targeted beneficiaries will receive key messages on promotion of exclusive breastfeeding up to six months from birth and appropriate complementary feeding after 6 months 4 80% children and women will receive micronutrient tablets and deworming 5 Nutrition surveillance system will be set up in 7 districts, link with Disease Early Warning system (DEWS) –WHO | N |
| Pakistan | UNICEF - UFE - Water and sanitation - US\$700,000 (08-CEF-014-B) - | 2008 | 529 | WASH Interventions in Flood Affected Areas of Sindh and Balochistan | 1 Provide water supply and latrine facilities to a minimum of 20 health facilities, including Basic Health Units (BHUs), Rural Health Centers (RHCs) and District Headquarter (DHQ) 2 Provide safe drinking water to the target flood population through the restoration, where possible, and the construction of water systems, including up-flow filtration hand pump systems, shallow tube wells, community water supply schemes, the installation of windmills, hand pumps and the installation of water tanks/points for communities and schools made non functional due to flood water | Y |
| Pakistan | UNICEF - RR - Health - Nutrition - US\$500,000 (08-CEF-046) - | 2008 | 530 | Nutritional interventions in selected food deficit and low per capita income districts, selected hospitals with therapeutic care facilities for treatment and care for severely malnourished children | 1 About 500 severely malnourished children will be identified and treated with therapeutic food and essential medicines 2 About 17,000 moderately malnourished children and pregnant and lactating women (50% of total estimated malnourished children and women) will receive the fortified food in two districts (fortified food to be received from WFP) 3 80% of the targeted beneficiaries (7,000) will receive key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after 6 months, and | N |

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| | | | | | hygienic practices 4 All targeted children and women will receive micronutrients and deworming tablets 5 Nutrition surveillance system will be set up in the targeted districts, and linked with Disease Early Warning system (collaboration with WHO) | |
| Pakistan | UNICEF - RR - Water and sanitation - US\$821,913 (08-CEF-062-A) - | 2008 | 531 | WASH Interventions for internally displaced and flood affected populations in the North Western Frontier Province (NWFP) and Federally Administered Tribal Areas (FATA) of Pakistan | At the end of the CERF grant period 50,000 beneficiaries, predominantly IDPs, will have been provided with safe drinking water, will have had access to adequate sanitation facilities and will have been reached with appropriate hygiene messages as required in established IDP camps and/or other areas of concern | N |
| Pakistan | UNICEF - RR - Health - Nutrition - US\$250,000 (08-CEF-062-B) - | 2008 | 532 | Key nutrition interventions - treatment and care for acute malnourished children, and malnourished pregnant and lactating women in IDP camps in NWFP | 1 About 1,600 severely malnourished children will be identified and treated with therapeutic food and essential medicines 2 About 11,800 moderately malnourished children (8,400) and pregnant and lactating women (3,400) malnourished will receive the fortified food (to coordinate with WFP) 3 80% of pregnant and lactating women will receive key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after 6 months, and hygienic practices 4 All targeted children and women will receive micronutrients and de-worming tablets 5 Nutrition surveillance system will be set up in the targeted districts, and linked with Disease Early Warning system (DEWS) in collaboration with WHO | N |
| Pakistan | UNICEF - RR - Protection/H Rights - US\$210,523 (08-CEF-062-C) - | 2008 | 533 | Protecting children from the consequences of armed conflict | - Children at risk of separation, separated and/or unaccompanied are identified and all are reunited with their families or placed in family-based care (ie relatives or host families) - Child rights violations prevented through the establishment of effective monitoring, reporting and response systems on child protection risks of violence, abuse, exploitation and neglect - An interagency prevention and response plan is in place for preventing and responding to each of the major child protection risks which builds on existing protective factors and child protection systems) - Some 5,000 of the most vulnerable girls, boys and women in immediate danger are provided safe play spaces and receive psychosocial support - A local plan urgently developed and implemented for the prevention and response to recruitment of children by non-state entities | N |
| Pakistan | UNICEF - RR - Education - US\$135,646 (08-CEF-062-D) - | 2008 | 534 | Rehabilitation of Education System for IDPs in NWFP and FATA | All children (age group 5-11yrs) affected by the IDP situation, including children in Lower Dir whose schools have been converted into IDP camps, are able to continue their educational activities under the MSEE guidelines Government education department will collect data on students, teachers, school going children, youth and damaged and other educational institutions, where IDPs are residing and district offices to strengthen/rebuild educational system in affected districts Support and mobilize EDOs, DEOs, DDEOs, ADOEs and Head Teachers to enable them to monitor and support camp schools, which will result in enrolling children, high retention rates and reduce drop out rates Middle and Secondary Schools will use educational supplies to continue their education, which will enable them to save academic year of students Teachers and Head Teachers will be exposed to MSEE standards and orient them on how to run schools in camps and use of educational material in an emergency context | N |
| Pakistan | UNICEF - RR - Water and sanitation - US\$200,001 (08-CEF-090-A) - | 2008 | 535 | WASH Interventions in Earthquake Affected Areas of Balochistan | In the earthquake affected target districts, approximately 35,000 people will have access to safe drinking water, approximately 10,000 people displaced by the earthquake will have been provided with improved access to sanitation and 35,000 will have been reached with appropriate hygiene messages | N |
| Pakistan | UNICEF - RR - Health - Nutrition - US\$100,034 (08-CEF-090-B) - | 2008 | 536 | Nutrition interventions in earthquake affected areas in Balochistan | Trained community workers/LHWs on screening/active case finding, and referral; and health care providers on management of severely acute malnourished children Screened, registered the severely acute malnourished children for appropriate treatment and care either in OTPs or SCs; Screened and registered the moderate malnourished children, pregnant and lactating women for supplementary feeding Regular monitoring/supervision report available | N |
| Pakistan | UNICEF - RR - Education - US\$47,977 (08-CEF-090-C) - | 2008 | 537 | Education Intervention in Earthquake Worst-Affected District of Ziarat in Balochistan Province | 2,280 children (B: 1,585, G: 995) attend tent schools and complete the academic curriculum with the provision of appropriate water and sanitation facilities | N |
| Pakistan | UNICEF - RR - Protection/H Rights - US\$74,900 (08-CEF-090-D) - | 2008 | 538 | Protection Interventions in Earthquake Affected Areas of Balochistan | Approximately 80,000 women and children will be provided with protective services including tracing, reunification, psychosocial support, reproductive health facilities and referrals | N |
| Pakistan | UNESCO - RR - Education - US\$70,053 (08-ESC-001) - | 2008 | 539 | Rehabilitation of Education System for IDPs in NWFP and FATA | All children (age group 5-11yrs) affected by the IDP situation, including children in Lower Dir whose schools have been converted into IDP camps, are able to continue their educational activities under the MSEE guidelines Government education department will collect data on students, teachers, school going children, youth and damaged and other educational institutions, where IDPs are residing and district offices to strengthen/rebuild educational system in affected districts Support and mobilize EDOs, DEOs, DDEOs, ADOEs and Head Teachers to enable them to monitor and support camp schools, which will result in enrolling children, high retention rates and reduce drop out rates Middle and Secondary Schools will use educational supplies to continue their education, which will enable them to save academic year of students Teachers and Head Teachers will be exposed to MSEE standards and orient them on how to run schools in camps and use of educational material in an emergency context | N |
| Pakistan | UNESCO - RR - Education - US\$27,026 (08-ESC-005) - | 2008 | 540 | Education Intervention in Earthquake Worst-Affected District of Ziarat in Balochistan Province | 2,580 children (B: 1,585, G: 995) attend tent schools and complete the academic curriculum with the provision of appropriate water and sanitation facilities Joint UNICEF UNESCO Project | Y |
| Pakistan | FAO - UFE - Agriculture - US\$1,500,000 (08-FAO-006) - | 2008 | 541 | Emergency assistance to crop production and livestock protection and strengthening to rapidly restore agricultural based livelihoods in flood-affected areas of Balochistan and Sindh | Protection and restored productivity of 112 500 to 139 500 small and large ruminants critical to the local livelihoods, ensured in flood affected parts of Balochistan and Sindh Province through distribution of livestock feed, veterinary supplies and sorghum seeds for fodder purposes, thus ensuring food security for 12,500 to 14,250 flood affected households Food security of 1,750 vulnerable flood affected farmers in Sindh ensured for 10 months after harvest through distribution of rice seeds, dual purpose sorghum seeds and fertilisers | Y |
| Pakistan | FAO - RR - Agriculture - US\$1,200,406 (08-FAO-026) - | 2008 | 542 | Emergency food and agriculture production support for food insecure groups affected by unprecedented surge in food prices | Staple food needs met until harvest and post harvest food security ensured for at least 12 months for 8,000 food insecure low income households vulnerable to rising food inflation through distribution of wheat and quality seeds and fertilizers | N |

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| Pakistan | FAO - RR - Agriculture - US\$399,994 (08-FAO-041) - | 2008 | 543 | Emergency food and livelihoods assistance for flood affected persons in North West Frontier Province (NWFP) and Punjab Province covering Peshawar and Rajanpur districts | Food security enhanced and agriculture based livelihoods of the 1,850 most vulnerable households will be restored through restocking of poultry birds and replenishment of fodder and poultry feed stocks and access to quality seeds and fertilizers. The initiative will not only enhance food security but also minimize flood victim's dependency on external assistance thus supporting in prompt recovery of local livelihoods and averting a situation of otherwise long term destitution. It is anticipated that the initiative will assist in restricting unprecedented population movements as well as "pull" displaced communities back to their villages of origin. | N |
| Pakistan | FAO - RR - Agriculture - US\$101,436 (08-FAO-062) - | 2008 | 544 | Agriculture and Livestock intervention for affected population of Balochistan Earthquake | Access to nutritious food and increased income streams through the protection and strengthening of surviving livestock | N |
| Pakistan | UNFPA - RR - Health - US\$71,792 (08-FPA-045) - | 2008 | 545 | Implementation of Minimum Initial Service package (MISP) interventions for provision of Maternal, Neonatal and Child Health care services in earthquake affected area in Baluchistan, Pakistan | Effective coordination and collaboration is established through cluster approach among govt authorities and health cluster partners including UN agencies, NGOs and other partners on RH/maternal and newborn health care services to avoid duplications and identification of gaps in RH service delivery. RH data collection, consolidation, analysis and dissemination is effectively implemented and documented. MISP interventions are effectively implemented to provide RH /maternal newborn health care services including 24/7 basic EmONC services. Conditions of personal and menstrual hygiene among women of child bearing age are improved in affected area. Prevalence of complications due to poor personal and menstrual hygiene leading to reproductive tract infections is decreased. | Y |
| Pakistan | UNFPA - RR - Protection/H Rights - US\$26,750 (08-FPA-046) - | 2008 | 546 | Protection Interventions in Earthquake Affected Areas of Balochistan | Approximately 80,000 women and children will be provided with protective services including tracing, reunification, psychosocial support, reproductive health facilities and referrals. | N |
| Pakistan | UN Habitat - UFE - Shelter and NFI - US\$36,380 (08-HAB-001) - | 2008 | 547 | Emergency Shelter Kit Procurement and Distribution | 1 Well coordinated and monitored provision of shelter materials in flood affected districts. 2 2300 shelter kits procured and distributed. | Y |
| Pakistan | UN Habitat - RR - Shelter and NFI - US\$886,923 (08-HAB-004) - | 2008 | 548 | Shelter Provision for Baluchistan Earthquake | a Well coordinated and monitored provision of shelter in earthquake affected districts. b 800 shelters built by those affected by the earthquake. | Y |
| Pakistan | UNHCR - UFE - Multi-sector - US\$1,100,000 (08-HCR-006) - | 2008 | 549 | Care & Maintenance of Afghan Refugees in Pakistan | 1 High standard treatment services for malaria, Coetaneous Leishmaniasis (CL), Tuberculosis and syndromes based management for sexually transmitted diseases is in place. 2 Basic Health Units (BHUs) operational and Afghan refugees are provided with adequate, timely, gender sensitive and accessible primary health care services. 3 Reproductive health care services are available and accessible to refugees. Child spacing/family planning facilities are available and accessible. Activities of local midwives (TBA) are monitored and linked to BHU services. 4 Children vaccinated against Polio, Diphtheria, Petusis, Tetanus, TB in line with national EPI guidelines. Hepatitis B vaccine for children below 1 year of age. 5 Medical officers and trained male & female medical staff available on a continuative basis in all BHUs. | Y |
| Pakistan | UNHCR - RR - Shelter and NFI - US\$2,087,193 (08-HCR-033) - | 2008 | 550 | Humanitarian assistance to displaced communities from FATA and Swat Areas in Pakistan | The affected population is registered and documented. Sufficient level of NFIs & shelter material are available to the most vulnerable among the affected population. Alleviate the suffering, hardship and save the lives of the displaced population, particularly women, children and the vulnerable. Reduced child mortality and reduced morbidity of children from preventable diseases. | N |
| Pakistan | IOM - UFE - Shelter and NFI - US\$517,496 (08-IOM-009) - | 2008 | 551 | Emergency Shelter Kit Procurement and Distribution | 1 Well coordinated and monitored provision of shelter materials in flood affected districts. 2 2300 shelter kits procured and distributed. | Y |
| Pakistan | WFP - UFE - Food - US\$963,458 (08-WFP-020) - | 2008 | 552 | Assistance to flood affected populations in Balochistan | One month food needs covered for 12,500 households and increased ability of affected farmers to meet their food needs in a crisis situation. | Y |
| Pakistan | WFP - RR - Food - US\$999,588 (08-WFP-061) - | 2008 | 553 | Emergency food and agriculture production support for food insecure groups affected by unprecedented surge in food prices | Staple food needs met until harvest and post harvest food security ensured for at least 12 months for 8,000 food insecure low income households vulnerable to rising food inflation through distribution of wheat and quality seeds and fertilizers. | N |
| Pakistan | WFP - RR - CS - Logistics - US\$150,010 (08-WFP-076) - | 2009 | 554 | Logistics Support to the Humanitarian Community in response to the Earthquake in Baluchistan | NOT GIVEN IN PROPOSAL/ not applicable | N |
| Pakistan | WFP - RR - Food - US\$1,699,967 (08-WFP-088) - | 2008 | 555 | Emergency food assistance for IDPs in North West Frontier Province (NWFP) | Food aid will avert starvation and hunger amongst the IDPs and the most vulnerable population. A three-month ration of basic food commodities (wheat flour, pulses, edible oil and biscuits) will address immediate food needs. The nutritional situation of children and women will be maintained through a fortified, blended food supplement to the general food ration. | N |
| Pakistan | WHO - UFE - Health - US\$1,171,191 (08-WHO-019) - | 2008 | 556 | Emergency health interventions and outbreak response and control in flood affected areas | Reduced mortality and morbidity among the 500,000 most vulnerable flood affected population with emergency PHC services for 9 months. Response to and control of outbreaks of communicable diseases, with a special focus on the reduction of waterborne diseases and related outbreaks. | Y |
| Pakistan | WHO - RR - Health - Nutrition - US\$274,990 (08-WHO-036) - | 2008 | 557 | Emergency Health and nutrition interventions in most food insecure districts of Pakistan | 1- 150,000 people (vulnerable children, pregnant and lactating and elderly) will have access to special package of life saving health services and emergency medicines in facilities, schools and communities in 10 districts. 2- 80% of lady health workers will be equipped with key medicines, and with nutrition screening tools. 3- 25,000 children visiting health facilities (BHUs and RHCs) are vaccinated for measles and whooping cough. 4- Nutrition and communicable diseases surveillance system set up/strengthened in the targeted districts. 5- Performance of Health staff improved to provide life saving health and nutrition activities. | N |
| Pakistan | WHO - RR - Health - US\$1,199,043 (08-WHO-051) - | 2008 | 558 | Emergency health interventions for IDPs from Bajaur and flood affected populations in NWFP | Priority health threats monitored regularly and reports shared with relevant authorities and partners. Health activities in IDP camps and for IDP in host communities coordinated and maintained as an integral part of the NWFP provincial health system. | N |
| Pakistan | WHO - RR - Water and sanitation - US\$75,114 (08-WHO-052) - | 2008 | 559 | WASH Interventions for internally displaced and flood affected populations in the North Western Frontier Province (NWFP) and Federally Administered Tribal Areas (FATA) of | At the end of the CERF grant period 50,000 beneficiaries, predominantly IDPs, will have been provided with safe drinking water, will have had access to adequate sanitation facilities and will have been reached with appropriate hygiene messages as required in established IDP camps and/or other areas of concern. | N |

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| Pakistan | WHO - RR - Health - US\$299,986 (08-WHO-070) - | 2008 | 560 | Emergency health interventions for Earthquake affected Districts of Balochistan | Delivery of an essential package of emergency health services including treatment of common illnesses, emergency obstetric services, antenatal care and post natal care, psychosocial support and EPI, to the people living in the affected areas Timely investigation and response to all outbreak alerts and aversion of potential outbreaks among target population Availability of essential medicines to support all life saving interventions Reduced morbidity and mortality among affected population especially due to water borne diseases Strengthened district health department to plan and implement timely interventions to address all life threatening emergency health conditions | N |
| Pakistan | UNICEF - RR - Protection/H Rights - US\$94,100 (09-CEF-028-A) - | 2009 | 561 | Protecting Internally Displaced girls and boys from the consequences of armed conflict in NWFP UNICEF – PAK – 08/MS03 | - The risk of violation of the rights to protection of 40,000 children is monitored, reported and addressed; - 8,000 girls and boys have access and use Child Friendly Spaces; - 10,000 children and women receive psychological support | N |
| Pakistan | UNICEF - RR - Water and sanitation - US\$654,519 (09-CEF-028-B) - | 2009 | 562 | WASH Interventions for internally displaced populations in the NWFP and FATA as set out in the Humanitarian Response Plan Prioritization Statement | At the end of the CERF grant period 35,000 additional IDPs will have been provided with safe drinking water, will have had access to adequate sanitation facilities / social mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required in established IDP camps and host communities | N |
| Pakistan | UNICEF - RR - Health - US\$200,090 (09-CEF-028-C) - | 2009 | 563 | Emergency Health Interventions for IDPs in NWFP | Reduced morbidity and mortality among the IDPs by providing better access to standardized emergency healthcare services (Crude Mortality Rate (CMR) of IDPs living inside the camps maintained well below the emergency threshold i.e 1 per 10,000 persons per day Emergency health response activities planned in a well coordinated manner in order to avoid duplications and aligned with the government prioritise A standardized package of health services including; treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care, psychosocial support and EPI services available for IDPs living inside the camps and living with host population jointly with UNFPA, UNICEF and NGOs partners | N |
| Pakistan | UNICEF - RR - Education - US\$241,990 (09-CEF-028-D) - | 2009 | 564 | Support on-going primary education services in 11 IDP camps and in 60 primary schools in host communities | Approximately 15,000 children, especially girls, in the IDP camps have access to education, and to ensure continuity of educational services for 10,000 children enrolled in second shift classes in government schools in the host communities in the six districts of Dir Lower, Mardan, Peshawar, Nowshera, Swabi and Charsadda | Y |
| Pakistan | UNESCO - RR - Education - US\$74,663 (09-ESC-001) - | 2009 | 565 | Support on-going primary education services in 11 IDP camps and in 60 primary schools in host communities | Approximately 15,000 children, especially girls, in the IDP camps have access to education, and to ensure continuity of educational services for 10,000 children enrolled in second shift classes in government schools in the host communities in the six districts of Dir Lower, Mardan, Peshawar, Nowshera, Swabi and Charsadda | N |
| Pakistan | UNFPA - RR - Health - US\$201,665 (09-FPA-015) - | 2009 | 566 | Emergency Health Interventions for IDPs in NWFP | Reduced morbidity and mortality among the IDPs by providing better access to standardized emergency healthcare services (Crude Mortality Rate (CMR) of IDPs living inside the camps maintained well below the emergency threshold i.e 1 per 10,000 persons per day Emergency health response activities planned in a well coordinated manner in order to avoid duplications and aligned with the government prioritise A standardized package of health services including; treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care, psychosocial support and EPI services available for IDPs living inside the camps and living with host population jointly with UNFPA, UNICEF and NGOs partners | N |
| Pakistan | UN Habitat - RR - Shelter and NFI - US\$494,768 (09-HAB-002) - | 2009 | 567 | Emergency Shelter for IDPs in Host Families in NWFP | Well coordinated and monitored shelter provision, repair of damaged shelters and improvement of temporary settlements of IDPs families 2,000 tents distributed and erected 2,200 temporary shelters / substandard houses repaired | N |
| Pakistan | UN Habitat - RR - Water and sanitation - US\$300,798 (09-HAB-003) - | 2009 | 568 | WASH Interventions for internally displaced populations in the NWFP and FATA as set out in the Humanitarian Response Plan Prioritization Statement | At the end of the CERF grant period 35,000 additional IDPs will have been provided with safe drinking water, will have had access to adequate sanitation facilities / social mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required in established IDP camps and host communities | N |
| Pakistan | UNHCR - RR - Shelter and NFI - US\$2,150,000 (09-HCR-018) - | 2009 | 569 | Camp management, Shelter and protection PAK-08/MS01 | Minimum of 7,000 additional households have received sufficient household items which, together with other assistance from other service provider, ensure enjoyment of minimum living standard both in camp setting and in host communities Humanitarian activities in the 11 camps are well coordinated and gaps in service provision has been identified and covered as the available resources permit All the new IDP arrivals into the camp have been properly registered and have obtained appropriate registration documents/cards The basic information of the general IDP population including the new arrivals is constantly updated and shared with other partners including the government, UN agencies, and NGOs | N |
| Pakistan | UNDP - RR - Security - US\$458,148 (09-UDP-005) - | 2009 | 570 | Ensuring the safety and security of humanitarian organisations delivering assistance to IDPs in NWFP | 1 Establishment of three offices to support IDP and conflict affected operations 2 Enhanced security mechanism to safeguard humanitarian aid workers 3 Greater information flow of security incidents and consequent effect on humanitarian situation | N |
| Pakistan | UNDP - RR - Security - US\$540,212 (09-UDP-006) - | 2009 | 571 | Ensuring the safety and security of humanitarian organisations delivering assistance to IDPs in NWFP | 1 Establishment of three offices to support IDP and conflict affected operations 2 Enhanced security mechanism to safeguard humanitarian aid workers 3 Greater information flow of security incidents and consequent effect on humanitarian situation | N |
| Pakistan | WFP - RR - Food - US\$2,766,191 (09-WFP-028) - | 2009 | 572 | Food Assistance to Internally Displaced Persons in NWFP and FATA PAK-08/F01 | Reduced or stabilized malnutrition in children in camps and host populations Improved food consumption over the assistance period for displaced persons | Y |
| Pakistan | WFP - RR - CS - Logistics - US\$198,500 (09-WFP-029) - | 2009 | 573 | Logistics Augmentation in response to the IDP situation in NWFP and FATA | Minimum required logistics coordination & information related tools, services and set up available to the humanitarian community; Temporary storage capacity with minimum communication & security (MOSS) available to the humanitarian community to operate in the targeted areas; Logistics information shared for identification and response to gaps and bottlenecks Minimum required logistics and pipeline/stock reports provided to NDMA/PDMA; Humanitarian convoys coordinated and facilitated; Logistics Cluster dedicated website to share related information to cover the operation with bulletins, snapshots, meeting minutes, maps and SOPs | N |

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| Pakistan | WHO - RR - Water and sanitation - US\$54,356 (09-WHO-024) - | 2009 | 574 | WASH Interventions for internally displaced populations in the NWFP and FATA as set out in the Humanitarian Response Plan Prioritization Statement | At the end of the CERF grant period 35,000 additional IDPs will have been provided with safe drinking water, will have had access to adequate sanitation facilities / social mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required in established IDP camps and host communities | N |
| Pakistan | WHO - RR - Health - US\$460,399 (09-WHO-025) - | 2009 | 575 | Emergency Health Interventions for IDPs in NWFP | Reduced morbidity and mortality among the IDPs by providing better access to standardized emergency healthcare services (Crude Mortality Rate (CMR) of IDPs living inside the camps maintained well below the emergency threshold i.e. 1 per 10,000 persons per day Emergency health response activities planned in a well coordinated manner in order to avoid duplications and aligned with the government priorities A standardized package of health services including: treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care, psychosocial support and EPI services available for IDPs living inside the camps and living with host population jointly with UNFPA, UNICEF and NGOs partners | N |
| Pakistan | UNICEF - RR - Health - Nutrition - US\$645,745 (10-CEF-025-A) - | 2010 | 576 | Emergency Nutrition Services in IDP camps, host communities and places of return | 1,200 severely malnourished children treated at community and facility based therapeutic care centres (OTPs and SCs) 4,100 moderately malnourished children admitted and received care at supplementary feeding programme 2,000 malnourished pregnant and lactating women receiving supplementary food at SFPS 27,500 children under five and 14,700 PLW receiving micro nutrient supplements More than 15,000 mothers and caregivers reached with key messages on infant feeding More than 75 health care providers trained on emergency nutrition services | Y |
| Pakistan | UNICEF - RR - Protection/H Rights - US\$250,040 (10-CEF-025-B) - | 2010 | 577 | Protecting Internally displaced girls and boys from the consequences of armed conflict in NWFP PKA-10/PH-RL/29539 | 64 child protection monitors hired and trained, and 64 community based child protection committees (comprising of 10-15 community members) formed to monitor, report and respond (through the referral system) to the protection issues of 12,000 vulnerable women and children in the camps and host communities of Kohat and Hangu, and in the places of return in Swat 28000 cases of vulnerable children and women referred by the child protection monitors and child protection committees to the relevant service providers through the established referral mechanism 36000 children and women identified as highly vulnerable will be provided with direct support (in cash and or kind) to address their protection issues 3 Counselling services to the vulnerable women and children: 75000 vulnerable children and women will be provided with counselling services by professional psychologists | N |
| Pakistan | UNICEF - RR - Water and sanitation - US\$1,000,033 (10-CEF-025-C) - | 2010 | 578 | WASH Interventions for internally displaced populations in the NWFP and FATA as set out in the Humanitarian Response Plan (2010)Prioritization Statement | At the end of the CERF grant period 35,000 IDPs in camps and 60,000 in host communities will have been provided with safe drinking water, will have had access to adequate sanitation facilities / social mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required in established IDP camps and host communities | N |
| Pakistan | UNICEF - RR - Health - US\$400,000 (10-CEF-025-D) - | 2010 | 579 | Maternal & Child Health Care for the IDP's | Over 80% of the target children in these districts receive immunization against measles, polio, Diphtheria, Tetanus, Pertussis and HepB Over 80% of estimated 160,000, 6-59 months children in target districts receive De-worming tablets Over 70% of the target pregnant women receive TT vaccination, ANC, micronutrient supplementation and clean delivery kits Over 80% of under-five children with diarrhoea treated with ORS Over 80% of under-five children with pneumonia are properly managed | N |
| Pakistan | UNICEF - RR - Health - Nutrition - US\$199,979 (10-CEF-045-A) - | 2010 | 580 | Emergency nutrition Services for flood affected population in Pakistan PKA -10/H/30567/124 | 1,500 severely malnourished children treated at community and facility based therapeutic care centres (OTPs and SCs) More than 1,000 mothers and caregivers reached with key messages on infant feeding More than 50 health care providers trained on emergency nutrition services | N |
| Pakistan | UNICEF - RR - Health - US\$250,181 (10-CEF-045-B) - | 2010 | 581 | Maternal & Child Health care | Activities: Ensure adequacy of supplies needed for treatment of diarrhoea Mass information dissemination campaign with focussed messages on food safety, water borne diseases prevention, including water treatment, vector borne diseases prevention, Infant and Young Child Feeding and Care (IYCF), home care during diarrhoea/dysentery and where to seek care This will be done in close partnership with WHO and IOM, which is running mass humanitarian communication project; Expected Outcomes and Indicators (please use SMART indicators) Health facilities and LHW in flood affected areas have adequate supplies for treatment of diarrhoea Flood affected population receive life saving health messages (on food safety, water borne diseases prevention, including water treatment, vector borne diseases prevention, IYCF, home care in diarrhoea/dysentery and where to seek care) | N |
| Pakistan | UNICEF - RR - Water and sanitation - US\$2,028,720 (10-CEF-045-C) - | 2010 | 582 | Provision of Water, Sanitation and Hygiene Services to Flood Affected Population in Khyber Pakhtunkhwa | At the end of the CERF grant period 200,000 flood-affected people will have been provided with safe drinking water, will have had access to adequate sanitation facilities / social mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required in the flood affected areas Overall these interventions will have contributed to the reduction in risk of water and faecal borne diseases amongst the affected population | N |
| Pakistan | UNICEF - RR - Health - US\$600,015 (10-CEF-048-A) - | 2010 | 583 | Maternal & Child Health Care | (no expected outcomes specified- GRANT JUSTIFICATION as follows) Needs of the newborn have been discussed in health cluster meetings The funding need is estimated based on earlier emergency response experience | N |
| Pakistan | UNICEF - RR - Water and sanitation - US\$1,285,659 (10-CEF-048-B) - | 2010 | 584 | Provision of Water, Sanitation and Hygiene Services to Flood Affected Population in Punjab, Sindh, Khyber Pakhtunkhwa, Balochistan, Pakistan Administered Kashmir and Gilgit-Baltistan | At the end of the CERF grant period 86,667 flood affected people will have been provided with safe drinking water, will have had access to adequate sanitation facilities / social mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required in the flood affected areas Overall these interventions will have contributed to the reduction in risk of water and faecal borne diseases amongst the affected population | Y |
| Pakistan | UNICEF - RR - Health - Nutrition - US\$1,500,000 (10-CEF-058-B) - | 2010 | 585 | Nutrition interventions in support of the implementation of the inter-cluster Survival Strategy | A basic food ration of 2100 Kcal/person consistent with Sphere Project standards and a complete complement of micronutrients, distributed to 250,000 affected people for one month; To prevent increased malnutrition, blanket ready-to-use supplementary food will be provided for children between the ages of 6-24 months, and high-energy biscuits to those aged 2-12 years 8 inpatient and 20 outpatient Treatment centres functioning in disease outbreak districts in Sindh provinces and in food insecure districts as informed – reaching 3,600 severely malnourished children under 5 years; 20 active supplementary feeding programmes functioning (linked to OTP centres) reaching 8,000 moderately malnourished children under 5 years; Specific infant feeding in emergencies interventions, including support to breastfeeding, for common districts designed and implemented | Y |
| Pakistan | UNICEF - RR - Water and sanitation - US\$2,100,000 (10-CEF-058-D) - | 2010 | 586 | WASH Interventions in Support of the inter-cluster Survival Strategy | Improved reproductive health status of the women of child bearing age and newborns in the flood affected areas of Pakistan Indicators Number of MSUs deployed for community outreach services % of selected project health facilities with at least one skilled birth attendant Number of RH kits (clean delivery kits, newborn kits and hygiene kits) | N |

| | | | | | | distributed | |
|----------|---|------|-----|--|--|-------------|--|
| Pakistan | FAO - RR - Agriculture - US\$400,073 (10-FAO-034) - | 2010 | 587 | Emergency assistance for immediate food security through provision of critical livestock and agricultural inputs in the flood affected areas of Khyber Pakhtunkhwa, Pakistan | Project activities funded by CERF will allow for the protection and restoration of productivity of vital livestock assets of a minimum of 4700 households (HHs) in two severely affected districts of KP Province, for an estimated 37 600 individuals Livestock assets will include large and small ruminants critical to the local livelihoods The agricultural activities to be funded by CERF will have a direct and immediate impact on restoring and protecting food availability and the livelihoods of those affected by the floods The proposed assistance might be spread among additional districts in the provinces of Balochistan and Punjab, in line with more detailed need assessments at the time of reception of funds | N | |
| Pakistan | FAO - RR - Agriculture - US\$1,394,650 (10-FAO-037) - | 2010 | 588 | Emergency assistance for immediate protection of livelihoods and food security through provision of critical livestock and agricultural inputs in the flood | Project activities funded by CERF will allow for the protection and restoration of productivity of vital livestock assets of a minimum of 10 760 households (HHs) in the severely affected districts of Punjab, Sindh and Baluchistan Provinces, for an estimated 80 800 individuals Livestock assets to benefit will include both large and small ruminants, which are critical to the local livelihoods The Project will also assist farmers to plant the critical staple wheat crop, as well as winter vegetables during the rabi 2010 planting season, which are crucial for household food security and livelihoods This agriculture inputs assistance will allow at least 8 000 households to ensure crop and winter vegetables production for the food security of around 64 000 individuals, including women and children The agricultural activities to be funded by CERF will have a direct and immediate impact on restoring and protecting food availability and the livelihoods of those affected by the floods The proposed assistance will be spread among the severely affected districts in the provinces of Baluchistan, Punjab and Sindh, in line with the ongoing more detailed need assessments | N | |
| Pakistan | UNFEM - RR - Protection/H Rights - US\$149,265 (10-FEM-002) - | 2010 | 589 | GBV Response and support for addressing urgent Protection needs of women and girls in Emergency Response for IDPs/returnees in NWFP UNFPA/UNIFEM PAK-08/H06; CERF 2010 | Response for GBV survivors amongst IDPs in camps and within host communities Prevention of GBV and comprehensive health and protection focused Protection and gender issues are integrated by all emergency responders Response to women's practical needs (food, NFIs, other needs) is ensured in a gender sensitive manner To integrate GBV response within standardized package of health services including: treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care, psychosocial support and EPI services available for IDPs living inside the camps and living with host population jointly with UNFPA, UNICEF and NGOs partners GBV incidents monitored regularly and reports shared with relevant authorities and partners Improvement in IDPs knowledge, attitude and practices regarding protection issues | Y | |
| Pakistan | UNFPA - RR - Protection/H Rights - US\$149,265 (10-FPA-019) - | 2010 | 590 | GBV Response and support for addressing urgent Protection needs of women and girls in Emergency Response for IDPs/returnees in NWFP UNFPA/UNIFEM PAK-08/H06; CERF 2010 | Response for GBV survivors amongst IDPs in camps and within host communities Prevention of GBV and comprehensive health and protection focused Protection and gender issues are integrated by all emergency responders Response to women's practical needs (food, NFIs, other needs) is ensured in a gender sensitive manner To integrate GBV response within standardized package of health services including: treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care, psychosocial support and EPI services available for IDPs living inside the camps and living with host population jointly with UNFPA, UNICEF and NGOs partners GBV incidents monitored regularly and reports shared with relevant authorities and partners Improvement in IDPs knowledge, attitude and practices regarding protection issues | Y | |
| Pakistan | UNFPA - RR - Health - US\$200,000 (10-FPA-030) - | 2010 | 591 | Provision of emergency Reproductive Health care services with special focus on maternal and newborn care services on basis of Minimum Initial Service Package (MISP) protocols in Pakistan | Improved reproductive health status of the women of child bearing age and newborns in the flood affected areas | N | |
| Pakistan | UNFPA - RR - Health - US\$597,596 (10-FPA-033) - | 2010 | 592 | Provision of emergency Reproductive Health care services with special focus on maternal and newborn care services | Improved reproductive health status of the women of child bearing age and newborns in the flood affected areas of Pakistan Indicators Number of MSUs deployed for community outreach services % of selected project health facilities with at least one skilled birth attendant Number of RH kits (clean delivery kits, newborn kits and hygiene kits) distributed | N | |
| Pakistan | UNFPA - RR - Health - US\$200,000 (10-FPA-045) - | 2010 | 593 | Implementation of the inter-cluster Survival Strategy | Improved reproductive health status of the women of child bearing age and newborns in the flood affected areas of Pakistan Indicators Number of MSUs deployed for community outreach services % of selected project health facilities with at least one skilled birth attendant Number of RH kits (clean delivery kits, newborn kits and hygiene kits) distributed | N | |
| Pakistan | UN Habitat - RR - Shelter and NFI - US\$412,485 (10-HAB-002) - | 2010 | 594 | Improving living conditions of IDPs off camps through emergency shelter assistance in NWFP PAK-10/S-NF/27931/7039 | Well coordinated and monitored shelter provision and improvement of temporary settlements of IDPs families 1,400 tents or temporary shelters distributed and constructed 1,400 tool kits for construction distributed 1,400 boundary walls to ensure privacy to households Conducting rubble removal or repair of essential facilities (e.g roads) with cash for work scheme | N | |
| Pakistan | UN Habitat - RR - Water and sanitation - US\$299,999 (10-HAB-003) - | 2010 | 595 | Improving living conditions of IDPs off camps through WASH interventions in NWFP PKA-10/WS/27937/7039 | Provision of 100 water points/pumps to support IDPs & host families in areas of displacement with high concentration of population where water supply is not sufficient Preferable technical solutions to be identified in coordination with districts administrations (TMA) in the districts of intervention Conducting water tests for new hand pumps Provision of 400 latrines Provision of hygiene kit to 2,500 vulnerable families Provision of NFI (jerry can and buckets) to 2,500 vulnerable families Hygiene promotion campaign/ awareness sessions targeting the same 2,500 families in selected communities of interventions | Y | |
| Pakistan | UN Habitat - RR - Shelter and NFI - US\$615,571 (10-HAB-004) - | 2010 | 596 | Shelter assistance to flood affected population | Well coordinated shelter provision with other humanitarian actors 1,050 temporary shelters distributed and constructed 1,050 tool kits for debris/mud removal distributed | N | |
| Pakistan | UN Habitat - RR - Water and sanitation - US\$247,810 (10-HAB-005) - | 2010 | 597 | Shelter assistance to flood affected population | Well coordinated WASH provision with other humanitarian actors 800 emergency latrines distributed and constructed 800 hygiene kits distributed 800 families will be trained in hygiene promotion WASH provision at community level | N | |
| Pakistan | UN Habitat - RR - Shelter and NFI - US\$690,150 (10-HAB-006) - | 2010 | 598 | Shelter assistance to flood affected population | Support to shelter cluster coordination and well coordinated shelter provision with other humanitarian actors Debris/mud removal through distribution of 1,450 tool kits and community participation in Baluchistan (Districts Sibi and Naseerabad), KPK (District Charsadda and Nowshera) and Punjab (Districts Muzaffargarh) Improved shelters for | N | |

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|----------|---|------|-----|---|--|---|
| | | | | | vulnerable households through distribution of 850 temporary shelters and/or constructed in the communities of origin in Baluchistan (Districts Sibi and Naseerabad), Improved shelters for flood-affected victims through improvements to 600 emergency shelters in the communities of origin KPK (350 in District Charsadda and Nowshera) and Punjab (250 in Districts Muzaffargarh) | |
| Pakistan | UN Habitat - RR - Water and sanitation - US\$552,756 (10-HAB-007) - | 2010 | 599 | WASH assistance to flood affected population | Provision of WASH assistance in a well coordinated manner alongside other humanitarian actors 6,000 families provided clean drinking water for reduction of water-borne disease – particularly diarrhea, in Baluchistan (District Sibi and Naseerabad), Sindh (District Sukhur), Punjab (District Muzaffargarh) and KPK (District Charsadda and Nowshera) 5,150 hygiene kits distributed for reduced mortality through improved hygiene practices Baluchistan (District Sibi and Naseerabad), Sindh (District Sukhur), Punjab (District Muzaffargarh) and KPK (District Charsadda and Nowshera) 5,150 families will be mobilized for improved hygiene habitats and prevention of diarrhea Baluchistan (District Sibi and Naseerabad), Sindh (District Sukhur), Punjab (District Muzaffargarh) and KPK (District Charsadda and Nowshera) 865 emergency latrines installed for shelter beneficiaries, improving access to basic sanitation | N |
| Pakistan | UN Habitat - RR - Shelter and NFI - US\$500,000 (10-HAB-009) - | 2010 | 600 | Shelter assistance for vulnerable and extremely vulnerable returnees in Sindh Province, district Kamber-Shahdadkot | Support to shelter cluster coordination and well coordinated shelter provision with other humanitarian actors Debris/mud removal through distribution of 860 tool kits and community participation in Kamber-Shahdadkot District Improved shelters for 780 vulnerable flood affected households with shelter material and technical assistance, to be constructed in their communities of origin in Kamber-Shahdadkot district Provision of 80 shelters for extremely vulnerable household affected by flood by UN-HABITAT 75 selected unskilled/semi skilled labor from communities of intervention trained in construction and carpentry 75 trainees in construction provided with tool kit with double folded results to increase construction capacity and improve trainees income generation | N |
| Pakistan | UN Habitat - RR - Water and sanitation - US\$401,338 (10-HAB-010) - | 2010 | 601 | Implementation of the inter-cluster Survival Strategy PKA-FL-10/WS/35806/R/7039 | Improved reproductive health status of the women of child bearing age and newborns in the flood affected areas of Pakistan Indicators Number of MSUs deployed for community outreach services % of selected project health facilities with at least one skilled birth attendant Number of RH kits (clean delivery kits, newborn kits and hygiene kits) distributed | N |
| Pakistan | UNHCR - RR - Shelter and NFI - US\$2,946,018 (10-HCR-031) - | 2010 | 602 | Emergency Assistance to Floods Affected Populations | 7,500 most vulnerable families (at least 48,750) receive tents to be used for the temporary shelter 7,500 most vulnerable families (at least 48,750) are provided with blankets, mosquito nets, jerry cans and kitchen sets Two warehouses are repaired and additional five warehouses erected Distribution of materials is monitored ensuring that the most vulnerable groups, including women and children, have access to the aid provided | N |
| Pakistan | UNHCR - RR - Shelter and NFI - US\$1,420,000 (10-HCR-032) - | 2010 | 603 | Emergency Assistance to Floods Affected Populations | 4,057 most vulnerable families (at least 28,390 persons) receive tents to be used for the emergency shelter Four temporary camp-like settlements for families affected by the floods managed in Sindh for three months Four temporary camp-like settlements for families affected by the floods in Sindh provide community services for three months | N |
| Pakistan | UNHCR - RR - Camp Management - US\$1,000,339 (10-HCR-044) - | 2010 | 604 | Emergency Assistance to Flood Affected Populations | Widely dispersed temporary sites receive vital support in camp coordination camp management from governmental and NGO partners Sites for the secondarily-displaced are designed and established along accepted standards and in close cooperation with provincial and local authorities People in camps will benefit from tents, family kits of non-food items containing kitchen sets, blankets, quilts, sleeping mats, jerry cans, etc PDMA and NGO capacity is strengthened | N |
| Pakistan | IOM - RR - Shelter and NFI - US\$2,500,000 (10-IOM-021) - | 2010 | 605 | Emergency Shelter and NFI Support for Flood Affected Population | - Procurement and distribution of 8,000 tents and 2,000 NFI kits amongst flood affected families of Charsadda, Nowshera, Shangla, DI Khan and Tank - Prioritization of vulnerable groups including female headed households, widows and disabled as beneficiaries of NFI support - Creation of four monitoring teams for needs assessments, quality assurance and monitoring NFI distribution - Information dissemination regarding needs, unmet gaps and prioritized areas of interventions - Support to the Government of Pakistan, Humanitarian Cluster Interventions and Emergency Shelter Cluster in particular | N |
| Pakistan | IOM - RR - Health - US\$262,149 (10-IOM-022) - | 2010 | 606 | Rapid Establishment of Emergency Primary Health Care to Flood Affected Population in Host Communities and Strengthening of Healthcare Referral System | 1 Health outreach to up to 30,000 patients through the 3 temporary health clinics 2 Live saving medical referrals and transportation of patients (with family escort) through ambulance services to secondary or tertiary health facility as needed 3 Ensure the flood affected population of District Rajanpur and District Muzaffargarh have access to expanded vaccination services; and support to distribution of health and hygiene promotion kits through mobile outreach | N |
| Pakistan | IOM - RR - Shelter and NFI - US\$690,000 (10-IOM-023) - | 2010 | 607 | Emergency Shelter and NFI Support for Flood Affected Population of Punjab and Sindh | - Procurement and distribution of 1,900 tents and 1,900 NFI kits amongst flood affected families of Rajanpur, Muzaffargarh, Layyah, Shikarpur, Jacobabad and Sukkur - Prioritization of vulnerable groups including female headed households, widows and disabled as beneficiaries of NFI support - Creation of two monitoring teams for needs assessments, quality assurance and monitoring NFI distribution - Information dissemination regarding needs, unmet gaps and prioritized areas of interventions - Support to the Government of Pakistan, Humanitarian Cluster Interventions and Emergency Shelter Cluster in particular | N |
| Pakistan | IOM - RR - Shelter and NFI - US\$500,000 (10-IOM-028) - | 2010 | 608 | Residual Emergency Shelter and Non Food Items Support to the Monsoon Flood Affected Population in Pakistan | - Procurement and distribution of 3,000 Shelter Kits and 3,000 NFI kits amongst flood affected families of Thatta and Dadu - Prioritization of vulnerable groups including female headed households, widows and disabled as beneficiaries of NFI support - Creation of four monitoring teams for needs assessments, quality assurance and monitoring NFI distribution - Information dissemination regarding needs, unmet gaps and prioritized areas of interventions - Support to the Government of Pakistan, Humanitarian Cluster Interventions and Emergency Shelter Cluster in particular | N |
| Pakistan | UNDP - RR - Recovery and Infrastr - US\$250,000 (10-UDP-016) - | 2010 | 609 | Rubble removal, environmental hazardous removal, and emergency rehabilitation of community infrastructure | Outcome Rubble removed, water de-pumped out of submerged villages and environmental hazards removed | N |
| Pakistan | UNDP - RR - CS- Telecomms - US\$500,035 (10-UDP-017) - | 2010 | 610 | Safety & Security of Humanitarians and IDPs | The establishment of DSS Field offices (6) and Radio Rooms (4) in the areas of operations will enable the safe and secure delivery of programmes to the flood affected population | N |
| Pakistan | UNDP - RR - Security - US\$501,569 (10-UDP-023) - | 2010 | 611 | Safety & Security of Humanitarians and IDPs PKA-FL-10/CSS/34492/R and PKA-FL-10/CSS/35602/R | The establishment of DSS Field offices (8) and Radio Rooms (6) in the areas of operations will enable the safe and secure delivery of programmes to the flood affected population | N |

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|----------|--|------|-----|--|---|---|
| Pakistan | WFP - RR - Food - US\$4,400,147 (10-WFP-027) - | 2010 | 612 | Food Assistance to Internally Displaced and Conflict-Affected Persons in Pakistan's North West Frontier Province (NWFP) and Federally-Administered Tribal Areas (FATA) | Expected results from the continued distribution of critical relief food rations by the end of the CERF grant period include: Reduced or stabilized malnutrition in targeted infants and young children; and Improved food consumption over the assistance period for targeted displaced persons | N |
| Pakistan | WFP - RR - Food - US\$4,900,000 (10-WFP-059) - | 2010 | 613 | Emergency Food Assistance to Families Affected by Monsoon Floods in Pakistan | The key expected outcome generated by this response will be stabilized and/or improved food consumption over the assistance period for targeted persons Furthermore, the supply of HEB and RUSF to infants and young children will help to forestall nutritional declines amongst these notably vulnerable groups | N |
| Pakistan | WFP - RR - Food - US\$2,500,003 (10-WFP-062) - | 2010 | 614 | Emergency Food Assistance to Families Affected by Monsoon Floods in Pakistan | The key expected outcome generated by this response will be stabilized and/or improved food consumption over the assistance period for targeted persons Furthermore, the supply of HEB and RUSF for infants and young children will help to forestall nutritional declines amongst these notably vulnerable groups Objectively verifiable indicators used to measure these results will include: ? Household food consumption score among targeted population; ? Number of women, men, girls and boys receiving food assistance as a percentage of planned, by commodity (including supplementary items); and ? Tonnage of food distributed as a percentage of planned distribution, by commodity (including supplementary items) | Y |
| Pakistan | WFP - RR - CS - UNHAS - US\$1,000,000 (10-WFP-063) - | 2010 | 615 | Logistics and Telecommunications Augmentation, Aviation Services and Coordination in Support of the Humanitarian Community's Response to the Monsoon Floods in Pakistan | This CERF allocation will support the immediate deployment of assets and staff to carry out these activities during the first three months of the operation o Provide aviation services to enable the humanitarian community to implement emergency relief activities into areas inaccessible by surface means o Smooth coordination of the logistics chain for a timely and efficient response of the humanitarian community to the current crisis o Life-saving equipment and personnel reaching isolated locations o Emergency and medical evacuations ensured as required o Effective utilization of aircraft capacity, giving a monthly uplift capacity over 1,500 MT | N |
| Pakistan | WFP - RR - Food - US\$4,000,001 (10-WFP-073) - | 2010 | 616 | Implementation of the inter-cluster Survival Strategy | The cluster will provide in-kind food assistance consisting of a monthly food basket (fortified wheat flour, edible oil, pulses, sugar, salt and tea); or cash transfers to purchase food To prevent increased malnutrition, blanket ready-to-use supplementary food will be provided for children between the ages of 6-24 months, and high-energy biscuits to those aged 2-12 years The cluster has agreed to pursue the 2100kcal/pp/d Sphere Standard for meeting relief food needs A two-level process will be adopted for an effective targeting Geographically, the most severely affected villages have been identified by WFP's VAM assessment teams At the household level, cooperating partners identify vulnerable families based on key indicators such as houses destroyed and crop land lost The target group also includes displaced populations housed in temporary shelters, such as schools, hospitals, and camps | N |
| Pakistan | WHO - RR - Health - US\$2,001,567 (10-WHO-026) - | 2010 | 617 | Emergency Primary Health Care for IDPs and host communities focusing on filling the gaps/unmet life-saving needs in the health response PKA-10/H/29473/122 | a) Provision of standard package of primary health services to the IDP population including MNCH/RH/FP, psychosocial support, rehabilitative services for persons with disabilities, provision of essential drugs and supplies as well as strengthening the Disease Early Warning Network to the affected population b) Availability of an essential package of emergency health services including treatment of common illnesses, emergency obstetric services, ante-natal care and post-natal care and expanded program on immunization (EPI), to the people living in the area of return and IDPs hosting districts c) Timely Emergency Warning and Response system is operational for all outbreak alerts and aversion of potential outbreaks among the target population | N |
| Pakistan | WHO - RR - Water and sanitation - US\$90,003 (10-WHO-027) - | 2010 | 618 | WASH Interventions for internally displaced populations in the NWFP and FATA as set out in the Humanitarian Response Plan Prioritization Statement | 1 Crises affected areas water supply service providers capacity to conduct regular water quality surveillance and design cost-effective remedial measures improved; 2 Waterborne diseases surveillance and identification of crises affected communities facing greatest health risks from water borne diseases identified and appropriate response mechanisms put in place 3 Early alert and response to possible water related outbreaks in camps, weekly microbial water quality trends and residual chlorine in water supplies report, 4 Environmental health monitoring and appropriate intervention linked to outbreak of diseases 5 Healthcare waste management in Crises affected areas healthcare facilities for infectious diseases control 6 Raise overall hygiene education and awareness of medical staff and sanitary workers in target healthcare facilities; | N |
| Pakistan | WHO - RR - Health - Nutrition - US\$53,500 (10-WHO-028) - | 2010 | 619 | Emergency Health and nutrition intervention in crisis-affected and IDP hosting areas of NWFP | Functional surveillance system established in Hangu and Kohat | Y |
| Pakistan | WHO - RR - Health - US\$2,057,610 (10-WHO-054) - | 2010 | 620 | Emergency Primary Health Care for flood affected population focusing on lifesaving interventions in the health response | Well coordinated health response to the flood affected population Lifesaving and emergency health Services provided to affected population through Standard package of primary health services provided to the affected population including MNCH/RH/FP Essential medicines and medical supplies distributed to health departments and partners District health departments and health partners strengthened to plan and implement timely interventions to address life-threatening emergencies including outbreaks Access to lifesaving hospital services facilitated and ensured Overall environment and hygiene conditions at the healthcare facilities improved Timely Emergency Warning and Response System operational for all outbreak alerts and aversion of potential outbreaks among the target population Any possible outbreak of malaria is contained | N |
| Pakistan | WHO - RR - Health - US\$1,238,000 (10-WHO-056) - | 2010 | 621 | Emergency Primary Health Care for flood affected population in Khyber Pakhtunkhwa, Sindh, Balochistan and Punjab provinces focusing on lifesaving interventions in the health response | Well coordinated health response to the flood affected population Lifesaving and emergency health Services provided to affected population through Standard package of primary health services provided to the affected population including MNCH/RH/FP Essential medicines and medical supplies distributed to health departments and partners District health departments and health partners strengthened to plan and implement timely interventions to address life-threatening emergencies including outbreaks Access to lifesaving hospital services facilitated and ensured Overall environment and hygiene conditions at the healthcare facilities improved Timely Emergency Warning and Response System operational for all outbreak alerts and aversion of potential outbreaks among the target population | Y |
| Pakistan | WHO - RR - Water and sanitation - US\$650,560 (10-WHO-057) - | 2010 | 622 | WASH Interventions for flood affected populations flood affected population in Khyber Pakhtunkhwa, Balochistan, Sindh and Punjab provinces focusing on lifesaving | 1 Crises affected areas water supply service providers capacity to conduct regular water quality surveillance and design cost-effective remedial measures improved; 2 Waterborne diseases surveillance and identification of crises affected communities facing greatest health risks from water borne diseases identified and appropriate response mechanisms put in place 3 Early alert and response to possible water related outbreaks in camps, weekly microbial water quality trends and residual chlorine in water supplies report, 4 Environmental health monitoring and appropriate intervention linked to | N |

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|-----------------|--|------|-----|---|--|---|
| | | | | interventions of WASH response | outbreak of diseases 5 Healthcare waste management in Crises affected areas healthcare facilities for infectious diseases control 6 Raise overall hygiene education and awareness of medical staff and sanitary workers in target healthcare facilities; | |
| Pakistan | WHO - RR - Health - US\$1,300,000 (10-WHO-069) - | 2010 | 623 | Implementation of the inter-cluster Survival Strategy | Improved reproductive health status of the women of child bearing age and newborns in the flood affected areas of Pakistan Indicators Number of MSUs deployed for community outreach services % of selected project health facilities with at least one skilled birth attendant Number of RH kits (clean delivery kits, newborn kits and hygiene kits) distributed | Y |

ANNEX VI: ANALYSIS OF PROJECTS WITH SCORES

| Project | Activity | Documents available | Gender | Reasons for score | Vuln. | Reasons for score | X-Cutting | Reasons for score |
|-----------------|---|--|--------|---|-------|--|-----------|--|
| <i>Pakistan</i> | PK: 07-FAO-025-RR. FAO: Agriculture - \$417,300 | Original proposal | 0 | None of the three key components of the project (needs assessment, activities, and outcomes) has taken gender into consideration | 2a | The project has targeted farmers who have lost their entire crop, but the target group selection process does not consider economic or social vulnerability. The only vulnerability factor is damages to the crops due to floods. Some of the affected families could be landowners, who would not be as vulnerable as the tenants working on their land. The selected target group might help some of the economically vulnerable families but not all. However the project would indirectly create opportunities for the tenants. None of the three key project components takes into account the needs of the selected group. | 1 | Positive "coping strategies and resilience" have been addressed in a limited way in the needs assessment, activities and expected outcomes. Capacity building of the community has been included, but only in the activities section. The need for capacity building and its added value for the beneficiary population is not included in the proposal. |
| <i>Pakistan</i> | PK: 07-IOM-017-RR. IOM: Coordination and support services - \$100,000 | Original proposal and budget proposal. | 0 | None of the three components (needs assessment, activities and outcomes) have taken gender into account. The activities include involvement of the communities, but there is no mention of consulting women in communities. | 0 | No specific category of vulnerable families has been included in the project. | 1 | The project has included "participation" in the needs assessment part and in activities, but the impact of community participation during service delivery and generally, on the lives of the beneficiaries, is not mentioned.. |

relief, recovery and reconstruction plans/projects);
- Create four 'Rapid Logistics Response Hubs' – comprising representatives of each target constituency- at the same locations

Under the heading "project description", a proposal to carry out a needs assessment does not include the mainstreaming of gender.

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| Pakistan | PK: 10-HAB-003-RR. UN Habitat: Water and sanitation - \$299,999 | <ul style="list-style-type: none"> Provision of 100 water points/pumps to support IDPs & host families in areas of displacement with high concentration of population where water supply is not sufficient. Preferable technical solutions to be identified in coordination with districts administrations (TMA) in the districts of intervention. Conducting water tests for new hand pumps. Provision of 400 latrines Provision of hygiene kit to 2,500 vulnerable families Provision of NFI (jerry cans and buckets) to 2,500 vulnerable families Hygiene promotion campaign/ awareness sessions targeting the same 2,500 families in selected communities of interventions | Final proposal | 1 | Only the needs assessment part has to some extent emphasized the women's need for sanitation facilities and access to water. None of the activities or expected outcomes responds to the gender specific needs identified in the needs assessment. | 1 | The project has included vulnerable families and individuals in general in the needs assessment without mentioning specific categories. However, one of the activities is to establish criteria. The outcomes do not include information on the impact of the project on vulnerable families. The inclusion of vulnerable families has been stressed under "general considerations". | 2a | Community participation has been included in the needs assessment section. Community participation in assessments has been included as an activity. However the expected outcomes do not contain any information on the added value of community participation. |
| Pakistan | PK: 08-HAB-004-RR. UN Habitat: Shelter and non-food items - \$886,923 | <p>a. Well coordinated and monitored provision of shelter in earthquake affected districts</p> <p>b. 800 shelters built by those affected by the earthquake</p> | Original and the revised proposal | 0 | The needs assessment, activities and expected outcomes do not include information on the response to gender needs. | 1 | The needs assessment emphasizes the shelter needs of vulnerable groups (elderly and disabled). No other section of the document indicates the mainstreaming of vulnerability. | 1 | Neither the needs assessment nor the expected outcomes take into consideration any cross cutting themes. However the activities include two points: community participation (bullet point 4) and capacity building of the local community (bullet point 3). |
| Pakistan | PK: 10-UDP-023-RR. UNDP: Security - \$501,569 | The establishment of DSS Field offices (8) and Radio Rooms (6) in the areas of operations will enable the safe and secure delivery of programmes to the flood affected population. | Initial, revised and final proposals and summary tables. (8 documents) | cs | Common service. Marker scoring not appropriate. | cs | Common service. Marker scoring not appropriate. | cs | Common service. Marker scoring not appropriate. |
| Pakistan | PK: 08-ESC-005-RR. UNESCO: Education - \$27,026 | <ul style="list-style-type: none"> 2,580 children (B: 1,585, G: 995) attend tent schools and complete the academic curriculum with the provision of appropriate water and sanitation facilities <p>Joint UNICEF UNESCO</p> | Original revised and final proposal, summary, and narrative report. (5 documents) | 1 | Some awareness of gender in education. | 1 | The target group is vulnerable, but there is no specific targeting of the most vulnerable. | 0 | No specific attention to cross cutting issues - e.g. no reference as to whether temporary toilet facilities in schools will be accessible |

Project

for disabled children.

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| Pakistan | PK: 10-FPA-019-RR. UNFPA: Protection/Human Rights/Rule of Law - \$149,265 | <ul style="list-style-type: none"> • Response for GBV survivors amongst IDPs in camps and within host communities. Prevention of GBV and comprehensive health and protection focused. • Protection and gender issues are integrated by all emergency responders • Response to women's practical needs (food, NFIs, other needs) is ensured in a gender sensitive manner • To integrate GBV response within standardized package of health services including; treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care, psychosocial support and EPI services available for IDPs living inside the camps and living with host population jointly with UNFPA, UNICEF and NGOs partners. • GBV incidents monitored regularly and reports shared with relevant authorities and partners. • Improvement in IDPs knowledge, attitude and practices regarding protection issues. | Final proposal | 2b | The needs assessment considers the particular situation of women and targeted activities have been suggested to promote gender equality. Most of the outcomes of the project focus on particular issues of women related to GBV. | 2b | The vulnerable situation of women, especially in the wake of displacement, has been recorded in the needs assessment section. Targeted activities have been designed to reduce the effects of GBV on women and relevant outcomes have been included. | 2b | The protection and psychosocial needs of GBV cases during displacement have been considered in the needs assessment and woven into the activities and expected outcomes. Promoting positive "coping strategies and resilience" has also been incorporated into the three essential parts of the project. |
| Pakistan | PK: 08-FPA-045-RR. UNFPA: Health - \$71,792 | <ul style="list-style-type: none"> • Effective coordination and collaboration is established through cluster approach among govt. authorities and health cluster partners including UN agencies, NGOs and other partners on RH/maternal and newborn health care services to avoid duplications and identification of gaps in RH service delivery. • RH data collection, consolidation, analysis and dissemination is effectively implemented and documented. • MISP interventions are effectively implemented to provide RH /maternal newborn health care services including 24/7 basic EmONC services. • Conditions of personal and menstrual hygiene among women of child bearing age are improved in affected area. • Prevalence of complications due to poor personal and | Original proposal | 2b | The health needs of women of reproductive age are presented in the needs assessment and the response is suggested in the activities (including availability of female staff). The impact also indicates the improvement of the health condition of women. | 1 | The project considers the needs of malnourished women and women of reproductive age, whether vulnerable or not. The malnourished group of women might fall into the category of marginalized families. Hence the project contributes to some extent to help vulnerable women. | 2a | Protection risks (threats to life) of women of reproductive age are highlighted in the project summary. The activities designed aim to reduce risks and the outcomes are in line with the main concerns highlighted in the needs assessment. |

menstrual hygiene leading to reproductive tract infections is decreased.

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| <i>Pakistan</i> | PK: 07-HCR-016-RR. UNHCR: Shelter and non-food items - \$622,468 | NFI stock distribution and replenishment through NGO/GOP coordination funded by UNHCR sub-offices Quetta and Peshawar. | Original proposal | 1 | Only the expected outcomes of the project indicate that the project will benefit women, children and the vulnerable. They are not supported by the needs assessment or the activities. | 1 | The initial description of the project and the expected outcomes section show that the project aims to reach the vulnerable families. No supporting activities are suggested; hence the project tends to address the needs of vulnerable families in a limited way. | 1 | Protection (provision of emergency shelter to shield from environmental effects, provide privacy and physical protection). However the approach has not been well woven into the needs assessment, the activities and the expected outcomes. |
| <i>Pakistan</i> | PK: 10-CEF-025-A-RR. UNICEF: Health - Nutrition - \$645,745 | <ul style="list-style-type: none"> • 1,200 severely malnourished children treated at community and facility based therapeutic care centres (OTPs and SCs) • 4,100 moderately malnourished children admitted and received care at supplementary feeding programme • 2,000 malnourished pregnant and lactating women receiving supplementary food at SFPs • 27,500 children under five and 14,700 PLW receiving micro nutrient supplements • More than 15,000 mothers and caregivers reached with key messages on infant feeding • More than 75 health care providers trained on emergency nutrition services | Final proposal | 2b | The needs of pregnant and lactating women are well analysed in the needs assessment part, and the activities and expected outcomes support the response to the issues highlighted in the needs assessment. | 2b | The needs of vulnerable categories of malnourished children, pregnant and lactating women have been considered well in the three key components of the project. The needs of other groups e.g. elderly, disabled, chronically ill etc. have not been included in the project. | 2a | The protection of the displaced population (sustaining lives and reducing the risks of threats to physical and mental wellbeing) has been integrated into all three components of the project. Capacity building of health staff has been included in activities, in order to lead to a better understanding and response to the situation. |
| <i>Pakistan</i> | PK: 10-CEF-048-B-RR. UNICEF: Water and sanitation - \$1,285,659 | At the end of the CERF grant period 86,667 flood-affected people will have been provided with safe drinking water, will have had access to adequate sanitation facilities / social mobilization for promotion of sanitation coverage and will have been reached with appropriate hygiene messages as required in the flood affected areas. Overall these interventions will have contributed to the reduction in risk of water and faecal borne diseases amongst the affected population. | Initial and final proposal, summary and comments (7 documents) | 1 | The documents make reference to the need to ensure access for women and girls. | 1 | Reference to specific vulnerability of under-fives. | 0 | No specific attention to cross cutting issues. |

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| Pakistan | PK: 10-CEF-058-B-RR. UNICEF: Health - Nutrition - \$1,500,000 | <ul style="list-style-type: none"> • A basic food ration of 2100 Kcal/person consistent with Sphere Project standards and a complete complement of micronutrients, distributed to 250,000 affected people for one month; • To prevent increased malnutrition, blanket ready-to-use supplementary food will be provided for children between the ages of 6-24 months, and high-energy biscuits to those aged 2-12 years. • 8 inpatient and 20 outpatient Treatment centres functioning in disease outbreak districts in Sindh provinces and in food insecure districts as informed – reaching 3,600 severely malnourished children under 5 years; • 20 active supplementary feeding programmes functioning (linked to OTP centres) reaching 8,000 moderately malnourished children under 5 years; • Specific infant feeding in emergencies interventions, including support to breastfeeding, for common districts designed and implemented. | Initial, revised and final proposals and summaries. (11 documents). | 0 | No specific attention to gender in the Nutrition component (this grant is for the nutrition component of a multi-sector proposal) | 2a | This proposal targets under-fives, who are particularly vulnerable to malnutrition. While supplementary food will be provided for all children of 6-24 months with biscuits for 2-12 year olds, therapeutic feeding will be targeted as required. | 1 | Includes some elements of capacity building with the training of staff in the community-managed acute malnutrition approach. |
| Pakistan | PK: 09-CEF-028-D-RR. UNICEF: Education - \$241,990 | Approximately 15,000 children, especially girls, in the IDP camps have access to education, and to ensure continuity of educational services for 10,000 children enrolled in second shift classes in government schools in the host communities in the six districts of Dir Lower, Mardan, Peshawar, Nowshera, Swabi and Charsadda. | Initial, revised, and final proposals and narrative report. (5 documents) | 2a | The project is gender sensitive and includes an advocacy component to encourage the enrolment of girls. | 1 | The target group, IDPs, is a vulnerable group. | 1 | Some attention to capacity building. |
| Pakistan | PK: 07-CEF-047-RR. UNICEF: Water and sanitation - \$1,287,451 | <ul style="list-style-type: none"> -Provide safe drinking water through water trucking, restoration of existing water supply systems/schemes, cleaning of wells, karezes, ponds, etc. -Provide water purifying tablets, jerry cans, water tanks/collapsible bladders. - Ensure access to adequate sanitation through provision of latrine slabs, tarpaulin sheets, etc. - Disseminate hygiene education messages on the risks associated with drinking contaminated water and unsafe hygiene practices. - Provide hygiene kits including soaps, hygiene | Initial, revised and final proposals. List of implementing partners and summary. (5 documents) | 1 | Overall monitoring by gender focal point. | 2a | The flood affected population is by definition vulnerable. | 1 | Some reference to cross-cutting issues in the general text. |

education materials to the flood-affected vulnerable population

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| Pakistan | <p>PK: 10-FEM-002-RR. UNIFEM: Protection/Human Rights/Rule of Law - \$149,265</p> | <ul style="list-style-type: none"> • Response for GBV survivors amongst IDPs in camps and within host communities. Prevention of GBV and comprehensive health and protection focused. • Protection and gender issues are integrated by all emergency responders. • Response to women's practical needs (food, NFIs, other needs) is ensured in a gender sensitive manner • To integrate GBV response within standardized package of health services including; treatment of common illnesses, emergency obstetric services, ante-natal and post-natal care, psychosocial support and EPI services available for IDPs living inside the camps and living with host population jointly with UNFPA, UNICEF and NGOs partners. • GBV incidents monitored regularly and reports shared with relevant authorities and partners. • Improvement in IDPs knowledge, attitude and practices regarding protection issues. | Final proposal | 2b | <p>The needs assessment considers the particular situation of women and targeted activities have been suggested to promote gender equality. Most of the outcomes of the project focus on particular issues of women related to GBV.</p> | 2b | <p>The vulnerability of women, especially in the wake of displacement, has been recorded in the needs assessment section. Targeted activities have been designed to reduce the effects of GBV on women and relevant outcomes have been included.</p> | 2b | <p>The protection and psychosocial needs of GBV cases during displacement have been woven into the needs assessments, activities, and expected outcomes. Promoting positive "coping strategies and resilience" has been incorporated into the three essential parts of the project.</p> |
| Pakistan | <p>PK: 10-WFP-062-RR. WFP: Food - \$2,500,003</p> | <p>The key expected outcome generated by this response will be stabilized and/or improved food consumption over the assistance period for targeted persons. Furthermore, the supply of HEB and RUSF for infants and young children will help to forestall nutritional declines amongst these notably vulnerable groups.</p> <p>Objectively verifiable indicators used to measure these results will include:</p> <ul style="list-style-type: none"> - Household food consumption score among targeted population; - Number of women, men, girls and boys receiving food assistance as a percentage of planned, by commodity (including supplementary items); and - Tonnage of food distributed as a percentage of planned distribution, by commodity (including supplementary | Final proposal | 2a | <p>Gender has been given due respect in the needs assessment part of the project. Gender balance in staff and separate access points are mentioned. However no specific activities have been highlighted to respond to the needs assessment. The outcome indicators include the number of persons of each gender.</p> | 1 | <p>The needs of women heads of household have been acknowledged in the needs assessment. The activities mention efforts already made to identify the vulnerable families who will receive assistance. The outcomes section includes the improved nutritional status of the vulnerable (malnourished) children.</p> | 1 | <p>The needs assessment and the activities of the project contribute to some extent to the protection of women heads of household in that they reduce the risk of harassment or sexual favours to get food. Having separate access points for women has been included. The outcomes section emphasizes the better nutritional status of children (which reduces the risk of physical or mental impairments).</p> |

items).

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| Pakistan | PK: 09-WFP-028-RR. WFP: Food - \$2,766,191 | <ul style="list-style-type: none"> • Reduced or stabilized malnutrition in children in camps and host populations. - - • Improved food consumption over the assistance period for displaced persons. | Original proposal | 1 | Neither the needs assessment, nor the activities nor the expected outcomes include the gender dimension. However the purpose of the project has described the importance of the project to improve and sustain the nutritional status of especially pregnant and lactating women. | 2a | The needs assessment puts an emphasis on the nutritional requirements of children, especially nutritional supplements and high energy biscuits. Similarly in the activities the same items have been mentioned to be procured and distributed and the expected outcomes also include sustaining or improving the nutritional status of children. | 1 | The project indirectly contributes to protection by reducing threats to the wellbeing of displaced population and prevention of impaired growth through the provision of food items. The needs assessment refers to the recommendations from HCT and emphasizes the nutritional needs of children, but there is no mention of the needs of adults (how it relates to their protection). Supporting activities have been included. One of the outcomes is related to malnourished children while the other one is not inline with the basic objective of the project. |
| Pakistan | PK: 10-WHO-028-RR. WHO: Health - Nutrition - \$53,500 | <ul style="list-style-type: none"> • Functional surveillance system established in Hangu and Kohat. | Original/final proposal | 1 | Specific conditions of the pregnant and lactating women have been included, but only in the needs assessment section. | 1 | The status of malnourished children is presented in the needs assessment but the activities do not directly respond to their condition. The outcome includes putting a "surveillance" system in place but its impact on the nutritional status of the targeted children is not explained. | 1 | Capacity building of the local health departments has been indicated as the only activity that the project would support, but this activity is not supported by the needs assessment; the linkage between the needs assessment and the activity is not explained. The outcomes section indicates that the capacity of the local health system will be reinforced to enable them to assess the cases of malnutrition. |

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| Pakistan | PK: 10-WHO-056-RR. WHO: Health - \$1,238,000 | <ul style="list-style-type: none"> Well coordinated health response to the flood affected population. Lifesaving and emergency health services provided to affected population through Standard package of primary health services including MNCH/RH/FP. Essential medicines and medical supplies distributed to health departments and partners. District health departments and health partners strengthened to plan and implement timely interventions to address life-threatening emergencies including outbreaks. Access to lifesaving hospital services facilitated and ensured. Overall environment and hygiene conditions at the healthcare facilities improved Timely Emergency Warning and Response System operational for all outbreak alerts and aversion of potential outbreaks among the target population | Original proposal | 2a | Relevant information about specific health conditions of pregnant women has been included in the needs assessment. The activities (except for the one related to provision of RH and delivery kits) are more general and not gender specific. There is only one gender specific outcome related to MNCH. Important aspects such as having gender relevant staff, separate access points for women etc. have been neglected. | 1 | Malnutrition in children is highlighted in the needs assessment but not reflected in activities or the outcomes. | 1 | The needs and conditions of persons suffering from psychosocial trauma have been described in the needs assessment but no related activities or outcomes have been included. Life saving activities have been suggested and immunization (to reduce the risks of physical impairment and hence prevent disabilities which cause protection issues and dependency). Hence the project takes into account protection as a cross cutting issue in a limited way. |
| Pakistan | PK: 10-WHO-069-RR. WHO: Health - \$1,300,000 | <ul style="list-style-type: none"> Improved reproductive health status of the women of child bearing age and newborns in the flood affected areas of Pakistan. <p>Indicators</p> <ul style="list-style-type: none"> Number of MSUs deployed for community outreach services. % of selected project health facilities with at least one skilled birth attendant. Number of RH kits (clean delivery kits, newborn kits and hygiene kits) distributed. | Original and revised proposal, and summaries. | 1 | Reference to need for women to have access to birth attendants | 2a | Flood affected groups are by definition highly vulnerable. | 1 | Reference to HIV/AIDS |
| Pakistan | PK: 08-FAO-006-UFE. FAO: Agriculture - \$1,500,000 | <p>Protection and restored productivity of 112 500 to 139 500 small and large ruminants critical to the local livelihoods, ensured in flood affected parts of Balochistan and Sindh Province through distribution of livestock feed, veterinary supplies and sorghum seeds for fodder purposes, thus ensuring food security for 12,500 to 14,250 flood affected households.</p> <p>Food security of 1,750 vulnerable flood affected</p> | Original proposal | 0 | Neither the needs assessment, activities nor impact sections address gender needs in any way. | 2a | Economic vulnerability is taken into account in the design of the project. All three major components of the project stress the need to respond to the needs of economically unstable flood affected families. However the | 2a | Positive "coping strategies and resilience" have been well woven into the needs assessment, activities and expected outcomes of the project. |

farmers in Sindh ensured for 10 months after harvest through distribution of rice seeds, dual purpose sorghum seeds and fertilisers. - -

land tenure system, especially in Sindh, is such that a limited number of middle and lower class families own land. Hence those working on the land might not be able to benefit from this project, rather the land owner would. Yet the project indirectly might generate employment and cropsharing for the economically vulnerable populations.

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| <i>Pakistan</i> | PK: 08-IOM-009-UFE. IOM: Shelter and non-food items - \$517,496 | 1. Well coordinated and monitored provision of shelter materials in flood affected districts. 2. 2300 shelter kits procured and distributed | Final proposal, narrative report, and summary. (3 documents.) | 0 | No attention to gender | 2b | Very strong focus on vulnerability and on targeting the vulnerable | 1 | Reverence to cross-cutting aspects including protection from an abusive land-holding system. |
| <i>Pakistan</i> | PK: 08-HAB-001-UFE. UN Habitat: Shelter and non-food items - \$36,380 | 1. Well coordinated and monitored provision of shelter materials in flood affected districts. 2. 2300 shelter kits procured and distributed | Original proposal | 0 | Gender has not been mainstreamed in need assessment, activities or the impact of the project. | 1 | Vulnerable families without shelter have been targeted by the proposal. The needs assessment part includes a description of their situation but the activities section does not highlight specific activities for beneficiary identification. The beneficiary selection process is included in the "project summary" part. The "expected outcomes" do not indicate the impact of the intervention. | 0 | None of the cross cutting issues are taken into consideration at the needs assessment stage or in the activities or outcomes. |
| <i>Pakistan</i> | PK: 08-HCR-006-UFE. UNHCR: Multi-sector - \$1,100,000 | 1. High standard treatment services for malaria, Coetaneous Leishmaniasis (CL), Tuberculosis and syndromes based management for sexually transmitted diseases is in place. 2. Basic Health Units (BHUs) operational and Afghan refugees are provided with adequate, timely, gender sensitive and accessible primary health care services - 3. Reproductive health care services are available and | Original proposal | 2b | Gender has been mainstreamed in all three components (needs assessment, activities, and outcomes). Targeted activities have been included to promote gender equality and respond to | 2b | Persons suffering from HIV/ AIDS as well as prevention and response to SGBV cases has been addressed in activities and included in expected outcomes. | 2b | Community participation, protection, community participation and HIV AIDS are the cross cutting sectors that have been included. These are highlighted in activities and outcomes. The needs assessment however talks about HIV/ AIDS; |

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| | | accessible to refugees. Child spacing/family planning facilities are available and accessible. Activities of local midwives (TBA) are monitored and linked to BHU services - 4. Children vaccinated against Polio, Diphtheria, Petusis, Tetanus, TB in line with national EPI guidelines. Hepatitis B vaccine for children below 1 year of age. - 5. Medical officers and trained male & female medical staff available on a continuative basis in all BHUs. | | | SGBV. Staff and community participation has also been mentioned for mainstreaming the gender approach. | | | | while the section "implementation arrangement" elaborates on how different activities complement each other. |
| Pakistan | PK: 08-CEF-014-B-UFE. UNICEF: Water and sanitation - \$700,000 | 1. Provide water supply and latrine facilities to a minimum of 20 health facilities, including Basic Health Units (BHUs), Rural Health Centers (RHCs) and District Headquarter (DHQ). 2. Provide safe drinking water to the target flood population through the restoration, where possible, and the construction of water systems, including up-flow filtration hand pump systems, shallow tube wells, community water supply schemes, the installation of windmills, hand pumps and the installation of water tanks/points for communities and schools made non functional due to flood water. | Original proposal, summary and narrative report | 0 | No reference to gender despite relevance of gender mainstreaming for water and sanitation. | 2a | Flood affected groups are by definition highly vulnerable. | 1 | Reference to cross-cutting links with other sectors. |
| Pakistan | PK: 08-WFP-020-UFE. WFP: Food - \$963,458 | One month food needs covered for 12,500 households and Increased ability of affected farmers to meet their food needs in a crisis situation. | Original proposal, summary and narrative report | 0 | No reference to gender | 2a | Group said to be particularly vulnerable as was left out of earlier distributions. | 1 | Reference to cross-cutting links with other sectors |
| Pakistan | PK: 08-WHO-019-UFE. WHO: Health - \$1,171,191 | • Reduced mortality and morbidity among the 500,000 most vulnerable flood affected population with emergency PHC services for 9 months - - • Response to and control of outbreaks of communicable diseases, with a special focus on The reduction of waterborne diseases and related outbreaks - - | Original and revised proposals | 1 | The need to provide health services to pregnant women has been included in the needs assessment. Similarly, one activity addresses maternal and neonatal health services, while another is related to involvement of LHV. The expected outcomes do not indicate any impact of the intervention on women. | 1 | Malnourished children have been included as a vulnerable group in the needs assessment and activities but the expected outcomes do not indicate any impact of the intervention on children. | 1 | Community participation has been included in the activities, albeit limited to information dissemination. The needs assessment and expected outcomes do not include any information about the selected cross cutting sector. |

ANNEX VII: BIBLIOGRAPHY

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