



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN PAKISTAN

COUNTRY	PAKISTAN
RESIDENT/HUMANITARIAN COORDINATOR	Timo Pakkala

I. SUMMARY OF FUNDING IN 2011 – US\$

	1. Total amount required for the humanitarian response	2, 25 billion (Including the overall 2010-2011 Pakistan floods response requirements)	
	2. Breakdown of total response funding received by source	2.1 CERF ¹ Pakistan Rapid Response Plan Floods 2011	32,370,901
		2.2 PAKSITAN EMERGENCY RESPONSE FUND (2011)	1,032,490
		2.3 OTHER (Bilateral/Multilateral)	310,070,000 ²
		2.4 TOTAL	571, 500,000 ³
	3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Underfunded	9,750,000
		1. First Round	<i>N.A.</i>
		2. Second Round	9,750,000
		<input checked="" type="checkbox"/> Rapid Response Floods Insecurity and displacement	17,600,000 5,000,000
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation	25,860,000
		4.2 Funds forwarded to NGOs for implementation	6,180,000
		4.3 Funds forwarded to government partners	330,000
		4.4 TOTAL	2,370,000

¹ Pakistan Humanitarian Response Plan (February - December 2010) – CERF Allocation US\$51,832,831.

² Funds received outside the appeals or after the appeals expired.

³ The funding received for the 2010 – 2011 floods was US\$1.38 billion.

II. SUMMARY OF BENEFICIARIES PER EMERGENCY:

1. UNDERFUNDED SECOND ROUND 2011 (*Including Rapid Response allocation to UNHCR in May 2011*)

Total number of individuals affected by the crisis	Individuals	2,500,000
Total number of individuals reached with CERF funding	Female	198,863
	Male	215,435
	Total individuals (Female and Male)	1414,298
	Of total, children <u>under</u> 5	61,316

2. FLOODS IN SOUTH PAKISTAN - RAPID RESPONSE 2011

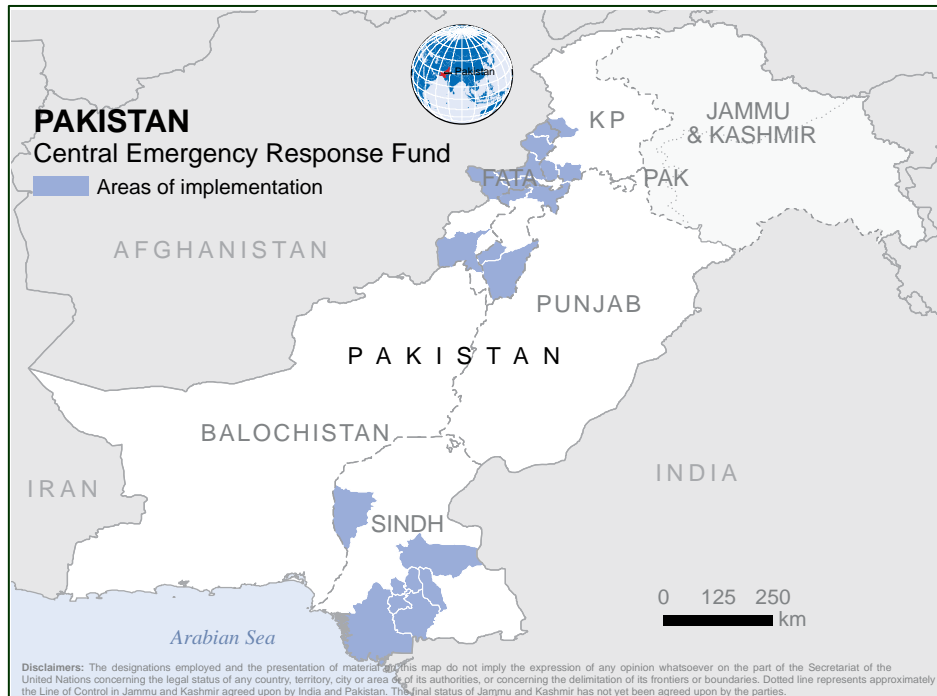
Total number of individuals affected by the crisis	Individuals (Flood affected population):	5,200,000
Total number of individuals reached with CERF funding	Female	786,908
	Male	501,264
	Total individuals (Female and male)	1,288,172
	Of total, children <u>under</u> 5	955,593

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

In 2011, Pakistan received three rounds of funding for humanitarian responses to two different emergencies. In May, UNHCR received funds to provide humanitarian assistance to IDPs from Mohmand agency in a complex emergency in Pakistan's Federally Administered Tribal Areas (FATA). To facilitate other responses to the same complex emergency, CERF provided funds from its underfunded emergencies window in August and September for different districts within FATA and Khyber Pakhtunkhwa (KP). In October, Pakistan received funds under the rapid response window for humanitarian response to the 2011 monsoon floods in Sindh province.

In KP and FATA, CERF funds were used to help IDPs in camps in Kurram, Bajaur, Khyber, South Waziristan and Mohmand agencies and IDPs in host areas in Dera Ismail Khan, Lower Dir, Kohat, Nowshera and Tank districts. In Sindh province, CERF funds enabled the implementation of a coordinated flood relief package of assistance, with a special focus on the most vulnerable displaced populations within the eight most-affected districts of Sindh province: Badin, Mirpur Khas, Sangar, Shaheed Benazirabad, Tando Allahyar, Tando Mohammad Khan, Tharparker, Khyber Pakhtunkhwa and Umerkot.

The map below indicates the geographical coverage of activities implemented with CERF funds.



IV. PROCESS AND CONSULTATION SUMMARY

- I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks:

- II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The final CERF report was shared with the Humanitarian Country Team and CERF recipient agencies for review.

V. ANALYSIS 1 – CRISIS IN KHYBERPAKHTUNKHWA - SECOND UNDERFUNDED 2011 (*Including Rapid Response allocation to UNHCR in May 2011*)

1. The humanitarian context

Pakistan's northwest region faces a complex humanitarian emergency and a displacement crisis that started in August 2008 when inhabitants of Bajaur agency in FATA fled fighting between the Pakistani army and militants, taking refuge in the adjoining districts of KP. Since then, intermittent fighting in FATA has led to protracted and fresh displacements in the IDP hosting districts of KP.

At the peak of the crisis in April and May 2009, nearly three million people fled their areas of origin, including populations from KP. As the security situation improved, most of these IDPs returned to their areas of origin between July and November 2009. In April 2010, FATA witnessed returns of the affected population when authorities declared improvements in the security situation in parts of Bajaur and Mohmand agencies. In November 2010, the humanitarian community began to support returns to Lower Orakzai as well as six villages on the eastern border of South Waziristan. Renewed conflict in Bajaur and Mohmand Agencies began in March 2011, causing fresh displacements to Nahqi camp in Mohmand Agency, Jalozai camp in Nowshera district and hosting areas in the Peshawar Valley. In August 2011, the FATA Disaster Management Authority (FDMA) reported that over 120,000 families displaced from FATA were residing in various districts in KP and FATA. As of August 2011, over 284,000 families displaced since 2008 had been registered with government authorities, out of whom nearly 97,000 had returned to their homes. These figures did not include IDPs from Malakand division in KP, where almost all IDPs had returned⁴.

In 2010, the humanitarian community launched an inter-agency assessment known as the IDP Vulnerability Assessment and Profiling (IVAP) initiative, which aimed to assess each IDP family's vulnerability at the household level to better-tailor assistance in order to promote self-reliance and, wherever possible, allowing for durable solutions. The initiative confirmed high levels of household-level vulnerability among both camp IDPs and families living in off-camp areas. It also helped distinguish between the most vulnerable and "borderline" vulnerable people, thereby allowing a more accurate targeting of certain types of assistance. The needs of IDP families differed according to the length of their displacement and whether they were staying in a camp or off-camp setting. The IVAP allowed humanitarian agencies to map the exact concentrations of remaining IDPs in the Peshawar Valley, including specific vulnerabilities and needs in each area. The assessment revealed, for example, that water was consistently available to more than 80 per cent of households in most hosting sub-districts (tehsils), but that there were significant gaps in water availability in Tank, Hangu, and Kohat. Similarly, access to healthcare was mapped and found to be most lacking in Mardan, Takht Bhai, and Town-4 sub-districts in Peshawar.

Humanitarian agencies prioritized the needs identified by the IVAP initiative in their responses to the IDP crisis in KP and FATA, providing assistance in a coordinated manner. For instance, UNHCR led Protection, Camp Coordination and Camp Management and Emergency Shelter clusters. Its priority activities were aimed at life-saving interventions through the establishment of emergency IDP camps where registration remained key to providing families and individuals with access to assistance and, making it possible to prioritize the most vulnerable families and individuals. Registration enabled families to keep track of their members during displacement and to identify vulnerable members needing special assistance during displacement and in the return process. It also enabled families to be aware of the safety aspects of the return areas, access to services in the return process, and other forms of return assistance provided by the Government, UNHCR and other actors.

Each UNHCR non-food items (NFI) kit comprised plastic tarpaulins, blankets, sleeping mats, kitchen sets, jerry cans, plastic buckets, bars of soap and mosquito nets. UNHCR and partner multi-functional teams were present at the distribution points to ensure that assistance was given in a transparent and impartial manner and that the vulnerable, including women, the elderly and people with disabilities, got equal access.

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⁴ OCHA Humanitarian Bulletin Nr. 20, August 2011.

Provide brief overview of CERF's role in the country

The Emergency Relief Coordinator (ERC) selected Pakistan as one of the countries to benefit from the second round of the 2011 CERF Underfunded window with an allocation of US\$10 million. OCHA announced this to the Humanitarian Country Team (HCT) in Islamabad on 8 July. Following the confirmation of the HC that the funding was indeed needed, the ERC sent the allocation letter to the HC on 12 July. Since the allocation was only for the conflict-affected population, the HCT decided to have the Humanitarian Regional Team in Peshawar make a prioritization proposal to the HCT in Islamabad.

Humanitarian agencies outlined different needs in various geographic locations of their responses to the complex humanitarian emergency. The funding gaps of the 11 operational clusters were used as a benchmark for demonstrating the dire funding situation. In the absence of an appeal for funds, those funding gaps were calculated based on a prioritization exercise made in March 2011 for the rest of the year and the funding received, as well as sectoral needs assessments. As cluster leads, the agencies agreed that all the sectors showed significant funding gaps and that the needs far outweighed the \$10 million available. In order to give fair consideration to all, it was agreed that there would be an equal allocation of the \$10 million among sectors. Specifically, using the life-saving criteria, the allocation was made as follows:

- Allocation for prolonged and new IDPs: this was with the exception of the Agriculture cluster, where it was considered more appropriate to assist returnees and populations that never left their areas of origin in order to restart their livelihoods. The returns packages were excluded from the submission.
- Based on the Survival Strategy experience of the 2010 floods as well as the complementarity and synergy of responses, the interventions were grouped into: (a) Health/Nutrition (including Reproductive Health), Water Sanitation and Hygiene, Food, Shelter/CCCM, and (b) Protection (including Child Protection and Gender Based Violence) and Agriculture. The two groupings received 80 per cent and 20 per cent of the total allocation, respectively.
- Within the two groupings, the first was allocated \$2 million for each sub-grouping and the second was allocated \$1.2 million for Protection and \$800,000 for Agriculture.
- Gender considerations were mainstreamed in the proposals.

The selected agencies (UNHCR, WFP, UNICEF, UNFPA, WHO, FAO and IOM) prepared their proposals in consultation with their cluster members (including the Government) and implementing partners and, where appropriate, among themselves and submitted those to OCHA for finalization and further submission to the CERF Secretariat.

CERF funding enabled humanitarian agencies to provide displaced families within camps with emergency shelter, core relief/ household items and fuel for cooking and a range of humanitarian assistance to displaced families in off-camp settings. The provision of support to develop communities' self-reliance and self-management remained a cross-cutting theme at all levels.

Security operations in Mohmand Agency resulted in a progressive influx of IDPs which began on 29 January 2012. With the intensification of the security operation in April, a fresh wave of IDPs started approaching the camps established (Nahqi and Dansih Kol camps). Newly displaced families were continuing to arrive in Nahqi in great numbers, while UNHCR did not have sufficient funds to cope with the level of IDPs. UNHCR's RR request to the CERF Secretariat therefore was aimed at registering and providing assistance to IDPs displaced by the renewed military actions in Mohmand Agency.

3. What was accomplished with CERF funding

CERF funding enabled the recipient agencies to provide life-saving assistance and to fill gaps in humanitarian responses to the complex emergency in KP and FATA.

CERF allocations to WFP's food assistance and logistical support operations enabled the provision of life-saving relief food rations to more than 151,000 conflict-affected IDPs. CERF allocations enabled WFP to facilitate an improvement in food consumption and to stabilize the nutritional status of vulnerable crisis-affected groups, amid significantly and abruptly compromised food security, while facilitating the achievement of objectives among other

humanitarian actors through the provision of crucial logistics services. By the end of 2011, the majority of beneficiaries of WFP's relief food assistance had retained adequate consumption levels, with an average of 76.9 per cent of conflict-affected IDPs having an acceptable food consumption score. The results demonstrated a significant upward trend from baseline levels recorded earlier in the year.

Meeting basic food requirements on a regular and systematic basis is not only central to relief objectives, but also to a successful transition into early recovery planning; allowing beneficiaries to engage in early recovery planning, in the relative security that basic consumption needs are being met. Furthermore, food assistance permits complementary UN, NGO, Government and community-level relief, making it possible for early recovery efforts to go ahead without being hindered by immediate food security concerns.

CERF allocations to FAO enabled the provision of seeds, fertilizers, livestock support and the rehabilitation of damaged on-farm structures on behalf of nearly 48,500 conflict-affected IDPs. The vast majority of people who benefited from CERF-funded projects have responded positively on the quality and strength of the seed crops, and reported significant improvements in livestock production, with a 64 to 85 per cent increase in milk production, 90 per cent better animal health, and 34 per cent faster growth. Milk production reportedly increased to an average of 1.2 litres per day, with an additional average household income of 1,440 PKR (\$16.4) per month.

Overall, CERF funds enabled FAO to strengthen the food security of vulnerable farming families through food production at the household level, increasing the availability of additional sources of income for households to purchase other food items and to meet their basic needs.

CERF funds enabled UNFPA to implement life-saving activities, addressing the reproductive health needs of IDPs and to continue the following interventions:

- Round-the-clock reproductive health services, with a special focus on basic emergency obstetric and newborn care services.
- Strengthening health facilities by providing medicines and equipments.
- Providing essential reproductive health supply/kits (including essential medicine, medical equipment, supplies, kits containing various drugs/ medical instruments and supplies, women's hygiene kits and newborn kits) to strengthen service delivery points.
- Recruiting and retaining capable healthcare providers to ensure round-the-clock emergency reproductive health services.
- Regular data collection from monitoring visits to service delivery points.
- Establishing women-friendly spaces for responding to the needs of GBV survivors.
- Psychosocial counselling of affected women through individual counselling and vocational training.
- Providing awareness raising sessions on GBV for vulnerable groups.
- Promoting hygiene awareness sessions and distributing hygiene, baby and clean delivery kits.
- Treating survivors of rape through trained female healthcare providers and establishing referral mechanisms.

CERF funding enabled the provision of direct child protection services (non-formal education, life skills, recreation and psycho-social support) in safe spaces to 3,000 children and 1,500 women and counselling to 250 children and 73 women. Additionally, CERF funding made it possible to strengthen community-based child protection monitoring, facilitating response and referral systems by establishing and strengthening 40 child protection committees; and delivering child protection messages to 5,000 children and their families.

The accomplishments were mostly related to registration and protection services, site planning and extension of existing camps, camp management and coordination, and access to basic/life-saving services and activities like distribution of cooked food, NFI distributions, provision and pitching of tents, distribution of fire wood, kitchen construction, among community self-management activities. More details can be found under the "actual outcomes" for project number: 11-HCR-024.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

CERF funding enabled UNHCR to immediately respond to the needs of the IDPs in KP and FATA. Using its prepositioned relief supplies, UNHCR distributed emergency shelter and NFIs to the affected population with the understanding that the stocks would be replenished when CERF funds were made available. UNFPA used CERF funds to fill gaps and procure reproductive health kits, hygiene kits and other relief items to assist the affected population through timely responses. CERF funds also made it possible to continue existing child protection services in IDP camps (Jalozai and Togh Sarai), ensuring an uninterrupted service for IDPs living outside camps and host communities in Hangu District in KP.

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

YES NO

CERF funding made it possible to provide emergency shelter materials and non-food items in a timely manner to meet the critical needs of the most vulnerable population. CERF funds also made it possible to scale-up humanitarian response in target locations, by focusing on displaced children and women. Coming at critical points in the life cycle of WFP's operations, CERF funding helped to kick-start activities and to plug emerging breaks in the food pipeline. Furthermore, it served to complement other donations, making it possible to provide a fairly complete food basket. The flexibility of CERF funding gave WFP the opportunity to source food commodities in a manner that was most conducive to meeting emergency requirements. Specifically, by procuring from local markets, WFP was able to purchase, transport, deliver and distribute food in a timely manner, with minimal superfluous costs.

c) Did CERF funds result in other funds being mobilized?

YES NO

As displacement assistance is initiated through a cluster approach, all sectors that were supported through CERF funding also received other donations. The Governments of Japan and Germany funded displacement-related activities implemented by UNHCR. CERF funds ensured that services were not interrupted as humanitarian agencies sought new sources of funding.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The implementation of projects using CERF funds improved coordination mechanisms at the federal, provincial and local levels, bringing together UN agencies, national and international NGOs, government entities and other stakeholders involved in the response. From project inception to implementation, there was close collaboration and co-operation between various actors to ensure humanitarian assistance was provided in a coordinated way, thus avoiding overlaps and duplicating assistance in target locations.

In 2011, greater emphasis on coordinating individual agency CERF applications into a single submission focusing on complementary responses served to enhance dialogue on where common priorities lay and how to maximize results through joint delivery. However, this development has yet to be fully translated into practice and in the case of rapid response grants, it is important to acknowledge that the priority of agencies can change rapidly during times of emergency. Therefore, it is crucial to pay attention to factors such as relative funding levels and the related speed/reach of respective responses or to new sector-specific developments as a crisis unfolds.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The UNHCR emergency stockpile made it possible for the organization to commence its life-saving interventions before actual CERF funds were received.	It is recommended that other UN agencies and international NGOs also maintain emergency stockpiles for rapid response emergencies in the future.	UN agencies and international NGOs.
Well-coordinated action helped to ensure that those affected in the various locations received humanitarian assistance.	Maintain close coordination between UN agencies and other agencies during an emergency to ensure effective responses.	Government, UN agencies and NGOs.
Allocation enabled rapid and enhanced response to meet urgent needs.	Increase reserve allocation for reproductive health thematic areas.	UNFPA.
Better coordination improves emergency response.	Enhance regular coordination of child protection services.	Social Welfare Department, UN and other agencies.
Using child protection interventions, particularly protective spaces, as a platform for other sectors to reach out to children and women can facilitate the ability of these vulnerable groups to access other humanitarian services.	Enhance the integration of child protection emergency interventions with education, nutrition and other sectors from the beginning through inter-cluster and inter-sectoral planning.	OCHA and clusters.
Remote monitoring by a third party entity works better where direct UN access is limited. Owing to a lack of access to FATA for UNICEF staff, it adopted different strategies to ensure proper monitoring of UNICEF-supported programmes. It commissioned a private consultancy firm and a UNICEF consultant (FATA-based) to conduct third-party monitoring of UNICEF-supported programmes and to share regular reports with the office.	Humanitarian agencies should adopt remote monitoring by third-party entities in areas that are difficult to access.	UNICEF, All UN agencies.
As in 2010, the confirmation of CERF contributions was far speedier than in previous years.	Efforts should continue to ensure the most expeditious transfer of allocations through the rapid response grant facility.	OCHA, CERF Secretariat.
As in previous years, there continued to be a lack of sufficiently clear criteria for the allocation of available resources among eligible recipient agencies.	A principled system for resource allocation should be standardized, formalized and clearly communicated to eligible applicants.	OCHA, CERF Secretariat.
Multiple requests to modify budgetary breakdowns delayed the proposal process and made it more cumbersome than necessary.	Clear instructions on all necessary budget details should be communicated to applying agencies in advance, in order to avoid the need for multiple revisions, thereby expediting the proposal process.	OCHA, CERF Secretariat.
The requirement for individual agency proposals to complement one another in a single common application was overly strict in the	While promoting complementary responses among applying agencies is welcome, the requirement should perhaps be more flexible as different organizations often have very different priorities in how/where to use available funding	OCHA, CERF Secretariat.

<p>case of rapid response grants, and too vague with regard to underfunded emergency allocations.</p>	<p>based on a range of factors such as relative overall resourcing levels, or sector-specific developments as an emergency unfolds. A strict process for common prioritization may perhaps be more applicable in the case of grants supplied through the underfunded emergency window.</p>	
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ANNEX 1. CRISIS IN KHYBERPAKHTUNKHWA - FIRST AND SECOND UNDERFUNDED ROUNDS 2011 (Including Rapid Response allocation to UNHCR in May 2011)

UNHCR - SHELTER AND NON-FOOD ITEMS							
CERF PROJECT NUMBER	11-HCR-039	Total Project Budget	\$ 3,675,035	BENEFICIARIES		Reached ⁵	Gender Equity Over 15,000 families were displaced because of military operation in central Kurram against armed militants that started in June 2011. While some were accommodated in New Durrani IDP camp, established on 26 June 2011, others were displaced in host communities, including eight government school buildings in and around Sadda town. Women and girls benefited from the interventions in an equitable manner, their mobility was increased and their environment was improved by setting up privacy (Purda) walls and the summarization of camp.
				Individuals	Targeted		
PROJECT TITLE	Humanitarian response to displacement in Kurram Agency, FATA, Pakistan	Total Funding Received for Project	\$ 3,675,014	Female	10,360	6,892	
				Male	17,640	8,603	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 910,014	Total individuals (Female and male)	28,000	15,495	
				Of total, children under 5	4,200	2,340	
				TOTAL	28,000	15,495	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<ol style="list-style-type: none"> Camp administration and management and the provision of hot meals. Site development, camp layout, pitching tents and distribution. Separate registration counters for women with female staff. Privacy walls for living areas as well as toilets and bathing areas. Material for setting up individual family kitchens. Warehousing and distribution of NFIs. 		<ol style="list-style-type: none"> Camp management and coordination refined and improved. <ul style="list-style-type: none"> General site operations constructed and sustained for the entire camp population. Registration of all IDPs conducted on an individual basis with minimum set of data. Protection in the camp enhanced through the presence of field teams. Vulnerable groups identified in the camp through the registration process, regular monitoring missions and household assessments. Transportation assistance provided for vulnerable new arrivals to ensure their safe access to the camp. The population has sufficient basic and domestic items. <ul style="list-style-type: none"> Cooked meals provided to newly arrived families until they receive WFP food ration (average 45 days). 5,528 gas stoves distributed to all IDPs in-camp and monthly refilling of gas (four kilogrammes per family) provided. Shelter and infrastructure established and maintained. <ul style="list-style-type: none"> Site development to accommodate an additional 1,479 families, including leveling roads, constructing drains (4,633 metres out of a total of 9,000 metres) and constructing four mosques. 620 plastic rolls and 16,300 wooden polls utilized to build Purda walls installed in the camp to allow privacy and the free movement of female IDPs within the family areas. Repair and maintenance of camp facilities and emergency shelter. 1,479 household tents distributed to IDP families. Materials for setting up individual family kitchens for cooking distributed to 1,878 families. 				<p>UNHCR regularly monitored the situation of IDPs, including registration, access to assistance and services in Nahqi camp. Monitoring mechanisms adopted different methods: Regular monitoring missions. IDP registration database.</p> <ul style="list-style-type: none"> Feedback from beneficiaries through focus group discussions and individual interviews. Coordination with other stakeholders through regular cluster meetings at different levels. Review of a variety of records, including activity reports and monthly progress reports from implementing partners, UNHCR procurement records and distribution lists. 	

⁵ The number of persons who opted to stay in the camp was lower than initially anticipated, hence the difference. However, additional needs had to be fulfilled, such as the provision of gas stoves and the provision of cooked meals to newly arrived persons until they receive WFP food rations

	<p>4. Logistics and supply optimized to serve operational needs.</p> <ul style="list-style-type: none">▪ UNHCR emergency warehousing maintained.▪ Stockpiling, loading, transportation and distribution of relief items are properly implemented.	
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UNICEF – HEALTH AND NUTRITION

CERF PROJECT NUMBER	11-CEF-045-A	Total Project Budget	\$5,500,000	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency life saving nutrition services for conflict affected IDPs of FATA residing in camps and host communities in FATA and KP	Total Funding Received for Project	\$3,200,000	Individuals			Nutrition interventions focused on the needs of under-five year old children, 48 per cent of whom were male and 52 per cent were female and, pregnant/lactating women (PLW)
				Female	57,704	37,710	
				Male	24,696	14,862	
				Total individuals (Female and male)	80,400	52,572	
				Of total, children under 5	50,400	30,712	
STATUS OF CERF GRANT	Ongoing The project in KP has been completed as of 14 January 2012. The support for FATA is still ongoing.	Amount disbursed from CERF	\$ 789,513	TOTAL	80,400	52,572	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
<p>Establish community-based nutrition interventions:</p> <p>Children suffering from severe acute malnutrition treated with Ready to Use Therapeutic Food (RUTF). Provision of uninterrupted supplies of F-75, F-100, RUTF and micronutrients.</p> <p>Children suffering from moderate acute malnutrition and PLW in target areas treated with fortified blended food received from WFP (as part of the UNICEF/WFP collaboration). UNICEF provides operational costs, training, medicines and multimicronutrients.</p> <p>To strengthen the capacity of selected health facilities in target areas for the treatment of severely malnourished children with medical complications through supplies, operational costs and training. The provision of uninterrupted supplies of therapeutic food, micronutrients, and de-worming tablets.</p> <p>To promote the early initiation of breastfeeding, exclusive breastfeeding practices for up to six months and the timely introduction of adequate and age-appropriate complementary food (at the age of six months), in line with IYCF</p>		<p>The project in KP has been completed as of January 2012 support for FATA is still in the process.</p> <ul style="list-style-type: none"> A total of 52,302 (56 per cent of target beneficiaries including 30,442 children, 14,862 males or 48 per cent and 15,850 females or 52 per cent and 21,860 PLW have so far benefited from the services in KP. The implementation of nutrition services under CERF support was delayed in FATA due to delays in the concession of NOCs to UNICEF's implementing partners. Following intensive negotiation NOCs have not been secured and the project is expected to be completed by June without further delay. 1,575 males and 2,102 females. Moderate Acute Malnourished (MAM). (73 per cent of target) children and 2,078 PLW were identified and treated in the Supplementary Feeding Program (SFP) with supplementary food received from WFP. 16,106 children and 6,035 PLW were provided with Multi Micronutrient Supplements (MMS). 260 male and 497 female. Severe Acute Malnourished (63 per cent of target) children were treated with therapeutic foods and essential medicines in the Outpatient Therapeutic Program (OTP) of CMAM. 157 SAM children with underlying medical complications were treated in the supported stabilization centres. A total of 2,346 nutrition awareness sessions were conducted reaching out to 21,860 mothers/caretakers of five year old children were reached with messages on infant and young child feeding. 42 health care providers of the DoH were trained on implementing CMAM interventions in target areas. 				<p>Supervisory visits to the project sites by UNICEF, DOH and IPs staff.</p> <p>Health and Nutrition cluster meetings, review meetings and bilateral meetings with IPs and CPs.</p> <p>Weekly situation reports.</p> <p>Cure rate in SFP was over 95 per cent and OTP was over 90 per cent.</p> <p>Death rate in both SFP andf OTP was less than 1 per cent.</p>	

<p>guidelines. To provide key messages on nutrition and hygiene/sanitation to the affected communities through nutrition centres and community outreach workers.</p> <p>To support the life saving management of severe acute malnutrition in the affected districts for reducing excess mortality and morbidity.</p> <p>To provide multi-micronutrient supplementation for children and PLW, as well as de-worming medication for children under five, registered under the community-based nutrition interventions.</p>		
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UNICEF - WATER AND SANITATION						
CERF PROJECT NUMBER	11-CEF-045-C	Total Project Budget	\$26,000,000	BENEFICIARIES		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Emergency life saving WASH Services for conflict affected IDPs of FATA residing in camps or host communities of KP and FATA	Total Funding Received for Project	\$13,600,315	Female	45,900	41,213
				Male	44,100	40,381
				Total individuals (Female and male)	90,000	81,974
				Of total, children under 5	13,500	7,071
STATUS OF CERF GRANT	Ongoing The project in KP and FATA is still ongoing for continued support/ provision of WASH services to IDP camps in KP and FATA	Amount disbursed from CERF	\$ 1,887,648	TOTAL	90,000	81,974
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS	
<p>This project will provide safe drinking water, adequate sanitation coverage and hygiene/sanitation promotion services to 30,000 IDPs in camps and 60,000 in host communities in order to meet the Core Commitments for Children (CCCs) in Humanitarian Action.</p> <p>Activities in camps are tentatively planned to reach 10,000 people in Durrani Camp in Kurram Agency FATA, 15,000 IDPs in Jalojai Camp and 5,000 people in Togh Sarai Camp.</p> <p>Needs in host communities vary widely by area and will be prioritized for intervention based on the concentration of IDPs hosted in any given area, pre-conflict water and sanitation indicators and areas highlighted based on water, sanitation and hygiene related disease trends. The host community areas would target primarily Kurram agency but would also include urgent WASH support in DI Khan, Tank, Kohat and Hangu.</p>		<p>Supply of safe water to 41,974 IDPs in Jalojai, Togh Sarai, Nahaqi and New Durrani camp as per Sphere guidelines</p> <ul style="list-style-type: none"> Installation of 520 water tanks. 18,000,000 litres of safe drinking water provided through water tankering in FATA camps. The waterpipe networks in Jalojai and Togh Sarai camps were maintained. 12,000 water buckets and 12,000 jerry cans distributed for safe storage of water. <p>41,974 IDPs in Jalojai, Togh Sarai, Nahaqi and New Durrani camp provided with safe sanitation facilities as per Sphere guidelines.</p> <ul style="list-style-type: none"> 2,080 latrines, 1040 bathing places, 520 laundry/washing places, 400 solid waste points (with separate partitions for females) installed and/or maintained. <p>41,974 IDPs in Jalojai, Togh Sarai, Nahaqi and New Durrani Camps sensitized on appropriate and improved hygiene practices.</p> <ul style="list-style-type: none"> Through Inter personal Communication Sessions (IPC) and the distribution of IEC material by focusing on hand-washing at critical times and latrine usage. 12,000 hygiene kits distributed to women and adolescent girls to cater for their specific needs. <p>For host communities, WASH NFIs and supplies already procured and installation/distribution is underway which will benefit an additional 40,000 individuals. This included hand pumps, submersible pumps, and hygiene kits.</p>			<p>Direct field level monitoring was regularly carried out by UNICEF Peshawar based staff wherever the security clearance got approved.</p> <p>In FATA, due to the strict security situation and the inaccessibility of most areas to UNICEF staff, a UNICEF consultant worked around the clock to ensure the proper monitoring and coordination of UNICEF activities.</p> <p>UNICEF staff monitoring was also reinforced through local government monitors who were supported to monitor project activities being implemented by NGO partners and through third party monitors engaged in a Long Term Agreement (LTA).</p> <p>UNICEF WASH section in Islamabad also provided backstopping support.</p> <p>Progress (of the entire WASH response) was also reviewed in bi-weekly/monthly WASH Cluster/ERWG meetings.</p>	

FAO - AGRICULTURE							
CERF PROJECT NUMBER	11-FAO-029	Total Project Budget	\$1,250,000	BENEFICIARIES		Reached ⁶	Gender Equity
				Individuals	48,480		
PROJECT TITLE	Critical support to conflict affected vulnerable subsistence farmers of Orakzai and South Waziristan agencies to protect and restore their agriculture based livelihoods and food availability	Total Funding Received for Project	\$ 799,519	Female	23,270		Men and women equally benefited from the project. Women benefited in particular from the provision of vegetable seeds, as kitchen gardening traditionally involves mostly women. The project has addressed the vulnerable conflict affected women headed households who had access to land.
				Male	25,210		
				Total individuals (Female and male)	48,480		
				Of total, children under 5	4,121		
				TOTAL	48,480		
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 799,519				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
To enable at least 5,600 needy and vulnerable crisis-affected households (approximately 48,480 people) in South Waziristan Agency (SWA) and Orakzai agency to restore their food security and agriculture-based livelihoods in a situation of otherwise increasing long-term hunger and destitution.		<p>FAO has provided critical livelihood assistance to returnees and those who stayed behind in their places of origin (including women and children). The project outcomes were:</p> <ul style="list-style-type: none"> ▪ Food security for 5,600 vulnerable crisis-affected farmers in SWA and Orakzai ensured for at least six months (post harvest) through the distribution of wheat seeds, fertilizers and vegetable seeds, and spot repair of damaged on-farm structure: <ul style="list-style-type: none"> ○ <i>The agriculture package including 280 tons of wheat seeds, 280 tons of fertilizers, 5,600 vegetable kits were procured on the national market and distributed to identify target household beneficiaries.</i> ▪ The protection and restoration of productivity of 44,800 small and 11,205 large ruminants critical to local livelihoods ensured in crises-affected areas of SWA and Orakzai through the distribution of urea molasses blocks, veterinary supplies and oat seeds for fodder purposes, thus ensuring food security for 5,600 crises-affected households. <ul style="list-style-type: none"> ○ <i>The livestock package including 44.80 tons of fodder oat seeds), 84 tons of urea mineral blocks, 6,236 tons of vaccine health kits and 5,600 strips of de-wormer were procured on the national market and distributed to the identified target household beneficiaries.</i> ▪ Women contribute to their household income through vegetable gardening, which further-supports a more balanced household nutrition basket. ▪ Spot repair of damaged critical parts of 50 on-farm water management infrastructure for irrigated areas, which are pre-conditions for increasing agriculture production and restoring the livelihood of target household beneficiaries. <p>The Department of Irrigation and Hydropower and FAO identified 50 schemes for the repair of damaged</p>				<p>A monitoring and evaluation system was implemented by FAO's Emergency Rehabilitation and Coordination Unit (ERCU), using well-established methodologies. In particular, this focused on selecting beneficiaries, distributing inputs, and on post distribution impact evaluation. Monitoring the progress of the project was carried out by FAO, focusing on upward accountability, towards CERF, Government agencies, development partners and society at-large and downward accountability, towards project beneficiaries and primary stakeholders. The main monitoring/ reporting tools at the field level were:</p> <ul style="list-style-type: none"> ○ <i>needs assessment reports and pre-distribution surveys;</i> ○ <i>post-distribution surveys, based on physical verification and on beneficiary interviews;</i> ○ <i>technical monitoring reports; and</i> ○ <i>reports from NGOs (service providers).</i> <p>Operational support was provided through FAO offices in Islamabad and at the provincial level. FAO's multi-disciplinary team of specialists from the</p>	

⁶ Disaggregated data is not yet available from service providers. The household data is as reported under actual outcomes, whereas the service providers are processing the accurate disaggregated data (individuals: males, females, and children).

	<p>critical water channels in both agencies. 30 water channels identified and repaired in SWA and 20 water channels were identified and repaired in Orakzai Agency.</p>	<p>Regional Office in Bangkok and Headquarters provided technical support and operational guidance.</p> <p>A Post Distribution Survey (PDS) was conducted by FAO covering the activities of CERF-funded projects in FATA to determine the impact of agriculture inputs distribution, utilization and the overall effectiveness of the <i>Rabi</i> inputs. The data collection for the post-distribution survey was completed on 30 December 2011. The analysis and findings of the survey were included in a consolidated survey report. The survey provided information on the beneficiary selection process, the distribution of inputs as well as the utilization and quality of inputs or services. According to the findings of the survey, the usefulness and quality of agriculture inputs provided by FAO to the vulnerable households were highly-appreciated by the targeted beneficiary households, proving to be suitable for the restoration of <i>Rabi</i> planting requirements and local livelihoods.</p> <p>The survey also gathered information on livestock survival and, in particular productivity and the intervention's contribution to livelihood recovery. The survey results show that the beneficiaries were satisfied with the quality of urea molasses blocks, veterinary supplies and oat seeds for fodder purposes, thus ensuring livelihood and food security for 5,600 crises-affected households.</p>
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WFP - FOOD

CERF PROJECT NUMBER	11-WFP-052	Total Project Budget	\$ 93,610,142	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Food Assistance for conflict-affected communities in Pakistan's Khyber-Pakhtunkhwa Province (KP) and the Federally Administered Tribal Areas (FATA)	Total Funding Received for Project		Individuals	105,000	151,585	<p>As an emergency operation, anticipated results centred on meeting primary and immediate needs among targeted groups. Fundamental life-saving outcomes were hugely significant for both male and female beneficiaries; as both faced considerable threats to their food consumption and nutritional status. But, in confluence with the integration of gender equity objectives into the programme design, results may reasonably be expected to help forestall any further exacerbation of gender gaps (a common corollary to crisis). Owing to the more severe limitations and greater burdens faced by women during times of displacement, they are more likely to resort to detrimental coping strategies; a trend that may be mitigated by the impacts of this operation. Furthermore, where the provision of emergency assistance contributes to saving lives and maintaining family composition, fewer women will be forced to assume the burden of family provider, under disproportionately challenging circumstances. Similarly, when household food consumption is subject to some restriction, the specific nutritional needs of women tend not to be met; since they are typically marginalized in food allocation and often eat last and less. As such, WFP's provision of a nutritionally-balanced food basket sufficient to meet the requirements of all family members helps to address this issue.</p> <p>Explicit efforts were made to facilitate the receipt of assistance by female-headed households, who were given priority attention during assessment and subsequent distribution processes. Separate queues and waiting areas were established for women at distribution sites, while provisions were made in culturally-conservative areas for the supply of rations to a blood relative where a female beneficiary was unable to be present. As such, the proportion of women receiving household food rations during the conduct of life-saving relief food distributions exceeded planning figures at 11 per cent of all recipient families.</p>
				Female	51,450	74,277	
				Male	53,550	77,308	
				Total individuals (Female and male)	105,000	151,585	
				Of total, children under 5	14,259	20,585	
				TOTAL	105,000	151,585	
STATUS OF CERF GRANT	Concluded	Amount disbursed from CERF	\$ 1,999,996				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Improved food consumption over the assistance period for targeted displaced persons (ensuring daily caloric intake consistent with minimum Sphere standards).</p> <p>Stabilized nutritional status of targeted conflict-affected children aged six months to 12 years of age.</p>	<p>Stabilized and/or improved food consumption among targeted conflict- affected households. Regular and timely supply of monthly family food rations, distributed on an unconditional basis:</p> <ul style="list-style-type: none"> ▪ This contribution allowed for the distribution of 3,577 metric tons of fortified wheat flour (following typical 1 per cent losses incurred during the transformation of 3,613 metric tons of wheat purchased). This distribution made it possible to provide a full monthly food basket to 151,585 individuals displaced by conflict in FATA's South Waziristan agency and currently residing in the DI Khan and Tank districts of KP, where IVAP data had earlier confirmed the poorest food consumption levels among displaced groups. ▪ Given the availability of rice provided by a separate in-kind contribution, and its partial substitution for wheat flour in the food basket, quantities of the latter purchased with this CERF grant allowed for the distribution of full cereal rations among 144 per cent of the planned beneficiary caseload. ▪ Distributions took place between October 2011 and January 2012, through four 'humanitarian hubs' established in both districts: decentralized facilities at which food was both stored and delivered directly to beneficiaries in a controlled environment amid ongoing volatility in the overarching security situation. While WFP targeted its assistance to all IDPs registered by UNHCR (and then verified by the National Database Registration Authority), the use of an online WFP database and verification system at all hub locations ensured there was no duplication in the provision of family rations. ▪ This assistance proved critical in helping maintain adequate food consumption among these beneficiaries: with WFP monitoring and evaluation findings confirming that all families assisted through the distribution of food purchased with this grant had maintained acceptable food consumption levels by December 2011. Overall, WFP assistance promoted a significant increase in the proportion of all IDP and returnee families supported during 2011 with an acceptable food consumption score, to an average 76.9 per cent, from a baseline of 22.3 per cent among some groups in January 2011. ▪ WFP monitoring and evaluation data additionally confirmed that 93 per cent of beneficiaries assisted through the use of this CERF grant were satisfied with the quality of the food provided, while 100 per cent of respondents confirmed that wheat flour was the most important commodity supplied within the food basket. ▪ As demonstrated elsewhere, the unconditional distribution of food will continue to permit complementary UN, NGO, government and community-level relief and recovery efforts to proceed unhindered by immediate food security concerns. As such, going forward, this WFP assistance will help to facilitate the return process by ensuring that basic food requirements continue to be met despite adverse availability and/or access conditions at home, foster a context in which recovery initiatives may feasibly be introduced. <p>Stabilized nutritional status of targeted conflict-affected children aged six months to 12 years of age.</p> <ul style="list-style-type: none"> ▪ The distribution of fortified commodities (including wheat flour purchased with this CERF grant) and the provision of other specialized supplementary foods alongside general family food rations, WFP relief food assistance also proved to facilitate a stabilization of the nutritional status of these typically vulnerable groups. By the end of 2011, an independent study conducted in target locations concluded that 80.23 per cent of young children demonstrated a normal Mid-Upper Arm Circumference (MUAC) measurement of 12.5cm or above. 	<p>WFP monitoring and evaluation mechanisms reflect a corporate Results-Based Management framework: using a logical framework approach to monitor activities and their efficiency and effectiveness in achieving results. This involves monitoring the distribution process and following-up with recipient communities post-distribution through focus group discussions and other stakeholder consultations.</p> <p>In Pakistan, where the security situation permits, WFP undertakes monitoring directly to ensure maximum accountability. Monitoring undertaken by a contracted third party is used in areas where direct UN access is limited. Cooperating Partners provide information on the number of beneficiaries reached and the amount of food distributed, which is verified by WFP. WFP maintains coordination and oversight of all monitoring processes by providing corporate monitoring and reporting tools to partners, and cross-verifying information supplied via other sources.</p> <p>A quarterly monitoring exercise is undertaken in randomly-sampled locations, and results analyzed in order to identify strengths and weaknesses of a programme, making informed management decisions to improve effectiveness and efficiency.</p> <p>These monitoring and evaluation processes collect a range of data used to determine the outcomes generated by a particular intervention, and are supplemented by more detailed impact studies, typically outsourced to a third party research institution on an annual basis and supervised by WFP's dedicated Vulnerability Analysis and Mapping (VAM) function.</p> <p>With regard to the implementation of activities supported by this grant, WFP adhered to all of the above. Distributions were undertaken by implementing partners with a proven history of requisite management, technical and logistical capacities, as well as an existing presence in target areas. Furthermore, the use of a dedicated online beneficiary verification database strengthened operational accountability by precluding the incidence of duplicated rations.</p>

UNFPA - HEALTH							
CERF PROJECT NUMBER	11-FPA-036	Total Project Budget	\$500,000	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	24/7 RH-services with special focus on EmONC in the Khyber-Pakhtunkhwa Province (KP) and the Federally Administered Tribal Area, (FATA)Pakistan	Total Funding Received for Project	\$200,000	Individuals			Women and girls were the main beneficiaries of the project. However, male participation and involvement was ensured through community consultations and sensitization sessions.
				Female	191,294	69,981	
				Male	207,235	72,000	
				Total individuals (Female and male)	398,529	141,981 ⁷	
				Of total, children under 18	487,093	43,804	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF		TOTAL	885,622	185,785	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>To ensure that women and children in conflict-affected areas in FATA and host areas in FATA and KP have access to basic maternal and child health services and information through facility and community based interventions.</p> <p>To ensure equitable access to RH-services (including Maternal Newborn and Child Health / Reproductive Health) at the community level and in facilities for all crisis-affected populations, especially for women and children, the elderly, and people with disabilities.</p> <p>To address the emerging public health threats in a timely and appropriate manner by implementing and expanding responses to all the affected areas of displacements and insecurity and by developing health components of contingency plans.</p> <p>To ensure the delivery of a health response in a coordinated manner, according to Sphere and national standards.</p>		<p>CERF funding enabled UNFPA to partly support ongoing life-saving reproductive health services that had been continuing since 2009/2010 as part of UNFPA's response to the KP/FATA humanitarian emergency.</p> <ul style="list-style-type: none"> ▪ The 191,294 targeted females will be reached in different ways. Some will be reached in direct and others in indirect ways. From this target figure, the project has to reach women of reproductive age, with a focus on pregnant women. From the target, the following are the direct beneficiaries: <ul style="list-style-type: none"> ○ 40,171 (21 per cent of target - women of reproductive age). ○ 32,519 (17 per cent of target - unmarried women). ○ 6,025 (15 per cent of target - non pregnant women). ○ 3,615 (6 per cent of target - pregnant women). ▪ From January to March 2012 (the funds were received in January 2012) total direct services received by women in these areas were as follows: <ul style="list-style-type: none"> ○ 35,744 women received all services, including ante-natal care, post-natal care, delivery, family planning, sexually transmitted infections treatment, post-abortion care and family planning. ○ 2,597 deliveries were conducted between January and March in all seven facilities. ▪ Indirect beneficiaries have gained from the distribution of 8,455 kits and numerous health awareness sessions that have been conducted for both males and females. An additional estimated 42,000 females have benefited indirectly from CERF-supported UNFPA services. <p>The project will maximize efforts to reach the remaining targeted beneficiaries by the end of June 2012.</p>				<p>Monitoring and supervision was done by UNFPA provincial teams.</p> <p>The implementing partners for this project were oriented on the project reporting tools by UNFPA provincial hub KP.</p> <p>The IPs share project progress and caseload data reports on a weekly and a monthly basis. The reports are further-consolidated and analyzed by UNFPA. UNFPA dedicated Project monitoring staff (Technical Monitoring Officer, Field Monitoring Officer and Social Mobilizer) are regularly monitoring the Implementing partners' field activities.</p> <p>Periodic monitoring was done by a UNFPA provincial office in KP to monitor the performance.</p> <p>The caseload data sheet includes all RH and GBV indicators.</p> <p>Coordination meetings regarding RH and GBV were held at different levels with different partners for performance evaluation.</p>	

⁷ Decrease in figures explained under actual outcomes

WHO - HEALTH CLUSTER

CERF PROJECT NUMBER	11 – WHO - 049	Total Project Budget	\$73,000,000	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Primary Health Care for IDPs and host communities focusing on filling the gaps/unmet life-saving needs in the health response for crisis-affected IDPs in Khyber Pakhtunkhwa (KP) and the Federally Administered Tribal Area (FATA)	Total Funding Received for Project	\$33,000,000	Individuals	1,072,806	414,298	As health response is for all affected population after emergency, Health cluster partners including UN agencies in collaboration with the Department of Health, provided RH and MNCH support including antenatal and postnatal care, provision of clean delivery and hygiene kits, treatment for females affected by sexual and domestic violence in the partners' supported health facilities.
				Femae	514,947	198,863	
				Male	557,859	215,435	
				Total individuals (Female and male)	1,072,806	414,298	
				Of total, children <u>under 5</u>	158,775	61,316	
				TOTAL	1,072,806	414,298	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 998,074				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Improve access to essential medicines No stock out of life-saving medicines. Capacity-building of healthcare providers on quantification, good storage and inventory practices (Including training on inventory management software LSS) and the rational use of medicines.</p> <p>The scaling up of the early warning system of epidemic-prone diseases in affected districts and agencies.</p> <p>To ensure the delivery of the health response in a coordinated manner and according to Sphere and national standards.</p>	<ul style="list-style-type: none"> ▪ 14 PHC kits, six diarrhoeal disease kits (DDKs), seven acute respiratory infection (ARI) kits supplied to target population in KP while nine PHC kits supplied to FATA ensuring the availability of medicines and supplies to support life-saving interventions. In addition, key medicines provided in response to disease alerts/outbreaks of measles, leishmaniasis, scabies and diphtheria. ▪ 15 monitoring visits of WHO paramcists to 15 health facilities in affected districts of KP and FATA agencies conducted to find out gaps in accessing essential medicines. ▪ Increased consultation from baseline to 1.5 visit per capita, proxy indicators for the health facility utilization, which is connected to surveillance. ▪ 80 per cent of health facility staff with improved knowledge of medicines management, use of bin cards, good storage practices, standard treatment guidelines as well as prescription compliance with WHO rational use indicators. ▪ Weekly essential medicines bulletin produced containing medicine situation reports in targeted districts. ▪ Five KP districts and three FATA agencies participating in DEWS. ▪ More than 80 per cent of alerts / outbreaks investigated and responded within 48 hours of reporting ▪ Healthcare Providers from more than 80 per cent of HFs trained on DEWS surveillance and reporting alerts. ▪ At least 25 health facilities in each district / agency sending weekly DEWS reports. ▪ Weekly epidemiologic bulletins produced at the provincial level. ▪ To ensure the delivery of the health response in a coordinated manner and according to Sphere and national standards. ▪ Coordination mechanism ensured. ▪ A coordinated health response during the complex IDP emergency through the continuation of health cluster coordination mechanism in Peshawar and KP in close collaboration with the Department of Health KP, FATA Health Secretariat, PDMA and FDMA. ▪ Continuation of fortnightly Health cluster meetings at the federal (Islamabad), provincial (Peshawar – for both KP and FATA) and in DoH, PDMA, FDMA and WHO identified high priority districts. ▪ Collecting, processing, analyzing and disseminating critical health information, including access to and the availability of life-saving health services. ▪ Weekly collection and compilation of the comprehensive 4W matrix for gap identification and avoiding duplication of resources on the ground. ▪ Continuous information sharing in the form of weekly provincial situation reports and monthly health cluster bulletins. ▪ In collaboration with the concerned provincial government departments, identifying gaps, vetting proposals and identifying implementing partners for filling in the gaps – establishing DTCs, setting up mobile camps/health posts in IDP camps and IDP hosting districts and revitalizing public health service delivery at government health facilities in the affected districts. 	<p>Consultation data against the catchment population by monitoring and evaluation visits. Visit to each health facility and verification of stock records.</p> <p>Monitoring and evaluation visits and medicines utilization studies (based on WHO core indicator)</p> <p>Specific training reports.</p> <p>Weekly essential medicines situation reports from field pharmacists.</p> <p>DEWS surveillance officers visit an average of 10 facilities per week.</p> <p>Weekly analysis of DEWS reports both from health facilities and alerts and outbreaks.</p> <p>Weekly inputs from partners on OCHA developed 4W Matrix to WHO for final compilation and verification.</p> <p>Weekly inputs by partners to WHO on their activities on the ground.</p> <p>Weekly inputs by partners to WHO on their weekly patient caseload through DEWS reporting and the monthly submission of essential medicine consumption report.</p> <p>On the ground verification of implementing partner activities in light of the 4W matrix by the concerned WHO Surveillance officer.</p> <p>Confirmation of gaps and the implementing partner in consultation with EDO Health of the concerned districts.</p> <p>Information sharing and verification during Health cluster meetings through updates from partners – an in-built monitoring mechanism in the cluster approach.</p>

UNICEF – CHILD PROTECTION							
CERF PROJECT NUMBER	11-CEF-045-B	Total Project Budget	\$1,500,000	BENEFICIARIES		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Protection of internally displaced and conflict-affected children (girls and boys) in the Federally Administered Tribal Area (FATA) and Khyber Pakhtunkhwa (KP) Province, Pakistan	Total Funding Received for Project	\$1,012,749	Individuals		Partners through child protection interventions ensured gender equity and reached 60 per cent of boys and 40 per cent of girls.	
				Female	10,000		1,848
				Male			
				Total individuals (Female and male)			
				Of total, children under 18 ⁸	45,000		10,460
TOTAL	55,000	12,308 ⁹					
STATUS OF CERF GRANT	Ongoing (The funding period ends in June 2012)	Amount disbursed from CERF	\$ 404,730				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To protect children and women displaced or affected by conflict in FATA against violence, abuse, exploitation, discrimination and other violations of their rights, through community-based mechanisms that assess, monitor and address child protection issues in order to meet UNICEF's Core Commitments for Children (CCCs) in emergencies.		<ul style="list-style-type: none"> 20 Child Protection Centres and Friendly Spaces were established to provide 3,000 children and 1,500 women with psycho-social support through recreational and educational activities. 10 separated children identified, registered and reunified with their families and linked with services. 40 child protection monitors were hired and trained. 2,200 vulnerable children and 275 women by the monitors and child protection committees were identified, registered and referred to relevant service providers. Forty child protection committees were formed to ensure community-based monitoring of conflict-affected vulnerable children. 250 children and 73 women were offered counseling by trained psychologists. 5,000 children and their families received child protection related messages. 				<p>UNICEF consultant and APEX monitors regularly monitored project activities to make the project effective and useful for IDP children and women in FATA. The monitors worked closely with the implementing partner to help those identifying gaps and developing action plans to overcome the identified gaps.</p> <p>Monthly coordination meetings were held, in which the partners shared monthly progress of the project and needs and requirement to improve the efficiency of the project.</p>	

⁸ For UNICEF, children under 18 are the target population.

⁹ Deteriorating security situation in KP and FATA and delays in issuance of NOC to partner NGOs, coupled with cultural conservatism to access women resulted in implementation delays and low coverage. However, NOC issues have been resolved, partner agreements extended and capacity enhanced, especially for NGO partners in FATA, where implementation and coverage is expected to improve significantly in the coming months.

UNFPA - GENDER-BASED VIOLENCE							
CERF PROJECT NUMBER	11-FPA-037	Total Project Budget	\$399,902	BENEFICIARIES	Targeted	Reached	Gender Equity Women and girls were the main beneficiaries of the project. However, male participation and involvement was ensured through community consultations and sensitization sessions.
PROJECT TITLE	Gender Based Violence response and preventive services, for IDPs and host communities focusing on filling the gaps/unmet life-saving needs in the GBV response for crisis-affected IDPs in Khyber Pakhtunkhwa Province and the Federally Administered Tribal Area (FATA), Pakistan	Total Funding Received for Project	\$399,902	Individuals			
				Female	191,294	1,500	
				Male	207,235	74	
				Total individuals (Female and male)	398,529	1,574	
				Of total, children under 18	487,093	0	
STATUS OF CERF GRANT	Ongoing	Amount disbursed From CERF		TOAL	885,622	1,574	
				<i>Despite the worsening security situation and ever-challenging cultural constraints, UNFPA is ensuring that a maximum number of affected population from the estimated targeted figures be reached by the end of June.</i>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Provide holistic multisectoral response to Gender Based Violence (GBV) and ensure survivor centred services.		<ul style="list-style-type: none"> ▪ Sites for 10 women-friendly spaces (WFS) finalized. ▪ Seven WFS are functional/established to provide women and adolescent girls with psycho-social support through counseling, recreational, and vocational skills activities while the remaining 3 WFS will be functional in April. ▪ 13 GBV cases identified to date and six of the affected received psychosocial support, vocational skills training and linkage with medical and legal services. ▪ 82 staff members hired, (GBV case workers/community mobilizers, psychologist, vocational skill trainers, WFS coordination officers, project reporting officers) and provided with orientation on GBV terminologies and GBV case management. ▪ Five orientation sessions aimed at improving understanding on GBV and providing basic orientation on GBV case management tools conducted for 62 staff (psychologist, GBV case worker, WFS coordination officers). ▪ 25 community awareness sessions on women's rights, GBV and health conducted by community mobilizers, benefiting 70 men and 120 women. ▪ 67 women provided with counseling by trained psychologists. ▪ 100 women and their families received women protection related messages. ▪ 534 women and adolescent girls are registered at WFS for vocational skills training. 				<p>Monitoring and supervision was done by the UNFPA provincial team.</p> <p>The implementing partners for this project were oriented on the project reporting tools by the UNFPA provincial hub for KP.</p> <p>The IPs are supposed to share the project progress reports and GBV Incident reports on a weekly and monthly basis. The reports are further-consolidated and analyzed by UNFPA. UNFPA project monitoring staff is regularly monitoring the Implementing partners field activities.</p> <p>UNFPA provincial office team in KP periodically visits implementing partners to monitor the performance.</p>	

UNHCR – PROTECTION/ HUMAN RIGHTS/ RULE OF LAW

CERF PROJECT NUMBER	11-HCR-040	Total Project Budget	\$957,594	BENEFICIARIES		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Humanitarian response to displacement in Kurram Agency of FATA, Pakistan	Total Funding Received for Project	\$600,000	Female		33,670	27,683	Over 15,000 families were displaced as a result of military operation in central Kurram against armed militants that started in June 2011. While some were accommodated in the New Durrani IDP camp that was established on 26 June, 2011, others were displaced in host communities including eight government school buildings in and around Sadda town. Women and girls benefited from the interventions in an equitable manner. Particular attention was paid to their protection concerns through protection monitoring.
				Male		43,680	37,232	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$357,594	Total individuals (Female and male)		91,000	64,915	
				Of total, children under 5		13,650	12,464	
				TOTAL		91,000	64,915	
				<i>The total number of persons displaced was lower than initially anticipated. However, given the nature of the protection activities, the extent of activities to put in place remained unchanged (e.g. set up of 2 registration centers, capacity building, protection monitoring, registration services, etc).</i>				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
Protection, profiling and registration of IDPs increased and maintained.		Protection, profiling and registration of IDPs increased and maintained. <ul style="list-style-type: none"> Registration of 64,915 IDPs conducted on an individual basis with minimum set of data. Protection in the camp enhanced through the presence of field teams. Identification of vulnerable groups in the camp through the registration process, regular monitoring missions and household assessments. 						UNHCR regularly monitored the situation of IDPs, including registration, access to assistance and services in the New Durrani camp through.
Community mobilization strengthened and expanded.		Community strengthened and expanded <ul style="list-style-type: none"> The community centres and women spaces were set up Community centres and women spaces were set up 20 community service staff recruited and operational. Sports tournament and events organized to promote social rehabilitation and cohesion among camp residents. 18 community self management structures formed and met regularly to discuss and decide issues directly relating to IDPs. Community service training conducted to enhance the capacity of Shura members. Community awareness and sensitization campaigns conducted. 						Monitoring mechanisms adopted different methods: <ul style="list-style-type: none"> Regular protection monitoring missions. IDP registration database. Feedback from beneficiaries through focus group discussions and individual interviews.
								Coordination with other stakeholders through regular protection cluster meetings at different levels. Review of a variety of records, including activity reports and monthly progress reports from implementing partners.

IOM – SHELTER							
CERF PROJECT NUMBER	11-IOM-031	Total Project Budget	\$5,000,000	BENEFICIARIES	Targeted	Reached	Gender Equity Gender equality and the distinct needs of men, women, girls and boys are integrated into each stage of IOM's distributions including both the assessment phase (prioritizing vulnerable groups including female-headed and child-headed households; families including an elderly, disabled or chronically ill family member; pregnant and lactating women) and during distributions (separate distribution lines for vulnerable groups to ensure access; separate distributions for women where appropriate).
PROJECT TITLE	Emergency shelter and non food item assistance to IDP households in Khyber Pakhtunkwa Province	Total Funding Received for Project	\$1,000,003	Individuals			
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$1,000,003	Female	10,920	20,360	
				Male	10,080	20,940	
				Total individuals (Female and male)	21,000		
				Of total, children under 5	2,730		
				TOTAL	21,000	41,300	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To provide life saving shelter and non-food item support to 'off-camp' highly vulnerable displaced populations from conflict-affected areas, specifically those currently displaced in districts/agencies including Kohat, Hangu, Kurram, Peshawar Valley and DI Khan.		<ul style="list-style-type: none"> 5,900 shelter and non-food item kits have been distributed. An additional 1,500 kits have been procured and distribution will be completed by the end of February. As suggested by the Shelter cluster, tents were replaced by plastic sheets enabling IOM to reach a large number of target beneficiaries. Implementing partners including BFO and Aman are assisting IOM's activities. Distributions have been carried out/are ongoing in Dera Ismail Khan, Hangu and Kurram. 				<p>Monitoring checklists are filled by monitoring teams and compiled at the sub-office and then Islamabad level for feedback to operations and programme teams regarding any issues encountered with implementing partners, the quality of kits received, coordination or any other issue.</p> <p>Close coordination with the Protection cluster to ensure proper targeting of the most vulnerable displaced households.</p>	

UNHCR – MULTI-SECTOR

UNHCR – MULTI-SECTOR							
CERF PROJECT NUMBER	11-HCR-024	Total Project Budget	\$14,000,000	BENEFICIARIES	Targeted	Reached	Gender Equity
				Individuals	49,000	53,444	
				Female	25,000	27,267	
				Male	24,000	26,177	
				Total individuals (Female and male)	49,000	53,444	
PROJECT TITLE	Humanitarian response to displacement in Mohmand Agency, Pakistan	Total Funding Received for Project	\$9,290,394	Of total, children under 5	12,000	13,088	
				TOTAL	49,000	53,444	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$4,990,394				Internally displaced people (IDP) in the northwest part of Pakistan benefited from this project. The IDP families have been displaced by renewed military operations in the Mohmand Agency, FATA. Women and girls benefited from the interventions in an equitable manner, their mobility was increased and their environment improved with the set up of Purda walls and the summarization of the camp. Particular attention was paid to their protection concerns through protection monitoring

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	Monitoring and Evaluation Mechanisms
<p>Protection, profiling and registration of displaced population increased and maintained.</p> <p>Camp management and coordination refined and improved.</p> <p>Shelter and infrastructure established and maintained.</p> <p>Population has sufficient basic and domestic items.</p> <p>Community mobilization strengthened and expanded.</p> <p>Logistics and supply optimized to serve operational needs.</p>	<p>Protection, profiling and registration of IDPs in Nahqi camp increased and maintained</p> <ul style="list-style-type: none"> ■ Registration of 53,444 IDPs conducted on an individual basis with a minimum set of data. ■ Protection in the camp enhanced through the presence of field teams. ■ Identification of vulnerable groups in the camp through the registration process, regular monitoring missions and households assessments. ■ 5,374 assessments conducted (protection and vulnerability monitoring). ■ Cooked meals provided to newly arrived families until they receive WFP food ration (average 65 days). <p>Camp management and coordination refined and improved</p> <ul style="list-style-type: none"> ■ Camp development and general site operations constructed and sustained. ■ Roads, community infrastructure and drainage systems constructed. ■ Repair and maintenance of emergency shelter (tent replacement or repaired as appropriate). <p>Shelter and infrastructure established and maintained</p> <ul style="list-style-type: none"> ■ 3,318¹⁰ household tents distributed to IDP families and 2,296 tents erected. ■ 233 rolls for construction of Purda walls installed in the camp to allow privacy and free movement of female IDPs within the family areas. ■ Six¹¹ communal tents pitched for community activities. ■ 800 agro net rolls procured and installed for summarization of the camp. <p>Population has sufficient basic and domestic items</p> <ul style="list-style-type: none"> ■ 8,165¹² standard NFI packages distributed to new arrivals. ■ 150 kg of firewood distributed per family per month. <p>Community mobilization strengthened and expanded</p> <ul style="list-style-type: none"> ■ The community centres and women spaces were set up ■ The community centres and women spaces were set up ■ Community service provided to the IDPs in the camp. ■ Community awareness and sensitization campaigns implemented. ■ 22 committees known as Jirga and Shura established and involved in different camp activities such as health, wash, food, shelter and community support directly relating to IDPs. <p>Logistics and supply optimized to serve operational needs</p> <ul style="list-style-type: none"> ■ UNHCR emergency warehouse in Ghalanai for Mohmand Agency maintained. ■ Stockpiling, loading and transportation of relief items properly implemented. 	<p>UNHCR has been regularly monitoring the situation of IDPs, including registration, access to assistance and services in Nahqi camp through monitoring mechanisms adopted different methods:</p> <p>Regular monitoring missions.</p> <p>IDP registration database.</p> <p>Feedback from beneficiaries through focus group discussions and individual interviews.</p> <p>Coordination with other stakeholders through regular cluster meetings at different levels.</p> <p>Review of a variety of records, including activity reports and monthly progress reports from implementing partners, UNHCR procurement records and distribution lists.</p>

¹⁰ Most of the IDPs opted for an off-camp option (host community) and therefore the need for tent was lower than initially budgeted. However the need for NFIs, which covered both on-camp and off-camp population were larger, therefore this was reallocated to tents.

¹¹ Most of the IDPs opted for an off-camp option (host community) and therefore the need for tent was lower than initially budgeted. However the need for NFIs, which covered both on-camp and off-camp population were larger, therefore this was reallocated to tents.

¹² As indicated above, the needs for NFIs, which covered both on-camp and off-camp population were larger, therefore this was reallocated to tents.

VII. ANALYSIS 2 – RESPONSE TO FLOODS IN SOUTH PAKISTAN - RAPID RESPONSE 2011

1. The humanitarian context

In the second half of 2011, torrential monsoon rains caused floods, affecting some 5.2 million people¹³ in Sindh and Balochistan provinces. The 2011 floods had an adverse affect on people who were still recovering from the floods of 2010. The provinces of Sindh and Balochistan were the worst-affected by the 2011 floods.

According to the National Disaster Management Authority (NDMA), 1.8 million people were displaced, and at least 1.2 million family homes were partially damaged or completely destroyed. Some 544,611 individuals were displaced to temporary camps or schools, government buildings and open spaces with insufficient facilities. Extensive destruction of crops was recorded in many areas, with millions of hectares of standing crops washed away, especially in Sindh province. Seed stocks were destroyed, severely compromising the recovery process from the 2010 floods and obliterating the possibility of planting staple food crops for the farming period.

Due to the scale of the emergency, the Government of Pakistan officially requested international assistance to help provide humanitarian and early recovery assistance to the affected people. Based on this request, joint UN-government multi-sectoral needs assessments were conducted to determine humanitarian needs.

According to the findings of the assessments, the total number of affected people in the notified calamity-hit areas was estimated at 5.2 million. Of those, 1.1 million were still displaced as of October 2011 and were living either in temporary shelter, in schools and other public buildings, sleeping in the open or residing with host families. The greatest effect of the floods was on housing and agricultural crops: 34 per cent of households lost their houses and 60 per cent of houses were partially damaged. The average paddy crop loss was estimated at 77 per cent and cotton production loss was estimated at 92 per cent. Forty per cent of households reported that their main economic activity was discontinued. An additional 48 per cent reported that their economic activities were disrupted by the floods. On average, a household lost 202,550 Pakistani rupees (\$2,250) in income, not taking into account asset losses, adding up to a total estimated financial income loss of between 1 trillion and 1.2 trillion Pakistani rupees (\$11.3 million to \$13.6 million). At the household level, the morbidity situation was found to be worrying, with more than 24 per cent of children suffering from diarrhoea, 28 per cent from high fever/malaria, 6 per cent from measles and 11 per cent from coughing or wheezing. Elderly and young children were most vulnerable. There was a drastic decline in school attendance rates, particularly among girls, since the floods started. The floods had a significant upward impact on commodity prices: the price of paddy increased by 25 per cent on average and the purchasing power of labour decreased by 13 per cent. However, most households had access to markets and commodities were readily available. The most urgent needs expressed by community members included food, cash and shelter, followed by medical support and clothing/blankets. Housing, health, animal support and agricultural inputs were listed by most households as their immediate needs for recovery.

2. Provide brief overview of CERF's role in the country

The 2011 Pakistan Floods Rapid Response Plan (Flash Appeal) was launched in Islamabad on 18 September in response to the floods. It sought \$357 million to cover the humanitarian needs of the flood-affected families for six months. Although in-country available resources were already being used to address immediate needs, funding was urgently required to expand the programmes and reach out to more people. The CERF grant allowed the implementation of a coordinated assistance package, with a special focus on the most vulnerable settlements of displaced populations within the eight most affected districts of the Sindh province. Those settlements were chosen based on available data from settlement assessments undertaken by the IOM.

The strategic priorities for the Rapid Response Plan reflected the analysis of immediate needs and feasibility. The geographic focus of the plan was in the 21 severely affected districts of Sindh province. In addition to the large number of men, women, boys and girls who required assistance, priority groups, such as the most vulnerable, those who had to leave their homes, and the most food-insecure were targeted in the initial response. Provision of shelter, access to safe drinking water, immediate food assistance and emergency livelihood support, adequate health

13 Based on a UN-Government joint assessment.

services, including the provision of essential life saving medicines and support for maternal and child care and nutritional support were seen as critical needs.

Several meetings took place with cluster leads of Food Security, Shelter, Health and WASH clusters, as well as representatives from the Nutrition, Early Recovery and Protection clusters, to discuss priorities and criteria for the selection of projects. In addition, OCHA presented the process for preparing the CERF allocation to the HCT, stressing that the CERF submission would follow the priorities as outlined in the appeal. HCT members made some comments that were subsequently taken into account by the cluster leads. The submission was finalized following discussions between the HC and cluster coordinators on 18 September.

The following summarizes the consensus reached on the overall approach:

- The CERF allocations focused on the priorities outlined in the Flash Appeal (stated above). As such, projects were submitted by the four clusters that were rolled out, namely Food Security, WASH, Shelter and Health. Projects from UNDSS and WFP (as Logistics cluster) were also considered – both components being part of the Flash Appeal provided that it could be demonstrated those projects were absolutely time-critical and essential for the delivery of life-saving assistance by the other four clusters.
- Projects met the CERF life-saving criteria.
- Cluster leads first defined a joint strategy and used the CERF allocation to provide a coordinated package of assistance to a targeted group of vulnerable affected populations (based on their needs).
- Although Nutrition, Protection and Early Recovery clusters were not rolled out, they needed to be considered as part of the response planning and related activities mainstreamed within the clusters' responses. Those issues were considered while defining clusters' priorities and criteria for the CERF allocation. Gender markers were also used for the CERF package.

After final consultation with the HC, projects were prepared based on the following:

- Clusters aimed to implement their CERF-funded projects alongside a target population of approximately 100,000 people. Based on available data from the rapid needs assessments, the clusters agreed to focus on the eight most-affected districts.
- The CERF submission targeted families living in temporary settlements, since they were deemed among the most vulnerable. Priority was given to populations with special needs; IOM provided assessment data on the temporary settlements.
- Targeted settlements were chosen based on the agencies' capacity to operate and the assistance already provided by Government and humanitarian partners with the aim of filling the gaps.
- Considering the priorities of the Food Security cluster, in particular the objective to save lives and avert hunger amongst vulnerable flood-affected populations, the Food Security cluster requested extending its CERF-funded intervention to the total caseload it would have the capacity to assist in the two weeks that followed (which would be 500,000 people in total). This was subsequently adjusted to a smaller amount of targeted beneficiaries in the eight most-affected districts.
- The Food Security cluster would include a supplementary feeding component in its submission to support the nutrition activity within the Health cluster submission.
- UNDSS and WFP as Logistics cluster would each prepare a project aimed at providing time-critical and essential support to the rest of the partners, enabling the implementation of the above-mentioned interventions.

The final CERF application was shared with HCT members on 20 September for final endorsement.

3. What was accomplished with CERF funding

CERF funding enabled the recipient agencies to provide life-saving assistance to people affected by the floods in the Sindh province and to fill critical humanitarian gaps. CERF allocations to WFP's food assistance and logistical support operations enabled the provision of life-saving relief food rations to nearly 400,000 people affected by the

floods. The WFP-led Logistics cluster was additionally able to supply storage and transportation services for life-saving relief cargo on behalf of 21 organizations involved in response to the floods emergency. CERF allocations also enabled WFP to facilitate an improvement in food consumption and a stabilization of the nutritional status of vulnerable crisis-affected groups, amid significantly and abruptly compromised food security, while facilitating the achievement of objectives among other humanitarian actors through the provision of crucial logistic services. By the end of 2011, the majority of beneficiaries of WFP's relief food assistance had retained adequate consumption levels, with an average of 83.3 per cent of flood-affected households having an acceptable food consumption score. The results demonstrated a significant upward trend from baseline levels recorded earlier in the year.

It should be noted that meeting basic food requirements on a regular and systematic basis is not only central to relief objectives, but also to a successful transition into early recovery planning; allowing beneficiaries to engage in the latter, in the relative security that basic consumption needs are being met. Furthermore, food assistance permits complementary UN, NGO, government and community-level relief and early recovery efforts to proceed unhindered by immediate food security concerns. It should also be noted, however, that an early conclusion to the relief phase of the 2011 flood response, at the instruction of the Sindh Provincial Disaster Management Authority (PDMA), resulted in the provision of a lower overall level of humanitarian assistance than originally planned, particularly in the case of WFP relief food distributions. To some extent, this constrained the expeditious implementation of CERF grants. This was also true in the case of the WFP-led Logistics cluster response, which additionally encountered a significantly lower demand for services than anticipated at the onset of the emergency, as a result of funding constraints faced by other 'client' organizations.

Project activities funded by CERF supported the protection and restoration of the productivity of vital livestock assets of a minimum of 11,600 households in the severely-affected district of Mirpur Khas, benefiting an estimated 81,200 individuals. Livestock assets targeted both large and small ruminants; the activities had a direct and immediate impact on restoring and protecting food security and the livelihoods of those affected by the floods.

CERF funding was also used to procure the 272 recreation kits and 100 tents used to operate "PLaCES" (safe, protective spaces for children and women). The funds also enabled the implementation of nutrition interventions. Out of the 26,272 under five-year-old children screened, 2,434 severely acutely malnourished children were enrolled in the Outpatient Therapeutic Programme (OTP), while over 4,300 moderately acutely malnourished children were admitted into the Supplementary Feeding Programme (SFP). Over 20,100 women were reached with Infant and Young Child Feeding (IYCF) messages during 1,547 sessions. Nearly 3,400 at risk pregnant and lactating Women (PLW) were enrolled in the SFP out of the 13,062 screened. Some 110 healthcare providers from the government and NGO sector were trained on nutrition, while six sentinel sites (Stabilization Centres and OTP sites) were established at district headquarters.

With three Sindh province districts participating in the disease early warning system (DEWS) and four acute respiratory infection (ARI) units functional for three months, more than 80 per cent of alerts and outbreaks were investigated and responded to within 48 hours of reporting. Fifty Mobile Service Units (MSUs) were mobilized for community outreach services to the vulnerable population, especially women and girls to deliver reproductive health services, with a special focus on basic emergency obstetric and newborn care services.

Over 147,000 IDPs living in camps, makeshift temporary settlements and in villages of Mirpurkhas, Tando Allayar and Tando Mohammad Khan districts were sensitized on appropriate and improved hygiene practices. All targeted 980 latrines were completed in Saeed Matto, Moya and Lakhat union councils. Over 5,600 hygiene kits, catering to the special needs of women and girls, were distributed in 84 villages of targeted union councils.

Emergency shelter and non-food items targeting a total of 7,700 families (53,900 individuals) were procured for distribution to vulnerable flood-affected families in severely affected districts in northern and southern Sindh province, while 24,388 buckets and 42,000 jerry cans were distributed to the IDPs for water storage and household water treatment. In total, the emergency shelter and non-food items procured were: 6,200 plastic tarpaulins, 7,700 poles and pegs, 3,100 rope sets, 3,100 kitchen sets, 13,900 blankets, 26,800 quilts, 26,800 shawls and 15,400 solar lamps. Procurements were done to complement IOM emergency shelter items from other funding sources, in order to distribute complete shelter/NFI kits in line with Shelter cluster recommendations. In Tando Allah Yah, UNHCR provided 1,995 tents and 1,995 NFIs to 13,965 individuals. In Sangar, 1,505 Tents and 1,505 NFI kits were distributed to 10,600 beneficiaries. During the reporting period, 3,700 temporary shelters were completed in target villages out of 3,800 initially planned shelters. In addition to these, 500 roadside shelters were also constructed and handed over to potential beneficiaries.

Nearly 49,880 people were provided with chlorinated water on a daily basis at the peak of emergency through water tankering with 11,222,775 million litres of water provided to these IDPs at five litres per person per day. The water trucking was scaled down gradually when the hand pumps were restored/installed. Some 57,975 people were provided with safe drinking water through the installation of 254 new and repair of 68 hand pumps.

Five bladder tanks with a capacity of 5,000 litres and 15 water tanks of 1,200 litres capacity were provided for water storage. These water tanks were chlorinated by the village committees to ensure water quality. More than 31,300 people were reached through household water treatment options - 324,513 Aquatabs and 577,789 PurSachets. The beneficiaries were trained about the usage of these household water treatment options. WHO supported the implementation of WASH interventions to help reduce the incidence of water, sanitation and hygiene-related diseases through the provision of safe drinking water, adequate sanitation coverage and hygiene/sanitation promotion activities to 110,000 individuals in three flood-affected districts: Tando Allah Yar, Tando Muhammad Khan and Mirpurkhas. WHO environmental health teams performed regular drinking-water supply chlorination and disinfection, and mobilized resources for the provision of water collection and storage facilities, hygiene kits, NFIs and health education and awareness raising materials. Between October and December 2011, they responded to 84 alerts and controlled 13 outbreaks in the three districts. Main water sources were tested for microbiological contamination and where samples were found unfit for drinking; results were shared with the WASH cluster for immediate remedial action including chlorinated water supply to the community, distribution of household water disinfectants, soap, NFIs and Hygiene kits. WHO environmental health teams tested more than 525 water sources, where more than 86 per cent were found contaminated and required remedial actions, including the protection of water sources and the treatment of water supply systems.

WHO conducted intensive environmental awareness and hygiene promotion campaigns. 180 hygiene promotion campaigns were conducted in response to the waterborne disease alerts/outbreaks reported in the affected areas in collaboration with WASH/Health partners. The main focus was given to safe water handling, the use of household water disinfection chemicals like aquatabs and pur-sachets, handwashing with soap and the safe disposal of faeces material. WHO collaborated with Lady Health Workers (LHW) national programme in which orientation was provided to the LHWs and Lady Health Supervisors (LHSs) prior to these health promotion campaigns along with the distribution of water treatment and soap supplies. Door to door visits and community sessions were organized in which local community elders and religious leaders were involved for effective communication on health and hygiene issues.

The Minimum Initial Services Package (MISP) for the target population resulted in an improved reproductive health status for women of child-bearing age, ensuring a good health status for newborns in the flood-affected districts of Sindh province. The comprehensive reproductive health services reportedly reduced the maternal mortality rate through the provision of timely vaccinations and timely reproductive and maternal health interventions. The infant mortality rate also reportedly decreased in the targeted areas due to improved healthcare for infants and children – more than 30,000 cases were handled. Percentages of reductions in mortality are difficult to ascertain due to the lack of baseline and endline data. In addition, family planning services were provided to 14,400 men and women. These services were complemented by the distribution of reproductive health kits, including safe delivery kits and women hygiene kits to girls and women of childbearing age.

Challenges faced in the implementation of CERF-supported health activities included an acute shortage of medical personnel such as female doctors, lady health visitors (LHVs), community midwives (CMWs) and technicians/dispensers in Sindh, especially in the flood-affected districts. To address this challenge, humanitarian agencies forged partnerships with professional bodies such as the Pakistan Medical Association (PMA) and arranged residential facilities for the staff. Damaged infrastructure, especially roads in rural areas of Sindh, and stagnant waters made it difficult for healthcare providers to reach villages in targeted rural areas. However, suitable vehicles were arranged, which resulted in an additional unanticipated cost to the project. In addition, sometimes a breakdown in law and order in certain districts severely hampered activities. This was addressed by getting security passes for mobile service units from local authorities and health officials in targeted areas.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

Within the first month of the launch of the 2011 Pakistan Floods Rapid Response Plan, the CERF contributed 25 per cent of the funding at that time, giving \$17.6 million to eight UN agencies and IOM. CERF funding led to a fast delivery of assistance to beneficiaries and mainly supported emergency food assistance (28 per cent), emergency shelter (18 per cent), primary healthcare (22 per cent), life-saving WaSH interventions (18 per cent), as well as the provision of livestock inputs critical to the protection of livelihoods and food security (5 per cent).

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

YES NO

CERF funding enabled UNHCR to immediately respond to the needs of flood-affected communities. Using its prepositioned relief supplies, UNHCR distributed emergency shelter and NFIs to the affected population with the understanding that the stocks would be replenished when CERF funds were made available. UNFPA used CERF funds to fill gaps and procure reproductive health kits, hygiene kits and other relief items to assist the affected population through timely responses. The immediate CERF funding facilitated the collection of necessary information, gap analysis and identification, and information dissemination among all WASH cluster partners. The timely provision of water quality improvement supplies significantly prevented and controlled the outbreak of anticipated water borne diseases. As well as playing a critical role in controlling potential outbreaks, hands-on training to water supply authorities/WASH partners on emergency water treatment and sanitary surveys helped detect and prevent the probable cause of contamination in water supplies.

CERF funding enabled the timely restoration of vaccine cold chain equipment, making it possible to provide routine and measles immunization to children and tetanus vaccination to PLW.

c) Did CERF funds result in other funds being mobilized?

YES NO

CERF funds acted as a catalyst for donors to increase their contributions for the response. Humanitarian action established with CERF funds encouraged other donor involvement, enabling more reliable humanitarian assistance to flood-affected population.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The CERF funding enhanced the prioritization and coordination of humanitarian aid to the flood-affected population. It strengthened the coordination of UN operations during the crisis and enhanced the provision of emergency relief to the affected population in accordance with humanitarian principles.

VIII. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE
The UNHCR emergency stockpile made it possible for the organization to commence its life-saving interventions before the actual CERF funds were received.	It is recommended that other UN agencies and international NGOs also maintain emergency stockpiles for rapid response to future emergencies.	UN agencies and International NGOs
Well-coordinated action helped to ensure that those affected in the various locations received humanitarian assistance.	Maintain close coordination between UN agencies and other agencies during an emergency to ensure effective responses.	Government, UN agencies and NGOs
Allocation enabled rapid and enhanced response to meet urgent needs.	Increase reserve allocation for reproductive health thematic areas.	UNFPA
Better coordination improves emergency response.	Enhance regular coordination of child protection services.	Social Welfare Department, UN and other agencies
Using child protection interventions, particularly protective spaces, as a platform for other sectors to reach out to children and women can facilitate the ability of these vulnerable groups to access other humanitarian services.	Enhance the integration of child protection emergency interventions with education, nutrition and other sectors from the beginning through inter-cluster and inter-sectoral planning.	OCHA and clusters
As in 2010, the confirmation of CERF contributions was far speedier than in previous years.	Efforts should continue to ensure the most expeditious transferral of allocations through the rapid response grant facility.	OCHA, CERF Secretariat
As in previous years, there continued to be a lack of sufficiently clear criteria for the allocation of available resources among eligible recipient agencies. Furthermore, rapid response allocations perhaps remain too limited as start-up financing: a \$4.9 million grant to WFP's emergency food assistance response to the 2011 floods amounted to just 3 per cent of its overall requirements.	A principled system for resource allocation should be standardized, formalized and clearly communicated to eligible applicants.	OCHA, CERF Secretariat
Multiple requests to modify budgetary breakdowns delayed the proposal process and made it more cumbersome than necessary.	Clear instructions on all necessary budget details should be clearly communicated to applicant agencies in advance, in order to avoid the need for multiple revisions thereby expediting the proposal process.	OCHA, CERF secretariat
The requirement for individual agency proposals to complement one another in a single common application was overly strict in the case of rapid response grants, and too vague with regard to UFE allocations.	While promoting complementary responses amongst applicant agencies is welcome, the requirement should perhaps be more flexible than during the 2011 flood response: as different organizations often have very different priorities in how/where to use available funding based on a range of factors such as relative overall resourcing levels, or sector-specific developments as an emergency unfolds. A strict process for common prioritization may perhaps be more applicable in the case of grants supplied through the underfunded emergency window.	OCHA, CERF secretariat

ANNEX 1. RESPONSE TO FLOODS IN SOUTH PAKISTAN - RAPID RESPONSE 2011

FAO – AGRICULTURE																												
CERF PROJECT NUMBER	11-FAO-039	Total Project Budget	\$18,900,000	<table border="1"> <thead> <tr> <th>BENEFICIARIES</th> <th>Targeted</th> <th>Reached¹⁴</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>81,200</td> <td></td> </tr> <tr> <td>Female</td> <td>38,976</td> <td></td> </tr> <tr> <td>Male</td> <td>42,224</td> <td></td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>81,200</td> <td></td> </tr> <tr> <td>Of total, children under 5</td> <td>12,180</td> <td></td> </tr> <tr> <td>TOTAL</td> <td>81,200</td> <td></td> </tr> </tbody> </table>			BENEFICIARIES	Targeted	Reached ¹⁴	Individuals	81,200		Female	38,976		Male	42,224		Total individuals (Female and male)	81,200		Of total, children under 5	12,180		TOTAL	81,200		Gender Equity
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TOTAL	81,200																											
PROJECT TITLE	Emergency assistance for immediate protection of livelihoods and food security through provision of critical livestock inputs in the flood affected district of Mirpurkhas, Sindh province	Total Funding Received for Project	\$13,287,926				Men and women benefited equally from the project. Women in particular played a prominent role in livestock assistance, as animal husbandry is predominantly managed by women, who are responsible for feeding, watering and milking animals at the household level. Livestock is often the only asset to which women have real access and over which they have some degree of control.																					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 797,111																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
Provide immediate support to ensure the survival of critical productive livestock assets and the immediate resumption of agricultural activities.		<p>Project activities funded by CERF have supported the protection and restoration of productivity in vital livestock assets for a minimum of 11,600 households (HHs) in the severely-affected district of Mirpurkhas, benefiting an estimated 81,200 individuals. Livestock assets targeted both large and small ruminants; the activities had a direct and immediate impact on restoring and protecting food security and the livelihoods of those affected by the floods.</p> <ul style="list-style-type: none"> 2,320 tons of wheat straw distributed to the target needy and vulnerable flood-affected households in Mirpur Khas district, to overcome feed and fodder shortages due to floods; 522 tons of animal compound feed distributed to target household beneficiaries to maintain animal health and milk production of the flood-affected livestock. 23,200 de-wormer blisters distributed to the target household beneficiaries to protect 46,400 small and 23,300 large ruminants against parasites and common diseases, to maintain their productivity. <p>The specific outcomes generated by this response were:</p> <ul style="list-style-type: none"> Milk productivity was either stabilized or increased; Distress sales of surviving livestock were reduced; Food security of beneficiary households was improved; Loss of draught animal power was reduced, which is an essential pre-condition for the resumption of agricultural production and restoration of livelihoods). 				<p>A monitoring and evaluation system was implemented by FAO's Emergency Rehabilitation and Coordination Unit (ERCU), using well-established methodologies. In particular, it focused on the selection of beneficiaries, the distribution of inputs, and on post-distribution impact evaluation. The monitoring of project progress was carried out by FAO and focused on upward accountability, towards CERF, government agencies, development partners and society at large, for instance and downward accountability, towards project beneficiaries and primary stakeholders, for instance. The main monitoring/ reporting tools at the field level were:</p> <ul style="list-style-type: none"> Needs assessment reports and pre-distribution surveys; Post-distribution surveys, based on physical verification and on beneficiary interviews; Technical monitoring reports; and Reports from NGOs (implementing partners). 																						

¹⁴ Disaggregated data not yet available from service providers. The household data is as reported under actual outcomes, whereas the service providers are processing the accurate disaggregated data (individuals: males, females, children).

		<p>Operational support was provided through FAO offices in Islamabad and at the provincial level. FAO's multidisciplinary team of specialists from the Regional Office in Bangkok and Headquarters (HQ) provided technical support and operational guidance.</p> <p>A Post Distribution Survey (PDS) was conducted by FAO covering the activities of CERF-funded projects in FATA and Sindh to determine the impact of agriculture inputs distribution, utilization and the overall effectiveness of the Rabi inputs. Data collection for the post-distribution survey was completed on 30 December 2011; data analysis of these surveys is ongoing.</p>
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WFP - FOOD SECURITY

CERF PROJECT NUMBER	11-WFP-064	Total Project Budget	\$132,630,302	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency food assistance to families affected by monsoon floods in Pakistan	Total Funding Received for Project	\$65,706,439 ¹⁵	Individuals	213,000	391,825	<p>As an emergency operation, anticipated results centred on meeting primary and immediate needs among targeted groups. Fundamental life-saving outcomes are hugely significant for both male and female beneficiaries; as both face considerable threats to their food consumption and nutritional status. But, in confluence with the integration of gender equity objectives into the programme design, results may reasonably be expected to help forestall any further exacerbation of gender gaps. Owing to more severe limitations and greater burdens faced by women during times of crisis, they are more likely to resort to detrimental coping strategies; a trend that may be mitigated by the impact of this operation. Furthermore, where the provision of emergency assistance contributes to saving lives and maintaining family composition, fewer women will be forced to assume the burden of family provider, under disproportionately challenging circumstances. Similarly, when household food consumption is subject to some restriction, the specific nutritional needs of women tend not to be met; since they are typically marginalized in food allocation and often eat last and less. As such, WFP's provision of a nutritionally-balanced food basket sufficient to meet the requirements of all family members helps address this issue.</p> <p>Explicit efforts were made to facilitate female-headed households receiving assistance, after they were given priority attention during assessment and subsequent distribution processes. Separate queues and waiting areas were established for women at distribution sites, while provisions were made in culturally-conservative areas for the supply of rations to a blood relative where a female beneficiary was unable to be present. As such, the proportion of women receiving household food rations during the conduct of life-saving relief food distributions was close to double the plan (at 18 per cent of all recipient families).</p> <p>Furthermore, targeted nutritional support activities explicitly aimed to treat the incidence of malnutrition amongst women.</p>
				Female	104,370	191,994	
				Male	108,630	199,831	
				Total individuals (Female and male)	213,000	391,825	
				Of total, children under 5	28,925	53,210	
				TOTAL	213,000	391,825	
STATUS OF CERF GRANT	Ongoing	Amount disbursed From CERF	\$ 4,924,284				

¹⁵ As per FTS

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Stabilized and/or improved food consumption over the assistance period for targeted persons (ensuring daily caloric intake consistent with minimum Sphere standards)</p> <p>Reduced moderate acute malnutrition among targeted PLWs and children aged six - 59 months</p>	<p>Stabilized and/or improved food consumption among targeted flood-affected households. Regular and timely supply of monthly family food rations, distributed on an unconditional basis:</p> <ul style="list-style-type: none"> ■ CERF was among the first to support of WFP's emergency food assistance response to the needs of communities affected by 2011 monsoon flooding in Pakistan's Sindh and Balochistan provinces. As a new caseload under WFP's overarching Emergency Operation (additionally addressing early recovery needs in areas affected by the historic floods of 2010), full quantities of all commodities in the general family food basket were required – as reflected in the submitted funding proposal. However, as the relative urgency of requirements between different commodities changed during the period between proposal submission and food procurement (owing to the receipt of other new donations and the re-allocation of available in-country stocks to preclude ensuing shortfalls), CERF funds were re-prioritized to purchase the most urgently-required items: primarily cereals, the key staple in the family food basket. ■ This contribution allowed for the distribution of 8,956 metric tons of wheat flour in support of up to 391,825 vulnerable flood-affected individuals during the period November-December 2011 in prioritized locations of Sindh province. Following instructions from the Provincial Disaster Management Authority (PDMA) of Sindh province to conclude relief food distributions in December 2011 and for a reduced number of beneficiaries, pending stocks of 50 metric tons of wheat and 711 metric tons of High-Energy Biscuits (HEB) purchased with this grant will be distributed in full through planned early recovery activities over the coming weeks ■ WFP's relief food assistance proved critical in helping maintain adequate food consumption among these beneficiaries, thereby protecting the lives of people in distress. An independent study at the end of 2011 concluded that overall, the proportion of flood-affected families in Sindh province with an adequate food consumption score had increased to 83.3 per cent from a level of 51 per cent observed during the joint government-UN Multi-Sector Damage Needs Assessment (MSDNA) undertaken in October. The proportion of households with a borderline food consumption reduced from 30 per cent to 14.8 per cent, leaving only 1.9 per cent of target families with a poor food consumption score. ■ Meeting basic food requirements on a regular and systematic basis was also central to a successful transition into early recovery. Emergency distributions allowed beneficiaries the freedom to engage in recovery planning in the relative security that basic household consumption needs were being met, and helped to avoid high debt burdens among recipient communities. <p>Reduced moderate acute malnutrition among targeted PLWs and young children. Provision of specialized supplementary and fortified food commodities to improve nutritional status:</p> <ul style="list-style-type: none"> ■ The specific use of this contribution was revised from the proposal stage in accordance with changes in the availability of food commodities by the time of grant confirmation and a re-prioritization of available resources to meet the most urgent commodity shortfalls. As such, CERF-purchased food was not distributed through the joint WFP/UNICEF Community Management of Acute Malnutrition (CMAM) programme as originally envisaged. However, the following results generated by the programme may still be noted: <ul style="list-style-type: none"> ○ Recovery rates among both groups exceeded the target threshold of 75 per cent: recorded at 77.04 per cent among children aged 6 - 59 months and 75.7 percent amongst PLWs by the end of 2011. ○ The average rate of default was found to be higher than acceptable limits (22.06 per cent among children and 23.74 per cent amongst PLWs): primarily attributable to ongoing population movements across flood-affected areas, which interrupted regular attendance in the programme. ■ To ensure adherence to mandated protocols for administering this specialized assistance, 97 per cent of planned community health workers were trained on the correct modalities of food distribution and usage. 	<p>WFP monitoring and evaluation mechanisms reflect a corporate Results-Based Management framework: using a logical framework approach to monitor activities and their efficiency and effectiveness in achieving results. This involves monitoring the distribution process and following-up with recipient communities post-distribution through focus group discussions and other stakeholder consultations.</p> <p>In Pakistan, where the security situation permits, WFP undertakes monitoring directly to ensure maximum accountability. Monitoring undertaken by a contracted third party is used in areas where direct UN access is limited. Cooperating Partners provide information on the number of beneficiaries reached and the amount of food distributed, which is verified by WFP. WFP maintains coordination and oversight of all monitoring processes by providing corporate monitoring and reporting tools to partners, and cross-verifying information supplied via other sources.</p> <p>A quarterly monitoring exercise is undertaken in randomly-sampled locations, and results are analyzed in order to identify the strengths and weaknesses of a programme and make informed management decisions to improve effectiveness and efficiency.</p> <p>These monitoring and evaluation processes collect a range of data used to determine the outcomes generated by a particular intervention, and are supplemented by more detailed impact studies typically outsourced to a third party research institution annually and supervised by WFP's dedicated Vulnerability Analysis and Mapping (VAM) function. With regard to the implementation of activities supported by this grant, WFP adhered to all of the above.</p> <p>Alongside the implementation of this project, the establishment of a dedicated WFP complaints desk helped strengthen operational transparency and accountability through the receipt and resolution of direct beneficiary feedback related to a range of grievance issues. This facility is now used to monitor the conduct of all WFP assistance programmes in Pakistan.</p>

LOGISTICS CLUSTER: WFP																												
CERF PROJECT NUMBER	11-WFP-063	Total Project Budget	\$1,859,502	<table border="1"> <thead> <tr> <th>BENEFICIARIES</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Female</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Male</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Of total, children under 5</td> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>TOTAL</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>			BENEFICIARIES	Targeted	Reached	Individuals	N/A	N/A	Female	N/A	N/A	Male	N/A	N/A	Total individuals (Female and male)	N/A	N/A	Of total, children under 5	N/A	N/A	TOTAL	N/A	N/A	Gender Equity
BENEFICIARIES	Targeted	Reached																										
Individuals	N/A	N/A																										
Female	N/A	N/A																										
Male	N/A	N/A																										
Total individuals (Female and male)	N/A	N/A																										
Of total, children under 5	N/A	N/A																										
TOTAL	N/A	N/A																										
PROJECT TITLE	Logistics cluster augmentation and coordination in support of the humanitarian community's response to flooding in Southern Pakistan	Total Funding Received for Project	\$1,384,691				N/A																					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 348,820																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
<p>To support and augment the logistics capacity of the humanitarian community for ensuring the uninterrupted delivery of vital relief supplies to affected populations.</p> <p>To provide enhanced coordination to facilitate a timely and efficient emergency response.</p> <p>To provide essential common logistics services required to support the delivery of life-saving humanitarian assistance to those isolated, displaced, or otherwise affected by flooding.</p>		<p>This CERF grant has thus far been used to support the following outcomes generated during the relief phase of the humanitarian response to 2011 monsoon flooding in Pakistan's Sindh and Balochistan provinces:</p> <ul style="list-style-type: none"> ▪ The WFP-led Logistics Cluster provided storage space and transportation services to a total of 21 different humanitarian organizations participating in the emergency response: ▪ 38,696 cubic metres of storage space in facilities located across Sindh province was used to store and handle relief items on behalf of 14 humanitarian organizations. ▪ Transportation services were provided for 6,809 cubic metres of relief items on behalf of 11 humanitarian organizations. ▪ 18 Logistics cluster meetings were held in Islamabad, Karachi and Hyderabad, facilitating a coordinated response to the logistics needs of participating organizations. <p><i>It should be noted that the rapid disbursement of funds secured in support of this operation was impeded by the manner in which the relief phase of the humanitarian response was concluded, earlier than anticipated, after instructions given by the Provincial Disaster Management Authority (PDMA) of Sindh province. Additionally, there was also the relatively low levels of operation among many other respondent organizations (as a result of funding constraints) resulting in less demand for the services offered by the Logistics cluster than was originally anticipated.</i></p>				<p>Data relating to the storage of relief items were recorded from the time of submission of a Temporary Storage Request (TSR) document by users, and regularly updated thereafter.</p> <p>Similarly, the volume of relief items transported on behalf of different humanitarian organizations were recorded from the time of submission of a Cargo Movement Request (CMR) and updated regularly.</p>																						

UNICEF: HEALTH

CERF PROJECT NUMBER	11-CEF-055-A	Total Project Budget	\$17,067,495	BENEFICIARIES			Gender Equity
				Targeted	Reached ¹⁶		
PROJECT TITLE	Emergency Primary Health Care for flood affected people (FAPs), focusing on filling the gapsunmet lifesaving needs in the health response in Sindh: emergency assistance to flood-affected mothers, newborns and children in Pakistan	Total Funding Received for Project	\$ 8,629,403	Individuals	1,350,000	1,288,172	<p>The restoration of the vaccine cold chain equipment was done and routine immunization as well as measles vaccination have been provided equally to both girls and boys under five years of age and also Tetanus toxoid vaccination to PLW.</p> <p>PLW have been consistently prioritized given their key role to prevent the malnutrition of newborn and lactating babies.</p> <p>The project provided separate, private spaces and targeted services for women/adolescent girls and children (adolescent girls usually accessed women's spaces rather than children's spaces). Awareness sessions and peer discussions on children's rights, women's rights and GBV were conducted and engagement with men was ensured by including adolescent boys and men in the Child Protection Committee and including men in community based communications.</p> <p>The specialized team of an international GBV specialist, who trained 28 GBV focal points among the project's implementing partners advocated successfully with other services such as Health, nutrition and WASH, to ensure that it met the needs for privacy and safety concerns of women and girls in the respective project sites.</p>
				Female	648,000*	786,908	
				Male	702,000	501,264	
				Total individuals (Female and male)	1,350,000	1,288,172	
				Of total, children under 5	299,575	955,593 ¹⁷	
				TOTAL	1,350,000	1,171,779	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 1,500,140	* Reached by UNICEF as part of joint project			

¹⁶ Reached figures have been combined as well. Project period ends April 2012, by which time targets will be achieved.

¹⁷ Vaccination coverage of under five children significantly over achieved as displaced population exceeded the estimated figure

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Deliver life-saving interventions to the flood emergency affected children, newborns and mothers in effected districts of Sindh.</p> <p>Ensuring facility based management of malnourished children.</p> <p>Establishing functional 50 private spaces for protection (including breast feeding spaces/safe havens).</p>	<ul style="list-style-type: none"> ■ 90 damaged cold chain facilities are restored. 100 per cent of target for OPV (924,801 children) and Vitamin A supplementation (761,600 children) was achieved and 639,611 (84 per cent) children received measles vaccination. 246,978 PLW were vaccinated against measles. ■ Out of the 26,272 under five year old children screened, 2,434 Severely Acutely Malnourished (SAM) children have been enrolled in the Outpatient Therapeutic Programme (OTP). ■ 4,356 children have been admitted into Supplementary feeding Programme (SFP) as Moderately Acutely Malnourished (MAM) children. ■ 20,109 women have been reached with Infant and Young Child Feeding (IYCF) messages during the 1,547 IYCF sessions that have been organized since the start of the response. ■ 3,396 at risk PLW have been enrolled in SFP out of the 13,062 screened. ■ 110 healthcare providers from the government and NGO sector were trained on CMAM and IYCF . ■ CERF funding was used to procure the 272 recreation kits and 100 tents used to operate ‘PLaCES’ (safe, protective spaces for children and women). In particular, CERF funding supported a newly established position of international GBV Specialist, which ensured the integration of GBV services for children and women with the humanitarian response. The GBV Specialist put in place a mechanism of identification, support and referral of GBV cases for all PLaCES, including training 28 GBV focal points among all implementing partners. As such, this mechanism covered the programme as a whole thus benefiting the 543 PLaCES (using additional funding from other sources) established in eight Sindh districts by the end of February. 	<p>UNICEF and the Department of Health (DoH) staff regularly conducted field visits and monitored CMAM programme sites.</p> <p>Regular feeding centres data were received from implementing partners using Nutrition Information System (NIS).</p> <p>Findings from the Multi sectoral assessment guided the interventions of response.</p> <p>Implementing partners conducted preliminary assessments to identify the most vulnerable areas for intervention.</p> <p>Programme implementation was monitored through field based child protection monitoring officers, who conducted daily monitoring visits to the different PLaCES, feeding back the findings and guiding adequate support.</p> <p>The Child Protection team also conducted regular monitoring visits to all project sites and met with implementing partners for ongoing monitoring and evaluation of progress.</p> <p>Regular field visits were conducted by the Sindh team to ensure that implementation has been done. Weekly reports by Government partners have been shared with UNICEF.</p> <p>Third party monitoring is also being conducted.</p>

WHO - HEALTH							
CERF PROJECT NUMBER	11 – WHO - 059	Total Project Budget	\$12,307,798	BENEFICIARIES	Targeted	Reached¹⁸	Gender Equity As health response is for all affected populations After emergency, health cluster partners including UN agencies in collaboration with the Department of Health, provided RH and MNCH support including ante natal and post natal care, provision of clean delivery and hygiene kits, treatment for females affected by sexual and domestic violence among partners supporting health facilities.
PROJECT TITLE	Emergency primary health care for Flood Affected People (FAPs), focusing on filling the gaps/unmet life-saving needs in the health response in Sindh province	Total Funding Received for Project	\$ 7,802,348	Individuals	1,350,000	717,420	
				Female	648,000	344,361	
				Male	702,000	373,058	
				Total individuals (Female and male)	1,350,000	717,420	
				Of total, children under 5	299,575	160,663	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 1,583,857	TOTAL	4,349,575	2,312,922	
				<i>* Reached by WHO as part of joint project</i>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Improve access to essential medicines No stock out of life saving medicines Capacity-building of health care providers on quantification, good storage and inventory practices (Including training on inventory management software LSS) and the rational use of medicines.</p> <p>Setting up five sentinel sites for the management of malnutrition at facility level. 17,000 severely acutely malnourished children (boys and girls) are treated through community/facilities based management of acute management as per CMAM protocols.</p> <p>Scaling up the early warning systems of epidemic-prone diseases in the affected districts. Setting up four ARI units as needed by flood-affected population.</p>		<p>Significantly reducing the expected high morbidity and mortality rate.</p> <ul style="list-style-type: none"> Increasing the consultation from baseline to 1.5 visit per capita, proxy indicators for the health facility utilization, which is connected to surveillance. Key medicines available for disease outbreak response and preparedness. Improving medicines management practices, adherence to standard protocol for the treatment of priority disease as well as prescription compliance with WHO rational use indicators. <ul style="list-style-type: none"> The number of Sentinel Sites (Stabilization Centers and OTP's) Setup in response at DHQ level were three along with three OTP sites. A total of six. The number of cases of malnourished children managed at sentinel sites (Stabilization Centres) was 3489. The number of children referred to the outpatient treatment centre was 6807 + 3489 (3489 were given initial treatment in the SC and then referred after complications were settled. Three districts of Sindh participating in DEWS. Four ARI units functional for three months. <p>More than 80 per cent of alerts / outbreaks investigated and responded within 48 hours of reporting.</p> <ul style="list-style-type: none"> Healthcare providers from more than 80 per cent of HFs trained on DEWS surveillance and reporting alerts. At least 25 health facilities in each district sending weekly DEWS reports. Weekly epidemiologic bulletins produced at the provincial level. 				<p>Consultation data against the catchment population by monitoring and evaluation visits.</p> <p>Visit teach health facility and verification of stock records.</p> <p>Monitoring and evaluation visits and medicines utilization studies (based on WHO core indicator)</p> <p>Specific training reports.</p> <p>Weekly essential medicines situation reports from field pharmacists.</p> <p>Weekly Data Sharing for Health and Nutrition Sentinel Site Surveillance System and Nutrition Information System (NIS).</p> <p>Monitoring facilities were built into the project and done internally by the paediatrician and by WHO Nutrition Officer at the provincial level.</p> <p>Monitoring visits also involved the Nutrition Cell, and involvement of Department of Health</p>	

¹⁸ Explanation for lower figures not provided. Project ongoing.

		<p>counter parts.</p> <p>DEWS surveillance officers visit average 10 facilities per week.</p> <p>Weekly analysis of DEWS reports both from health facilities and alerts and outbreaks.</p>
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WHO - HEALTH							
CERF PROJECT NUMBER	11 – WHO – 060	Total Project Budget	\$1,968,415	BENEFICIARIES	Targeted	Reached*	Gender Equity As WASH response is for all affected populations after emergency, WASH cluster partners including UN agencies in collaboration with TMAs/PHED provided hygiene kits, ensuring the establishment of male/female latrines according to Sphere standards.
PROJECT TITLE	Life-saving WASH interventions for flood affected populations in Mirpurkhas, Tando Alla Yar, Tando Muhammad Khan districts of Sindh	Total Funding Received for Project	\$1,124,683	Individuals	131,000	66,000	
				Female	65,500	34,320	
				Male	65,500	25,344	
				Total individuals (Female and male)	131,000	66,000	
				Of total, children under 5	18,340	11,220	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 424,683	TOTAL	131,000	66,000	
				<i>* Reached by WHO as part of joint project</i>			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
The overall objective of the project is to prevent excess morbidity and mortality in the flood-affected areas of Pakistan through WASH interventions to help reduce the incidence of water, sanitation and hygiene related diseases through the provision of safe drinking water, adequate sanitation coverage and hygiene/sanitation promotion activities to 131,000 individuals in three flood-affected districts of Tando Allah Yar, Tando Muhammad Khan and Mirpurkhas.		<ul style="list-style-type: none"> Waterborne diseases surveillance and identification of flood-affected communities facing greatest health risks from waterborne diseases and appropriate response mechanisms put in place. Responded to 81 alerts and 13 water-related outbreaks in camps, disseminated weekly microbial water quality trends and residual chlorine in water supplies reported. Environmental health monitoring and appropriate intervention linked to the outbreak of diseases, which ultimately reduced the burden of diseases. 				<p>Weekly water quality testing and situation reports from field Environmental Health Engineers.</p> <p>Field visits by Environmental Health Engineers</p> <p>Camps assessment reports.</p>	

UNFPA - HEALTH								
CERF PROJECT NUMBER	11-FPA-046	Total Project Budget	\$3,806,089	BENEFICIARIES		Targeted	Reached *	Gender Equity Women and girls were the main beneficiaries of the project. However, male participation and involvement was ensured through community consultations and sensitization sessions.
PROJECT TITLE	Emergency Primary Health Care for Flood Affected People (FAPs), focusing on filling the gapsunmet lifesaving needs in the health response in Sindh: Scaling up the provision of life-saving maternal and newborn healthcare and GBV services for 4.5 million flood-affected populations in seven districts of Sindh PROVINCE.	Total Funding Received for Project	\$ 748,271	Individuals	1,350,000			
				Female	648,000	245,000		
				Male	702,000	58,116		
				Total individuals (Female and male)	1,350,000			
				Of total, children under 5	299,575	5,797		
TOTAL	1,350,000	308,913	<i>* Reached by UNFPA as part of joint project</i>					
STATUS OF CERF GRANT	Ongoing - Completed by end of February 2012	Amount disbursed from CERF	\$ 748,271					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>To ensure equitable access to RH-services (including Maternal Newborn and Child Health / Reproductive Health) at the community level and in selected facilities for target flood-affected populations, especially for women and children.</p> <p>To ensure the delivery of a health response in a coordinated manner and according to MISP standards.</p>		<p>Ensuring equitable access to MNCH/RH services at the community/health facility level.</p> <ul style="list-style-type: none"> 50 Mobile Service Units (MSUs) were mobilized for community outreach services to vulnerable populations, especially women and girls to deliver RH/GBV services with a special focus on Basic emergency obstetric and newborn care services. Essential supplies and equipment including RH procured and distributed kits to strengthen selected health facilities and MSUs. Procurement and distribution of hygiene kits to women of reproductive age and safe delivery kits to visibly pregnant women. RH/GBV services including BEmOC ensured through the recruitment of capable healthcare providers. <p>Health Response delivered in a coordinated manner and MISP standards ensured.</p> <ul style="list-style-type: none"> Monitoring visits to the affected districts conducted to ensure the quality of care and data from Service Delivery Points collected for analyses. Activated and maintained coordination on RH through RH TWG at the provincial level chaired by the MNCH office and co-chaired by UNFPA with the participation of all key partners in RH (for partner mapping, joint/integrated mapping, joint/integrated service delivery). 				<p>Monitoring and supervision was done by the UNFPA Country office and Provincial teams.</p> <p>All partners with UNFPA are already trained by UNFPA on MISP and the reporting tools. They reported on a weekly basis a caseload data on emergency RH services delivered, which was consolidated and analyzed by UNFPA.</p> <p>In the meantime, the UNFPA country office in Islamabad and the provincial office in Sindh paid frequent visits to implementing partners to monitor the performance.</p>		

UNICEF - WASH								
CERF PROJECT NUMBER	11-CEF-055-B	Total Project Budget	\$30,000,000	BENEFICIARIES		Targeted	Reached*	Gender Equity 47,000 IDPs including women, children and men reached with basic WASH services in camps and villages with a special focus on privacy for women and adolescent girls.
PROJECT TITLE	Lifesaving WASH Interventions for flood affected populations in Mirpurkhas, Tando Allah Yar, Tando Muhammad Khan, Sindh	Total Funding Received for Project	\$ 6,792,553	Individuals	131,000	147,000		
				Female	65,500	69,266		
				Male	65,500	77,734		
				Total individuals (Female and male)	131,000	147,000		
				Of total, children under 5	18,340	22,050		
				TOTAL	131,000	147,000		
STATUS OF CERF GRANT	The project has been completed and activities completed, finalization of accounts - Ongiong	Amount disbursed from CERF	\$ 1,991,536	<i>* Reached by UNICEF as part of joint project</i>				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Provision of safe drinking water to 131,000 IDPs living in IDP camps, makeshift temporary settlements and in the villages of MPK, TAY, and TMK districts.</p> <p>Provision of temporary sanitation facilities to 131,000 IDPs in camps, makeshift temporary settlements and in the villages of Mirpurkhas, TandoAllahYar and Tando Mohamad Khan districts.</p> <p>Appropriate hygiene promotion messages to 131,000 IDPs living in camps, makeshift temporary settlements and in villages of Mirpurkhas, TandoAllahYar and Tando Mohammad Khan districts sensitized on appropriate and improved hygiene practices.</p>	<p>Provision of safe drinking water to 147,000 IDPs in camps, makeshift temporary settlements and villages of Mirpurkhas, Tando Allahyar and Tando Mohammad Khan districts as per Sphere guidelines:</p> <ul style="list-style-type: none"> ■ 49,879 people were given chlorinated water on a daily basis at the peak of emergency through water tankering. 11,222,775 million litres of water were given to these IDPs at five litres per person per day. The water trucking was scaled down gradually when the hand pumps were restored/installed. ■ 57,975 people were given safe drinking water through the installation of 254 new and the repair of 68 hand pumps. ■ 5 bladder tanks with a 5000 litre capacity and 15 water tanks with a 1200 litre capacity were provided for water storage. These water tanks were chlorinated by the village committees to ensure the quality of water. ■ 31,355 people were reached through household water treatment options by providing 324,513 Aquatabs and 577,789 PurSachets. The communities were trained about the usage of these household water treatment options. ■ 24,388 buckets and 42,000 jerry cans were distributed among IDPs for water storage and household water treatment. <p>Provision of temporary sanitation facilities to 78,521 IDPs in camps, makeshift temporary settlements and in the villages of Mirpurkhas, Tando Allahyar and Tando Mohammad Khan districts as per Sphere guidelines.</p> <ul style="list-style-type: none"> ■ Installing, maintaining 1,811 temporary latrine facilities, 770 bathing places, 710 hand washing facilities and 86 laundry/washing places. <p>147,000 IDPs living in camps, makeshift temporary settlements and in the villages of Mirpurkhas, Tando Allahyar and Tando Mohammad Khan districts sensitized on appropriate and improved hygiene practices:</p> <ul style="list-style-type: none"> ■ Through inter personal communication (IPC) sessions and the distribution of IEC material by focusing on hand-washing at critical times and latrine usage. ■ By distributing 21,000 family hygiene kits that cater to the specific needs of women and adolescent girls; ■ By distributing 17,230 soaps to promote hand-washing at critical times. ■ The funds were also used for the procurement of 53,977 hygiene kits which benefited 377,893 people and tarpaulin roofs for 12,000 sanitation facilities. These kits and latrine facilities were distributed/constructed through the support of other donor findings. 	<p>Direct field level monitoring was regularly carried out by UNICEF Sindh staff.</p> <p>Extensive field monitoring was also carried out through third party monitors exclusively for WASH. The feedback and reports from the monitors were shared with the implementing partners and corrective actions were taken.</p> <p>Qualitative field monitoring for all sections including WASH was carried out through another third party monitors (APEX). These monitors were reporting to PME and respective sections.</p> <p>UNICEF WASH section in Islamabad also provided backstopping support.</p> <p>Progress (of the entire WASH response) was also reviewed in the bi-weekly/monthly WASH Cluster/ERWG meetings.</p>

UN-HABITAT – WASH

CERF PROJECT NUMBER	11-HAB- 005	Total Project Budget	\$3,696,417	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Life-saving WASH Interventions for Flood Affected Populations (FAP) in Tando Muhammad Khan, Sindh	Total Funding Received for Project	\$3,696,417	Individuals	131,000	40,250	Women are the direct beneficiaries of the intervention. The women also participated in the community-driven project and they were involved in all stages of planning and physical work.
				Female	65,500	21,278	
				Male	65,500	18,972	
				Total individuals (Female and male)	131,000	40,250	
				Of total, children under 5	18,340	6,038	
				TOTAL	131,000	40,250	
				<i>*Reached by UN-HABITAT as part of joint project</i>			
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 97,779				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>To save human lives by reducing the incidence of mortality and morbidity due to waterborne diseases among women, girls, boys and men by:</p> <p>Providing safe drinking water and life-saving basic sanitation to flood-affected families in an estimated one hundred spontaneous settlements in the district Tando Muhammad Khan;</p> <p>Promoting safe health and hygiene behaviours to prevent the outbreak of epidemics, with a special focus on women and children in Tando Muhammad Khan.</p>		<ul style="list-style-type: none"> ■ Instead of planned tankering of water, 5,600 families have been reached with safe drinking water through the installation of 250 planned hand pumps in Union Councils of Saeed Matto, Moya and Lakhat in District Tando Muhammad Khan in consultation with the local community. 5,600 jerry canes have also been distributed to identified vulnerable families. ■ 50 planned lead pumps have also been installed and all are functional. On average, one hand pump is serving 19 families. ■ The water quality testing of all completed sources of water has been completed while water quality testing at point of use (collected through women facilitators), to ensure that water is safe for drinking, has been done at selected places. ■ All target 980 latrines are complete in the Union Councils of Saeed Matto, Moya and Lakhat. 5,600 ■ Hygiene Kits (catering to the special needs of women and girls relating MHM19) have been distributed in 84 ■ villages of the target Union Councils. ■ 1,100 Health and Hygiene sessions have been held in target villages in all selected Union Councils to conduct campaigns for the promotion of positive Health and Hygiene practices, facilitated by a gender balanced team, on <ul style="list-style-type: none"> ○ hand washing with soap at critical times; ○ use of latrine; iii) water treatment through pur sachet; ○ safe water storage and handling; and v) the promotion of rehydration methods i.e. importance of use of ORS. 				<p>Monitoring Teams of the local Field Office are directly involved in monitoring project activities at the field level, supported by the provincial office in Karachi.</p> <p>The provincial manager is regularly visiting the sites and backstopping project team for encountering routine implementation issues.</p> <p>The central country office at Islamabad is having frequent communication and visits to the sites for monitoring perspective. The evaluation will be done at the end of the project to cover the activities, programmatically and financially.</p> <p>WASH Cluster in Sindh province is also monitoring the sites at regular intervals and the members of cluster were satisfied with the progress.</p>	

UNHCR - SHELTER CLUSTER							
CERF PROJECT NUMBER	11-HCR-051	Total Project Budget	\$10,850,825	BENEFICIARIES	Targeted	Reached	Gender Equity Displaced by the floods in --- benefited from emergency shelter assistance. These include – women, --- children and – children.
PROJECT TITLE	Emergency shelter support to the most vulnerable population of Sindh Floods 2011	Total Funding Received for Project	\$ 5,793,156	Individuals	24,500	2,4500	
				Female	12,740	13,201	
				Male	11,760	11,299	
				Total individuals (Female and male)	24,500	24,500	
				Of total, children under 5	3,675	4,165	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$1,500,000	TOTAL	24,500	24,500	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				Monitoring and Evaluation Mechanisms	
Distribution of shelter / NFIs in priority areas in close coordination with shelter cluster.		<ul style="list-style-type: none"> In Tando Allah Yah, UNHCR provided 1,995 tents and 1,995 NFIs to 13,965 individuals. In Sangar, 1,505 Tents and 1,505 NFI kits were distributed to 10,600 beneficiaries. 				UNHCR has been present in Sindh (Skkur and Karachi) since 2010. Although the actual distribution was done by implementing partners, UNHCR field staff in Sukkur and Karachi were present in the affected districts and monitored the distribution.	

UNHABITAT – SHELTER						
CERF PROJECT NUMBER	11-HAB-004	Total Project Budget	\$4,209,971	BENEFICIARIES		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Humanitarian shelter response to address immediate life saving shelter needs of vulnerable people	Total Funding Received for Project	\$1,498,942	Individuals	30,000	33,158
				Female	15,600	17,242
				Male	14,400	15,916
				Total individuals (Female and male)	30,000	33,158
				Of total, children under 5	4,500	4,974
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$1,498,942	TOTAL	30,000	33,158
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS
Humanitarian response to the immediate and life saving needs of Shelter for the flood-affected populations through temporary shelters and NFIs at targeted temporary settlements in the affected districts of Sindh.		<ul style="list-style-type: none"> The project activities are underway in Tando Muhammad Khan district in Sindh. The Union Council Saeed Matto is targeted in Tehsil Bulri Shah Karim, Union Council Lakhat in Tehsil Tando Muhammad Khan and Union Council Moya in Tehsil Tando Ghulam Hyder is being reached through this intervention. To date, 3,700 temporary shelters have been completed in targeted villages out of 3,800 initially planned shelters. In addition to these, 500 roadside shelters have also been constructed and handed over to potential beneficiaries. The assessment was done twice to accommodate more beneficiaries after achieving planned target. Presently,²⁰ UN-HABITAT has extended assistance for 1,600 additional beneficiaries who have been identified and will benefit from project saving. Therefore, the anticipated total number of beneficiaries would be 5,900 families (3,800+500+1,600) by the end of the project, benefiting over 45,000 people. 				<p>Monitoring teams in local field offices are directly involved in monitoring project activities at the field level, supported by the provincial office in Karachi.</p> <p>The provincial manager is regularly visiting sites and backstopping project teams for encountering routine implementation issues.</p> <p>The Central Country Office at Islamabad is having frequent communication and visits to the sites for monitoring purposes. The evaluation will be done at the end of the project to cover the activities, programmatically and financially.</p> <p>The Shelter cluster in Sindh is also monitoring the sites at regular intervals and the members of cluster were satisfied with the progress.</p>

²⁰ UN-Habitat has completed planned shelters but is utilizing the saved amount on additional shelters. UN-Habitat will request for a one-month no-cost extension so that the additional work can be concluded. UN-Habitat has been advised to inform the CERF Secretariat about this no-cost extension.

IOM – SHELTER AND NFIs							
CERF PROJECT NUMBER	11-IOM-039	Total Project Budget	\$14,004,195	BENEFICIARIES	Targeted	Reached	Gender Equity Gender equality and the distinct needs of men, women, girls and boys were integrated into each stage of IOM's distributions. This meant including gender equality in both the assessment phase (prioritizing vulnerable groups including female-headed and child-headed households; families including an elderly, disabled or chronically ill family member; PLW and during distributions (separate distribution lines for vulnerable groups to ensure access; separate distributions for women where appropriate).
PROJECT TITLE	Emergency shelter support to the most vulnerable population of Sindh floods 2011	Total Funding Received for Project	\$13,825,470	Individuals	42,000	52,900	
				Female	21,840	27,508	
				Male	20,160	25,392	
				Total individuals (Female and male)	42,000	52,900	
				Of total, children under 5	6,300	7,935	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$ 1,500,043	TOTAL	42,000	52,900	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Humanitarian response to immediate and life saving needs of Shelter for flood-affected populations through temporary shelters and NFIs at targeted temporary settlements in the affected districts in Sindh. 2011.		<ul style="list-style-type: none"> Emergency shelter and non-food items targeting 7,700 families (53,900 individuals) have been procured and distributions are ongoing, targeting vulnerable flood-affected families in severely affected districts in northern and southern Sindh province, Pakistan. In total, emergency shelter and non-food items procured are: 6,200 plastic tarpaulins, 7,700 poles and pegs, 3,100 rope sets, 3,100 kitchen sets, 13,900 blankets, 26,800 quilts, 26,800 shawls and 15,400 solar lamps. Procurements have been managed in order to complement IOM emergency shelter items from other funding sources, in order to distribute complete shelter/NFI kits in line with Shelter cluster recommendations. Needs assessments and distribution support is being provided by IOM's network of implementing partners operating in Sindh province. Distributions are targeting severely-affected districts and isolated pockets of affected areas including Tharparkar, Sangar, Umerkot, Naushero Ferouze, Khairpur, Shaheed Benazirabad and Ghotki. 				<p>Monitoring checklists are filled by monitoring teams and compiled at the sub-office and Islamabad level for feedback on operations and programme teams regarding any issues encountered by implementing partners, the quality of kits received, coordination or any other issue.</p> <p>IOM's Humanitarian Communications team operates a toll-free nationwide complaints telephone number through the Humanitarian Call Centre. This number has been publicized widely in the flood-affected area through stickers and a radio campaign. Any feedback received is relayed to the programme manager for follow up.</p> <p>Close coordination with the Protection cluster to ensure proper targeting of the most vulnerable displaced households.</p>	

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-FAO-029	Food Security	FAO	<ul style="list-style-type: none"> ▪ Hamdam Development Organization (HDO), ▪ Basic Education and Employable Skill Training (BEST) ▪ Irrigation Department ▪ Livestock Department (SWA and Orakzai) 	NNGO Government	81,022	29/10/2011 26/10/2011 30/12/2011 30/12/2011	10/10/2011 13/10/2011 02/01/2012 23/12/2011	
11-FAO-039	Food Security	FAO	Shah Abdul Lafif Bhitai Welfare Society (SALBWS)	NNGO	19,292	19/12/2011	3/12/2011	
11-FPA-036	Health	UNFPA	SWWS	NGO	137,716	Not yet	10/2011	UNFPA resources were used for the delivery of life saving activities as CERF funds were not rolled over. The allocated funds will now be reverted to UNFPA Once CERF funds have been received.
11-FPA-046	Health	UNFPA	NATPOW	NGO	199,319	10/10/2011	12/10/2011	
11-FPA-037	GBV	UNFPA	EHSAR Foundation	NGO	82,024	Not yet	01/ 2012	UNFPA resources were used for the delivery of life-saving activities as CERF funds were not rolled over. The allocated funds will now be reverted to UNFPA once CERF funds have been received.
11-FPA-037	GBV	UNFPA	PAIMAN	NGO	77,024	Not yet	01/ 2012	
11-FPA-037	GBV	UNFPA	SWWS	NGO	127,525	Not yet	01/ 2012	
11-FPA-037	GBV	UNFPA	AICD	NGO	12,418	Not yet	01/ 2012	

11-FPA-037	GBV	UNFPA	BPDO	NGO	12,418	Not yet	01/ 2012	
11-FPA-046	Health	UNFPA	NATPOW	NGO	199,319	10/10/2011	12/10/2011	
11-HCR-039	CCCM	UNHCR	FRD	NNGO	1,738,000	04/08/2011		
11-HCR-039	CCCM	UNHCR	SRSP	NNGO	30,000	05/05/2011		
11-HCR-039	Protection	UNHCR	FDMA	Government	165,000	19/09/2011		
11-HCR-039	CCCM	UNHCR	CERD	NNGO	420,480	26/08/2011		
11-HCR-040	Protection	UNHCR	FDMA	Gov.	165,000	19/09/2011		
11-HCR-040	Protection	UNHCR	CERD	NNGO	3,000	26/08/2011		
11-CEF-045	Child Protection	UNICEF	SPADO	NGO	100,600	x/12/2012	10/11/2012	
11-CEF-045	Child Protection	UNICEF	Hayat Foundation	NGO	40,414	x/12/2012	01/11/2012	
11-CEF-045	Child Protection	UNICEF	PVDP and KK	NGO	151,040			The balance amount is almost \$151,040, which has been committed for UNICEF IP (PVDP and KK) for CP services in Kurram and South Waziristan Agency.
11-CEF-045-A	Nutrition	UNICEF	CDO Swabi for Nutrition Services in Hangu	NGO	109,415	15/12/2011	15/08/2011	
11-CEF-045-A	Nutrition	UNICEF	MERLIN for Nutrition Services in Jalozai	INGO	107,516	15/12/2011	01/08/2011	
11-CEF-045-C	WASH	UNICEF	Human Resource Development Society (HRDS)	NGO	455,675	11/2011	10/ 2011	WASH services provided/maintained in KP and FATA camps.
11-CEF-045-C	WASH	UNICEF	Society for Sustainable Development (SSD)	NGO	320,555	11/2011	10/2011	WASH services provided/maintained in KP and FATA camps.
11-CEF-045-C	WASH	UNICEF	Rural Development Initiative (RID)	NGO	73,330	11/2011	10/2011	WASH services provided/maintained in KP camp.
11-CEF-045-C	WASH	UNICEF	Pak Enterprises	NGO	239,401	11/2011	9/2011	Water trucking ensured in FATA camps.
11-CEF-045-C	WASH	UNICEF	Social Awareness Building and Advancement Association (SABAA)	NGO	35,114	11/2011	10/ 2011	WASH services in Togh Serai Camp.
11-CEF-045	Child Protection	UNICEF	Women Industrial Social Educational Society	NGO	17,651	09/12/2011	10/ 2011	
11-CEF-055B	Nutrition	UNICEF	IMC	INGOs and NNGOs	12,700	23/11/2011	30/11/2011	Out of the balance amount \$171,333 has been committed for IPs in the three districts. It will be

								disbursed by the end of this month.
11-CEF-055B	Nutrition	UNICEF	HOPE	INGOs and NNGOs	10,500	23/11/2011	30/11/2011	
11-CEF-055B	Nutrition	UNICEF	IR, HANDS, SALBWS, STC, ACF	INGOs and NNGOs	171,333	23/11/2011	30/11/2011	
11-CEF-055B	WASH	UNICEF	Oxfam (GB)	INGO	638,108		9/2011	WASH relief activities in IDP camps and villages in TMK, TAY.
11-CEF-055B	WASH	UNICEF	NRSP	NGO	111,573		9/2011	WASH relief activities in IDP camps and villages in TMK and MPK.
11-WFP-064	Food Security	WFP	ACTED	INGO	56,081	18/01/2012 07/02/2012	01/11/2011	Distributions took place in November 2011.
11-WFP-064	Food Security	WFP	Basic Development Foundation	NNGO	22,517	07/02/2012	01/11/2011	Distributions took place in November 2011.
11-WFP-064	Food Security	WFP	CESVI	INGO	32,445	29/11/2011	01/11/2011	Distribution took place in November and December 2011.
11-WFP-064	Food Security	WFP	Community Research and Development Organization	NNGO	41,252	18/10/2011 18/10/2011 09/02/2012 07/02/2012 07/02/2012	01/11/2011	Distributions took place in November 2011.
11-WFP-064	Food Security	WFP	Hands Together	NNGO	24,405	Invoices awaited in finance	01/11/2011	Distributions took place in November and December 2011.
11-WFP-064	Food Security	WFP	IMC	INGO	29,708	Invoices awaited in finance	01/11/2011	Distributions took place in November and December 2011
11-WFP-064	Food Security	WFP	Plan International	INGO	75,313	07/02/2012	01/11/2011	Distributions took place in November 2011.
11-WFP-064	Food Security	WFP	Relief International	INGO	51,276	20/10/2011 28/11/2011	01/11/2011	Distributions took place in November 2011.
11-WFP-064	Food Security	WFP	Save the Children Fund	INGO	17,226	09/02/2012 09/02/2012 31/01/2012 09/02/2012 Invoices awaited in finance	01/11/2011	Distributions took place in November and December 2011.

11-WFP-052	Food Security	WFP	Community Research and Development Organization	NNGO	25,089	09/02/2012 07/02/2012 07/02/2012 07/02/2012 09/02/2012 24/05/2012	01/10/2011	Distributions took place between October 2011 and January 2012.
11-WFP-052	Food Security	WFP	Lawari Humanitarian Organization	NNGO	69,743	07/02/2012	01/10/2011	Distributions took place between October 2011 and January 2012
UNDP 10-UDP-016	Community Restoration	UNDP	IDEA	NGO	\$ 98,695.17	07/02/2012 07/02/2012	20/10/2010	The project was completed on 04 March 2011.
UNDP 10-UDP-016	Community Restoration	UNDP	BEST	NGO	118,141.39	09/02/2012 24/05/2011	20/10/2010	The project was completed on 04 March 2011.

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

A/N	Ante-Natal
ACF	Action Against Hunger
AJS	Acute Jaudice Syndrom
ARI	Acute Respiratory Infections
AWD	Acute Watery Diarrhoea
BD	Bloody Diarrhoea
BEmOC	Basic Emergency Obstetric Care
BEST	Basic Education and Employable Skill Training
BHU	Basic Health Unit
C/S	Caesarian Section
CCC	Core Commitments for Children in Humanitarian Action
CDO	Community Development Organization [NGO]
CERD	Centre of Excellence for Rural Development
CERF	Central Emergency Response Fund
CMAM	Community-based Management of Acute Malnutrition
CP	Counter Part (Government)
CPC	Child Protection Committees
DEWS	Disease Early Warning System
DHF	Dengue Haemorrhagic Fever
DHS	Demographic Household Survey
DoH	Department of Health
DTC	Diarrhea Treatment Center
eDEWS	Electronic DEWS
EDOH	Executive District Officer Health
EHK	Emergency Health Kit
EmOC	Emergency Obstetric Care
ERCU	Emergency, Rehabilitation and Coordination Unit
ERWG	Early Recovery Working Group
FAO	Food and Agriculture Organization of the United Nations
FATA	Federally Administered Tribal Areas
FDMA	FATA Disaster Management Authority
FP	Family Planning
GAM	Global Acutely Malnourished
GBV	Gender-Based Violence
HANDS	Health and Nutrition Development Society
HCP	Health Care Provider
HDO	Hamdam Development Organization

HF	Health Facility
HH	House Hold
HHs	Households
HRDS	Human Resource Development Society
IDPs	Internally Displaced Persons
IEC	Information, Education and Communication
IMC	Internatioanl Medical Corps
IMR	Infant Mortality Ratio
IP	Implementing Partner
IPC	Inter Personal Communication
IPs	Implementing Partners
IR	Islamic Relief
IVAP	IDP Vulnerability and Profiling exercise
IYCF	Infant and Young Child Feeding
KK	Khwendo Kor
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
LSS	Logistics Support System
LTA	Long Term Agreement
MAM	Moderate Acute Malnutrition
MCNA	Multi Cluster Needs Assessment
MISP	Minimum Initial Services Package
MMR	Maternal Mortality Ratio
MMS	Multi Micronutrient Supplements
MNCH	Maternal, Neonatal and Child Health
MPK	Mirpurkhas
MSNA	Multi Sector Needs Assessment
MSU	Mobile Service Unit
MUAC	Mid Upper Arm Circumference Tape
N/B	New Born
NFI	Non Food Items
NGO	Non Governmental Organization
NHEPRN	National Emergency Preparedness and Response Network
NNGO	National Non-governmental Organization
NNS	National Nutrition Survey
NNT	Neonatal Tetanus
NRSP	National Rural Support Programme
OPV	Oral Polio Vaccine
OTP	Out-Patient Therapeutic Programme
PAC	Post Abortion Care
PDMA	Provincial Disaster Management Authority

PDS	Post Distribution Survey
PHC	Primary Health Care
PLaCES	Protective Learning and Community Emergency Services
PLW	Pregnant and Lactating Women
PPHI	People's Primary Health Initiative
PVDP	Pakistan Village Development Program
RH	Reproductive Health
RID	Rural Development Initiative
SALBWS	Shah Abdul Lafif Bhitai Welfare Society
SAM	Severe Acute Malnutrition
SC	Stabilization Center
SFP	Supplementary Feeding Program
SPADO	Sustainable Peace and Development Organization
SSA	Special Services Agreement
SSD	Society for Sustainable Development
STC	Save the Children
SWA	South Waziristan Agency
SWD	Social Welfare Department
TAY	Tando AllaYar
TMK	Tando Mohammad Khan
TT	Tetanus Toxoid
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
WASH	Water, Sanitation, Hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization