



**ANNUAL REPORT OF
ON THE USE OF CERF GRANTS IN EL SALVADOR 2011
FOR TROPICAL DEPRESSION 12E
(1 January 2010 – 31 December 2011)**

COUNTRY	EL SALVADOR
RESIDENT/HUMANITARIAN COORDINATOR	Roberto Valent

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response	(Revised Flash Appeal) 14,781,209	
	2. Breakdown of total response funding received by source	2.1 CERF	2,579,188
		2.2 Total amount received in Flash Appeal	3,509,405
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)	N/A
		2.3 OTHER (Bilateral/Multilateral)	23,619,592
		2.4 TOTAL	29,708,185
	3. Breakdown of funds received by window	<input type="checkbox"/> Underfunded	N/A
		1. <i>First Round</i>	2,579,188
		2. <i>Second Round</i>	0
		X Rapid Response	2,579,188
	4. Please provide the breakdown of CERF funds by type of partner (<i>These amounts should follow the instructions in Annex 2</i>)	4.1 Direct UN agencies/IOM implementation	2,207,681
		4.2 Funds forwarded to NGOs for implementation	371,507
		4.3 Funds forwarded to government partners	0
		4.4 TOTAL	2,579,188

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	593,500
Total number of individuals reached with CERF funding	Female	268,559
	Male	226,241
	Total individuals (Female and male)	497,200
	Of total, children <u>under</u> 5	47,024

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

All flood-affected regions along the coastline and the volcanic chain – the east and centre of the country (including areas of Ahuachapán, Sonsonate, La Libertad, Chalatenango, La Paz, Usulután, San Salvador, San Miguel, San Vicente y Cuscatlán)

IV. PROCESS AND CONSULTATION SUMMARY

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

Remarks:

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

V. ANALYSIS

1. The humanitarian context

The arrival of Tropical Depression 12E in El Salvador on 10 October 2011 brought unprecedented heavy rainfall, accumulating more rain than Hurricane Mitch in 1998, and exceeding rain levels registered in the last 50 years. Due to the storm's persistence, two low-pressure systems were generated, leading to torrential rains for more than ten days, causing severe flooding and landslides in 181 of the country's 262 municipalities. Government reports indicated that more than 500,000 people were directly affected. The human impact included 35 fatalities and 56,000 evacuees.

The consolidated report of damages and losses closed with 35 people dead, 59,854 people evacuated and 54,903 people placed in emergency shelters. A total of 669 collective centres were opened during the emergency in 9-of-14 areas of the country. 20,000 homes were estimated to have been flooded as well as 1,163 water wells were destroyed and another 9,082 damaged. According to an initial estimate obtained from a community-level assessment carried out following the disaster by WFP and NGO partners, 30 per cent of the affected population required emergency food assistance. Many requiring food assistance were subsistence level farmers who lost more than 50 per cent of their harvest or were extremely poor households that lost essential assets such as homes, or who no longer had access to their main income source. A total of 3,592 families required urgent interventions that provided safe temporary shelters or repair kits.

The health system facilities were seriously affected by Tropical Depression 12E, including 100 health units and 16 hospitals. Sonsonate, the regional hospital which has around 450,000 inhabitants and is the country's second-most important maternity, was isolated due to its main route being blocked. The hospital experienced limited operation and no surgeries and deliveries could be performed. Due to a combination of Tropical Depression 12E and the Rio Lempa overflowing, the Chronic Renal Failure Clinic (CRF) in Bajo-Lempa was flooded and all medicine, basic medical equipment, medical and office supplies were lost. The clinic previously covered 29 communities that had a some of the country's higher prevalence of Chronic Renal Failure. The total number of patients cover by the clinic is 500, where of 250 are in sever step. The wastewater systems of nine health units were compromised in San Miguel, Cabañas, San Vicente, Cuscatlán, Sonsonate and La Paz; approximately 100,000 people had been previously attended to by these health units.

The Government and humanitarian institutions prioritized establishing minimal sanitary conditions to avoid epidemics and diseases outbreaks related with the absence of water and sanitation. An emergency project was developed to provide minimal water and sanitation services as an alternative while the infrastructure was re-established. The length of time to re-build infrastructure was estimated to be as long as five years.

With regards to terms of education, protection, mental health and sexual-reproductive health protection, fundamental rights were not respected during the emergency's first phase. Children and women who lived in shelters were exposed to sexual abuse risks after the emergency as well as the loss of prenatal care, family planning and pap smear. They were also exposed to problems such as infections and general diseases.

According to the Economic Commission for Latin America and the Caribbean (ECLAC), the sum of direct and indirect damages caused by Tropical Depression 12E were estimated at over US\$ 840 million, equivalent to almost 4 per cent of the GDP. The sum of the direct and indirect damage caused by Tropical Depression 12E could reach up to 5 per cent of GDP, of which 43 per cent (about \$ 362 million) corresponded to direct damage and the remaining 54% (about \$478 million) to indirect damage, which will have an significant adverse effect on economic growth due to the reduction of economic activity, including production losses and higher service costs. Sectors most affected were agriculture, road infrastructure, housing and social infrastructure (health and education). The government estimated that US\$ 1.8 billion was needed to repair the country following Tropical Depression 12E's impact .

The Government of El Salvador conducted a quick and effective response to the evolving emergency and were complemented by national, municipal and community-based authorities, thus averting greater loss of life. the response, however, suffered from significant humanitarian gaps.

On October 14, the President of the Republic, Mauricio Funes, declared a national emergency through Decree No. 153; State of Public Calamity and Disaster through Decree No. 887 and also the National Assembly decreed State of Public Calamity and Disaster for Ahuachapán, La Paz and Usulután departments. On October 19, President Funes and the Permanent Mission of El Salvador to the United Nations (UN) Office in Geneva officially requested international humanitarian assistance.

This led to the Humanitarian Country Team (HCT) launching a Flash Appeal and applying for CERF funding in order to meet the most immediate needs of the population in the areas of Collective Centres and Shelter and Non-Food Items, Water, Sanitation and Hygiene (WASH), Food Assistance, Health, Protection, Education and Agriculture. The Humanitarian Country Team formed a committee in order to formulate and prioritize CERF projects in accordance with CERF guidelines.

Once CERF funding was approved and received at the UN country offices, participating organizations acted quickly to implement projects and were able to provide a comprehensive, sustainable response for the affected population's most immediate life-saving needs.

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

CERF funds were used based on national priorities and the sectoral approach. CERF support was focused in enhancing national efforts to maintain basic standards of humanitarian aid, saving and sustaining lives, protecting the rights of the most vulnerable and addressing humanitarian assistance gaps.

The UN Emergency Technical Team (UNETT) was an interagency technical group that provided sectoral information, developed joint-interagency assessments missions and met national technical sectorial commissions and humanitarian partners to coordinate a response plan, activities and funding proposal. The cluster/sectoral group was a coordinating mechanism promoted by the Humanitarian Country Team, helping ensure cross-cutting issues were fully incorporated into its strategic response planning. In addition, it managed information and coordinated the coherent implementation of CERF projects and other humanitarian activities.

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

3. What was accomplished with CERF funding

With regards to food assistance, CERF grants facilitated a prompt and coordinated response between WFP, NGO's and national and local authorities. This was achieved through the distribution of emergency food rations to food insecure families in shelters and also at the community level. This set of interventions was effective in helping reduce the significant deterioration of affected populations' food consumption habits and coping strategies.

Coordination mechanisms between these cooperating partners resulted in a situation in which WFP was able to assist approximately two-thirds of the 150,000 affected people that WFP estimated to be at risk of food insecurity. Governmental and local authorities ensured adequate coverage of the remaining one-third of this group.

One month after the emergency, the amounts of food assistance provided by governmental, local authorities and NGO's were expected to significantly reduce from January 2012 onwards. As a result, and in consideration of the fact that the next harvest will not occur until August 2012, it is likely that areas previously assisted by WFP will not receive the same support for the upcoming early recovery phase.

In collective centres and shelters and non-food items, CERF funds enabled IOM to support the Government with monitoring tools to manage the high numbers of people evacuated and housed (56,000) in the 669 collective centres that were opened. At least 700 families received psycho-social support and were also helped during the returns to their origin communities. Affected people were equipped with new household and bedroom items, while other families received assistance and material for small repairs to their damaged or partially destroyed homes. With CERF funds, IOM also improved families' living conditions, mostly woman and children, equipping emergency shelters with toilet blocks, kitchens, laundry areas and electricity.

UNICEF also purchased and distributed 950 partial homecoming kits for families who lost homes and/or assets due to the emergency and distributed 101 kits of the Collective Centres Administration Handbook and educational materials about co-existence and hygiene standards. The latter was achieved through the technical sectorial commission of Shelter, directed by the Home Office.

UNDP's interventions, primarily based on CERF support, facilitated a rapid response to 750 affected families, who would have otherwise lived in temporary shelters until having the opportunity to repair their homes. Every family received a kit containing supplies, tools and materials for repairing their houses upon their return from the emergency shelters. This provided affected populations returning to their houses with basic protection from future rains as well as privacy and dignity. The majority of the beneficiaries were man and women living on the coastline and who worked in numerous activities such as agriculture and fishing.

CERF funds were used in the sectors of Water, Hygiene and Sanitation (WASH) by PAHO/WHO and UNICEF to improve access to safe water in collective centres and affected communities, water purification, units for water storage and adequate sanitation facilities. UNICEF distributed 1,145 hygiene kits which provided underwear to 2,000 families, cleaning items, diapers, tableware, mosquito nets and fungal creams, among other things. UNICEF also channeled CERF funds through the Ministry of Health to minimize environmental risks and to reduce the presence of communicable disease outbreaks through distributing equipment and supplies for safe water to the Health Regions and working with community leaders, NGOs and private sector. PAHO simultaneously worked to rehabilitate three wastewater systems in Health Units, helping reduce the proliferation of infection to both health personnel and patients.

CERF-funded interventions have produced tangible results, including decreased risk of mortality and morbidity as a result of diseases related to the impact of rainfall on the water or sanitation systems. Similarly, the causes of diarrhea consultation does not exceed 20% of endemic corridor.

In the Health sector, PAHO and UNFPA developed CERF's projects in coordination with other UN agencies and community-based NGO's in order to improve the population coverage and to increase impact. PAHO helped to rehabilitate the regional hospital of Sonsonate, supporting the costs of installing, cleaning and repairing the laundry section and septic tanks. Other important interventions included the rehabilitation of the Chronic Renal Failure clinic in Bajo-Lempa (Nefro-Lempa), restoring the stock of medicines, basic medical equipment, medical and office supplies that were lost because of the floods.

CERF-supported UNFPA projects provided populations with sexual and reproductive healthcare and to continue with their prenatal, postnatal care, family planning and pap smear tests. In addition, they were able to complete infectious diseases' treatments and increased their knowledge of sexual and reproductive health, breast self-exam, and on birth spacing, among others. In the initial planning phase the procurement and preparation of hygiene kits was considered. Following the population's quick departure from camps, UNFPA requested these funds be reprogrammed and used to support the rehabilitation of various operating rooms and delivery rooms at the Jiquilisco hospital, which suffered extensive damage during the tropical storm.

CERF funds were fundamental in supporting the Protection cluster, which was activated under UNICEF 's leadership and included the Secretary of Social Inclusion. This space optimized support and benefitted the largest number of children and adolescents affected by Tropical Depression 12E. Funds enabled 2000 hygiene kits designed to help families with children under 5 years old to be acquired and distributed. Funds also supported the provision of psychosocial care kits, which were a part of the ISNA Emergency Psychosocial Care Programme, and assisted 3,373 girls, boys and adults of affected communities.

In the same sector, UNFPA developed interventions to preserve the dignity of women of reproductive age, as well as pregnant women and elder women, training personnel of ISDEMU and Ministry of Health (MINSAL) on gender-based violence (GBV) prevention. It also provided practical guidelines for humanitarian assistance (with psychosocial emphasis for sexual and gender-based violence prevention and care) and prepared 50 psycho-education to support psychosocial care work by ISDEMU and MINSAL. CERF funds also enabled the distribution of 2000 kits for the elderly, increased awareness of mental health issues, and highlighted the importance of gender-based violence prevention (with particular emphasis on age-appropriate focus as well as for the handicapped).

UNICEF developed CERF-funded projects in the Education sector, receiving support for the provision of educational and recreational backpacks for 150 schools, benefiting 75,000 people. Recreational kits were distributed to 5,000 children in 150 schools in affected areas. A total of 1,800 people (among teachers, students, family parents and community leaders) out of 23 school centers were trained on Minimum Standards for Education in Emergencies (INEE), gender approaches and psychosocial care. The Education cluster was the first activated in this emergency and has developed favorably through the Technical Education Board for risk management and emergency response.

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

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

YES NO

CERF funds arrived promptly to provide assistance to the affected population. In the case of Food Assistance, part of CERF funds were used to purchase commodities locally in the first few weeks of the emergency, preventing an early pipeline break in November 2011. Using CERF resources, WFP was able to fund its 2011 immediate response phase and is expected to assist up to 50,000 people during the early recovery phase, which began early 2012.

UNFPA reports that due to CERF funds it was able to provide services that would otherwise have been lost due to damages in the health system. This allowed for the geographically isolated communities with difficult access to receive timely sexual and reproductive health services and information, contributing to saving lives. Some of the people receiving care included a 40-year old woman who was on her ninth trimester of pregnancy (34 weeks) and who had lost her prenatal appointment at the health clinic due to the storm. Her husband opposed family planning but she knew of the risks and was ready to go to a maternity center before her labor pains began.

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

YES NO

CERF funding provided very timely support for the affected population. In particular, CERF funds helped to meet critical needs that otherwise would have remained uncovered, mainly in the areas of collective centres and shelters, non-food items, protection and education. In the case of some agencies that had very specific emergency interventions, CERF funds represented a large proportion of their overall humanitarian response. This was the case of UNFPA, which implemented projects in the areas of health and protection of vulnerable women (with a specific focus on gender based violence).

The rapid and unprecedented number of people evacuated and housed led to a Government request for monitoring and coordinating the emergency shelters and to provide immediate assistance to affected people who returned to their origin communities with precarious housing conditions, a lack of operational sanitation and food insecurity. IOM and UNDP received CERF funding for their emergency housing operations and household recovery., WFP, on the other hand, implemented a more widespread intervention, and received at least one-third part of its funding from CERF.

WFP El Salvador initially provided 63.2 metric tonnes of fortified biscuits to 50,555 people in isolated communities which were either unable or unwilling to evacuate to safer environments. From the 17th November to the 22nd December 2011 a one-month GFD family food ration was distributed to 93,185 people in 46 municipalities and 313 affected communities across the country (1,364 MT). Early recovery activities such as food for work and food for training are expected to be launched in February 2012.

CERF funds, through UNDP's project, were fundamental in the emergency aid provided to 750 families of fisherman and farmers in the costline, which were able to make minor repairs in their homes to enable a safe return to their communities. The project was also a source of employment for residents, as both promoters and responsible for storages were employed for it.

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

YES NO

Some humanitarian response activities undertaken immediately after the emergency were complemented, strengthened and sustained by CERF resources.

As an individual source of funding, CERF was the largest funder, representing 7.4 per cent of the overall international humanitarian funding received by El Salvador (US\$ 29,322,399) and around 37 per cent of all resources mobilized by the Flash Appeal (US\$ 5,702,807) at the end of 2011.

UN Agencies and IOM emergency funds were activated in the first week after the disaster and regular agency funds were diverted to help cover initial emergency actions (US\$1.5 million). The CERF mechanism provided agencies with strengthened confidence to respond immediately, given the possibility of being reimbursed by CERF for expenditures incurred during immediate emergency actions.

WFP received an internal advance totaling US\$ 1.2 million and mobilized US\$ 3.3 million from external donors. FAO also activated an emergency grant (US\$ 500,000) for financing the agriculture interventions, which were part of the Flash Appeal – not the CERF response plan. The International Fund for Agricultural Development (IFAD) worked with the United Nations Development Programme (UNDP) to finance emergency projects worth US\$ 800,000. UNDP also contributed US \$455,000 for the emergency response. UNFPA also mobilized an emergency fund (US\$ 86,315) which was implemented in a complementary manner with CERF funds while UN-AIDS provided US\$ 20,000 for similar projects.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

From the very beginning, the OCHA team (both regional and desk officers) provided the UN Resident Coordinator and Humanitarian Country Team (HCT) with excellent guidance on all humanitarian response-related issues, especially regarding funding opportunities available under the Humanitarian Reform.

The humanitarian operation led to the activation of the Cluster System in El Salvador for only the second time. The first time it was activated was in 2009 due to Tropical Storm Ida. The Cluster system helped to facilitate CERF and Flash Appeal proposals. An inter-cluster coordination mechanism helped to manage information and coordinate coherent implementation of CERF projects at local levels.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
The sum of efforts among participating agencies increased the impact of UN intervention with CERF funds.	Continue integrating efforts among the various agencies in the rehabilitation phase.	UN agencies
Sharing information of humanitarian response interventions and the development of activities among UN agencies will allow for a more effective coordination and support.	Exchange information on the development of activities and resources in order to coordinate joint-actions.	UN agencies
A consensus with key national partners needs to be defined in order to establish and disseminate official emergency response protocols and assessment tools associated with food assistance. This will further strengthen coordination and targeting mechanisms amongst partners in this sector.	Establishment of Food Security Cluster and Nutrition Cluster could provide the necessary platform to negotiate these protocols and common need assessment tools with key partners such as WFP, FAO, UNICEF, COTSAN, MINGOB, SIS, DGPC.	FAO/WFP
A mixture of institutional groups of mental health specialists (Minister of Health and ISDEMU) during psychologists' training helped to facilitate future work in the field and increased gender perspectives and awareness in mental health personnel to reduce further victimization of survivors.	Maintain inter-institutional coordination during regular (non-emergency) time to facilitate joint-work during an emergency.	MINSAL, ISDEMU
This was our first experience working with ISDEMU in an emergency and it was quite positive; they responded quickly. This was due to a good relationship built with them over the years and their awareness on the importance of these issues during an emergency.	Strengthen the institutional relationship with this partner and continue strengthening its capacities as national entity in charge of gender equity and equality in the country.	
The initial CERF funding proposal was considered from the platform of the Collective Centre Management (CCCM). However, before the emergency, they had been deactivated because more of them had been activated for preventive reasons. This forced IOM to make a second proposal more closely related to the shelter intervention than Collective Centre Management (CCCM)	When an emergency occurs and the Government has responded effectively, the prevention component likely played a significant role.	IOM
Although some NGOs have very good experience in emergency management, some lack a greater understanding of the CERF's overall objectives and also do not understand the cluster's scope of work.	It is necessary to consolidate and develop the Humanitarian Country Team through trainings: this would facilitate an understanding of the processes of CERF, Flash Appeal, Clusters mechanisms and others.	Technical Committee of Humanitarian Country Team

<p>The implementation of an interagency coordinating body (inter-cluster) aims to improve coordination within the UN system during the emergency.</p>	<p>Better defining the inter-cluster group's procedures and methodology would substantially improve the internal coordination of UN system.</p>	<p>Humanitarian Country Team and Resident Coordinator</p>
<p>Reticence of NGO to endorse CERF proposals caused stagnation in humanitarian assistance</p>	<p>To define between agencies and NGOs formal mechanisms of working (e.g. conventions, pre-contracts, letters of understanding) to improve inter-institutional relations and closer and understanding before an emergency occurs.</p>	<p>UN Agencies and NGO's</p>
<p>During this emergency the Education and Protection clusters were activated and involved the responsible government institutions, NGOs and UNICEF. This strategy was carried out under the Basic Commitments for Children in Humanitarian Action, which provided strong support for the protection of the rights of children and adolescents affected by Tropical Depression 12E.</p>	<p>To incorporate the National System of Civil Protection, the National Technical Commissions of Protection and Education, helping to formalize the links between both coordination structures.</p>	<p>National Direction of Civil Protection Government of El Salvador</p>

ANNEX I. INDIVIDUAL PROJECT RESULTS BY CLUSTER

WFP - FOOD ASSISTANCE						
CERF PROJECT NUMBER	11-WFP-068	Total Project Budget	\$ 3,688,600	BENEFICIARIES		Gender Equity
				Targeted	Reached	
PROJECT TITLE	Food Assistance to Populations Affected by Tropical Depression 12E and Ensuing rains	Total Funding Received for Project	\$ 2,598,040	Individuals	43,500	115,000
				Female	21,000	58,650
				Male	22,500	56,350
				Total individuals (Female and male)	43,500	115,000
				Of total, children under 5	7,500	11,040
STATUS OF CERF GRANT	On-going	Amount disbursed from CERF	\$ 719,896	TOTAL	43,500	115,000
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS
<p>This intervention aims to meet the immediate needs of food insecure populations affected by Tropical Depression 12E and the ensuing rains, in a timely manner to protect their livelihoods and avoid a deterioration of their nutritional status.</p> <p>This Operation's specific objectives include:</p> <p>Immediate response to the food needs of 40,000 food insecure people affected by this emergency.</p> <p>Protection of livelihoods and enhance self-reliance and early recovery in 50 communities.</p> <p>To prevent the deterioration of the nutrition and health status of 3,500 children between 6 and 59 months, pregnant women, and lactating mothers that remain in shelters.</p>		<p>OUTCOMES include those achieved through activities funded by other funding sources (ie donors to Flash appeal: Spain, IR Advance WFP, etc)</p> <ul style="list-style-type: none"> 63.2 metric tonnes of fortified biscuits to 50,555 people. 1,364 metric tonnes general food distributed family food rations was given to 93,185 people in 46 municipalities and 313 communities. The first distribution under the early recovery phase was completed in March. 49,700 people were assisted in 240 communities and 39 municipalities. <p>In view of the fact that there was initially no evidence of significant levels of acute malnutrition in El Salvador following Tropical Depression 12E, WFP decided not to implement in this country the Prevention of Acute Malnutrition activity during its emergency response. Instead WFP distributed 31.6 metric tonnes of fortified blended food, Super cereal, in municipalities with high rates of chronic malnutrition.</p> <p>RD4/RD6 – These outcomes are part of WFP's work using CERF Funds.</p> <p>RD3 - The overall operation defined in the Flash Appeal was to reach 118,078 beneficiaries; the CERF funds, when combined with the funds received in the Flash Appeal, presented the opportunity to assist 115,000.</p>				<p>The M&E process was implemented jointly with the government counterparts (Interior Minister, Social Inclusion Secretariat) and the NGO.</p> <p>A first activity developed was to monitor the distribution points to review the organization of the communities and counterparts, including the compliance with relevant standards in this type of operation.</p> <p>WFP organized a workshop on 11 April to identify the lessons learned in the emergency food assistance component during the Tropical Depression 12E , with the participation of national and local authorities, NGO partners, representatives from FAO and IOM, and the WFP team.</p> <p>In addition and as the first round of Food For Work and Food For Training distributions has come to a conclusion, a work coordination meeting was held with NGO partners and the government.</p> <p>Simultaneously, the WFP team has started the review of 235 community</p>

		<p>work plans, and has initiated the monitoring of Food For Work and Food For Training activities in various beneficiary communities at the national level.</p> <p>During this round of distributions a high-level field visit to a distribution site was organized , which included the participation of ambassadors and consuls of donor countries such as Italy, Canada and Germany, and representatives of cooperation agencies such as AECID and the EU.</p>
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WHO-HEALTH							
CERF PROJECT NUMBER	11-WHO-065 11-FPA-048	Total Project Budget	\$726,000 <u>\$226,769</u> \$952,769	BENEFICIARIES	Targeted	Reached	Gender Equity The gender equity approach has been considered in all interventions that have been completed. The ratio of male to female beneficiary population is 1:1. Main beneficiaries were women, including adolescents and youth, who were provided with sexual and reproductive education and health services.
PROJECT TITLE	- Re-Establishment of Health Services and Facilities and Reinforcement of Epidemiological Surveillance and Disease Control - Restore and Strengthen the Capacity of the Local Primary Health System to Provide Emergency Reproductive Health Services	Total Funding Received for Project	\$ 461,443 <u>\$113,976</u> \$ 575,419	Individuals	280,000	245,000	
				Female	148,400	129,500	
				Male	131,600	115,500	
				Total individuals (Female and male)	280,000	245,000	
				Of total, children under 5	20,800	20,800	
TOTAL	280,000	280,000					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$185,241 <u>\$113,976</u> \$222,415				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
PAHO Re-establishment of health facilities affected by Tropical Depression 12E.		PAHO <ul style="list-style-type: none"> PAHO/WHO used CERF funds to repair and re-establish the laundry system of the hospital of Sonsonate, which had been damaged by the heavy rains provoked by the Tropical Depression 12E, creating limitations to the provision of care of hospitalized patients, especially in the areas of deliveries, elective and emergency surgeries and other medical and surgical acts. The rehabilitation of the laundry room ensured the re-establishment of quality healthcare in key health services such as maternity and surgery. The septic tanks of ten health facilities were cleaned in the affected municipalities of La Paz and Usulután, which facilitated the re-establishment of healthcare services. As a result, health centres were able to provide continued health services to the affected population in safe sanitary conditions. The mortality rate among the patients with chronic renal failure was reduced by PAHO/WHO through the procurement and distribution of key medicines and health supplies, based on the list of essential medicines and specific medicines for patients with kidney disease. Provided items included acetaminofen, antibiotics, anti-hypertensives, eritropoyetines, and diuretics for approximately three months for about 8,000 persons (including 2,800 patients with kidney disease). Furnitures and computer equipment were also procured to replace items damaged during the flooding of the Family Health Community Unit of Nefrolempa (UCSFEN) and ensure continued delivery of care. Essential medicines and health supplies were purchased and distributed to the affected population, including shelters through the Ministry of Health. Distributed items included antibiotics, analgesics, and antihistamines to ensure care for three months. 				Field visits to health facilities in affected areas were carried out regularly, in cooperation with national health authorities (Ministry of Health) to ensure the proper implementation of interventions. Purchase and distribution of medicines and supplies have been documented for monitoring and tracking purposes. Attestations of reception of products were systematically signed by beneficiary institutions for records.	

<p>UNFPA Implementation of two mobile clinics to provide sexual and reproductive health care with services provided by two OBGYN.physicians and two health educators.</p>	<p>UNFPA</p> <ul style="list-style-type: none"> Two mobile clinics were deployed to affected areas to provide sexual and reproductive health (SRH) medical services in coordination with the Ministry of Health in various cantones in the municipalities of Caluco, San Julián, Sonsonate, Cuisnahuat and Metalío (Sonsonate province), and Jiquilisco and Puerto El Triunfo (Usulután province). Both clinics provided a total of 30 daily consultations in sexual and reproductive health for a grand total of 7,385; they included prenatal care, Pap smear tests, family planning, breast cancer detection, gender based violence and sexual violence detection and prevention; general morbidity care; sexual and reproductive health high risk or emergency references; in addition, clinics' personnel provided sexual and reproductive health and gender based violence prevention education. 2,637 persons benefitted with information and/or counseling on sexual and reproductive health and gender-based violence (93 per cent women: 17 per cent adolescents and youth). 	<p>Daily reports to monitor progress were prepared by each mobile clinic to reflect educational counselling and information as well as sexual and reproductive health service provision. In addition, a person was hired to ensure adequate use of clinic supplies and monitor implementation.</p>
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IOM- UNDP – UNICEF- SHELTER

CERF PROJECT NUMBER	11-IOM-042 11-UDP-015 11-CEF-060-B	Total Project Budget	\$1,700,000	BENEFICIARIES		Gender Equity
			\$370,000	Targeted	Reached	
PROJECT TITLE	Support for Collective Centre management, shelter and NFI - Immediate assistance to affected families to returning to their own houses and communities - Provide immediate attention to Children, Adolescents and Family affected by Tropical Depression 12E and living in collective centers	Total Funding Received for Project	<u>355,000</u>	Individuals	21,500	21,727
			\$2,425,000	Female	9,963	10,230
			\$303,950	Male	8,787	9,097
			\$285,786	Total individuals (Female and male)	18,750	19,327
			<u>\$263,086</u>	Of total, children under 5	2,750	2,400
			\$ 852,822	TOTAL	21,500	21,727
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$303,950 285,786 <u>263,086</u> \$ 852,822	<p>IOM: Within the CCCM objectives of the approach for the benefit of the family in particular, still makes a distinction particularly well with boys and girls.</p> <p>UNDP: The project beneficiaries taken as the unit of the family group, which includes children, women and men.</p> <p>UNICEF: For the selection of objects contained in the kits return home was considered a gender perspective, as well as the selection of families benefiting from the support, as most are conducted and / or made by women.</p>		

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
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<p>IOM Ensure better management of <i>albergues</i> (Collective Centres). This will be achieved through the presence of NGO partners who can identify needs and gaps, and can take remedial action. In five departments, eight <i>albergues</i> (Collective Centres) will be visited on a routine basis by partner NGOs and the IOM field team. Needs will be identified and where assistance is absent, appropriate clusters and partners will be contacted.</p> <p>Ensure access for all humanitarian aid (non-food items) and support return through the management and provision of temporary shelter to displaced families including those living with friends and relatives.</p> <p>Ensure rapid and integrated response, attached to cultural patterns and risk management through the participation of humanitarian partners. Improve basic living conditions through the provision</p>	<p>IOM Collective centers received humanitarian and minor repairs were made:</p> <ul style="list-style-type: none"> 350 families of seven collective centers received humanitarian assistance steadily for three months. The Collective Center, Valle Dorado of the Municipality of Sacacoyo, has been equipped (installation of three showers, laundry module, two kitchens, four plates and food storage warehouse). 39 families in collective centers received a return kit. 6 reports were made to monitor the humanitarian assistance in collective centers in coordination with NGOs during the installation of the Collective Centre Management cluster. Women and children in collective centers in San Marcos, Sacacoyo and Jayaque received psychological support in the first three months of the emergency. Staff coordinated the collective centers in the municipalities of Santa Tecla, Sacacoyo and Jayaque; NGO monitoring staff received training in management and coordination of camps provided by IOM. <p>In coordination with the Tzu Chi Buddhist Foundation, IOM and the Lutheran World Federation delivered 20 shelter kits and an equal number of teams returned to Golden Valley</p> <p>Coordinated humanitarian assistance with four partners and local governments:</p> <ul style="list-style-type: none"> Humanitarian assistance is coordinated with four humanitarian partners with presence in 5 departments Local governments in 16 municipalities participated and took the lead in the distribution of humanitarian aid. In coordination with local governments, NGOs and other humanitarian actors used a comprehensive approach to 	<p>Coordination meetings with NGOs, field monitoring with NGOs and local governments and technical supervision of works made in the collective centres.</p> <p>Interagency coordination, delivery official ceremony, which vowed to provide a shelter kit and return kit.</p> <p>Field trips in conjunction with NGOs and coordination meetings with local governments and communities</p>
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<p>and distribution of NFIs.</p> <p>Families who require assistance will receive hygiene kits, comfort kits, kitchen kits to make sure that they have necessary items during the period of displacement.</p> <p>To provide response to the families affected by the tropical depression by giving them a progressive temporary house or improvement of their houses.</p> <p>UNDP Provide affected families, which are currently living in collective centers, with basic materials and supplies to self-repair their houses and volunteer efforts, under a community scheme.</p> <p>Ensure the participation of man and women in the community scheme process.</p> <p>UNICEF Children, adolescents and their families living in collective centres have provision of non-food items.</p> <p>Collective centres meet the minimum standards for adequate protection of children in the context of emergencies (as per UNICEF's Core Corporate Commitments for Children – CCC).</p>	<p>ensure that humanitarian aid quickly reached families.</p> <p>Families at collective centres and host communities received non-food products</p> <ul style="list-style-type: none"> ▪ 552 families received a kitchen kit ▪ 602 families received comfort kit ▪ 452 children received a play kit ▪ 400 families received a personal hygiene kit ▪ 39 families received a return kit ▪ 100 families received shelter kit <p>Coordination with the Shelter Cluster</p> <ul style="list-style-type: none"> ▪ Participated in the National Technical Commission of Housing where new strategies were developed on national temporary housing. ▪ Management with other donors and foundations to coordinate with the Bureau of Housing for construction activities and technical assistance for temporary housing ▪ 20 families in the municipalities of Jicalapa and La Libertad, in coordination with the Lutheran World Federation, received technical assistance for the installation of shelter kits and to repair damage to their homes. <p>UNDP Repairing kits:</p> <ul style="list-style-type: none"> ▪ 770 repairing kits were distributed, including tools and supplies of materials to repair affected homes. The project facilitated the repair of 770 homes using advice of local construction workers and the methodology of learning by doing. ▪ Families formed for moving equipment and assembling materials. ▪ Work was done as a team and workers visited each home to identify beneficiaries and to provide advice to families on the repair process. <p>Mutual participation of men and women in the community process: Trainings were given to construction workers, community leaders, managers and beneficiaries; ADESCOS on various issues related to the project.</p> <ul style="list-style-type: none"> ▪ Theory and practice in construction training -- using tools and materials, emphasizing the role of construction workers and how families should properly use materials. ▪ Technical training on teamwork and mutual aid; basic concepts in risk management; disaster cycle and introduction to Risk Management; self-esteem and leadership facilitated. ▪ Identify staff for promotion; brickwork and storage in the community (facilitating the identification of space needs) and generate confidence among project beneficiaries. ▪ Integration of women's work as promoters. <p>UNICEF 950 housing kits were provided for families who lost their homes and/or assets due to the emergency. It included:</p> <ul style="list-style-type: none"> ▪ kitchen with their gas accessories and tambo, cooking kits, dishes, beds with mattresses, water storage tanks, hammocks and loops, cooking utensils, vaibors, blankets, towels, personal hygiene kits for the household, laundry soap. ▪ It was coordinated with the Housing Cluster, Vice Ministerio for Housing, the Foundation Roof for My Country, UNDP and IOM, local authorities, community leaders and local women leaders in the affected areas. ▪ Were delivered: 101 Kits Hostels Administration Manual, 67 User Kits Co-existence in Hostels, 185 posters and 743 flyers will be distributed at shelters through field missions. ▪ Reproduction of the Basic Commitments for Children in Humanitarian Action (CCC), which are being distributed in 262 municipalities of the country and in different hospitals and health centers, MINSAL, ISSS, Military Hospital, ISRI. 	<p>Establishing agreements, Minutes and report delivery report</p> <p>Delivery schedules with local governments, photographs and family records po delivery</p> <p>UNDP Create vigilance committee in the communities. Mapping of the community to reflect the process of housing construction for each community. Criteria and mechanisms were based according to Minimum Standards for Humanitarian Response (Sphere Standards). Promoters were responsible for each community.</p> <p>UNICEF A consultant was hired to conduct the monitoring and evaluation activities, and to support the distribution of kits. A plan schedule was prepared. The consultant also designed family registration forms, lists of affected families, Kit delivery schedules, minutes and agendas formalization of deliveries ceremonies. As a result there are detailed reports and photographs of</p>
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		<p>such activities</p> <p>The distribution of 950 kits kits return home, was based on the information provided by the Housing Cluster, who provided lists of families who were most affected by the floods, the criteria used for selection of families were: homelessness, severe damage to housing, loss of household assets.</p> <p>The institutions that collaborated Housing Cluster were UNDP, Vice Ministry of Housing, IOM and the Foundation Roof for My Country.</p> <p>Contacts were made with municipal mayors and community leaders; we verified the existence of families and jointly coordinated delivery of items. coordinated jointly with these institutions and individuals, all of which are duly documented and formalized.</p>
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WHO- UNICEF-WASH							
CERF PROJECT NUMBER	11-WHO-064 11-CEF-060-A	Total Project Budget	\$726,000 <u>567,100</u> \$1,293,100	BENEFICIARIES		Gender Equity	
PROJECT TITLE	- Improvement of Safe Water and Sanitation in Affected Areas - WASH Interventions for Emergency-Affected Populations in El Salvador	Total Funding Received for Project	\$172,752 <u>\$403,656</u> \$ 576,406	Targeted	Reached	PAHO: Over 60 per cent of people who benefited from the interventions in water and sanitation were women; women also participated in similar percentages for training sessions on water, sanitation practices, proper use of rope pump and latrines. UNICEF: 80 per cent the people who coordinated the delivery were women; women also participated actively in the identification of families most in need; and women participated in training sessions on safe water and sanitation practices.	
				Individuals	33,000		33,247
				Female	16,330		20,017
				Male	16,670		13,230
				Total individuals (Female and male)	33,000		33,247
Of total, children under 5	4,443	10,784					
TOTAL	33,000	33,247					
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$172,752 <u>\$111,286</u> \$ 284,0387				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
PAHO Provide safe water and re-establish wells for water supply in rural areas to facilitate waste disposal.		<p>PAHO CERF funds ensured the cleaning, improvement and rehabilitation of 60 wells in the canton of Zamoran, San Juan del Gozo and Isla de Méndez, in the municipality of Jiquilisco, Usulután. Similarly, 14 wells were cleaned and rehabilitated in the comunas of Las Isletas Canton, in the Department of La Paz.</p> <p>With CERF contributions 11 latrines in the canton of Las Isletas, in La Paz Department were constructed. This will benefit a population of 1,146.</p> <p>PAHO/WHO procured 100 chlorine comparators for the Ministry of Health to facilitate the assessment of chlorine levels in drinking water for shelters and communities affected by the Tropical Depression 12E. Monitoring activities targeted sources of water located in rural areas in Ahuachapán, La Paz, San Vicente, San Salvador, Sonsonate, La Libertad, and Usulután.</p> <p>90 water tanks of 5,000 litres each were provided to shelters and affected communities in the comunas of Ahuachapán, La Paz, San Vicente, Sonsonate, La Libertad, and Usulután. Chlorine levels in drinking water and sanitary conditions were regularly monitored in coordination with the Ministry of Health to ensure proper storage of water and respect of hygiene measures.</p> <p>PAHO/WHO conducted training workshops in safe drinking water and basic sanitation practices, which contributed to the reduction of the risk of diarrheal diseases. Based on reports from the directorate for health surveillance of the Ministry of Health, deaths from diarrheal diseases in the areas affected by Tropical Depression 12E (coast area) did not exceed 20 per cent of the expected cases through the endemic channel.</p> <p>189 rope pumps for the rehabilitation and improvement of wells were purchased and installed in the departments of Usulután (60), La Paz (50), Ahuachapán (54), and Sonsonate (25), following the cleaning and disinfection of the wells carried out by the Ministry of Health. Health promotion and education activities for disease prevention and proper hand-washing were carried out by PAHO/WHO teams in parallel with the aforementioned infrastructure improvements for waste management.</p>				<p>Field visits to health facilities in affected areas were carried out regularly in cooperation with national health authorities (Ministry of Health) to ensure the proper implementation of interventions.</p> <p>Regular meetings with beneficiary populations of well-cleaning have been organized to ensure their sanitary use.</p> <p>Receipts of procured medicines and supplies were established in a systematic way for tracking purposes.</p> <p>Joint visits with the Ministry of Health to monitor the implementation of actions</p> <p>PAHO Staff and the Ministry of Health have held meetings with beneficiaries of the actions of well-cleaning.</p> <p>Documents have been developed to</p>	

<p>UNICEF Ensure the delivery of WASH services to save lives by providing clean water, adequate sanitation and hygiene promotion for 23,000 affected people, with special emphasis on women and children; To contribute to reducing the incidence of diseases caused by lack of adequate water conditions and sanitation in shelters and areas affected by Tropical Depression 12 E</p>	<p>The septic tanks of five health facilities were cleaned in the affected municipalities of San Vicente and La Paz. This enabled the re-establishment of health services and provision of care to the affected population.</p> <p>UNICEF Access to clean water, ensuring in particular, easy access and proximity for women and girls 1,145 hygiene kits provided for children and women, for a total of: 100 units for water storage; 200 women's underwear; 100 bags of 1500 grams of detergent; 100 boxes of 200 grams. Rice cereal; 100 boxes of baby wipes; 425 food boxes; 200 boxers; 100 brushes; 4,405 toothbrushes; 100 nail clippers; 520 tubes of antifungal cream; 425 locked water tanks of 20 litres each; 100 deodorant; 100 Water filter; 950 blankets; 1,800 sandals; 3,535 bars of soap; 620 mosquito nets 620; 4,000 baby diapers; 2,245 toilet paper; 1,045 Toothpaste; 200 combs; 2,125 dishes; 2,090 shampoo; 200 cotton towels; 2,125 glasses</p> <p>23,000 people affected by the floods have improved access to adequate sanitation facilities and are mobilized to promote sanitation coverage, ensuring access to facilities.</p> <p>Procurement and distribution through MINSAL of:</p> <ul style="list-style-type: none"> ■ 110 sets: Chlorine comparators. ■ 8 drinking water storage tanks of 5 m3. ■ 18 pumping of water of 5.0 HP. ■ 1700 pounds of hydrated lime. 	<p>deliver supplies purchased: rope pumps and equipment to measure chlorine.</p> <p>UNICEF staff members have accompanied the processes of delivering hygiene kits, and monitor the registration of families receiving benefits.</p> <p>There are progress reports prepared by local partners MINSAL, and PROVIDA, Salvadoran Red Cross: these document the process of identifying beneficiaries, identifying solutions (kits, pumps, lime, chlorination equipment) and the final delivery of benefits</p>
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UNICEF-EDUCATION

CERF PROJECT NUMBER	11-CEF-060-D	Total Project Budget	\$ 840,000	BENEFICIARIES			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Friendly Education Right Emergency	Total Funding Received for Project	\$276,316	Individuals	207,721	75,000	The gender equity approach has been considered in the content of the training is being given to the educational comunidad, which is developed with the issues of minimum standards in emergency education and psychosocial care
				Female	108,754	45,000	
STATUS OF CERF GRANT	On going	Amount disbursed from CERF	\$196,110	Male	98,967	30,000	
				Total individuals (Female and male)	207,721	75,000	
				Of total, children under 5	11,407	0	
				TOTAL	207,721	75,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Affected children in school shelters and most damaged communities have access to adequate learning and recreation.</p> <p>Children that have been affected by closure of schools and their return to school in a safe and caring environment, within six months</p>		<p>Given the nature of the phenomenon, schools were used for a very short period as shelters. This facilitated children to return and finish their school year on time. Since there were no more school shelters at the time CERF's contribution was received, all project activities were focused on schools that had suffered damaged losses due to the storm. The Education Ministry identified more than 900 affected schools. The results of CERF activities have been:</p> <ul style="list-style-type: none"> ▪ 150 school centres in affected areas, with a population of approximately 500 students per school, benefited from the educational and recreational backpacks (100 per cent fulfilment of the goal) ▪ 5,000 children from the 150 school centres in affected areas benefited from recreational kits.(100 per cent fulfilment of the goal) ▪ A technical team of four trainers and a coordinator, was hired to conduct the training processes in schools affected by the emergency or were used as shelters (100 per cent achievement of the goal). Trainings have been directed to teachers, students, mothers, parents and community leaders on issues such as Minimum Standards of Care in Education in Emergencies (INEE), gender and psychosocial care. ▪ Training activities were modified due to: (a) the rapid evacuation of school centres used as shelters and (b) the change to the cost structure originally estimated and planned for school centres to be used as shelters. The first goal was to achieve 771 school centers and shelters, but this goal was reduced to 80 school centres located in Usulután (16 schools), San Vicente (16 schools), La Paz (21 schools), Auachapan (11 schools) and Sonsonate (16 schools). At the moment of the present report, 78 schools centers have already received the training, benefiting 6,166 persons,(3,878 female and 2,288 males); from those, 3,934 are students (2,270 girls and 1,664 boys) 				<p>The technical team, with support of technical staff of MINED, are responsible for providing Monitoring and Evaluation, based on:</p> <ul style="list-style-type: none"> - Distribution and delivery of educational and recreational backpacks for school centres and children: controlled by sales order, official minutes of supplies reception at MINED's warehouses, signed distribution lists by heads of the school centres, and beneficiaries. This includes feeding supplies for the training <p>Traning: list of participants and a technical sheet to evaluate the learning process and results. At the end of the process, a sistemisation will be held.</p>	

UNICEF-UNFPA -PROTECTION							
CERF PROJECT NUMBER	11-CEF-060-C 11-FPA-049	Total Project Budget	\$400,506 <u>168,000</u> \$568,506	BENEFICIARIES	Targeted	Reached	Gender Equity UNICEF: The gender approach was considered in the methodology "Carousel" and in the operationalization and the training methodology. UNFPA: With respect to training, more women directly benefited from the project (70 per cent vs. 30 per cent). With respect to the kits for the elderly, more women benefited due to their higher life expectancy.
PROJECT TITLE	- Improving the Response to the Protection for People Affected by the Emergency Caused by the Tropical Depression 12E - WASH Interventions for Emergency Affected Population in El Salvador	Total Funding Received for Project	\$320,300 <u>\$100,000</u> \$ 420,300	Individuals	40,000	7,226	
				Female	21,200	5,162	
				Male	18,800	2,064	
				Total individuals (Female and male)	40,000	7,226	
				Of total, children under 5	6,400	2,000	
				TOTAL	40,000	7,226	
STATUS OF CERF GRANT	Ongoing	Amount disbursed from CERF	\$127,105 <u>\$100,000</u> \$ 227,105				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
UNICEF <ul style="list-style-type: none"> The attention, prevention and reference of cases of abuse, mistreatment, and exploitation of children, adolescents and handicapped populations, and guarantee the right to survival and a life of dignity, prioritising children under the age of 5. 		<p>The Protection Cluster, together with government institutions, NGOs and others, took actions to define, organize and give priority to protective intervention for families, children and adolescents and women in the flood zones. They also helped facilitate psychosocial care for children, adolescents and women; provided hygiene kits for children under 5 years; and distributed recreation kits (which have already been delivered to the institutions for their distribution).</p> <p>UNICEF put Regular Resources, and prepare the proposal to CERF and to "Flash Appeal" to get specific cooperation. Contributions were received for the psychosocial care of the Italian Cooperation and the Government of Finland.</p> <p>During the first and second stage of the emergency, UNICEF delivered 3,000 hygiene kits for children under 5 years and 1000 recreation kits to the Secretary of Social Inclusion, ISNA, ISDEMU, National Program HIV / AIDS- MINSAL, Plan International, World Vision, Save the Children, CONAMUS, Lutheran Federation, and IOM,.</p> <p>Supports the psychosocial care of the population through the provision of 187 psychosocial care kits – this is based on the methodology "Carousel of Happiness" which assists more than 3000 children and adolescents and women of the communities affected by Tropical Depression 12E.</p> <p>Given the expected adverse effects due to the effects of climate change, work is ongoing in coordination with other agencies such as FOSALUD and the Attorney for the Defence of Human Rights (specifically the Deputy Attorney Rights of Children and Youth) for emergency preparedness.</p> <p>The institutions with which UNICEF works have made counterpart contributions that allow for other psychosocial care projects for children and adolescents affected by the emergency. This strengthened the capacity of the responsible institutions. Under this approach, the Attorney for the Defense of Human Rights works in an Action Protocol for the protection of the rights of children and adolescents affected by emergencies.</p>				<p>It has the support of a person performing the monitoring and evaluation in the field according to instruments and monitoring and evaluation tools previously developed for this purpose. This procedure will allow informción have the impact of psychosocial care in both direct and indirect beneficiaries of the program much broader piscosocial care, which is partly funded finacia CERF.</p>	
UNFPA <ul style="list-style-type: none"> To prevent gender based violence and sexual 		<p>UNFPA expected outcomes are:</p> <ul style="list-style-type: none"> At least 80 per cent of targeted shelters are applying standard operating procedures already in place for the 				<p>With respect to all training a registry was kept, which is where the above</p>	

<p>violence against women and adolescent girls in areas affected by the heavy rains, floods and mudslides.</p> <ul style="list-style-type: none"> ■ To provide referral and care to the victims of sexual and gender based violence. ■ To contribute to the protection of the human rights of adolescent girls, young women and the elderly. <p>Expected outcomes:</p> <ul style="list-style-type: none"> ■ At least 80 per cent of targeted shelters are applying standard operating procedures already in place for the prevention and response to gender-based violence and sexual violence. ■ At least 80 per cent of targeted shelters established practical and visible measures to prevent gender-based violence and sexual violence (separate sleeping arrangements for men and women, separate and well lit bathroom areas, and others included in the Sphere manual) ■ At least 50 per cent of women integrate shelter committees playing decision making roles (e.g. participation in the distribution of food and supplies, participation in safety and logistics committees). ■ 2,500 specialized kits for the elderly distributed in shelters. 	<p>prevention and response to gender-based violence and sexual violence.</p> <ul style="list-style-type: none"> ■ At least 50 per cent of women are integrated into shelter committees (and have decision-making roles, e.g. participation in the distribution of food and supplies, participation in safety and logistics committees). <p>With respect to the two previous outcomes, it was not possible to measure as the population quickly left the shelters. Nevertheless, brochures and posters funded with resources from UNFPA Emergency Fund were distributed in all shelters through ISDEMU, as part of the humanitarian response effort.</p> <ul style="list-style-type: none"> ■ At least 80 per cent of targeted shelters established practical and visible measures to prevent gender-based violence and sexual violence (separate sleeping arrangements for men and women, separate and well-lit bathroom areas, and others included in the Sphere manual) .As mentioned previously, it was not possible to measure this. Nevertheless, 100 per cent of regional Ministry of Health offices and Women's Institute mental health personnel in the affected regions were trained on gender-based violence and sexual violence prevention. ■ 2,500 specialized kits for the elderly distributed. Kits were not distributed in shelters as population moved very quickly out of them. Nevertheless, they are in the process of being distributed to 2,000 elderly in the affected population. 	<p>data is coming from. After each training session, an assessment was conducted. In addition, a process to obtain feedback from the institutions involved in order to enrich the process, contents and others.</p>
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ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	AGENCY	IMPLEMENTING PARTNER NAME	PARTNER TYPE	TOTAL CERF FUNDS TRANSFERRED TO PARTNER US\$	DATE FIRST INSTALLMENT TRANSFERRED	START DATE OF CERF FUNDED ACTIVITIES BY PARTNER	Comments/ Remarks
11-WHO-065	SALUD Health	PAHO	n/a	n/a		n/a	n/a	
11-WHO-064	WASH	PAHO	n/a	n/a		n/a	n/a	
11-CEF-060-D	EDUCACION	UNICEF	UNICEF / MINED	Government partner		n/a	n/a	
11-CEF-060-C	PROTECTION AND SECURITY	UNICEF	UNICEF / SIS,ISNA,FOSALUD,ISD EMU, Plan Internacional, Save the Children, Visión Mundial, Federación Luterana, OIM,CONAMUS, Programa Nacional ITS/VIH-SIDA, MINSAL.	INGO, NNGO, Gov	40,500	In process	In process	
11-CEF-060-B	CAMP MANAGEMENT	UNICEF	Shelter Cluster ,Vice Ministerio de Vivienda, el Programa Techo para mi País, PNUD y OIM, así como con autoridades, líderes y lideresas comunitarias a nivel local de las zonas afectadas por la DT12E	INGO, NNGO, Gov		n/a	n/a	
11-CEF-060-A	WASH	UNICEF	PROVIDA, ,	INGO,	30,000.00	15/11/2011	1/12/2011	
			Cruz Roja Salvadoreña	NNGO,	30,000.00	20/11/2011	15/12/2011	
			Ministry of Health	Gov	\$ 35,000.00	30/11/1011	20/12/1011	
11-FPA-048	Health	UNFPA	UNFPA	UN		n/a	n/a	
11-FPA-049	Protection	UNFPA	UNFPA in close coordination with MINSAL and ISDEMU	NNGO, Gov		n/a	01/11/2011	
11-IOM-042	CCCM	IOM	Vision Mundial, Federación Luterana, CONAMUS, Plan Internacional	INGO, NNGO	203,467	04/11/2011	11/11/11	
11-WFP-068	Food Assistance	WFP	Plan, FUSAL, OXFAM, Vision Mundial, Federación Luterana	INGO, NNGO		n/a	n/a	
11-UDP-015	Shelter	UNDP	CERPRODE	NNGO	32,540	17/01/2012	20/12/11	

ANNEX 3: ACRONYMS AND ABBREVIATIONS

CEPRODE	Centro de Protección para Desastres
CERF	Central Emergency Response Fund
CONAMUS	Coordinadora Nacional de la Mujer Salvadoreña
CRF	Chronical Renal Failure
CRS	Catholic Relief Services
ECHO	European Commission Humanitarian Aid Office
FAO	Food and Agriculture Organization
FOSALUD	Fondo Solidario para la Salud
GBV	Gender based Violence
GDP	Gross Domestic Product
GFD	General Food Distribution
HCT	Humanitarian Country Team
HIV/AIDS	Human immune-deficiency virus
IASC	Inter-Agency Standing Committee
IFRC	International Federation of Red Cross and Red Crescent Societes
IOM	International Organization for Migration
ISDEMU	Instituto Salvadoreña para el Desarrollo de la Mujer
ISNA	Salvadoran Institute for Integral Development of Children and Adolescents
Km2	Square kilometres
MAG/CENTA	Centro Nacional de Tecnología Agromecuaría
MARN	Ministry of Environment and Natural Resources
MDG	Millenium Development Goal
MINED	Ministry of Education
MINSAL	Ministry of Health
NFI	Non Food Items
NGO	Non-Govenmental Organizations
OCHA	Office for the Coordination of Humantarian Affairs
Oxfam	Oxford Committee for Famine Relief
PAHO	Pan-American Health Organizations
PLAN	Plan International
PRRO	Protracted Relief and Recovery Operation
NFI	Non Food Items
SGBV	Sexual gender Based Violence
SIS	Secretariat of Social Inclusion
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDMT	United Nations Disaster Management Team
UNDP	United Nations Development Programme
UNETE	United Nations Emergency Technical Team
UNFPA	United Nations Population Fund
UNICEF	United Nations Children´s Fund
UNDAC	United Nations Development Assistance & Coordination Team
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Programme