

ANNUAL REPORT ON THE USE OF CERF GRANTS KYRGYZSTAN

Country	Kyrgyzstan
Resident/Humanitarian Coordinator	Mr. Neal Walker
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 94,231,852 (Kyrgyzstan Revised and Extended Flash Appeal)		
	Total amount received for the humanitarian response:	US\$ 59,929,517 (received through Kyrgyzstan Flash Appeal) US\$ 118,144,451 (total humanitarian funding for 2010)		
	Breakdown of total country funding received by source:	CERF	US\$ 10,076,490	
		CHF/HRF COUNTRY LEVEL FUNDS	US\$	
		OTHER (Bilateral/Multilateral)	US\$ 115,096,118	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 10,076,490		
	Total amount of CERF funding received from the Underfunded window:	US\$		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 7,667,471	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 2,286,496	
		c. Funds for Government implementation:	US\$ 122,521	
d. TOTAL:		US\$ 10,076,490		
Beneficiaries	Total number of individuals affected by the crisis:	1.5 million individuals		
	Total number of individuals reached with CERF funding:	Approx. 2 million (including 750,000 children that benefited from polio immunization)		
		771,145 children under 5		
		1 million females		
Geographical areas of implementation:	All area of Kyrgyzstan, mainly southern provinces (Osh, Jalalabad, Batken) affected by inter-ethnic violence in June 2010			

II. Analysis

In 2010, Kyrgyzstan's Humanitarian Country Team (HCT) requested Central Emergency Response Fund (CERF) allocations to help address two emergencies that occurred in the country:

- The collapse of the Government on 7 April 2010 and the subsequent instability in northern Kyrgyzstan that required urgent and life-saving support to assist the most vulnerable groups, such as people in residential institutions and refugees; and
- The violence that started in June 2010 in the south of Kyrgyzstan, which led to the displacement of hundreds of thousands of individuals and families. The complexity of the humanitarian situation was exacerbated by the limited access to civilians and security issues.

The urgency and volatility of the situation amplified the importance of accessing resources rapidly as significant humanitarian needs were assessed in all key humanitarian sectors / clusters. The pace of the approval process by the CERF Secretariat allowed the beneficiary agencies to implement projects rapidly. In this respect, CERF funding has proven life saving.

Enabling prompt, early action, rapid deployment of staff and resources in response to sudden-onset emergency

In the Food Cluster, World Food Programme (WFP) responded immediately to the crisis in the south of the Kyrgyz Republic. The first food distributions started two days after violence broke out. Although CERF funding had not been received when the project began, the prospect of receiving funding once it had been approved enabled WFP to factor the funds into the planning of its long-term strategy. With the CERF funds in mind, WFP ensured that the food needs of the conflict-affected population were met in sufficient quantity and quality until access to food was at least partially restored. In addition to saving lives, the WFP project contributed significantly to stabilising the situation. Similarly, the prompt disbursement of CERF funds to households that had been cut off from food supplies and access to money following the border closures in the wake of the 7 April overthrow of the Government, helped to save lives.

In the agriculture sector, the CERF funding enabled Food and Agriculture Organization (FAO) to deliver immediate time critical support to the 8,000 most vulnerable farming households to protect their livelihoods. To avoid the escalation of the situation into a long-term hunger and destitution crisis, FAO focused on restoring local agricultural production.

In the Health and WASH Clusters, United Nations' Children Fund (UNICEF) started the response operation within two weeks after the violence broke out in southern Kyrgyzstan, while the CERF grant was confirmed in a form of a Letter of Understanding (LoU) in early July 2010. The CERF funds, coupled with other emergency funding, allowed UNICEF to deliver emergency supplies from its logistics hub in Copenhagen, as well as cover some international staff surge deployment costs. The CERF enabled the timely delivery and availability of essential, emergency, life-saving drugs and treatments and hygiene supplies to children and women in IDP camps (Internally Displaced People) and affected communities. CERF funds kicked start WHO's activities and an office in Osh was opened and international experts arrived to support the project¹. Within the first 72 hours after the onset of the crisis, WHO set up the Health Cluster with its own funding and later continued with CERF funding.

CERF funding allowed United Nations' High Commission for Refugees (UNHCR) to quickly assume Protection Cluster coordination, deploy protection presence and address most urgent protection needs of IDPs, returnees and other affected populations. UNHCR utilised CERF funds to promptly roll-out shelter and Non-Food and Related Items (NRFI) Cluster coordination and to airlift non-food relief items to Osh for

¹ The staffing included Health Cluster coordinators in Bishkek and Osh, mental health specialists, other international health specialists from WHO and other specialized institutions.

immediate distribution to all persons who needed such life-saving assistance, because they had lost all assets in the violence or had to leave them behind when fleeing it.

An innovative application of CERF in sudden-onset emergencies was the support given to Office for the High Commission for Human Rights (OHCHR) in strengthening the protection by presence approach. Thanks to quick allocation of the CERF funds, OHCHR was able to quickly deploy staff, specialized in human rights monitoring and protection to southern Kyrgyzstan.² The funding speeded deployment of human rights specialists by several weeks. The human rights team monitored and documented human rights violations; assisted victims in efforts to obtain redress, including through providing lawyers through local organizations; and made direct intervention with the authorities (law enforcement and judiciary) to enhance their awareness and capacity to protect human rights. The presence of the team allowed preventing arbitrary detention, torture and extortion. Timing of the funds allocation and deployment of staff was of critical importance, in order to play a preventive role in cases of human rights violations; to integrate the human rights based approach from the outset, and to ensure accurate documentation of the human rights abuses being committed.

The funding has enabled early response to Gender-Based Violence (GBV) in the affected area, before regular funding of other agencies was enabled or additional funding mobilised. The existing crisis centres that prior to emergency had depended on ad-hoc donors were usually not fully staffed with medical doctors, psychologists, etc. The CERF funds allowed staffing crisis centres with medical professionals of different ethnicities, form mobile teams and provide medical assistance to the Gender-based Violence (GBV) survivors.

Finally, the CERF funding allowed quick establishment of a logistics hub, common UN Radio operating centre for UNDSS and provision of safe storage facilities for humanitarian cargo arriving by air and road. These were necessary to support UN operations that depended on the relief items imported abroad and to facilitate projects in the part of the country with generally limited field presence, amidst ongoing inter-ethnic violence.

CERF as an enabling element: What humanitarian actors would have not been possible to undertake otherwise

In relation to the point above, some recipient agencies highlighted that they lacked sufficient financial resources to start a relief operation and establish new presence in southern Kyrgyzstan (June-July 2010). For instance, the CERF funds enabled WHO to carry out in a timely manner life-saving projects, which otherwise were not possible because of lack of funding, as the agency received only \$23,000 as immediate starting funds from its Headquarters. Health Cluster coordination, the opening of the Osh office and the support of the state health care system were based on CERF funding.

UNHCR highlighted the importance of CERF as the sole initial source of funding for catering for refugees' and asylum seekers' emergency needs during the April and June events. UNHCR IDP operation was financed both by external donors and by the CERF.

Outcomes of the main activities supported by the CERF

- **Food:** More than half a million of conflict-affected people benefited from food assistance in the immediate aftermath of the crisis in the south of Kyrgyzstan. The other WFP project targeted 6,855 people in residential institutions (such as orphanages and homes for senior or disabled citizens).
- **Shelter/Non-Food Relief:** Immediate live-saving shelter and NFRI needs of persons who lost their houses and/or fled the violence were covered through the distribution of over 2,600 family tents, close to 10,000 mattresses/sleeping mats and jerry cans, close to 28,000 blankets, close to 6,000 kitchen sets and plastic sheets, and other non-food relief items.

² International OHCHR staff arrived to Osh in July and August 2010. National human rights officers, interpreters and drivers were recruited in July 2010.

- **Human Rights:** 400 cases entered into OHCHR Database (by 31 Dec 2010); approximately 1,200 phone calls received on hotline (by end of October 2010); 11,950 persons surveyed to assess needs by national NGO; at least 3,843 persons provided legal consultation by national NGOs.
- **Gender-based Violence:**³ Sixty primary healthcare providers were trained on GBV and 825 persons received psychological assistance, 304 persons received legal support; 145 persons received specialised medical assistance (including 4 cases of medical evacuation). Over 200 young men, 30 police officers were sensitised on GBV issues; four telephone hotlines were operated; 12 mobile groups providing services and distributing information and identifying new victims of violence operated in southern Kyrgyzstan.
- **Child protection:** Child protection interventions covered up to 10,000 beneficiaries, focusing on prevention and response to specific psychological distress and violence and abuse, missing, and separation of children during the emergency, as well as establishment of Child Friendly Spaces (CFS).
- **Refugees:** The CERF funds assisted 817 refugees and asylum seekers already present in the country, as well as some 183 new arrivals, predominantly ethnic Kyrgyz arriving from Uzbekistan. During the June event, most of the refugees from the South were evacuated to the North of the country, away from violence.
- **Health:** Up to 1.2 million in the most affected areas of Bishkek after the April events and in Osh and Jalalabad provinces after the June events benefited. Main interventions included provision of essential medical supplies and medicine to hospitals and primary health care facilities, strengthening of communicable disease surveillance systems for early detection of disease outbreaks and support to the state health system in the national polio vaccination of children under five years. Furthermore, prenatal services in the south were upgraded and measures to improve mother and child health including nutritional interventions were implemented.
- **Water, sanitation, hygiene:** 350,000 IDPs and affected communities received family basic water kits and hygiene kits, giving access to sufficient water of appropriate quality and quantity for drinking, cooking and maintaining personal hygiene.⁴
- **Agriculture:** 8000 households have each been provided with 50 kg of ammonium nitrate and 50 kg of SSP fertilizers.
- **Logistics/Telecommunications:** One Logistics HUB and a common UN radio/communication centre were established, secure storage space made available for humanitarian agencies for immediate use, logistics capacity and logistics related information made available for humanitarian agencies in order to facilitate implementation of humanitarian interventions.

Impact of the CERF on agencies' fundraising efforts

Majority of the CERF beneficiaries did not notice a direct link between the receipt of CERF and the level of other donors' funding. Nevertheless, in case of some agencies, among others WHO and OHCHR, the CERF funding increased their visibility and contributed to attracting funding from other donors (e.g. Russian Federation). The CERF projects, once endorsed, were seen by donors as more credible and feasible. The funds also greatly enhanced the image of the United Nations in Kyrgyzstan as the institution that is capable of responding promptly to an acute emergency as one team.

³ Usually, quantitative measure does not show the complicated GBV area of work. Thus, the number of GBV cases addressed within this project varied in their types, levels of severity. However, the majority of cases have become either life-saving or treatment of medical complications. Therefore, the results of the project should be assessed based on the impact of project interventions on the lives of people affected by the conflict and the outcome could not be measured only based on the quantitative data.

⁴ The Health and WASH cluster interventions often benefited the same families.

CERF prioritization at the HCT and Cluster level

The HCT and the cluster system were rolled out just before CERF applications were developed and submitted. The HCT coordinated the submission the CERF process with the support of OCHA. The RC/HC, with the support of OCHA, identified and advised on the prioritisation of applications to be made by agencies for CERF funding. The prioritization process has been judged as fair and transparent.

The CERF proposals were based on rapid needs assessments undertaken by clusters, through participatory approach and based on priority issues identified by clusters and sub-clusters. In some areas, notably prevention and response to GBV, joint, inter-Agency CERF proposals were developed which took advantage of agencies' capacity and ensured proper coordination of GBV-related activities.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	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
HEALTH	<p>10-WHO-049</p> <p>Monitoring and Supportive Supervision of Polio Vaccination Campaign in Kyrgyzstan</p>	45,957	45,967	670,165 children under 5 years	<ul style="list-style-type: none"> Monitoring and supervision of nationwide polio vaccination campaign 	<ul style="list-style-type: none"> Monitoring visits were carried out in Chui, Naryn, Issyk Kul, Talas, Osh, Jalalabad, Batken and Bishkek and Osh cities 	Public awareness raising on children vaccination was improved	<ul style="list-style-type: none"> Rapid assessment forms were used and analysed Assessment outcomes were analysed by an independent organization 	<ul style="list-style-type: none"> 96.5 per cent of children under five years of age were vaccinated country-wide, gender equity was achieved.
	<p>10-WHO-048</p> <p>Training of Healthcare Workers in preparation for Polio Vaccination Campaign in Kyrgyzstan</p>	40,297	40,297	525 nurses	<ul style="list-style-type: none"> Training of health care workers nationwide on polio vaccination 	<ul style="list-style-type: none"> Training of 525 health care workers involved in the vaccination campaign was carried out nation-wide 	National health care workers were better trained to carry out vaccinations	<ul style="list-style-type: none"> WHO staff was supervising and monitoring the vaccination campaign in all regions of Kyrgyzstan 	<ul style="list-style-type: none"> 96.5 per cent of children under five years of age were vaccinated country-wide, gender equity was achieved.

	<p>10-WHO-044</p> <p>Health information management, early warning system and humanitarian health coordination</p>	170,665	170,665	1,200,000 people in affected areas (650,000 women)	<ul style="list-style-type: none"> ■ Informed decision making and joint planning based on actual health needs of the affected population facilitated ■ Critical health information is collected, regularly updated and shared with all partners involved ■ Surveillance system is in place to early detect, report and monitor possible outbreaks, particularly in IDPs and returnees ■ Priority public health needs are timely addressed 	<ul style="list-style-type: none"> ■ Improvement of health surveillance system in affected areas through trainings and purchases ■ Strengthening of epidemiology and communicable disease surveillance and outbreak response in affected areas through training and purchases of test systems and basic equipment ■ Improvement of health database of IDPs and returnees ■ Evaluation report with recommendations to improve SES reporting system 	<p>Provision of training to 100 epidemiologists, infectionists and other medical staff in SES</p> <p>Procurement of needed test systems and basic equipment</p> <p>Evaluation of work and realistic proposals for improvements by expert</p>	<ul style="list-style-type: none"> ■ Numerous field visits and WHO ■ Expert visit and evaluation of current work 	<ul style="list-style-type: none"> ■ Most of trained health care workers are women. Beneficiaries are both genders of all age groups
	<p>10-WHO-031</p> <p>Essential medical supplies for treatment of casualties of civil unrest in Kyrgyzstan</p>	250,936	250,936	500 patients with bullet wounds (30 women)	<ul style="list-style-type: none"> ■ Procurement of life-saving medicine and medical supplies for the victims of civil unrest in April 2010 in Bishkek, treated in hospitals ■ Procurement of orthopaedic devices for wounded 	<ul style="list-style-type: none"> ■ All injured patients which were treated in hospitals received needed drugs and orthopaedic devices for free 	<p>Needed drugs and orthopaedic devices were used for free of charge treatment for all hospital admitted patients</p>	<ul style="list-style-type: none"> ■ WHO and MoH were following up the free-of charge use of provided drugs and devices 	<ul style="list-style-type: none"> ■ More than 90 per cent of injured were men, therefore gender equality is not possible

HEALTH	<p>10-CEF-036-A</p> <p>Ensuring provision of essential life-saving health materials and services for women and children in areas affected by the humanitarian crisis</p>	747,491	2,000,000	<p>1.2 million women and children in Osh and Jalal Abad provinces 400,000 – IDP</p> <p>88,000 children under five</p>	<ul style="list-style-type: none"> ■ Prevention of disease outbreaks, esp. among the most vulnerable groups ■ Reduced mortality and morbidity among internally displaced people ■ Reduced mortality and morbidity among pregnant women and children ■ Excess mortality among girls, boys and women in affected areas is prevented. 	<ul style="list-style-type: none"> ■ CERF funding allowed implementing a number of activities aimed at improvement of situation of women and young children in the South of the country which suffered from June violence. ■ Within the frame of these activities women and children were provided with first response medical supplies such as midwifery, obstetric and surgical kits, micronutrient powder, and vitamin A and MR vaccines. ■ As the emergency situation caused nutritional deficiencies in children, training on management of acute intestinal infections was arranged for medical personnel of Osh and Jalalabad provinces. ■ Printing materials on treatment on diarrhoea and severe acute malnutrition were designed and released for beneficiaries of Osh and Jalalabad provinces. ■ Apart from that, assessment of health and nutrition needs of women and children in Osh and Jalalabad was conducted. 	<p>CERF funding contributed to provision of timely and efficient response to people in Osh and Jalalabad provinces in terms of supply of first aid medicines, delivery of humanitarian items, raising capacity of medical staff in treatment of various diseases in children like severe acute malnutrition or acute intestinal infections.</p>	<ul style="list-style-type: none"> ■ Health and Nutrition team in collaboration with their partner organizations and consultants regularly visited affected region to monitor, assess and review humanitarian situation in health sector in Osh and Jalalabad provinces. ■ The team also regularly revised needs of Mother and Child health in these provinces. 	<ul style="list-style-type: none"> ■ All Women, children (boys and girls) as well as men from the affected areas and who were injured and hospitalised benefited from this project.
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROTECTION / HUMAN RIGHTS / RULE OF LAW</p>	<p>10-CEF-036-B Family tracing and reunification</p>	<p>349,751</p>	<p>349,751</p>	<p>6,000 children (2,100 – children under 5) and 2,000 women</p>	<ul style="list-style-type: none"> ■ All separated and unaccompanied children and their families are identified ■ All separated and unaccompanied children are properly registered ■ All registration forms are completed and analyzed by Family and Child Support Departments for further follow up for family reunification ■ Family and Child Support Departments in affected areas have enough capacity to assess, monitor and address issues of separated and unaccompanied children ■ All separated and unaccompanied children are returned to biological or substitute families and residential institutions are used as a last resort ■ Coordination mechanisms are in place. 	<ul style="list-style-type: none"> ■ Rapid Protection Assessment conducted revealed very few cases of separated and unaccompanied children. Through activation of Child Protection Sub-Cluster, UNICEF identified and registered few cases of separated children, who were then reunified with their families. ■ Psychosocial support to children in affected communities was provided through 45 Child Friendly Spaces (CFS), established in affected communities of Osh and Jalalabad provinces. 180 animators of CFS were trained on importance of play and working with children in (post) emergencies. ■ Capacity of Family Child Support Departments (FCSD) in assessing, monitoring and addressing Child Protection risks was enhanced through training provided to 26 social workers of FCSD. ■ UNICEF-led Child Protection Sub-Cluster enabled rapid coordinated response with particular focus on psychosocial support to children and women. ■ Additionally, over 20 local psychologists, social workers, teachers increased their skills on psychosocial support to children. ■ Thanks to these efforts children were able to return to their normal lives. 	<p>CERF funding enabled an immediate response to psychosocial needs of children in affected communities. Moreover, rapid disbursement of funds allowed time for further fundraising for this project.</p> <p>CERF's added value was in getting proper response to the needs of affected communities (both Child Protection and GBV) as the Government lacked such capacity and resources.</p>	<ul style="list-style-type: none"> ■ Regular monitoring visits to project sites were undertaken by Child Protection team, whereby consultations and feedback were provided to implementing partners on various areas of project implementation as well as on UNICEF core commitments for children. Furthermore, Child Protection in-depth assessment was carried out in December to evaluate the results and make further recommendations. 	<ul style="list-style-type: none"> ■ Among direct beneficiaries of this project were girls, boys, and women, and indirectly men from affected communities. Access to Child Friendly Spaces was open to both girls and boys, whereby parents were advised about benefit of participation for children regardless of their sex.
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROTECTION / HUMAN RIGHTS / RULE OF LAW</p>	<p>10-HCR-018</p> <p>Provision of life-saving food assistance and hygienic supplies to all refugees and asylum-seekers in Kyrgyzstan</p>	<p>93,054</p>	<p>172,740</p>	<p>1,000 refugees and asylum seekers, of whom 600 (60 per cent) are female and 145 (14.5 per cent) under 5</p>	<ul style="list-style-type: none"> ■ All refugees and asylum-seekers are protected from malnutrition, abuse and exploitation through food and other urgent assistance (hygiene aid, sanitary supplies, urgent medical, housing or other assistance). ■ All refugees and asylum seekers provided with sufficient amount of food at least for three months during the political tensions and inter-ethnic conflict in the North and South of the country. ■ Individual emergency assistance provided to needy refugees - medical aid, housing or other urgent family assistance. 	<ul style="list-style-type: none"> ■ 817 refugees and asylum seekers received three months food, hygienic and sanitary rations as follows: ■ Food: 30 kilos of flour, 15 kilos of rice, 9 kilos of sugar, 9 litres of oil. ■ Hygienic and sanitary materials: 6 packs of washing detergent, 6 bars of baby soap, 6 bars of laundry soap and 3 packs of sanitary napkins for women of reproductive age. ■ 57, 104 and 44 beneficiaries (among those 817) also received emergency; medical, housing and baby food assistance respectively. ■ 183 new arrivals received one-time assistance package. 	<p>CERF funds enabled UNHCR to raise emergency funds from other sources.</p> <p>The prompt allocation of CERF funds ensured the survival of refugees and asylum-seekers during the crisis.</p>	<ul style="list-style-type: none"> ■ Regular visits to distribution points, interviewing beneficiaries as well as verification of IP financial and narrative reports ■ In November 2010, a participatory assessment was held to discuss appropriateness and timeliness of the intervention. ■ Participants reaffirmed the importance of life-saving food assistance and hygienic supplies they had received. 	<ul style="list-style-type: none"> ■ Special attention was paid to women headed households, families with newly born children, unaccompanied children and other persons with specific needs. Women and girls of reproductive age were provided with sanitary napkins.
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	<p>10-HCR-023</p> <p>Emergency assistance for IDPs in Kyrgyzstan</p>	1,098,344	2,212,984	<p>Out of total 280,000 individuals identified, 53.3 per cent are female and 8.2 per cent are children below five</p>	<ul style="list-style-type: none"> ▪ Displaced people are properly registered and documented. ▪ Humanitarian access to affected people in violence-affected areas is ensured. ▪ A protection coordination mechanism addressing the needs of all affected groups is established. ▪ Government policies are in line with international standards, including the Guiding Principles on IDPs. ▪ Affected people can access national justice mechanisms and appeal to international human rights protection mechanisms. ▪ The protection capacities of national authorities and institutions, including NGOs, are enhanced. ▪ GBV survivors have access to protection, medical, and psycho-social assistance. 	<ul style="list-style-type: none"> ▪ Protection monitoring and referral mechanism was established ▪ HelpLine provided more than 3,364 consultations on humanitarian assistance and referrals to service providers; ▪ The mobile documentation teams had provided close to 10,500 consultations on the restoration of documentation; ▪ Mobile legal clinic provided 1,943 individual consultations on housing, land and property rights; ▪ Referral of cases of psycho-social assistance and vulnerable children was done through the coordination of activities within the Protection Cluster (UNHCR leading agency) 	<p>Timely availability of CERF funding ensured immediate response towards the strengthening the protection capacity of the government and NGO partners in the context of emergency</p>	<ul style="list-style-type: none"> ▪ Regular monitoring visits to the field, interviewing beneficiaries as well as verification of IP financial and narrative reports ▪ Rapid Protection Assessment, August 2010 ▪ Joint Protection Assessment, October 2010 ▪ Participatory Assessment, November 2010 	<ul style="list-style-type: none"> ▪ Special attention was paid to women headed households, families with newly born children ▪ Unaccompanied children and other persons with specific needs; ▪ Indemnified vulnerable cases (including GBV survivors and in need of psycho-social assistance) were referred to service providers
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROTECTION / HUMAN RIGHTS / RULE OF LAW</p>	<p>10-FPA-027</p> <p>Identification of and response to the needs of women and girls - victims of violence (UNFPA)</p>	<p>33,170</p>	<p>100,000</p>	<p>60 healthcare providers</p>	<p>In the original application the expected outcomes of the joint CERF application with UNIFEM and UNICEF were:</p> <ul style="list-style-type: none"> ■ A systematized collection of evidences of GBV, including rape, and adequately address the needs of identified victims ■ Victims of GBV are able to access crisis centres, medical facilities and appeal to international human rights protection mechanisms ■ The capacities of national authorities and relevant institutions is enhanced with a view to adequately respond to the protection needs of the affected population ■ The needs of women and girls victims of gender-based violence are addressed and integrated in the overall humanitarian efforts 	<p>As a result of the UNFPA capacity of healthcare providers to address the needs of GBV survivors has been strengthened.</p> <ul style="list-style-type: none"> ■ The clinical protocol on rape management was developed ■ Sixty primary healthcare providers were trained how to examine, counsel and provide treatment for GBV survivors ■ Referral mechanism between health providers and non-governmental organizations has been established ■ IEC materials with information about telephone numbers of hot line and crisis centres for GBV survivors were developed and distributed at the PHC facilities in the areas affected by crisis. 	<p>CERF funding strengthened capacity of healthcare providers to respond the needs of GBV survivors and coordination between healthcare providers and non-governmental organizations in providing care to GBV survivors.</p>	<ul style="list-style-type: none"> ■ The monitoring of the project was conducted in close collaboration with the MoH. The MoH specialists (coordinators of the project) visited the primary health care facilities to monitor the practice of the health providers, use and distribution of IEC materials after the trainings. 	<ul style="list-style-type: none"> ■ Women and girls are usually victims of GBV when violence occurs. ■ Special attention was paid to respond to the needs of girls and women for them being able to receive good quality of health services at primary health care level.
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	10-CHR-002	Identification of and response to protection and human rights concerns (OHCHR)	403,551	1,791,319	Approximately 17,341 persons	<ul style="list-style-type: none"> ■ The protection and human rights concerns and needs of all affected groups are accurately documented ■ The promotion and protection of the rights of affected persons, in accordance with international human rights and humanitarian law norms and standards, with immediate priority for the rights to life, security and dignity ■ Affected persons are able to access national justice mechanisms and appeal to international human rights protection mechanisms. ■ The protection capacities of national authorities and relevant institutions, NGOs and CBOs enhanced ■ The concerns /needs of older persons, persons with disabilities, persons belonging to minorities and other groups in need of special protection addressed and integrated into the overall humanitarian effort. 	<ul style="list-style-type: none"> ■ A database was established for documentation of human rights violations, categories of victims (by gender, age, and ethnicity). ■ OHCHR staff responded directly to reports of human rights violations, intervened with authorities, including in cases of arbitrary detention and alleged torture and provided protection by presence. ■ Victims in seeking remedy were provided with legal assistance through four CERF-funded partner organizations. Submissions were made to OHCHR special mechanisms. ■ Protection by presence led to increased capacity to respond promptly to violations Interventions were made with national authorities. ■ Through the human rights sub-cluster and through active participation in the protection cluster, OHCHR worked with the international community to integrate a human rights based approach ■ Through the human rights and protection cluster, OHCHR emphasized the need to include vulnerable groups, including in particular national minorities, persons with disabilities and others. When relevant, referrals were made to other international humanitarian actors. 	<p>CERF funding allowed OHCHR to respond to serious and life threatening human rights violations at the time of crisis by rapidly deploying a team to monitor human rights violations in affected areas; have direct contact with victims to document violations; intervene with the authorities and provide protection by presence.</p> <p>It also allowed OHCHR to work with national partners, ensuring that national NGOs played a core role in the humanitarian response from the outset.</p>	<ul style="list-style-type: none"> ■ Weekly narrative reports reviewed by OHCHR HQ ■ Weekly statistical reports reviewed by OHCHR HQ ■ Number of cases documented in database ■ Number of calls received on hotline ■ Ongoing impact assessment from OHCHR Regional Office for Central Asia (ROCA) 	<ul style="list-style-type: none"> ■ Beneficiaries from OHCHR activities included 400 victims of human rights violations, whose cases were registered in the database; ■ 1,200 individuals who received assistance after contacting the OHCHR telephone hotline. ■ In addition, services were provided by CERF-funded national partners. This included 327 persons given legal consultation (HRAC); 3,464 applications received for legal assistance (CAC); 11,950 persons surveyed to assess needs (Kylm Shamy); in Jalal-Abad province, Spravedlivost surveyed 1,230 persons/386 families whose houses were destroyed and 52 persons received legal assistance. ■ The above-mentioned beneficiaries were victims of human rights violation or individuals at risk of human rights violation; and persons affected by the June 2010 violence.
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);">PROTECTION / HUMAN RIGHTS / RULE OF LAW</p>	<p>10-CEF-036-C</p> <p>Identification of and response to the needs of women and girls - victims of violence</p>	<p>79,608</p>	<p>187,000</p>	<p>4,000 beneficiaries (3,000 girls, women, 1,000 boys, men)</p>	<ul style="list-style-type: none"> ■ Psychosocial support is provided to Gender-based violence (GBV) survivors; ■ Multi-sectoral response to GBV and its prevention is coordinated; ■ Community mobilized and their capacity built including on GBV prevention. 	<ul style="list-style-type: none"> ■ To ensure an effective, multi-sectoral response to GBV, UNICEF led and coordinated GBV Sub-Cluster (with UNFPA/UNIFEM as co-leads). ■ Appropriate psychosocial support was provided to local community. Comprehensive GBV prevention campaign was carried out, which mobilized local community to raise awareness about GBV. GBV referral card and information materials were developed and widely distributed to inform about available services to GBV survivors and further prevention of GBV. ■ Women clubs were established (27 in Osh, six in Jalalabad), which built capacity of the women and male focal points increasing their gender sensitivity. Through organized vocational and recreational activities, women were able to build their life together. GBV was mainstreamed in Child Protection response through skills acquired by animators of Child Friendly Spaces via training. ■ To improve service provision to GBV survivors, with the help of UNICEF Headquarters, country office organized a two and half day training for representatives of legal, medical, social and security field. Additionally, GBV partners improved their skills by attending the two and half day training course on Effective GBV coordination mechanisms, organized by UNICEF. ■ Hygiene needs of young girls and women were met through distribution of 4,000 female hygiene kits in affected areas. 	<p>CERF funding enabled an immediate response to psychosocial needs of children in affected communities. Moreover, rapid disbursement of funds allowed time for further fundraising for this project. CERF's added value was in getting proper response to the needs of affected communities (both Child Protection and GBV) as the Government lacked such capacity and resources.</p>	<ul style="list-style-type: none"> ■ Regular monitoring visits to project sites were undertaken by Child Protection team, with consultations and feedback to implementing partners. ■ Additionally, Child Protection In-Depth assessment was carried out in December 2010 to evaluate the results and make further recommendations. 	<ul style="list-style-type: none"> ■ Among direct beneficiaries of this project were young girls and boys, women and men. It was important to involve both men and women in order to increase their understanding of GBV and its effective prevention.
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	<p>10-FEM-003</p> <p>Identification of and response to the needs of women and girls - victims of violence (UNIFEM)</p>	149,907	164,907	n/a	<ul style="list-style-type: none"> ■ Existing structures for GBV response supported and strengthened ■ Psychological support and a sense of well-being provided to GBV survivors and communities ■ Enhanced outreach of sensitization and awareness-raising campaigns on GBV ■ Strengthened communication channels between women's groups and security forces ■ Improved coordination among key GBV response stakeholders 	<ul style="list-style-type: none"> ■ The existing network of crisis centres was strengthened through (1) specialised trainings on basic principles of provision of psychological help, diagnostics of posttraumatic syndrome, peculiarities of work in conflict setting; and (2) revealing and documenting GBV cases ■ Overall 1,500 persons received psychological, medical and legal assistance, including longer-term support and humanitarian assistance (825 persons received psychological assistance, 304 persons received legal support; 145 persons received specialised medical assistance (including 4 cases of medical evacuation); ■ Enhanced outreach of sensitization and awareness-raising campaigns on GBV: sensitization trainings for medical and police staff (in addition to initially planned sensitization on GBV, some training time was devoted to overall gender sensitization); outreach through: establishing four telephone hotlines (over 2,500 call received); 12 mobile groups providing services and distributing information and identifying new victims of violence; four informational billboards; 12,000 leaflets; ■ Strengthened communication channels between women's groups and security forces through training of police personnel on gender sensitivity and provision of special assistance to women and children in conflict and crisis setting; ■ Improved coordination among key GBV response stakeholders – regular coordination meetings of GBV sub-cluster, which included donor, UN, international and national NGOs allowing to strengthen partnerships for GBV response 	<p>UNIFEM commissioned a rapid in-depth Needs Assessment in South of Kyrgyzstan (August 2010)</p> <p>Given the lack of state crisis centres for immediate and effective GBV response and weak capacity of non-governmental crisis centre, the project contributed to establishing a constant base for GBV response in the conflict area with the establishment of a referral mechanism for violence survivors and approbated on a small scale cases, bringing experience and lessons learned for the larger scale initiatives.</p>	<ul style="list-style-type: none"> ■ Monitoring and evaluation activities were conducted jointly by UNIFEM and implementing partners ■ The implementing partners submitted reports and deliverables ■ On-going needs assessments, mid-term assessments provided a solid background for monitoring and following the overall process and clear vision of the projects' niche 	<ul style="list-style-type: none"> ■ The primary beneficiaries are women and girls, secondary are men, young men, medical and police staff, crisis centres ■ There is a clear and justified disproportion of statistics (1 man versus 10 women) of persons received direct assistance through the project
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SHELTER AND NFIS	10-HCR-024	2,387,861	3,127,844	Out of total 280,000 individuals identified, 53.3 per cent are female and 8.2 per cent are children below five	<ul style="list-style-type: none"> ■ 2,600 IDP families will receive emergency shelter kits, including tents. ■ 110,000 people (22,000 families) with local host families will receive blankets, kitchen sets and jerry cans. ■ Particularly vulnerable people remaining in affected areas will be provided with NFI support. ■ Respond to instances of GBV. 	<ul style="list-style-type: none"> ■ During the reporting period, the following NFIs provided to the targeted population (in pcs): <ul style="list-style-type: none"> ○ tents 2,618 ○ blankets 27,844 ○ jerry cans 9,762 ○ kitchen sets 5,449 ○ plastic sheets 5,792 ○ buckets 22,341 ○ sleeping mats 8,053 ○ mattresses 1,900 ■ Starting from June, UNHCR airlifted 120 metric tons of non-food relief items from UNHCR emergency stockpile in Dubai into Osh. ■ The total number of assisted beneficiaries is some 27,000 persons. The targeted population groups: <ul style="list-style-type: none"> ○ Displaced people living outside (homeless) or in collective centres. ○ Returnees (refugees and IDPs) who have returned to their damaged homes ○ Displaced people (including separated family members) who are unable to return to their homes due to damage ○ Supplemental support of NFI to very vulnerable individuals and their displaced or returnee family community. Including but not necessarily limited to single parented headed households (male or female), families supporting disabled or chronically sick. ○ Families with recent bereavement of family members 	Timely availability of CERF funding ensured immediate response towards provision of life-saving shelter assistance and non-food items to the conflict-affected population as well as to the hosting families and vulnerable people	<ul style="list-style-type: none"> ■ Regular monitoring visits to the field, interviewing beneficiaries as well as verification of IP financial and narrative reports. ■ Joint Shelter Assessment, July 2010; ■ Rapid Protection Assessment, August 2010; ■ Joint Protection Assessment, October 2010 ■ Participatory Assessment, November 2010. 	<ul style="list-style-type: none"> ■ Special attention was paid to women headed households, families with newly born children, unaccompanied children and other persons with specific needs ■ All identified vulnerable cases (including GBV survivors) were referred to the service providers.
	Emergency assistance for IDPs in Kyrgyzstan								

AGRICULTURE	10-FAO-025			8,000 households	<ul style="list-style-type: none"> ■ Soil fertility and yield of 1,400 ha of crop will be improved and increased ■ Livestock productivity enhanced, distress selling reduced, milk and meat production sustained and nutritional intake of beneficiaries improved ■ Production of food and forage crops in 8,000 vulnerable households will be improved 	<ul style="list-style-type: none"> ■ Soil fertility and yield of about 1,400 ha of crops were improved using project provided fertilizers ■ Production of food and forage crops in 8,000 vulnerable HH was enhanced. ■ Improved forage crops production through activities of this project will ultimately lead to the increased productivity of the livestock, milk and meat production and improve the nutritional intake of the assisted beneficiaries 	<p>CERF funding was time critical for Kyrgyzstan to address the severe shortage of fertilizers in the country caused by political instabilities, conflict, and borders closure and markets disruption.</p> <p>The urgent humanitarian assistance was necessary to deliver fertilizers and ensure sufficient production of agricultural products improving food security of the country.</p>	<ul style="list-style-type: none"> ■ Regular monitoring missions in the project's areas were held both by FAO office in Bishkek and NGO RDC Elet. ■ Randomly selected beneficiaries in different project areas were interviewed to observe the outputs and impacts of the delivered agricultural inputs. 	<ul style="list-style-type: none"> ■ 8,000 most vulnerable households were assisted. These households consisted of men, women, boys and girls; they all equally benefited from the project assistance.
	Immediate time critical support to most vulnerable farming households to protect their livelihoods and to restore agriculture production	404,790	2,000,000	Estimated : <ul style="list-style-type: none"> ○ women – 8352 individuals ○ Children under five: 5159. 					

FOOD SECURITY	<p>10-WFP-043</p> <p>Emergency support to people affected by ethnic conflicts in the Kyrgyz Republic</p>	2,145,712	19,340,355 (total funding received until 31 December 2010 for EMOP 200161)	240,000 (of whom 43,200 were children under five and 60,000 were women over the age of 18)	<ul style="list-style-type: none"> ■ Immediate Food Security needs of an estimated 240,000 conflict-affected persons are met ■ Food commodities are distributed in sufficient quantity and quality to targeted women, men, boys and girls under secure conditions 	<ul style="list-style-type: none"> ■ In total 552,408 beneficiaries were reached in general food distributions in the immediate aftermath of the crisis. Some 332,148 people received assistance in a second round. Tonnage under the blanket distributions reached 4,347 metric tons of food. ■ Targeted food distribution replaced blanket distributions in October 2010. Targeting prioritizes IDPs, host families and residents affected by the conflict. Until the end of 2010, 208,652 beneficiaries received food assistance in the third cycle (completed) and 76,778 in the fourth (ongoing – not completed) ■ Total tonnage distributed until end December 2010 under the targeted approach reached 4,099 metric tons ■ WFP post-distribution monitoring of beneficiaries showed that the food consumption score was adequate for 94 percent of respondents. 	<p>Thanks to the prompt allocation of CERF funds WFP was in the position to save lives and avert a humanitarian catastrophe by immediately distributing food assistance in sufficient quantity and quality to the conflict affected population</p> <p>Continued targeted assistance to those who remain affected through the lean season of 2011, ensures sufficient caloric intake and prevents them from engaging in harmful coping strategies to meet their immediate food needs</p>	<ul style="list-style-type: none"> ■ Internal and external situation reports and food security assessments ■ Donor reports ■ Monitoring reports by WFP and Cooperating Partners ■ Distribution Reports by Cooperating Partners ■ Cooperation with local authorities and national interim government bodies 	<ul style="list-style-type: none"> ■ Conflict affected population, including IDPs returning refugees, the most vulnerable, who lost homes and assets during the conflict or were cut off from access to land or food. ■ After targeting, all those who remain food insecure as a result of the crisis. ■ Equal distribution of beneficiaries among all affected i.e., women, men and children – including people in medical and boarding institutions
	<p>10-WFP-031</p> <p>Emergency support to children's residential institutions</p>	161,036	15,347,007 (Total amount received under WFP EMOP 108040 until 31/12/2010)	Approximately 7,000 persons	<ul style="list-style-type: none"> ■ Maintained food consumption over the assistance period for 7,000 beneficiaries residing in 54 targeted emergency-affected residential institutions ■ Food commodities distributed in sufficient quantity and quality to targeted women, men, boys and girls under secure conditions 	<ul style="list-style-type: none"> ■ Uninterrupted provision of food to people in boarding institutions. Due to border closures and frozen bank assets, the NGO Mercy Corps, was temporarily not able to provide food to 54 institutions in the immediate aftermath to the April 7 overthrow of the government. WFP stepped in and provided the needed food items for six months, which was completed by end of September 2010. 	<p>Immediate provision of food was made possible through CERF funding to beneficiaries in boarding institutions who were without any independent access to food. Lives were saved.</p>	<ul style="list-style-type: none"> ■ Internal and external situation reports ■ Implementation and Monitoring Reports by the Implementing Partner 	<ul style="list-style-type: none"> ■ 6,855 people in boarding institutions of whom 3,454 were men and 3,401 women

WATER AND SANITATION	<p>10-CEF-036-D</p> <p>Water, Sanitation and Hygiene for Children and Women – Procurement and distribution of WASH supplies including provision of safe drinking water</p>	850,008	1,500,000	<p>350,000 people including children and women in cities of Osh and Jalalabad and including displaced population.</p> <p>Priority to 70,000 displaced population mainly women and children</p>	<ul style="list-style-type: none"> ■ Displaced children, women and their families have access to safe drinking water and sanitation facilities and practice proper hygiene, specially hand washing ■ The risk of outbreaks of water-related and vector-related diseases is kept under control and to a minimum ■ WASH response is well coordinated and is mobilized to save lives with provision of water, sanitation and hygiene promotion 	<ul style="list-style-type: none"> ■ Increased access to improved safe water, sanitation and hygiene services in the schools and primary health care facilities was achieved appropriate sanitation technology. ■ Water supplies for hand washing and mobilising schoolchildren and communities to stimulate a demand and willingness to participate in clean water usage and improved sanitation facilities and structures that promote hygiene behaviour change. ■ Target beneficiaries and the general population benefited through assistance and capacity building in Government Departments through safe water and disease detection and its avoidance. 	<p>CERF funding allowed early and immediate response to the crisis in the South of Kyrgyzstan.</p> <p>It also decreased the time taken to get aid on the ground; As a result of the above, decreased the number (and risk) of suffering, disease and loss of life resulting from the unrest.</p>	<ul style="list-style-type: none"> ■ WASH team conducted field monitoring; financial assessment including spot checks ■ Field assessment reports analyzing the comparative effects of 'before' and 'after' ■ Established clear reporting requirement and reporting obligations with partners 	<ul style="list-style-type: none"> ■ Children , woman and their families with hygiene and sanitation needs in affected zones' ■ All persons who benefited from general government capacity building intervention
COORDINATION AND SUPPORT SERVICES	<p>10-WFP-044</p> <p>Logistics coordination in support of relief operations in Kyrgyzstan and Uzbekistan</p>	414,358	1,096,548	<p>Logistics Cluster – common logistics services to UN/NGO activities</p>	<ul style="list-style-type: none"> ■ Establishment of Logistics Cluster cell ■ Information management and dissemination ■ Provision of logistics infrastructure "Geographic Information System" (GIS) and mapping products ■ Setting up of logistics hubs ■ Provision of handling, consolidation, storage and tracking services for humanitarian ■ Cargo ■ Border crossing and customs facilitation at Osh and Jalalabad for relief cargo 	<ul style="list-style-type: none"> ■ Logistics Cluster cell established in Osh and Bishkek for coordination of logistics activities ■ Snapshots and logistics capacity information produced and disseminated ■ Basic logistics infrastructure "Geographic Information System" (GIS) and apping products produced ■ Logistics hub established at Osh airport ■ Free of charge handling, consolidation, storage and tracking services were provided to humanitarian agencies ■ Provided assistance for border crossing and customs facilitation at affected areas for relief cargo 	<p>CERF funds composed almost 38 per cent of total funds received for the project. Consequently, major activities implemented under this project were covered by CERF fund.</p>	<ul style="list-style-type: none"> ■ Internal and external situation reports ■ Partner's survey reports ■ Logistics cluster website traffic ■ Relief items tracking reports 	<ul style="list-style-type: none"> ■ UN agencies and NGOs operating in the affected areas and areas where activities were implemented

COORDINATION AND SUPPORT SERVICES	<p>10-WFP-045</p> <p>Common emergency telecommunication services to the humanitarian community in Kyrgyzstan</p>	249,994	391,032	Humanitarian community in Kyrgyzstan	<ul style="list-style-type: none"> ■ Operational IT facilities and common emergency telecommunications network providing security voice and data communications ■ Optimal use of existing UN agencies' IT and network facilities by humanitarian organizations ■ Humanitarian workers trained in the use of telecommunications equipment and common networks. 	<ul style="list-style-type: none"> ■ Common data and security communications services provided to the humanitarian community in Bishkek, Osh and Jalalabad. ■ The Emergency Telecommunications Cluster (ETC) provided a coordinated response to the ICT needs of the humanitarian through the deployment of ETC coordinator as well as facilitation of meetings on local as well as global level. ■ 114 NGO and UN staff trained in usage of established security telecommunications infrastructure. 	The immediate availability of CERF funding allowed the ETC to provide time critical support to the humanitarian community in Kyrgyzstan.	<ul style="list-style-type: none"> ■ Detailed project plan and closure report provided to the ETC community. ■ Situation reports throughout the operation. ■ Online user satisfaction survey as well as interviews with users in the operation 	<ul style="list-style-type: none"> ■ Humanitarian community in Kyrgyzstan
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Annex 1: NGOS and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded	Date Funds Forwarded
Citizens Against Corruption Human Rights Advocacy Centre Kylym Shamy; Spravedlivost	Protection / Human Rights	10-CHR-002 - "Identification of and response to protection and human rights concerns"	120,000 (4 x 30,000)	26 August 2010
<i>(No NGO Implementing Partners)</i>		10-FPA-027 - Identification of and response to the needs of women and girls - victims of violence		
Association of Crisis Centres	Protection / Human Rights	10-FEM-003 - Identification of and response to the needs of women and girls - victims of violence (UNIFEM)	48,300	1 September 2010
Centre of Social Integration			5,330	2 December 2010
Crisis Centre "Chance"			14,460	10 August 2010
			1,605	22 November 2010
			41,810	1 September 2010
			4,645	2 December 2010
		10-WFP-031 - Emergency support to children's residential institutions	12,433	2 November 2010
ACTED	Food Security	10-WFP-043 Emergency support to people affected by ethnic conflicts in the Kyrgyz Republic	136,515 (allocated)	Operation is ongoing (allocated amounts are for distribution, monitoring and verification)
Save the Children			14,822 (allocated)	
<i>(No NGO Implementing Partners)</i>		10-WFP-044 Logistics coordination in support of relief operations in Kyrgyzstan and Uzbekistan	n/a	
<i>(No NGO Implementing Partners)</i>		10-WFP-045 Common emergency telecommunication services to the humanitarian community in Kyrgyzstan	n/a	
<i>(No NGO Implementing Partners)</i>	Health	10-WHO-049 - Monitoring and Supportive Supervision of Polio Vaccination Campaign in Kyrgyzstan 10-WHO-048 - Training of Healthcare Workers in preparation for Polio Vaccination Campaign in Kyrgyzstan 10-WHO-044 - Health information management, early warning system and humanitarian health coordination 10-WHO-031 - Essential medical supplies for treatment of casualties of civil unrest in Kyrgyzstan		
Local NGO "RDC Elet"	Agriculture	10-FAO-025 - Immediate time critical support to most vulnerable farming households to protect their livelihoods and to restore agriculture production	25,875	28 June 2010
Centre for International Protection Danish Refugee Council	Protection / Human Rights	10-HCR-023 - Emergency assistance for IDPs in Kyrgyzstan	335,339 186,332 75,684	July to September 2010

EFCA Help Age International Mercy Corps			106,120 165,977	
Public Association Counterpart Sheriktesh	Protection / Human Rights	10-HCR-018 - Provision of life-saving food assistance and hygienic supplies to all refugees and asylum-seekers in Kyrgyzstan	12,474	May to July 2010
ACTED Save the Children	Shelter and NFIs	10-HCR-024 - Emergency assistance for IDPs in Kyrgyzstan	278,405.00 280,031.00	July to September 2010
Public Fund "Family to Every Child"	Protection / Human Rights	10-CEF-036-B - Family tracing and reunification	19,539.00	12 July 2010 16 August 2010
Public Fund "My Family"			53,646.26	12 July 2010 23 August 2010 3 September 2010 27 September 2010
Public Fund "Master Radosti"			19,893.00	20 July 2010 2 September 2010
Public Fund "Assistance and Support for Legal, Economic Reforms"			48,000.00	21 July 2010 16 August 2010 8 September 2010
Public Fund "Aimira"			18,849.00	29 July 2010 2 September 2010
Osh Family Child Support Department			4,036.05 1,216.74	20 August 2010 5 October 10
Karasuu Family Child Support Department			2,005.36	5 October 10
Bazarkorgon Family Child Support Department			19,539.00	12 July /2010 16 August 2010
Public Fund "Centre for PsychoTechnologies"			Protection / Human Rights	10-CEF-036-C - Identification of and response to the needs of women and girls - victims of violence
Kyrgyz State Medical Institute for postgraduate studies	Health	10-CEF-036-A - Ensuring provision of essential life-saving health materials and services for women and children in areas affected by the humanitarian crisis	46,301.00	14 July 2010
Central Asian Alliance for Water	WASH	10-CEF-036-D - Water, Sanitation and Hygiene for Children and Women – Procurement and distribution of WASH supplies including provision of safe drinking water	92,066	6 October 2010
Action against hunger (ACF),			78, 549 13, 969.48 5,350.02	19 August 2010 4 October 2010 8 October 2010
Government: Water supply authorities: "Gorvodokanal"			70,967.70	1 October 2010

Annex 2: Acronyms and Abbreviations

ACF	Action against hunger (NGO)
CAC	Citizens against Corruption (NGO)
CFS	Child Friendly Spaces
EMOP	Emergency Operation (WFP)
ETC	Emergency Telecommunications Cluster
FAO	Food and Agriculture Organization
FCSD	Family Child Support Department
GBV	Gender-based violence
GIS	Geographic Information System
HCT	Humanitarian Country Team
HRAC	Human Rights Advocacy Centre (NGO)
IDP	Internally Displaced Person
MoH	Ministry of Health
MR	Measles (and) rubella
NFRI	Non-Food and Related Items
OHCHR	Office of the High Commission for Human Rights
ROCA	OHCHR Regional Office for Central Asia
UNICEF	United Nations' Children Fund
UNHCR	United Nations' High Commission for Refugees
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme