

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

<b>Country</b>	<b>Pakistan</b>
<b>Humanitarian / Resident Coordinator</b>	
<b>Reporting Period</b>	<b>1 January – 31 December 2008</b>

## **I. Executive Summary**

2008 saw a marked deterioration in the humanitarian situation in Pakistan, causing major challenges for the federal and provincial governments and the humanitarian community. UN agencies sought assistance from the Central Emergency Response Fund (CERF) on four separate occasions.

### **Underfunded Window**

At the end of June and in early July 2007, intense storms and a major cyclone caused severe flooding, displacing over 300,000 people and affecting more than 2.5 million people. Balochistan and Sindh provinces were worst affected. In mid-July, the Humanitarian Country Team (HCT) issued a Flash Appeal requesting \$38.3 million to address urgent humanitarian needs, with a particular emphasis on vulnerable groups.

By early 2008, only 48 percent of the total funding sought had been received, prompting the Emergency Relief Coordinator (ERC) to announce an allocation of \$6.8 million from the CERF first round underfunded emergency window for health programmes, water and sanitation services, care and assistance of Afghan refugees in Pakistan, emergency shelter kit procurement and distribution, and food distribution.

### **Rapid Response Window**

#### **Global Food Crisis**

Pakistan was acutely affected by spiralling food prices in 2008. In June and July, at the request of the Ministry of Food, Agriculture and Livestock, the UN system in Pakistan fielded an interagency mission to assess the impact of rising prices and food shortages on the livelihoods and general welfare of households, particularly vulnerable and marginalized ones. The poorest households were spending more than 70 percent of their income on food, severely compromising essential non-food expenditures, including health and education, with clear humanitarian consequences. Assessment results suggested that the proportion of households unable to afford medical assistance when sick had risen from 6 percent to 30 percent and that there was a serious risk of large numbers of school dropouts. North West Frontier Province (NWFP) was reported to be the worst affected province, and the districts of Shangla and Buner were particularly at risk. Malnutrition and starvation were very real threats.

Pakistan was one of 12 countries identified by the ERC as most severely affected by the global food crisis. In response, just under \$3 million was allocated from the CERF to address the immediate food needs of 8,000 of the most vulnerable households and to provide them with critical support to revitalize the agricultural sector. A larger caseload – 150,000 people in five severely food insecure districts – were targeted by CERF projects in the health sector, while the nutrition cluster sought to assist 24,000 malnourished children and pregnant and lactating women.

#### **Floods and internal displacements**

In addition, the onset of the monsoon season in early July brought severe flooding. The Rajanpur district in Punjab province and Peshawar district in NWFP were among the hardest hit, affecting over 300,000 people. Houses constructed of mud were washed away, and significant damage was caused to crops,

poultry and livestock. Local health facilities were put under severe pressure in responding to the increased numbers of people seeking emergency medical assistance. Water, Sanitation and Hygiene (WASH) support was also urgently required.

Meanwhile, clashes between the military and armed opposition groups in FATA and NWFP's Swat district prompted large numbers to move into safer areas of NWFP. By late August the Provincial Government reported that there were 260,000 IDPs in the province, mainly from Bajaur agency in FATA. IDPs were spread across seven districts, staying mainly in government buildings and schools, in rented accommodation, or with extended family members.

Beyond the need to register and document IDPs, urgent priorities included the provision of emergency food, medical supplies and equipment, shelter, and non food items to the most vulnerable. The use of numerous school buildings as temporary shelters for IDPs threatened to interrupt education in host communities. Likewise, there was an immediate need to ensure the continued education of displaced children. Initial assessments found that malnutrition was a major issue. Child protection was also a pressing concern, with indications that there were as many as 1,500 separated and unaccompanied children among the displaced. WASH interventions were urgently required in the makeshift camps spread across the province.

To meet the immediate needs of those most affected, CERF allocated nearly \$7 million in emergency funding.

### Balochistan Earthquake

On 29 October 2008, Pakistan was faced with its second significant natural disaster in less than five months when an earthquake of 6.4 magnitude struck Balochistan province, an area already suffering from some of the country's lowest health and social indicators. The Country Team's Multi-Cluster Rapid Assessment Mechanism (McRAM) was immediately activated and reported that just under 3,500 houses had been completely destroyed, while a further 4,100 had been severely damaged. Some 68,000 people were left in need of immediate humanitarian assistance. The approaching harsh winter complicated the already precarious situation.

CERF provided \$2 million in quick emergency funding for seven relief agencies. The multi-sector relief effort included logistics support, education for children who lost their schools, and the provision of healthcare, hygiene, food and shelter.

<b>Total amount of humanitarian funding required and received during the reporting year</b>	<b>REQUIRED:</b>	<b>\$ 55,000,000</b>		
	<b>RECEIVED:</b>	<b>\$ 33,419,803</b>		
<b>Total amount requested from CERF</b>	<b>FUNDS (IN TOTAL REQUESTED):</b>		\$ 18,719,790	
<b>Total amount of CERF funding received by funding window</b>	<b>RAPID RESPONSE:</b>		\$ 11,911,265	
	<b>UNDERFUNDED:</b>		\$ 6,808,525	
	<b>GRAND TOTAL:</b>		\$ 18,719,790	
<b>Total amount of CERF funding for direct UN agency / IOM implementation and total amount forwarded to implementing partners</b>	<b>UN AGENCIES/IOM:</b>		\$ 12,367,964	
	<b>NGOS:</b>		\$ 6,351,826	
	<b>TOTAL</b>		\$ 18,719,790	
<b>Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)</b>	<b>TOTAL</b>	<b>under 5 years of age</b>	<b>Female (If available)</b>	<b>Male (If available)</b>
	<i>Please see table below</i>			
<b>Geographic areas of implementation targeted with CERF funding (please be specific)</b>	NWFP (Peshawar, Shangla and Buner Districts), FATA <sup>1</sup> , Punjab Province (Rajanpur district), Balochistan (Quetta District)			

<sup>1</sup> FATA: Federal Administered Tribal Areas

## Funding per cluster and beneficiaries:

	Funding (US\$)			Beneficiaries	
	UN	Partners <sup>2</sup>	Total		
Balochistan / Sindh floods and cyclones: Afghan Refugees (Under-Funded)	IOM (Shelter/NFIs)		427,926	517,496	13,800
	FAO (Agriculture)		205,000	1,500,000	105,000
	UNICEF (WASH)		654,220	700,000	220,000
	UNICEF (Nutrition)		711,976	820,000	32,000
	WFP (Food)		135,923	963,458	128,600
	UN-HABITAT (Shelter/NFIs)			36,380	
	UNHCR (Multi-Sector)		1,100,000	1,100,000	(Afghan Refugees) 940,500
	WHO (Health)		512,000	1,171,191	500,000
	<b>Sub-Total</b>		<b>3,747,045</b>	<b>6,808,525</b>	
Food Crisis	WFP (Food)		93,498	999,588	48,000
	FAO (Agriculture)		105,000	1,200,406	60,000
	UNICEF (Nutrition)		415,000	500,000	24,000
	WHO (Health)		65,000	274,990	
	<b>Sub-Total</b>		<b>678,498</b>	<b>2,974,984</b>	
Floods and displacement, NWFP and Punjab	WFP (Food)		46,749	1,699,967	150,000
	WHO (WASH)			75,114	50,000
	FAO (Agriculture)		43,795	399,994	42,900
	UNESCO (Education)		49,992	70,053	14,000
	UNHCR (Shelter/NFIs)			2,087,193	50,000
	WHO (Health)		247,504	1,199,043	550,000
	UNICEF (WASH)		460,328	821,913	60,000
	UNICEF (Nutrition)		218,000	250,000	13,400
	UNICEF (Protection)			210,523	5,000
	UNICEF (Education)		126,772	135,646	25,200
	<b>Sub-Total</b>		<b>1,193,140</b>	<b>6,949,446</b>	
Balochistan Earthquake	WFP (Logistics)			150,010	64,000
	UNFPA (Health)		71,792	71,792	12,500
	UNFPA (Protection)		26,750	26,750	
	WHO (Health)		133,541	299,986	64,000
	UNICEF (WASH)		186,000	200,001	35,000
	FAO (Agriculture)		10,800	101,436	7,000
	UNICEF (Nutrition)		93,000	100,034	15,809
	UNICEF (Protection)			74,900	33,500
	UNICEF (Education)		42,969	47,977	2,280
	UNESCO (Education)		48,378	27,026	300
	UN-HABITAT (Shelter/NFIs)		119,913	886,923	10,347
<b>Sub-Total</b>		<b>733,143</b>	<b>1,986,835</b>		
<b>Grand Total</b>		<b>6,351,826</b>	<b>18,719,790</b>		

<sup>2</sup> Amounts disbursed to agencies provided on a voluntarily basis

## II. Implementation and results

### **Rapid Response and Underfunded Projects (2007 floods in Balochistan and Sindh, food crisis, conflict-induced displacement and floods in NWFP and Punjab, Balochistan earthquake)**

#### ***Agriculture***

##### *Coordination and Implementation arrangements*

FAO benefited from four separate CERF grants over the course of the year, in response to the 2007 floods in Balochistan and Sindh, the food crisis, floods in NWFP, and the Balochistan Earthquake. All projects were carried out in close coordination with federal, provincial, and district authorities (including the National Disaster Management Authority and the Provincial Disaster Management Authority) and IASC partners and NGOs, ensuring that activities were carried out in line with commonly agreed priorities. Where possible, inputs were procured locally to ensure suitability for and adaptability to local conditions.

Beneficiary selection and input distribution was carried out by implementing partners, in line with FAO criteria and reporting requirements. Beneficiary criteria for each project were based on broad consultations with multiple stakeholders.

##### *Activities and results, including actual beneficiaries*

In response to the 2007 floods, FAO interventions in Balochistan through CERF's underfunded window focused on livestock support (de-worming and devaccination) while interventions in Sindh focused on agriculture. Inputs were procured locally. A total of 2,500MT of compound feed was distributed to 12,500 households in Balochistan, as were 100MT of sorghum seeds for fodder. 14MT of sorghum seeds and 44MT of fertilizer were distributed to 1,750 families in Sindh. A total of 173,900 large and small ruminants were vaccinated and de-wormed. It was estimated that distribution of sorghum seeds would provide sufficient feed for 139,500 small and large ruminants. Families in Sindh also received 35MT of rice seeds.

In the emergencies in 2008, the three FAO projects through CERF's rapid response window reached a total of 18,150 households (approximately 109,000 individuals). Activities for each of the projects were generally similar, and included selection of implementing partners, procurement of inputs and/or poultry, selection of beneficiaries (in consultation with a range of stakeholders), setting up of logistics systems, distribution of inputs and livestock, and monitoring and evaluation. Technical support was also provided both to implementing partners and to beneficiaries directly, including the deployment of a poultry management expert to flood-affected areas of Peshawar.

A total of 8,000 households in some of the Union Councils hardest hit by the food crisis were reached with inputs that included wheat seed and fertilizer. Agricultural inputs covered 0.6 hectares of land per household; a total of 48,000 hectares of land were covered. FAO also provided an additional 2,000 households with urea fertilizer. A total of 7,150 households were assisted in five of the Union Councils that were most affected by the August floods, receiving poultry (and feed), livestock feed, fertilizer, and crop inputs (fodder, wheat and vegetable seeds). One thousand households in earthquake-affected areas of Balochistan were assisted through the distribution of animal feed, antibiotics and de-wormers, as well as through the construction of 100 animal shelters sufficient for 50,000 small ruminants or 5,000 large ruminants. Beneficiaries also received technical assistance, ensuring the adoption of more appropriate agricultural technologies and best practices.

##### *Partnerships*

Strong collaboration with WFP was a highlight of the FAO projects. WFP provided logistical support for all three FAO projects in 2008. The provision of immediate food assistance at the same time as agricultural support maximized the impact of the assistance provided by each agency, ensuring that beneficiaries' immediate and longer term food needs were met.

In response to the floods in 2007, FAO and WFP partnered with the international NGO, Relief International. Two local NGOs also acted as implementing partners, facilitating collaboration with district-level stakeholders, and identifying the neediest beneficiaries.

Relief International was also engaged in response to the food crisis, along with local NGOs who were used in the projects in NWFP and Balochistan (BEST and Tariqi Foundation respectively). Implementing partners were selected on the basis of having proven track records and established presences in the target areas.

### *Gender mainstreaming*

In response to the floods in NWFP, the FAO projects focused specifically on women and children. In other projects, local cultural norms made direct access to women a challenge. Nonetheless, the assistance was directed at the household level, benefiting both women and men. It was noted that distribution of certain inputs, specifically live poultry and vegetable seeds, meant that women could be targeted more directly.

### *Monitoring and evaluation*

In addition to ongoing monitoring of activities by field staff, FAO carried out a post-input distribution monitoring survey targeting those affected by the 2007 floods. The survey focused on only 3 percent of the beneficiaries to assess initial responses to the assistance provided. In their response, the beneficiaries indicated that a large percentage of their animals were previously not vaccinated or dewormed. Many were under increasing pressure to sell their livestock, in part due to fodder shortages. A detailed impact assessment by an independent consulting firm is ongoing; results will be shared when they become available. (Please see table)

FAO field staff closely monitored the activities of implementing partners, both in terms of identification, selection and verification of beneficiaries, and the distribution of inputs.

Detailed impact assessments were planned, and the results will be shared with the CERF Secretariat when they become available. (Please see table) All activities were jointly prepared, executed and monitored. Representatives of the public were involved in overseeing activities, and government functionaries were tasked to monitor the execution.

1. Warehousing: The warehouse structures were set up at three sites: Khanozai in District Pishin, Khawas in District Ziarat, and Khosat in District Harnai. Warehousing facilities were available to all humanitarian actors, which was required for the smooth transfer of relief items in the area.
2. Transport: Under the Logistics Cluster, transport services for the delivery of relief supplies to affected areas were provided to Provincial Government of Balochistan, Provincial Disaster Management Authority (PDMA), UN Agencies, and NGOs.

### *Coordination and Implementation Arrangements*

A logistics cluster was activated in Quetta immediately after the Balochistan earthquake to support the delivery of essential relief items. Initially, daily coordination meetings were held, and subsequently, once per week. In the field, extended distribution points (EDPs) became logistics hubs, which were used to conduct all field coordination and briefings.

The cluster approach was adopted and NGOs, UN agencies, the national government and/or other stakeholders were involved in the implementation process. The chair was shared by WFP and PDMA (Provincial Disaster Management Authority). Daily coordination meetings ensured effective coordination and timely sharing of information. Subsequently, only weekly meetings were needed. The requested formats were shared and relief actors forwarded their requests through email. A common email address for the shelter cluster was created and information for intended support was either shared through email or in meetings. This mechanism proved to be effective in coordination, saved time and ensured timely response.

### *Activities and Results*

CERF enhanced the response capacity of relief actors in meeting the critical needs of beneficiaries and averting the compound complexities of disaster. Approximately 7,000 families were sheltered and 20,000 families were supplied food to suffice until the end of March 2009. In addition, 100 shelters for livestock were stored in the extended distribution points and transported to the affected locations. (Please see table for more detailed information).

## *Partnerships*

Some of the organizations that were supported by the logistics cluster included UNHABITAT, FAO, IOM, WFP, IFRC, Hilfwerk, Qatar Charity, JEN, AI – Nehyan Trust, Bali and Zulfiqar Trust, Balochistan Rural Support Programme, Chawan NGO and National as well as Provincial Disaster Management Authorities.

## **Education**

### *Coordination and Implementation Arrangements*

In both these emergency response programmes, UNICEF worked closely with the provincial and district education departments. To strengthen the partnership, national NGO partners worked together with the education authorities, enhancing the capacity of the education departments.

UNICEF and senior government officials of the education departments in Peshawar and Quetta jointly chaired weekly cluster meetings. These highly interactive coordination meetings were attended by the local, national, and international NGOs. The cluster communicated important information about the education cluster to make key decisions at various levels, and regularly updated enrollment trends. A “*Who is doing What*” (3Ws) sheet was shared nationally every week.

The Education Cluster worked closely with other clusters to ensure inter-sectoral cooperation and consistent approaches. The Cluster helped to explain to all agencies the key role that education plays in the first phase of humanitarian. Specifically in NWFP, camp-level coordination served as a platform to address the issue at a grass-roots level. Camp coordinators ensured routine interactions with teachers and camp management staff and further liaised with the district coordinators.

In Balochistan, the coordination process for emergency response was adopted, contributing significantly in the initial assessment, planning and response. UNICEF co-chaired the Education Cluster with the Department of Education and conducted weekly coordination meetings starting from the second day of the earthquake. All partners and stakeholders participated and contributed inputs to maximize the delivery of the response plan.

### *Activities and Results*

#### UNICEF

Main activities of emergency education response included:

- 1) Continuing education of children in formal camps (ages five to eleven) through the establishment of camp schools,
- 2) Provision of necessary schools supplies to camp schools.
- 3) Social mobilization to support the education services in the camps.
- 4) Rehabilitation of IDP vacated schools in Lower Dir, and
- 5) Supporting and strengthening district and provincial education offices.

In NWFP, 30,000 sets of textbooks were procured and provided to the affected children in IDP camps and schools in the affected districts. Semi-trained teachers and emergency education supplies supported 1,700 IDP children in Palosa camp in Charsadda. In Katcha Garhi camp, close to Peshawar, the funding helped to educate 1,000 IDP children with the help of semi-trained teachers and emergency education supplies. Support was also provided to the Executive District Officer offices (EDO) in damage assessment of 278 schools that affected the IDP population.

Based on this assessment, the rebuilding and repair of 114 primary schools (97 girls schools and 17 boys schools) in Lower Dir, including the emergency restructuring of water and sanitation facilities, was carried out to resume education for 23,448 children (20,445 girls; 304 boys). The repair and rehabilitation of one boys high school, three higher secondary schools, three girls high schools and four girls middle schools made it possible for 4,457 children (3,069 boys; 1,388 girls) to attend school. The funds were also used to repair and restore an abandoned hostel building in Palosa Camp in Charsadda to make sure those educational activities of IDPs could continue.

In Balochistan, 2,150 girls and 2,800 boys in earthquake-affected areas were assisted in finalizing their education. The establishment of 76 temporary learning centres (TLCs), 45 in Ziarat, 23 in Pishin and eight in Harnai, meant that they could complete their academic year curriculum. UNICEF used funds from its own regular resources to procure winterized school tents. Awareness was raised among the parents about the importance of sending children to schools in a safe and protective environment to help them overcome the trauma of the disaster. At least 361 members of the Parent Teachers School Management Committees (PTSMCs) and 173 members of the Women Village Education Committee (WVECs) were mobilized to participate actively to revive educational activities. About 237 female teachers and mothers, and 414 male teachers provided support to continue teaching during the winter vacations to ensure that the children could complete their academic year. Temporary water and sanitation facilities in line with SPHERE standards were provided to the 76 temporary learning centres. Members of the Parent Teachers School Management Committees received training on how to operate and manage the temporary learning centres and water and sanitation facilities. In addition, 4,950 children were orientated in health and hygiene care.

## UNESCO

In NWFP, UNESCO trained 51 education managers (including representatives from the Executive District Officer offices, District Offices, Deputy-District Officer for Education, Assistant District Officer for Education, along with two camp managers, six NGO representatives and 30 teachers) on Minimum Standards of Education in Emergency and chronic crises. UNESCO also established four tent middle and secondary schools and ensured access to science laboratory facilities for 217 IDP children in the Kacha Garhi, Benazir, and Jalozi Camps. Two-hundred teachers were counselled to improve their teaching skills and support 2,000 students in 11 IDP camps located in Peshawar, Charsada, Nowshera and Lower Dir. UNESCO provided teaching, learning, and recreational materials; books, notebooks and stationery to 450 IDP children in three IDP camps; and formed male and female Parent Teacher Councils in Kacha Gari, Jalozi, and Benazir camps. Funding was used to facilitate the Department of Education to assess damaged middle and secondary schools in Lower Dir and Charsada, where IDPs were living. The assessment resulted in the repair of six middle schools in Nowshera and Lower Dir allowing 2500 students to resume their school activities.

The Department of Education in Balochistan was assisted in collecting data of damaged educational institutions during the earthquake and in finalizing an early recovery plan within the humanitarian framework. Four middle schools were re-constructed for transitional shelter through the Executive District Officer offices, the Education Cluster, and Ziarat.

## *Partnerships*

UNICEF, in close coordination and partnership with the Department of Education, reorganized the Education Cluster to help the Government and other partners take proactive steps in conducting detailed structural assessment of damaged schools, finalizing design for transitional school shelters and permanent school buildings, and providing technical assistance in finalizing the terms of reference for the Education Cluster.

UNICEF engaged two NGOs – the Society for Empowering Human Resource (SEHER) and the Society for Community Support for Primary Education in Balochistan (SCSPEB) - to carry out activities in Ziarat and Harnai. However, the Department of Education of Pishin undertook its own response activities with support from the CERF funded UNICEF project.

UNICEF and UNESCO worked in close partnership with the Department of Elementary and Secondary Education, and national and international NGOs. The partners included Project Support Unit (PSU), Directorate of Education and Secondary Education, District Education offices, Social Mobilization Units, and Youth Recreation Centres (YRC).

## *Gender Mainstreaming*

Since children and women were the most affected groups in these emergencies, both UNICEF and UNESCO provided safe, accessible, quality education to displaced children, especially girls in camps.

In NWFP camp schools were established very quickly, guaranteeing safe and accessible schooling. Separate learning spaces with latrines were built. In Balochistan the temporary learning spaces were set up in close proximity to the villages so that girls and female teachers had easy access to the schools. Teaching opportunities were equally provided to male and female teachers in the camp schools. Female teachers were encouraged to participate and were provided with transport to serve in camp schools.

Parent teacher councils ensured linkages with the school community. Mother committees, gender mainstreaming, and coordinated decisionmaking was facilitated through these groups. Awareness and advocacy events, including enrollment campaigns, distribution of information, education and communication material, focus group discussions, and tent-to-tent social mobilization were some of the main activities undertaken to ensure gender mainstreaming in education.

During the Balochistan emergency response, gender equity was an integral part throughout all of the activities undertaken. The project specifically focused on both girls and boys through the establishment of the temporary learning centres in the affected areas. Mothers and fathers were engaged in reviving the education system by mobilizing and training the Women Village Education Committees (WVECs) and Parent Teacher School Management Committees (PTSMCs).

### *Monitoring and evaluation*

Monitoring of activities was carried out at various levels – the education authorities and UNICEF and UNESCO national staff monitored progress at the provincial level. At the district level, the staff from the district's Education Department monitored activities and reported their feedback to the Education Cluster.

UNICEF developed a mechanism to compare the progress of activities with planned results, and then provided inputs to partners to aid in achieving the expected outcomes. Implementing partners, through their internal monitoring mechanisms, conducted regular evaluations and shared these reports with UNICEF using a template designed to include the distribution of supplies and progress of activities. At UNICEF, education and emergency officers conducted regular field visits, gave regular feedback to cluster partners, and provided inputs to implementing partners to improve response activities. Success stories were also received from the field through a third party to ascertain evidence of the response activities in the field.

## **Food**

### *Coordination and Implementation Arrangements*

Funding gaps in February 2008 meant that 12,500 households affected by the floods in Sindh and Balochistan, mainly in the districts of Bolan, Jalmagsi and Khاران, could not be reached with food assistance after the 2007 floods. Funds from the Underfunded allocation meant that, in addition to key partners such as the National Disaster Management Authority, the Provincial Disaster Management Authority, district authorities and national and international NGOs, WFP and FAO could provide agricultural assistance to the same caseload, also using CERF funds. Coordination centres were established in Quetta and Turbat. Regular coordination meetings were convened by the PDMA in Quetta.

Under the Rapid Response window, WFP together with FAO launched a project in Bunair and Shangla districts in NWFP in November 2008 and completed it in December 2008. WFP's timely intervention addressed and supported the coping mechanisms of the farmers who had already consumed their food and seed stocks, and were facing severe survival problems. The project was completed in time in combination with FAO interventions.

WFP and FAO had both signed a field level agreement with Relief International to implement the CERF-funded project in targeted districts of NWFP. WFP and FAO were closely liaising on policy and operational modalities for timely completion of the project and to reach the most food insecure farming households. Relief International registered all targeted beneficiaries under the overall technical guidance of FAO and maintained a database for distribution.

### *Activities and Results*

Food management committees were formed in the selected villages to oversee distribution of food made possible by funds from the Underfunded window. A system of ration cards, stock registers and distribution lists were put in place and 18,272 families received food items, with some also receiving non-food items.

The Rapid Response project was implemented in the seven union councils of Bunair and the four union councils of Shangla that were suffering the most and were inaccessible. The poor farming households had strained their purchasing power and could not sustain their normal livelihood or purchase farm inputs.



Their food security situation was further aggravated by the unprecedented hike in food prices and as a result became very vulnerable because they could not continue their normal agricultural activities.

### *Partnerships*

The international NGO, Relief International, as well as a national NGO, Balochistan Rural Support Programme, were engaged to implement food-for-work activities and to transport food from designated points to target communities. A partnership with FAO ensured that both immediate food needs as well as longer term food needs of beneficiaries were met.

WFP and FAO, based on previous partnerships and coordination in Balochistan during the floods in 2007, implemented the Rapid Response project through Relief International. This meant the two agencies could economize costs and ensure better coherence and coordination in the planning and implementation of the project, reaching target population more efficiently and effectively. Each agency complemented the other's strengths and contributed to successful and timely implementation of the project. FAO provided technical support while WFP provided the logistics and implementation. In a short time, Relief International and FAO assessed the affected households while involving community elders and cooperatives.

### *Gender Mainstreaming*

The Underfunded allocation improved food security of women and children in beneficiary households. Women were involved in decision making through the local committees.

By providing support at the household-level, WFP, through the Rapid Response window, directly benefitted women and children, even though both project districts are traditionally conservative and societies are mainly male dominated.

### *Monitoring and evaluation*

The Underfunded projects were monitored on two levels: implementing partners conducted self-monitoring on a regular basis and shared their reports with WFP while WFP staff also monitored the projects by interviewing partners' staff, visiting distribution points, checking ration cards and stock registers, and overseeing the work of food management committees. Beneficiaries were interviewed to ensure transparency in the selection process and to check satisfaction levels. Post-distribution monitoring was also carried out.

A different approach was followed with the funds allocated under the Rapid Response window. WFP field monitors directly supervised some of the distributions while extensively conducted post-distribution monitoring at the community and household level. The cooperating partner had issued beneficiary cards (tokens) and ration cards and food entitlements were verified during post distribution monitoring.

## **Nutrition**

### **Underfunded**

#### *Coordination and Implementation Arrangements*

To ensure better coordination and transparency, the Nutrition Cluster meetings were regularly held at federal, and provincial level (Sindh and Balochistan) in close cooperation and partnership with the Nutrition Wing and Nutrition Cells of the Ministry of Health. The cluster also worked closely with Health, Food and WASH clusters. UNICEF invited all interested partner agencies to submit proposals for the implementation of nutrition services in the flood-affected areas. The proposals were reviewed and revised to meet the objectives of the interventions. Agreements were signed between the implementing partners and UNICEF for the implementation of nutrition interventions.

Since the Nutrition Cluster was almost a new sector in Pakistan, it took considerable time and effort to train the staff of the implementing agencies. Orientation sessions and training were held at district and provincial levels for the implementing partners and Department of Health staff. Federal and provincial authorities throughout the implementation period, ensured that the cluster was in line with government priorities, and provided the necessary support.

## *Activities and Results*

The implementing partners, with the support of UNICEF, established community-based management of acute malnutrition intervention, which included:

- Social mobilization and screening of children aged 6-59 months and pregnant and lactating women;
- Setting up both the Supplementary Feeding Centres for moderately malnourished children and pregnant and lactating women, and the Out-Patient Therapeutic Programme (OTP) for severely malnourished children without medical complications;
- Established stabilization centres for the severely malnourished children with complications;
- Vitamin A supplementation for children aged 6 to 59 months, and de-worming for children aged 2 to 5 years; and
- The dissemination of key messages on infant feeding practices and hygiene to mothers.

UNICEF and implementing partners disseminated key messages on Supplementary Feeding Centres and Out-Patient Therapeutic Programmes for infant feeding practices and hygiene to mothers at mobile and stationary clinics.

Some 4,027 severely malnourished children received therapeutic care and treatment in the Out-Patient Therapeutic Programme/Satellite Clinics (compared to the set target of 2,000 severely malnourished children). 80 percent of those children were treated within their community and provided with Ready to Use Therapeutic Food (RUTF) and necessary medicine at the Out-Patient Therapeutic Programmes. A large number of moderately malnourished children and pregnant and lactating women (51,679) were admitted in the Supplementary Feeding Centres and were provided with fortified blended food (compared with the set target of 30,000 moderately malnourished children and pregnant and lactating women). A campaign was launched to raise awareness amongst 80 percent of the women and caregivers on key breastfeeding messages.

Finally, the children under five years in the communities were de-wormed and the children in Supplementary Feeding Centres were provided with vitamin A supplementation. All the pregnant and lactating women that were registered in the Supplementary Feeding Centres were provided with micro-nutrient supplementation.

## *Partnerships*

Emergency nutrition interventions were implemented in partnership with the local and international agencies. The international agencies included Action Against Hunger (ACF), Merlin, and Action Aid. The local NGOs were Balochistan Rural Support Programme (BRSP) and HOPE. All the activities were implemented in close collaboration with the Department of Health. In one specific district, Washuk, in Balochistan, the Department of Health was the only implementing partner with UNICEF. The combination of local NGOs, international NGOs and the government serving as implementing partners ensured the availability of highly professional staff, broad geographic coverage and access to communities at the grass-roots level.

## *Gender Mainstreaming*

The focus of emergency nutrition interventions was on the most vulnerable groups i.e. children under five years and pregnant and lactating women. Community mobilization, breastfeeding and nutrition promotion messages improved the participation and decision making process of women. Disaggregated data of girls and boys children were maintained to ensure gender mainstreaming for all nutrition interventions.

## *Monitoring and evaluation*

Monitoring was carried out at different levels. Project staff of implementing partners conducted monitoring on a regular basis while UNICEF staff both at the provincial and federal level monitored the project sites. The district health department was also involved in monitoring. Regular weekly, monthly and quarterly data were collected from the field. A follow-up nutrition survey was also conducted in Sindh (funded by other source).

## **Rapid Response**

## *Coordination and Implementation Arrangements*

UNICEF received three CERF grants in 2008 – for the food crisis, the IDPs in NWFP and the earthquake in Balochistan. All the projects were carried out in close coordination with federal, provincial and district authorities, including the National Disaster Management Authority, the Provincial Disaster Management Authority, IASC partners, national and international NGOs, and the Ministry of Health, to ensure that activities were carried out in line with commonly agreed priorities.

The Nutrition Cluster was activated in NWFP and regular provincial and federal level meetings were held. The Cluster also worked closely with other clusters including health, food, and the water, sanitation and Hygiene (WASH) clusters. All nutrition cluster members were asked to submit proposals to implement the Community Management of Acute Malnutrition (CMAM) in the food insecure districts of Shangla and Buner, in the IDPs camps and host communities in NWFP, and the earthquake affected Union Councils in Ziarat, Noushki and Harnai. The proposals were reviewed, evaluated and finalized as per the CMAM guidelines and agencies capacity. As a cluster lead, UNICEF provided technical support, including training and guidelines to all implementing agencies to ensure coherence with government priorities.

While the national and international partners and Department of Health carried out the implementation, UNICEF was mainly responsible for:

- The procurement of all nutritional supplies (F-75, f-100, Resomal, RUTF, Medicines, FBF, De-worming tablets, micro-nutrient supplements, anthropometric equipment, therapeutic kits),
- Technical support and guidance to the implementation partners, including training at community, Union Council, district, provincial, and federal levels,
- Monitoring, and,
- Supervision, reporting and coordination.

## *Activities and Results*

The Nutrition Cluster received a very good opportunity to introduce and implement CMAM in the various emergency affected districts (food-insecure, earthquake affected, and the IDPs host communities) through the CERF grant in 2008.

The major activities included:

- Social mobilization and mass screening of children aged 6 to 59 months and pregnant and lactating women,
- Setting up supplementary feeding centres for moderate malnourished children,
- Setting up Outpatient Therapeutic Programme for the severely malnourished children without medical complications and inpatients care for the severely malnourished children with medical complications;
- Dissemination of key messages on infant feeding practices; and
- Vitamin A supplementation for children aged 2 to 5 years, de-worming in the target districts, and pregnant and lactating women were provided with micronutrient supplements.

More than 200 government and NGO staff members were trained on the various components of CMAM interventions, and more than 1,600 mothers and caregivers were oriented on key nutrition and hygiene messages in the communities. Further CMAM interventions were initiated in all affected areas (Data of Supplementary Feeding and Outpatient Therapeutic Programme/Sc have yet to be reported).

## *Partnerships*

UNICEF, in close collaboration with the Ministry of Health, the Department of Health, district authorities, and national and international NGOs, introduced the CMAM interventions in the affected districts/areas. The main NGO partners were Merlin, Johanniter International, Relief International, Islamic Relief, Save the Children, and UN agencies (WHO, WFP, UNHCR, UNOCHA), as well as CERD, CDO, Rahbar, BRSP and Ujala

## *Gender Mainstreaming*

The focus of emergency nutrition services focused on the most vulnerable, i.e. children under five years and pregnant and lactating women. Social mobilization and mass screening, one of the components of

CMAM intervention, contributed to women's as well as men's participation in the nutrition activities. Disaggregated data for boys and girls were maintained for nutrition intervention.

### *Monitoring and evaluation*

Monitoring was carried out at different levels:

1. Project staff of implementing partners conducted monitoring on a regular basis;
2. UNICEF staff, both at provincial and federal levels, monitored the project sites; and
3. The district Health Department was also involved in monitoring.

Regular weekly, monthly and quarterly data were collected from the field.

## **Health**

### *Coordination and implementation arrangements*

A Health Cluster was activated immediately after the cyclone in June 2007, with coordination taking place in Islamabad as well as at the provincial and district levels in Sindh and Balochistan. Provincial health clusters were set up in NWFP and Balochistan. The Cluster also worked closely with the WASH and Nutrition clusters. The CERF project dovetailed with the government policy of expanding access to primary healthcare services, with a focus on maternal and child health. Interested partners were invited to submit their proposals on prioritised activities, which were then reviewed, evaluated and finalized. The Ministry of Health was involved throughout and considerable input was provided by district health authorities, ensuring coherence with government priorities.

For CERF grants in 2008, activities were planned by cluster partners according to needs and "Who, What, Where" matrixes were established. Partners wishing to implement projects using CERF funds were required to submit proposals, based on agreed priorities, which were reviewed, evaluated and finalised. Input was provided by federal, provincial and district authorities throughout, ensuring consistency with government priorities.

### *Project activities and results*

In response to the Balochistan floods in 2007, the objective was to prevent excess mortality and morbidity among the 500,000 flood-affected people in the ten districts of Balochistan and the two districts of Sindh. Project activities included provision of essential emergency healthcare services through static and mobile clinics; controlling the risk of epidemics through timely detection; investigating and responding early to possible outbreaks; water quality monitoring; and community-based health and hygiene awareness campaigns. Some 79,300 people were provided with primary health care services through stationary health facilities, while 37,400 were treated in mobile clinics. Including reproductive health and nutrition interventions, as well as health education sessions, over 240,000 people directly benefited from the project. It may safely be assumed that indirect beneficiaries might have equalled or exceeded this number.

Medical supplies distributed included 24 cholera kits and 167 Mini Emergency Health Kits (each covering 6,000 people for one month). There are now 548 health facilities in Sindh and Balochistan participating in weekly disease surveillance. Previously there was no organized system for outbreak/alert monitoring. At least 90,000 people attended health sessions, with many others benefiting indirectly.

To respond to the crises in 2008, activities in the Health Cluster included coordinating and providing emergency healthcare services and medicines; detecting and responding to disease outbreaks; and water quality monitoring. Key achievements included:

- The treatment of 69,170 direct beneficiaries of emergency health services in Balochistan;
- Availability of 175 health facilities, including those IDP camps and mobile teams reporting to the disease monitoring system on a weekly basis in NWFP;
- Some 984,283 consultations reported through the system; and
- Making 18 Mini Emergency Health Kits (MEHK) available, covering 36,000 people for three months in Balochistan; 50 MEHKs distributed in NWFP, and providing protection of 100,000 people for three months.

## *Partnerships*

Implementing partners during the floods in Balochistan included Merlin, Balochistan Rural Support Programme (BRSP), CARE International, American Refugee Committee International (ARC), Muslim Aid, Johanniter International, and Pakistan Council of Research in Water Resources (PCRWR). The combination of local and international NGO partners ensured the availability of highly professional and specialized staff, partnerships with other organizations, broad geographical coverage, and access to communities at the grassroots level.

In 2008, implementing partners included Merlin, International Mercy Corp and Islamic Relief. Activities were also closely coordinated with other cluster partners including Bolan Medical College, Mercy Corps, UNFPA, UNICEF, PPHI, ICRC and others.

## ***Protection (both Rapid Response and Underfunded) and Multi-Sector (Afghan Refugees)***

### *Coordination and Implementation Arrangements*

Assistance was provided in five sectors: community services; health; sexual and gender-based violence; HIV/AIDS; and water and sanitation. All programmes worked in close partnership with NGOs to help 940,567 Afghan refugees. At the same time, the local population also benefitted from the project.

### *Activities and Results*

In addition to regular protection activities, the multi-sector cluster ensured additional activities directed for the physical protection of refugees. The activities included the deepening of 36 wells, the installation of 60 hand pumps and 12 self-help boreholes, as well as the repair and maintenance of 44 tube wells. To guarantee safe water, random and regular water testing was done and contaminated sources were disinfected with chlorine. As a result, no outbreaks of water-borne diseases were reported.

The Multi-Sector cluster ensured that 52 Basic Health Units (BHUs) were up and running, including seven sub-health units (SHUs), two mobile health units, one EMOC, one family health centre, and four labour rooms. At least 37 field laboratories remained operational, providing primary health care services to the Afghan refugees. The health units were adequately staffed with male/female medical officers and paramedical staff. An adequate supply of drugs and consumables was available, although supplies of some vaccines were low because they were unavailable. The Government also provided in-kind support at the district-level hospital in Peshawar, such as essential equipment for the intensive care unit.

HIV/AIDS awareness was integrated into health education and voluntary control and testing centres were made available.

## *Partnerships*

The Multi-Cluster worked closely with the Commissionerate for Afghan Refugees, FPHC, UAAR, the Taraqee Foundation, the IRC and SCF. The IRC coordinated with the local Health Department in Dir district to control and manage leishmaniasis, which benefited both Afghan refugees and the local population.

## *Gender Mainstreaming*

Women staff was on hand 24 hours a day to assist the vulnerable population, which included women and girls. The population was also made aware of gender-based violence and HIV/AIDS with the help of implementing partners.

## *Monitoring and evaluation*

The tense security situation meant that field missions were confined to only a few locations, resulting in a sustained impact on effective monitoring of long-running programmes. This created reservations in initiating new programmes and protection monitoring of the refugee villages. UNHCR primarily relied on implementing partners' reports on camp situations.

The evolving security and operational situations were discussed in joint inter-agency coordination meetings with NGO partners and UN agencies in NWFP and Balochistan. Concerns regarding

implementation, monitoring, and evaluation of UNHCR-funded programmes were discussed with partners as well as ways to enhance field coordination due to the changing security situation.

## ***Shelter/Non-Food Items***

### *Coordination and Implementation Arrangements*

UN-HABITAT and IOM coordinated their proposals in response to the floods and cyclone in Baluchistan and Sindh, with clear distinction of roles: UN-HABITAT provided technical assistance to the overall project activities, and IOM subcontracted funds for shelter kit procurement and distribution through Implementing Partners. The intervention was designed to ensure that the most vulnerable families were provided with basic shelters and would not have to permanently leave their place of origin. The majority of beneficiaries were land tenants that, if not able to cultivate their land, risked eviction.

For the 2008 crises in NWFP, UNHCR was the lead agency of the Protection, Camp Management and Shelter Cluster and organized the relief efforts of all stakeholders under the overall coordination of the Provincial Relief Coordinator. UNHCR worked closely with the NWFP Ministry of Social Welfare, the Women Development's Directorate for Social Welfare, and the Commissionerate for Afghan refugees on the registration and documentation of IDPs in camps and in host communities.

The cluster system was established immediately after the Balochistan earthquake. Through the RC/HC office, all assistance was coordinated with the NDMA and provincial authorities. UN-HABITAT advised the Emergency Shelter Cluster on models to be used in responding to the emergency. Prototypes were built for the provincial level at the Provincial Disaster Management Authority (PDMA) premises in order to test standards and facilitate replication. Ultimately, the UN-HABITAT model was utilised by other agencies (IOM, BRSP, JADE).

### *Activities and Results*

In response to the floods of 2007, the distribution of 2,400 shelters was completed within four months. Post distribution visits indicated that the recipients did not erect some shelters properly. Shelter experts from the implementing partners were instructed to re-orient people wherever needed. Some of the material was not up to standard, and implementing partners had to intervene and re-distribute adequate material.

In 2008, in NWFP, tents and locally procured, standard non-food item packages were provided by UNHCR to all registered IDPs in camps, with additional winterisation packages that varied depending on the type of tent issued. Some 4,500 tents were distributed as well as 72,000 blankets in camps alone. By the end of December 2008, 7,882 families had received non-food item assistance outside the camps.

About 30,000 light tents were distributed in the immediate aftermath of the earthquake, but due to the harsh weather conditions of the area, with winter temperatures as low as -17 degrees, the earthquake response plan identified shelter (adequate to climatic conditions) as a priority life-saving intervention. UN-HABITAT was able to procure 800 shelters using CERF funds. Competitive bidding meant that material costs were reduced, allowing for another 235 shelters. The 1,035 shelters were provided by the end of January to 1,893 families, or 10,347 individuals. Additionally, 300 transitional latrines were also provided in compounds where shelters were deployed.

### *Partnerships*

UNHCR did not have access to NWFP, however, the Commissionerate for Afghan Refugees and other partners with access to the more challenging areas distributed the non-food items. In Balochistan, UN-HABITAT provided 300 transitional latrines in coordination with the WASH Cluster, as well as 35 slightly modified shelters at the request of the Health Cluster. UN-HABITAT contracted three implementing partners, Taraqee Foundation, Islamic Relief and Navee Sehar.

### *Gender Mainstreaming*

With the provision of sufficient shelter, the most vulnerable populations, including women and children benefitted from the project and could stay warm and dry through the winter.

### *Monitoring and evaluation*

In the response to the 2007 floods, UN-HABITAT monitored the overall project activities, including ensuring quality control of materials delivered to beneficiaries.

Implementing partners were monitored throughout the project. In December, UN-HABITAT carried out a survey to monitor the total assistance received, and to identify the remaining outstanding needs, specifically in terms of shelter, water, and sanitation. Vulnerable cases were identified and given priority of intervention in case of further shelter assistance. In January, beneficiary families verified through a survey to take account of migration.

## ***Water, Sanitation and Hygiene (WASH)***

### *Coordination and Implementation Arrangements*

The underfunded project was implemented through local and international NGOs, in close partnership and consultation with provincial government line departments and the affected communities. The project was implemented from April 2008 through September 2008.

To ensure effective and efficient implementation, key strategies adopted included coordination with sector partners at federal and provincial levels, community participation throughout the project, the use of cost-effective and local/culturally appropriate technologies, capacity development, and gender mainstreaming. Close coordination with the National Disaster Management Authority (NDMA), Provincial Disaster Management Authorities (PDMAs) in Balochistan and Sindh, and provincial government line departments, including the Public Health Engineering Department (PHED) and the Local Government and Rural Department (LGRD), ensured government ownership of the project.

Overall, management of the project was carried out under the direction of UNICEF provincial field offices; and coordinated with the provincial WASH Clusters, with technical support and guidance provided by the UNICEF Pakistan Country Office in Islamabad. All implementation arrangements, including the procurement of supplies, followed UNICEF guidelines and procedures. UNICEF used an integrated monitoring framework to monitor project activities.

### *Activities and Results*

WASH activities undertaken included the provision of water supply and sanitation facilities to damaged health facilities, and catchment villages in the districts worst affected during the floods of 2007. The projects aimed to reach 2,220,000 beneficiaries through WASH interventions.

The floods caused extensive damage to the drinking water supply infrastructure in the affected areas. As a result, the safe drinking water became an immediate and critical need of the affected population. UNICEF addressed the drinking water needs of over approximately 172,000 people through various interventions, including the provision of water supplies to 26 health facilities and 51 schools, restoring eight community water supply schemes, and installing 185 hand pumps.

Before the floods, the sanitation coverage in the affected areas was amongst the lowest in the country. The floods further aggravated the situation, increasing the population's vulnerability to sanitation-related diseases and problems associated with lack of privacy and security, particularly for women and children. The installation of adequate sanitation facilities in 29 health facilities, schools, and the installation of over 2,000 latrines for communities reached approximately 18,250 people.

More than 327,275 people were also reached with hygiene promotion activities through community health and hygiene sessions; the distribution of key hygiene messages and non-food items; and the capacity building of community members, health, and school staff in hygiene promotion training and concepts.

Detailed outputs can be found in the attached table.

### *Partnerships*

The project further strengthened existing partnerships on the ground. This includes partnerships with local government counterparts and within the WASH Cluster. Streamlining and setting standards, both

technical and strategic ensured a unified approach to reach the affected populations and improved partnerships and efficient implementation of projects.

#### *Gender Mainstreaming*

The WASH project, in-line with UNICEF's objectives, ensured gender equity through various means. At the start of the project, female representation in community consultations and sessions was ensured. Through these consultations, the project guaranteed that interventions focused specifically on activities around women and families.

#### *Monitoring and evaluation*

Monitoring and evaluation was carried out on multiple levels. UNICEF took on full accountability of interventions and activities. This included direct monitoring by implementing agencies, monitoring by government counterparts, UNICEF, and provincial WASH Cluster members. Evaluation of the entire project was based on monitoring reports and mid-term and project completion reports by government counterparts and partners.



### III. Results:

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (US\$)	Number of Beneficiaries (by sex/age)	Implementing Partners and funds disbursed	Baseline indicators	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Agriculture	<b>08-FAO-006</b> “ <b>Emergency assistance to crop production and livestock protection and strengthening to rapidly restore agricultural based livelihoods in flood-affected areas of Balochistan and Sindh</b> ”	1,500,000	15,000 households / 105,000 persons	<ul style="list-style-type: none"> <li>▪ <b>Relief International (\$157,100)</b></li> <li>▪ <b>Taraqi Foundation (\$8,600)</b></li> <li>▪ <b>Indus Resource Centre (\$39,300)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 2.5 million people affected by the floods; an estimated 367,000 small and large ruminants killed.</li> <li>▪ 76 percent of the population in Balochistan rural; agriculture accounts for over 60 percent of the labour force. Figures for Sindh (outside Karachi) similar.</li> </ul>	<ul style="list-style-type: none"> <li>• Protection and restored productivity of 112,500 to 139,500 small and large ruminants critical to the local livelihoods, ensured in flood affected parts of Balochistan and Sindh Province through distribution of livestock feed, veterinary supplies and sorghum seeds for fodder purposes, thus ensuring food security for 12,500 to 14,250 flood affected households.</li> <li>• Food security of 1,750 vulnerable, flood-affected farmers in Sindh and 750 in Balochistan ensured for 10 months after harvest through distribution of rice seeds, dual purpose sorghum, wheat seeds and fertilizers.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 173,898 small and large ruminants vaccinated and de-wormed in 13 UCs of 3 districts of Balochistan, covering 12,500 families. Feed and sorghum seem distributed to the same families. Wheat seed and fertiliser distributed to an additional 750 households.</li> <li>▪ Rice and sorghum seed and fertiliser distributed to 1,750 families in Sindh.</li> <li>▪ Health and condition of domestic animals of targeted households improved significantly. Daily milk production of animals improved by an average of 0.5 litres per day.</li> <li>▪ 65 percent of farmers reporting good initial germination rate of seeds.</li> </ul> <p><b>The impact assessment study results highlight that with the technical and inputs support for vaccination and de-worming, the physical conditions of livestock has improved contributing to better milk production.</b></p> <p><b>The rice production was 3 times higher than the local seed, while the rate of recovery of agriculture produce is 15 percent.</b></p>
Agriculture	<b>08-FAO-026</b> “ <b>Emergency food and</b>	1,200,406	10,000 households	<ul style="list-style-type: none"> <li>▪ <b>Relief International (\$104,750)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Over half of houses surveyed experienced high</li> </ul>	<ul style="list-style-type: none"> <li>▪ Post harvest food security needs of 8,000 households met after harvest, through distribution of wheat seeds</li> </ul>	<ul style="list-style-type: none"> <li>▪ 8,000 beneficiaries reached with wheat seed and fertilizers, lentils and</li> </ul>

	<i>agriculture production support for food insecure groups affected by unprecedented surge in food prices”</i>				<p>food prices as a shock; poorest households spending 70 percent or more of income on food, compromising ability to cover other needs.</p> <ul style="list-style-type: none"> <li>▪ 56 percent increase in the number of people consuming less than 1,700kcal / day in NWFP since the food crisis began.</li> <li>▪ NWFP the worst affected province in the country by rising prices.</li> </ul>	and fertilizers.	<p>vegetable seeds.</p> <ul style="list-style-type: none"> <li>▪ An additional 2,000 households reached with urea fertilizers.</li> <li>▪ Estimated crop production indicates that 50kg of wheat seed with equal amounts of DAP and fertilisers for 0.4 hectares will produce 1,034 kg of wheat grains per beneficiary family, with an overall production of 8,272 MT of wheat on 3200 hectares of land.</li> <li>▪ Production from secondary crops on 1600 hectares in addition to wheat</li> </ul> <p><b>The impact study on the project highlights that wheat production of recipients from non-recipients was significantly different at 95 percent confidence interval. Major portion of production (90 percent) including wheat, lentils and vegetables distributed under the project was retained for domestic consumption, while a small amount of produce is sold in the market.</b></p>
Agriculture	<b>08-FAO-041 “ Emergency food and livelihoods assistance for flood affected persons in North West Frontier Province (NWFP) and Punjab Province</b>	399,994	7,150 households in the five most affected UCs of Peshawar district.	<ul style="list-style-type: none"> <li>▪ <b>BEST (Basic Education and Employable Skill Training) (\$43,795)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 50,000 households affected in Peshawar district.</li> <li>▪ 74 percent of cropped area affected, damaging sugar cane, maize, sorghum, vegetable, fruit and rice crops.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food security of 7,150 households enhanced through restocking of poultry, fodder and feed stocks</li> </ul>	<p><b>Distributed:</b></p> <ul style="list-style-type: none"> <li>▪ 84,400 poultry birds</li> <li>▪ 3,450 bags poultry feed</li> <li>▪ 138 MT animal feed</li> <li>▪ 3.7 MT fodder seeds; 46.25 wheat seeds; 1,850 packs assorted vegetable seeds</li> </ul>

	<b>covering Peshawar and Rajanpur districts”</b>				<ul style="list-style-type: none"> <li>▪ Combined with rising food prices, thousands of families plunged into extreme poverty.</li> </ul>		<ul style="list-style-type: none"> <li>▪ 46.26MT DAT fertilizer; 46.25MT urea fertiliser</li> <li>▪ Total of 7,150 households assisted</li> <li>▪ Estimates indicate that each beneficiary household will produce approximately 517kg wheat; total production of 956MT of wheat from 370 hectares</li> </ul> <p><b>The impact assessment study highlights that FAO input support has contributed to 22.4 percent increase in wheat production for beneficiaries. Distribution of poultry birds and vegetable seeds has added to food baskets of the beneficiary households while 91 percent of beneficiaries used poultry birds for egg laying purposes. Beneficiaries of FAO interventions were able to harvest 23 percent more fodder while with the help of animal compound feed, the milk production increased by 75 percent for small ruminants and 13.2 percent for large ruminants.</b></p>
<b>Agriculture</b>	<b>08-FAO-062 “ Agriculture and Livestock intervention for affected population of Balochistan Earthquake”</b>	101,436	1,000 households	<ul style="list-style-type: none"> <li>▪ <b>Tariqi Foundation (\$10,800)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Livestock contributes 40 percent of household income in the affected area</li> <li>▪ 50 percent of cattle sheds damaged</li> <li>▪ 35-40,000 domestic animals affected either directly (killed / injured) or indirectly (loss of shelter, increased health and nutrition risks).</li> </ul>	<ul style="list-style-type: none"> <li>▪ Access to nutritious food and increased income streams through the protection and strengthening of surviving livestock</li> </ul>	<ul style="list-style-type: none"> <li>▪ 10,000 animals provided with feed, antibiotics and de-wormers</li> <li>▪ 100 animal shelters constructed (sufficient for 50,000 small or 5,000 large ruminants)</li> <li>▪ 100MT of animal compound feed, 300 doses of antibiotics, and 575 litres of de-wormers distributed.</li> <li>▪ Technical assistance provided to partners to ensure targeting of</li> </ul>

							beneficiaries, best practices in livestock management and effective use of inputs.
Coordination and Support Services – Logistics	<b>08-WFP-076</b> <b>“Logistics Support to the Humanitarian Community in response to the Earthquake in Baluchistan”</b>	150,010	120,000			<ul style="list-style-type: none"> <li>▪ Establishment of warehousing facilities and utilization of established transport mechanism.</li> <li>▪ Facilitation in cargo handling for transition shelters, food and NFIs</li> </ul>	<ul style="list-style-type: none"> <li>▪ Food was transported and distributed for 120,000 people; 6,000 critical essential shelters were transported and warehoused at a much needed time to the displaced /shelterless. This support played a significant role in ensuring an effective response. Humanitarian cargo was delivered on time at the right locations to those in most urgent need, through the prompt establishment of a basic logistics network by exercising the principle of economies of scale. All cargo moving through the common transport system were tracked and the information was disseminated accordingly.</li> </ul>
Education	<b>08-ESC-001</b> <b>“Rehabilitation of Education System for IDPs in NWFP and FATA”</b>	70,053	14,000 children (11-18); 100 educational officials; 100 teachers	<ul style="list-style-type: none"> <li>▪ <b>Department of Education (\$12,668)</b></li> <li>▪ <b>Youth Resource Centre (\$15,208)</b></li> <li>▪ <b>IRC (\$22,116)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 14,000 children (aged 11-18 yrs) in Lower Dir whose schools (25-28 GMS or GHS) were converted into shelters for the IDPs, require assistance for continuation of educational activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ The teachers in the affected middle and secondary schools make use of emergency educational supplies for the MSEE training on teaching and learning.</li> <li>▪ The educational activities of middle and secondary students of IDP families continue in IDP camps</li> </ul>	<ul style="list-style-type: none"> <li>▪ Trained 51 education managers including EDO,DOs,Dy.DOs, ADOs along with 02 camp Managers and 6 NGOs representative and 30 teachers on MSEE and Chronic Crises.</li> <li>▪ Established four tented Middle and secondary schools along with the access to science laboratory education facilities to 217 IDP children in Kacha Garhi, Benazir, and Jalozei Camp.</li> <li>▪ Mentoring of 200 teachers to improve quality of teaching for 2000 students</li> </ul>

						<ul style="list-style-type: none"> <li>▪ Education institutions, damaged by IDPs, are rehabilitated to facilitate continuation of educational activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ in 11 IDP camps located in Peshawar, Charsada, Nowshera and Lower Dir.</li> <li>▪ Provided teaching learning materials, recreational materials, books, note books and stationery to 450 IDP children in three IDP camps</li> <li>▪ Formed male and female Parent Teacher Councils in Kacha Gari Camp, Jalozai Camp, Benazir Camp</li> <li>▪ Facilitated DoE in the assessment of damaged middle and secondary schools in Lower Dir and Charsada, where IDPs were residing.</li> <li>▪ Repair of six middle schools in Nowshera and Lower Dir to resume educational activities of 2500 students.</li> </ul>
Education	08-CEF-062-D "Rehabilitation of Education System for IDPs in NWFP and FATA"	135,646	<p>10,200 children (including 4,280 girls) in IDP camps in Lower Dir, Nowshera, Mardan, Charsadda, Peshawar and Swabi Districts</p> <p>15,000 children in district Lower Dir whose educational activities have been disrupted due to IDP camps in schools</p>	<ul style="list-style-type: none"> <li>▪ <b>Department of Education (\$95,075)</b></li> <li>▪ <b>Youth Resource Centre (\$31,697),</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 122 Primary schools ( Boys schools; 39 girls schools) in Lower Dir damaged as a consequence of being converted into shelter for IDPs from Bajaur</li> <li>▪ Educational activities of 15,000 children in district Lower Dir have been disrupted due establishment of IDP camps in schools</li> <li>▪ 10,200 children</li> </ul>	<ul style="list-style-type: none"> <li>▪ All children (5-11yrs) affected by the IDP situation, including children in Lower Dir whose schools have been converted into IDP camps, are able to continue their educational activities under the Minimum Standards of Education in Emergencies (MSEE) guidelines</li> <li>▪ 10,200 children (including 4,280 girls) in IDP camps in Lower Dir, Nowshera, Mardan, Charsadda, Peshawar and Swabi Districts are availing temporary educational facilities in camps</li> <li>▪ Government education department collects data on</li> </ul>	<ul style="list-style-type: none"> <li>▪ Rehabilitation and repair of 114 primary schools (97 Girls schools and 17 boys schools) in Lower Dir, including rehabilitation of water and sanitation facilities, to resume education for 23,448 children (20445 girls; 304 boys).</li> <li>▪ Repair and rehabilitation of 1 Boys High school, 3 Higher Secondary schools, 3 Girls High schools and 4 girls Middle schools to benefit 4,457 children (3,069 boys; 1,388 girls)</li> <li>▪ Repair and renovation of abandoned hostel building for schooling facility in Palosa Camp, Charsadda for educational activities of</li> </ul>

					(including 4,280 girls) in IDP camps in Lower Dir, Nowshera, Mardan, Charsadda, Peshawar and Swabi Districts requiring continuation of educational activities.	students, teachers, school going children, youth and damaged and other educational institutions, where IDPs are residing and district offices strengthen/rebuild educational system in affected districts	IDP <ul style="list-style-type: none"> <li>30,000 sets of text books procured and provided to the affected children in IDP camps and schools in all affected districts</li> <li>Provision of primary schooling to 1,700 IDP children in Palosa camp, Charsadda through provision of semi-trained teachers and emergency education supplies</li> <li>Provision of schooling to 1,000 ID children in Katcha Garhi camp, Peshawar through provision of semi-trained teachers and emergency education supplies</li> <li>Support provided to EDO offices in damage assessment of 278 schools affected by IDP population</li> </ul>
Education	<b>08-CEF-090-C</b> <b>“ Education Intervention in Earthquake Worst-Affected District of Ziarat in Balochistan Province”</b>	47,977	2,280 children (1,345 boys; 935 girls) in the earthquake affected districts of Ziarat, Pishin and Harnai	<ul style="list-style-type: none"> <li><b>Directorate of Education (Schools) (\$37,421)</b></li> <li><b>Society for Community Support for Primary Education in Balochistan (NGO) (\$5,548)</b></li> </ul>	<ul style="list-style-type: none"> <li>17,014 children (5,237 girls, 11,777 boys) affected due to the interruption in schooling activities.</li> <li>202 schools (68 Ziarat, 126 Pishin and 8 Harnai) suffered major damages / collapsed.</li> </ul>	<ul style="list-style-type: none"> <li>2,280 children (1,345 boys; 935 girls) in the affected districts of Ziarat, Pishin and Harnai attend tented schools and complete the academic curriculum within 3 months of the initial response</li> </ul>	<ul style="list-style-type: none"> <li>2,150 girls and 2,800 boys in quake-affected areas supported to continue education and facilitated to complete the academic year curriculum in 76 Temporary Learning Centres (TLCs) Ziarat (45), Pishin (23) and (08) Harnai (set up winterized school tents procured by UNICEF’s own Regular Resources).</li> <li>Parents of children attending 76 TLCs were sensitized to send children to the TLCs in a safe and protective environment so as to help in overcoming the trauma of the disaster</li> </ul>

						<ul style="list-style-type: none"> <li>▪ All tented schools are provided with appropriate water and sanitation facilities</li> </ul>	<ul style="list-style-type: none"> <li>▪ 361 members of the Parent Teachers School Management Committees and 173 members of the WVECs were mobilized to participate actively in activities for revival of educational activities</li> <li>▪ 237 women teachers and mothers and 414 men teachers provided support to continue teaching during winter vacations in order to complete the academic year.</li> <li>▪ 76 TLCs provided with temporary water and sanitation facilities in line with SPHERE standards</li> <li>▪ Members of PTSMCs received training on Operation and Management of TLCs and WES facilities</li> <li>▪ 4,950 Children provided with orientation on Health and Hygiene</li> </ul>
Education	<b>08-ESC-005 "Education Intervention in Earthquake Worst-Affected District of Ziarat in Balochistan Province"</b>	27,026	300 pupils (240 boys and 60 girls) in the affected areas	<ul style="list-style-type: none"> <li>▪ <b>Department of Education (\$24,189)</b></li> <li>▪ <b>SEHER (\$24,189)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 32 Middle schools (12 Girls, 20 Boys) and 20 High schools (4 Girls, 16 Boys) damaged to various degree due to the earthquake</li> <li>▪ 16,700 Middle and High school children (4,500 girls, 12,200 boys) affected due to due to interruption in schooling activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ Government education department collect data on damaged schools, school going children, youth and are able to develop an early recovery plan</li> <li>▪ Educational activities for Middle and secondary schools students are resumed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Department of Education, Government of Balochistan assisted to collect data of damaged educational institution during the earthquake.</li> <li>▪ Assisted the department and education cluster in finalization of early recovery plan.</li> <li>▪ Advocacy meetings held with DoE regarding MSEE and early recovery.</li> <li>▪ Identification of four middle schools for construction of transitional shelter through the Executive District Officer offices , the</li> </ul>

							<p>Education Cluster , Ziarat</p> <ul style="list-style-type: none"> <li>Finalization of design and BoQs for construction of transitional shelters for four middle schools</li> <li>Contract has been awarded to implementing partners for construction of transitional shelters.</li> </ul>
Food	<p><b>08-WFP-020</b>  <b>“ Assistance to flood affected populations in Balochistan”</b></p>	963,458	<p>128,600 total</p> <p>Jhal Magsi (four UCs) 26,600</p> <p>Bolan (20 UCs) 40,000</p> <p>Nushki (8 UCs) 15,000</p> <p>Kharan (7 UCs) 30,000</p> <p>Washuk (9 UCs) 17,000</p>	<ul style="list-style-type: none"> <li><b>Relief International (\$135,923)</b></li> </ul>	<ul style="list-style-type: none"> <li>1.5 million affected by the floods; 2 million livestock lost.</li> <li>Approximately 12,500 households had not been reached due to funding shortages at the time of the CERF application.</li> </ul>	<ul style="list-style-type: none"> <li>One month food needs covered for 12,500 households and increased ability of affected farmers to meet their food needs.</li> <li>Timely provision of food in sufficient quantity and quality for the 18,272 households people in flood affected areas.</li> <li>Enabled farmers of flood effected areas to cultivate their lands.</li> <li>Enabled the farmers to make the Bandats around their lands.</li> <li>Enabled the farmers to re-build water channels for their land.</li> </ul>	<ul style="list-style-type: none"> <li>18,272 affected farmer families received food items; some also receive non-food items</li> <li>The affected families/farmers were mainly involved in reconstruction of their shelters and agriculture related activities such as land levelling, watercourse lining, and rehabilitation of water channels, crops preparation and making of their lands</li> <li>Market functions have returned to normal and livelihood opportunities are available for people to diversify food and income.</li> </ul>
Food	<p><b>08-WFP-061</b>  <b>“ Emergency food and agriculture production support for food insecure groups affected by unprecedented surge in food prices”</b></p>	999,588	<p>8,000 households or 48,000 persons. (24,480 male and 23,520 female)</p>	<ul style="list-style-type: none"> <li><b>Relief International (\$81,668)</b></li> </ul>		<ul style="list-style-type: none"> <li>Food averted starvation, malnutrition and stabilized food security particularly when prices of basic food were very high and availability a serious issue in NWFP</li> <li>Target population optimally utilized their agriculture inputs.</li> </ul>	<ul style="list-style-type: none"> <li>8,000 beneficiary households received a total of 1,600MT wheat from WFP together with an agriculture input package of seeds and fertiliser from FAO.</li> <li>Wheat support to 8 000 vulnerable, low income, food-insecure households was provided</li> </ul>



Food	08-WFP-088 "Emergency food assistance for IDPs in North West Frontier Province"	1,699,967	150,000 IDPs (76,000 male and 74,000 female approximately)	<ul style="list-style-type: none"> <li>▪ <b>BEST (\$26,950)</b></li> <li>▪ <b>PEACE (\$14,295)</b></li> <li>▪ <b>HIN (\$3,695)</b></li> <li>▪ <b>CRDO (\$1,809)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Total of approximately 260,000 displaced.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Wheat support to 8 000 vulnerable, low income food-insecure households provided.</li> <li>▪ Target population optimally utilized their agriculture inputs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 6,000 children under five received fortified blended food to maintain their health.</li> <li>▪ Wheat support to 8,000 vulnerable, low-income food-insecure households provided.</li> <li>▪ Distribute general food rations to 150,000 IDPs in camps and with host families</li> <li>▪ Provide fortified blended food to 6,000 children under 5 in camps and with host families.</li> </ul>
Health	08-WHO-019 " Emergency health interventions and outbreak response and control in flood affected areas"	1,171,191	500,000 flood affected population in 2 districts of Sindh and 10 districts of Balochistan	<ul style="list-style-type: none"> <li>▪ <b>Merlin (\$110,770)</b></li> <li>▪ <b>BRSP (70,308)</b></li> <li>▪ <b>CARE (\$80,000)</b></li> <li>▪ <b>ARC (\$82,493)</b></li> <li>▪ <b>Muslim Aid (\$22,596)</b></li> <li>▪ <b>Johanniter (\$53,833)</b></li> <li>▪ <b>PCRWR (\$92,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of alerts/outbreaks reported timely (within 48hrs of detection/suspicion) to district health authorities (target at least 80 percent) and responded to.</li> <li>▪ Number of PHC facilities supported through CERF interventions</li> <li>▪ Number of mobile clinics serving remote communities and IDPs in the affected districts.</li> <li>▪ Number of facilities actively monitoring malnutrition among children and pregnant women</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduced mortality and morbidity among the 500,000 most vulnerable flood affected population with emergency PHC services for 9 months.</li> <li>▪ Response to and control of outbreaks of communicable diseases, with a special focus on the reduction of waterborne diseases and related outbreaks.</li> <li>▪ Reduction in the incidence of water related diseases on 300,00 people living in affected areas;</li> <li>▪ In collaboration with WASH cluster managed to improve safety of available drinking water (from only 20 percent during the initial stages of the disaster to 80 percent), after resorting to disinfection of tankered water and house-level water treatment (through wide and direct distribution of aqua-tabs to high risk</li> </ul>	<ul style="list-style-type: none"> <li>▪ No system for alert/outbreak monitoring, investigation and responding mechanism existed in the districts before the 2007 floods.</li> <li>▪ Disease Early Warning System was introduced and implemented in 14 districts (12 Balochistan &amp; 2 Sindh) first time and 548 health facilities participating in weekly DEWS reporting</li> <li>▪ Total 291 alerts reported / identified, responded and investigated</li> <li>▪ 21 outbreaks responded and timely controlled</li> <li>▪ 87 out of 291 alerts were received for waterborne diseases (Acute Diarrhoea, Bloody Diarrhoea and suspected Hepatitis) and responded.</li> <li>▪ Two outbreaks were for</li> </ul>

					<ul style="list-style-type: none"> <li>▪ Number of malnourished children referred to therapeutic feeding facility or community feeding centres</li> <li>▪ Number of water sources where testing is conducted to avert water borne diseases.</li> <li>▪ Number of water sources where chlorination is conducted.</li> <li>▪ Number of water authorities provided with water treatment chemicals</li> <li>▪ Number of water sources protected and chlorinated in collaboration with WASH partners,</li> <li>▪ Number of water samples/sources tested for physio-chemical and bacteriological contaminants</li> </ul>	<ul style="list-style-type: none"> <li>affected families) by all WASH partners;</li> <li>▪ Drinking water service providers of 12 affected districts better equipped for water quality monitoring and contamination prevention techniques</li> <li>▪ Capacity of provincial water authorities for provision of safe water improved, through exchange of know-how and provision of basic water treatment supplies and water quality testing kits</li> </ul>	<p>Acute Watery Diarrhoea out of the total 21 outbreaks in the flood affected districts and were responded and controlled</p> <ul style="list-style-type: none"> <li>▪ More than 85 percent of the alerts were responded within 48 hours through a network of Health Partners, Health Department and WHO surveillance team</li> <li>▪ A small number of alerts couldn't be responded to (investigated) due to certain reasons without any serious consequences.</li> <li>▪ 21 in total (6 completely (direct support) and 15 partially (operational support regarding filling in the gaps in HR, drug supplies and equipment, supervision and capacity building)).</li> <li>▪ Six mobile clinics treated 37,411 patients</li> <li>▪ 11 centres conducting monitoring for malnutrition</li> <li>▪ 3,331 children referred</li> <li>▪ Tested quality of water of 647 flood affected villages in Balochistan and Sindh, which included:</li> <li>▪ Preparation of water sampling for all 647 villages;</li> <li>▪ collection of samples and water physio-chemical and bacteriological quality testing, as per the Pakistan Water Quality Standards;</li> <li>▪ 3,200 water samples tested for physio-chemical and microbial quality</li> </ul>
--	--	--	--	--	--	--	---

							<ul style="list-style-type: none"> <li>▪ Field analytical kits provided PHEDS</li> <li>▪ GIS Mapping with A-1 size maps of each district produced</li> <li>▪ Compiled a report with analysis of water quality data and recommendations</li> <li>▪ Provision of 16,000 microbiology testing kit for water quality monitoring</li> <li>▪ 3,000 kg of Calcium Hypochlorite for disinfection of drinking water supplies provided to water authorities of the 12 affected districts</li> </ul>
Health	08-WHO-036 “Emergency Health and nutrition interventions in most food insecure districts of Pakistan”	274,990	150,000 people (vulnerable children, pregnant and lactating women) in the food insecure districts	<ul style="list-style-type: none"> <li>▪ <b>Thardeep Rural Support Programme (\$11,663)</b></li> <li>▪ <b>Balochistan Rural Support Programme (\$28,156)</b></li> <li>▪ <b>Islamic Relief (\$12,181)</b></li> <li>▪ <b>The Aga Khan University (\$13,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Number of health staff and LHWs implementing life saving identification, referral, and proper management of severe malnutrition</li> <li>▪ Number of people benefiting from the life saving health interventions</li> <li>▪ Number of people visiting health facilities supported by NGOs</li> <li>▪ Number of children and women vaccinated</li> </ul>	<ul style="list-style-type: none"> <li>▪ Providing 150,000 people with access to special package of life saving health services and emergency medicines in facilities</li> <li>▪ 80 percent of the lady health workers will be equipped with key medicines, and with nutrition screening skills.</li> <li>▪ 25, 000 children visiting health facilities (BHUs and RHCs) are vaccinated for measles and whooping cough.</li> <li>▪ Nutrition and communicable disease surveillance system to be set up/strengthened in the target districts.</li> <li>▪ Health staff able to provide life saving health and nutrition activities</li> </ul>	<ul style="list-style-type: none"> <li>▪ A system of food and nutrition surveillance implemented in Chagai, Jhalmagsi, Musakhel, Kila Saifullah, Tharparkar, Dadu, Kamber Shahdadkot, and certain urban slums of Karachi. The data collected showed very critical levels of global acute malnutrition in the districts.</li> <li>▪ 50+ health staff, nurses, CHWs and LHWs trained for identification, referral and management of severe malnutrition.</li> <li>▪ 165,904 children under five years and pregnant &amp; lactating women were beneficiaries of this project.</li> <li>▪ Approximately 100 health and hygiene sessions were conducted by each IP in their areas of intervention and messages were given on personal &amp; domestic hygiene, breastfeeding,</li> </ul>

							<ul style="list-style-type: none"> <li>birth spacing, vaccination and complementary feeding.</li> <li>Essential drugs provided to all IPs and government facilities in the selected districts</li> </ul>
Health	<p><b>08-WHO-051</b>  <b>“ Emergency health interventions for IDPs from Bajaur and flood affected populations in NWFP”</b></p>	1,199,043	<p>550,000 flood affected and displaced individuals in Mardan, Charsadda, Lower Dir, Peshawar, Nowshera, and Malakand districts.</p>	<ul style="list-style-type: none"> <li><b>Merlin (\$58,962)</b></li> <li><b>Islamic Relief (\$74,486)</b></li> <li><b>International Medical Corps (\$107,056)</b></li> </ul>	<ul style="list-style-type: none"> <li>Number of IDP patients treated by health services in medical camps and fixed facilities = 42,729</li> <li>100 percent of medical camps reporting to DEWS = Target achieved</li> <li>Number of children receiving polio, Vitamin A and measles vaccines = 35,583</li> <li>Percentage of fixed and mobile camps receiving medicines from WHO = 23/28 (82 percent)</li> <li>Number of alerts detected and investigated = 76</li> <li>Percentage of alerts responded timely (within 48hrs of detection/suspicion) to avert outbreaks. = 100 percent</li> <li>Number of water sources tested = 600 (119 found contaminated)</li> <li>Percentage of water sources chlorinated = 100 percent (119 out of 119 contaminated)</li> </ul>	<ul style="list-style-type: none"> <li>Priority health threats monitored regularly; reports shared with relevant authorities and partners</li> <li>Outbreaks causing diseases monitored, investigated and controlled</li> <li>Health activities in IDP camps and for IDP in host communities coordinated and maintained as an integral part of the NWFP provincial health system</li> <li>All children in IDP camps and in host communities vaccinated for measles and polio</li> <li>Essential package of emergency services including treatment of common illnesses, emergency obstetric services, antenatal care and post natal care, psychosocial support and EPI provided to IDPs in camps and in facilities in IDP host areas</li> </ul>	<ul style="list-style-type: none"> <li>175 health facilities including clinics in IDP camps and mobile teams reporting to the Disease Early Warning System on weekly basis</li> <li>984,283 consultations reported to the system</li> <li>76 alerts with potential to evolve into outbreaks investigated within 48 hours; active control mobilized</li> <li>22 outbreaks detected and contained/controlled, saving lives.</li> <li>Health coordination mechanisms setup and functional at federal, provincial and district level</li> <li>35,583 children vaccinated against measles and polio in IDP camps</li> <li>Emergency PHC services provided through 3 WHO implementing partners and provision of medicines to other health cluster partners</li> <li>Fixed clinics set up in all camps (16); IDPs in host communities served by mobile clinics (7)</li> <li>11,850 children (0-59 months) screened for nutritional status in camps</li> </ul>

					<ul style="list-style-type: none"> <li>▪ Number of social mobilization campaigns conducted = 143,144 people given education in more than 25,000</li> <li>▪ Number of partners participating and attending health cluster meetings = more than 20 partners in federal, provincial and district level health cluster meetings.</li> </ul>		<ul style="list-style-type: none"> <li>▪ 2,523 children either registered for outpatient therapeutic programme and/or referred to the stabilization centre for management of moderate or severe acute malnutrition.</li> </ul>
Health	<p><b>08-FPA-045</b>  <b>"Implementation of Minimum Initial Service package (MISP) interventions for provision of Maternal, Neonatal and Child Health care services in earthquake affected area in Baluchistan, Pakistan"</b></p>	71,792	Approximately 12,500 women of reproductive age.	<ul style="list-style-type: none"> <li>▪ <b>Department of Health and UNFPA \$71,792,</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 50,000 severely affected, including 12,500 women of reproductive age (approx.)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Effective coordination and collaboration established through cluster approach.</li> <li>▪ RH data collection, consolidation, analysis and dissemination is effectively implemented and documented</li> <li>▪ MISP interventions effectively implemented to provide RH /maternal newborn health care services including 24/7 basic EmONC services</li> <li>▪ Conditions of personal and menstrual hygiene among women of child bearing age improved in affected area</li> <li>▪ Prevalence of complications due to poor personal and menstrual hygiene leading to reproductive tract infections decreased.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 3 mobile service units (MSUs) immediately deployed (medical equipment and supplies for 24/7 basic emergency obstetric care services), plus staff.</li> <li>▪ 32,256 patients managed, including 139 deliveries, 1,353 antenatal and 515 postnatal consultations, 35 post abortion care, 1,940 cases of STIs, 131 family planning, 12,132 cases of ARI, 2,515 cases of gastroenteritis, 600 referrals and 9,844 cases for minor general outpatient services)</li> <li>▪ Support to referral level health care facilities</li> <li>▪ Referral reproductive health facilities in affected areas supported through renovation of facilities, establishment of labour rooms, provision of equipment and supplies</li> <li>▪ 450 clean delivery kits and a total of 25 reproductive health kits provided to</li> </ul>

							<p>service delivery points (MSUs and static health facilities).</p> <ul style="list-style-type: none"> <li>10,000 hygiene kits distributed to provide psychosocial support and improve menstrual hygiene status of affected women of reproductive age</li> <li>150 Women health workers and community members trained in provision of psychosocial support to affected women.</li> </ul>
Health	<b>08-WHO-070 “ Emergency health interventions for Earthquake affected Districts of Balochistan”</b>	299,986	64,000 individuals in four districts	<ul style="list-style-type: none"> <li><b>Merlin (\$53,945)</b></li> <li><b>BRSP (\$38,478)</b></li> <li><b>IMC (\$41,118)</b></li> </ul>	<ul style="list-style-type: none"> <li>No. of patients treated by health services in medical camps and fixed facilities</li> <li>percent of health facilities in the affected areas reporting to DEWS</li> <li>percent of children receiving polio, Vitamin A and measles vaccines</li> <li>percent of fixed and mobile camps receiving support through CERF</li> <li>Number. of alerts detected and investigated</li> </ul>	<ul style="list-style-type: none"> <li>Delivery of an essential package of emergency health services including treatment of common illnesses, emergency obstetric services, antenatal care and post natal care, psychosocial support and EPI, to the people living in the affected areas</li> <li>Timely investigation and response to all outbreak alerts and aversion of potential outbreaks among target population</li> <li>Availability of essential medicines to support all life saving interventions</li> <li>Reduced morbidity and mortality among affected population especially due to water borne diseases</li> <li>Strengthened district health department to plan and implement timely interventions to address all life threatening emergency health conditions.</li> </ul>	<ul style="list-style-type: none"> <li>69,170 consultations in medical camps and fixed facilities</li> <li>70 percent of health facilities in the affected areas reporting to the Disease Early Warning System</li> <li>30,429 children vaccinated in district Ziarat and Pishin</li> <li>3 static and 2 mobile camps at Ziarat, 1 mobile team (17 camps conducted) at Hernai and 1 mobile Team (60 camps conducted) at Pishin received support through CERF</li> <li>11 alerts of acute diarrhoea, bloody diarrhoea, and suspected measles were received from Pishin and responded to within 24 hours.</li> </ul>
Health – Nutrition	<b>08-CEF-014-A “ Nutritional Interventions in Flood Affected</b>	820,000	32,000 malnourished children under five, pregnant	<ul style="list-style-type: none"> <li><b>Merlin (\$ 26,000)</b></li> </ul>	No base line data available. According to National Nutrition Survey 2001-2002,	<ul style="list-style-type: none"> <li>About 2,000 severely malnourished children (1,500 in Dadu and</li> </ul>	<ul style="list-style-type: none"> <li>4,027 severely malnourished children (3,181 in Dadu and Kamber</li> </ul>

	<p><b>Areas of Balochistan and Sindh”</b></p>		<p><i>and lactating women</i></p>	<ul style="list-style-type: none"> <li>▪ <b>BRSP ( 167,435)</b></li> <li>▪ <b>Action Aid (\$ 26,000)</b></li> <li>▪ <b>HOPE (\$31,055)</b></li> <li>▪ <b>ACF (\$31,486)</b></li> <li>▪ <b>Provincial Department of Health (\$ 30,000)</b></li> </ul> <p><b>Procurement of nutrition supplies(RUTF,F-75,F-100,Resomal,FBF, Medicine, micronutrient supplements, de-worming, anthropometric equipment and therapeutic kits:( \$ 400,000)</b></p>	<p>wasting is recorded as 13 percent in children under five years.</p>	<p>Kamber, Sindh; and 500 in Jhal Magsi, Kharan, Khuzdar, Noshki and Washuk in Balochistan province) to be treated.</p> <ul style="list-style-type: none"> <li>▪ Approximately 30,000 moderately malnourished children and women (24,000 in Dadu and Kamber, 6,000 in Balochistan) to receive supplementary food (fortified food)</li> <li>▪ 80 percent of the targeted beneficiaries to receive key messages on promotion of exclusive breastfeeding up to six months from birth and appropriate complementary food after 6 months.</li> <li>▪ 80 percent children and women will receive micronutrient tablets and de-worming</li> <li>▪ Nutrition surveillance system set up in 7 districts, link with the Health Cluster’s Disease Early Warning system (DEWS).</li> </ul>	<p>in Sindh and 846 in Balochistan) treated. About 80 percent were treated with the Ready to Use Therapeutic Food (RUTF) and essential medicines at the Out Patient Therapeutic Programmes (OTPs) which were operated at the community level. The remaining 20 percent of the total severely malnourished children were hospitalized at Therapeutic Feeding Centres (TFCs) and treated. These children were referred to nearest OTPs for further treatment after being discharged.</p> <ul style="list-style-type: none"> <li>▪ 51,679 moderately malnourished children, pregnant and lactating mothers (40,285 in Dudua and Kamber in Sindh and 11,394 in Balochistan) were provided with fortified blended food (supplementary food).</li> <li>▪ 80 percent of target beneficiaries reached with key messages with focus on early initiation of breastfeeding, exclusive breastfeeding for first six months, timely introduction of complimentary feeding, and hygiene/sanitation. Messages shared during screening, follow-up visits and at OTPs/Supplementary Feeding Programme (SFP) centres</li> <li>▪ All children registered for supplementary feeding received de-worming tablets and Vitamin A; all women registered for supplementary feeding received multi-micronutrients.</li> </ul>
--	---	--	-----------------------------------	--	--	--	--

<p><b>Health – Nutrition</b></p>	<p><b>08-CEF-046</b>  <b>“ Nutritional interventions in selected food deficit and low per capita income districts, selected hospitals with therapeutic care facilities for treatment and care for severely malnourished children”</b></p>	<p>500,000</p>	<p>24,000 malnourished children, pregnant and lactating women</p>	<ul style="list-style-type: none"> <li>▪ <b>Rahbar (\$ 75,000)</b></li> </ul> <p><b>Nutrition supplies (RUTF,F-75,F-100,Resomal,FBF, Medicine, micronutrient supplements, deworming, anthropometric equipment and therapeutic kits ): (\$ 340,000)</b></p>	<p>No baseline data available. According to National Nutrition Survey 2001-2002, wasting is recorded as 13 percent in children under five years.</p> <p>MICS in FATA also shows about 13 percent wasting prevalence rate.</p>	<ul style="list-style-type: none"> <li>▪ About 500 severely malnourished children identified and treated with therapeutic food and essential medicines</li> <li>▪ About 23,500 moderately malnourished children (16,500) and pregnant and lactating women (7000) (50 percent of total estimated malnourished children and women) will receive the fortified food in two districts (fortified food to be received from WFP)</li> <li>▪ 80 percent of the targeted beneficiaries will receive key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after 6 months, and hygienic practices</li> <li>▪ All targeted children and women will receive micronutrients and de-worming tablets</li> <li>▪ Nutrition surveillance system will be set up in the targeted districts, and linked with Disease Early Warning system (in collaboration with Health Cluster).</li> </ul>	<ul style="list-style-type: none"> <li>▪ 413 severely malnourished children treated with RUTF and essential medicines.</li> <li>▪ 3,054 moderately malnourished children, pregnant and lactating mothers registered for the SFCs and provided with the fortified blended food (supplementary food)</li> <li>▪ (Number of malnourished children treated during the reporting period less than expected, due to: i) security situation, iii) geographical distance, and iii) cold climate - due to severe cold during winter, people were temporarily migrated to the lower areas</li> <li>▪ A total of 115 staff members, including facility health care providers and community workers trained on Community Based Management of Acute Malnutrition (CMAM)</li> <li>▪ About 1,000 mothers reached with key messages</li> <li>▪ Data on children and women that received micronutrients and de-worming not yet received</li> <li>▪ Nutrition surveillance linked to DEWS established.</li> </ul>
<p><b>Health – Nutrition</b></p>	<p><b>08-CEF-062-B</b>  <b>“ Key nutrition interventions - treatment and care for acute malnourished children, and malnourished pregnant and lactating</b></p>	<p>250,000</p>	<p>13,400 malnourished children, Pregnant and lactating women</p>	<ul style="list-style-type: none"> <li>▪ <b>Merlin</b></li> <li>▪ <b>Islamic Relief</b></li> <li>▪ <b>Jeanette International</b></li> <li>▪ <b>Relief International</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ According to National Nutrition Survey 2001-2002, wasting is recorded as 13 percent in children under five years.</li> <li>▪ MICS in Fata also shows the same</li> </ul>	<ul style="list-style-type: none"> <li>▪ About 1,600 severely malnourished children will be identified and treated with therapeutic food and essential medicines</li> <li>▪ About 11,800 moderately malnourished children (8,400) and pregnant and</li> </ul>	<ul style="list-style-type: none"> <li>▪ In six IDPs camps, 97 severely malnourished children were treated with RUTF and essential medicines. Intervention is ongoing and data still yet to be received</li> <li>▪ In the same camps, 2,194</li> </ul>



	<b>women in IDP camps in NWFP”</b>			<ul style="list-style-type: none"> <li>▪ <b>CDO</b></li> <li>▪ <b>CERD</b></li> <li>▪ <b>Department of Health</b></li> </ul> <p><b>Funding allocated in kind: Nutrition supplies including FBF,RUTF, Medicine, micro-nutrient supplements, anthropometric equipment, therapeutic milk and OXFAM kits: (\$ 218,000)</b></p>	result.	<p>lactating women (3,400) malnourished will receive the fortified food (in coordination with WFP)</p> <ul style="list-style-type: none"> <li>▪ 80 percent of pregnant and lactating women will receive key messages on the importance of early initiation of breastfeeding, exclusive breastfeeding up to six months from birth, appropriate complementary food after 6 months, and hygienic practices</li> <li>▪ All targeted children and women will receive micronutrients and de-worming tablets</li> <li>▪ Nutrition surveillance system will be set up in the targeted districts, and linked with DEWS, in collaboration with WHO.</li> </ul>	<p>moderately malnourished children and 723 pregnant and lactating mothers were registered for the SFCs and provided with the fortified blended food. Intervention is ongoing and latest data has yet to be received.</p> <ul style="list-style-type: none"> <li>▪ A total of 48 staff members, including facility health care providers and community workers, trained on the Community Based Management of Acute Malnutrition (CMAM)</li> <li>▪ 400 mothers reached with key messages.</li> <li>▪ De-worming tablets and micronutrients distributed to targeted children and women, (exact figures yet to be received).</li> <li>▪ A nutrition surveillance system linked with DEWS is under discussion. Data on nutritional surveillance is now being shared with WHO for inclusion in DEWS</li> </ul>
<b>Health – Nutrition</b>	<b>08-CEF-090-B “Nutrition interventions in earthquake affected areas in Balochistan”</b>	100,034	15, 809 malnourished children and women	<ul style="list-style-type: none"> <li>▪ <b>Merlin</b></li> <li>▪ <b>Balochistan Rural Support Programme</b></li> <li>▪ <b>Ujala</b></li> <li>▪ <b>The Executive District Officer offices -Health / Department of Health</b></li> <li>▪ <b>Nutrition supplies in kind: RUTF,F-75,F-100,Resomal,FB F,Medicine, micronutrient supplements,</b></li> </ul>	<p>No baseline data available. According to National Nutrition Survey 2001-2002, wasting is recorded as 13 percent in children under five years.</p> <p>MICS in FATA also shows about 13 percent wasting prevalence rate.</p> <p><b>(Note: these baseline not applicable to assess the impact of the interventions)</b></p>	<ul style="list-style-type: none"> <li>▪ LHWs and community workers trained on screening / active case finding and referral; health care providers trained on management of severely acute malnourished children.</li> <li>▪ Acutely malnourished children and pregnant and lactating women screened and registered for appropriate programmes.</li> <li>▪ Regular monitoring/supervision reports available.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 22 health care providers trained on screening, active case finding, and management of acute malnutrition</li> <li>▪ 95 severely malnourished children identified and treated with RUTF and essential medicines</li> <li>▪ 2,446 moderately malnourished children and pregnant and lactating women (1504 children, 942 women) registered and provided with fortified blended food, de-worming and micronutrient tablets.</li> <li>▪ Key messages shared with</li> </ul>

				<p><i>de-worming, anthropometric equipment and therapeutic kits: (\$ 93,000)</i></p>		<p>mothers during the screening. Key messages also included in psychosocial counselling programme provided by religious leader.</p> <ul style="list-style-type: none"> <li>▪ Regular monitoring and supervision visits made at field level. Data on the progress of activities received from implementing partners</li> <li>▪ CMAM interventions are ongoing in targeted areas, and some data is yet to be reported.</li> </ul>
<p><b>Logistics Support in Warehousing and Transportation</b></p>	<p><b>Assistance to Relief activities in Balochistan</b></p>	<p>140,000</p>	<p>120,000 earthquake affected WFP Field Monitors directly supervised some of the distributions while extensively conducted post distribution monitoring at the community and household level. The cooperating partner had issued beneficiary cards (tokens) and during monitoring, ration cards and food entitlements were verified</p>	<ul style="list-style-type: none"> <li>▪ <b>UNHABITAT</b></li> <li>▪ <b>FAO</b></li> <li>▪ <b>IOM</b></li> <li>▪ <b>WFP</b></li> <li>▪ <b>IFRC, Hilfwerk (an Austrian NGO)</b></li> <li>▪ <b>Qatar Charity (Qatar based NGO)</b></li> <li>▪ <b>JEN (Japanese Emergency National NGO),</b></li> <li>▪ <b>AI – Nehyan Trust (UAE – Trust),</b></li> <li>▪ <b>Bali and Zulfiqar Trust,</b></li> <li>▪ <b>Balochistan Rural Support Programme</b></li> <li>▪ <b>Chawan NGO</b></li> <li>▪ <b>National as well</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Establishment of warehousing facilities and utilization of established transport mechanism. Facilitation in cargo handling for transitional shelter and food and NFIs.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The food was transported and distributed for 120,000 people and out of critical essential shelters 6000 were transported and warehoused at much needed time. This support played a significant role in effective response and achievement of challenging tasks. Humanitarian cargo was delivered on time at the right locations to those in most urgent need, through the prompt establishment of a basic logistics network by exercising the principle of economy of scale. All cargo moving through the common transport system was tracked and the information was disseminated accordingly.</li> </ul>

			during post distribution monitoring. fees	as Provincial Disaster Management Authorities NDMA / PDMA			
Multi-Sector	08-HCR-006 Care and Maintenance of Afghan Refugees in Pakistan	1,100,000	940,567 Afghan Refugees	<ul style="list-style-type: none"> <li>▪ <b>Commissionerate for Afghan Refugees(\$320,980)</b></li> <li>▪ <b>FPHC (\$298,320)</b></li> <li>▪ <b>UAAR (\$96,360)</b></li> <li>▪ <b>Taraquee Foundation (\$101,090)</b></li> <li>▪ <b>IRC(\$218,790)</b></li> <li>▪ <b>SCF (\$64,460)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Continued provision of adequate water to refugees; possibility of water borne diseases minimized; rehabilitation of old water schemes and pumps.</li> <li>▪ Basic Health Units (BHUs) operational; Afghan refugees provided with adequate, timely, gender sensitive and accessible primary health care; BHU staff trained and available on a continuing basis</li> </ul>	<ul style="list-style-type: none"> <li>▪ Afghan refugees provided with adequate. Timely, gender sensitive and accessible primary health care; Basic Health Units (BHUs) were operational ; BHU staff trained and available on a continuing basis</li> <li>▪ Continued provision of adequate water to refugees; possibility of water borne diseases minimized; rehabilitation of old water schemes and pumps.</li> </ul>	<p><b>Water</b></p> <ul style="list-style-type: none"> <li>▪ 36 wells deepened</li> <li>▪ 60 hand pumps installed.</li> <li>▪ 12 self-help bore holes installed with hand pumps.</li> <li>▪ 44 tube wells repaired/maintained</li> <li>▪ Random and regular water testing ensured water quality. 1,228 samples were tested; contaminated sources were disinfected with chlorine</li> <li>▪ No outbreaks of water-borne disease reported</li> </ul> <p><b>Health</b></p> <ul style="list-style-type: none"> <li>▪ 52 Basic Health Units, 7 SHUs. 2 Mobile health units, 1 EMOC , 1 Family health centre, 4 labour rooms and 37 field laboratories remained operational, providing primary health care services to Afghan Refugees</li> <li>▪ All health units were adequately staffed with male/female medical officers and para-medical staff</li> <li>▪ An adequate supply of drugs and consumables was maintained, though supplies of some vaccines were low due to non-availability</li> <li>▪ In-kind support provided to the Government's district-level hospital in Peshawar</li> </ul>

							<p>(essential equipment for the intensive care unit), benefitting both Afghans (38 percent) and the local population</p> <ul style="list-style-type: none"> <li>▪ Coordination, through IRC, with the local Health Department in Dir district in the control and management of leishmaniasis, benefitting both Afghan refugees and the local population</li> <li>▪ HIV/AIDS awareness integrated into other health education; four Voluntary Control and Testing centres made available.</li> </ul>
<p><b>Protection / Human Rights / Rule of Law</b></p>	<p><b>08-CEF-062-C</b> <b>“ Protecting children from the consequences of armed conflict”</b></p>	<p>210,523</p>	<p>5,000 of the most vulnerable girls, boys and women</p>	<ul style="list-style-type: none"> <li>▪ Provincial Ministry of Social Welfare</li> <li>▪ Local NGO partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Initial Multi-Cluster Rapid Assessment (McRAM) findings indicated approximately 1,500 separated and unaccompanied children among the IDPs; 600 cases were verified in 5 camps in Lower Dir alone.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Separated / unaccompanied children identified and reunited with their families or placed in family-based care.</li> <li>▪ Child right violations prevented through establishment of monitoring reporting and response systems; interagency prevention and response plan put in place</li> <li>▪ 5,000 of the most vulnerable girls, boys and women provided with safe play spaces and psychosocial support</li> <li>▪ Local plan developed and implemented for prevention of and response to recruitment of children.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,052 separated children identified in IDP camps and regularly monitored ensuring their access to basic services and that they are well taken care by their extended family members</li> <li>▪ 9 missing children (2 girls &amp; 7 boys) identified and reunited with their families</li> <li>▪ 23 Child Friendly Spaces established and functional in 11 IDP camps; 4,130 children (1,994 girls &amp; 2,136 boys) regularly taking part in different indoor and outdoor activities</li> <li>▪ 1,043 children (533 girls &amp; 510 boys) and 485 women provided with psychosocial support through individual and group counselling by female psychologists</li> <li>▪ Winter kits distributed among 17,113 children in all IDP camps</li> <li>▪ Winter kits distributed</li> </ul>

							<p>among 3,000 children living with host families in Kohat district</p> <ul style="list-style-type: none"> <li>▪ Clothes distributed among 3,782 children and shawls among 2,000 girl children in Swat district</li> <li>▪ 2,721 vulnerable families (5,811 children [2,918 girls and 2,893 boys]) assisted to have access to relief services in all IDP camps</li> <li>▪ 23 Child Protection committees been formed in IDP camps to provide support in identifying Child Protection issues and finding solution at the local level</li> </ul>
<p><b>Protection / Human Rights / Rule of Law</b></p>	<p><b>08-FPA-046 “ Protection Interventions in Earthquake Affected Areas of Balochistan”</b></p>	<p>26,750</p>	<p>21000 community members with special focus on 4,600 women of reproductive age</p>	<ul style="list-style-type: none"> <li>▪ <b>DANESH (\$26,750)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Total affected population 62,000 (McRAM)</li> <li>▪ Gender discrimination in access to health and social services; unequal access to and control over resources; weak support and referral mechanisms for reporting protection and gender-based violence issues</li> <li>▪ Mobility restrictions, in particular for women</li> <li>▪ Psychosocial trauma caused by earthquake and aftershocks</li> <li>▪ Lack of awareness of essential hygiene practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Communication and coordination processes amongst CSOs Government Line Departments and the communities were established to identify, register and share vital information on pre-existing, consequential and emerging vulnerabilities faced by women in particular. Women’s specific protection and psychosocial needs indentified, documented and shared for remedial action.</li> <li>▪ 2 women mutual support groups formed and fully functional, and actively participating in project interventions.</li> <li>▪ The capacities of 12 community mutual support groups built on gender, protection and psychosocial support</li> </ul>	<p><b>The project activities are still ongoing. The pace of implementation continues to be affected by worsening security situation in Balochistan, and communities’ migration due to severe weather conditions. The intervention however, at the dialogue, advocacy and training level continues. With the change in the weather, - end of extreme cold conditions - the communities are currently settling down, providing wider opportunity for scaling up of community based interventions.</b></p> <ol style="list-style-type: none"> <li>i. Advocacy meetings with key person and stakeholders of targeted villages.</li> <li>ii. Community mobilization continues and will be continue through out the project period.</li> <li>iii. Formation of 12 Mutual Support Groups in the</li> </ol>

						<ul style="list-style-type: none"> <li>▪ Women adolescents &amp; youth have access to information and facilities regarding reproductive health</li> <li>▪ Approximately 4,600 women have access to information and facilities regarding reproductive health</li> <li>▪ Key persons of Ziarat and adjoining villages capacities built on gender and protection.</li> <li>▪ Government, CSO partners trained and networked in order to strengthen referral, reporting and support mechanism to deal with issues of gender-based violence and conditions of personal and menstrual hygiene</li> </ul>	<ul style="list-style-type: none"> <li>targeted Village.</li> <li>iv. Training Workshop for the capacity building of NGOs staff members and line departments on Gender &amp; protection and Psychosocial support at provincial level.</li> <li>v. Training Workshop for the capacity building of Key persons of targeted villages on gender &amp; protection &amp; reproductive health issues at community level.</li> <li>vi. 12 Training sessions on RH education for women, Adolescents &amp; youth.</li> <li>vii. 12 Training sessions on Hygiene education of women, Adolescents &amp; youth &amp; distribution of Hygiene Kits.</li> <li>viii. Training sessions on Gender and Protection of women, Adolescents &amp; youth.</li> <li>ix. Sessions on psychosocial support of women, Adolescents &amp; youth.</li> <li>x. Close links with the Union Councils Administration and other organizations working in Earthquake affected area.</li> </ul>
Protection / Human Rights / Rule of Law	08-CEF-090-D “ Protection Interventions in Earthquake Affected Areas of Balochistan”	74,900	30,000 vulnerable girls, boys, women and their families in 11 Union Councils of 3 earthquake	<ul style="list-style-type: none"> <li>▪ NADRA (National Registration and Database Authority)</li> </ul>	<ul style="list-style-type: none"> <li>▪ No childbirth registration in Ziarat before the emergency. 2,262 had been registered in Pishin.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Approximately 25,000 children Birth will be registered and 5,000 caregivers will be provided with Computerised National Identity Cards (CNICs).</li> </ul>	<ul style="list-style-type: none"> <li>▪ 19,761 (10,852 boys and 8,909 girls) children birth have been registered through the mobile teams going door to door mobilizing parents and facilitating them in filling the</li> </ul>

			3,500 children provided protective services through Child Friendly Spaces	<ul style="list-style-type: none"> <li>▪ <b>Society for Empowering Human Resources (SEHR)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 1380 extremely vulnerable children and 444 extremely vulnerable women</li> </ul>	<ul style="list-style-type: none"> <li>▪ To ensure that women and children's protection needs, including psychosocial needs, prevention from violence, abuse, exploitation and self-harm, are addressed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The modus operandi of this activity was changed; instead of the 7 Child Friendly Spaces 22 child friendly play areas are in the process of establishment which will be benefiting 3,000 children including the extremely vulnerable children and women</li> <li>▪ Warm clothing for 2000 children is in the process of procurement.</li> </ul>
Shelter and non- food items	<b>08-HAB-001</b> <b>" Emergency Shelter Kit Procurement and Distribution"</b>	36,380	2,400 families		<ul style="list-style-type: none"> <li>▪ Total caseload of 28,972 families; 7 percent of the most vulnerable targeted.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2,300 families receive shelter assistance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Shelter kits designed</li> <li>▪ 2,400 families received material for building temporary shelters</li> <li>▪ Orientation on shelter provided to beneficiaries</li> <li>▪ Quality control of material delivered ensured.</li> </ul>
Shelter and non-food items	<b>08-IOM-009</b> <b>" Emergency Shelter Kit Procurement and Distribution"</b>	517,496	2300 of the most vulnerable flood-affected families	<ul style="list-style-type: none"> <li>▪ <b>CARE (\$103,046)</b></li> <li>▪ <b>Muslim Aid (PKR 8,850,000 / \$110,000 approximately)</b></li> <li>▪ <b>JADE (\$ 214,880)</b></li> </ul>		<ul style="list-style-type: none"> <li>▪ Provision of shelter to 2300 of the most vulnerable families in Kamber-Shadadkot District, Sindh</li> <li>▪ Provision of cash grants to 50 female headed household</li> </ul>	<ul style="list-style-type: none"> <li>▪ Provision of shelter materials to 2400 families in 321 villages in 8 Union Council in Sindh. 100 beneficiary families, more than the intended target</li> <li>▪ 50 vulnerable female headed households have received cash grants to support shelter construction</li> <li>▪ Trainings and technical support provided to beneficiaries in shelter construction</li> </ul>

<p>Shelter and non- food items</p>	<p><b>08-HCR-033 “ Humanitarian assistance to displaced communities from FATA and Swat Areas in Pakistan”</b></p>	<p>2,087,193</p>	<p>50,000 individuals</p>	<p>▪ <b>UNHCR (\$2,087,193)</b></p>	<p>▪ Total 750,000 identified vulnerable displaced individuals</p>	<p><b>Transportation:</b></p> <ul style="list-style-type: none"> <li>▪ Warehouses to be managed in accordance with needs</li> <li>▪ NFIs trucked to distribution points</li> <li>▪ Transportation arrangements in place for relocating families to new camps</li> </ul> <p><b>Domestic needs / shelter:</b></p> <ul style="list-style-type: none"> <li>▪ Regular and winterized non-food items procured</li> <li>▪ NFI packages distributed among IDPs in host families</li> </ul>	<p><b>Transportation</b></p> <ul style="list-style-type: none"> <li>▪ One warehouse at Azakhel acted as the central warehouse for Pakistan for all NFIs procured/received</li> <li>▪ One former CAR warehouse at Katcha Garhi acted as the camp-level distribution point for NFIs that were received</li> <li>▪ Standing arrangements and service contracts were issued for transportation of NFIs from central warehouse at Azakehl to camp level distribution point and DCO's in different district to help IDP's at the start of the operation</li> <li>▪ Service contracts issued for transportation/relocation of IDP families and their belongings to various destination. A total of 437 families (2,592 individuals) were relocated from the spontaneous site of Sheik Yasin to Jallozai IDP Camp</li> </ul> <p><b>Domestic needs / shelter</b></p> <ul style="list-style-type: none"> <li>▪ Procurement of 4,500 Tents, 75,000 Blankets, 75,000 Sleeping Mats, 15,000 Kitchen Sets, 25,000 Jerry Cans, 25,000 Plastic tarpaulins were procured</li> <li>▪ Newly arrived IDPs received NFIs packages according to the following standard: <ul style="list-style-type: none"> <li>3 blankets/family</li> <li>2 Sleeping Mats/family</li> <li>1 Kitchen set/family</li> <li>2 Jerry Cans/family</li> <li>1 Plastic Sheet/family</li> </ul> </li> <li>▪ As part of the winterization packages, the following</li> </ul>
------------------------------------	---	------------------	---------------------------	-------------------------------------	--	--	--



							standards were maintained: Blankets: 3/person Mats: 4/family Plastic sheets: 4/family Mately Each family provided 10 m x 20-meter plots or 120 sqm. In addition, bigger families are provided with additional plots and tents whenever necessary. Tents are pitched with enough space for a fire break between neighbouring tents of 6 meter space
Shelter and non- food items	<b>08-HAB-004 “ Shelter Provision for Baluchistan Earthquake”</b>	886,923	10,347 people (5,380 female 4,967 male)	<ul style="list-style-type: none"> <li>▪ <b>Taraquee foundation (\$42,046)</b></li> <li>▪ <b>Islamic Relief (\$75,209)</b></li> <li>▪ <b>Naweer Saher (\$2,658)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Total of 14,600 shelters needed</li> </ul>	<ul style="list-style-type: none"> <li>▪ 800 family shelters constructed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 1,000 family shelters constructed benefiting 1,893 families in 21 villages in Ziarat District</li> <li>▪ 300 latrines constructed in 7 villages in Ziarat District</li> <li>▪ 35 shelters used as health facilities constructed in Ziarat and Harnai Districts</li> <li>▪ 200 local carpenters trained in shelter construction, improving their skills with long term benefit on income generation</li> <li>▪ 21 communities learned how to build an earthquake resistant shelter, improving their response capacity</li> <li>▪ UN-HABITAT Influenced ESC members on shelter technical standards</li> <li>▪ Multiplier effects and replication from other agencies of the proposed shelter model</li> <li>▪ Coordination and capacity to respond to shelter need from Health Cluster</li> <li>▪ Fast response capability of</li> </ul>

							<p>UN-HABITAT mobilised additional resources, DFID funded additional 441 winter shelters</p> <ul style="list-style-type: none"> <li>▪ Survey showed that shelter and watsan response should take in consideration local settlement patterns, based on local culture and traditions</li> <li>▪ From 27 January 2009, UN-HABITAT took over coordination of the Shelter Cluster</li> <li>▪ UN-HABITAT completed gap analysis that showed outstanding shelter need in Pishin District and actively advocated for further assistance for the District</li> <li>▪ Being the shelter cluster lead, UN-HABITAT verified information received from local authorities and directly assessed villages that did not receive assistance. The list of people in need was conveyed to the RC office that then provided the information to the provincial government</li> <li>▪ UN-HABITAT provided timely information to NDMA and PDMA on gap analysis and conveyed the information directly gathered on shelter need with the list of people</li> </ul>
				<ul style="list-style-type: none"> <li>▪ <b>Mercy Corps International (MCI) (\$134,704)</b></li> <li>▪ <b>Islamic Relief Pakistan (IRP) (\$106,018)</b></li> </ul>			<p><b>1. Safe Drinking Water (172,000 beneficiaries)</b></p> <ul style="list-style-type: none"> <li>▪ Provision of water supply to 25 basic health units (BHUs) and one rural health centre (RHC) in Balochistan and Sindh. Rehabilitation of 8 deep</li> </ul>

<p><b>Water, Sanitation and Hygiene</b></p>	<p><b>08-CEF-014-B “ WASH Interventions in Flood Affected Areas of Sindh and Balochistan”</b></p>	<p>700,000</p>	<p>220,138 people (including an estimated 112,300 women and girls and 39,000 children under five)</p>	<ul style="list-style-type: none"> <li>▪ <b>Drugs And Narcotics Educational Society for Humanity (DANESH) (\$24,494)</b></li> <li>▪ <b>Balochistan Rural Support Programme (BRSP) (\$112,313)</b></li> <li>▪ <b>American Refugee Committee (ARC) (\$141,572)</b></li> <li>▪ <b>Indus Resource Centre (IRC), Local Government Department (\$135,119)</b></li> <li>▪ <b>UNICEF (\$46,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Assessments indicated that the prevalence of water and sanitation related diseases was high, that water supply was available in less than 50 percent of health facilities and that more than two-thirds of these facilities were without any functional latrine. Six months after the floods, significant number of drinking water sources remained dysfunctional.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water supplied to approximately 20 health facilities</li> <li>▪ 120,000 people provided with access to safe drinking water</li> <li>▪ 35,000 people with access to adequate sanitation facilities</li> <li>▪ 90,000 will have been reached with appropriate hygiene messages</li> </ul>	<p>well community water supply schemes, Installation of 125 hand pumps on developed shallow wells, installation of 7 wind mills on developed wells, construction of up flow - slow sand filters have been completed, Balochistan</p> <ul style="list-style-type: none"> <li>▪ Capacity building of 110 Water Management Committees (Wicks) on operations and maintenance of the provided water facilities is complete, Sindh and Balochistan</li> <li>▪ Provision of water supply facilities in 5 schools, Sindh</li> <li>▪ Installed 60 hand pumps benefiting 19,125 individuals, Sindh</li> <li>▪ Trained 8 social mobilizers and 50 volunteers from the communities on hygiene education. In addition, imparted an orientation on community led total sanitation (CLTS) to 254 community members, Sindh</li> </ul> <p><b>2. Sanitation (35,000 beneficiaries)</b></p> <ul style="list-style-type: none"> <li>▪ Provision of sanitation facilities in 25BHUs and one RHC, Balochistan and Sindh</li> <li>▪ Construction of 2,180 latrines in affected communities, Balochistan and Sindh</li> <li>▪ Construction / rehabilitation of 101 latrines, in 45 schools; benefiting directly 5,500 students, Sindh</li> </ul>
---	---	----------------	---	--	--	--	--

							<ul style="list-style-type: none"> <li>▪ Rehabilitation work completed on sanitation facilities in 5 flood affected girl's primary schools which were used as IDP camps immediately following the 2007 floods in Balochistan</li> </ul> <p><b>3. Hygiene</b></p> <ul style="list-style-type: none"> <li>▪ Formation of hygiene committees in affected villages and two rounds of community sessions per village complete</li> <li>▪ Trained teachers from 50 government schools on school sanitation and hygiene education (SSHE), Balochistan and Sindh</li> <li>▪ Distributed 1,220 bars of bathing soap, 316 latrine accessories sets (including buckets and water jugs), 3,350 family hygiene kits and over 60,000 household water purification options benefiting flood affected population, Sindh</li> <li>▪ The distribution of 50,000 sets of hygiene education materials, 4,320 washing soaps and 700 hygiene kits has been completed, Balochistan</li> <li>▪ Health and hygiene training of 24 healthcare worker</li> </ul>
Water, Sanitation and Hygiene	<b>08-WHO-052</b> <b>" WASH Interventions for internally displaced and flood affected populations in the North Western Frontier Province (NWFP) and</b>	75,114	<i>50,000 beneficiaries, predominantly IDPs (32,500 women and girls, 10,500 children under five approx).</i>		<ul style="list-style-type: none"> <li>▪ Number of water authorities provided with water treatment chemicals</li> <li>▪ Number of water sources protected and chlorinated in collaboration with WASH partners,</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reduction in the incidence of water related diseases among 50,000 people in affected areas.</li> <li>▪ Better equipped drinking water service providers of affected districts for water quality monitoring and contamination prevention techniques</li> </ul>	<ul style="list-style-type: none"> <li>▪ Water quality monitoring in five districts of NWFP (planning, sample collection, provision of allowances to technical teams, provision of field analytical kits)</li> <li>▪ 600 water samples tested; 80 percent of found to be fit for human consumption, in</li> </ul>

	<b>Federally Administered Tribal Areas (FATA) of Pakistan”</b>				<ul style="list-style-type: none"> <li>▪ Number of water samples/sources tested for physio-chemical and bacteriological contaminants</li> <li>▪ Number of water technicians trained on water quality monitoring and treatment</li> <li>▪ percent reduction in waterborne diseases outbreaks;</li> </ul>	<ul style="list-style-type: none"> <li>▪ Improved capacity of provincial water authorities for provision of safe water, through exchange of best practices and provision of basic water treatment supplies and water quality testing kits.</li> </ul>	<p>other cases remedial actions were immediately taken by WASH partners.</p> <p><b>Water quality monitoring:</b></p> <ul style="list-style-type: none"> <li>▪ 18 kits for water testing provided to local water authorities for uninterrupted water quality monitoring in affected areas.</li> <li>▪ 2,000 “H2S” rapid water quality testing kits distributed, to allow uninterrupted monitoring of the presence/absence of fecal contamination</li> <li>▪ 7,000 DPD tablets, 40 digital chlorine and PH meters, for routine monitoring of checking chlorine levels</li> <li>▪ 2,000 microbiology testing kits provided</li> <li>▪ 20 field staff officials trained on use of kits and chlorination</li> <li>▪ 900kg Calcium Hypochlorite provided to water authorities for disinfection of drinking water supplies in affected districts</li> </ul>
<b>Water, Sanitation and Hygiene</b>	<b>08-CEF-062-A WASH Interventions for internally displaced and flood affected populations in the North Western Frontier Province (NWFP) and Federally Administered Tribal Areas (FATA) of</b>	821,913	60,000 beneficiaries (including 20,000 IDPs, 40,000 flood affectees and consisting of approximately 28,800 men and boys and 31,200 women and girls).	<ul style="list-style-type: none"> <li>▪ <b>Local Government &amp; Rural Development Department (LG&amp;RDD) (\$51,906)</b></li> <li>▪ <b>Society for Sustainable Development (SSD) (\$175,965)</b></li> <li>▪ <b>Human Resource</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ 200,000 people affected by floods. Immediately following these floods, the conflict situation in the area worsened, affecting, at the time of the CERF project, 100,000.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 50,000 beneficiaries, will have been provided with safe drinking water, will have had access to adequate sanitation facilities, and will have been reached with appropriate hygiene messages as required in established IDP camps and/or other areas of concern.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Safe (chlorinated) drinking water provided to 20,000 IDPs (for 60 days in 4 IDP camps) and 40,000 flood affected population (for 30 days) according to SPHERE guidelines (15 liters per person per day) through water tankering, restoration of 2 tube well and connection to 261 water storage tanks (400 gallon capacity) and 28 water bladder tanks of 5,000 litres capacity</li> </ul>

	<b>Pakistan</b>			<ul style="list-style-type: none"> <li>▪ <b>Development Society (HRDS) (\$94,592)</b></li> <li>▪ <b>Human Development Organization Doaba (HDOD) (\$23,340)</b></li> <li>▪ <b>Community Research &amp; Development Organization (CRDO) (\$19,227)</b></li> <li>▪ <b>Integrated Regional Support Program (IRSP) (\$4,837)</b></li> <li>▪ <b>Education Department, NWFP (\$90,461)</b></li> <li>▪ <b>UNICEF (\$307,832)</b></li> </ul>			<ul style="list-style-type: none"> <li>▪ 1,150 Nerox Filters, 8,600 jerry cans, 8,600 buckets, and 8,600 Hygiene Kits distributed to 8,575 families (benefitting 60,000 people)</li> <li>▪ 1,529 latrines installed (795 for women &amp; girls and 734 for men &amp; boys), 746 bathing places installed (388 for women &amp; girls and 358 for men and boys), 428 washing pads (with 6 taps each) installed reaching 30,580 people. In flood affected areas 60,000 people reached with an orientation on the community led total sanitation approach</li> <li>▪ Water and sanitation facilities restored in 72 schools of Dir Lower (in conjunction with Education cluster), which were damaged due to high influx of IDPs</li> <li>▪ 60,000 people reached with hygiene messages through inter personal communication (IPC) and IEC materials. Hygiene sessions were conducted by 48 male and female hygiene promoters focusing on use of latrine, maintenance of latrines, drinking safe water and avoiding wastage of water and hand washing with soap</li> </ul>
							<ul style="list-style-type: none"> <li>▪ With UNICEF assistance and WASH cluster partners, approximately 39,500 earthquake-affected people in Districts of Ziarat and Pishin have been reached with safe drinking water, through the following</li> </ul>

<p><b>Water, Sanitation and Hygiene</b></p>	<p><b>08-CEF-090-A WASH Interventions in Earthquake Affected Areas of Balochistan</b></p>	<p>200,001</p>	<p>35,000 people (including approximately 19,250 women and girls 5,250 and including 5,250 children under five in three districts)</p>	<ul style="list-style-type: none"> <li>▪ <b>Public Health Engineering Department (PHED) (\$86,000)</b></li> <li>▪ <b>Balochistan Rural Support Programme (BRSP) (\$60,000)</b></li> <li>▪ <b>Participatory Integrated Development Society (PIDS) (\$40,000)</b></li> <li>▪ <b>UNICEF (\$14,000)</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Over 50 major water supply schemes were affected in Ziarat and Pishin districts of Balochistan province. The affected population also suffered loss of sanitation facilities, where they existed. Before the emergency, the sanitation coverage in districts Ziarat and Pishin was only 7 percent and 23 percent respectively.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 35,000 people in target district will have access to safe drinking water.</li> </ul>	<p>interventions:</p> <ul style="list-style-type: none"> <li>▪ PHED (Public Health Engineering Department), with UNICEF support, is providing safe drinking water to 9,000 individuals in Ziarat district through water Tankering</li> <li>▪ PHED has installed twenty (20) water bladders in Ziarat district, with a capacity of 1500 (1), 5,000 (14) and 10,000 litres (5), which are filled through water Tankers</li> <li>▪ PHED, with UNICEF support, has restored fourteen (14) partially damaged water supply schemes, Six (6) in district Ziarat, five (5) in district Pishin and three (3) in district Harnai providing drinking water to about 26,000 individuals</li> <li>▪ Through additional funding UNICEF also supported the installation of eleven (11) water filtration units, from the Clean Drinking Water for All (CDWA) project at the initial stage of emergency. These filter plants are now decreased to three (3) as the water supplies and other clean water arrangements have been made for these locations</li> <li>▪ UNICEF supported the rehabilitation of 15 community water supply schemes serving 4,500 people including the installation of 15 (fifteen) water bladders of 1,500 litres capacity each in UC Kawas and Kachh</li> </ul>
---	---	----------------	--	--	--	---	--

							<ul style="list-style-type: none"> <li>▪ 3,800 families are benefiting from the distribution of (9,730) jerry cans and (7,330) plastic buckets for safe household storage and handling of drinking water in Ziarat and Pishin districts.</li> <li>▪ UNICEF, with the support of NGO cluster partners (PIDS, BRSP and WESS), has reached 8,730 affected people with adequate sanitation facilities through the following interventions: <ul style="list-style-type: none"> <li>▪ Construction of 970 emergency latrines in Ziarat district</li> <li>▪ Construction of 400 emergency bathing facilities in Ziarat district</li> <li>▪ Construction of 70 emergency latrines in Temporary Learning Centre (TLCs)</li> </ul> </li> <li>▪ UNICEF, with the support of NGO cluster partners (PIDS, BRSP and WESS), has reached 35,000 people through dissemination of appropriate hygiene education messages on the risks associated with drinking contaminated water and unsafe hygiene practices, along with the distribution of 2,400 hygiene kits.</li> </ul>
--	--	--	--	--	--	--	---



## **Annex: Acronyms and Abbreviations**

<b>AMC:</b>	American Refugee Committee
<b>BRSP:</b>	Balochistan Rural Support Programme
<b>CERF:</b>	Central Emergency Relief Fund
<b>CMAM:</b>	Community Management of Acute Malnutrition
<b>DEWS:</b>	Disease Early Warning System
<b>DHQ:</b>	District Headquarter
<b>EDP:</b>	Extended distribution point
<b>EDO:</b>	Executive District Officer offices
<b>ERC:</b>	Emergency Relief Coordinator
<b>EPI:</b>	Expanded Programme for Immunization
<b>FATA:</b>	Federally Administered Tribal Areas
<b>IASC:</b>	Inter-Agency Standing Committee
<b>ICRC:</b>	International Committee of the Red Cross
<b>IFRC:</b>	International Federation of Red Cross and Red Crescent Societies
<b>IOM:</b>	International Organization for Migration
<b>FATA:</b>	Federally Administered Tribal Areas
<b>FAO:</b>	Food and Agriculture Organization of the United Nations
<b>HT:</b>	Humanitarian Country Team
<b>IDP:</b>	Internally Displaced Person
<b>IP:</b>	implementing partner
<b>JEN:</b>	Japanese Emergency National NGO
<b>LGRD;</b>	Local Government & Rural Development Department
<b>LHW:</b>	lady health worker
<b>LSS:</b>	logistics support system
<b>McRAM:</b>	Multi-Cluster Rapid Assessment Mechanism
<b>MEHK:</b>	Mini Emergency Health Kits
<b>MHC:</b>	Mobile Health Centre
<b>MSU:</b>	Mobile Service Unit
<b>NDMA:</b>	National Disaster Management Authority
<b>NEHK:</b>	New Emergency Health Kits
<b>NFI:</b>	non-food items
<b>NGO:</b>	non-governmental organizations
<b>NWFP:</b>	North West Frontier Province
<b>PTSMC:</b>	Parent Teachers School Management Committees
<b>PCRWR:</b>	Pakistan Council of Research in Water Resources
<b>PDMA:</b>	Provincial Disaster Management Authority
<b>PHED:</b>	Public Health Engineering Department
<b>PHC:</b>	primary healthcare clinics
<b>PPHI:</b>	President's Primary Healthcare Initiative

<b>PSU:</b>	Project Support Unit
<b>RC/HC:</b>	Resident/Humanitarian Coordinator
<b>RUTF:</b>	Therapeutic food
<b>SC:</b>	Satellite Clinic
<b>SCSPEB:</b>	Society for Community Support for Primary Education in Balochistan
<b>SEHER:</b>	Society for Empowering Human Resource
<b>SFP:</b>	Supplementary Feeding Programme
<b>TMA:</b>	Tehsil Municipal Authority
<b>TLC:</b>	Temporary Learning Centres
<b>UNESCO:</b>	United Nations Educational, Scientific and Cultural Organization
<b>UNFPA:</b>	United Nations Population Fund
<b>UNHCR:</b>	United Nations High Commissioner for Refugees
<b>UN-HABITAT:</b>	United Nations Human Settlements Programme
<b>UNICEF:</b>	United Nations Children's Fund
<b>WVEC:</b>	Women Village Education Committee
<b>WASH:</b>	Water, Sanitation and Hygiene
<b>WFP:</b>	World Food Programme
<b>WHO:</b>	World Health Organization