

## ANNUAL REPORT OF THE RESIDENT/HUMANITARIAN COORDINATOR ON THE USE OF CERF GRANTS

<b>Country</b>	<b>El Salvador</b>
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<b>Reporting Period</b>	<b>1 January 2009 – 31 December 2009</b>

### I. Summary of Funding and Beneficiaries

Funding (IS\$)	Total amount required for the humanitarian response:	(Revised Flash Appeal) \$14,457,401		
	Total amount received for the humanitarian response:	Total Amount Received:	\$16,688,554	
		Total Amount received in Flash Appeal:	\$6,678,824	
	Breakdown of total country funding received by source:	CERF	\$2,485,827	
		CHF/HRF COUNTRY LEVEL FUNDS		
		OTHER (Bilateral/Multilateral)	\$14,202,727	
	Total amount of CERF funding received from the Rapid Response window:	\$2,485,827		
Total amount of CERF funding received from the Underfunded window:				
Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:		\$1,896,248	
	b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):		\$589,579	
	c. Funds for Government implementation:			
	d. <b>TOTAL:</b>		<b>\$2,485,827</b>	
Beneficiaries	Total number of individuals affected by the crisis:	122,000		
	Total number of individuals reached with CERF funding:	50,000		
		10,000 children under 5		
		26,350 females		
Geographical areas of implementation:	Departments of San Salvador, San Vicente, San Miguel, La Paz, La Libertad, Cabañas, Cuscatlan			

## **II. Analysis**

On 7 November 2009, the combined effect of Hurricane IDA and a low-pressure system off the Pacific Coast led to heavy rainfall (355mm in few hours) causing severe flooding and landslides in 7 of 14 departments (25% of the country) and resulting in 199 casualties. In total more than 120,000 people were affected and around 15,000 people fled to emergency shelters during the first weeks.

A Post Disaster Needs Assessment suggested that total damages and losses amount to around USD240 million, representing 1.1% of the GNP. This includes USD89.4 million in losses associated to infrastructure damage, connectivity breakdowns as well as a slowdown in other productive and social activities. El Salvador also suffered USD42.5 million in agricultural losses with heavy damages to irrigation systems and losses in harvests and crops such as coffee plantations, sugar cane and red beans. The housing sector also registered losses and damages of around USD 18.4 million with 20,000 homes destroyed, damaged or at risk. The government estimated that USD 343 million is necessary to ensure the recovery of affected areas.

The destruction of essential personal assets such as homes, livestock and poultry, and the loss of harvests and crops has led to a substantial loss of livelihoods and increased the level of food insecurity of the affected population by further aggravating the accumulated effects of a recent drought and the 2007/08 high food price crisis.

El Salvador has a high level of social and economic vulnerability and due to the particular geographic characteristics, is highly exposed to climatic events. The rainy season will begin in May 2010 and it is therefore essential to restore decent living conditions for all affected population before this date.

In response to this disaster, the UN immediately activated its Contingency Plan and offered support to the government to respond and assess the damage. The Humanitarian Country Team (HCT) was activated including IOM and IFRC. A United Nations Development Assistance & Coordination team (UNDAC) was deployed immediately to support Disaster and Needs Assessment actions and the cluster system was activated. In total the HCT activated 10 clusters: both the Shelter and the Water, Sanitation and Hygiene (WASH) Clusters were activated at a global level.

Given the scale of the event, immediate life-saving actions were determined by the HCT especially in the areas of Camp Management, Food Assistance and WASH. Although some UN agencies were able to divert core and project funds to respond immediately to the humanitarian situation, this source of funding was limited and more substantial and sustainable funding was required.

Based on initial field visits and available Damage and Needs Assessments, and in coordination with the Government of El Salvador, the HCT decided to launch a Flash Appeal and apply for CERF funding in order to meet the most immediate needs of the population in the areas of Camp Management, Food Assistance, Health, WASH, Shelter, Protection and Agriculture. The HCT formed a drafting committee in order to formulate and prioritize CERF projects in accordance with the CERF life-saving guidelines.

Once the CERF funding was approved and received at the Country Offices, the participating organizations acted quickly to implement these projects and were able to provide a

comprehensive, sustainable response attending the most immediate life saving needs of the affected population beyond the first weeks after the disaster.

In general, CERF funds helped to catalyze a rapid intervention by securing a minimum funding for life saving humanitarian actions in the first three months after the disaster. With the certainty that the CERF funds would soon arrive; the organizations increased the scope of their immediate humanitarian interventions by diverting regular agency funds to cover actions during the first weeks and then used CERF funding to continue to provide sustainable life-saving humanitarian assistance during the most critical "life saving" period (week 5 - 12) until additional resources were received in response to the Flash Appeal.

IOM supported the Government with monitoring tools to manage the numerous emergency centers, monitor daily the humanitarian conditions in the centers and coordinate with other clusters to provide adequate Non Food Items (NFI), Food Assistance, Education, Protection and WASH services to the population in emergency centers. At a later stage, CERF funded activities supported the transition between emergency centers and emergency shelters by helping to identify possible beneficiaries.

WFP used CERF funds to complement its own emergency funding mechanism enabling continuity in the distribution of food assistance. CERF funding facilitated the transition between the immediate response phase, which included emergency food assistance to shelters and General Food Distributions at the community level; and the immediate recovery phase (from March to June 2010) which is currently supporting the reconstruction of basic infrastructure and rehabilitation of productive capacities of food insecure and disaster-affected households, through Food for Work activities and which also seeks to prevent the deterioration of the nutritional status of the vulnerable groups (children under five, pregnant women and lactating mothers, people living with HIV and the elderly) through targeted supplementary feeding activities.

Food insecurity was also addressed by FAO through various agricultural activities funded by CERF which increased production of beans by small farmers providing them with seeds and fertilizer. Poultry production and backyard gardens were developed with affected families in order to provide them with an immediate source of food security and support the recovery of their livelihoods.

CERF funds allowed UNICEF and PAHO/WHO to act quickly to deliver drinking water and water trucks to population in emergency centres and other affected communities. Chemical latrines and prefabricated household latrines were supplied and chlorine tablets were provided for household drinking water disinfection. Several community education sessions were held and educational material was provided to promote personal hygiene, and safety of children and women. This early intervention helped to reduce risk of infection and disease in the coming weeks. Eight hundred and thirty hygiene kits containing basic individual and personal items were also delivered.

PAHO/WHO supported the Ministry of Health in providing quick distribution of medicine and medical supplies, allowing them to attend injured population, population in emergency centers and population in areas where Health Centers had been destroyed. Health Centers were and public health services were swiftly rehabilitated in order to prevent further interruption to health care for the affected population.

CERF funds were fundamental in building up a rapid intervention to save lives and preserve the dignity of women of reproductive age, as well as pregnant women affected by the storm IDA, by the provision of RH commodities, as well as basic hygiene kits for families, allowing UNFPA to carry out a comprehensive intervention in RH, HIV-AIDS-STI and GBV prevention, mental health and education. This intervention was complemented with funding and technical assistance from UNAIDS.

In terms of emergency shelter, CERF funds were used by UNDP to build some of the first emergency shelter houses which met SPHERE standards, extending emergency shelter housing to a further 321 families. Given the effective coordination of the Shelter Cluster and the partnership between UNDP and the Red Cross, the housing model funded by CERF was adopted by the Government and other partners in the Shelter Cluster and subsequently replicated in all official emergency shelter settlements. Consequently around 1,500 emergency shelters will be built by humanitarian actors, 800 of which will be constructed by UNDP using UNDP project funding and other funds received through the Flash Appeal. UNDP will complement this intervention with 50 permanent homes.

This effective coordination would not have been possible without the rapid receipt of CERF funds as it would have been much more difficult to agree on a common housing model at a later date. In addition, UNDP has made an effort to articulate the implementation of CERF projects in other sectors in these settlements. As a result, the emergency shelters funded by CERF include water and sanitation services, return home kits, food assistance, access to health services and agricultural inputs, and thus provide a comprehensive humanitarian response to affected families.

CERF was not the first emergency funder in this emergency. UN Agency and IOM emergency funds were activated in the first week after the disaster and regular agency funds were diverted to help cover initial emergency actions. However, given the flexibility of CERF funds, some of the agencies were able to use CERF funds to reimburse expenditure incurred during immediate emergency actions in the first few weeks of the disaster.

As an individual source of funding CERF was the largest funder, representing 14% of the overall International humanitarian funding received by El Salvador (USD 16, 688,554), 30% of emergency funding mobilized by UN Agencies (USD 8, 320,612) and around 37% of all resources mobilized by the Flash Appeal (USD 6,678,824). The Government also directed significant funding and redirected a major loan for reconstruction purposes.

In particular, CERF helped to meet critical needs that otherwise would have remained uncovered, mainly in Camp Management, Sexual and Reproductive Health, and Agriculture. In the case of some agencies that have very specific emergency interventions, CERF funds represented a large proportion of their overall humanitarian response. This is the case for FAO and UNFPA where CERF funding represented more than 70% of the humanitarian aid channeled.

The HCT formed an inter-cluster coordination mechanism in order to manage information and coordinate a coherent implementation of CERF projects and other humanitarian actions. Although this mechanism was maintained during the implementation of the CERF projects, coordination of all CERF funded activities at a local level remained a challenge.

From the very offset, the OCHA team (both Regional and Desk Officers) provided the HCT with excellent guidance on all humanitarian response related issues, especially in relation to funding

opportunities available under the Humanitarian Reform. As this was the first time that the Cluster System had been activated in El Salvador, the support provided in orienting the HCT, Cluster Leads and the Government on the functioning of this system was indispensable. Particular support was received in achieving coordination between National Sector Coordination and the 10 clusters which were activated and in orchestrating an inclusive humanitarian response in coordination with the donor community and NGO partners.

### III. Results:

Sector/ Cluster	CERF project number and title	Amount disbursed from CERF(US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Camp Management	09-IOM-030 Improving management of temporary Collective Centers	\$100,008	\$100,008	Total: 6,093 people Women: 1761 Under 5s: 360	140 collective shelters monitored on a daily basis  50 families whose houses have been destroyed received return home kits to facilitate earlier departure from emergency centers  Families in collective shelters better attended, reducing psycho-social and health problems	75 Collective Centres were monitored on a daily basis which housed a total of 6093 persons. This facilitated the process of relocation of the 30% of the sheltered families.	Rapid allocation of CERF funding allowed to monitor the Collective Centres and collect real information of the needs and gaps of the sheltered families to inform the responsible institutions.	IOM carried out daily monitoring to the active Collective Centers on a daily basis to collect relevant and real information of the needs and gaps of the affected families.  Weekly staff meetings were carried out to evaluate the project process, also weekly meetings with Civil Protection Authority, UN Agencies and NGOs to disseminate the information and ensure needs were covered and gaps in the assistance were filled.	Disaggregated information indicating number of women (especially pregnant women and breastfeeding mothers) in collective centers was updated and circulated to relevant humanitarian partners for their immediate action, i.e. health, protection, food, water, psychosocial attention, etc.
	09-CEF-062- A Provide immediate attention to Children, Adolescents and Family affected by Hurricane IDA and living in Collective Centres	\$171,173	\$261,100	Around 2,000 women (reproductive age) Around 900 children under 5s  Geographical areas: San Vicente, La Paz, Cuscatlán, La libertad, San Salvador	3,500 families have received family support and hygiene kits and their adequate use, 140 hygiene kits have been distributed 200 kits of education materials have been distributed for improving living conditions in collective centers, CCC compliance in collective centers; Families have improved their awareness on hygiene and sanitation issues	2000 families have family support and hygiene kits CCC compliance in collective centers. Families increased awareness on hygiene and sanitation issues. Community monitoring enabled for clean water consumption of the affected population (2650 families) CERF funds were received by UNICEF El Salvador after December 10, 2010.  The office complemented the actions related to this project with its own funds, (education materials and women hygiene kits). In addition, around 8% of the total funds were allocated for monitoring quality of water being consumed by the affected population	CERF funds provided budget flexibility for immediate and post immediate life- saving actions to take place.	Family support following the delivery of hygiene kits, staff from UNICEF made random visits to ensure adequate distribution and use within the temporary shelters.	The beneficiaries were families, taking into consideration a family of 2 adults and 3 children

Health	09-WHO-065 Health Response to the Emergency in El Salvador to Provide Emergency Health Services	\$289,818	\$289,818	Total: 122,000, Men: 57,000; Women: 65,000 Boys: 8,514 Girls: 9,486 Other beneficiaries: 360,112	Morbidity/mortality in the affected population reduced. Access to health care and medications improved	Timely treatment of injured in affected areas. Mental health care provided to the affected population with anxiety symptoms. Rigorous disease surveillance in areas affected by the tropical storm. Risk of communicable disease outbreak among the population living in shelters minimized by support provided to health personnel. Health care in affected areas guaranteed. Health facilities rehabilitated. Laboratories strengthened and able to respond to prevent outbreaks of communicable diseases. Medication were procured and distributed to the following departments: San Vicente, La Paz, La Libertad and San Salvador. The main drugs and medicines procured with CERF funds were: antibiotics, analgesics, dermatology medicines, anti-inflammatories, antipyretics, muscle relaxants, gynecological medicines and barbiturates.	CERF allowed contributing to reduce the morbidity / mortality of the affected population immediately. If not done with the CERF project would have increased communicable diseases and epidemics in vulnerable areas.	PAHO carried out field visits Verification and purchase of medicines according to the needs of affected population Monitoring of results by the Minsitry of Health	Drugs purchase was performed according to the needs according to age and gender.  Mental health care consider the needs according to gender and age
	09-FPA-033 Restore and strengthen the capacity of the local primary health system to provide emergency reproductive health services	\$119,867	\$169,867	17,500 women of reproductive age.	SRH needs identified. All pregnant women in shelters of affected areas receive adequate prenatal and emergency obstetric care, including safe and clean delivery. People affected and those providing health services and managing shelters have received information and take on preventive measures in SHR and GBV. GBV prevention guidelines included in the management of temporary shelters. 2,880 families in affected areas receive dignity kits.	SRH needs were identified in coordination with HC providers Provision of life-saving RH emergency kits and 2,880 dignity kits at the local level and shelters. Adequate emergency obstetric care was provided through timely referral to nearby hospitals and safe and adequate delivery in shelters to pregnant women HC providers and shelter managers were trained to prevent SRH & respond to GBV.  It has been promoted prevention of unwanted pregnancies, GBV, STI and HIV-Aids in temporary shelters and communities. A strategy of information, education and communication (IEC) on RH and prevention of GBV, for the population in reproductive age, was implemented through a psychologist and an educator at the shelters.	Rapid allocation of CERF funds allowed the project to conduct activities quickly after the needs were identified.	Weekly staff meetings were carried out to assess the project's progress.	Special contribution to the reduction of maternal mortality and morbidity, as well as, prevent and provide care for sexual and gender based violence.

WASH	09-WHO-066 The rehabilitation of the minimal conditions of community infrastructure of water and sanitation	\$303,907	\$303,907	Total: 122,000 Men: 57,000 Women: 65,000	Drinking water and emergency excreta disposal facilities provided to the affected population who have no access to basic water and sanitation services after the passage of Tropical Storm Ida. Diseases related to poor sanitation avoided.	Risk of waterborne diseases will be reduced through the installation of 50 wells and the installation of hand pumps in 60 community wells. Diseases related to poor sanitation avoided through the expanding of septic tank technology in rural communities. 34 municipal water systems rehabilitated. 84,000 people were guaranteed drinking water through the acquisition of bottled water and equipment for the production of chlorine. Diseases related to poor sanitation avoided through the construction of 300 household latrines. WASH cluster coordinated with lack of overlap of activities within the different actors.	Considering the limited resources received from the flash appeal to meet the needs of the water and sanitation sector, CERF funds has been extremely useful to cover part of the sector needs in the areas affected by IDA. So CERF funds have helped to reduce the risks associated with lack of water and sanitation, especially to prevent children diarrhea.	The WASH cluster which includes national institutions, UN agencies and NGOs working in WASH has carried out a joint monitoring of WASH activities . This mechanism has been proven useful in the supervision and reporting of the activities being implemented in the field. This also serves as forum of decision for taking corrective measures when necessary.	The support and distribution of water services and sanitation in shelters and affected communities have been carried out in taking into consideration the vulnerable groups: women, children and the elderly.
	09-CEF-062-C Provision of safe water and ensuring adequate hygiene and sanitation in the context of the emergency	122259	326,700	Around 2,700 women (reproductive age) Around 1,200 children under 5 Geographical areas: San Vicente, La Paz, Cuscatlán, La libertad, San Salvador	15,000 people in shelters have 2 days worth of drinking water 6,200 affected families are provided with clean water; Population in the most affected areas have a greater awareness about hygiene and the adequate handling of water.	Improved hygiene conditions of affected population to prevent infectious diseases in children under 5 years of age. 2650 families in 9 communities have access to safe drinking water. Population in the most affected areas have a greater awareness about hygiene and the adequate handling of water. CERF funds arrived after December 10th, 2009. Activities related to this project were complemented with UNICEF funds. (supply of bottled water for two days)	CERF funds provided possibility for relevant actions to ensure continuous access to water and hygiene to the affected population.	Field visits to the affected communities to ensure adequate implementation of activities.	This project implemented a family oriented approach: considering that women are usually the ones that go out to search of safe water for their children, this project is considered to have benefited particularly women and children

Protection	09-CEF-062-D Psycho-social support to children in the immediate phase of the emergency	\$133,215	\$371,200	Around ,1,929 children under 5 in pre-school Around 300 children under 5 years of age and 191 women with Carrousel methodology Geographical areas: San Salvador, San Vicente, La Libertad, Cuscatlán, La Paz, Ayutuxtepeque	800 youth trained in the psychosocial attention methods; 400 youth certified in carrousel methodology and the method of crisis intervention; 2,170 families received psychosocial support; 6,500 children and adolescents assisted with adequate methodologies for managing crisis; 300 institutional staff trained on adequate methodologies for providing psychosocial support to children and families in the context of emergency; 140 kits for psychosocial support to children (for facilitators); 6,000 kits for recreation and psychosocial support to children (for children	255 Facilitators trained in the Carrousel technique to provide adequate psychosocial support to children in shelters. 1948 children in shelters and 1780 children in schools have received psycho-social support (with psychosocial support kits) 31,000 children in 87 schools have received educational and recreational kits. 22 carrousel developed for young people.  Greater awareness in teachers, health promoters and parents about the importance of psychosocial support to children in emergencies. Ministry of Education and Ministry of Health have increased coordination with other institutions and awareness about their responsibility regarding psychosocial support to children in emergencies. Child recreational spaces and traditions promoted and recovered	CERF funds provided budget flexibility to ensure adequate and comprehensive psychosocial support to children, health promoters and teachers. It also helped to increase coverage to school children.	Field visits to project sites to see the methodology working, interviews with families and ensuring delivery of kits.	The Carrousel Methodology has a gender component, which includes particular emphasis on differentiated needs and responses of boys and girls in the context of emergency.
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Food Assistance	09-WFP-072 Emergency Food Assistance for Populations Affected by Hurricane Ida	\$423,720	\$2,434,596	47,405 people including 10,725 displaced people in shelters and 36,680 at the community level	<p>Adequate levels of nutritional intake and dietary diversity will be ensured for 6,000 food insecure families affected by the disaster; Food assisted affected families will be able to dedicate more time and alternative resources to the rebuilding of their lives and livelihoods; 4,000 children between 6 and 59 months suffering from chronic under-nutrition and whose families have been affected will have improved their nutritional intake; 7,000 pregnant women and breastfeeding mothers will have improved their nutritional intake, preventing intrauterine under-nutrition and improving mother-child health; People living with HIV-AIDS and elderly who have benefited from supplementary feeding will have improved their nutritional intake; 90% of the beneficiary women will have been taught adequate practices in health, food and nutrition.</p>	<p>The following results have been achieved:</p> <p>The immediate food needs of some 10,725 displaced people in shelters and people with special nutritional requirements (people living with HIV and the elderly) have been ensured through the distribution of High Energy Biscuits and Fortified Blended Food;</p> <p>Adequate level of nutritional intake and dietary diversity has been ensured to 7,276 families, at the community level, in 6 of the most affected Departments;</p> <p>Food assisted and affected families were able to dedicate more time and alternative resources to the rebuilding of their lives and livelihoods;</p> <p>Efficient coordination with governmental institutions and NGOs was ensured to reach in a timely targeted manner beneficiaries.</p>	<p>Rapid allocation of funds allowed WFP and partners to attend in a timely manner targeted beneficiaries</p> <p>Efficient complement to WFP emergency funding mechanisms which enabled continuity in the response</p>	<p>WFP field monitors have accompanied over 90% of General Food Distribution carried out by NGO partners, providing guidance and technical assistance during these activities. They have also assessed adequate use of food assistance provided through regular visits to households, with the support of implementing partners.</p>	<p>Over 70% of food assistance recipients are women; Food distribution committees are composed of at least 50% women</p>
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<p style="text-align: center;"><b>Agriculture</b></p>	<p>09-FAO-037 Immediate assistance to re-establish food production and the livelihoods of the vulnerable farmers affected by the Hurricane IDA in EI Salvador</p>	<p>\$291,860</p>	<p>\$291,860</p>	<p>2875 families</p>	<p>1,000 families with vegetables in backyard gardens</p> <p>375 families with poultry production (meat and eggs)</p> <p>1,536 families will receive good-quality bean seed and fertilizers for their next planting season.</p>	<p>3,210 beneficiary families</p> <p>1,000 families with vegetables in backyard gardens</p> <p>601 individual families with poultry production (meat and eggs)</p> <p>73 families with communitarian poultry production (meat and eggs)</p> <p>1,536 families will receive good-quality bean seed and fertilizers for their next planting season.</p>	<p>The number of families was increased from 375 to 674</p>	<p>Field visits to assess the impact on beneficiaries, List of beneficiaries</p>	<p>60% of beneficiaries are women</p>
<p style="text-align: center;"><b>Shelter</b></p>	<p>09-UDP-022 Emergency Shelter</p>	<p>\$530,000</p>	<p>TOTAL \$1,222,571 (USD342,571 UNDP-ART, \$350,000 Italy \$530000 CERF)</p>	<p>321 families (1600 individuals of which around 800 are women)</p>	<p>Temporary shelter for 822 families (411 families with CERF funds) NGO is hired to strength national team to develop site analysis in coordination with VMVDU, with local affected communities including women and local governments. Cash for work for each owner to build house (women and/or men)</p>	<p>321 emergency shelter houses provided to 321 families. 321 families participated in Cash for Work programme. NB. The goal of 411 houses was unable to be met due to an increase in the cost of raw materials. Extra funds were mobilized to achieve the initial goal.</p>	<p>Emergency shelter housing funded by CERF are among the first houses to be completed and delivered to the beneficiaries. The fact that CERF funds were available shortly after the disaster allowed UNDP to coordinate with the Government and build the first emergency shelter model, which has since been replicated by the Government and other donors in all other settlements.</p>	<p>Effective coordination with Vice Minister of Housing in monitoring the quality and quantity of housing. Agreements with NGOs to implement the construction of the housing settlements. Regular field visits to the construction sites have been made to monitor progress.</p>	<p>Women have been encouraged to participate fully in all decision-making processes and particularly in the construction of their emergency homes. This is particularly evident in the case of women heads of households who are the principal beneficiaries of the “cash for work” programme</p>

## Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
PROVIDA	WASH	09-CEF-062-C	\$75,800	16 Feb 2010
Save the Children	Agriculture	09-FAO-037	\$8,352.00.	11 Jan 2010
CEPRODE	Shelter	09-UDP-022	\$33,668.54	9 March 2010
ASOPT	Shelter	09-UDP-022	\$174,000.00	35 Feb 2010
FUNDASAL	Shelter	09-UDP-022	\$280,158.46	23 Feb 2010
Federación Luterana Mundial (FLM)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009
Asociación Salvadoreña Promotora de la Salud (ASPS)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009
Fundación Promotora de Productores y Empresarios Salvadoreños (PROESA)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009
Agencia Adventista para el Desarrollo y Recursos Asistenciales, El Salvador (ADRA)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009
Asociación Cristiana de Promoción del Desarrollo Integral (Visión Mundial Internacional)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009
Asociación Salvadoreña Pro-Salud Rural (ASAPROSAR)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009
Coordinadora Nacional de la Mujer Salvadoreña (CONAMUS)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009
Asociación Centro de Capacitación y Promoción de la Democracia (CECADE)	Camp Management	09-IOM-030	\$2,200	30 Nov 2009

## Annex 2. Acronyms and Abbreviations

<b>HCT</b>	Humanitarian Country Team
<b>NFI</b>	Non Food Items
<b>UNDAC</b>	United Nations Development Assistance & Coordination team
<b>WASH</b>	Water, Sanitation and Hygiene