

## ANNUAL REPORT ON THE USE OF CERF GRANTS SRI LANKA

<b>Country</b>	<b>Sri Lanka</b>
<b>Resident/Humanitarian Coordinator</b>	<b>Adnan Khan</b>
<b>Reporting Period</b>	<b>1 January 2010 – 31 December 2010</b>

### I. Summary of Funding and Beneficiaries

<b>Funding</b>	Total amount required for the humanitarian response:	US\$ 289,605,365		
	Total amount received for the humanitarian response:	US\$ 190,189,949		
	Breakdown of total country funding received by source:	CERF:	US\$ 15,690,704	
		CHF/HRF COUNTRY LEVEL FUNDS:	US\$	
		OTHER: (Bilateral/Multilateral) <sup>1</sup>	US\$ 174,499,245	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 15,690,704		
	Total amount of CERF funding received from the Underfunded window:	US\$		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 14,123,306	
		b. Funds forwarded to NGOs for implementation (Awaiting to add UNHCR HQ inputs)	US\$ 842,386	
		c. Funds for Government implementation:	US\$ 725,012	
<b>d. TOTAL:</b>		<b>US\$ 15,690,704</b>		
<b>Beneficiaries</b>	Total number of individuals affected by the crisis:	Approximately 300,000 individuals (As at 11 March 2011, 18,800 IDPs in camps and 264,804 returnees)		
	Total number of individuals reached with CERF funding:	March 2010 CERF funding – nearly 50,000 beneficiaries in Jaffna, Killinochchi, Mannar, Mullaitivu and Vavuniya districts		
		October 2010 CERF funding – 27,500 internally displaced persons at Menik Farm camp, Vavuniya district		
		15 per cent children under 5		
		49 per cent females		
Geographical areas of implementation:		Jaffna, Killinochchi, Mannar, Mullaitivu and Vavuniya districts		

<sup>1</sup> Financial Tracking Service (FTS) - [http://fts.unocha.org/reports/daily/ocha\\_R24\\_E15749\\_\\_\\_1103111107.pdf](http://fts.unocha.org/reports/daily/ocha_R24_E15749___1103111107.pdf)

## II. Analysis

During the closing stages of the conflict in 2009, the Government of Sri Lanka (GoSL) requested humanitarian assistance to meet the basic needs of nearly 300,000 internally displaced persons (IDPs). The return of individuals started in the latter part of 2009 but depended on the progress of mine action operations. In 2010, deepening funding shortages constrained the humanitarian capacity to maintain life-saving services to IDPs in camps awaiting resettlement. External assistance was important to ensure that returns took place in safe and sustainable environment to areas where demining operations had been completed. IDPs relied heavily on external aid for their basic needs given their lack of livelihoods or independent income. Thus, the World Food Programme (WFP) food rations were an indispensable component of support, especially those in camps. Vulnerable segments of the camp population, such as women, children, disabled individuals and the elderly relied on uninterrupted food rations to prevent a deterioration of their health and nutrition conditions.

### Food

The timely provision of the Central Emergency Response Fund (CERF) allocations helped mitigate impending pipeline breaks and ensured food support to 50,000 IDPs in March and 27,500 in October awaiting return. WFP provided a basic food basket of 2,100 kilocalories per person per day that consisted of rice, wheat flour, iodised salt, pulses, sugar and vegetable oil. In addition, WFP distributed supplementary rations of Corn Soya Blend (CSB), sugar and oil to pregnant and nursing women and children under five years of age due to their special needs. In the latter part of 2010, changes in the operating environment created fresh challenges to continue life-saving food assistance to IDPs but the flexibility of the CERF allowed an effective and timely intervention to address the difficult situation.

WFP worked in collaboration with the United Nations (UN) agencies and non-governmental organizations (NGOs) in the food sector through regular coordination meetings, in support of GoSL-led operations.

### Shelter/Protection

CERF funding was pivotal in capacitating agencies to address the emergency shelter and protection needs of displaced people and returnees. Assistance was particularly important in light of the high vulnerability levels of both groups.

CERF emergency funding contributed towards securing shelter for people in Menik Farm, at a time when serious funding shortages had compelled most shelter partners to suspend activities. Sections of the camp were progressively vacated throughout the year as IDPs returned to their areas of origin but a core group of camp residents was compelled to remain due to slow progress of mine operations. Given the dilapidated state of virtually all shelters in Menik Farm, CERF funds allowed the United Nations Refugee Agency (UNHCR), the United Nations Office for Project Services (UNOPS) and the International Organization of Migration (IOM) to undertake repair and maintenance projects. The activities supported by the CERF enabled the improvement of temporary shelters through the distribution of plastic sheets and vital drainage work. Agencies decommissioned empty shelters, which eradicated breeding grounds for pests and reduced protection hazards by removing the possibility of potential sexual and gender-based violence (SGBV) to take place within the isolation and coverage of empty shelters.

The October CERF allocation made possible time-critical and life-saving shelter interventions in Menik Farm, once the Northeast monsoon season further intensified IDP vulnerability, escalating humanitarian needs. At the time of writing, project 10-OPS-005 is still underway and will support the residual Menik Farm caseload (through shelter repair/decommissioning and drainage maintenance activities) until March 2011<sup>2</sup>.

People returning to their areas of origin experienced serious challenges to meet their fundamental survival needs because of the destruction in the conflict-affected areas, as well as lack of basic services and difficulties in re-establishing livelihoods. CERF funds were channelled to the shelter cash grant scheme, which has proved a lifeline for many resettling families. Returnees have used the grant money to quickly repair a room in their houses, where possible, shortly after their return. Agencies further used the CERF shelter contribution to distribute emergency shelter kits and construct transitional shelters. These life-saving interventions allowed returnees and the most vulnerable populations to bridge the period of insecurity and vulnerability following their return, and the moment when they will have access to permanent housing.

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<sup>2</sup> UNOPS will report in the RC/HC 2011 report on the project.

Moreover, CERF funding allowed instituting crucial protection mechanisms in both Menik Farm and the resettlement areas. The presence of protection monitors in camps gave IDPs a sense of confidence and security to articulate their protection concerns, which were referred to the camp authorities or specialized GoSL offices. Similarly, regular protection monitoring visits in resettled communities helped to identify and assist vulnerable groups, particularly in areas where civil justice and protection services are still being established. In this sense, CERF funding ensured the protection, dignity and rights safety of IDPs and returnees, particularly families led by single women, children, former combatants (adult and child alike), disabled individuals, the elderly and others.

All activities were carried out in collaboration with GoSL authorities, as well as through the sector coordination mechanism in the capital and districts, to prevent duplication and target resources for maximum effect.

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

WASH projects were prioritized for CERF support to ensure health and wellbeing, as well as prevent water-borne disease, among displaced and returning populations. The United Nations Children's Fund (UNICEF) and UNOPS were able to guarantee that IDPs in Menik Farm received sufficient quantities of water for personal and domestic purposes to repair or maintain WASH infrastructure (toilets, bathing spaces, water tanks, taps, etc) and promptly decommission unused facilities. Additionally, agencies utilized the CERF contribution to maintain a hygienic camp environment through support to waste management, garbage collection and hygiene promotion activities, including replenishing hygiene packs. UNICEF's provision of water services also covered IDPs in the remaining emergency sites in Jaffna District. Had CERF funds not been available, living conditions in the camp would have deteriorated with serious repercussions to IDP health and safety.

The lack of water and sanitation facilities jeopardized the sustainability of the return process for many families. CERF-supported WASH interventions focused on returnee communities in Mullaitivu, Kilinochchi and Vavuniya districts, through key activities such as cleaning and rehabilitation of dug wells, repairing or drilling of tube wells, as well as rehabilitation of community-based water supply schemes. Moreover, WASH projects had a direct impact in helping to improve the daily lives of women among the returnees, in reducing the time spent fetching water. Children, especially girls, were able to attend school more regularly. In addition, families were able to spend more time on much needed livelihood activities. CERF funds helped to upgrade the water system in the Mallawi Hospital, in Thunukkai, Mullaitivu District, and in nine health centres in Vavuniya District.

Furthermore, CERF funds were instrumental in procuring material for semi-permanent toilets, providing functional sanitary facilities to families in need<sup>3</sup>. The toilet units gave extra protection to women and children, saving the need for open defecation away from their shelters – a practice, which increased the risk of SGBV, particularly during the hours of darkness, as well as exposure to landmines and Unexploded Ordnance (UXO).

The September 2010 CERF WASH interventions in the resettlement areas and Menik Farm targeted the sharp increase in humanitarian needs precipitated by the Northeast monsoon season.

All WASH projects, with CERF support, were closely coordinated with GoSL and sector mechanisms, including partners in health, shelter and education. CERF funds helped the WASH sector to address funding deficits, as agencies could not cover the entire demand for water, sanitation and hygiene promotion services in Menik Farm and in resettlement areas. The interventions contributed to zero incidences of water-borne disease epidemics in the Northern Province in 2010.

### **Health and Nutrition**

In common with other sectors, widening funding shortfalls challenged the continued provision of health and nutrition services to the remaining IDP caseload at Menik Farm. CERF funding paved the way for priority Health/Nutrition interventions in the camp and the resettlement areas to be addressed.

In Menik Farm, the World Health Organization (WHO) used CERF funds to carry out urgent repairs to temporary health structures, enabling continuation of basic, life-saving health and nutrition services to IDPs, including young children, pregnant and nursing women, elderly persons, disabled individuals, and

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<sup>3</sup> Installation was covered with support from other donor sources.

those in need of psychosocial support. Similarly, CERF allocations helped to continue the work of Public Health Inspectors (PHI), crucial to guarantee disease surveillance/response and mitigate the high risk of water-borne diseases, particularly during the Northeast monsoon season at the end of the year, when the risk of vector-borne and water-borne diseases is higher.

The CERF allocation to IOM guaranteed around-the-clock ambulance services in Menik Farm, transported medical personnel to health facilities within the camp and a mobile medical service – a set of complementary interventions addressing the gaps in health services for IDPs. Additionally, monies were also spent on health education and clean-up activities, as well as equipment for the General Hospital in Vavuniya (the IDP referral hospital) for effective management of dengue fever and other vector-borne diseases during the monsoon season.

In the resettlement areas, CERF funds enabled WHO and UNICEF to strengthen primary health care services. The agencies assisted the Ministry of Health (MoH) to rehabilitate damaged health facilities providing life-saving support to patients, including Maternal and Children's Health wards in hospitals, procure and distribute critical medical equipment and supplies, and strengthen disease surveillance. CERF funding also supported mobile health clinics crucial to guarantee essential health and referral services to communities located far from health facilities, in areas where transport and road conditions were a major challenge. Mental health teams were also established in the resettlement areas to follow-up and management of persons needing psychosocial services.

CERF funding assisted the United Nations Population Fund (UNFPA) to continue life-saving reproductive health services for IDPs in camps and in resettlement areas. Services included antenatal care, family planning, Human Immunodeficiency Virus/Sexually Transmitted Infections (HIV/STI) prevention and counselling. In addition, UNFPA utilized the CERF contribution to provide hygiene packs to resettled women and girls of reproductive age, helping them maintain basic hygiene and dignity during the early stage of the resettlement.

In early 2009, the prevalence of acute malnutrition among children below five years in Menik Farm IDP camp was 35.6 per cent, an alarming situation during early influx of IDPs. Available funding enabled partners to carry out a comprehensive nutrition rehabilitation programme (including screening, supply provision and management of malnutrition), which reduced significantly malnutrition rates to 13.5 per cent by November 2010. However, due to resource constraints, the scope of the programme was brought down and maintaining the early gain was a challenge. CERF funding filled the gaps, which enabled UNICEF and partners to provide essential nutrition interventions and prevented a rise in morbidity and mortality associated with malnutrition both among IDPs in camps and for returnees. The capacity of the MoH was enhanced and the Regional Director of Health is currently implanting the nutrition programme for the remaining population in Menik Farm and in resettlement areas. The continuation and access to the appropriate treatment of beneficiaries suffering from acute malnutrition could not have been ensured without timely CERF funding.

## **Education**

In early 2010, many schools in Menik Farm and the resettlement areas were struggling to provide education in accordance with recognized Inter-agency Network for Education in Emergencies Minimum Standards (INEE MS). It was imperative that a safe learning environment and essential education facilities be available to offset the long-term consequences of disruption to education for the most vulnerable 25,000 school-aged children returning to their homes or awaiting resettlement in camps.

CERF funds were used to supply over 800 teacher kits to educators returning to resettled areas so that they could immediately begin classes upon return. Similarly, the shifting needs in response to the more rapid release of returnees and stronger government mobilization of resources toward the rehabilitation of secondary schools led UNICEF to focus its support on children in the compulsory first to ninth grades. The project covered 49,000 children with provision of the more basic and inexpensive primary level learning kits. The construction of basic Temporary Learning Spaces (TLS) in resettlement areas where schools were not yet functional proceeded as planned. This allowed the sector, in collaboration with the Provincial Department of Education, to coordinate a more effective and efficient school rehabilitation programme with donors.

Although the relatively narrow fund utilization window proved somewhat limiting, it did provide for timely construction of Temporary Learning Spaces and the distribution of learner and teacher kits serving as a catalyst to move the sector forward into early recovery.

## **Agriculture**

CERF funds enabled returnee farmers to resume and strengthen their livelihoods during the *Yala* 2010 and *Maha* 2010/11 agricultural seasons through the provision of paddy, other food crop (OFC), vegetable and coconut seedlings, tool kits, barbed wire and water pumps. FAO worked closely with the Department of Agriculture on the selection of beneficiaries, distribution, technical advisory services and progress monitoring.

Some changes were made to the project plan following a detailed assessment of the ground situation. Initially, 10,000 households were targeted for provision of paddy, OFC, vegetable seed kits and poultry. However, the majority of returnees were unable to access large extents of their land or irrigation for paddy cultivation during the *Yala* season. Consequently home gardening emerged as the key activity as most households were able to access small plots of land sufficient for this purpose and were also supported with tool kits, coconut seedlings and water pumps and helped reaching more households. The lesser expense of vegetable seed kits in comparison to paddy meant that 19,887 households, nearly twice the original beneficiary target, received support. The vegetable seed kits were added to the UNHCR non-food item (NFI) kits for returnee households, since it was the most effective modality available for distribution. A vegetable seed kit was added to the standard NFI pack distributed to returning families ensuring critical humanitarian assistance. In combination with the basic agricultural and land clearing tools in the NFI pack, the vegetable seed kits allowed families to resume home garden cultivation as a strategic measure to improve family nutrition and offset food insecurity, while other early recovery assistance and development initiatives started to gain pace. Further, the FAO/UNHCR collaboration enabled a wider outreach than initially planned.

The CERF allocation also helped to provide water pumps to assist vulnerable farming families to cultivate during the *Yala* planting season, which coincides with the dry season. OFC cultivation during the *Yala* was significantly less than projected, due to low water levels in irrigation reservoirs and extent of irrigated land available for cultivation in view of mine contamination. The entire green gram and black gram harvest under the seed production component of this project was certified and distributed to farmers to ensure sufficient quantities for cultivation during the following *Maha* 2010/11 season. CERF contributed towards better preparedness to meet the needs for the next season and enhanced food security of vulnerable families.

The poultry component was cancelled due to the non-availability of month-old chicks following a salmonella outbreak at GoSL poultry hatcheries. Additionally, several households targeted for provision of tool kits was reduced due to the limited availability of quality tools. CERF funding was flexible enough to re-direct funds to procure and distribute barbed wire, water pumps, coconut seedlings and motorcycles to meet the immediate needs of vulnerable farming families and strengthen GoSL extension services.

FAO worked closely with the Department of Agriculture on the selection of beneficiaries, distribution, technical advisory services and progress monitoring.

CERF funds were flexible enough to meet the real and time-critical agriculture needs for the agriculture seasons targeted. In addition, the impact of some of the inputs provided were long lasting (seed production component, barbed wire, motorbikes etc.) and contributed to the sustainability of the project. CERF was one of only two donors to support the sector's agriculture needs for the *Yala* season 2010 and CERF funds, received on time, covered 10 per cent of the total funding received by the sector in 2010.

### III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Food	<p><b>10-WFP-075</b></p> <p>Emergency food aid for conflict affected IDPs in camps</p> <p>LKA-10/F/30973/561</p>	1,187,504	<p>74.9 million</p> <p>Received:</p> <p>67.6 million</p>	<p>27,500 IDPs living in Menik Farm, including</p> <p>3,000 children under 5 years</p> <p>14,025 women</p>	<ul style="list-style-type: none"> <li>Food requirements of targeted vulnerable IDPs met</li> <li>Improved and sustained nutritional status of pregnant and lactating women and children under 5 years</li> </ul>	<ul style="list-style-type: none"> <li>Uninterrupted supply of dry food rations to 29,837 beneficiaries (2,100 kcal per person)</li> <li>Procurement of 1,592 metric tons of rice and sugar</li> </ul>	Allocation of CERF funds allowed WFP to mitigate a critical pipeline break and provide a life-saving intervention for a beneficiary group completely dependent on external assistance	<ul style="list-style-type: none"> <li>WFP field monitors and GoSL counterparts regularly assessed the situation and provided monitoring reports, including information on beneficiaries reached and distribution totals</li> </ul>	<ul style="list-style-type: none"> <li>Special attention was paid to the nutritional requirements of pregnant and nursing women through the provision of fortified foods</li> </ul>
	<p><b>10-WFP-026</b></p> <p>Emergency Food Aid for Northern IDP Sites</p> <p>LKA-10/F/30973</p>	2,400,001	<p>82.8 million</p> <p>Received:</p> <p>67.6 million</p>	50,000 IDPs	<ul style="list-style-type: none"> <li>Food requirements of targeted vulnerable IDPs met;</li> <li>Improved and sustained nutritional status of pregnant and lactating women and children under 5 years.</li> </ul>	<ul style="list-style-type: none"> <li>Uninterrupted supply of dry food rations to 47,461 beneficiaries (2,100 kcal per person)<sup>4</sup>;</li> <li>Procurement of 3,850 metric tons of rice, sugar and CSB</li> </ul>	Allocation of CERF funds allowed WFP to mitigate a critical pipeline break and provide a life-saving intervention for a beneficiary group completely dependent on external assistance	<ul style="list-style-type: none"> <li>WFP field monitors and GoSL counterparts regularly assessed the situation and provided monitoring reports, including information on beneficiaries reached and distribution totals</li> </ul>	<ul style="list-style-type: none"> <li>Special attention was paid to the nutritional requirements of pregnant and nursing women through the provision of fortified foods</li> </ul>

<sup>4</sup> WFP-026 targeted 50,000 IDPs and actually reached 47,461 IDPs through the March CERF allocation to Sri Lanka. WFP-075 targeted 27,500 IDPs, reaching approximately 29,800 with the September CERF grant. Differences due to IDP releases from the camp during the project periods

Shelter/NFI	10-HCR-047	153,098	39.7 million Received: 9.16 million 90,000 2.8 million	27,500 persons (14,025 women; 13,475 men, 3,000 children under 5 year)	<ul style="list-style-type: none"> <li>■ Improved emergency shelter maintenance in Menik Farm</li> <li>■ Continued protection monitoring</li> </ul>	<ul style="list-style-type: none"> <li>■ Procured 6,000 plastic sheets and distributed 5,100 to maintain shelters in Menik Farm camps</li> <li>■ The remaining 900 plastic sheets were utilised to assist extremely vulnerable returnees to Vavuniya District for additional protection during the monsoon season</li> <li>■ Repaired 200 shelters in Menik Farm</li> <li>■ Decommissioned 1,100 empty shelters and tents in an environmentally- friendly manner</li> <li>■ UNHCR conducted monitoring visits and assessments to identify protection concerns and trends</li> <li>■ Carried out an assessment on lessons learned from camp consolidation. This was used to advocate for more safe and dignified consolidations in the future</li> <li>■ Enhanced the protection environment through presence, identification of and response to protection concerns and individual protection cases</li> <li>■ Effectively delivered advocacy on behalf of the IDPs and their protection concerns through coordination with other actors</li> <li>■ Identified and reduced vulnerabilities of persons with specific needs through direct assistance, referrals to authorities or specialised agencies</li> </ul>	<p>Without this assistance shelters would have deteriorated further creating life-threatening situations for IDPs</p> <p>Decommissioning of empty shelters/tents mitigated against possible SGBV incidents in the camp</p> <p>Swift shelter assistance mitigated against the effects of heavy monsoon rains in Vavuniya District.</p> <p>Protection through presence of UNHCR staff in the camp provided beneficiaries with a sense of safety, and confidence to raise protection concerns as they arose</p> <p>UNHCR advocates on behalf of camp population raised concerns with internal and external authorities for response</p> <p>UNHCR used the lessons learned during the camp consolidation to advocate with camp authorities on carrying out transfer movements for future consolidations while ensuring IDP safety and dignity</p> <p>Through swift shelter decommissioning, UNHCR improved the protection environment by removing potential sites for SGBV incidents.</p>	<ul style="list-style-type: none"> <li>■ Regular Shelter/NFI and Protection coordination meetings at field/Colombo levels ensured information was shared and protection concerns were raised in a timely manner to the relevant partners / authorities for swift action</li> <li>■ Monthly reports from partners and field offices to Colombo</li> <li>■ Regular UNHCR protection monitoring reports are shared with partners through fortnightly IDP Protection Working Group at field / Colombo levels ensures accountability</li> </ul>	<ul style="list-style-type: none"> <li>■ Special attention was paid to SGBV issues in the camps and empty shelters swiftly decommissioned</li> <li>■ Police desks for Women and Children were supported and referral mechanisms within the camp strengthened, ensuring services would not deteriorate further with progressive emptying of the camp through IDP returns.</li> </ul>
	<p>Emergency Shelter / NFI and Protection Assistance to IDPs in Menik Farm</p> <p>LKA-10/S-NF/31068 LKA-10/S-NF/31069 LKA-10/P-HR-RL/31083</p>								

	<p><b>10-HCR-015</b></p> <p>Emergency Shelter and Protection Assistance to IDPs and Returnees in the Northern Districts</p> <p>LKA-10/S-NF/31068 LKA-10/P-HR-RL/31083</p>	<p>4,137,373</p>	<p>33.7 million</p> <p>Received:</p> <p>9.1 million 2.8 million</p>	<p>17,000 families</p> <p>32,500 women</p> <p>23,500 men</p> <p>8,400 children under 5 years)</p>	<ul style="list-style-type: none"> <li>■ About 17,000 returnee families have access to adequate emergency shelter;</li> <li>■ 17,000 returnee families monitored by UNHCR protection experts</li> <li>■ Improved assessment of the most urgent needs and protection concerns</li> <li>■ Shelter Coordination Cell convenes meetings twice monthly (Colombo district level)</li> <li>■ UNHCR convenes regular meetings with partners and GoSL.</li> </ul>	<ul style="list-style-type: none"> <li>■ Distributed over 17,000 shelter cash grants through the Ministry of Resettlement and UNHCR</li> <li>■ Over 17,000 families monitored by UNHCR protection staff during shelter grant registrations</li> <li>■ Set up database of returnee profiles, Persons with Special Needs (PWSN) and protection concerns</li> <li>■ Repaired over 3,300 emergency shelters and tents in Menik Farm</li> <li>■ Decommissioned 52 unused shelters in an environmentally friendly manner</li> <li>■ Regular Shelter/NFI Cluster meetings in the field and capital</li> <li>■ Held regular meetings in field with authorities and partners to appraise on situation, raise concerns and seek solutions</li> <li>■ Established shelter matrix tracking all shelter activities, commitments, results, permanent housing commitments etc.</li> </ul>	<p>Shelter grant enabled over 17,000 families to set up emergency shelter in initial few days of return.</p> <p>Timely CERF funding enabled the re-start of this critical activity, suspended in March 2010 due to lack of funds despite ongoing returns.</p> <p>CERF funding enabled coverage of 80 per cent returned families who returned during the three-month implementation of this project. Other donor funds were used to address needs of families who returned in earlier periods and not covered by CERF funding</p> <p>Decommissioning of empty shelters/tents in camps mitigated against possible SGBV incidents.</p>	<ul style="list-style-type: none"> <li>■ Monitoring and evaluation of protection activities took place regularly</li> <li>■ Monthly meetings and reports from partners, reporting from field offices to Colombo</li> <li>■ Operational reports compiled by Colombo and shared with partners</li> <li>■ Fortnightly Shelter/NFI and Protection meetings at field / Colombo levels</li> <li>■ Hosting regular missions in the field ensured accountability</li> </ul>	<ul style="list-style-type: none"> <li>■ All returning families were profiled and protection needs identified, information on available services shared etc.</li> <li>■ This was particularly important for vulnerable returnees, such as PWSN and single women headed households, who were identified immediately and targeted assistance provided.</li> </ul>
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Shelter/NFI	10-OPS-005								
	<p>Immediate Shelter Repair and Maintenance in existing camps in the North</p> <p>LKA-10/S-NF/30813/R/5767</p>	90,000	0.473 million Received: 90,000	1,904 persons/ 476 families in Menik Farm IDP camp, Vavuniya District	<ul style="list-style-type: none"> <li>Address the immediate and urgent shelter repairs/upgrade of 476 damaged shelters ahead of the onset of heavy monsoon rains</li> </ul>	<ul style="list-style-type: none"> <li>Carried out shelter repairs and maintenance of 3,423 emergency shelters in Zone 0</li> <li>Decommissioned 2,024 unoccupied shelters in Zones 0, 1, 3 and 4</li> <li>Provided 38,905m of storm water drainage lines</li> </ul>	<p>With CERF funding, UNOPS was able to maintain a continuous and consistent shelter repair cycle in the camp, ensuring good living conditions in the camp, particularly during the monsoon period</p> <p>UNOPS was the only operational shelter partner in Menik Farm in early 2011, and if CERF funds had not been received, the IDPs' life-saving shelter needs would not have been met</p> <p>The flexibility in the CERF funds allowed UNOPS to continue 10-OPS-05 activities beyond the first three months with approval of a no-cost extension.</p>	<ul style="list-style-type: none"> <li>UNOPS undertook regular site visits and monitored every activity in close coordination with camp authorities and beneficiaries</li> <li>Daily progress was reported to UNOPS Colombo head office</li> <li>Provided weekly updates to shelter cluster lead</li> </ul>	<ul style="list-style-type: none"> <li>Priority was given to the most vulnerable families – single women-headed families, families with disabled, injured, disappeared detained individuals, infants, young and school going children;</li> <li>The decommissioning of unoccupied shelters was prioritized to eliminate a potential SGBV threat to women and children IDPs.</li> </ul>

	<p><b>10-OPS-001</b></p> <p>Immediate shelter support for returned communities in northern districts</p> <p>LKA-10/S-NF/30812/5767</p>	<p>844,016</p>	<p>8.7 million</p> <p>Received:</p> <p>1.8 million</p>	<p>1,600 vulnerable returnee families in Kilinochchi and Mullaithivu districts</p>	<ul style="list-style-type: none"> <li>■ Provide immediate life-saving shelter assistance to more than 1,600 returnee families.</li> <li>■ Reduced incidences of the vector borne diseases and snakebites.</li> <li>■ Reduced risk of danger/ damage due to environmental events, by strengthening the beneficiary communities' ability to manage normal and extreme weather conditions.</li> <li>■ Increased families access to basic needs</li> <li>■ Enhanced protection for families, especially for unprotected vulnerable family members of men/women working a long distance away.</li> </ul>	<ul style="list-style-type: none"> <li>■ Procured all construction materials (roofing sheets, timber, cement, sand, cadjan, plywood and hardware items) for 1,750 transitional shelters. (Shelters were installed with other UNOPS donor funds).</li> <li>■ The well-enclosed shelters made sure pests and insects did not intrude into human space and spread vector born diseases.</li> <li>■ While the well covered roof gave dry accommodation during the rainy season, it also gave the shade to protect the inhabitants from the summer heat. The enclosure also protected the beneficiaries from dust during windy season.</li> <li>■ The lockable enclosure provided not only the physical safety to the beneficiary families during the night time but also provided the facility to store their valuables in the shelters during the day time and to move away in search of employment and other daily needs.</li> </ul>	<p>CERF funds allowed UNOPS to increase the output of a combined project effort by producing additional shelters at the same direct operational cost:</p> <p>With CERF, UNOPS was able to provide IDP returnee families with adequate shelter to protect them from the weather.</p>	<ul style="list-style-type: none"> <li>■ UNOPS verified the original beneficiary list given by local authorities</li> <li>■ Areas of operations were clearly demarcated and conveyed to other shelter agencies to reduce duplication</li> <li>■ Weekly reports were produced at site level and reviewed at the head office level</li> <li>■ Interim reports were sent to project stake holders as requested</li> <li>■ Provided regular updates of project coverage and targets to the shelter cluster lead</li> <li>■ Carried out beneficiary verifications on project completion.</li> </ul>	<ul style="list-style-type: none"> <li>■ Based on UNOPS vulnerability criteria priority was given to the most vulnerable families – single women-headed families, families with disabled, injured, disappeared, detained individuals, infants, young and school going children.</li> </ul>
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	<p><b>10-OPS-004</b></p> <p>Water Sanitation Repair and Maintenance in Menik Farm</p> <p>LKA-10/WS/3082 6/R/5767</p>	85,000	<p>0.092 million</p> <p>Received</p> <p>85,000</p>	<p>27,500 individuals in Menik Farm, Vavuniya District</p>	<p>Address the immediate and urgent WASH needs of IDPs by: repair and maintenance of WASH facilities</p> <p>and water bowering decommissioning of toilets with hired backhoes and gully bowsers</p>	<ul style="list-style-type: none"> <li>■ 529 toilets repaired and maintained</li> <li>■ 20 toilet soakage pits fabricated and replaced</li> <li>■ 31 toilet soakage pit</li> <li>■ lids replaced</li> <li>■ Provided 2,668m in drainage lines around toilet soakage pits</li> <li>■ 166 safety fences repaired and constructed around toilet soakage pits</li> <li>■ 1,483 toilets decommissioned</li> <li>■ 13 bathing spaces repaired and maintained;</li> <li>■ 67 bathing places decommissioned</li> <li>■ 7 water tank outlet valves repaired and replaced.</li> </ul>	<p>With CERF funding, UNOPS was able to maintain a consistent repair cycle of WASH facilities in the camps, contributing to reasonable living conditions for IDPs, particularly during the monsoon period</p> <p>UNOPS was the only operator covering these activities, and in the absence of CERF funds, these needs would not have been addressed</p> <p>A flexibility in the CERF funds allowed UNOPS to continue agreement 10-OPS-04 activities beyond the first three months with approval of a no-cost extension.</p>	<ul style="list-style-type: none"> <li>■ UNOPS undertook regular site visits and monitored every activity in close coordination with camp authorities and beneficiaries</li> <li>■ Daily progress was reported to UNOPS Colombo head office</li> <li>■ Provided weekly updates to WASH cluster lead</li> </ul>	<ul style="list-style-type: none"> <li>■ Demarcated 'male' and 'female' toilets, with coverings for the female toilets to ensure the privacy of girls and women</li> <li>■ Ensured adequate number of toilets with additional features for disabled persons' easy access to facilities.</li> </ul>
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	<p>10-OPS-002</p> <p>Immediate Water and Sanitation Facilities for Returned Communities in Northern Districts</p> <p>LKA-10/WS/30827/576 7</p>	<p>443,109</p>	<p>6.7 million</p> <p>Received:</p> <p>443,109</p>	<p>6,000 vulnerable returnee families in the Killinochchi and Mullaitivu districts</p>	<ul style="list-style-type: none"> <li>■ Procurement of construction materials to construct 540 semi-permanent toilets</li> <li>■ Procurement of construction materials to repair 1,412 toilets</li> <li>■ Rapid installation of sanitation facilities for returnees and (if applicable) their host communities</li> <li>■ Procurement of construction materials to repair 24 dug wells</li> <li>■ Immediate provision of drinking water and sanitation facilities to newly resettled communities</li> <li>■ Reduction of the risk of outbreak of water borne diseases</li> <li>■ Reduction of vector borne diseases</li> <li>■ Increase access of families to basic water and sanitation needs and services</li> <li>■ Provide relief in a coordinated and sustainable way</li> </ul>	<ul style="list-style-type: none"> <li>■ Procured complete construction materials (cement, plumbing items, steel, cladding sheets, timber, sand and hardware items) for 1,180 new semi-permanent toilets; As per the original agreement, UNOPS intended to construct 540 new toilets + 1412 toilet repairs = 1,952 toilets. However based on the ground situation new toilets were most vital and demanding than repairs. Accordingly, CERF funds was used to construct 1,180 new toilets and spent USD 434,240 that is within the agreed budget.</li> <li>■ The higher unit rates in procuring materials for the new toilets than for the materials for the repairs slightly reduced the total toilet numbers out of this project.</li> <li>■ The above 1,180 toilets are expected to benefit for 4,720 beneficiaries (1,180 x 4 per shelter/family)</li> <li>■ Based on the field conditions, toilet and well repair works were not required and not carried out</li> <li>■ The individual toilets built helped the beneficiaries from vector born diseases, which would have otherwise spread through community toilets and the natural water being contaminated by deadly pathogens.</li> <li>■ Soakage tanks built as part of the toilets helped the wastewater not being diverted to the surface water by any means and it pollutes the surface water bodies, which become sources for water born diseases.</li> <li>■ The individual family toilet units provided a sustainable sanitation facility to the returnee families rather than depend on community sanitation facilities, which would have required a constant maintenance.</li> </ul>	<p>CERF funds allowed UNOPS to increase the output of a combined project effort where additional toilets were produced at the same direct operational cost</p> <p>With CERF funding, UNOPS was able to provide returnee families with adequate sanitation facilities for a decent and safe environment</p>	<ul style="list-style-type: none"> <li>■ UNOPS verified original beneficiary list received from the local authority</li> <li>■ Areas of operations were clearly demarcated and conveyed to other WASH agencies to reduce duplication of works</li> <li>■ Weekly reports produced at site level and reviewed at the head office level</li> <li>■ WASH cluster lead updated on a regular basis on project coverage and targets</li> <li>■ Beneficiary verifications on project completion</li> </ul>	<ul style="list-style-type: none"> <li>■ Based on UNOPS vulnerability criteria priority was given to the most vulnerable families – single women-headed families, families with disabled, injured, disappeared, detained individuals, infants, young and school going children.</li> <li>■ Secure sanitary facilities provided to women became another added benefit towards gender protection.</li> <li>■ Close proximity of sanitation facilities to shelters was convenient for disabled and injured persons - less dependence on others.</li> </ul>
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WASH	10-CEF-024-A	1,565,984	Received: 7.9 million 2.06 million	50,000 displaced people in the camps and 50,000 returnees 10,000 children and 50,000 women)	<ul style="list-style-type: none"> <li>Up to 50,000 IDPs living in camps and 50,000 returnees will have access to safe water and adequate sanitation facilities, in accordance with agreed standards, and practice good hygiene to minimise the risk of water born diseases</li> </ul>	<ul style="list-style-type: none"> <li>32,000 IDPs in Menik Farm accessed more than 10 litres of safe drinking water / person / day (compliance with SPHERE standards) through the operation of 10 water bowers</li> <li>700 IDP patients and resettled families, and 40 health staff, benefited from the upgrading of the main water source (dug well), installation of a motorised pump, installation of new pipelines and 11 x 1,000 litre water distribution tanks at Mallavi Hospital, Thunukkai, in Mullaitivu District</li> <li>Renovated four open dug wells and repaired 14 toilet cubicles in nine health centres in Vavuniya. Approximately 27,000 patients, including pregnant mothers, children and adolescents (among IDPs, returnees and host community) benefited from improved access to water, sanitation and hygiene education. Health centre patients increased by 5 per cent</li> <li>53,000 refill hygiene kits (1/family) distributed to both IDP and returnee families to reduce communicable diseases</li> <li>23,000 people in Menik Farm gained access to safe drinking water through laying of a 1.2km pipeline distribution system and operation of a water treatment plant that produced 200 cubic meters of drinking water/day</li> <li>22,000 persons in Menik Farm, Jaffna IDP centres, as well as resettlement areas in Vavuniya North and Killinochchi gained access to safe sanitation and a hygienic camp environment through construction of 185 toilets, renovation of 68, replacement of 30 overflowing toilets and decommissioning of 1,635</li> <li>23,500 persons (in both camps and resettled areas) in Jaffna and Vavuniya, benefited from hygiene training for 140 volunteers and 60 hygiene awareness sessions in Jaffna camps</li> <li>IDPs in Menik Farm were ensured of uninterrupted safe water supply, safe sanitation and a hygienic camp environment, through monitoring, repair and maintenance of WASH facilities, solid waste disposal, and prompt response to breakdowns</li> <li>Ensured safe and hygienic environment for 78,728 persons in Menik Farm and host communities in Vavuniya through the capacity building of the Assistant Commissioner of Local Governance in maintaining existing and new solid waste sites</li> </ul>	<p>CERF funds bridged the deficit after agencies could not cover the entire demands for WASH services in Menik Farm, Jaffna IDP sites, and the resettlement areas</p> <p>The interventions contributed to zero incidence of water and sanitation related disease epidemics in the Northern Province in 2010.</p>	<ul style="list-style-type: none"> <li>Weekly project progress review meetings held</li> <li>3W monitoring system put in place to track the WASH situation in the camps and returnee areas. This was updated on a monthly basis</li> <li>Information and gaps realised from 3W were shared with different actors to ensure uninterrupted WASH services for IDPs</li> <li>3W database strengthened the monitoring system as well as ensured WASH activities were in line with SPHERE standards.</li> </ul>	<ul style="list-style-type: none"> <li>Special attention was paid to the hygiene needs of girls and young women in education facilities by building separate latrines for boys and girls. This helped ensure full participation in school activities.</li> <li>Consultations with women during site selection for female toilets in order to ensure safety, privacy, easy access - especially during the night for girls and women.</li> <li>Male and female toilets and bathing places constructed to ensure privacy and safety of girls and women.</li> </ul>
	Water, Sanitation and Hygiene (WASH) for displaced families in camps and in return areas (Vavuniya North, Killinochchi, Mullaitivu and Mannar districts)  LKA-10/WS/30981								

	<p>10-OPS-004</p> <p>Water Sanitation Repair and Maintenance in Menik Farm</p> <p>LKA-10/WS/3082 6/R/5767</p>	85,000	0.092 million Received: 85,000	27,500 individuals in Menik Farm, Vavuniya District	<p>Address the immediate and urgent WASH needs of IDPs by:</p> <ul style="list-style-type: none"> <li>■ repair and maintenance of WASH facilities for three months</li> <li>■ water bowsering for 3 months</li> <li>■ decommissioning of toilets with hired backhoes and gully bowzers.</li> </ul>	<ul style="list-style-type: none"> <li>■ 529 toilets repaired and maintained</li> <li>■ 20 toilet soakage pits fabricated and replaced</li> <li>■ 31 toilet soakage pit lids replaced</li> <li>■ Provided 2,668m in drainage lines around toilet soakage pits</li> <li>■ 166 safety fences repaired and constructed around toilet soakage pits</li> <li>■ 1,483 toilets decommissioned</li> <li>■ 13 bathing spaces repaired and maintained;</li> <li>■ 67 bathing places decommissioned</li> <li>■ 7 water tank outlet valves repaired and replaced.</li> </ul>	<p>With CERF funding, UNOPS was able to maintain a consistent repair cycle of WASH facilities in the camps, contributing to reasonable living conditions for IDPs, particularly during the monsoon period</p> <p>UNOPS was the only operator covering these activities, and in the absence of CERF funds, these needs would not have been addressed</p> <p>A flexibility in the CERF funds allowed UNOPS to continue agreement 10-OPS-04 activities beyond the first three months with approval of a no-cost extension.</p>	<ul style="list-style-type: none"> <li>■ UNOPS undertook regular site visits and monitored every activity in close coordination with camp authorities and beneficiaries</li> <li>■ Daily progress was reported to UNOPS Colombo head office</li> <li>■ Provided weekly updates to WASH cluster lead.</li> </ul>	<ul style="list-style-type: none"> <li>■ Demarcated 'male' and 'female' toilets, with coverings for the female toilets to ensure the privacy of girls and women</li> <li>■ Ensured adequate number of toilets with additional features for disabled persons' easy access to facilities.</li> </ul>
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	<p>10-OPS-002</p> <p>Immediate Water and Sanitation Facilities for Returned Communities in Northern Districts</p> <p>LKA-10/WS/30827/576 7</p>	<p>443,109</p>	<p>6.7 million</p> <p>Received:</p> <p>443,109</p>	<p>6,000 vulnerable returnee families in the Killinochchi and Mullaitivu districts</p>	<ul style="list-style-type: none"> <li>■ Procurement of construction materials for 540 semi-permanent toilets</li> <li>■ Procurement of construction materials to repair 1,412 semi-permanent toilets</li> <li>■ Procurement of construction materials to repair 24 dug wells</li> <li>■ Provided drinking water and sanitation facilities to returnees</li> <li>■ Reduction of the risk of outbreak vector borne diseases</li> <li>■ Increased access of families to basic water and sanitation needs and services<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>■ Procured all construction materials (cement, plumbing items, steel, cladding sheets, timber, sand and hardware items) for 1,180 semi-permanent toilets</li> <li>■ The toilet materials were installed with funds from UNOPS' other donor agreements.</li> <li>■ Since the above works were targeted to single family units, beneficiary numbers were reduced to meet identified needs following field assessments</li> <li>■ Well repairs were not required, further reducing the target beneficiary population.</li> </ul>	<p>CERF funds allowed UNOPS to increase the output of a combined project effort where additional toilets were produced at the same direct operational cost;</p> <p>With CERF funding, UNOPS was able to provide returnee families with adequate sanitation facilities for a decent and safe environment.</p>	<ul style="list-style-type: none"> <li>■ UNOPS verified original beneficiary list received from the local authority;</li> <li>■ Areas of operations were clearly demarcated and conveyed to other WASH agencies to reduce duplication of works</li> <li>■ Weekly reports produced at site level and reviewed at the head office level</li> <li>■ WASH cluster lead updated on a regular basis on project coverage and targets</li> <li>■ Beneficiary verifications on project completion.</li> </ul>	<ul style="list-style-type: none"> <li>■ Based on UNOPS vulnerability criteria priority was given to the most vulnerable families – single women-headed families, families with disabled, injured, disappeared, detained individuals, infants, young and school going children.</li> <li>■ Secure sanitary facilities provided to women was another added benefit.</li> <li>■ Close proximity of sanitation facilities to shelters was convenient for disabled and injured persons - less dependence on others.</li> </ul>
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<sup>5</sup> UNOPS clarification pending August 2011

Health and Nutrition	10-WHO-070								
	<p>Health interventions in Conflict- Affected areas; Immediate Primary Healthcare Assistance to Conflict-Affected People; Maternal, neonatal healthcare</p> <p>LKA-10/H/30806/R/122</p>	49,916	1.7 million Received: 795,408	<p>27,500 people</p> <p>14,025 females</p> <p>13,475 males</p> <p>3,000 children under five</p>	<ul style="list-style-type: none"> <li>■ Improved MoH coordination to respond to communicable diseases during the monsoon season</li> <li>■ Improved disease surveillance system in Menik Farm and return areas</li> <li>■ Vaccine preventable diseases controlled</li> <li>■ Pregnant women and newborns have improved access to essential life saving health services</li> <li>■ Health facilities in Menik Farm withstand monsoon rains and continue to be operational during the rainy season.</li> </ul>	<ul style="list-style-type: none"> <li>■ Disease surveillance and response system in Menik Farm strengthened resulting in early detection and response to potential outbreaks of communicable diseases. No reports of any communicable diseases in Menik Farm during the monsoon rains.</li> <li>■ Five public health inspectors supported for disease surveillance and response activities</li> <li>■ Supported mobilization of health personnel and patients to and from Menik to referral hospitals</li> <li>■ Maintenance and repair of health facilities in Zones 0 and 1 conducted: including repair of roofs, strengthening walls and repairs to patients' waiting areas. Health facility storage areas repaired as well. Continued access to maternal and child health care services in Zones 0 and 1 during the monsoon rains.</li> <li>■ The MoH was also able to strengthen their coordination of MCH activities through the establishment of a operation centre for Maternal Child Health in Menik Farm</li> <li>■ Damaged equipment and furniture during the monsoon rains such as BP machines, tables and chairs in the patients' waiting areas were replaced</li> </ul>	<p>CERF allocation provided the funds to carry out the immediate repairs and strengthening work for health facilities in Zone 0 and 1.</p>	<ul style="list-style-type: none"> <li>■ WHO field office in Vavuniya was involved in needs identification of needs and implementation in Menik Farm, in collaboration with the Regional Directorate of Health Services (RDHS).</li> </ul>	<ul style="list-style-type: none"> <li>■ Special attention was given to pregnant and lactating mother and children especially those under 5 years old</li> </ul>



	<p>10-WHO-025</p> <p>Health interventions in the northern return areas</p> <p>LKA-10/H/30806 LKA-19/H/31158 LKA-10/H/31187</p>	<p>915,492</p>	<p>1.7 million 490,000 0.295 million</p> <p>Received:</p> <p>795,408 200,000 100,000</p>	<p>50,000 IDPs remaining in Menik Farm (incl. 25,500 females, 24,500 males, and 4,600 children under 5 years), and 192,000 returnees (incl. 97,920 females, 94,080 males and 17,600 children under 5 years)</p>	<ul style="list-style-type: none"> <li>■ Improved health sector coordination at national, district and divisional level</li> <li>■ Increased access to essential public health services in return areas</li> <li>■ Improved control of water and vector borne disease outbreaks</li> <li>■ Availability of health services to the people with mental illness and psychosocial problems</li> <li>■ Pregnant women have access to continuum care, emergency obstetric care</li> </ul>	<ul style="list-style-type: none"> <li>■ Renovation of Dharmapuram Divisional Hospital in Kilinochchi District, the Vaddakachchi Primary Medical Care unit in Kilinochchi District</li> <li>■ Mental Health mobile clinics in Jaffna and established a computerized database of psychiatric patients in Jaffna District for better follow-up. Provide mental health equipment for Jaffna Hospital. Establishment of Mental Health Team in Mullaitivu and Kilinochchi districts</li> <li>■ Strengthened RDHS human resource capacity in Poovarasakulum hospital (Vavuniya District) and capacity building of MoH staff on Family Planning and MIS and RDHS staff on Child Mental Health</li> <li>■ Capacity building training program for staff on Emergency Ambulance service in Jaffna. Training of health workers on prevention and management of SGBV in return areas</li> <li>■ Upgrade of water quality testing laboratory in Vavuniya. Capacity building of staff on the management of Dengue and Chingkingunya Disease.</li> <li>■ Training on Disaster Management for MoH</li> <li>■ Provide of medical equipments for Adampan and Chilawatura hospitals in Mannar District and for Kilinochchi and Mullaitivu General hospitals. Provide hospital equipment for Chavakachcheri Hospital in Jaffna and equipment for Health Education Units in Kilinochchi and Mullaitivu districts</li> <li>■ Provide a water testing laboratory for Jaffna</li> <li>■ Provide fogging machines for the control of dengue infection in the return areas</li> <li>■ Mobile clinics supported the delivery of primary health care services in remote resettlement areas of Mannar district (CAM)</li> <li>■ W Support the local health authorities in the delivery of community awareness campaigns in 8 resettlement areas in Mannar District (CAM)</li> </ul>	<p>CERF assisted in the rehabilitation of damaged health facilities in Kilinochchi and Mullaitivu districts</p> <p>Priority medical equipment provided to Kilinochchi, Mullaitivu and Mannar district Hospitals</p> <p>Mental health services in the return areas strengthened through the establishment of mental health teams in Mullaitivu and Kilinochchi districts and provision of equipment</p> <p>Provision of a coordination mechanism with the MOH and health partners to address the immediate health needs for the displaced population</p> <p>CERF funds supported timely implementation of health interventions, preventing human suffering and deaths</p> <p>CERF funds provided accommodation for medical personnel, transportation services for referrals and deployment of medical personnel</p> <p>CERF funds supported the purchase of urgent medical equipments and medicines for IDPs</p> <p>The control of communicable diseases was strengthened through the provision of fogging machines for control of dengue, and through capacity building of staff on dengue and chingkingunya disease</p> <p>Community mobilization and active participation to address health issues in Mannar, Kilinochchi and Mullaitivu districts</p>	<ul style="list-style-type: none"> <li>■ HO field office in Vavuniya worked very closely with the RDHS of Mannar, Kilinochchi and Mullaitivu districts. In addition, WHO field office worked very closely with CAM and MTI during the implementation of their projects as well</li> <li>■ In addition, the health cluster mechanism also supported the monitoring of these activities</li> </ul>	<ul style="list-style-type: none"> <li>■ In addition to addressing the health needs of pregnant and lactating mothers and children under 5, people with mental health and psychosocial problems were targeted</li> </ul>
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	<p><b>10-FPA-018</b></p> <p>Reproductive health and wellbeing of displaced and returned women and girls</p> <p>LKA-10/H/31337</p>	906,935	<p>Received: 199,955</p> <p>199,955</p>	<p>Displaced and resettled women and girls of reproductive age in the Northern Province, approximately 27 per cent (104,382) of the total population (386,000)</p>	<ul style="list-style-type: none"> <li>■ To ensure uninterrupted reproductive health services to IDPs, resettled and host communities, to prevent excess maternal and neonatal mortality and morbidity and to respond to gender based violence</li> </ul>	<ul style="list-style-type: none"> <li>■ Project was carried out in Menik Farm, Kilinochchi and Mullaitivu Districts, providing the following reproductive health services to an estimated 25,500 women and girls of reproductive age (approximately 27 per cent of IDP and returnee populations in these locations). In many cases, a single beneficiary may have been covered under several of the following services: <ul style="list-style-type: none"> <li>○ Conducted 630 mobile reproductive health clinics were in Menik Farm and Killinochchi and Mullaitivu Districts</li> <li>○ Conducted 13,750 ante-natal consultations with expectant mothers to monitor pregnancy and ensure safe deliveries</li> <li>○ Conducted 17,275 different tests related to pregnancy to ensure every birth among displaced and resettled communities was safe</li> <li>○ 4,000 condoms distributed as prevention for HIV/AIDS</li> <li>○ 14,200 people of reproductive age received different methods of family planning services through mobile clinics to avoid unwanted pregnancies which sometimes lead to unsafe abortions and deaths</li> <li>○ 250 counselling sessions conducted for women and girls of reproductive age to improve wellbeing</li> <li>○ 8,291 hygiene packs distributed among displaced and resettled women and girls of reproductive age, which ensured their basic personal hygiene and dignity.</li> </ul> </li> </ul>	<p>CERF funding allowed response to the reproductive health needs of the displaced and resettled people immediately</p>	<ul style="list-style-type: none"> <li>■ NFPA directly monitored project implementation at field level through regular monitoring visits, weekly reports from implementing partner (FPASL) and by conducting review meetings with key stakeholders, incl. Northern Province Ministry of Health, FPASL and Ministry of Health.</li> <li>■ NFPA conducted an evaluation late December 2010, incl. components supported by CERF (report still in draft stage).</li> <li>■ Financial aspect of the project of the implementing partners is covered by the UNFPA annual audit 2010.</li> </ul>	<ul style="list-style-type: none"> <li>■ Special attention was paid to hygiene needs of school girls which enabled the full participation in school activities</li> <li>■ Focused on hygiene of the women and girls of reproductive age which helped them to engage in relief and communal activities.</li> </ul>
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<p style="text-align: center;"><b>Health and Nutrition</b></p>	<p style="text-align: center;"><b>10-IOM-030</b></p> <p style="text-align: center;">Immediate Primary Health Care Assistance in Menik Farm and Monsoon Mitigation Activities</p> <p style="text-align: center;">LKA-10/H/31351/R/298</p>	<p>150,000</p>	<p>0.535 million</p> <p>Received: 150,000</p>	<p>27,500 IDPs including 14,025 Females, 13,475 males and 3,000 &lt;5yrs Children</p>	<ul style="list-style-type: none"> <li>■ Life-saving pre-hospital ambulance care services on a 24-hour, 7 days per week basis will be maintained for three additional months</li> <li>■ Provision of daily transport services to medical officers, nursing staff and visiting specialist</li> <li>■ Provision of one medical mobile clinic will be ensured for three months.</li> </ul>	<p>Total 25,269 consultations at IDP camp Primary Health Care Centres:</p> <ul style="list-style-type: none"> <li>■ Provision of six, 24hr emergency ambulance services, which transferred 2,602 critically ill patients to referral health care facilities. This service also included ambulances provided for safe assisted return for the IDPs to resettlement areas. Five missions assisted.</li> <li>■ Deployment of 13 pre intern medical officers for primary health care and disease surveillance activities three months. Provision of one medical mobile clinic with 1,609 consultations completed</li> <li>■ Provision of 2 vehicles for the transportation of all health staff; medical officers, nurses, pharmacists and dispensers, at Menik Farm</li> <li>■ Provision of meals; three meals per day, for 36 health staff at Menik farm</li> <li>■ Supported 46 trained health volunteers in primary Health care centres in IDP camps</li> <li>■ Provision of hospital equipment to the Vavuniya General Hospital, for the effective management of dengue fever/vector borne diseases during monsoon season</li> <li>■ Health education programmes and clean-up drive activities on monsoon preparedness given to 1,097 IDPs, incl. 463 males and 631 females, especially on Dengue Fever outbreaks in Menik farm</li> <li>■ Capacity building programmes on health volunteers in IDP camps given to 116 health volunteers at IDP camp. Capacity building program on monsoon preparedness and outbreak response to Vavuniya General Hospital health staff; referral hospital for IDP health care. This reached 77 medical officers, 19 nursing officers, 63 paramedical staff and 79 health attendants</li> <li>■ Environmental cleaning activities at Vavuniya General Hospital for vector borne disease control and monsoon preparedness plan</li> <li>■ Distribution of 115 insecticide impregnated mosquito nets among primary health care centres in IDP camps and referral hospital</li> </ul>	<p>CERF funding allocation allowed comprehensive yet immediate primary Health care for IDPs including allocating pre intern medical officers, transportation to health staff and capacity building. These capacity-building activities provided lasting knowledge in monsoon preparedness and outbreak response.</p> <p>The monsoon mitigation activities addressed the vector borne disease control e.g. Dengue fever. IOM is very pleaded to report that deaths due to dengue Fever were not observed during this monsoon period among the target population. CERF funds provided vital hospital equipment to be donated to the referral hospital, which will prevent morbidity and mortality of IDP population.</p>	<ul style="list-style-type: none"> <li>■ Monitoring of the ambulance transfers of critically ill patients was done in partnership with Ministry of Health medical officers.</li> <li>■ Monitoring of the primary health care centre activities, health volunteer activities, capacity building was done through IOM field officer direct supervision.</li> </ul>	<ul style="list-style-type: none"> <li>■ IDPs and returnees of the Northern province. Beneficiary groups included females, males and children equally.</li> </ul>
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						<ul style="list-style-type: none"><li>■ Provision of insecticides for fogging activities in control of vector borne diseases</li><li>■ Provision of items to the health coordination centre for monsoon preparedness activities.</li></ul>			
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	<p>10-CEF-024-D</p> <p>Emergency nutrition in IDP camps and resettlement areas of the Northern Province</p> <p>LKA-10/H/30701</p>	<p>400,000</p>	<p>2.0 million</p> <p>Received:</p> <p>1.07 million</p>	<p>8,000 children under five years</p> <p>4,000 boys</p> <p>4,000 girls</p>	<ul style="list-style-type: none"> <li>■ Cases of acute malnutrition are identified and effectively treated in IDP camps and resettlement areas following SPHERE standards</li> <li>■ Therapeutic feeding: Coverage in camps &gt; 90per cent, Coverage in resettlement areas &gt; 50per cent, Recovery rate &gt; 75per cent, Death rate &lt; 10per cent, Defaulting rate &lt; 15per cent</li> <li>■ Supplementary feeding: Coverage in camps &gt; 90per cent, Coverage in resettlement areas &gt;50per cent, Recovery rate &gt; 75per cent, Death rate &lt; 3per cent, Defaulting rate &lt;15per cent</li> <li>■ Key messages on infant feeding in emergencies made available and disseminated</li> <li>■ Nutrition situation is closely monitored</li> <li>■ Sector coordination is in place and supports the effective implementation of the nutrition response.</li> </ul>	<ul style="list-style-type: none"> <li>■ 75,000 boys and girls under five in resettlement areas were provided Multiple Micro Nutrients to reduce micro nutrient deficiency.</li> <li>■ Therapeutic/supplementary feeding activities met coverage targets of 90per cent in the camps and 50per cent in the resettlement areas.</li> <li>■ 50,410 children (boys and girls) under the age of five were screened to assess nutrition status and managed for Severe Acute Malnutrition and Moderate Acute Malnutrition (SAM/MAM) in resettlement areas in north.</li> <li>■ Therapeutic/supplementary feeding in the camps and resettlement areas met the following targets: Recovery rate &gt; 75 per cent, Death rate &lt; 10 per cent, Defaulting rate &lt; 15 per cent; <ul style="list-style-type: none"> <li>○ <u>Menik Farm</u>: 2,026 children, 1,182 screened 1.7per cent SAM and 9.98per cent MAM.</li> <li>○ <u>Jaffna camp</u>: 42,029 children and 41,057 screened, SAM 0.74per cent, MAM 10.3per cent.</li> <li>○ <u>In Vavuniya North resettled area</u>: of 1,172 children under five, 591 screened, SAM 1per cent and MAM 6.1per cent.</li> <li>○ <u>In Jaffna resettled areas</u> – 7,297 children, MAM 12.5per cent</li> <li>○ <u>Kilinochchi</u> – 11,169 children and 7,580 screened, SAM1per cent and MAM 8per cent. All cases managed.</li> </ul> </li> <li>■ Provincial and district nutrition committees were established to support nutrition interventions.</li> <li>■ 50 health staff from RDHS Mannar were trained on the Nutrition Rehabilitation Programme (NRP) implementation and reporting</li> <li>■ 50 health care providers were trained on effective community mobilization to ensure maximum coverage and sustainability of NRP</li> <li>■ 700 pregnant mothers with low BMI trained on the preparation of homemade supplementary food</li> </ul>	<p>Access to the appropriate treatment for the beneficiaries suffering from acute malnutrition, to prevent morbidity and mortality associated with malnutrition, could not have been ensured without timely CERF contribution</p> <p>The initiatives led to mothers' empowerment to take care of their nutrition requirement at household level</p> <p>The funding also helped in supporting a strong nutrition coordination mechanism.</p>	<ul style="list-style-type: none"> <li>■ A mixed strategy was implemented to ensure proper monitoring and supervision of the activities including: field visits, review meetings, snap short surveys and data collection, analysis and presentation</li> <li>■ Regular district reviews conducted to monitor progress and identify bottle necks</li> <li>■ Surveys were conducted by GoSL to verify the findings</li> <li>■ Selected indicators to assess the progress of community mobilization have been included in the routine nutrition monitoring system</li> <li>■ Supply plan prepared, implemented and monitored at all levels.</li> </ul>	<ul style="list-style-type: none"> <li>■ The boys, girls, pregnant and lactating women in geographically and economically deprived areas benefited equally from the CERF funded interventions.</li> <li>■ Gender disaggregated data was generated.</li> </ul>
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						<ul style="list-style-type: none"> <li>▪ 27,450 mothers trained on the preparation of homemade supplementary food as a measure to address the moderate malnutrition in children</li> <li>▪ 500 mothers enhanced their knowledge on Infant and Young Child Feeding;</li> <li>▪ 243 health staff, including PHMs, Medical officers, and Nurses, trained on Integrated Nutrition Programme;</li> <li>▪ 58 health staff enhanced their knowledge on Management of SAM-Inpatient care;</li> <li>▪ 12 monthly nutrition coordination meetings successfully held to strengthen the coordination and monitoring mechanism</li> </ul>			
<p><b>10-CEF-024-B</b></p> <p>Maternal, neonatal and child health interventions in IDP camps and resettlement areas of the Northern Province</p> <p>LKA-10/H/30702</p>	320,000	<p>2.0 million</p> <p>Received: 320,000</p>	<p>8,000 children under five</p> <p>4,000 girls and 4,000 boys</p> <p>11,000 school aged children</p> <p>5,500 girls and 5,500 boys</p> <p>1,600 pregnant women and lactating women.</p>	<ul style="list-style-type: none"> <li>▪ Pregnant women and newborns have improved access to essential life-saving health services</li> <li>▪ Vaccine preventable diseases are controlled.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Pediatric ward established at General Hospital Kilinochchi and neonatal resuscitation capacity enhanced at General Hospital Mannar</li> <li>▪ Equipment for paediatric ward Therapeutic Feeding Centre</li> <li>▪ These activities benefited approx. 8,000 children under 5 years, 11,000 school-aged children and some 2,000 pregnant and nursing women in the Mannar and Kilinochchi Districts</li> </ul>	<p>Through CERF funding the health facilities were equipped to provide comprehensive health care to vulnerable population. These health facilities could have not been able to provide timely care without CERF contribution.</p>	<ul style="list-style-type: none"> <li>▪ Regular monitoring and supervision of the activities and supplies and their use.</li> </ul>	<ul style="list-style-type: none"> <li>▪ The boys and girls, pregnant and lactating women, neonates in benefited equally from the health services.</li> </ul>	

Agriculture	10-FAO-022	679,027	Received: 5.6 million 4.7 million	<p>19,887 farmers men - 14,802, women – 5085<sup>6</sup></p> <p>Out of the 19,887 households who received vegetable seed kits, 1,721 households also received paddy, 2,261 received OFC, 1,800 households received tool packages, 3,125 received coconut seedlings, 1,250 households received barbed wire rolls and 622 households received water pumps</p>	<ul style="list-style-type: none"> <li>■ Improved household level nutritional status and food availability established amongst the 10,000 target beneficiary farm families</li> <li>■ 8,000 returnee households have produced paddy, OFC and vegetables ready to harvest during the next season</li> <li>■ 1,653 returnee female headed households are engaged in backyard poultry activities in their homesteads</li> <li>■ 4,400 vulnerable farm families are using the tool packages provided</li> <li>■ The surplus of agricultural production will have provided beneficiary households with income to support basic needs</li> </ul>	<ul style="list-style-type: none"> <li>■ Improved food security among the 19,887 farmers who received paddy/OFC/vegetable seed kits/tool kits/coconut seedlings/barbed wire tools/water pumps</li> <li>■ 1,721 farmers have harvested paddy during the Yala 2010 season and 2,027 farmers have harvested OFC (550 green gram, 654 black gram and 823 gingerly) during the Yala 2010 season</li> <li>■ 234 farmers harvested OFC (206 green grams and 28 black grams) under the seed production component to be used for cultivation during the Maha season 2010/11.</li> <li>■ 19,887 farmers received vegetable seed kits as part of UNHCR's NFI kit.</li> <li>■ 1,800 households are using the tool packages (each kit consists of a mamoty, watering can and bush cutting knife) provided. The number of households provided with tools is less than planned due to unavailability of quality tools.</li> <li>■ 3,125 farmers received coconut seedlings to be cultivated in their home gardens</li> <li>■ 1,250 households received barbed wire rolls to protect their crops from stray cattle.</li> <li>■ 561 farmers received a water pump each, out of which 500 farmers paid for 50per cent of the cost of the pump under the revolving fund scheme; and 61 more impoverished farmers received the pumps free in the next round, with the money collected from the first round, with additional distribution planned.</li> <li>■ 20 motorbikes were distributed to strengthen extension services.</li> <li>■ The DOA was allocated 18 bikes – 8 for male extension service officers, and 10 for female extension service officers, and the DOF was allocated two bikes for male extension service officers.</li> </ul>	<p>CERF was one of the only two donors in the sector who supported the agriculture needs for the Yala season of returnee farmers in the North</p> <p>CERF funding covered 10 per cent of the total funds received by the sector in 2010.</p> <p>Rapid allocation of CERF funds allowed the project to meet the immediate needs of the Yala 2010 season.</p> <p>CERF funds were flexible to allow the project to re-direct funds for other more immediate needs following a detailed assessment of the situation on the ground.</p> <p>FAO's partnership with UNHCR through this project added value and was instrumental in reaching significantly more beneficiaries than planned</p> <p>Impact of some of the inputs were long lasting and added to the sustainability of the project</p>	<ul style="list-style-type: none"> <li>■ Monthly progress reports from field staff</li> <li>■ Regular coordination between field staff and DOA-NPC to identify the needs, select beneficiaries and monitor progress</li> <li>■ Regular coordination between field staff and central FAO office in Colombo</li> <li>■ Regular field visits to monitor the progress of cultivation</li> </ul>	<ul style="list-style-type: none"> <li>■ All beneficiaries were returnee farmers who had lost their production assets and means to resume their agriculture based livelihoods. At least 74per cent of beneficiary farmers were men and 26per cent of beneficiary farmers were women.</li> <li>■ Emphasis was given to select women beneficiaries for home gardening activities to increase women's control over household food-based resources. Technical advice on best practices and techniques on improved agriculture production provided through FAO and DOA during monitoring and field visits.</li> </ul>
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<sup>6</sup> See page 4 August 2011



Education	<p>10-CEF-024-C</p> <p>Restoring Basic Education in the Northern Province</p> <p>LKA-10/E/31091</p>	<p>363,800</p>	<p>Received:</p> <p>3.09 million</p> <p>3.5 million</p>	<p>Estimated 25,000 children 5-14 years; 6,250 girls and 6,250 boys in IDP camps, 6,250 boys and 6,250 girls in resettlement areas and host communities</p>	<ul style="list-style-type: none"> <li>■ All school aged children in the IDP camps and return areas attend school regularly in safe learning environments</li> <li>■ 25 basic learning spaces built in return areas</li> <li>■ 25,000 student learning kits distributed and used</li> <li>■ 2,000 recreation kits distributed and used</li> <li>■ 1,000 teachers trained to promote psychosocial healing.</li> </ul>	<ul style="list-style-type: none"> <li>■ Setting up of 29 TLS in the returnee areas and immediate supply of over 49,000 student learning kits and 800 teachers kits enabled students to continue with their education. Total beneficiaries amounted 49,253 displaced students (25,119 girls and 24,134 boys) and 810 teachers</li> <li>■ Funds initially planned for support to teachers and recreation kits to promote psychosocial healing were redirected to the provision of learning kits for a wider group of returning students (see detailed explanation in Analysis section).</li> </ul>	<p>Allocation of CERF funds increased financial capacity of implementing partners to meet immediate needs, particularly in providing TLS until more funding could be secured for school rehabilitation.</p>	<ul style="list-style-type: none"> <li>■ The Provincial Education Department, MoE Emergency focal point and UNICEF focal point assessed needs</li> <li>■ Implementation was monitored jointly and individually by the government partners and UNICEF.</li> </ul>	<ul style="list-style-type: none"> <li>■ In keeping with national trends, girls' participation was slightly higher than that of than boys.</li> </ul>
Coordination and Support Services Logistics	<p>10-IOM-016</p> <p>Urgent transportation of IDPs to their areas of return</p> <p>LKA-10/CSS/30516/298</p>	<p>799,999</p>	<p>Received:</p> <p>1.5 million</p> <p>1.7 million</p>	<p>Up to 55,000 beneficiaries</p>	<ul style="list-style-type: none"> <li>■ Adequate transportation facilities and logistics support provided to the returning families.</li> </ul>	<ul style="list-style-type: none"> <li>■ 64,920 IDPs were supported to return to their place of origin(30,910 Males and 34,010 Females): <ul style="list-style-type: none"> <li>○ 1298 bus trips</li> <li>○ 1098 trucks trips</li> <li>○ 1230 water truck trips</li> <li>○ 4,500 tractor trips for internal transportation</li> </ul> </li> <li>■ Provided three buses for three months to transport the people between Menik Farm and Vavuniya town</li> <li>■ An ambulance service accompanied each IDP convoy under the IOM health programme.</li> </ul>	<p>This project enabled IOM to address the transportation needs of IDPs during the return process from the IDP camps to home areas. Buses and trucks, tractors transported people and their belongings. Water bowsers brought essential water to the population until wells could be cleaned and renovated.</p>	<ul style="list-style-type: none"> <li>■ The convoys were arranged (boarding of IDP passenger, and loading of belongings) in the presence of IOM staff.</li> </ul>	<ul style="list-style-type: none"> <li>■ Transportation was always arranged for the entire family unit including women children and youths.</li> </ul>

## Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
MTI	Health	10-WHO-025	200,000	22 June 2010
CAM	Health	10-WHO-025	100,000	22 June 2010
Family Planning Association of Sri Lanka	Health	10-FPA-018	101,610	26 May 2010
Rural Development Foundation, Vavuniya	WASH	10-CEF-024-A	12,832	17 December 2010
Voluntary Organisation for Vulnerable Community Development, Vavuniya	WASH	10-CEF-024-A	19,882	17 December 2010
Muslim Aid, Vavuniya	WASH	10-CEF-024-A	19,982	3 December 2010
Rural Development Foundation, Vavuniya	WASH	10-CEF-024-A	12,832	17 December 2010
Rural Development Foundation	WASH	10-CEF-024-A	4,132	26 April 2010
Rural Development Foundation	WASH	10-CEF-024-A	9,769	15 June 2010
Rural Development Foundation	WASH	10-CEF-024-A	8,899	29 June 2010
Voluntary Organization for Vulnerable Community Development	WASH	10-CEF-024-A	9,923	26 May 2010
Sewa Lanka Foundation, Vavuniya	WASH	10-CEF-024-A	19,284	5 July 2010
Sewa Lanka Foundation, Jaffna	WASH	10-CEF-024-A	268,881	9 July 2010
Sarvodaya District Centre	WASH	10-CEF-024-A	9,083	2 July 2010
Solidar	WASH	10-CEF-024-A	15,786	29 June 2010
Solidar	WASH	10-CEF-024-A	9,863	12 May 2010
Muslim Aid	WASH	10-CEF-024-A	9,960	26 April 2010
OXFAM GB	WASH	10-CEF-024-A	9,668	7 July 2010
Organisation for Habitation and Resources Development	Shelter	10-HCR-015 10-HCR-047	79,312	11 March 2010 <sup>7</sup>
<b>TOTAL</b>			<b>842,386</b>	

<sup>7</sup> UNHCR disbursed \$39,656 to its NGO implementing partner prior to approval of the CERF March 2010 grant. This support was then retroactively counted against the CERF allocation to UNHCR.

## **Annex 2: Acronyms and Abbreviations**

BP	Blood Pressure
CAM	Comité Aide Médicale
CERF	Central Emergency Response Fund
CHF	Common Humanitarian Funds
CSB	Corn Soya Blend
DOA	Department of Agriculture
DOF	Department of Fisheries
ECOSOC	Economic and Social Council
FAO	Food and Agriculture Organization
FPASL	Family Planning Association of Sri Lanka
GH	General Hospital
GoSL	Government of Sri Lanka
HRF	Humanitarian Response Fund
HIV/STI	Human Immunodeficiency Virus/Sexually Transmitted Infections
IDP	Internally Displaced Persons
IOM	International Organization for Migration
INEE MS	Inter-agency Network for Education in Emergencies Minimum Standards
MAM	Moderate Acute Malnutrition
MCH	Maternal Child Health
MoE	Ministry of Education
MoH	Ministry of Health
MRI	Medical Research Institute
MTI	Medical Teams International
NFI	Non-Food Item
NGO	Non-Governmental Organizations
NPC	Northern Provincial Council
NRP	Nutrition Rehabilitation Programme
OFC	Other Food Crop
RDHS	Regional Directorate of Health Services
RC/HC	Resident/Humanitarian Coordinator
RDHS	Regional Director of Health Services
RH	Reproductive Health
SAM/MAM	Severe Acute Malnutrition and Moderate Acute Malnutrition
SGBV	Sexual and gender-based violence
SCBU	Special Care Baby Unit
SPHERE	Humanitarian Charter and Minimum Standards in Disaster Response
TLS	Temporary Learning Spaces
PHM	Public Health Midwife
PHI	Public Health Inspector
PWSN	Persons with Special Needs

TFC	Therapeutic Feeding Centre
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNOPS	United Nations Office for Project Services
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
WFP	World Food Programme
3W	Who -What-Where