

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
SRI LANKA
RAPID RESPONSE
FLOOD 2016**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

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

CERF reporting notification and After Action Review both were conducted together in early November 2016 as the projects were nearing their completion by mid-November 2016. All six CERF project agencies from UN attended the meeting to discuss the project progress, any requirements for No Cost Extensions and agree on the final reporting process including timeline. An in-country CERF reporting focal point was appointed during this meeting.

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

YES NO

The CERF Report was presented at the Humanitarian Country Team (HCT) meeting held on 27 February 2017 for comments and suggestions.

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

YES NO

The final version of the RC Report was shared with the HCT members who include all CERF grantee agencies as well as implementing partners (INGOs). All received comments were incorporated to the final version of the report.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: \$20,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,320,080
	COUNTRY-BASED POOL FUND (if applicable)	
	OTHER (bilateral/multilateral)	2,540,961.44
	TOTAL	6,861,041.44

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 26/05/2016			
Agency	Project code	Cluster/Sector	Amount
IOM	16-RR-IOM-028	Shelter	899,993
UN Habitat	16-RR-HAB-001	Shelter	927,080
UNFPA	16-RR-FPA-025	Health	119,626
UNICEF	16-RR-CEF-069	Water, Sanitation and Hygiene	1,008,208
WFP	16-RR-WFP-035	Food Aid	756,343
WHO	16-RR-WHO-028	Health	608,830
TOTAL			4,320,080

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	2,840,749
Funds forwarded to NGOs for implementation	1,401,993
Funds forwarded to government partners	77,338
TOTAL	4,320,080

HUMANITARIAN NEEDS

On 15 May 2016 Sri Lanka was hit by a severe tropical storm (Roanu) that caused widespread flooding and landslides in many parts of the country destroying homes and submerging entire villages. As per the official figures collated in the Post Disaster Needs Assessment (PDNA) jointly conducted by the Government of Sri Lanka, United Nations, EU, World Bank and other in-country humanitarian stakeholders, 24 districts out of a total of 25 districts countrywide were affected by landslides and flooding. The floods and landslides affected approximately 493,319 people (124,398 families). A total of 93 people were confirmed dead (36 women, 43 men, 10 children, 4 bodies could not be identified), 33 people were injured and 117 people are still categorized as missing. The majority of the deaths (50, i.e. 54%) occurred due to the landslides in Kegalle district. Also, the number of missing people (99, i.e. 85%) was highest in Kegalle.

Overall, 58,925 houses were affected, of which 6,382 were destroyed and 52,543 were damaged. Over 85 percent of the affected houses are in Colombo and Gampaha districts. District Secretaries had established 350 Safety Centers to house people evacuated from inundated areas and unsafe locations in landslide prone districts. At the peak, 114,035 people (29,474 families) stayed in these centers. Other affected people either stayed with friends or family or in makeshift locations, under rooftops or above the ground floor of inundated houses. Up to date, approximately 286 families (approximately 1,200 individuals) are currently living in 286 transitional shelters provided under the CERF grant through IOM in Kegalle district, pending durable solutions for resettlement.

A number of factors were identified that caused a sudden deterioration of the humanitarian situation in the country:

- The floods and landslides were the worst to have affected Sri Lanka in the last 25 years and resulted in two major crises currently on-going in the country; a rural crisis and an urban crisis, both of which required targeted humanitarian responses.
- In rural areas, especially in the districts of Kegalle and Rathnapura, landslides caused by the heavy rains destroyed houses and submerged entire villages. In the landslide-affected areas, the National Building Research Organization (NBRO) issued a number of landslide risk alerts preventing affected population in these areas to return to their homes (where they still exist). The alert list was updated daily. With limited prospects for resettlement or to restart their livelihoods, and in light of the upcoming monsoon rains, displaced people were in need of urgent support, especially in terms of suitable shelter solutions.
- In urban areas downstream of the most severely affected rivers, the Kelani and Kalu, in districts such as Colombo and Gampaha, flood water stagnated for over 10 days since the onset of the disaster. In these urban areas, pre-existing informal settlements and squatter housing were completely destroyed by the floods, leaving people who were already very vulnerable with no immediate access to suitable shelter and no homes that they could return to, even when the floodwaters receded. Even when houses had not been destroyed, authorities determined that houses in vulnerable areas close to the rivers were too dangerous for families to return to. There was therefore an urgent need to find suitable temporary and durable shelter solutions for vulnerable people, in an urban context where overcrowding had been a swelling issue.
- Water and sanitation infrastructure had been severely damaged by the floods, raising concerns of a public health crisis, as human, animal and other waste was being disposed of in the standing floodwaters. There was therefore an immediate risk of waterborne and other disease demanding urgent attention. In this situation, the most vulnerable people in the community, especially pregnant women, children under the age of five years, the elderly and those with disabilities were most at risk, especially when they have no form of suitable shelter or access to basic services.
- The unprecedented scale of the flooding was partially linked to El Niño that started in Asia and the Pacific region from as early as March 2015. In many countries, such as Sri Lanka, the effects of the phenomenon initially resulted in lower than average rainfall (with extended water shortages and drought) which was then followed by heavy rains and storms. The consequence of so much heavy rain falling after a period of drought was severe flooding (drought/flood cycle).
- At the time of the disaster, the Southwest monsoon was converging over the island with the risk of additional flooding and landslides in many of the same areas already impacted by the floods, with those who lost their homes and who were living in temporary shelters the most vulnerable to the possible impacts. Therefore, there was an urgent need to provide time-critical interventions before further intense rains and powerful winds battered the country.

With the huge damages and losses caused, the Government of Sri Lanka on 30 May 2016 declared a state of emergency valid for 3 months period in six severely affected Provinces.

While the disaster was ongoing, on 19 May 2016, the Government of Sri Lanka, through the Ministry of Foreign Affairs, issued an appeal for immediate relief assistance, including the supply of relief materials, equipment and health supplies. In response to this request and the list of needs identified by the Government of Sri Lanka, international agencies assessed how best to support the relief efforts, also by providing stocks of relief items. In addition, consultations took place between the Ministry of Disaster Management and the Resident Coordinator about the strategic use of the CERF to cover life-saving and time critical humanitarian needs to complement the Government's overall response to the impact of the floods and landslides.

II. FOCUS AREAS AND PRIORITIZATION

The Government strategy for the humanitarian response to the impact of the floods and landslides considered three phases:

1. Immediate life-saving response (including focus on ensuring access to water, sanitation and hygiene, adequate shelter, food, access to healthcare and appropriate camp-management and coordination of humanitarian assistance, as well as education and protection support);
2. Emergency response planning (there is the possibility of further heavy monsoon rains that could severely impact and devastate those who have already been affected by this current crisis);
3. Recovery and resettlement (housing for those whose homes have been destroyed or who were not fit for return; support to ensure that in schools and other public buildings normal activities can resume as soon as possible; livelihoods support.)

Based upon an understanding of these Government priorities and informed by initial needs assessments, the humanitarian response strategy considered the unique humanitarian needs and responses required in both rural and urban settings and respond to these accordingly. In line with Government's findings, the overall humanitarian response strategy acknowledged that the most critical needs in the worst affected areas by the floods and landslides were for water, sanitation and hygiene support, as well as access to appropriate healthcare services. Because of the large numbers of people who were without appropriate shelter, immediate shelter options must also be prioritized, while given the extreme vulnerability of many of those affected by the floods and landslides, there was an immediate need for access to food.

Emergency life-saving food security assistance need was originally estimated at 10,000 households (40,000 individuals) in four districts worst hit by the disaster. Due to limited CERF funds and overestimated contributions from other sources to fill in the gaps, the total number of households reached, was some 7,364 and more detailed explanations will be found in the section 'CERF Results'. These were the poorest households as identified by the government's social safety net programme, *Divineguma* (formerly *Samurdhi*). Despite significant life, income and asset losses, food security was expected to be adequate for the majority of households, except for the poorest and most vulnerable. The level of debt among the poor in Sri Lanka was extremely high and the recovery cost caused by the disaster was expected to add further to the debt burden. This was presumed to prevent the poor from accessing sufficient food as credit ceilings were reached and local food vendors would no longer allow food purchases on credit. As such, ensuring food security among the poorest was a serious concern. Four worst affected districts, Colombo, Gampaha, Kegalle and Rathnapura, were targeted for food assistance. In each district a further geographical targeting was done by the Divisional Secretariat ensuring that the assistance would be targeted to people who were severely food insecure and had low coping capacity. The primary selection criteria included those who were already registered with *Divineguma* social safety nets programme and were residing in the most severely flood/landslide-impacted village clusters. Furthermore, secondary selection criteria were used to prioritize including: i) households that continued being displaced due to flood/landslide; ii) households with significant damage to their homes; and iii) households with significant asset and livelihood losses. Selection prioritized households with a single headed (male / female), widow /widower, disabled member, and with pregnant or nursing women. Furthermore, WFP worked closely with the beneficiary selection at the Divisional Secretariat level to empower them to handle grievance at the community level. Fifty-five percent of the government officers engaged in the beneficiary selection were female and both male and female officials received training by WFP. WFP conducted an independent screening and verification of the beneficiary lists using WFP adapted tools to ensure that only the flood/landslide affected households were included.

The humanitarian response strategy to the floods and landslides that have affected Sri Lanka was guided by the following overarching strategic objectives:

1. Rapidly provide life-saving assistance to people affected by the floods and landslides and re-establish basic services;
2. Support restoration of livelihoods and self-reliance;
3. Ensure that sustainable solutions for re-settlement are reached through participatory consultations with the affected people.

Out of these three overarching strategic objectives (SO) for the humanitarian response strategy in Sri Lanka, the Resident Coordinator (RC), in consultation with key sector agencies (Clusters are not present in Sri Lanka) and the Humanitarian Country Team, determined that the CERF proposal would focus on SO1: "Rapidly provide life-saving assistance to people affected by the floods and landslides and re-establish basic services". On the basis of the prioritization of SO1, a field-driven consultative process was initiated by the RC in-country to determine the overall strategic parameters for CERF funding, including the geographical focus and the targeting of beneficiaries. Once these parameters were identified, key sector agencies, through a consultative process, discussed and prioritized the life-saving and time-critical activities that would be supported by the CERF. This prioritization was conducted on the basis of established and agreed criteria.

The CERF-supported response targeted a total of 220,000 people in four out of the 22 most affected districts where the most urgent and acute needs were identified: Colombo; Gampaha; Kegalle; Rathnapura. The CERF request was for US\$ 4,637,626 to address the most critical and life-saving humanitarian needs in four key sectors of this humanitarian response: Shelter, Food, Health, Water, Sanitation and Hygiene (WASH). The prioritization of the geographical and sectoral focus of the CERF request was informed by the initial rapid needs assessments conducted in the country as of 22 May 2016.

In addition to immediate humanitarian needs in the identified priority sectors (WASH, Health, Food and Shelter), the overall humanitarian response strategy also took into account more medium and longer-term sectoral requirements such as ensuring access to education, especially when schools have been damaged or used as temporary shelters and in view of the fact that children lost their education materials prior to the start of their end of year exams. In addition, nutrition supports particularly for displaced mothers and babies, and appropriate protection activities were identified as important humanitarian needs to be implemented especially for those without access to shelter and women and children living in camps.

Preparation for the CERF allocation was done through consultations with the RC and the Government of Sri Lanka. A CERF prioritization meeting was convened by the RC on 23 May 2016, with the participation of representatives from the key agencies of the prioritized sectors. During the meeting, agencies discussed the Government's initial findings on the impact of the floods and agreed on the overall strategic parameters for the CERF-supported response. The discussion focused on the following elements: i) agreement on the key priority sectors for the immediate response (Shelter, Health, Wash, and Food); ii) validation of the geographic areas to focus the life-saving interventions (four among the worst affected districts, Colombo; Gampaha; Kegalle; Rathnapura) and iii) determination of the caseload for the CERF-supported response and prioritization of the beneficiary groups. The key criteria and parameters to select projects for inclusion in the CERF submission were also discussed during the CERF prioritization meeting held on 23 May 2016. The agreed parameters were then endorsed by the HCT meeting on 24 May 2016. A second technical meeting was held on 24 May 2016 with the key agencies of the prioritized sectors to further clarify questions about the agreed parameters as well as discuss activities to be prioritized for CERF support, with a specific focus on the life-saving criteria.

Key criteria and parameters followed to prioritize projects for CERF support include the following:

- Directly related to the flood and landslide response;
- Adhere to 'life-saving' criteria centered around the most (not all) essential humanitarian needs;
- Based on outcomes of needs assessments;
- For humanitarian projects;
- Based on partnerships and complementarity;
- Be informed by a larger response strategy;
- Complemented by other funding sources. CERF covers limited amount of the total project requirement to jump-start an emergency response;
- Be implemented within 6 months (maximum) to kick-start response operations.

The following needs assessments have informed the CERF prioritization process: (i) available secondary data from the Government (and other in-country sources); (ii) the initial Government-led needs assessment (22 May 2016); (iii) initial rapid needs assessments (general and sector-specific) conducted by humanitarian partners.

Throughout the prioritization process, consultations at operational level took place between agencies and their relevant Government counterparts. At a more strategic level, the RC maintained a constant dialogue with the Ministry of Disaster Management and the President of Sri Lanka. The key objective was to ensure that the prioritized activities were in line with the overall Government response strategy.

III. CERF PROCESS

Based upon an understanding of Government's priorities and informed by needs assessments, the humanitarian response strategy for UN agencies and their implementing partners was guided by the above mentioned overarching SOs. Out of these three for the humanitarian response strategy in Sri Lanka, the Resident Coordinator (RC), in consultation with key sector agencies and the Humanitarian Country Team, determined that the CERF proposal would focus on SO1: "Rapidly provide life-saving assistance to people affected by the floods and landslides and re-establish basic services". On the basis of the prioritization of SO1, a field-driven consultative process was initiated in the country to determine the overall strategic parameters for CERF funding and inform the development of the CERF application:

- a) The RC, in consultation with humanitarian partners and the Government of Sri Lanka, reviewed current needs and gaps in the overall strategic response to the floods and landslides, taking into consideration the funding situation of different sectors and up-to-date needs assessments. As a result, the following key sectors were highlighted as key priorities where immediate support was required: Wash, Shelter, Health and Food.
- b) Based on the prioritization of the four sectors, the RC and agencies determined which agency should take the lead within each sector of the response (in the case of Shelter, given the unique needs in rural and urban areas it was determined that two agencies would submit separate proposals to reflect this difference in need and approach.) For some sectors, such as WASH, sectoral working groups exist in country so agencies were able to ensure that their project was in line with the wider strategic objectives for the response for the sector as a whole.
- c) The RC convened a meeting with the lead sector agencies to analyze Government's initial findings on the impact of the floods and agree on the overall strategic parameters for the CERF-supported response. The discussion focused on the following elements: i) agreement on the key priority sectors for the immediate response (Shelter, Health, WASH, and Food); ii) validation of the geographic areas to focus the life-saving interventions (four among the worst affected districts, Colombo; Gampaha; Kegalle; Rathnapura) and iii) determination of the caseload for the CERF-supported response and prioritization of the beneficiary groups.
- d) The agreed CERF strategic parameters were presented during the HCT meeting on 24 May 2016 where they received formal endorsement. The RC also ensured that the agreed parameters were discussed with the Government.
- e) Based on the endorsed guidance and overarching priorities established, sectors identified priority projects/activities for CERF funding. Projects/activities were selected based on the following jointly agreed criteria: i) available needs assessments data; ii) funding situation; iii) compliance with the CERF life-saving criteria; iv) agencies' operational capacity to implement the activities within the first six months of the response.
- f) Another consultative meeting was held on 24 May 2016 with the lead agencies of the prioritized sectors to further clarify questions about the project proposal development, with a specific focus on the life-saving criteria and budget guidance,
- g) Agencies prepared CERF grant proposals for prioritized projects. In most cases, agencies consulted with respective regional or headquarters emergency/CERF Focal Points during this drafting stage. The majority of UN agencies also took into consideration gender equality issues in their respective projects, underpinned, where possible, by gender analysis. Where more than one project was to be submitted within a sector (i.e. Shelter), the principle of complementarity between the projects was implemented.
- h) The RC, with support from the team on surge from the OCHA Regional Office for Asian and the Pacific (ROAP), ensured that drafted proposals met the necessary requirements. The RC also validated the specific amount requested by each proposal and agency. This included an appraisal of pledges or contributions received.
- i) The OCHA team consolidated the application package and completed Parts I and II of the application template.
- j) All projects have mainstreamed gender equality into project designing and implementation. The emergency medical care and water & sanitation services were provided to all the floods/landslide affected people (men, women, boys and girls) without any discrimination. Recognizing the different needs of men and women affected by the disasters, the food security and shelter projects ensured that more women benefit from the urgent lifesaving assistance. For example, IOM tents and transitional shelters ensured privacy and safety for women and children through partitioning. In camp settings, women were encouraged and involved more in camp management and project implementation activities where necessary to ensure their increased participation in activities and decision-making. Provision of dignity kits, separated toilets and bathing facilities in the camps, supporting maternal and child health clinics with sexual and reproductive health services and providing necessary psycho-social support to the disaster affected people were some of the gender sensitive activities carried out under the CERF grant.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 493,319									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Food Aid	6,511	14,028	20,539	6,169	13,292	19,461	12,680	27,320	40,000
Health	41,469	69,566	111,035	39,001	66,566	105,567	80,470	136,132	216,602
Shelter	15,800	33,969	49,769	15,967	30,850	46,817	31,767	64,819	96,586
Water, Sanitation and Hygiene	28,850	57,710	86,560	26,230	52,460	78,690	55,080	110,170	165,250

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

IOM

Initial beneficiary estimations used by IOM for activity targets were drawn from the Government of Sri Lanka (GoSL) Divisional Secretariats. As agencies and GoSL gathered more information these were adjusted as required. For example, the estimated number of people in need of shelter support was later found, by all agencies, to be higher than the actual need. This was largely because the estimated numbers of Internally Displaced Persons (IDPs) also included families evacuated by GoSL from areas believed to be at high risk of landslide and those affected by temporary flooding. Following an evaluation by the National Building Research Organization (NBRO), it was deemed safe for many people to return home and many welfare centers closed soon after the disaster, significantly reducing the number of IDPs.

Responding to the estimated changing needs and to emerging gaps in needs to be addressed, IOM secured a formal revision with the CERF Secretariat. This revision resulted in amended project activities and corresponding targets.

Most beneficiaries received multiple support. IOM took care to avoid any multiple counting through a regular monitoring system.

UN-HABITAT

The beneficiary selection for shelter related support was carried out based on the long beneficiary lists shared by the 5 DS divisions. UN-Habitat together with Rural Development Foundation (RDF), an implementation partner, has conducted an assessment to identify the project beneficiaries who were vulnerable in terms of housing and related damages and had difficulties for a quick self-recovery. Many of the people in this category were living by the riverbanks in a temporary shelter type of housings even before the disaster. A database of beneficiary numbers by Grama Niladhari Division and activity was established to maintain the project record and calculate the number of beneficiaries reached by the CERF interventions. The magnitude of needs in the target areas ensured that multiple interventions were not provided for the same households, which resulted in the elimination of double counting. In Grama Niladhari Divisions where UNICEF sanitation activities were overlapping with UN-Habitat interventions, the households who were receiving support through UNICEF and its partners were excluded from assistance provided by UN-Habitat. Other CERF partners were not active in UN-Habitat target areas and therefore beneficiary numbers have not been double counted. The average household size, sex and age ratios as per the 2012 Census of the Department of Census and Statistics has been used to prorate the number of beneficiaries by age and sex.

WFP

WFP intended to assure food security for a total of 40,000 people affected by floods and landslide in May 2016 for a three months period, by mobilizing resources from various donors including the CERF. The total resource requirement to assist 40,000 people was US\$ 2,316,550 and WFP could mobilize only 58% of the total requirement from the CERF, WFP-Japan Association, the Ministry of Foreign Affairs of Lithuania and the European Commission Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). At the CERF proposal development stage, WFP estimated on the high side other donor contributions while mistakenly including the total number of people targeted by the overall project as 'direct CERF beneficiaries'. The correct beneficiary figure for the CERF grant should have been 13,312. In addition, with the normalization of the emergency situation and in-depth assessment of the prevailing food security situation at the commencement of the CERF project, the number of people in urgent need of external support for food security was 22,949 and WFP assisted all of them with cash transfers for 3 months period.

The CERF contribution facilitated WFP to commence emergency assistance and reach the beneficiaries for two months and with additional donor contribution, 22,949 individuals, in total they received three months assistance. It should be worth noting that the assistance entitlement per beneficiary per month was not adjusted, but remained unchanged as planned. During the emergency response, WFP used semi-automated Excel tables with pre-populated locations and selection criterion built into the table with self-checking registration. The Excel registration tools resulted in higher compliance with targeting criteria and helped avoided double registration and made monitoring more efficient. Thus, through this process WFP was able to collect household information verified with personal identification and bank account ensuring precise beneficiary reach. When training counterparts on beneficiary targeting and registration, WFP placed an emphasis on gender equality. This has helped in ensuring gender responsiveness and accountability in implementation of assistance activities to equally benefit men and women, and particularly female-headed households. Age breakdown of the households reached were derived by use of secondary data from the Department of Census and Statistics.

Health (WHO & UNFPA) and WASH (UNICEF)

According to the national averages, women and girls at reproductive age is around 22-27% of the total population. The interventions are mostly targeted towards them as it encompasses the expectant mothers, post partum women and women with chronic diseases who might be having life threatening conditions. Due to the limitations of funding, it was strategic for the health sector to look at women and girls of reproductive age while others are covered under the government healthcare provision. UNFPA had direct access for beneficiary numbers from the Family Planning Association who has involved in distributing dignity kits and maternity kits as well as conducted medical camps and awareness sessions.

WASH and Health sector lifesaving assistance was provided through the relevant government service providers, National Water Supply and Drainage Board (NWS&DB) and the Ministry of Health (MoH). The beneficiary numbers planned were estimated based on the census and statistics details of the disaster-affected Divisional Secretariat Divisions as well as other statistical data from the Medical Officer of Health divisions supported by the project. It is a possibility that double counting of beneficiaries had occurred in these two sectors and it was impossible to avoid such double-counting, as the needs assisted were different.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (< 18)	Adults (≥ 18)	Total
Female	89,107	166,285	255,392
Male	84,183	154,819	239,002
Total individuals (Female and male)	173,290	321,104	494,394

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

IOM

IOM was granted a project reprogramming and no cost extension by CERF to 27 January 2017. This facilitated incorporation of newly identified needs during project implementation. This report presents the results achieved against these revised targets of: 286 shelters; 600 shelter kits; and 1,750 Non-Food Item (NFI) kits. The IOM project component served 7,322 (3,729 females; 3,593 males) from 1,983 landslide and flood affected families in Kegalle and Rathnapura districts. Following a needs assessment a variety of assistance was delivered:

Emergency shelters (tents) were supplied to families with partially destroyed houses to be used until land is identified for a permanent house; transitional shelters were supplied to families with completely destroyed houses in relocations sites identified and prepared by GoSL; emergency shelter kits – tarpaulins, fixings and tools – assisted families with partially destroyed houses, and NFIs were distributed to assist families with basic household and personal needs such as cooking and hygiene.

As part of the project revision and to address identified gaps in assistance for the affected community, IOM secured the services of an implementing partner, World Vision Lanka (WVL) for delivery of water and sanitation assistance. Under this agreement, WVI set up permanent latrines and water tanks for families who were able to return to their own land.

For other families who were unable to return home due to the continued risk of landslides and lived for prolonged duration in evacuation and transit camps, IOM provided an essential water supply through a tractor, water bowser and trailer for drinking water.

By 27 January 2017 through the CERF funding, IOM had supported the affected community through provision of the following:

- 286 transitional shelters,
- 300 emergency shelters
- 600 shelter kits
- 334 packs of tin sheets (14 sheets per pack)
- 1750 NFIs
- Water bowser, tractor with trailer, and improvement of drainage and retaining wall to mitigate future flooding,
- 166 latrines, 299 water tanks, 190 water filters, 397 solar lights, 1,272 garbage bins; (through WVI)
- Installation of 150 landslide warning signboards in affected areas across the district.

Trainings completed:

- A lessons learned workshop with the District Disaster Management Committees to reflect on the achievements so far and discuss next steps – particularly important for land and property decisions to move people out of camp settings.
- 7 emergency capacity building trainings held for stakeholders to facilitate better coordination and response to serve those who continue to be affected by the disaster.
- 7 First aid and life-saving trainings held in camps for officials at the Divisional Secretariats (through WVI)
- 8 Hygiene awareness trainings held in camps (through WVI)

This support enabled the affected families to restore some dignity and order to their lives. The shelters provided protection from the elements and the partitions enabled families to have privacy, separate spaces for sleeping, cooking, and play spaces and study space for school children. The safe drinking water provision, water and sanitation provision and lighting contributed to restoring healthy safe lives. The provision of a water supply addressed the urgent need for a supply when not only was water scarce but the threat of drought loomed. The water supply also provided a strong incentive for families to move from tents to identified relocation sites.

UN-HABITAT

A total of 89,877 beneficiaries were reached through CERF funding, including 43,501 women and 46,377 men. 29,938 children benefitted from shelter and NFI assistance through CERF funding in six DS Divisions of Colombo and Gampaha Districts. A total of 100 severely flood affected households have been provided with temporary shelter assistance, which can protect them from inclement weather for a period of 6 months to one year, which has benefitted 390 persons. 26% of the beneficiary households were female headed, while the shelter needs of 100% of the eligible female headed households was supported through CERF funding.

60 Grama Niladhari Divisions (GNDs) were supported with life-saving environmental clean-up, restoration of basic sanitation facilities and urgent shelter repairs. The magnitude of needs in the most severely affected GN Divisions was such that the number of targeted GN Divisions was reduced by 20% due to the limitation of funding to meet the needs of all the selected GN Divisions. However, this did not

affect the number of targeted beneficiaries. The key interventions implemented with CERF funding included repair to shelters, construction of temporary cooking spaces, repair of toilets, construction of new toilets and canal cleaning. Although it was planned to clean up minor canals clogged with debris due to the flooding through community environmental clean-up sessions, communities identified that unless the major canals were cleaned, the communities faced flooding even with the occurrence of minor rains. Therefore UN-Habitat and its implementing partner Rural Development Foundation partnered with the Ministry of Local Government and Provincial Councils and The Sri Lanka Land Reclamation and Development Corporation to dredge the major canals in the areas vulnerable to further flooding. Five major canals in the target areas were cleaned, which benefitted 35,527 persons. Other interventions in these GN Divisions supported 1,310 beneficiaries.

13,500 vulnerable flood affected households were provided with NFI kits consisting of two numbers impregnated mosquito nets and two bed sheets per family in partnership with the Sri Lanka Red Cross Society. Other NFI requirements had been provided by the time CERF funding became available, and communities and local officials requested the provision of mosquito nets as a priority due to a possible dengue hemorrhagic fever in the flood affected areas. This assistance was extended to Dompe DS Division in the Gampaha District, which was severely affected but received little assistance due to its inaccessibility during the immediate aftermath of the disaster.

WFP

The value of USD 15 per individual per month was calculated on the basis of a food basket, which would provide the individuals with the standard energy requirement of 2,100 kcal per individual per day. The cash entitlement is also equivalent to the 50% of the poverty line which is attributable to the food expenditure of an average Sri Lankan diet. A household with four or more members received the equivalent of USD 180 (based on the average family size of four) while a household with three members received the equivalent of USD 135, and a household with less than three members received USD 90 for three month assistance. The value of the single cash-transfer was calculated on the premise of USD 45 (USD 15 per individual x 3 months).

The vulnerable households identified through the government social protection scheme continued to receive their regular monthly cash transfer through Divineguma. The monthly cash pay-outs provided by Divineguma equals approximately USD 24 for a four member household, USD 17 for a three-member household and USD 10 for households that have less than three members. This emergency response provided a top-up amount to the identified beneficiaries to overcome food shortage.

Divineguma households already had a bank account, and additional beneficiaries, who merited support, including vulnerable households that provide care to elderly and disabled targeted through the NGO partner, were assisted by WFP to open a Divineguma bank account to receive the cash assistance.

During the emergency operation, WFP carried out a poster campaign and provided beneficiaries with information on the importance of a balanced diet to encourage beneficiaries to use the transfer to purchase varied and nutritious food items.

WFP undertook beneficiary verification and monitoring of cash distributions done through Divineguma banks in the affected areas, ensuring that cash assistance was received by the intended beneficiaries and utilized adequately.

During the implementation process, a higher priority was given to households headed by widows, households headed by women, elderly people who are female, single-family households' especially targeting females and female elders without family support. The project also, where possible, registered the female family member as the recipient of cash assistance. This strategy is being used to maximize the efficient use of the funds provided by this project for the benefit of the family. Children, young people, and pregnant and lactating women living in affected areas benefitted from the CERF funded interventions. In addition, both males and females gained equal access to food assistance through the related intervention. Overall, monitoring findings show that in 62 percent of beneficiary households a woman took decisions over the use of cash, whilst in 29 percent of households the decisions were made jointly among men and women. The proportion of household expenditure on food was higher - 58 percent - in female-headed household in comparison to 50 percent of male-headed households.

The Government of Sri Lanka allocated adequate independent resources by way of staffing and implementation at the national and district level.

UNICEF

The CERF grant resulted in better coordination and linkage between the government service provider and the humanitarian partners, particularly the non-governmental organizations at district levels because the government line Ministry was monitoring the project implementation for quality assurance. Beneficiaries, who obtained the direct access to improved WASH services through the CERF grant, were quite positive on the added value to their recovery efforts. Particularly, they were happy about the fact that some of the interventions in water supply, latrines and septic tanks could be sustained over a much longer time until they fully recovered from the trauma. In addition, the beneficiaries participated in decision-making for installing WASH facilities and services in the camps and resettled areas, ensuring ownership and empowerment.

WHO & UNFPA

The rapid mobilization of the CERF grants ensured the prevention of any major disease outbreak following the floods given the high health risks involved. Due to extensive medical care provision in the field and referral of any patient with a communicable disease to hospital for care ensured that there were no disease outbreaks. Only a rise in dengue was noted but that was due to solid waste being gathered in urban areas. But there were no water-borne diseases outbreak. In addition, the health education was supported immediately using CERF funded activities, so that people complied with good practices. Disease surveillance and Infection Prevention and Control were all strengthened with CERF grants.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF support significantly contributed to a fast delivery of assistance to the affected population. With preliminary needs assessments already conducted, as soon as funds became available, IOM commenced implementation. Official allocation of land by GoSL took time in this challenging environment; however, as soon as approval was received, IOM provided rapid delivery of assistance through provision of 286 transitional shelters to beneficiaries within four months. This was a significant achievement given the task required of land identification and acquisition, survey and plotting, technical certification and land clearing to facilitate access to the site. Both the community and the local government expressed appreciation for the efficiency and pace of the work completed by IOM with the CERF funding.

With regards to the health sector, CERF funds were received within a very short time period and the availability of funds immediately assisted in ensuring lifesaving medical care provision in the field. This assisted the government to surge capacity in the affected areas with special emphasis on mental health and psychosocial support. The directly and indirectly damaged healthcare institutions were supported and immediately critical services such as antenatal and postnatal care as well as immunization services could be reinstated.

This helped UNFPA work with the Family Planning Association of Sri Lanka (FPASL) and to place an immediate order for maternity kits and dignity kits. Through CERF funding, UNFPA was able to continue the initiative of ensuring hygiene and reproductive health care services to the flood affected people.

The CERF contribution enabled WFP to jump-start cash distribution immediately after the cooked meal and in-kind food donations from the government phased out. In addition, given the scale of the emergency and the state of food insecurity, CERF funds were highly valuable in enabling the provision of life saving food assistance to severely affected people in a timely manner.

Some agencies encountered delays in internal processes with Umoja causing delays in fast delivery of assistance to beneficiaries. However, as the magnitude of critical beneficiary needs was greater than the resources available, CERF funds were able to effectively address beneficiary needs.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

IOM monitoring showed the shelter assistance reduced the rising tension among the IDPs. As permanent housing solutions will take several months or years, the provision of transitional houses and assistance in camps and evacuation centers mitigated tension among the IDPs and between IDPs and host communities especially with regard to the IDPs occupancy of schools. The assistance significantly sped up the process of IDPs moving out of the initial 'welfare centers' to the evacuation camps where assistance delivery was more coordinated and locations were less disruptive to the larger community. Immediately after the disaster, people had gathered in nearby schools, religious and community buildings and hence in order to reopen these institutions IDPs needed to be housed elsewhere. With only limited suitable alternative locations available to GoSL, provision of the emergency shelters (family tents) and shelter kits were crucial to enable IDPs to temporally settle away from the 'welfare centers'. The additional and essential assistance of latrines and a water storage facility for shelters beneficiaries' occupancy of the shelter also significantly contributed to the move. Without a functioning water and sanitation facility, many IDPs would not have made a choice to willingly occupy the shelters. The provision of a tractor and bowsers was instrumental in providing an essential water supply where the District Secretariat was unable to provide one. The NFI packages provided by IOM were prepared according to the needs of IDPs in different situations and included needed items not provided by other actors. Local government and evacuation staff noticed and appreciated the tailor-made kits. For example, the kits provided to evacuation centers included items not provided by other agencies including stainless steel kitchen sets, stoves, solar kits and other items specifically for use in the centers.

Delays in the fund transfer process to partners with Umoja resulted in the risk of project activities not being completed as scheduled. However due to proactive planning with the partners UN-Habitat was able to complete the most crucial activities on-time. However the availability of flexible systems and processes to deal with humanitarian emergencies may have resulted in faster delivery of assistance to beneficiaries. The real threat to beneficiaries, their lives and assets was possible flooding due to the North East monsoon rains, which normally occur from the second half of October onwards. However due to the failure of the monsoon the beneficiaries were not affected.

During the emergency period, many discussions were held with the government on the provision of critical life-saving medical care to the affected population. The health institutions in the affected areas could not cope with the increased demand and also providing life-saving care to the displaced was a challenge. Hence the Ministry of Health requested for assistance to surge the capacity in the affected areas and support was provided through the CERF funds. Mobile health posts were established to provide medical care to the internally displaced populations. Interagency Emergency Health Kits and other supplies and equipment provided assisted in the surge capacity to a great deal. In addition, many health institutions were directly and indirectly affected and the assistance provided through the CERF funds ensured that some of the critical services affected such as antenatal and postnatal care and immunization services could be re-commenced immediately. There was much distress due to the disaster situation and provision of mental health and psychosocial support was of paramount importance for which support was provided through the CERF funds. Health promotion activities were strengthened using CERF assistance to ensure outbreaks did not follow the emergency situation.

During the flash floods in May 2016, a series of meetings were held to prioritize the needs of flood affected people. During the meetings at the Ministry of Health (MOH), the needs of pregnant women nearing delivery were recognized as an immediate priority. MOH has instructed to admit all pregnant women to hospitals as a safety measure. UNFPA was able to provide maternity kits to pregnant women when they are going to hospitals which facilitated their critical needs and stay. The distribution of maternity kits enabled pregnant women to safeguard their hygiene and avoid life-threatening complications. Also the Reproductive Health (RH) clinics helped displaced and flood affected people to have critical reproductive health services continuously. The hygiene of the women at reproductive age was seen as a critical need by both MOH and Ministry of Women and Child Affaires and directly requested UNFPA to assist. CERF funds supported to distribute 5,400 dignity kits for displaced and flood affected women at reproductive age ensuring their personal hygiene.

The provision of cash assistance was critical to save lives of affected population who were severely food insecure. CERF funds helped support the government in responding to the critical food assistance requirement in flood / landslide affected districts.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

Some agencies encountered difficulties in balancing the CERF life-saving criteria and the country-specific humanitarian needs. Particularly, in WASH sector, the country's socio-economic, geo-physical and climate conditions did not really support the CERF life-saving criteria and the agencies had to negotiate with the government as well as the CERF secretariat to seek mutually agreeable solutions, which delayed implementation of certain lifesaving activities.

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

YES PARTIALLY NO

UNICEF was successful in mobilizing over \$1.8million from other bilateral donors in addition to CERF grant. This life-saving support with long-term sustainable solutions mainstreamed into the activity planning and designing built the national capacity to continue humanitarian support to these vulnerable communities when they faced the drought conditions immediately after the floods in May 2016.

The CERF-funded transitional shelters in particular positively impacted the GoSL resource mobilization for the IDP relocation and construction of necessary infrastructure to facilitate such a move. As soon as the transition shelters were put up, IDPs immediately moved to the relocation sites which in turn compelled GoSL to build an access road, establish a water supply and provide an electricity connection. Community members informed IOM this occurred much sooner than they had expected. In many of these locations, IDPs have already begun the process for reconstruction and are taking advantage of GoSL funding their housing construction. In at least one relocation site, the GoSL is already building permanent homes for IDPs, and the GoSL has established grants for owner driven land purchase and housing construction.

The availability of CERF funding enabled UN-Habitat to mobilize further funding to support flood affected communities in Colombo and Gampaha Districts. UNHCR provided UN-Habitat with US\$30,000, while the Government of Switzerland through Swiss Development Corporation provided CHF50,000 to supplement CERF funding in the target Districts.

Humanitarian food assistance formed a backbone of the CERF supported relief activities, and became a lifeline to the affected population. The food assistance operations were closely coordinated with the government flood / landslide assistance and hence both benefited from the provision of assistance without duplication. After initiating a response from resources provided by CERF, WFP managed to raise additional funds. In total, each targeted family received food assistance for a period covering three months.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

IOM coordinated with UN agencies through the RC and UN focal points. While the CERF improved the coordination, the cluster system was not activated; hence, no sector/cluster coordination meetings were held. In the future, Shelter Cluster would be a viable way to increase the number of coordination meetings to ensure additional sharing of information and knowledge as the response continues.

CERF funds particularly improved coordination among government stakeholders at district level. Government interlocutors at all levels expressed their appreciation and satisfaction with IOM. CERF-funded and other humanitarian actors meet regularly to coordinate actions and avoid duplication. IOM worked with UNICEF, World Vision, Oxfam, Sri Lanka Red Cross Society and Shelter Box in coordination with key government technical line departments such as the District Disaster Management Committee, the NBRO, the Department of Land Surveying, National Water Supply and Drainage Board and district and divisional secretaries. Further, IOM partnered with World Vision International to provide latrines and other WASH activities in Kegalle district to complement the UNICEF World Vision partnership.

The implementation of CERF required that all partners conducted activities that would complement each other. WHO worked closely with the MoH, provincial and regional health authorities, Ministry of Disaster Management as well as the UN partners UNFPA and UNICEF. UNFPA has directly worked with WHO, MoH, Sub National Level Health authorities & FPASL in implementing the project. This has improved the coordination among all levels and also with other agencies such as UN Women in identifying the needs of women and girls of reproductive age.

WFP, the Government of Sri Lanka and other CERF recipients jointly rolled out the flood / landslide response. This contributed to a more coherent and well-coordinated humanitarian intervention. Furthermore, it ensured that the Government took the lead for national actors and brought all field administration into a common information-sharing forum.

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

While transitional shelters have been well used previously in the development of Sri Lanka’s tsunami and conflict affected areas, they had not been used in landslide or flood affected areas. Thus they were a completely new idea in this operational environment through which GoSL recognized the transitional shelter approach as an important step towards a permanent housing solution. Initially, the sub national government was not supportive of the transitional shelter approach, but through dialogue and information sharing, officials understood the benefits, and GoSL is now taking a strong role in advocating with other donors to provide transitional shelters for the camp residents as an interim solution for housing. This attitudinal shift in the GoSL approach is both significant and realistic in that it reflects a view of relocation as a continual process rather than seeking an immediate full solution from donors.

CERF funding contributed in a significant manner to address the most critical needs in underserved urban settlements, which many humanitarian actors do not support due to the challenges present in these locations. CERF funding has enabled underserved urban communities to become more resilient to possible immediate disasters by improving access to safe and healthy shelters, sanitation facilities and environmental clean-ups. Canal cleaning in particular has resulted in reducing the threat of flooding to these communities due to improved storm water disposal in target locations. It also reduced the vulnerability to the occurrence of dengue hemorrhagic fever epidemics due to stagnation of water. CERF funding also enabled UN-Habitat and its partner, the Sri Lanka Red Cross Society, to support the severely affected Dompe DS Division, which received little humanitarian assistance.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible
Complex and time consuming internal procurement and financial procedures in UMOJA system inhibit fast response in the immediate aftermath of the disaster as contracting implementing partners and transfer of funds were delayed due the above factors.	Access to fast tracked and flexible procurement and financial processes for emergency relief projects.	UN-Habitat HQ and UNON
Strict life-saving criteria set by the CERF secretariat were difficult to match with the existing humanitarian needs in the country given country-specific climate, geo-political and socio-economic contexts.	Life-saving activities (or criteria for life-saving support) in a middle income country context with established systems must be revisited to make the investment and interventions more relevant to the government’s overall response plans. When there are stronger government systems, life-saving activities can be up scaled to service delivery capacity building which would contribute to the overall lifesaving response by the system.	CERF secretariat
The onset of the emergency was short and recovery was longer where the definition of life-saving activities did not meet the classical interpretation. Planned life-saving activities had to be managed realistically with the strong demand for adding value to make them sustainable and contribute to resilience building.	Life-saving activities need to be integrated with sustainability and resilience building wherever possible	CERF secretariat

Cash transfer was a cost effective and efficient lifesaving assistance modality in a flood/landslide situation in delivering food assistance which adds value to resilience building as well. Therefore, cash transfers need to be considered as a key activity under emergency response.	Invest and develop cash-transfer to meet emergency response needs and also look into short to medium-term resilience development through conditional cash transfers.	Government, WFP, CERF
District-wise demarcation of flood areas was sensitive in managing community expectations since the selected DS divisions were bordering similarly affected villages belonging to neighbouring districts classified as not affected.	Application of flexible funding in incorporating neighbouring districts of the target districts	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible
Direct support to the Government in land allocation and recovery greatly improved the overall response in the landslide affected areas.	Develop Standard Operating Procedures (SOPs) based on the process encountered by the GoSL District of Kegalle to move through the various procedures to identify and allocate land with all key Government actors. Process improved over time, and it will be important to learn from the process to facilitate rapid action in future disasters and provide SOPs that can be used by other districts, NBRO, and land actors when needed.	IOM
Transitional shelter model works effectively in a timely manner to enable people to move out of camp settings and begin the process of rebuilding their lives.	IOM should work with NBRO to officially endorse the Transitional Shelter (TS) model for use in future emergencies, ensuring the quality is approved by GoSL and identifying the scenarios where the GoSL will prefer rapid TS support to enable consolidation and closure of camps and collective centres	IOM
Some of the most vulnerable and marginalized households from the severely affected areas were excluded from shelter assistance as they were squatters who do not have valid land tenure due to resistance from government authorities to permit any form of shelter construction on these lands.	Advocate with GoSL Authorities for provision of humanitarian shelter assistance in emergencies despite the validity of land tenure and make all levels of government authorities aware of humanitarian principles.	UNHCT and Red Cross and Red Crescent Movement
Government stakeholders were overwhelmed with routine services and emergency response with procedures not flexible for rapid decision making. This delayed initiating and commissioning of some response activities. (e.g., certain guidance on landslide prone areas was available only after certain WASH activities had been initiated)	Routine discussions with Government stakeholders at national and sub-national levels to mainstream Disaster Risk Reduction (DRR) into development planning or their routine work. Mainstream DRR into UN agencies' regular programmes with sufficient funds, systems and procedures in place for response preparedness	RC, UN, Government
It was hard to mutually complement different CERF activities by different agencies due to	Though the projects were initially aligned to complement each other, implementation modalities of different UN	RC, HCT and UNCT

unique and different implementation modalities followed by each actor.	agencies pose difficulties in achieving those complementarities.	
In the land slide affected areas, the WASH response has to depend much on the overall emergency response by the District Secretariat. Some key decisions such as assignment of external support to each IDP location, numbers of IDPs, and beneficiary and site selection for transitional / permanent locations took considerable time.	Development of simplified Standard Operating Procedures (SOPs) to fast-track humanitarian response activities and regular training and practicing of the SOPs (drills).	Government of Sri Lanka supported by RC, UN, HCT
The role of the Private Sector in responding to disasters should be acknowledged and streamlined with the in-country humanitarian response coordination architecture	Strengthened liaisons and coordination with the private sector in Sri Lanka for disaster response as well as preparedness.	HCT, Government of Sri Lanka
Introduction of disaster risk transferring or insurance schemes in different sectors is important given the background of increased disasters.	Seek the possibility of increasing sector-wise insurance schemes and create awareness on their benefits (i.e. weather index insurances, property insurances against disasters in identified locations as mandatory for housing construction approvals etc.)	Government of Sri Lanka, HCT
Development Banks (World Bank and Asian Development Bank) played crucial roles in providing assistance for fast recovery of the flood/landslide affected people.	Strengthened and active involvement of the development banks in the overall humanitarian coordination architecture needs to be encouraged.	RC, HCT & Government of Sri Lanka
Social safety net bank (Divineguma community development bank) network has 1,070 branches islandwide each covering 15 village clusters on average. Thus, this established network can be efficiently and cost effectively used to deliver cash-assistance to affected people within a short duration.	Incorporate Divineguma community development banking network as a delivery mechanism with automating banking network.	Government
Gap of technical capacity to conduct in-depth emergency needs assessments.	Develop standard and agreed common data collection tool for household data collection soon after a disaster (24hr or 72hr assessment standards, SOPs and guidelines).	Government, lead UN agencies
Delays in land allocation for transitional shelters hindered construction. Contingency planning with pre-identified land for relocation sites will assist an efficient response in any future disasters.	It is recommended advocating to GoSL to work towards pre-identification of suitable land as part of contingency planning .	Agencies, GoSL
Camp care and maintenance would be a valuable activity for the landslide disaster context	The Sri Lankan Army provided assistance to the affected areas at the outset, and the GoSL did not request support for Camp Coordination and Camp Management (CCCM). It is recommended that the government request such support in future emergencies to ensure the quality and standards of shelters and sites is maintained.	GoSL
Better coordination is needed to efficiently resolve issues and arising constraints.	The current CERF intervention was implemented by four UN agencies in two different provinces each with a different context. Agencies experienced common challenges such as land and water for IDPs, and better coordination among	RC, HCT

	<p>the agencies would have resulted in quicker solutions.</p> <p>Activation of the Cluster system would help coordination.</p>	
<p>Project implementation would be more efficient if shelter and latrine support is included as a single component</p>	<p>For future programming, (as was done in the past emergency situations in Sri Lanka) it is recommended that shelter / latrine & WASH be led by a single agency or for different agencies (UN and International NGOs) to be responsible for work in different locations. This will improve program efficiency in terms of time, budget and expertise.</p>	<p>Agencies</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	IOM		5. CERF grant period:	05/29/2016 – 27/01/2017		
2. CERF project code:	16-RR-IOM-028		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Shelter and NFI support for Landslide and Flood Affected Population in Sabaragamuwa Province.					
7. Funding	a. Total project budget:	US\$ 899,993	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 899,993	▪ NGO partners (World Vision)		US\$ 128,146	
	c. Amount received from CERF:	US\$ 899,993	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	1,379	1,127	2,506	1,070	1,038	2,108
<i>Adults (above 18)</i>	3,218	2,632	5,850	2,659	2,555	5,214
Total	4,597	3,759	8,356	3,729	3,593	7,322
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>						
<i>IDPs</i>	8,356			7,322		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	8,356			7,322		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>						

please describe reasons:			
CERF Result Framework			
9. Project objective	To provide life-saving assistance to 8,356 most vulnerable people affected by the floods and landslides in selected DS divisions of Kegalle and Rathnapura Districts through shelter and NFI in a six-month time frame.		
10. Outcome statement	Access to emergency, transitional shelters, shelter kits and NFI enables protection and life-saving in the short and medium term for the flood and landslide affected beneficiaries		
11. Outputs			
Output 1	286 families with destroyed houses by landslides have access to transitional shelters.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of transitional shelters provided.	286	286
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct assessment, profiling and selection of beneficiaries.	IOM	IOM (in coordination with respective District Secretariats)
Activity 1.2	Procurement and provision of transitional shelters including land improvement/levelling	IOM	IOM (Procurement and Provision of transitional shelters) GoSL (land improvement and levelling)
Output 2	300 families with partially damaged or destroyed houses by landslides or floods receive emergency shelters.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of emergency shelters distributed among IDPs.	300	300
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of emergency shelters.	IOM	IOM
Activity 2.2	Distribution/Installation of emergency shelters.	IOM	IOM (shelter put up with beneficiary contribution)
Output 3	2,783 families worst affected by landslides or floods receive NFI kits		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of NFI kits distributed among IDPs	1,750	1,750
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of NFI kits.	IOM	IOM
Activity 3.2	Distribution of NFI kits among the target beneficiaries.	IOM	IOM
Output 4	600 families with partially damaged or destroyed houses by landslides or floods receive shelter		
Output 4 Indicators	Description	Target	Reached

Indicator 4.1	# of emergency shelter kits distributed among IDPs.	600	600
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement of shelter kits	IOM	IOM
Activity 4.2	Distribution of shelter kits among the target beneficiaries	IOM	IOM
Activity 4.3	Monitoring and evaluation.	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Following the project revision and the reduced targets for shelter and NFI support, the remaining funding was reallocated to address emerging needs and improve protection and living conditions. More electrical wiring was supplied for each transitional shelter, and as per the table below improved water and sanitation, and additional essential household items and a first aid training workshop and a capacity building session to support the formation of an emergency response team among government staff to better coordinate and respond to the ongoing crisis in the camp.

These activities were introduced mid-way through the programme, and served the same target families who had already received the shelter and NFI support. Therefore, the additional activities did not increase the beneficiary total.

Summary of additional activities following reprogramming approval.

Activity	Planned Target	Status (Actual Reached)	Remarks
Provision of Latrines	160 units	166	126 of the latrines were constructed complementing the UNICEF/World Vision funded activities.
Provision of Water Tanks	299 tanks	299	
Provision of Water Filters	190 filters	190	
Provision of Solar Lights	394 lights	397	
Provision Garbage Bins	1272 bins	1272	
First Aid Training	6 trainings	7	
Rapid Response Team training	8 trainings	8	
Provision of Water Tractor, Bowser with Trailer	1 unit	1	
Improvement of drainage and retaining wall	1 unit	1unit	

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Prior to the development of the CERF proposal, IOM had already conducted series of meetings with stakeholders, beneficiaries and had visited relocation sites suggested by GoSL. This enabled IOM to quickly become familiar with the context and to design an approach that was appropriate and addressed actual needs of the community. For example, a standard NFI package was modified so as to include items not provided by other agencies and to include items necessary for IDPs to manage their basic daily routine including cooking.

IOM has supplied more than 10,000 transitional shelters to Sri Lankan IDPs over the last 14 years. Building on that experience and incorporating suggestions from community consultations held with this landslide affected community, the design of this shelter was modified to include an electricity supply, a verandah, and a redesign of privacy partitions. The transitional shelters were of a high standard and designed with the option to extend and/or transform into a permanent house on the same land. Wherever possible, IOM encouraged the contribution of beneficiaries in the form of free labor for land clearing and demarcating boundaries prior to the setting up of the transitional shelters.

Similarly, family tents in many locations were erected with the community participation in order to allow them to learn the erection process and maintain the tents effectively.

Towards the end of the project in late December 2016, an internal programme evaluation was conducted by an IOM Emergency and Post Crisis Specialist from the IOM Regional Office for Asia and Pacific. IOM also supported the Disaster Management Committee to conduct a 'lessons learned workshop' to gather information and evaluate the effectiveness of the IOM CERF intervention from the GoSL perspective.

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

EVALUATION CARRIED OUT

An evaluation was conducted in late December 2016. The evaluation report is being finalized. Key recommendations from the report have been included in the lessons learned section of this report.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	05/15/2016 – 11/14/2016		
2. CERF project code:	16-RR-CEF-069		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of safe water and sanitation services to communities affected by the Sri Lanka floods and landslides					
7. Funding	a. Total project budget:	US\$ 5,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,429,059	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 293,247.65	
	c. Amount received from CERF:	US\$ 1,008,208	▪ <i>Government Partners:</i>		US\$ 53,338.45	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	24,882	22,968	47,850	28,850	26,230	55,080
<i>Adults (above 18)</i>	50,518	46,632	97,150	57,710	52,460	110,170
Total	75,400	69,600	145,000	86,560	78,690	165,250
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	25,000			10,000		
<i>Host population</i>						
<i>Other affected people</i>	120,000			155,250		
Total (same as in 8a)	145,000			165,250		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	Overall, 14 percent more beneficiaries were reached than originally planned through the restoration and maintenance of water supply in affected areas as funding had been reprogrammed towards this activity from another planned activity (de-sludging of inundated septic tanks) that was no longer required by the time the CERF funding was					

<i>please describe reasons:</i>	received. On the other hand, the number of IDPs reached was significant lower than planned (40%) due to changes in the resettlement process which led many displaced families to opt to stay with friends or relatives rather than in camps.		
CERF Result Framework			
9. Project objective	To improve access for 145,000 people living in flood/landslide affected areas to safe water, improved sanitation facilities and hygiene supplies, particularly for the most vulnerable women and children.		
10. Outcome statement	People affected by the floods and landslides, particularly pregnant women and children, benefit from safe water and improved sanitation facilities, as well as have improved knowledge on good hygiene practices and household water treatment, to prevent the spread of communicable diseases.		
11. Outputs			
Output 1	Improved access to safe water for drinking, cooking and personal hygiene for those affected		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of affected persons with access to improved water sources	80,000	150,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Emergency water supply for affected households	10,000 households	2,000
Activity 1.2	Emergency water supply restoration and maintenance in the affected areas	10,000 households	20,000
Activity 1.3	Household water treatment for vulnerable families	8,000 households	8,000
Output 2	Improved access to better sanitation facilities and services for those affected		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of affected persons with access to improved sanitation facilities	55,000	7,250
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Emergency sanitation for temporary camp locations	1,250 families	1,025
Activity 2.2	De-Sludging of inundated household septic tanks	15,000 households	0
Activity 2.3	Replacement of septic tanks beyond recovery	500 households	415
Output 3	Affected communities empowered with personal hygiene management skills		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of affected persons empowered on personal hygiene management	10,000	8,000
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Improved access to basic hygiene management products	5,000 persons	4,600
Activity 3.2	Improved knowledge on basic hygiene practices	10,000 persons	8,000

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Output 1

The number of beneficiaries reached under Output 1 exceeded the target by 70,000 due to reprogrammed funds from Activity 2.2 (de-sludging of inundated household septic tanks) to Activity 1.2 (emergency water supply restoration and maintenance in the affected areas). Activity 2.2 was no longer required by the time CERF funds were received due to the rapid receding of flood water. Further, the high capacity sludge and silt removing pumps used immediately by Government authorities helped clear clogged and contaminated water intakes much faster than anticipated, while dewatering pumps and portable generators helped authorities attend to repairs and maintenance more efficiently during the day and at night, even during adverse weather conditions. Fewer beneficiaries were reached under Activity 1.1 (emergency water supply for affected households) due to the fact that pipe-borne water supply was reinstated to urban and peri-urban areas much faster than expected reducing the need for transporting water to these areas. However, emergency water supply to rural/landslide affected areas remained extremely relevant given that most of these areas were hard-to-reach mountainous areas. In these situations, emergency water supply was provided through several modalities including water bowsering, extension of water distribution lines, extraction of water from new sources using pumping and water purification with on-site facilities. This water supply largely served transitional and permanent shelter sites and will be sustained as part of permanent water supply solutions to these locations. Activity 1.3 (household water treatment) was implemented as planned to ensure safe drinking water in affected households.

Output 2

Overall, fewer beneficiaries were reached under this output mainly due to the reprogramming of funds from Activity 2.2 to activities under Output 1. This activity was no longer required as explained above. Under Activity 2.1 (emergency sanitation for temporary camp locations) only 13% of the targeted beneficiaries (7,250 out of 55,000 targeted) were reached due to the changing number of displaced population due to rapid normalization of the situation and people returning back home, or to host families rather than being in a camp. The latrines/bathing places provided by UNICEF in the temporary camps were in-line with SPHERE standards, including disability access where it was relevant. Activity 2.3 (replacement of septic tanks beyond recovery) was implemented as planned with 83% of the target (415 out of 500) reached, primarily due to the changing needs from an emergency context to a recovery and normalization context.

Output 3

Activities under this output were implemented as planned serving people living in camps as well as those who resettled. Hygiene promotion sessions were conducted for IDPs, complemented by the provision of hygiene packs, while other households in areas of return, particularly those that received new septic tanks, participated in hygiene promotion sessions. This contributed to community empowerment on practices such as proper handwashing, menstrual hygiene management and care and maintenance of household latrines and septic tanks. Materials developed for handwashing in emergency settings and septic tank maintenance in regular settings have the potential of creating public awareness beyond the planned response time. This was confirmed during post implementation monitoring.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Leadership and Governance

The water supply sector had strong government leadership from policy to implementation level. As the government stakeholder mandated for water supply, the National Water Supply and Drainage Board (NWS&DB) used their expertise and capacity in water supply during the onset, early recovery and development stages of the emergency response. Areas of support ranged from transporting water to designing and constructing of water treatment and distribution facilities. Ministry of Health, as the mandated stakeholder for public health, led the interventions on water safety at the household level through the provision of domestic water filters and awareness raising at point-of-use using their public health system capacity. While sanitation interventions (temporary toilets, bathing places and septic tanks) were led by International NGOs such as World Vision Lanka and Agency for Technical Cooperation and Development (ACTED), the Ministry of Health provided quality assurance and ensured compliance with national standards.

Transparency

In Kegalle district, beneficiaries of emergency WASH services had been selected by the District Secretary under the categories of displaced, returnees and resettled. The returnees included those living in areas with low risk of recurrent landslides, while the resettled included those directly affected by the landslides and those living in high risk areas who had been evacuated. Temporary, transitional and permanent water and sanitation solutions/services were then designed and delivered to cater to the needs of each case load. The beneficiaries of household water filters and permanent septic tanks were identified by the respective Medical Officers of Health and endorsed by the Disaster Preparedness and Response Division (DPRD) of the MoH.

Feedback and complaints

The overall resettlement plan in Kegalle district was complicated due to difficulties in locating land that was safe for resettlement while meeting the demands of the communities displaced from the landslides. The feedback and complaints received from beneficiaries were not sector specific but focused on the efficiency of the whole resettlement process. Beneficiaries who obtained the direct access to improved WASH services as a result of UNICEF support were quite positive on the added value to their recovery efforts. Particularly, they were happy about the fact that some of the interventions in water supply, latrines and septic tanks could be sustained over a much longer time until they fully recovered from the trauma. Another positive aspect noted was that mandated service providers placed priority on ensuring more sustainable solutions where possible rather than relying solely on water bowsering, which contributes to building resilient communities that are better equipped to face future disasters. Both beneficiaries and service providers highlighted the need for allocating more resources on sustainable solutions that benefit a wider caseload over a longer period of time.

Participation

Beneficiaries participated, where feasible, in the selection of optimal locations for water points and temporary latrines in temporary and transitional shelter sites. Community members living in peri urban and urban areas actively participated in the selection of locations for new septic tanks, as well as supported the elevation of such units to improve their resilience during future floods. Further, most beneficiaries contributed to securing sewer pipes by providing additional encasing and rehabilitating the toilet compartments, which were not under the scope of the project. Beneficiaries of temporary latrines and septic tanks also actively participated in knowledge and hygiene promotion sessions related to its use, care and maintenance.

Design and Monitoring & Evaluation (M&E)

Water Supply (Output 1)

In providing water to temporary, transitional and permanent shelter sites, the NWS&DB's governance and monitoring mechanism was enhanced through its well-established district offices. This mechanism involved administrators, engineers, sociologists and chemists covering planning, implementation and quality assurance of water supply, as well as community mobilization around the optimum utilization and care of such services. These district offices reported to the head office at the national level, which added value to sector coordination and networking with other sectors under the guidance of the Ministry of City Planning and Water Supply. UNICEF actively engaged at both national and district levels during the assessment of needs, budget planning, and implementation and quality assurance.

At the national level, the DPRD of the MoH led the planning and coordination of water filter distribution with inputs from respective Regional Directors of Health Services (RDHS) at the district level. The RDHS guided the Medical Officers of Health under them to conduct beneficiary and needs assessments, distribute filters and implement related public awareness activities. Beneficiaries that received household water filters were selected based on contamination of their point sources and lack of primary water treatment options. The Public Health Inspectors (PHIs) under each Medical Officer of Health (MOH) office were the first interface with the beneficiaries, while overall supervision and quality assurance were provided by the Medical Officers of Health. Public awareness included the basics of household water treatment, features of the filters provided and their care and maintenance. An additional set of filter elements were included with each filter to encourage beneficiaries to sustain such practices.

Sanitation (Output 2) and Hygiene Promotion (Output 3)

These outputs were implemented through INGOs, namely World Vision (WV) and ACTED. UNICEF entered into a partnership with these INGOs after carefully assessing their expertise and resources to deliver the results. Respective government partners and community leaders were consulted during the design, implementation and monitoring of services provided to ensure national standards are maintained and results sustained through community ownership and empowerment. In the provision of temporary latrines and bathing places, WV worked directly with District Secretariats and Divisional Secretaries since the camps were under their purview. PHIs were involved with WV technical staff in conducting hygiene promotion sessions and commissioning of latrines. UNICEF, through the DRPD of the MoH, established linkages between ACTED and Medical Officers of Health for the provision of household septic tanks, specifically in relation to beneficiary selection and technical endorsement of the finished product. ACTED took the lead in beneficiary verifications, community mobilization and managing construction through contractors. ACTED involved PHIs in developing communication materials, commissioning the latrines and conducting public awareness on the operation and maintenance of latrines, as well as hygiene promotion.

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

EVALUATION CARRIED OUT

No evaluation was conducted apart from regular monitoring using quality assurance criteria. The overall response by the WASH sector in this emergency was documented in the Post Disaster Needs Assessment jointly conducted by the Government of Sri Lanka and the UN.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UN Habitat		5. CERF grant period:	06/16/2016 – 12/15/2016		
2. CERF project code:	16-RR-HAB-001		6. Status of CERF grant:	<input checked="" type="checkbox"/> Ongoing		
3. Cluster/Sector:	Shelter			<input type="checkbox"/> Concluded		
4. Project title:	Emergency shelter relief for flood affected families in Colombo and Gampaha Districts in Western Province, Sri Lanka					
7. Funding	a. Total project budget:	US\$ 4,550,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,007,080	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 839,799	
	c. Amount received from CERF:	US\$ 927,080	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	14,336	14,814	29,150	14,887	15,051	29,938
<i>Adults (above 18)</i>	30,372	25,978	56,350	31,490	28,449	59,939
Total	44,708	40,792	85,500	46,377	43,501	89,877
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	85,500			89,877		
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	85,500			89,877		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	None, although there has been a 5% increase in the numbers supported because the Project carried out canal cleaning activities on a bigger scale so that more people benefited than estimated. The original plan was to clean the clogged small drainages in the communities, which however was reconsidered after a quick damage assessment					

<i>please describe reasons:</i>	and identification of needs. It was assessed that cleaning the blockage of the canal headstream was more important and effective for the drainage.
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CERF Result Framework			
9. Project objective	Provision of life saving shelter and NFI assistance to 85,500 vulnerable and extremely vulnerable flood affected returnees in Colombo and Gampaha Districts		
10. Outcome statement	Returning flood affected men, women and children have access to basic life-saving shelter and NFI facilities		
11. Outputs			
Output 1	100 homeless flood affected returnee households are provided with temporary shelter assistance		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	100 homeless flood affected households are provided with basic temporary shelter and sanitation facilities in five selected DS divisions of Colombo and Gampaha Districts	100%	100%
Indicator 1.2	% of homeless flood affected female headed households in target areas receiving temporary shelter assistance	100%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of temporary shelter kits	Rural Development Foundation (RDF)	RDF
Activity 1.2	Distribution of temporary shelter kits	UN-Habitat and RDF	RDF
Activity 1.3	Construction of temporary shelters in collaboration with the community	UN-Habitat, RDF and Grama Niladhari (GN)	RDF, Grama Niladhari and Divisional Secretary
Activity 1.4	Establishment of beneficiary database	UN-Habitat	UN-Habitat
Output 2	75 severely flood affected communities receive assistance for life saving environmental clean-up, basic repairs to shelters and restoration of basic sanitation facilities		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of severely flood affected communities implementing life-saving shelter repair activities	50%	56%
Indicator 2.2	% of severely flood affected communities restoring basic sanitation facilities	100%	45%
Indicator 2.3	# of community needs identified with the active participation of women and children	100%	100%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification and prioritization of specific community needs for life saving shelter repairs, environmental clean-up, and restoration of basic sanitation facilities	UN-Habitat and RDF	UN-Habitat and RDF

Activity 2.2	Disbursement of community grants	RDF	RDF
Activity 2.3	Implementation of life saving environmental clean-up shelter repairs by community	UN-Habitat, RDF and Grama Niladhari	UN-Habitat, RDF, Sri Lanka Land Reclamation and Development Corporation, Local Authorities and Grama Niladhari
Activity 2.4	Restoration of basic sanitation facilities by community	UN-Habitat, RDF, MOH and PHI	UN-Habitat, RDF, MOH and PHI
Output 3	13,500 extremely vulnerable flood affected returnee households are provided with NFI kits		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of vulnerable and extremely vulnerable households provided with NFIs	13,500	13,500
Indicator 3.2	% of flood effected female headed households in target GN's receiving NFI assistance	100%	100%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of NFI kits	International Federation of Red Cross and Crescent Societies (IFRC)	Sri Lanka Red Cross Society
Activity 3.2	Distribution of NFI kits	Sri Lanka Red Cross Society	Sri Lanka Red Cross Society

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

The project provided emergency shelter and NFI assistance to extremely vulnerable and vulnerable flood affected households from underserved urban settlements in Colombo and Gampaha Districts, which included construction of 100 temporary shelters, restoration of basic sanitation facilities for 249 households and repair of shelters for 234 households. 35,527 households were supported with environmental clean-up, as eight major canals which carried storm water to the Kelani river were dredged with the support of Sri Lanka Land Reclamation and Development Corporation. 13,500 flood affected households were supported with NFI kits consisting of impregnated mosquito nets and restoration of basic sanitation facilities and environmental clean ups were planned to be implemented in 75 GN Divisions, as the needs in the most severely affected GN Divisions were of a greater magnitude than originally envisaged, it was decided to limit these activities to 60 GN Divisions as the available funds could not support the total caseload. However some of the needs in five more GN Divisions in target areas were met with UNHCR funding. Originally the project was planned to be implemented in Kolonnawa and Kaduwela DS Divisions in Colombo District and Kelaniya, Biyagama and Wattala DS Divisions in Gampaha District, however NFI support was extended to Dompe DS Division as it was identified as a severely affected Division which received little assistance due to its inaccessibility in the immediate aftermath of the flood and the Kelaniya DS Division did not require further distribution of NFIs.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UN- Habitat developed essential selection criteria to select the most vulnerable and severely affected GN Divisions and communities. The field teams worked closely with the respective Divisional Secretaries, Grama Niladhari and other village level officials to identify the most vulnerable households meeting the selection criteria. Valid land tenure documentation was one essential criteria adopted to prevent new squatters from receiving assistance. Community consultations were held to make affected communities aware about their entitlements to assistance provided through the project processes and procedures to

receive assistance. Further community consultations were held to identify and prioritize community emergency shelter assistance. A database of activities carried out under the project and beneficiaries was established and maintained by UN-Habitat and its implementing partner RDF, a local NGO aiming to improve the social and economic situations for the underprivileged areas in Sri Lanka through various activities including WASH, shelter, awareness programmes etc. Regular monitoring of project activities and partners was carried out by UN-Habitat project team and management to ensure that project interventions were implemented in a transparent and accountable manner, and met required quality standards. Partners were audited during the project and regular progress review meeting were held to ensure that the project met time and quality targets.

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

EVALUATION CARRIED OUT

UN-Habitat will carry out an internal evaluation at the end of the project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA WHO		5. CERF grant period:	20/05/2016 - 19/11/2016		
2. CERF project code:	16-RR-FPA-025 16-RR-WHO-028		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Addressing priority health needs in communities affected by the Sri Lanka floods and landslides					
7. Funding	a. Total project budget:	US\$ 2,550,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 669,000	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 110,800 ▪ <i>Government Partners:</i> US\$ 24,000 			
	c. Amount received from CERF:	US\$ 728,456				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	41,469	39,001	80,470	41,469	39,001	80,470
<i>Adults (above 18)</i>	69,282	66,566	135,848	69,282	66,566	135,848
Total	110,751	105,567	216,318	110,751	105,567	216,318
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	21,000			21,000		
<i>Host population</i>	72,146			72,146		
<i>Other affected people</i>	123,172			123,172		
Total (same as in 8a)	216,318			216,318		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or</i>	NA					

the age, sex or category distribution, please describe reasons:

CERF Result Framework			
9. Project objective	Reduce avoidable mortality and morbidity in priority districts affected by floods and landslides		
10. Outcome statement	People in four districts affected by the disaster have access to life-saving essential health services		
11. Outputs			
Output 1	Collection and analysis of critical health information in target areas		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Production validation report from four priority districts including health status of affected populations (all four districts are included in the intervention)	Reports from four target districts	Reports received from four districts
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Validation teams mobilized in 4 districts	WHO (MOH)	WHO, MOH, Provincial MOH
Activity 1.2	Analysis of findings	WHO (MOH)	WHO, MOH and Provincial MOH
Activity 1.3	Regularly updated health information from target areas	WHO (MOH)	WHO, MOH, Provincial MOH
Output 2	Support to ensure local health posts in target areas can resume or can continue providing life-saving, essential primary healthcare to disaster affected populations (32 directly affected health posts managed by the Ministry of Health and 8 health posts managed by the Colombo Municipal Council along the South bank of the Kelani river as prioritized by government health officials as detailed in Q 11)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of MOH health facilities supported with material, logistical and technical support (216,318 people will be reached via 40 health posts)	40 health posts supported by WHO (10 of those affected/damaged for each district)	40 health posts supported to maintain critical health services
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of health human resources to health posts through logistical & technical support to MOH	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH and MODM
Activity 2.2	Provision of essential supplies to MOH health posts that have been affected by the floods and landslides	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH and MODM
Activity 2.3	Provision of essential WASH and healthcare waste management facilities at health posts in flood and landslide affected locations	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH, MODM

Output 3	Support to MOH mobile health teams working in to provide healthcare to displaced populations (40 mobile health teams to provide essential care to the displaced population)		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of MOH mobile health teams supported with material, logistical and technical support (216,318 people will be reached with the mobilization of 40 mobile teams)	40 mobile health teams will be supported by the WHO (ten for each district)	42 health teams supported in the four districts
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of health human resources to mobile health teams through logistical & technical support to MOH	WHO (MOH, Provincial MOH, Ministry of Disaster Management, MoDM)	WHO, MOH, Provincial MOH
Activity 3.2	Provision of essential supplies to MOH mobile health teams set up to respond to immediate health needs of IDPs to respond to immediate health needs of IDPs	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH and MODM
Activity 3.3	Provision of essential WASH and healthcare waste management facilities to support MOH mobile health teams	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH
Output 4	Support emergency early warning and response systems in four districts		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Establishment of emergency early warning and response systems for the early detection and response to selected outbreaks of communicable diseases	Four districts	Four districts reached
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Strengthen emergency health surveillance early warning and response systems at district level where possible	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH
Activity 4.2	Establish or strengthen an emergency health surveillance early warning and response systems at district level where necessary	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH
Activity 4.3	Social mobilization and targeted health education to prevent outbreaks of communicable disease	WHO (MOH, Provincial MOH, MODM)	WHO, MOH, Provincial MOH
Output 5	Ensure flood and landslide affected populations have access mental health and psychosocial services in four target districts		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Flood and landslide affected individuals have access to Mental Health and Psychosocial Services (MHPSS) and Psychological First Aid (PFA)	Four MHPSS and PFA teams, (one for each of the four selected district)	Four MHPSS and PFA teams mobilized

Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Provision of technical and logistical support to MOH mobile Mental Health and Psychosocial Services (MHPSS) and Psychological First Aid (PFA) teams	WHO (MOH and partners)	WHO and MOH
Output 6	Overall - 63,750 women of reproductive age and 3,200 expectant/pregnant mothers received emergency reproductive health support In target districts – 9,000 women and girls of reproductive age and 1000 expectant mothers are direct beneficiaries		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	Number maternity kits available for expectant/pregnant mothers (numbers agreed upon with the medical supply office)	1,000 kits	1,000
Indicator 6.2	Number of dignity kits available to women and girls of reproductive age	6,000 kits	5,400
Indicator 6.3	Number of emergency RH sessions in four affected districts (as part of existing medical missions being conducted by MOH and NGO partners)	10	10
Indicator 6.4	Number of awareness raising/sensitization sessions among affected communities on use of dignity kits/maternity packs, information on Sexual Reproductive Health (SRH) and Gender-Based Violence (GBV)	10	10
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	<i>Procurement and distribution of maternity kits among expectant/pregnant mothers</i>	UNFPA(MOH, NGO/s)	Family Planning Association of Sri Lanka
Activity 6.2	<i>Procurement and distribution of Dignity kits among women and girls of reproductive age</i>	UNFPA(MOH, NGO/s)	Family Planning Association of Sri Lanka
Activity 6.3	RH camps/medical missions conducted in 4 districts	UNFPA(MOH, NGO/s)	Family Planning Association of Sri Lanka together with MOH
Activity 6.4	Sessions conducted in affected communities	UNFPA(MOH, NGO/s)	Family Planning Association of Sri Lanka together with MOH

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

It was planned to procure, assemble and distribute 6,000 dignity kits at the time of the proposal was made according to the cost estimations of 13 USD per kit. However, actual cost of a kit increased to around 13.5 USD without the cost of assembling. Therefore, UNFPA was able to procure and distribute only 5,400 dignity kits during the project period.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Planning was carried out with the Ministry of Health and the Provincial Ministries of Health of the affected district as well as other health partners. Detailed discussions were conducted on the needs of the health sector to mobilize lifesaving health services in the field. WHO visited the affected areas, healthcare facilities, temporary shelters, temporary health posts as well as other affected communities throughout the project. Regular meetings were conducted with the MoH and health partners and meetings with health staff of the affected areas. This ensured that the needs at the field level were clearly understood. WHO had fortnightly meetings with the MoH and also made many visits with the government counterparts and provided necessary support and leadership to plan and implement activities. Feedback from the healthcare service providers was invaluable in directing the project and monitoring.

For UNFPA, designing of the project was done in partnership with the Ministry of Health, subnational level health authorities, Family Planning association of Sri Lanka (FPASL) and flood affected people. UNFPA visited temporary shelters where flood affected people were living and identified the needs of women and girls of reproductive age. Also during the project implementation and monitoring, UNFPA has closely worked with the Ministry of Health, FPASL and communities to ensure that the distribution of kits are done based on needs of affected people. Medical camps and awareness raising sessions were conducted to the public which ensured their participation for the project. People were informed about the interventions of UNFPA throughout the project especially during the awareness raising sessions to ensure the transparency. Also people were provided with an opportunity during this period through discussions & suggestions box to come up with any suggestion/s or complaints that they might have with FPASL, MoH or any other relevant entity.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	06/16/2016 – 12/15/2016		
2. CERF project code:	16-RR-WFP-035		6. Status of CERF grant:	<input type="checkbox"/> On-going		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Targeted emergency cash assistance to most vulnerable households affected by floods and landslides					
7. Funding	a. Total project budget:	US\$ 2,277,257	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,327,041	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 30,000	
	c. Amount received from CERF:	US\$ 756,343	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (below 18)</i>	6,511	6,169	12,680	2,262	2,262	4,524
<i>Adults (above 18)</i>	14,028	13,292	27,320	4,527	4,261	8,788
Total	20,539	19,461	40,000	6,789	6,523	13,312
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>				2,223		
<i>Host population</i>						
<i>Other affected people</i>	40,000			11,089		
Total (same as in 8a)	40,000			13,312		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution,</i>	WFP requested CERF assistance to cover a segment of the funds required for the overall flood affected population. The caseload intended to be covered by WFP through the \$756,343 grant was actually 13,312 people while the overall 40,000 caseload cited					

<i>please describe reasons:</i>	<p>in the \$2.3 million request was to cover the totality of food sector response.</p> <p>This has comported a reporting error in the number of beneficiaries targeted which should have been rectified by the time of the CERF grant receipt. It should be noted that as the assistance operation got underway, the inclusion of single member households and households with less than four members given that it was an urban setting. It is noted that the actual family size in the affected areas is 3.5 compared to 4 as planned. As such, WFP was able to reach 3,804 households vs. 3,328 planned households, using the CERF funds. The project assisted 2,223 individuals who had to leave the homes in order to avoid the effects of the disaster at Kegalle and Rathnapura districts whereas 11,089 individuals were assisted at Colombo and Gampaha districts.</p> <p>Given the above explanation, beneficiary numbers in the CERF Result Framework should be changed as suggested below:</p>
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CERF Result Framework			
9. Project objective	Ensure access to adequate food for the most vulnerable households who have lost their personal and productive assets, source of livelihood and agricultural land.		
10. Outcome statement	10,000 vulnerable households have restored food security and avoided unsustainable high debts. ²		
11. Outputs			
Output 1	One month cash distribution successfully completed ³		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	10,000 vulnerable households reached with cash transfers for 2 months ⁴	100%	114% (3,804 households reached versus 3,328 planned)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	10,000 beneficiary households identified from Samurdhi household lists in impacted GNs in 4 worst impacted districts (target for CERF-funded assistance: 3,328)	WFP / Samurdhi	WFP / Divineguma (formally Samurdhi)
Activity 1.2	1 month payments of cash transfers distributed to 10,000 beneficiary households ⁵	WFP / Samurdhi	WFP / Divineguma (formally Samurdhi)
Activity 1.3	Distribution monitoring	WFP	WFP

² The outcome was drafted for WFP's overall response. Outcome statement for CERF-funded assistance should have read: "3,328 vulnerable households have restored food security and avoided unsustainable high debts"

³ The output was phrased for WFP's overall response. The output for CERF-funded assistance should have read: "Three months cash distribution successfully completed."

⁴ The indicator was phrased for WFP's overall response. The indicator for CERF-funded assistance should have read: "3,328 vulnerable households reached with cash transfers for 3 months".

⁵ The activity was phrased for WFP's overall response. For the CERF-funded assistance it should state: "3 month payments of cash transfers distributed to 3,328 beneficiary households".

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

It should be noted that WFP did not have any pre-existing assistance programmes in the more urban flood and rural landslide affected areas before the disaster. As this was a sudden-onset disaster, and short-term response, there was insufficient time to gather the baseline data on food consumption score. However, based on post distribution monitoring, the beneficiaries indicated that WFP's cash transfer assistance contributed positively to ensure their food needs were met. Cash transfers received by affected households were used to purchase necessary food items to meet basic nutrient requirements. The proportion of household expenditure on food commodities was reported at 52 percent, slightly higher than the national average of 50 percent. The result shows more than 90 percent of the assisted beneficiaries had adequate food consumption, while only three percent reported having a borderline food consumption level. There was no significant difference identified in food consumption levels between male and female headed households.

Furthermore, the timely provision of food assistances for the affected households prevented negative coping strategies. Counterpart training on targeting, verification of registration lists together with WFP post distribution monitoring indicate the project reached the severely food insecure population by saving their lives achieving its intended objective.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

For the emergency response, WFP's actions were coordinated by the UN Country Team led by the UN Resident Coordinator to ensure alignment with other UN actors. WFP worked closely with other partners, and the overall coordination for the emergency response with the Government of Sri Lanka.

A Letter of Understanding (LoU) was signed with the Department of Treasury Operations under the Ministry of Finance on behalf of the Government of Sri Lanka. Due to internal project approval delays resulted from late funding confirmations, the LoU was signed in the first week of July. WFP-supported response was coordinated by the Ministry of National Policies and Economic Affairs (MNPEA), WFP's official line ministry, in close collaboration with the Ministry of Disaster Management (MDM), Ministry of Finance, Ministry of Social Empowerment and Welfare, Ministry of Public Administration and Home Affairs, National Disaster Relief Services Center, National Disaster Management Center, District Secretaries, Divisional Secretariats, community, UN agencies, and NGOs to ensure harmonized implementation of the emergency response. This coordination was done through meetings with relevant actors at the national and district levels and also through workshops.

WFP worked in close coordination with the Government to strategically select Divineguma banks for cash withdrawal which were in close proximity to targeted households. This resulted in shorter travel time and minimum transportation costs for collecting cash assistance. Moreover, WFP worked with the Divineguma banks to ensure beneficiaries had access to cash withdrawals in dignified conditions. The LoU between the government and WFP stipulated that the full entitlement of the cash assistance was to be transferred to the beneficiary's Divineguma bank account to be freely redeemed as cash by the beneficiary without any cost to the beneficiary.

The timely provision of food assistance for the affected households prevented negative coping strategies. Overall, there were no security incident nor gender-based violence reported and beneficiaries have not encountered security risks during the emergency operation.

In partnership with the Divineguma Development Officers at the village clusters, sensitization on the emergency relief was carried out in the affected areas. The population in the affected areas was fully aware of the criteria for inclusion in the relief assistance, entitlements, and complaint mechanism.

The proportion of the assisted people who did not experience safety problems travelling to and from or at the Divineguma bank far exceeded the project expectations. However, some women reported to have encountered wildlife during their travels to the Divineguma bank.

The majority of calls received through the toll-free hotline were inquiries either from households or village clusters that were not targeted by the relief programme. WFP responded immediately to these inquiries. For other complaints, it took on average four days' time for WFP to respond or take action due to clarification with government authorities at the district level.

The emergency operation was overseen and managed by the WFP Country Office in Colombo due to close proximity to the project area. WFP was responsible for monitoring implementation and coordinating with humanitarian partners as well as the government to ensure relief assistance reached the intended beneficiaries.

WFP developed a semi-automated registration tool using Microsoft Excel with pre-populated household profile, gender, location, and other selection criteria with built-in error checking. The Excel registration tools ensured a higher compliance with targeting criteria, helped avoid double registration and made monitoring more efficient. The tool was shared with the Divineguma officers for data entry at the sub-village cluster level. Thus, through this process, WFP was able to gather household information with personal identification and bank account numbers ensuring a high level of accuracy in reaching beneficiaries during the emergency.

The total value of cash-based transfers provided to the beneficiaries was reconciled with the fund disbursement by way of bank certifications, while household registration lists were matched against actual cash recipients lists to ensure relief assistance reached the intended beneficiaries.

WFP conducted independent monitoring of the programme, including post-distribution monitoring, such as beneficiary contact monitoring, at camp locations and at households using electronic tablets for efficiency and accuracy. The distribution of assistance was monitored through both quantitative and qualitative data collection methods. As part of the implementation responsibility, the government officials of the Ministry of National Policies and Economic Affairs and staff seconded by the Ministry of Agriculture participated in joint monitoring with WFP. Quantitative indicators were derived from the distribution and monitoring reports submitted by the Government and were compared against the quantitative and qualitative data collected by WFP's monitoring staff. This ensured that cash assistance was received by the intended beneficiaries in a timely manner and utilized to improve food consumption. Gender dis-aggregated data was collected, where possible.

Efforts were made to ensure gender-sensitive monitoring, with one half of the beneficiary verification and 60 percent of the project monitoring conducted by female staff. A gender-sensitive complaint and feedback mechanism for the beneficiaries was set-up through the installation of a toll-free number at the WFP Country Office, which was managed by a trained female staff member.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Due to the short duration of the intervention, no evaluation was planned at the proposal stage. However, a lesson learned workshop was organized from 9 to 10 November with the attendance of a various government institutions and INGOs and local NGOs. The workshop discussed the strengths, weaknesses in many aspects of the operation such as coordination, information sharing, targeting, cash transfer flow and standard operating procedures for emergency preparedness and response. The report will be shared once finalized.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total des fonds du CERF transférés au Partner US \$
16-RR-HAB-001	Shelter & NFI	UN Habitat	RedC	\$337,359
16-RR-HAB-001	Shelter & NFI	UN Habitat	NNGO	\$502,440
16-RR-WFP-035	Food Assistance	WFP	INGO	\$30,000
16-RR-FPA-025	Health	UNFPA	NNGO	\$110,800
16-RR-WHO-028	Health	WHO	GOV	\$24,000
16-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	GOV	\$53,338
16-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	INGO	\$104,102
16-RR-CEF-069	Water, Sanitation and Hygiene	UNICEF	INGO	\$189,146
16-RR-IOM-028	Shelter & NFI	IOM	INGO	\$128,146

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACTED	Agency for Technical Cooperation and Development
CCCM	Camp Coordination and Camp Management
Divineguma	Department of Divineguma Development
DPRD	Disaster Preparedness and Response Division (Ministry of Health)
DRR	Disaster Risk Reduction
DS	District Secretariat
FPASL	Family Planning Association of Sri Lanka
GBV	Gender Based Violence
GN	Grama Niladhari
GoSL	Government of Sri Lanka
HCT	Humanitarian Country Team
IDPs	Internally Displaced Persons
IFRC	International Federation of Red Cross & Red Crescents
INGOs	International Non-Governmental Organizations
IOM	International Organization for Migration
M&E	Monitoring & Evaluation
MDM	Ministry of Disaster Management
MHPSS	Mental Health and Psychosocial Services
MNP&EA	Ministry of National Policies and Economic Affairs
MoDM	Ministry of Disaster Management
MoH	Ministry of Health
MOH	Medical Officer of Health
NBRO	National Building Research Organization
NFI	Non Food Item
NFIs	Non Food Item

NWS&DB	National Water Supply and Drainage Board
OCHA	Office for the Coordination of Humanitarian Affairs
PDNA	Post Disaster Needs Assessment
PFA	Psychological First Aid
PHI	Public Health Inspectors
RC	Resident Coordinator
RC/HC	Resident Coordinator/Humanitarian Coordinator
RDF	Rural Development Foundation
RDHS	Regional Directors of Health Services
RH	Reproductive Health
ROAP	Regional Office for Asia and the Pacific
SO	Strategic Objectives
SOPs	Standard Operating Procedures
SRH	Sexual Reproductive Health
TS	Transitional Shelters
UNFPA	United Nations Population Fund
WFP	World Food Programme
WV	World Vision International
WVL	World Vision Lanka