

## ANNUAL REPORT ON THE USE OF CERF GRANTS PAKISTAN

<b>Country</b>	<b>Pakistan</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Timo Pakkala Martin Mogwanja</b>
<b>Reporting Period</b>	<b>1 January 2010 – 31 December 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:	US\$ 2,624,654,224		
	Total amount received for the humanitarian response:	US\$ 1,415,804,196		
	Breakdown of total country funding received by source:	CERF:	US\$ 51,832,831	
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$ 20,000,000	
		OTHER: (Bilateral/Multilateral) estimation	US\$ 1,256,177,068	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 51,832,831		
	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:		
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$	
		c. Funds for Government implementation:	US\$	
<b>d. TOTAL:</b>		<b>US\$ 51,832,831</b>		
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	Up to five million people affected by conflict. Up to 18 million people affected by flooding.		
	Total number of individuals reached with CERF funding:	Please see Annex 3		
		children under 5		
		females		
Geographical areas of implementation:	Khyber Pakhtunkhwa (KPK), Punjab, Sindh, Balochistan, Gilgit-Baltistan provinces of Pakistan, Pakistan Administered Kashmir, Charsadda District and Noshehra District in Khyber			

## II. Analysis

Pakistan faced two major emergencies in 2010. Firstly, a complex emergency caused by protracted conflict in the north west, and secondly, flooding that affected all of Pakistan's provinces. In response the Humanitarian Country Team (HCT) made four separate requests for CERF funding.

Over the course of the 2010 monsoon season, Pakistan experienced the worst floods in its history. The floods affected 77 districts out of a total of 139 districts in Pakistan, and more than 20 million people; one tenth of Pakistan's population – devastating villages from the Himalayas to the Arabian Sea. More than 1,700 men, women and children lost their lives.

Province of Khyber Pakhtunkhwa in general and its Charsadda, and Nowshera districts in particular were among the worst area hit by ravine water of the River Swat and Kabul which resulted in heavy losses to both livelihood and community based infrastructure (CBIs). The standing water reached up to 20 to 25 feet in some areas in Nowshera and Charsadda districts. The rain and floods had wrecked the major and minor infrastructure, flushing away the houses, roads, major bridges, electricity network, communication linkages, livestock and extended agriculture land. Due to the flood in the districts, the sources of livelihoods were disrupted and the basic community physical infrastructures including small bridges, pathways, culverts and water channels were badly damaged. The destroyed bridges / link roads have disturbed transportation between the villages/farms and markets. The orchards, cash crops and vegetables were severely damaged making the affected people more vulnerable. This led to further acute food shortage in the area and caused malarial and diarrheal diseases among the inhabitants especially among the children.

UNDP in partnership with two local NGOs BEST (Basic Education And Employable Skill Training) and IDEA (Initiative for Development and Empowerment) supported the flood affected communities through restoration of community basic infrastructure. Both NGOs worked in close coordination and cooperation of the district governments and affected communities in the decision making process. Participatory approach was adopted to achieve the project targets and objectives efficiently and effectively by the active involvement of local communities. Community Project Communities were organised which played a key role in mobilising communities, providing oversight, to ensure quality and timely execution of projects. A rapid damage and need assessment was carried out in the project area in order to:

- Identify the target UCs and villages
- Gauge the level of destruction and Prioritize its needs
- Plan activities and devise strategies according to priority

Both the organisations had their own monitoring teams to monitor all the activities at the site and to ensure quality standards are maintained. . UNDP teams also paid regularly visits to ensure selection of most vulnerable communities and timely completion of the projects. Communities were involved in the prioritization of the projects, identification of the right beneficiaries for CFW, resolution of conflicts, control quality of construction material, and to take responsibility for regular repair and maintenance of the schemes. A total of 41,735 individuals including 16,477 were reached by the Project. Details of the project area and beneficiaries are as follows:

Sr. #		District	UC	Villages	Total Beneficiaries	Males	Females
1	IDEA	Charsada	Batagram	Sreikh Marozai	13,315	6866	6,449
2		Charsada	Agra	Gulabad	9,341	5,533	3,808
3		Charsada	Mirzadair	Sangar, Migano Kalay and Shagai	13,598	7,678	6,220
4	BEST	Charsadda	Hesara Yaseen Zai	Akbar Abad	3,183	3,183	-
5		Charsadda	Shabara	Aagra			-
6		Nowshera	Mohib Banda	Mohib Band, Banda Sheikh Ismail	2,,298	2,298	-
7		Nowshera	Aman Kot	Choki Drab			-
<b>Total</b>					<b>41,735</b>	<b>25,558</b>	<b>16,477</b>

According to the work plan, 203 small community infrastructure projects were completed.. These projects included rehabilitation of streets, pipe culverts, branch drains, main drains, retaining walls and shingle roads. It's worth mentioning that specification of each site was included the DRR that according to the specification, the project was supposed to construct retaining wall using brick masonry but due to loose soil and low bearing capacity the concrete was used at different sites for restoration of street. The rehabilitation of small streets connected them with the main Road. Main drain lying parallel to the houses connecting the streets sewerage system were also partially constructed to rehabilitate the overall sewerage system

The CFW modality benefited the AFFECTED communities in two ways:

- (1) The injection of cash to the flood affecters as the majority of the flood affected population had lost their belonging, savings and stock food.
- (2) Rebuilding community basic infrastructure to pave the way for community to integrate into normal activities.

As Cash for Work is concerned, common rates and standards were developed after taking into consideration the local practices, availability of labour and the existing standards of the ongoing assistance.

The only source of livelihood of inhabitants of the project area is agriculture and livestock. Flood severely damaged the communication system prevalent in the villages which facilitated them to transport goods such as agri inputs: fertilizers, seeds etc from their village to nearby markets. Due to restoration of feeder roads the delivery system has improved tremendously. It played greater role in transportation of sugar cane to Sugar Mills AND to local markets. more than 6851 individuals benefitted from Cash for Work modality in the area. It was a short term job employment for the flood affected community in the time where all economic activities were paralyzed and the people were just restricted to donation and food items.

The flood seriously devastated the villages community based infrastructure in general and water and sanitation system in particular. It resulted serious threats to human health and created unhygienic condition in the affected villages. Sewerage system had been blocked and due to destruction of drains, there was no way out for standing water. All roads, streets and drains were not only destroyed but they got completely blocked. For some time, the stagnant water brought by flood also resulted in a potential environment for growth of malarial insects and other bacterial diseases. As people were psychologically affected and lost their courage to cope with situation, it was the need of the hour to mobilize them for restoring the hygienic condition. Due to rehabilitation of the village sewerage system the hygienic condition of the target villages improved.

## **Complex emergency in the north west of Pakistan**

### **▪ Overview of the humanitarian situation**

The United Nations (UN) response in Pakistan faced significant funding shortfalls against the Pakistan Humanitarian Response Plan (PHRP), which had direct implications for ongoing humanitarian operations in the North West Frontier Province (NWFP) and Federally Administered Tribal Areas (FATA). The UN was providing life-saving assistance to more than 1.3 million displaced people as well as nearly 2 million people who returned to their places or origin.

### **▪ The CERF's added value**

Given the expanding gap between ongoing needs and the increasing difficulties confronting UN agencies in terms of their abilities to support vulnerable populations, the CERF allocated nearly US\$10 million to the UN Country Team in Pakistan. The World Food Programme (WFP) used \$4.1 million to provide food assistance to 180,000 IDPs in NWFP and FATA. The United Nations Children's Fund (UNICEF) received \$2.3 million for maternal and child health care, emergency nutrition services, protection of girls and boys, and WASH interventions. Some \$2 million was allocated to the World Health Organization (WHO) for emergency health care for IDPs and host communities, and WASH interventions. UN-HABITAT received \$700,000 to improve the living conditions of 1,000 IDP families through emergency shelter assistance and WASH interventions. Finally, the United Nations Development Fund for Women (UNIFEM) and the United Nations Population Fund (UNFPA) received

\$150,000 each to respond to gender-based violence and support 80,000 IDP and returnee women and girls.

## **Flood emergency**

### ▪ **Overview of the humanitarian situation**

Pakistan experienced the worst flooding in its history in July and August 2010, as the Indus River burst its banks and inundated vast swathes of the country. Heavy rainfall initially caused flash floods in the north and north-western regions. Flood waters travelled downstream through Punjab and Sindh provinces until they reached the Arabian Sea in the South two months later. The situation was compounded by ongoing heavy rains, the breaching of major canals and embankments, and diversion of water to prevent flooding of urban areas. Many of the main irrigation canals that take water from the Indus River were flooded, inundating farming lands. The humanitarian community launched the Pakistan Initial Floods Emergency Response Plan in August, seeking almost \$460 million to address the most urgent needs.

By September 2010 all of Pakistan's provinces had been affected by the flooding. While flood waters had started to recede in some northern areas, water was continuing to move south via the Indus River, destroying homes and threatening large expanses of the most fertile land in Pakistan in Punjab and Sindh provinces. Approximately 15 million people were affected and in need of support.

On the basis of assessment information made available in September, it was estimated that up to six million people would be in need of food assistance between August and October 2010. Assistance was required on a scale unparalleled since the devastating earthquake in 2005. By the end of September an 'Integrated Survival Strategy' had been launched. The goal of the strategy was to save lives and reduce morbidity among the worst-affected populations through the provision of food, life-saving maternal and neonatal services, preventive and curative health and nutrition services, safe drinking water, and improved sanitation and hygiene. These services were aimed at the displaced population as well as those in the early phase of returns. The strategy required close coordination and collaboration between the Health, Nutrition, WASH and Food clusters.

A revised Pakistan Floods Relief and Early Recovery Response Plan (PFRERP) launched in November sought almost \$2 billion.

### ▪ **The CERF's added value**

Some \$42 million was made available from the CERF, making it the single biggest allocation in the Fund's history. The Emergency Relief Coordinator authorised successive allocations as the scale of the needs became clearer and assistance was extended further south. CERF funding enabled WFP to provide emergency food assistance, which by September had been delivered to more than six million people. WFP also used the Fund to mobilise UNHAS air assets to deliver life-saving aid to populations in regions rendered inaccessible by the flooding. UNICEF used the Fund to launch wide-ranging emergency nutrition, and water and sanitation interventions. The CERF enabled IOM to rapidly procure and distribute emergency shelters and non-food items to the most vulnerable flood-affected groups, including female-headed households, widows and the disabled. UNHCR and UN-HABITAT also used the Fund to provide urgently-needed emergency shelter materials. CERF funding enabled FAO to support wheat planting and measures to protect livestock, thereby improving household food security and reducing malnutrition. UNDP used CERF funding to provide communities with the resources to repair roads, pavements and drainage systems. UNDSS used CERF funding to deploy resources in strategic areas within areas of operation. This facilitated the delivery of humanitarian assistance and travel of assessment missions in a safe and secure manner, in accordance with UN Minimum Operating Security Standards (MOSS).

## Number of individuals reached by CERF

Sector	Beneficiaries
<b>Response to vulnerable populations in KYBER-PHAKTUNKWA (KPK) AND FATA</b>	
Food	340,000
Health	1,190,000
Health and Nutrition	14,600
Protection/Human Rights/Rule of Law	166,900
Shelter and NFIs	24,500
WASH	795,000
<b>Response to floods</b>	
Agriculture	182,400
Camp Management	600,000
Coordination and Support Services - Telecom and Data	N/A
Coordination and Support Services – UNHAS	N/A
Food	7,200,000
Health	14,697,557
Health and Nutrition	352,550
Shelter and NFIs	240,308
WASH	3,041,617

### III. Lessons learned

Lesson learned	Suggestion for follow-up/improvement	Responsible Entity
<p><b>Coordination:</b></p> <p>It was observed that lack of coordination between organizations leads to duplication of activities in the same area. For examples, in Mirzadair and Sreikh Marozai the activities were effectively implemented. However, in Gulabad there were many organizations / agencies working which did not pay attention to proper coordination and streamlining of activities.</p>	<p>District Administration can play a vital role for coordinating activities of different NGOs. It was recommended that in future an orientation workshop be held for all the stakeholders for coordination and timely intervention at the village level.</p>	<p>Implementing Partner. However, UNDP can provide assurance role</p>

#### IV. 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
FOOD	<p>10-WFP-027</p> <p>Food Assistance to Internally Displaced and Conflict-Affected Persons in Pakistan's Khyber Pakhtunkhwa (KPK) and Federally-Administered Tribal Areas (FATA) PKA-10/F/27680/R/561</p>	4,400,147	238,285,318	180,000	<ul style="list-style-type: none"> <li>▪ Reduced or stabilized malnutrition among targeted infants and young children</li> <li>▪ Improved food consumption over the assistance period for targeted displaced persons</li> </ul>	<ul style="list-style-type: none"> <li>▪ This contribution allowed for the provision of 4,412 MT of mixed commodities (wheat, salt and ready-to-use supplementary food for infants) for up to 340,000 vulnerable conflict-affected individuals.</li> <li>▪ This assistance was critical in helping to maintain adequate food consumption among these beneficiaries for a period of one month. A multi-cluster assessment at the end of 2010 that examined food insecurity amongst relatively asset-rich and asset-poor groups separately determined that acceptable consumption had been retained by a majority of the former (mostly returnee families). As residual IDPs, however, the latter were found still to have higher levels of borderline food consumption.</li> <li>▪ At its peak, close to 60 percent of the monthly beneficiary caseload assisted under this operation was receiving food within their areas of origin: indicating progress in facilitating the return process.</li> </ul>	Rapid allocation of CERF funds allowed for the timely provision of life-saving food assistance to WFP beneficiaries.	<ul style="list-style-type: none"> <li>▪ WFP maintained all necessary records, and staff monitored physical distribution in addition to the conduct of post-distribution monitoring activities. Distribution was undertaken by implementing partners with a proven history of management, technical and logistical capacity, as well as an existing presence in target areas.</li> <li>▪ Furthermore, the development of an online beneficiary verification database strengthened operational accountability by minimising the incidence of duplicated rations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vulnerable displaced households suffering significantly compromised food security benefited from this operation – including both male and female family members.</li> <li>▪ Efforts were made to facilitate the receipt of assistance by female beneficiaries, including women-headed households. Separate counters were established for women at distribution points, and female staff were deployed at these facilities in order to further promote their participation despite prevailing cultural sensitivities.</li> <li>▪ During 2010, approximately 12 percent of beneficiary households were headed by women.</li> </ul>

Health	<p>10-CEF-025-D</p> <p>Maternal and Child Health Care for the IDPs PKA-10/H/29363/R/124</p>	400,000	7,478,749	<p>160,000 children: Measles immunization</p> <p>20,000 children and 10,000 pregnant women: Routine immunization</p> <p>10,000 pregnant women: maternal and newborn health</p>	<ul style="list-style-type: none"> <li>▪ Over 80 per cent of children in districts immunized against measles, polio, diphtheria, tetanus, pertussis and hepatitis B</li> <li>▪ Over 80 per cent of children aged 6-59 months receive de-worming tablets</li> <li>▪ Over 70 per cent of women receive TT vaccination</li> <li>▪ Over 80 per cent of children under five with diarrhoea treated with ORS</li> <li>▪ Over 80 per cent of children under five with pneumonia treated</li> </ul>	<ul style="list-style-type: none"> <li>▪ 222,100 children aged from nine months to 13 years were vaccinated against measles in the Mohmand Agency of the Federally Administered Tribal Areas (FATA).</li> <li>▪ 37,198 children and 33,555 pregnant ladies (PLs) were vaccinated with relevant routine immunization antigens during Mother and Child Health Days (MCD) campaigns.</li> <li>▪ 150,601 children (2-5 years old) received de-worming tablets during the MCD campaigns.</li> <li>▪ 243,328 children under five years old were provided with oral rehydration salts (ORS) during MCDs and their families were educated on the use of ORS.</li> <li>▪ 231,741 families were reached during MCDs, where 69,638 PLs were provided ante-natal care (ANC), deliveries for 38,328 PLs were facilitated by the provision of clean delivery kits, and 209,130 children and 42,281 PLs were provided with multi-micronutrient (MM) supplements.</li> <li>▪ Around 5,000 individuals in the Tough Sarai camp for internally displaced persons (IDP) were provided with health and nutrition services through static centres and outreach activities.</li> <li>▪ All target coverage rates were achieved.</li> </ul>	<p>The CERF allocation helped provide community services directly to beneficiaries.</p>	<ul style="list-style-type: none"> <li>▪ Progress was monitored through regular weekly reports, remote monitoring and cluster meetings conducted with NGO partners and government counterparts.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The main beneficiaries of the project included children under 13 years of age and pregnant and lactating women.</li> <li>▪ Around 70 per cent of beneficiaries were female.</li> </ul>
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Health	<p>10-WHO-026</p> <p>Emergency Primary Health Care for IDPs and host communities focusing on filling the gaps/unmet life-saving needs in the health response</p> <p>PKA-10/H/29473/122 PKA-10/H/29473/R/122</p>	<p>2,001,567 (916,567 for WHO)</p>	<p>31,243,746 (31,243,746 for WHO)</p>	<p>990,000</p>	<ul style="list-style-type: none"> <li>▪ Standard package of primary health services provided to the IDP population</li> <li>▪ Essential emergency health services available in IDP hosting districts and areas of return</li> <li>▪ Early warning system operational</li> <li>▪ Incidence rates of priority communicable diseases (cholera, measles and malaria) at acceptable levels for emergencies</li> <li>▪ Contribute to reduced morbidity and mortality among affected community</li> <li>▪ Strengthened district health departments</li> <li>▪ Children in camps vaccinated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Approximately 819,000 people were provided with comprehensive primary health care services through health cluster partners.</li> <li>▪ Equitable access to Comprehensive Primary Health Care for IDPs and host communities in Kohat, Hangu, and Swat was ensured.</li> <li>▪ Provision, distribution and replenishment of emergency stocks of drugs and other emergency medical supplies.</li> <li>▪ Basic and essential rapid repair of health facilities was undertaken to make them functional. Essential emergency medical equipment and drugs were provided.</li> <li>▪ Treatment and prevention of life threatening conditions related to communicable diseases through immunization and outbreak control activities such as: establishment of emergency Early Warning and Response System, training of health staff, social mobilization and targeted health education, mass vaccination campaigns and establishment of ad-hoc treatment units.</li> <li>▪ Ensured provision of PHC service package (including Maternal, Neonatal and Child Health (MNCH) / Reproductive Health, mental health and psycho-social support) through strengthening of service delivery points (Basic Health Units / Rural Health Centres / Civil Hospital, temporary health clinics in IDP camps, mobile health units).</li> </ul>	<p>The immediate availability of CERF funds enabled the health cluster in Pakistan to respond rapidly to the urgent needs of the affected population.</p>	<ul style="list-style-type: none"> <li>▪ DEWS report</li> <li>▪ Surveillance reports</li> <li>▪ Essential medicines utilization reports</li> <li>▪ Minutes of the health cluster meetings</li> <li>▪ Stocks/supplies records</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health services are for everyone including men and women, therefore equal services were provided.</li> <li>▪ Close coordination was ensured with the Reproductive Health Task Force through the Health Cluster platform and close coordination was also ensured with the SGBV group.</li> <li>▪ WHO developed standard protocols and operating procedures for GBV in the health context.</li> </ul>
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Health - Nutrition	<p>10-CEF-025-A</p> <p>Emergency Nutrition Services in IDP camps, host communities and places of return PKA-10/H/30567/R/12</p>	645,745	9,097,471	<p>4,100 moderately malnourished children</p> <p>1,200 severely malnourished children</p> <p>2,000 malnourished pregnant and lactating women</p>	<ul style="list-style-type: none"> <li>▪ 1,200 severely malnourished children treated at community and facility based therapeutic care centres (OTPs and SCs)</li> <li>▪ 4,100 moderately malnourished children treated via supplementary feeding programmes (SFPs)</li> <li>▪ 2,000 malnourished pregnant and lactating women (PLW) receiving supplementary food at SFPs</li> <li>▪ 27,500 children under five and 14,700 PLW receiving micronutrient supplements. More than 15,000 mothers and caregivers reached with key messages on infant feeding</li> <li>▪ More than 75 health care providers trained on emergency nutrition services</li> </ul>	<ul style="list-style-type: none"> <li>▪ 61,328 children and 21,643 pregnant and lactating women (PLW) screened for acute malnutrition</li> <li>▪ 1,122 children suffering from severe acute malnutrition (SAM) registered and treated in outpatient therapeutic feeding programmes (OTPs)</li> <li>▪ 4,874 children suffering from moderate acute malnutrition (MAM) registered and treated in supplementary feeding programmes (SFPs)</li> <li>▪ 2,194 malnourished PLWs provided supplementary food and micronutrient (MM) supplements at SFPs</li> <li>▪ 136 healthcare providers from the Department of Health (DoH) and NGOs trained in emergency nutrition services including community management of acute malnutrition (CMAM) and Infant and Young Child Feeding (IYCF)</li> <li>▪ 40 community outreach workers trained on CMAM</li> <li>▪ 12 Health Executive District Offices (EDOs) and National Programme Managers oriented on CMAM.</li> <li>▪ Some 1,200 nutrition education sessions conducted, educating around 60,000 mothers/ caretakers on key IYCF messages</li> </ul>	<p>The CERF allocation enabled procurement of vital nutrition supplies swiftly, with coverage of areas identified in the Multi-Cluster Rapid Assessment Mechanism (MCRAM) assessment</p>	<ul style="list-style-type: none"> <li>▪ Regular monitoring visits were carried out by UNICEF, the Department of Health (DoH) and NGO partners. Weekly meetings were conducted to monitor progress and identify gaps. UNICEF field monitors visited the intervention sites to assess progress and identify gaps.</li> <li>▪ Services remain in place in target areas</li> <li>▪ An annual community management of acute malnutrition/nutrition progress review meeting was conducted in December 2010 to document successes and lessons learned</li> </ul>	<ul style="list-style-type: none"> <li>▪ The main beneficiaries of the project were children (both girls and boys) under five years of age and pregnant and lactating women.</li> </ul>
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Health - Nutrition	<p>10-WHO-028</p> <p>Emergency Health and nutrition intervention in crisis-affected and IDP hosting areas of KPK PKA-10/H/30590/R/122</p>	53,500	775,172	<p>4,100 moderately malnourished and 1,200 severely malnourished children under five years</p> <p>2,000 malnourished pregnant and lactating women from Hangu and Kohat</p>	<ul style="list-style-type: none"> <li>Functional nutrition surveillance system established in Hangu and Kohat</li> </ul>	<p>DIRECT</p> <ul style="list-style-type: none"> <li>During the surveillance activities more than 1,800 children were screened and referred to CMAM and stabilization centre sites.</li> </ul> <p>INDIRECT</p> <ul style="list-style-type: none"> <li>To complement life-saving activities, one stabilization centre was established in Kohat, which supported severely malnourished children with complications.</li> </ul>	<p>The availability of CERF funding enabled this life-saving intervention, benefiting more than 5,000 children under five and pregnant and lactating women.</p>	<ul style="list-style-type: none"> <li>Joint monitoring and evaluation missions with carried out with the health department.</li> </ul>	<ul style="list-style-type: none"> <li>Special attention was given to pregnant and lactating women.</li> </ul>
Protection/Human Rights/Rule of Law	<p>10-CEF-025-B</p> <p>Protecting Internally displaced girls and boys from the consequences of armed conflict in KPK PKA-10/P-HR-RL/29539 PKA-10/P-HR-RL/29414/R/124</p>	250,040	3,968,966	<p>89,600 girls, boys and their families</p> <p>The number of targeted beneficiaries corresponds to the total project budget, not the allocated CERF funding. The achievements detailed in this report are reported against the allocated funding and were in line with expectations given the funding level.</p>	<ul style="list-style-type: none"> <li>32 community-based child protection centres/child friendly spaces established and functioning</li> <li>64 child protection monitors hired and trained: 28,000 vulnerable children and women referred to relevant service providers</li> <li>36,000 children and women provided with direct support (cash or in-kind)</li> <li>75,000 children and women provided with counselling by professional psychologists</li> </ul>	<ul style="list-style-type: none"> <li>27 child protection centres and friendly spaces were established, providing 12,491 children and women with psycho-social support through recreational and educational activities.</li> <li>54 child protection monitors were hired and trained. 11,991 children and 1,200 women were referred by the monitors and child protection committees to relevant service providers.</li> <li>8,000 highly vulnerable children and women were provided with non-food items (NFIs) such as clothes, shoes, educational/recreational materials, wheelchairs and hearing aids. 7,500 families were provided with lanterns, torches and tiffin carriers.</li> <li>810 children and women were provided with counselling by trained psychologists.</li> </ul>	<ul style="list-style-type: none"> <li>CERF funding allowed an immediate response to the protection needs of internally displaced children and women in Kohat and Hangu districts.</li> </ul>	<ul style="list-style-type: none"> <li>Child protection monitors and members of child protection committees monitored and assessed project activities on a regular basis to make the project more effective and useful for targeted children and women.</li> <li>The Provincial Commission for Child Welfare and Development monitors worked closely with UNICEF's implementing partners to identify gaps and overcome them.</li> </ul>	<ul style="list-style-type: none"> <li>UNICEF ensured that child protection services were equally available to both boys and girls. In the child protection centres, equal participation of boys and girls was ensured by child protection facilitators.</li> <li>Community sensitisation sessions on the benefits of child protection centres and child friendly spaces for both boys and girls were conducted by child protection monitors. These sessions were often led by members of the child protection committees.</li> </ul>

Protection/Human Rights/Rule of Law	10-FEM-002 And 10-FPA-019	UNFPA 149,265 UNIFEM 149,265	UNFPA 1,249,265 UNIFEM 4,549,265	80,000 IDPs, host community members and returnees (women and girls in particular)	<ul style="list-style-type: none"> <li>Gender-based violence (GBV) response in camps and host communities</li> <li>Protection and gender issues integrated by all emergency responders</li> <li>GBV incidents monitored regularly. Reports shared with authorities and partners. Improved knowledge among IDPs of protection issues</li> </ul>	<ul style="list-style-type: none"> <li>Coordination mechanism for the humanitarian community established in Khyber Pakhtunkhwa for GBV response, and addressing women and girls' protection needs.</li> <li>Government departments orientated on GBV and referral mechanisms established.</li> <li>Women and girls' practical needs addressed and sanitary kits and other NFIs distributed.</li> <li>Women and girls' protection needs identified and addressed through partnerships with government departments and NGOs.</li> <li>Sharing of knowledge and issues at GTF forums allowed aid workers to get support, and encouraged policy-makers to review humanitarian response policies.</li> <li>Development of matrix for mapping resources and capacity of GTF members enabled learning and sharing of resources.</li> <li>Policy briefs prepared</li> <li>Establishment of a Women's Desk within the Provincial Disaster Management Authority (PDMA) will have a positive impact on the relief and rehabilitation process.</li> </ul>	<p>CERF funding enabled capacity building sessions to be organized for the humanitarian community.</p> <p>Response capacity of the Women's Development Department strengthened.</p> <p>In partnership with the government and NGO WASFD a coordinated response was implemented in Khyber Pakhtunkhwa to address the GBV response.</p> <p>Orientation sessions for monitoring the GBV sessions implemented.</p> <p>Relief goods distributed to displaced women and girls.</p> <p>District-level sensitization on GBV response organized in Swat.</p>	<ul style="list-style-type: none"> <li>UNIFEM established a full office in Peshawar.</li> <li>All distributions carried out jointly with implementing partners.</li> <li>Provincial Gender Taskforce and GBV sub cluster monitored activities.</li> </ul>	<ul style="list-style-type: none"> <li>All activities for women and girls in Khyber Pakhtunkhwa and FATA areas</li> </ul>
	<p>GBV Response and support for addressing urgent Protection needs of women and girls in Emergency Response for IDPs/returnees in KPK</p> <p>UNFPA/UNIFEM PAK-08/H06</p> <p>CERF 2010 PKA-10/P-HR-RL/30855/R/5105</p> <p>CERF 2010 PKA-10/P-HR-RL/30855/R/1171</p>								

Shelter and non-food items	<p>10-HAB-002</p> <p>Improving living conditions of IDPs through emergency shelter assistance in KPK PAK-10/S-NF/27931/7039</p>	412,485	1,850,12	1,000 families	<ul style="list-style-type: none"> <li>▪ 1,400 tents/temporary shelters constructed.</li> <li>▪ 1,400 tool kits distributed</li> <li>▪ 1,400 boundary walls constructed.</li> <li>▪ Latrines and kitchens provided.</li> <li>▪ The rubble removal component included in the original proposal was not carried out due to the changed situation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In District Kohat, 600 shelters, 600 kitchens and 300 latrines were completed. 240 tool kits distributed.</li> <li>▪ In DI Khan 900 shelters, 900 kitchens and 450 latrines were completed. 690 tool kits were distributed.</li> <li>▪ In Kohat and DI Khan 600 and 900 boundary walls were constructed respectively.</li> </ul>	<p>CERF funding allowed lives to saved by responding to the unmet needs of IDP families.</p> <p>Donor fatigue led to a limited humanitarian response to the needs of new IDPs, which was addressed by the CERF.</p>	<ul style="list-style-type: none"> <li>▪ UN-HABITAT established one field base in Hangu and one field base in DI Khan with technical and social staff for continuous support of the implementation, monitoring and evaluation of activities.</li> <li>▪ The provincial office in Mardan supported the field bases.</li> <li>▪ UN-HABITAT and its partners conducted weekly monitoring meetings.</li> <li>▪ UN-HABITAT staff regularly visited field operations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special attention was paid to the needs of women and girls by providing boundary walls to ensure privacy.</li> <li>▪ Parallel WASH interventions targeting the same communities allowed the installation of latrines within the compound where shelters were installed. The provision of latrines diminished the risk of attacks on women and girls.</li> </ul>
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Water and sanitation	10-HAB-003				<ul style="list-style-type: none"> <li>▪ Provision of 100 water points/pumps for IDPs and host families</li> <li>▪ Provision of 400 latrines</li> <li>▪ Provision of hygiene kits to 2,500 vulnerable families</li> <li>▪ Provision of NFIs (jerry cans and buckets) to 2,500 vulnerable families</li> <li>▪ Hygiene promotion campaign/ awareness sessions for 2,500 families</li> </ul>	<ul style="list-style-type: none"> <li>▪ 72 hand pumps installed, 12,000 RFP of water supply schemes repaired in seven villages (2,727 beneficiaries, 303 families).</li> <li>▪ 60 latrines installed and 15,000 RFP of drainages repaired in 20 villages (5,373 beneficiaries, 597 families).</li> <li>▪ 1,300 families provided with hygiene kits, jerry cans and buckets (reduced number of beneficiaries due to increased cost of kits).</li> <li>▪ 72 hygiene promotion sessions organised for 1,300 families.</li> </ul>	<p>CERF funding allowed lives to saved by responding to the unmet needs of IDP families.</p> <p>Donor fatigue led to a limited humanitarian response to the needs of new IDPs, which was addressed by the CERF.</p>	<ul style="list-style-type: none"> <li>▪ UN-HABITAT established one field base in Hangu and one field base in DI Khan with technical and social staff for continuous support of the implementation, monitoring and evaluation of activities.</li> <li>▪ The provincial office in Mardan supported the field bases.</li> <li>▪ UN-HABITAT and its partners conducted weekly monitoring meetings.</li> <li>▪ UN-HABITAT staff regularly visited field operations.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special attention was paid to the hygiene needs of girls and young women, ensuring their full participation in hygiene promotion activities.</li> <li>▪ 600 hygiene kits were distributed specifically to women.</li> </ul>
	Improving living conditions of through WASH interventions in KPK PKA-10/WS/27937/7039 PKA-10/WS/27937/R/7039	299,999	1,850,124	17,500					

Water and sanitation	<p>10-CEF-025-C</p> <p>WASH Interventions for internally displaced populations in KPK and FATA PKA-10/WS/29540/R/124</p>	1,000,033	16,944,033	35,000 IDPs in camps and 60,000 in host communities	<ul style="list-style-type: none"> <li>Target beneficiaries provided with safe drinking water and access to adequate sanitation</li> </ul>	<ul style="list-style-type: none"> <li>139,000 IDPs (35,000 in Jalozai and Munda camps and 104,000 in host communities, including 25,201 men, 26,229 women, 44,661 girls and 42,909 boys) were provided with access to safe drinking water through water trucking and the rehabilitation of 18 water supplies within host communities in Kohat and Hangu districts.</li> <li>24,000 IDPs in Jallozai and Munda camps benefited from the installation of 1,200 latrines and 475 bathing facilities.</li> <li>139,000 IDPs (35,000 in camps and 104,000 in host communities) sensitised to improved hygiene behaviour through interpersonal hygiene sessions and distribution of hygiene-related materials.</li> <li>13,500 displaced families within host communities provided with hygiene kits.</li> </ul>	<p>Funding provided by the CERF enabled urgent delivery of WASH services to address the immediate needs of IDPs.</p> <p>The CERF also enabled UNICEF to provide life-saving WASH services within IDP camps, which would not have been possible otherwise due to lack of funding.</p>	<ul style="list-style-type: none"> <li>Direct field level monitoring conducted by Peshawar-based UNICEF staff.</li> <li>UNICEF monitoring reinforced through local government monitors.</li> <li>WASH progress reviewed in weekly/bi-weekly WASH Cluster meetings</li> </ul>	<ul style="list-style-type: none"> <li>Gender-segregated WASH facilities provided, including latrines (588 for men and boys and 612 for women and girls) and bathing places (242 for women and girls and 233 for men and boys).</li> <li>Provision of separate hygiene kit distribution points for men and women.</li> <li>Hygiene kits included gender appropriate items.</li> </ul>
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Water and sanitation	<p>10-WHO-027</p> <p>WASH interventions for internally displaced populations in the KPK and FATA PKA-10/WS/29412/R/122</p>	90,003	<p>866,823</p> <p>Original requirement: 2,824,800)</p>	700,000 IDPs	<ul style="list-style-type: none"> <li>▪ Improved water quality surveillance and response</li> <li>▪ Water-borne disease surveillance system in place</li> <li>▪ Early alert and response to outbreaks of water-borne diseases within camps</li> <li>▪ Improved healthcare and waste management in healthcare facilities</li> <li>▪ Improved hygiene education/awareness among medical staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Five environmental engineers conducted regular water quality surveillance and sanitary surveys in camps and IDP hosting areas, as well as training service providers on water disinfection methods.</li> <li>▪ 1,500 hygiene kits and 15,000 bars of soap were provided to affected communities.</li> <li>▪ Seven water quality testing kits and 15 digital chlorimeters were provided.</li> <li>▪ 250kg of high-test hypochlorite were provided for water disinfection.</li> <li>▪ 12 health facilities provided with hygiene supplies.</li> <li>▪ Five chlorinators installed at tube wells.</li> <li>▪ Vector control interventions supported in Shangla, Lower Dir, Nowshera, and Swat by providing insecticides, fogging and staff costs.</li> </ul>	<p>CERF funds enabled WHO to ensure safe water supplies, and improved sanitation and hygiene</p>	<ul style="list-style-type: none"> <li>▪ Joint monitoring was undertaken by WHO staff and water supply service providers in the targeted districts.</li> <li>▪ Joint monitoring of the response was undertaken by the WASH and Health clusters.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special attention was paid to the hygiene needs of girls and young women.</li> <li>▪ Separate latrines were built for women and girls.</li> </ul>
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<p style="text-align: center;"><b>Agriculture</b></p>	<p style="text-align: center;"><b>10-FAO-034</b></p> <p>Emergency assistance for immediate food security through provision of critical livestock and agricultural inputs in the flood affected areas of Khyber Pakhtunkhwa, Pakistan PKA-FL-10/A/34080/R/123</p>	<p style="text-align: center;">400,073</p>	<p style="text-align: center;">81,000,000</p>	<p style="text-align: center;">37,600 people</p> <p>Females: 18,800</p> <p>Males: 18,800</p>	<ul style="list-style-type: none"> <li>▪ Protection and restoration of productivity of livestock assets for a minimum of 4,700 households (HHs) in two severely affected districts of KP Province, benefiting an estimated 37,600 individuals</li> <li>▪ 564 MT of animal feed, 4.7 MT of mineral/vitamin supplements, and 1.9 MT of vegetable seeds distributed to 4,700 flood-affected HHs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Protection and restoration of productivity of livestock assets of 12,600 households in Charsadda and Nowshera districts of Khyber Pakhtunkhwa, benefiting an estimated 100,800 men, women and children.</li> <li>▪ 756 MT of animal feed (containing vitamins and minerals), 12,600 packs of dewormer, and 12,600 vegetable seed packs distributed to 12,600 flood-affected HHs.</li> <li>▪ Improved livestock productivity.</li> <li>▪ Fresh vegetables within 6-8 weeks of planting.</li> </ul>	<p>Rapid CERF allocations allowed the project to begin immediately after needs were identified.</p> <p>CERF-funded activities encouraged subsequent funding by other donors</p>	<ul style="list-style-type: none"> <li>▪ Monitoring was conducted by dedicated monitoring staff in FAO's provincial and regional offices.</li> <li>▪ The district-level livestock department was involved during project implementation.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Men and women benefited equally from the project.</li> <li>▪ Women benefited specifically from the provision of vegetable seeds, as kitchen gardening traditionally involves mostly women.</li> </ul>
<p style="text-align: center;"><b>Agriculture</b></p>	<p style="text-align: center;"><b>FAO 10-FAO-037</b></p> <p>Emergency assistance for immediate protection of livelihoods and food security through provision of critical livestock and agricultural inputs in the flood PKA FL10/A/34080/R/123</p>	<p style="text-align: center;">1,394,650</p>	<p style="text-align: center;">81,000,000</p>	<p style="text-align: center;">144,800 people</p> <p>Females: 72,400</p> <p>Males: 72,400</p>	<ul style="list-style-type: none"> <li>▪ 10,100 households (HHs) in severely affected districts assisted with provision of animal feed for protection and restoration of productivity of livestock assets</li> <li>▪ Agriculture inputs such as wheat and vegetable seeds, and fertilizer provided to &gt;8,000 households (64,000 individuals) to ensure crop and winter vegetable production</li> </ul>	<ul style="list-style-type: none"> <li>▪ This project is ongoing and will be reported on more fully in 2012.</li> <li>▪ There were several weeks of delay in the procurement of animal compound feed due to initial laboratory reports indicating contaminated feed samples. Distribution has now resumed.</li> <li>▪ All seeds have been distributed to beneficiaries.</li> </ul>	<p>Rapid allocation of CERF funds allowed the project to begin immediately after needs were identified.</p>	<ul style="list-style-type: none"> <li>▪ Monitoring conducted by implementing partners during distribution according to standard FAO procedures.</li> <li>▪ Regular monitoring and assessment visits to project sites conducted by FAO field staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Men and women benefited equally from the project.</li> <li>▪ Women were targeted specifically with the provision of vegetable seeds for kitchen gardens.</li> </ul>



Camp Management	<p><b>10-HCR-044</b></p> <p>Emergency Assistance to Flood Affected Populations PKA-FL-10/CSS/35670/R/120</p>	1,000,339	11,056,367	<p>600,000 people</p> <p>Females: 294,000</p> <p>Males: 306,000 males</p> <p>Children under five: 105,060</p>	<ul style="list-style-type: none"> <li>▪ Camp coordination and camp management involving the government, NGOs and other agencies</li> <li>▪ Improved planning and decommissioning plans for camps developed by PDMA and DCO</li> <li>▪ Information dissemination to women, girls, boys and men to improve aid opportunities</li> <li>▪ Referral system in place to connect vulnerable groups with service providers</li> <li>▪ Strengthening of PDMA and NGO capacity</li> </ul>	<ul style="list-style-type: none"> <li>▪ Coordination of assistance in IDP camps in Sindh province which, at the peak of the emergency, included almost 1.5 million IDPs.</li> <li>▪ Training on CCCM for authorities and camp managers. In Sindh province, 137 persons attended the three rounds of two day trainings.</li> <li>▪ Camp profiling.</li> <li>▪ Support to local authorities with relocation/return of IDPs from collective centres (schools and public buildings) to established camps and villages of origin.</li> <li>▪ More than 90 per cent of the 1.5 million IDPs, who were residing in the 4,800 camps and collective centres in Sindh Province, have now returned to their areas of origin.</li> <li>▪ By end of 2010, 26,959 tents, 24,192 NFI packages and 3,459 winter packages were distributed to IDPs at camps in Jacobabad, Kashmore, Kahirpur, Larkana, Dadu and Shikarpur.</li> </ul>	CERF funding enabled a comprehensive approach, incorporating camp coordination, training, and profiling, to be implemented in a short period of time.	<ul style="list-style-type: none"> <li>▪ Regular field monitoring visits conducted.</li> <li>▪ Camp profiling available on line: <a href="http://cccm.com.pk/">http://cccm.com.pk/</a></li> </ul>	<ul style="list-style-type: none"> <li>▪ Women represented in camp committees.</li> <li>▪ In all camps, protection monitoring was also undertaken by UNHCR staff and protection centres were run by partners.</li> </ul>
Economic Recovery and Infrastructure	<p><b>10-UNDP-016</b></p> <p>Rubble removal, environmental hazardous removal, and emergency rehabilitation of community infrastructure PKA-FL-10/ER/34975/R/776</p>	250,000	250,000	41,735 individuals:	<ul style="list-style-type: none"> <li>▪ Emergency community infrastructure schemes catering to the needs of women and men</li> </ul>	<ul style="list-style-type: none"> <li>▪ Through Cash for work 203 small projects were implemented which included culverts, street pavements, drains and access road schemes.</li> <li>▪ 6851 individuals benefitted from CFW and had income source to meet their urgent needs</li> </ul>	The CERF funding allowed some immediate relief to people e.g. more than 6800 individuals benefitted from Cash for Work Program	<ul style="list-style-type: none"> <li>▪ The Country Office conducted a number of monitoring visits which include those by the Country Director, Programme Officer and the Programme Assistant.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Efforts were made to target vulnerable households which include men and women.</li> <li>▪ Total number of females reached under the CERF funding are 16,477.</li> </ul>

<p>Coordination and Support Services - Emergency Telecommunications</p>	<p>10-UNDP-017 Safety and Security of Humanitarians and IDPs PKA-FL-10/CSS/34492/R/51 39</p>	<p>500,035</p>	<p>3,495,517</p>	<p>Direct beneficiaries are other clusters. Indirect support will be provided to IDPs, returnees, stayees, and host families through other active clusters</p>	<ul style="list-style-type: none"> <li>▪ Implementation of the Enhanced Security Management Structure for Pakistan through an integrated approach to the Emergency Flood Relief; approval to upgrade the Emergency Communications System; placement of security resources in 3 emergency humanitarian hubs; conduct weekly SSAFE training; enhance support to UN clients and security coordination through SIOC; increase number of security resources from 7 – 20 positions. Total number of UN s/m's trained by end of Dec 2010 were 1184.</li> </ul>	<ul style="list-style-type: none"> <li>▪ UNDSS has deployed security teams within the flood area of operations to facilitate the safe and secure delivery and implementation of humanitarian assistance missions in the affected localities.</li> </ul>	<p>Rapid allocation of CERF funds allowed the implementation of Integrated security approach to the development of security systems; enhanced communications for all regions and districts; increased security awareness through SSAFE trainings.</p>	<ul style="list-style-type: none"> <li>▪ Regular security assessments undertaken by the DSS team to identify the security gaps, if any in their area of operations. Periodic meetings were held in Islamabad to assess the project's progress.</li> </ul>	<ul style="list-style-type: none"> <li>▪ UNDSS ensured maximum safety and security of UN personnel through the strengthening of security systems. Special attention was paid to the female staff deployed in the flood hubs to ensure their safety to the maximum.</li> </ul>
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	<p><b>10-UNDP-023</b></p> <p>Safety and Security of Humanitarians and IDPs          PKA-FL-10/CSS/34492/R and PKA-FL-10/CSS/35602/R          PKA-FL-10/CSS/34492/R/5139</p>	<p>501,569</p>	<p>3,495,517</p>	<p>UN and other humanitarian agencies</p>	<ul style="list-style-type: none"> <li>▪ Continued implementation of the Enhanced Security Management Structure for Pakistan through an integrated approach to the Emergency Flood Relief; implementation to upgrade the Emergency Communications System; maintenance of security resources in 3 emergency humanitarian hubs; conduct weekly SSAFE training; enhance support to UN clients and security coordination through SIOC; increase number of security resources from 7 – 20 positions. Total number of UN s/m's trained by end of Dec 2010 were 1184.</li> </ul>	<ul style="list-style-type: none"> <li>▪ UNDSS continued to deploy security teams within the flood area of operations to facilitate the safe and secure delivery and implementation of humanitarian assistance missions in the affected localities.</li> </ul>	<p>Rapid allocation of CERF funds allowed to maintain the Integrated security approach to the development of security systems; enhanced communications for all regions and districts; increased security awareness through SSAFE trainings.</p>	<ul style="list-style-type: none"> <li>▪ Regular security assessments were undertaken by the DSS team to identify the security gaps, if any in their area of operations. Periodic meetings were held in Islamabad to assess the project's progress.</li> </ul>	<ul style="list-style-type: none"> <li>▪ UNDSS ensured maximum safety and security of UN personnel through the strengthening of security systems. Special attention was paid to the female staff deployed in the flood hubs to ensure their safety to the maximum.</li> </ul>
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<p style="text-align: center;">Coordination and Support Services – UNHAS</p>	<p style="text-align: center;"><b>10-WFP-063</b></p> <p>Logistics and Telecommunications Augmentation, Aviation Services and Coordination in Support of the Humanitarian Community's Response to the Monsoon Floods in Pakistan PKA-FL-10/F/33965/R/561</p>	1,000,000	46,103,514	Not Applicable	<ul style="list-style-type: none"> <li>▪ Aviation services provided to enable the humanitarian community to implement emergency relief activities in otherwise inaccessible areas</li> <li>▪ Coordination of logistics to ensure a timely and efficient humanitarian response</li> <li>▪ Life-saving equipment and personnel reach isolated locations</li> <li>▪ Emergency and medical evacuations provided</li> <li>▪ Effective utilization of aircraft capacity, providing a monthly uplift capacity of &gt;1,500 MT</li> </ul>	<ul style="list-style-type: none"> <li>▪ CERF allowed UNHAS air assets to be rapidly mobilized at the onset of the emergency to deliver life-saving aid to populations in cut-off locations across Pakistan.</li> <li>▪ 100 per cent of Cargo Movement Requests (CMRs) were fulfilled.</li> <li>▪ 100 per cent of emergency and medical evacuation requests were fulfilled.</li> <li>▪ 16 organizations utilized air services.</li> <li>▪ CERF enabled the delivery of 12,230 MT of life-saving aid through common aviation services, including 3,296 MT delivered by UNHAS.</li> <li>▪ Monthly capacity was ~2,000 MT</li> <li>▪ 64 per cent utilization of contracted hours of aircraft.</li> </ul>	<p>Rapid allocation of CERF funds allowed for immediate utilization of UNHAS air assets to deliver aid to populations in cut-off locations.</p> <p>This was critical especially in the early phase of the emergency, when road networks, railways, and bridges suffered massive damage.</p>	<ul style="list-style-type: none"> <li>▪ The logistics cluster maintained Cargo Movement Request forms (CMRs), Stock Reports, Waybills, Cargo Tracking Files to record cumulative cargo deliveries, and a Daily Air Dispatch Report that was dispatched on a regular basis to the various actors, including the National Disaster Management Authority (NDMA), NGOs, INGOs, and other logistics cluster participants.</li> <li>▪ Provincial hubs included cluster coordinators, store-keepers, and tally clerks who regularly updated Stock reports and Waybills of cargo stored and airlifted. Frequent visits were conducted to field locations by Country Office staff to verify records.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Not applicable</li> </ul>

Food	10-WFP-059 And 10-WFP-062 Emergency Food Assistance to Families Affected by Monsoon Floods in Pakistan PKA-FL-10/F/33914/R/561	4,900,000 and 2,500,003	417,228,257	<p>General food distribution: up to 4,000,000 people</p> <p>Supplementary feeding: 412,000 people</p> <p>Females: 201,880</p> <p>Males: 210,120</p> <p>Children under five: 271,000</p>	<ul style="list-style-type: none"> <li>▪ Stabilized/improved food consumption</li> <li>▪ Supply of HEB and RUSF to infants and young children</li> </ul>	<ul style="list-style-type: none"> <li>▪ The first CERF allocation enabled distribution of 3,242 MT of mixed commodities (salt, sugar, tea and ready-to-use supplementary food for infants) for up to 3.5 million people.</li> <li>▪ The second CERF allocation allowed for the distribution of 2,182 MT of mixed commodities (vegetable oil and sugar) to up to 2.6 million people.</li> <li>▪ A joint WFP/FAO assessment conducted at the end of 2010 (supported by UNWOMEN and Oxfam) found that the proportion of flood-affected families suffering from a poor Food Consumption Score had been reduced to 2.4 per cent from a baseline of 15 per cent in 2009, and from 26 per cent estimated by the August 2010 MCRAM assessment. The percentage of all households with an acceptable Food Consumption Score also fell slightly (from 64.9 per cent in 2009 to 63.4 per cent) due to the flooding.</li> <li>▪ Through the provision of emergency food rations, beneficiaries were able to engage in recovery planning in the relative security that household consumption needs were being met. As loans were taken by beneficiaries to invest in agricultural inputs and rebuild damaged houses, the provision of food in-kind helped to prevent a higher debt burden.</li> </ul>	Rapid allocation of CERF funds allowed for the timely provision of life-saving food assistance to beneficiaries.	<ul style="list-style-type: none"> <li>▪ WFP maintained records, and staff monitored physical distribution in addition to the conduct of post-distribution monitoring activities.</li> <li>▪ Distribution undertaken by implementing partners with a proven history of management, technical and logistical capacity, as well as an existing presence in target areas.</li> <li>▪ Use of an online beneficiary verification database in some locations strengthened operational accountability.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Efforts made to facilitate the receipt of assistance by female beneficiaries, including women-headed households. Separate queues and waiting areas established for women at distribution sites, while provision was made in culturally-conservative areas for the supply of rations to a relative where a female beneficiary was unable to be present.</li> <li>▪ Up to 14 per cent of household food entitlements were provided directly to women.</li> </ul>
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Food	<p><b>10-WFP-073</b></p> <p>Implementation of the inter-cluster Survival Strategy PKA-FL-10/F/33914/R/561</p>	4,000,001	417,228,257		<ul style="list-style-type: none"> <li>▪ Food ration of 2,100 Kcal/person distributed to 250,000 flood-affected people for one month</li> </ul>	<ul style="list-style-type: none"> <li>▪ The CERF allocation enabled the distribution of 1,930 MT of mixed commodities (vegetable oil, high-energy biscuits/HEB and ready-to-use supplementary food/RUSF for infants) to up to 1.1 million flood-affected people, including more than 600,000 children provided with nutritionally-fortified HEB and RUSF.</li> <li>▪ These commodities formed part of a 2,100 Kcal per person per day food basket supplied to beneficiaries.</li> </ul>	<p>Rapid allocation of CERF funds allowed for the timely provision of life-saving food assistance to beneficiaries.</p>	<ul style="list-style-type: none"> <li>▪ WFP maintained records, and staff monitored physical distribution in addition to the conduct of post-distribution monitoring activities.</li> <li>▪ Distribution undertaken by implementing partners with a proven history of management, technical and logistical capacity, as well as an existing presence in target areas.</li> <li>▪ Use of an online beneficiary verification database in some locations strengthened operational accountability.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Efforts made to facilitate the receipt of assistance by female beneficiaries, including women-headed households. Separate queues and waiting areas established for women at distribution sites, while provision was made in culturally-conservative areas for the supply of rations to a relative where a female beneficiary was unable to be present.</li> <li>▪ Up to 14 per cent of household food entitlements were provided directly to women.</li> </ul>
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Health	<p>10-IOM-022</p> <p>Rapid Establishment of Emergency Primary Health Care to Flood Affected Population in Host Communities and Strengthening of Healthcare Referral System PKA-FL-10/H/34920/R/298</p>	262,149	1,524,300	24,000	<ul style="list-style-type: none"> <li>▪ Health outreach for up to 30,000 patients established through three temporary health clinics</li> <li>▪ Life-saving medical referrals and transportation of patients (with family escort) to health facilities using ambulance services</li> <li>▪ Flood-affected population of Rajanpur and Muzaffargarh districts in Punjab have access to expanded vaccination services</li> <li>▪ Health and hygiene promotion kits distributed through mobile outreach</li> <li>▪ Enhancing the provision of health care services to the flood affected population.</li> </ul>	<p>Provision of primary health care services to more than 25,233 patients through fixed clinics</p> <p>50 mobile clinics were set up in districts Rajanpur and Muzaffargarh which benefited 7,000 patients.</p> <p>150 patients were assisted with referral services.</p> <p>20,000 health and hygiene promotion kits were distributed in girls' schools and spontaneous IDP camps to promote hygiene and health.</p>	<p>IOM launched health services quickly with funds from the CERF.</p> <p>Funds from CERF enabled IOM to support vital mobile outreach services which contributed to saving lives.</p> <p>Ambulance service ensured quick referrals of emergency patients to healthcare facilities.</p>	<ul style="list-style-type: none"> <li>▪ Project implemented by the emergency health team under the supervision of IOM Lahore office which provided technical support through fortnightly visits.</li> <li>▪ Monthly visits made by IOM main office in Multan. Daily and weekly reports were shared with the regional office as well as HQ.</li> <li>▪ IOM maintains comprehensive patient records including gender disaggregated data.</li> </ul>	<ul style="list-style-type: none"> <li>▪ More females than males received health services.</li> <li>▪ IOM health teams were gender balanced, and included female doctors, nurses and Lady Health Volunteers.</li> <li>▪ Separate examination rooms were provided for male and female beneficiaries.</li> <li>▪ Project focuses mainly on meeting the health needs of women and children. The primary emphasis is on maternal and child health.</li> </ul>
Health	<p>10-FPA-030</p> <p>Provision of emergency reproductive health care services with special focus on maternal and newborn care services on basis of Minimum Initial Service Package (MISP) protocols in Pakistan PKA-FL-10/H/34137/R/1171</p>	200,000	9,594,469	<p>One million people (250,000 females of reproductive age, 7,500 pregnant women, and 8,833 newborns)</p>	<ul style="list-style-type: none"> <li>▪ Improved reproductive health among women of child-bearing age and newborns in flood-affected areas</li> <li>▪ Two mobile health units deployed in flood-affected areas</li> <li>▪ Essential reproductive health (RH) supplies/ kits provided to strengthen 11 Government service delivery points in flood-affected areas</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health facilities strengthened with 24/7 services provided through 10 basic facilities and one referral facility.</li> <li>▪ Women and newborn babies received skilled birth assistance, clean deliveries and care.</li> <li>▪ Community mobilizers hired for health education, obstetric care, and distribution of hygiene and newborn kits.</li> <li>▪ MISP trainings conducted for use of RH kits and reporting/management of GBV cases.</li> </ul>	<p>Rapid CERF allocation enabled procurement of RH kits, hygiene kits, newborn kits, and other human and material resources.</p>	<ul style="list-style-type: none"> <li>▪ Two dedicated RH coordinators were hired for to monitor and implement activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Services were designed to facilitate maternal and newborn care.</li> </ul>

Health	<p><b>10-FPA-033</b></p> <p>Provision of emergency Reproductive Health care services with special focus on maternal and newborn care services PKA-FL-10/H/34137/R/1171</p>	597,596	9,594,469	6 million people, with a special focus on 1.5 million women (including an estimated 15,120 pregnant women)	<ul style="list-style-type: none"> <li>▪ Six mobile service units (MSUs) deployed</li> <li>▪ Reproductive health (RH) kits provided to 27 Government health facilities</li> <li>▪ Regular data collection and monitoring visits at service delivery points</li> </ul>	<ul style="list-style-type: none"> <li>▪ Six MSUs deployed for community outreach service.</li> <li>▪ 2,768 RH kits, 17,302 newborn kits and 38,575 hygiene kits distributed.</li> <li>▪ 100 per cent of selected health facilities provided with at least one skilled birth attendant.</li> </ul>	Skilled health care assistance provided for women and newborn babies. RH and other kits contributed to clean deliveries newborn care.	<ul style="list-style-type: none"> <li>▪ Monitoring and supervision carried out with additional staff (including RH coordinators, and monitoring and evaluation officers) at hub offices.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Services were designed to facilitate maternal and newborn care.</li> </ul>
Health	<p><b>10-FPA-045</b></p> <p>Implementation of the inter-cluster Survival Strategy PKA-FL-10/H/34137/R/1171</p>	200,000	9,594,469		<ul style="list-style-type: none"> <li>▪ Reproductive Health (RH) kits distributed to 12 existing Government health facilities</li> <li>▪ Community mobilization conducted for reproductive health/ obstetric and newborn care</li> </ul>	<ul style="list-style-type: none"> <li>▪ RH kits, hygiene kits and newborn kits distributed to health facilities and affected population in order to support immediate reproductive health needs.</li> </ul>	Rapid fund allocation enabled quick procurement.	<ul style="list-style-type: none"> <li>▪ Monitoring and supervision carried out with additional staff (including RH coordinators, and monitoring and evaluation officers) at hub offices.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Services were designed to facilitate maternal and newborn care.</li> </ul>
Health	<p><b>10-CEF-045-B</b></p> <p>Maternal and Child Health care PKA-FL-10/H/34108/R/124</p>	250,181	30,557,719	760,000 children under five and their mothers/care providers	<ul style="list-style-type: none"> <li>▪ Health facilities and Lady Health Workers (LHWs) in flood-affected areas have adequate diarrhoea treatment supplies</li> <li>▪ Flood-affected population receive health messages (on flood safety, water borne disease prevention, vector borne diseases prevention, IYCF, home care in diarrhoea/dysentery and where to seek care)</li> </ul>	<ul style="list-style-type: none"> <li>▪ CERF funding contributed to the provision and distribution of 1.9 million Oral Rehydration Salt (ORS) sachets and 375,500 Zinc tablets to health facilities and LHWs.</li> <li>▪ CERF funding contributed to the provision of 46,000 LHW kits containing one month's worth of essential supplies. LHW kits distributed to LHWs in flood-affected areas.</li> <li>▪ 35,000 counselling cards containing messages for preventing life threatening infections distributed.</li> </ul>	Through the timely allocation of CERF funding, the most vulnerable flood-affected mothers and children were reached and the services of LHWs in flood affected areas were activated.	<ul style="list-style-type: none"> <li>▪ Rapid assessment of the 22 worst flood -affected districts conducted by the Health Management Information System.</li> <li>▪ LHWs reported on their activities in daily, weekly and monthly reports.</li> <li>▪ Monitoring was conducted by the LHW programme and UNICEF federal and provincial staff.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special attention was paid to the needs of pregnant women.</li> </ul>



Health	<p>10-CEF-048-A</p> <p>Maternal and Child Health Care PKA-FL-10/H/34108/R/124</p>	600,015	30,557,719	44,329 newborn babies	<ul style="list-style-type: none"> <li>▪ 44,329 newborn kits (containing a baby blanket, head cover, linens and clothing) distributed</li> </ul>	<ul style="list-style-type: none"> <li>▪ 45,000 newborn kits distributed.</li> </ul>	<p>Through the timely allocation of CERF funding, newborns in flood-affected areas were provided with support.</p>	<ul style="list-style-type: none"> <li>▪ Rapid assessment of the 22 worst flood-affected districts was conducted by the Health Management Information System.</li> <li>▪ LHWs reported on their activities in daily, weekly and monthly reports.</li> <li>▪ Monitoring was conducted by UNICEF federal and provincial staff and the LHW programme.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Almost half the children and newborns reached were female children.</li> </ul>
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Health	<p>10-WHO-054</p> <p>Emergency Primary Health Care for flood-affected population focusing on lifesaving interventions in the health response PKA-FL-10/H/33926/R/122</p>	<p>2,057,610</p> <p>WHO:</p> <p>834,610</p>	<p>30,028,157</p>	<p>Three million flood-affected people</p>	<ul style="list-style-type: none"> <li>▪ Well-coordinated health response</li> <li>▪ Emergency health services provided through standard package of primary health services</li> <li>▪ Essential medicines and medical supplies distributed through health departments and partners</li> <li>▪ Capacity of district health departments strengthened to plan and implement timely interventions</li> <li>▪ Access to life-saving hospital services facilitated</li> <li>▪ Timely emergency warning and response system operational</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provision of emergency stocks of medicines and other medical supplies</li> <li>▪ Support reproductive health interventions including supply of drugs and materials</li> <li>▪ Provision of tents as temporary structures for delivery of healthcare services</li> <li>▪ Clean up, basic rehabilitation and restoration of damaged health facilities</li> <li>▪ Establishment of Diarrhoeal Treatment Centres (DTCs) and provision of essential supplies</li> <li>▪ Rental of 20 ambulances for provision of referral services through department of health</li> <li>▪ Provision of supplies to health facilities</li> <li>▪ Provision of personal protective equipment for possible AWD outbreak</li> <li>▪ Provision of hygiene and healthcare infection control education materials</li> <li>▪ DEWS teams activated and expanded to support detection, analysis, response to alerts, and establishment of ad-hoc treatment units</li> </ul>	<p>CERF enabled cluster partners to save lives through emergency health response</p>	<ul style="list-style-type: none"> <li>▪ DEWS report</li> <li>▪ Surveillance report from Surveillance Officer</li> <li>▪ Essential medicine utilisation reports</li> <li>▪ Minutes of health cluster meetings</li> <li>▪ Warehouse records</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health services provided equally to men and women.</li> <li>▪ Close coordination with Reproductive Health Task Force through Health Cluster platform and with SGBV group</li> <li>▪ WHO distributed standard protocols and SOPs for GBV</li> </ul>
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Health	<p>10-WHO-056</p> <p>Emergency Primary Health Care for flood affected population in Khyber Pakhtunkhwa, Sindh, Balochistan and Punjab provinces focusing on lifesaving interventions in the health response PKA-FL-10/H/33926/122WHO</p>	1,238,000	30,028,157	Three million flood-affected people	<ul style="list-style-type: none"> <li>▪ Well-coordinated health response</li> <li>▪ Emergency health services provided through standard package of primary health services</li> <li>▪ Essential medicines and medical supplies distributed through health departments and partners</li> <li>▪ Capacity of district health departments strengthened to plan and implement timely interventions</li> <li>▪ Access to life-saving hospital services facilitated</li> <li>▪ Timely emergency warning and response system operational</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provision of emergency stocks of medicines and other medical supplies</li> <li>▪ Support reproductive health interventions including supply of drugs and materials</li> <li>▪ Provision of tents as temporary structures for delivery of healthcare services</li> <li>▪ Establishment of Diarrhoeal Treatment Centres (DTCs) and provision of essential supplies</li> <li>▪ Establishment of Early Warning and Response System for early detection of communicable diseases</li> <li>▪ Refresher training for health staff</li> <li>▪ Social mobilization and targeted health education</li> <li>▪ Mass vaccination campaigns</li> <li>▪ Establishment of ad-hoc treatment units</li> </ul>	Remote flood-affected areas of Balochistan provided with primary health services.	<ul style="list-style-type: none"> <li>▪ Joint monitoring undertaken by WHO staff and EDO Health in targeted districts to check the quality and effectiveness of the response.</li> <li>▪ Joint monitoring of the response was undertaken by clusters to coordinate the response. Issues were discussed weekly at the cluster coordinators meeting in Islamabad.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health services provided equally to men and women.</li> <li>▪ Close coordination with Reproductive Health Task Force through Health Cluster platform and with SGBV group</li> <li>▪ WHO distributed standard protocols and SOPs for GBV</li> </ul>
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Health	<p>10-WHO-069</p> <p>Implementation of the inter-cluster Survival Strategy PKA-FL-10/H/33926/122</p>	1,300,000	30,028,157	<p>350,000 people</p> <p>Females: 182,000</p> <p>Males: 168,000</p> <p>Children under five: 63,000</p>	<ul style="list-style-type: none"> <li>▪ Medicines provided to treat 190,000 people</li> <li>▪ Ten Severe Acute Malnutrition (SAM) stabilisation centres opened at 10 health facilities in Sindh</li> <li>▪ 450 health workers trained on SAM management</li> <li>▪ Mobile health units deployed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Early warning system for epidemic diseases scaled-up in affected districts</li> <li>▪ 500,000 people covered by basic emergency health services, including maternal and newborn health services</li> <li>▪ Essential medicines and supplies provided to treat approximately 500,000 people</li> <li>▪ 17 Diarrhoeal Treatment Centres (DTCs) operational in Sindh</li> <li>▪ Three million children under five vaccinated against measles and polio, and provided with vitamin A through emergency mass vaccination campaigns</li> <li>▪ 1.2 million children under five reached with child survival interventions through Maternal and Child Days campaign</li> <li>▪ Preventive and curative malaria activities carried out in all affected districts</li> <li>▪ 11 Functional Stabilization Centres established to treat SAM</li> <li>▪ 461 health care workers trained to manage malnutrition</li> <li>▪ Essential medicines and equipments provided to 10 SCs</li> </ul>	<p>The inter-cluster survival strategy ensured a coordinated response.</p> <p>17 DTCs were established to respond to diarrhoeal diseases.</p>	<ul style="list-style-type: none"> <li>▪ Joint monitoring undertaken by WHO staff and EDO Health in targeted districts to check the quality and effectiveness of the response.</li> <li>▪ Joint monitoring of the response was undertaken by clusters to coordinate the response. Issues were discussed weekly at the cluster coordinators meeting in Islamabad.</li> <li>▪ Through Inter cluster survival strategy all clusters responded to hot spots in flood-affected areas in a timely and coordinated manner.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Health services provided equally to men and women.</li> <li>▪ Close coordination with Reproductive Health Task Force through Health Cluster platform and with SGBV group</li> <li>▪ WHO distributed standard protocols and SOPs for GBV</li> </ul>
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<p style="text-align: center;">Health - Nutrition</p>	<p style="text-align: center;">10-CEF-045-A</p> <p>Emergency nutrition Services for flood-affected population in Pakistan PKA - 10/H/30567/124 PKA-FL-10/H/33940/R/124</p>	<p style="text-align: center;">199,979</p>	<p style="text-align: center;">16,866,901</p>	<p>2,550 individuals</p> <p>Females: 1,025</p> <p>Males: 25</p> <p>Children under five: 1,500</p>	<ul style="list-style-type: none"> <li>▪ 1,500 severely malnourished children treated at community and facility-based therapeutic care centres (OTPs and SCs)</li> <li>▪ &gt;1,000 mothers/caregivers reached with key messages on infant feeding</li> <li>▪ &gt;50 health care providers trained on emergency nutrition services</li> </ul>	<ul style="list-style-type: none"> <li>▪ CERF funding contributed to 236,252 children aged 6-59 months being screened for malnutrition at the community level. Some 27,000 children were identified as moderately malnourished and referred to a supplementary feeding programme (SFP).</li> <li>▪ CERF funding contributed to 11,503 severely malnourished children being enrolled in an outpatient therapeutic programme (OTP). 187 OTPs were established.</li> <li>▪ CERF funding contributed to more than 6,000 nutrition and infant feeding information sessions being held, with more than 50,000 mothers and caregivers sensitized on key Infant and Young Child Feeding (IYCF) messages.</li> <li>▪ CERF funding contributed to more than 300 healthcare providers from the government and NGO sector being trained on emergency nutrition services.</li> </ul>	<p>With the rapid allocation of CERF funds, UNICEF was able to swiftly procure supplies for severely and moderately malnourished children, and pregnant and lactating women.</p>	<ul style="list-style-type: none"> <li>▪ UNICEF has an existing system for monitoring and evaluation procurement of supplies and their distribution.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special attention was paid to ensure that both boys and girls were screened for nutrition.</li> <li>▪ All girls and boys identified as moderately or severely malnourished were referred to SFPs and OTPs and their cases were followed-up.</li> <li>▪ Nutrition, health education and key messages on infant and young child feeding (IYCF) were shared with mothers/caregivers.</li> <li>▪ Gender equality was ensured during capacity building workshops with the participation of both male and female health care providers.</li> </ul>
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Health - Nutrition	<p>10-CEF-058-B</p> <p>Nutrition interventions in support of the implementation of the inter-cluster Survival Strategy PKA-FL-10/H/33940/R/124</p>	1,500,000	16,866,901	<p>350,000 people</p> <p>Females: 182,000</p> <p>Men: 168,000</p> <p>Children under five: 63,000</p>	<ul style="list-style-type: none"> <li>▪ Food ration of 2,100 Kcal/person distributed to 250,000 people for one month</li> <li>▪ Blanket ready-to-use supplementary food provided for children between the ages of 6-24 months, and high-energy biscuits to those aged 2-12 years</li> <li>▪ Eight inpatient and 20 outpatient treatment centres functioning in Sindh provinces and reaching 3,600 severely malnourished children under five</li> <li>▪ 20 supplementary feeding programmes functioning (linked to OTP centres) reaching 8,000 moderately malnourished children under five</li> </ul>	<ul style="list-style-type: none"> <li>▪ CERF funding contributed to 236,252 children aged 6-59 months being screened for malnutrition at the community level. Some 27,000 children were identified as moderately malnourished and referred to a supplementary feeding programme (SFP).</li> <li>▪ CERF funding contributed to 11,503 severely malnourished children being enrolled in an outpatient therapeutic programme (OTP). 187 OTPs were established.</li> <li>▪ CERF funding contributed to more than 6,000 nutrition and infant feeding information sessions being held, with more than 50,000 mothers and caregivers sensitized on key Infant and Young Child Feeding (IYCF) messages.</li> <li>▪ CERF funding contributed to more than 300 healthcare providers from the government and NGO sector being trained on emergency nutrition services.</li> </ul>	<p>With the rapid allocation of CERF funds, UNICEF was able to swiftly procure supplies and provide operational costs to NGOs for the timely treatment of severely and moderately malnourished children, and pregnant and lactating women.</p>	<ul style="list-style-type: none"> <li>▪ UNICEF and Department of Health (DoH) staff regularly conducted field visits and monitored programme sites.</li> <li>▪ Regular feeding centre data was received from implementing partners.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special attention was paid to ensure that both boys and girls were screened for nutrition.</li> <li>▪ All girls and boys identified as moderately or severely malnourished were referred to SFPs and OTPs and their cases received proper follow-up.</li> <li>▪ Nutrition and health education and key messages on infant and young child feeding (IYCF) were shared with mothers/caregivers.</li> </ul>
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Shelter and non-food items	<p>10-IOM-021</p> <p>Emergency Shelter and NFI Support for Flood-Affected Population</p> <p>PKA-FL-10/S-NF/34834/R/298</p>	250,000	21,000,000	<p>84,000 people</p> <p>Females: 42,000</p> <p>Males: 42,000</p> <p>Children under five: 21,000</p>	<ul style="list-style-type: none"> <li>▪ Supply of emergency shelter and non-food items to the flood affected population in Punjab and Sindh</li> </ul>	<ul style="list-style-type: none"> <li>▪ Supply of tents and non-food items across 8 flood affected districts in Punjab and Sindh. Details of the items procured and distributed include: <ul style="list-style-type: none"> <li>○ 8,000 tents ( 1 per household)</li> <li>○ 4,000 blankets ( 2 per household)</li> <li>○ 2,000 kitchen sets ( 1 per household)</li> <li>○ 2,000 buckets ( 1 per household)</li> </ul> </li> <li>▪ Distributions were carried out in three districts in Sindh (Dadu, Jamshoro and Thatta) and 5 districts in Punjab (Dera Ghazi Khan, Layyah, Multan, Muzaffargarh and Rajanpur).</li> </ul>	Creation of four monitoring teams for needs assessment, quality assurance and monitoring of NFI distribution.	<ul style="list-style-type: none"> <li>▪ Provision of CERF funding allowed critical life-saving needs to be met, reducing exposure of flood-affected families until more durable transitional shelter solutions could be provided.</li> <li>▪ Four monitoring teams were created for needs assessments, quality assurance and monitoring of shelter and NFI distributions. . The teams were led by trained monitoring and evaluation professionals who have worked on other IOM emergency programming within Pakistan</li> <li>▪ Distribution was conducted in close coordination with PDMA, PDMA, respective DCOs and cluster partners; target areas were coordinated to avoid overlap and duplication. Where possible the distribution was conducted in tandem with Food Cluster and Logistics Cluster distribution activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In line with the Shelter Cluster and Protection Cluster strategy, priority was given to vulnerable groups including minorities, female headed households, widows and disabled as beneficiaries of shelter and NFI support.</li> </ul>
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Shelter and non-food items	<p><b>10-IOM-023</b></p> <p>Emergency Shelter and NFI Support for Flood-Affected Population of Punjab and Sindh PKA-FL-10/S-NF/34834/R/298</p>	690,000	42,347,359	12,663 people	<ul style="list-style-type: none"> <li>▪ 1,900 tents and 1,900 NFIs kits distributed in Rajanpur, Muzaffargarh, Layyah in Punjab and Shikarpur, Jacobabad, Sukkur in Sindh, with priority given to female-headed households, widows and disabled persons</li> <li>▪ Creation of two monitoring teams, information dissemination and support to the Government and humanitarian partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,900 tents and 1,900 NFI kits distributed in Rajanpur, Muzaffargarh, Layyah, Dera Ghazi Khan, Multan (all in Punjab) and Jacobabad (in Sindh) districts, with priority given to female-headed households, widows and disabled persons</li> </ul>	Creation of two monitoring teams, information dissemination and support to the Government and humanitarian partners.	<ul style="list-style-type: none"> <li>▪ Provision of CERF funding allowed critical life-saving needs to be met, reducing exposure of flood-affected families until more durable transitional shelter solutions could be provided.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Vulnerable groups including female-headed households, widows, lactating and pregnant women, the elderly and the disabled were prioritized during beneficiary selection and the distribution process.</li> </ul>
Shelter and non-food items	<p><b>10-IOM-028</b></p> <p>Residual Emergency Shelter and Non Food Items Support to the Flood-Affected Population in Pakistan PKA-FL-10/S-NF/34834/R/298</p>	500,000	42,347,359	<p>21,000 people</p> <p>Females: 6,720</p> <p>Males: 6,510</p> <p>Children under five: 7,770</p>	<ul style="list-style-type: none"> <li>▪ 3,000 shelter and NFI kits distributed among flood-affected families in Sindh</li> <li>▪ Vulnerable groups including female-headed households, widows and disabled prioritized</li> <li>▪ Four monitoring teams created for needs assessments, quality assurance and monitoring NFI distribution</li> <li>▪ Information shared on needs, unmet gaps and prioritized areas of interventions</li> <li>▪ Support provided to the Government of Pakistan, humanitarian cluster interventions and Emergency Shelter Cluster</li> </ul>	<ul style="list-style-type: none"> <li>▪ Procurement and distribution of 3,000 shelter and non-food item kits. The NFI kits included blankets, kitchen sets and buckets. The total items procured and distributed under this project include: <ul style="list-style-type: none"> <li>○ 6,000 plastic sheets ( 2 per household)</li> <li>○ 6,000 blankets ( 2 per household)</li> <li>○ 3,000 kitchen sets ( 1 per household)</li> <li>○ 3,000 buckets ( 1 per household)</li> <li>○ 3,000 ropes ( 1 per household)</li> <li>○ 18,000 bamboos ( 6 per household)</li> </ul> </li> <li>▪ Distributions were carried out in districts Jacobabad, Shikarpur, Jamshoro, Matiari, Thatta and Dadu. Districts were coordinated with the Shelter Cluster and government authorities, as well as other agencies implementing emergency shelter and non-food item programs in Sindh province.</li> </ul>	<p>Four monitoring teams were created for needs assessments, quality assurance and monitoring of shelter and NFI distributions. . The teams were led by trained monitoring and evaluation professionals who have worked on other IOM emergency programming within Pakistan.</p> <p>Distribution was conducted in close coordination with PDMA, respective DCOs and cluster partners; target areas were coordinated to avoid overlap and duplication. Where possible the distribution was conducted in tandem with Food Cluster and Logistics Cluster distribution activities.</p>	<ul style="list-style-type: none"> <li>▪ CERF funding enabled critical life-saving needs to be met, reducing exposure of flood-affected families until more durable transitional shelter solutions could be provided.</li> </ul>	<ul style="list-style-type: none"> <li>▪ In line with the Shelter Cluster and Protection Cluster, priority was given to vulnerable groups including minorities, female headed households, widows and disabled as beneficiaries of shelter and NFI support.</li> </ul>



Shelter and non-food items	<p><b>10-HAB-004</b></p> <p>Shelter assistance to flood affected population PKA-FL-10/S-NF/33930/R/7039</p>	615,571	20,666,408	1,050 families	<ul style="list-style-type: none"> <li>▪ Well-coordinated shelter distribution</li> <li>▪ 1,050 temporary shelters distributed and constructed</li> <li>▪ 1,050 tool kits for debris/mud removal distributed</li> </ul>	<ul style="list-style-type: none"> <li>▪ 650 temporary shelters constructed in Balochistan.</li> <li>▪ 150 shelters kits distributed and installed in PAK.</li> <li>▪ 250 temporary shelters constructed in KPK</li> <li>▪ 140 boundary walls constructed in KPK.</li> <li>▪ 650 tool kits distributed in Baluchistan, 150 in PAK, and 250 in KPK.</li> </ul>	<p>Rapid allocation of CERF funds allowed the project to begin immediately after the floods in August 2010.</p> <p>CERF saved lives by supporting responses in Balochistan and KPK.</p>	<ul style="list-style-type: none"> <li>▪ UN-HABITAT offices ensured continuous support of the implementation, monitoring and evaluation of activities.</li> <li>▪ Regular visits of senior staff to monitor project activities for quality control and feedback for improvement.</li> <li>▪ UN-HABITAT staff visited areas daily during implementation.</li> <li>▪ Weekly meetings with implementing partner in Balochistan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Special attention paid to the privacy needs of women and girls by providing boundary walls in KPK to ensure privacy.</li> </ul>
Shelter and non-food items	<p><b>10-HAB-006</b></p> <p>Shelter assistance to flood affected population PKA-FL-10/S-NF/33930/R/7039</p>	690,150	20,666,408	1,350 families	<ul style="list-style-type: none"> <li>▪ Shelter and NFI cluster well coordinated in PAK, KPK, Sindh, Punjab and Gilgit Baltistan, with technical assistance and information management provided</li> <li>▪ 1,350 tool kits distributed for debris removal in Sibi, Charsadda and Muzaffargarh districts</li> <li>▪ 850 temporary shelters established in Sibi district</li> <li>▪ 500 emergency shelters improved in Charsadda and Muzaffargarh districts</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shelter Cluster coordination was directly undertaken by UN-HABITAT in PAK. UN-HABITAT supported Shelter Cluster coordination in KPK, Punjab, Sindh and Gilgit Baltistan with housing technical assessment, technical assistance to technical working groups at National and Provincial level: information management provided where needed.</li> <li>▪ Shelter intervention was undertaken in Balochistan, Sibi District (one IP, TKF), KPK, Charsadda District, and Punjab, Muzaffargarh district, with direct implementation, targeting non-displaced and returnee population.</li> <li>▪ 1,250 tool kits distributed for debris removal in Balochistan, KPK and Punjab.</li> <li>▪ Balochistan: 850 temporary shelters constructed.</li> <li>▪ Punjab: 206 shelters constructed</li> <li>▪ KPK: 194 shelters constructed.</li> </ul>	<p>Rapid allocation of CERF funds allowed the project to begin immediately after the floods in August 2010.</p> <p>CERF saved lives by supporting responses in Balochistan and KPK.</p>	<ul style="list-style-type: none"> <li>▪ UN-HABITAT offices ensured continuous support of the implementation, monitoring and evaluation of activities.</li> <li>▪ Regular visits of senior staff to monitor project activities for quality control and feedback for improvement.</li> <li>▪ UN-HABITAT staff visited areas daily during implementation.</li> <li>▪ Weekly meetings with implementing partner in Balochistan.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Female-headed households were prioritised during beneficiary selection.</li> </ul>

Shelter and non-food items	<p><b>10-HAB-009</b></p> <p>Shelter assistance for vulnerable and extremely vulnerable returnees in Sindh Province, district Kamber-Shahdadkot PKA-FL-10/S-NF/33930/R/7039</p>	500,000	20,666,408	<p>6,600 people</p> <p>Females: 2,574</p> <p>Males: 2,706</p> <p>Children under five: 1,320</p>	<ul style="list-style-type: none"> <li>▪ Debris removed through distribution of 825 tool kits</li> <li>▪ Improved shelters constructed in Kamber-Shahdadkot for 725 flood-affected households</li> <li>▪ 75 shelters provided to extremely vulnerable households</li> <li>▪ 75 people trained in construction and carpentry, and provided with tool kits</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shelter solutions suited to local conditions developed according to available materials and community preferences.</li> <li>▪ Communities contributed to their shelter with their own material (bricks/windows) and labour.</li> <li>▪ Out of total 860 shelters, 170 are completed and the remaining 690 are under construction.</li> <li>▪ Total 780 shelters for vulnerable and 80 shelters for extremely vulnerable.</li> <li>▪ Training and on-the-job training. 75 people trained and 200 tool kits procured.</li> </ul>	<p>CERF enabled UN-HABITAT to respond to the needs of the flood-affected population.</p> <p>Due to the huge area affected by the floods, overall resources were limited.</p>	<ul style="list-style-type: none"> <li>▪ UN-HABITAT set-up an office in Larkana to support the implementation, and carry out monitoring and evaluation.</li> <li>▪ Regular visits of senior staff to monitor project activities for quality control and feedback for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Female-headed households were prioritised during beneficiary selection.</li> </ul>
Shelter and non-food items	<p><b>10-HCR-031</b></p> <p>Emergency Assistance to Flood-Affected Population PKA-FL-10/S-NF/33929/R/120</p>	2,946,018	102,421,117	<p>48,750 people</p> <p>Females: 24,899</p> <p>Males: 23,851</p> <p>Children under five: 8,526</p>	<ul style="list-style-type: none"> <li>▪ 7,500 families (48,750 individuals) received tents, blankets, mosquito nets, jerry cans and kitchen sets</li> <li>▪ Two warehouses repaired and five additional warehouses constructed</li> </ul>	<ul style="list-style-type: none"> <li>▪ UNHCR procured tents and NFIs, which were in 14 districts of KPK.</li> <li>▪ UNHCR rehabilitated flood-damaged warehouses with minimum disruption in the supply chain and supported NFI distribution to more than 200,000 flood affected families.</li> <li>▪ Distributions coordinated in conjunction with Union Councils.</li> </ul>	<p>CERF funds contributed to providing assistance to 7,500 vulnerable families.</p>	<ul style="list-style-type: none"> <li>▪ Frequent monitoring visits and spot checks carried out by UNHCR.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Door-to-door information campaigns conducted along with assessments prior to distribution.</li> </ul>
Shelter and non-food items	<p><b>10-HCR-032</b></p> <p>Emergency Assistance to Flood-Affected Population PKA-FL-10/S-NF/33929/R/120</p>	1,420,000	102,421,117	<p>6,635 refugee families (46,445 people)</p>	<ul style="list-style-type: none"> <li>▪ 11,075 refugee families (77,525 people) received tents</li> </ul>	<ul style="list-style-type: none"> <li>▪ Tents distributed to 11,075 refugee families (77,525 people).</li> </ul>	<p>CERF funds contributed to providing assistance to more than 6,635 families (46,445 people).</p>	<ul style="list-style-type: none"> <li>▪ The UNHCR Sub-Office in Peshawar conducted regular monitoring of activities.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Information campaign conducted regarding the distribution of tents among both male and female refugees.</li> <li>▪ Door-to-door information campaigns conducted along with assessments prior to distribution.</li> </ul>

<p style="text-align: center;">Water and sanitation</p>	<p style="text-align: center;"><b>10-HAB-005</b></p> <p>WASH assistance to flood-affected population PKA-FL-10/WS/35806/R/7039</p>	<p style="text-align: center;">247,810</p>	<p style="text-align: center;">3,519,211</p>	<p style="text-align: center;">800 families</p>	<ul style="list-style-type: none"> <li>▪ 800 emergency latrines distributed and constructed</li> <li>▪ 800 hygiene kits distributed. 800 families trained in hygiene promotion</li> </ul>	<ul style="list-style-type: none"> <li>▪ 650 latrines constructed in Balochistan. 150 latrines constructed in KPK.</li> <li>▪ 1,000 hygiene kits distributed in Balochistan and 700 in KPK.</li> <li>▪ 650 families received WASH promotion in Balochistan, and 900 in KPK.</li> </ul>	<p>Rapid allocation of CERF funds allowed the project to begin immediately after the flood, in August 2010.</p> <p>CERF allowed UN-HABITAT to respond to needs in Balochistan.</p> <p>CERF intervention supported landless populations in KPK.</p>	<ul style="list-style-type: none"> <li>▪ UN-HABITAT set-up an office to support the implementation, and carry out monitoring and evaluation.</li> <li>▪ Regular visits of senior staff to monitor project activities for quality control and feedback for improvement.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provision of safe water and latrines diminished the risk of attacks on women and girls.</li> </ul>
<p style="text-align: center;">Economic Recovery and Infrastructure</p>	<p style="text-align: center;"><b>10-UDP-016</b></p> <p>Rubble removal, environmental hazardous removal, and emergency rehabilitation of community infrastructure PKA-FL-10/ER/34975/R/776</p>	<p style="text-align: center;">250,000</p>	<p style="text-align: center;">41,735 people</p>	<ul style="list-style-type: none"> <li>▪ Emergency community infrastructure schemes</li> </ul>	<ul style="list-style-type: none"> <li>▪ 72 cash for work schemes implemented in Nowshera District, involving repairs to culverts, street pavements, drainages and access roads.</li> <li>▪ In Charsadda District 58 similar schemes were implemented.</li> <li>▪ The total number of beneficiaries in the two districts were 2,298 and 3,183 respectively.</li> <li>▪ Cash for work provided for 36,254 people (20,077 males and 16,477 females) in Charsadda District.</li> </ul>	<p>CERF funding enabled immediate relief to be provided for more than 200 households through a Cash for Work Programme.</p>	<ul style="list-style-type: none"> <li>▪ The Country Office conducted monitoring visits.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Efforts were made to target vulnerable households including men and women.</li> <li>▪ Total number of females reached with CERF funding are 16,477.</li> </ul>	

## Annex 1: CERF Funds Forwarded to Implementing NGO Partners

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
Balochistan Rural Support Programme	Agriculture	10-FAO-037	46,000	October 2010 – March 2011
People in Need	Agriculture	10-FAO-037	37,000	October 2010 – March 2011
Sindh Rural Support Organization	Agriculture	10-FAO-037	31,000	October 2010 – March 2011
Basic Education and Employable Skill Training (BEST)	Agriculture	10-FAO-034	22,000	September – December 2010
People Empowerment and Consulting Enterprise (PEACE)	Food	10-WFP-027	118,924	June 2010
Community Research and Development Organisation (CRDO)	Food	10-WFP-027	31,480	June 2010
Basic Education and Employable Skills Training (BEST)	Food	10-WFP-027	101,435	June 2010
Centre of Excellence in Rural Development (CERD)	Food	10-WFP-027	55,964	June 2010
Society for Skills Training and Development (SSTD)	Food	10-WFP-027	41,973	June 2010
National Rural Support Programme (NRSP)	Food	WFP 10-WFP-059	35,192	August 2010
Relief International (RI)	Food	WFP 10-WFP-059	47,612	August 2010
Agency for Technical Cooperation and Development (ACTED)	Food	WFP 10-WFP-059	39,332	August 2010
Save the Children (SCF)	Food	10WFP-059`	60,033	August 2010
Basic Education and Employable Skills Training (BEST)	Food	WFP 10-WFP-059	24,841	August 2010
National Rural Support Programme (NRSP)	Food	WFP 10-WFP-062	19,284	September 2010
Relief International (RI)	Food	WFP 10-WFP-062	41,534	September 2010
Agency for Technical Cooperation and Development (ACTED)	Food	WFP 10-WFP-062	13,350	September 2010
Save the Children (SCF)	Food	WFP 10-WFP-062	45,984	September 2010
Basic Education and Employable Skills Training (BEST)	Food	WFP 10-WFP-062	28,184	September 2010
Sindh Rural Support Organisation (SRSO)	Food	WFP 10-WFP-073	59,532	November 2010
World Vision International (WVI)	Food	WFP 10-WFP-073	26,136	November 2010
Sindh Rural Support Programme (SRSP)	Food	WFP 10-WFP-073	31,944	November 2010
National Rural Support Programme (NRSP)	Food	WFP 10-WFP-073	20,328	November 2010
Badin Rural Development Society (BRDS)	Food	WFP 10-WFP-073	7,260	November 2010
Abaseen Foundation	Nutrition	10-CEF-025-A	46,403	19 April 2010
Community Development Organization (CDO)	Nutrition	10-CEF-025-A	37,230	19 April 2010
Johanniter International	Nutrition	10-CEF-025-A	37,614	19 April 2010
TKF	Shelter	10-HAB-002	PKR 9,907,766	25 October 2010
TKF	Shelter WASH	10-HAB-009	PKR 11,192,500	15 December 2010
IRSP	WASH	10-HAB-003	PKR 9,335,500	25 October 2010

Takleq Foundation	WASH	10-HAB-007	PKR 3,659,339	10 February 2011
Hayat Foundation	WASH	10-CEF-048-B	50,000	Not available
Trust for Voluntary Organizations	WASH	10-CEF-048-B	100,000	Not available
Society for Sustainable Development (SSD)	WASH	10-CEF-025-C	44,879	29 April 2010
Society for Sustainable Development (SSD)	WASH	10-CEF-025-C	70,000	14 June 2010
Human Development Organization Do-aba (HDOD)	WASH	10-CEF-025-C	137,107	08 May 2010
Sindh Rural Support Organization (SRSO)	WASH	10-CEF-058-D	1,785,444	15 February 2011
National Rural Support programme (NRSP)	WASH	10-CEF-058-D	139,882	15 February 2011
Social Awareness Building and Advancement Association (SABAA)	WASH	10-CEF-025-C	235,666	10 June 2010
Help in Need	Shelter	10-HAB-002	PKR 7,082,500	25 October 2010
Community Development Organization (CDO)	Health	10-CEF-025-D	54,384.92	11 May 2010
PEACE	Health	10-CEF-025-D	61,327.80	11 May 2010
Center of Excellence for Rural Development (CERD)	Health	10-CEF-025-D	28,994.54	14 July 2010
Save the Children	Child Protection	10-CEF-025-B	65,282.09	18 May 2010
Handicap International	Child Protection	10-CEF-025-B	156,253.15	18 May 2010
Youth Resource Centre (YRC)	Protection	10-FPA-019	149,265	April 2010
WASFD	Protection	10-FEM-002	2,500	July 2010
IDEA	Community Restoration		98,695	12 Oct 2010 04 Mar 2011
BEST	Community Restoration		118,141	12 Oct 2010 04 Mar 2011

## Annex 2: Acronyms and Abbreviations

BEST	Basic Education And Employable Skill Training
CERF	United Nations Central Emergency Response Fund
CFS	Child Friendly Spaces
CFW	Cash for work
CMAM	Community Management of Acute Malnutrition
CPC	Child Protection Committees
CRP	Community Resource Person
DoH	Department of Health
EDO	Executive District Officer
ERC	Emergency Relief Coordinator
FAO	Food and Agriculture Organization of the United Nations
GBV	Gender Based Violence
HCT	Humanitarian Country Team
HIN	Help in Need
IDEA	Initiative for Development and Empowerment
IDP	Internally Displaced Person
IP	Implementing partner
IRSP	Integrated Rural Support Program
IYCF	Infant and Young Child Feeding
MAM	Moderate Acute Malnutrition
MCRAM	Multi-Cluster Rapid Assessment Mechanism
MM	Multi-Micronutrient Supplements
NDMA	National Disaster Management Authority
NFI	Non-Food Items
NGO	Non-Governmental Organization
OTP	Outpatient Therapeutic Feeding Programme
PAK	Pakistan Administered Kashmir
PCRWR	Pakistan Council of Research in Water Resources
PDMA	Provincial Disaster Management Authority
PHRP	Pakistan Humanitarian Response Plan
PLW	Pregnant and Lactating Women
RH	Reproductive Health
SAM	Severe Acute Malnutrition
SC	Stabilization Centre
SFP	Supplementary Feeding Programme
SRSP	Sarhad Rural Support Programme
TF	Takhleeq Foundation
TKF	Tameer –e- Khaleq Foundation
UC	Union Council
UNDP	United Nations Development Programme
UNDSS	United Nations Department of Safety and Security
UNHAS	United Nations Humanitarian Air Services
WASFD	Women Association Struggle for development
WASH	Water, Sanitation and Hygiene
WDD	Women’s Development Department