

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
ALGERIA
RAPID RESPONSE
FLOOD 2015**

RESIDENT/HUMANITARIAN COORDINATOR

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REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please indicate when the After Action Review (AAR) was conducted and who participated.

One of the lessons learned from the CERF process was the need for increased and improved inter-agency and inter-sectoral coordination. Prior to the October floods, UNHCR had already begun (in September) to put a formalized coordination system in place. Within this new coordination mechanism, since fully established, the Inter-Agency Working Group (IAWG) brings together humanitarian stakeholders (UN humanitarian agencies, select implementing partners, and SRC) to discuss inter-agency issues and agree on response coordination and collaboration. The Inter-Sector Working Group (ISWG) was also created, with membership consisting of UN humanitarian agencies and relevant implement partners, with a similar focus but at the sectoral level. These two groups each meet on a regular (i.e. sometimes monthly) basis, with the IAWG being the primary format to discuss the overall CERF process. Therefore, the AAR took place through a continuous discussion within the IAWG.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES X NO

The final draft report was prepared by a Committee of technical focal points from each UN Agency CERF (UNHCR, UNICEF, WFP and WHO) as well as the Resident Coordinator Office. The report was then reviewed by Representatives of the above mentioned UN agencies and RC. The final version was then shared with the UN Country Team for review and endorsement. The consolidated report was endorsed by the UNCT on August 29 prior to its submission to the CERF Secretariat.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The final report was shared for review with the Sahrawi Community through the Sahrawi Red Crescent and all members of Inter-Agency Working Group (IAWG). Furthermore, it was discussed during the IAWG's meeting held in Tindouf on 1st September 2016 and comments from the meeting were incorporated in the final report. UNHCR leads the IAWG, whose members include the heads UN agencies operating in Tindouf; the heads of the two donor organizations active in Tindouf namely the Spanish Agency for International Cooperation and Development (AECID) and ECHO; heads of some of the I/NGOs; as well as the head of the Sahrawi Red Crescent.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 19,151,715		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,051,640
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	
	OTHER (bilateral/multilateral)	5,550,000
	TOTAL	10,601,640

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 17 November 2015			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-134	Health	299,925
UNHCR	15-RR-HCR-062	Shelter and Non-Food Items	1,600,000
WFP	15-RR-WFP-079	Food Aid	3,000,000
WHO	15-RR-WHO-052	Health	151,715
TOTAL			5,051,640

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	4,812,444
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	239,196
Funds forwarded to government partners	
TOTAL	5,051,640

HUMANITARIAN NEEDS

Context

Since 1975, Algeria has been hosting refugees from Western Sahara near the town of Tindouf in south-western Algeria. A decade later, in the absence of a solution to the Sahrawi crisis, Algeria sought support from the international community to help protect and assist refugees. Since then, the UN (UNHCR, WFP, UNICEF and WHO) provides humanitarian assistance to refugees in the camps, in collaboration with local and international NGOs. The refugee camps are located in the harsh, isolated desert of western Algeria, where opportunities for self-reliance are limited. The refugees are almost fully dependent on humanitarian assistance. The harsh environmental conditions (extreme heat – up to 55 degrees Celsius in July and August – sandstorms, constant drought and torrential rains) and the remote location of the camps make living conditions very difficult, and limit the opportunities for income-generating activities.

Heavy rainfalls lasting over a week in late October 2015 (17 to 26) led to severe floods in Tindouf, causing an unprecedented level of destruction to all five Saharawi refugee camps. Particularly hard hit was the Dakhala refugee camp, located furthest away from the town of Tindouf and the Rabouni Extended Delivery Point (EDP). An Initial Rapid Assessment was undertaken from 20 October to 8 November. The multi-agency, multi-sector assessment teams were comprised from the UN agencies (UNHCR, WFP, UNICEF), ICRC, Algerian Red Crescent, Sahrawi Red Crescent, local Algerian authorities, as well as all involved national and international organizations, such as Triangle (TGH), Comitato Internazionale per lo Sviluppo dei Popoli (CISP), OXFAM, Association des Femmes Algériennes pour le Développement (AFAD), and others. The rapid initial assessment estimated that this crisis affected at least 7,500 families and possibly as many as 11,500 families, or between 37,500 and 55,000 individuals; the majority of them women and children.

The humanitarian partners quickly responded to the crisis through the distribution of drinking water, food and emergency shelters to cover the most pressing short-term needs. However, the unprecedented level of destruction, the urgency of the emergency situation and the already difficult funding situation led the UN humanitarian agencies, in consultation with the Sahrawi and Algerian authorities, as well as NGO partners on the ground to request CERF funding under the Rapid Response window for a total amount of US\$ 5,051,640 to alleviate the pressing needs in terms of shelter, essential relief items, water sanitation, hygiene, food, nutrition and health facilities.

Humanitarian Needs per sector:

Emergency shelter and core relief items:

The multi-agency comprehensive shelter assessment led by UNHCR determined that 17,841 families had their houses either damaged or completely destroyed. Traditional tents and improvised houses built of mud had suffered extensive damage, and most had become completely inhabitable, leaving entire families with children without any shelter under the rain. Food and other household supplies were also destroyed. UNHCR adopted two approaches in responding to the emergency shelter needs of the worst affected families (at least 7,500 of the 17,841 total number of flood affected families). First, urgent procurement and immediate distribution of emergency family tents, plastic rolls, plastic sheets, kitchen sets, blankets and jerry cans was conducted. The second approach focused on procurement and distribution of construction material to 3,500 most vulnerable families 3 months following the disaster.

Health:

Following the floods, initial assessments estimated that between 7,000 and 11,500 families (between 35,000 and 55,000 individuals) were left without access to basic health care as approximately 30% of the health facilities were partially or fully destroyed, including emergency health units, together with medical equipment, vaccines and drugs. Affected women and children in camps had no longer access to critical and primary health care services. In total, in the five refugee camps, 25 health infrastructures including health centres and hospitals were damaged by the floods, 15 were lightly hit, 2 were severely hit and 8 moderately hit. Moreover, severe shortages of essential drugs and neonatal/obstetric kits particularly for the most vulnerable (women and children) have been reported by health agents and health NGOs. Approximately 60% of the health equipment and drugs has been damaged due to the floods, destruction of health facilities, including the medical material for pregnancy and delivery support; the stock of essential drugs was damaged as well and drugs are unusable. Between 31 October and 4th November UNICEF's health and nutrition specialist carried out a sector thorough assessment and confirmed figures, data and findings with the Saharawi health authorities as well as the major international partners intervening in the emergency health response (UNHCR, CRS, THG, MDM, CISP) thus avoiding any overlapping in the response/interventions. There was a need to increase the number of large tents to complement the remaining hospitals structures and restore emergency/ primary health care that were unusable. In addition, spot repairs needed to be conducted in emergency primary health care services in order to rapidly rehabilitate critical emergency and primary health care units and services and treat complex cases and emergencies. Furthermore, UNICEF planned to provide emergency health supplies for pregnant women and children, whose health has been further put at risk by this emergency situation.

Food and nutrition:

According to the initial assessment, the equivalent of 85,000 food rations were lost, which had been distributed just a few days prior to the floods during the October General Food Distribution (GFD). This substantial loss of food, further exacerbated the refugees' already delicate nutrition and food security, which had been negatively affected by the prolonged lack of food basket diversity, the distribution of unfortified food since early 2015, and food ration cuts since August 2015. These measures that were a direct result of continuously decreasing funding since 2014, resulted in the kilocalorie intake to fall under the minimal daily requirement of 2,100 kcal per person.

In addition to the direct loss of 85,000 rations, other complementary food stocks were destroyed during the floods, and WFP stocks completely depleted as part of the immediate response. The floods also destroyed the food distribution infrastructure including all 116 final distribution points (FDPs) and platforms.

Finally, the only road between Béchar and Tindouf had been blocked for some days, preventing any delivery of food from the port of Oran in the immediate aftermath of the floods.

II. FOCUS AREAS AND PRIORITIZATION

Based on assessments and discussions between UN humanitarian agencies, Sahrawi authorities and partners including NGOs and the Algerian Red Crescent, for CERF funds the following three focus areas were identified:

1. Provide emergency **shelter and essential relief items**,
2. Provide **food and adequate nutrition**
3. Provide refugees with adequate preventive and curative **health care services**

1. Emergency shelter and core relief items

The initial rapid assessment conducted by the Sahrawi Red Crescent (SRC) reported that about 11,411 families had been affected by the flooding. However, there was a need to accurately assess the number of affected families in order to determine the most appropriate emergency response and subsequent funding needs. Upon donor's request, UNHCR led a multi-agency assessment of destroyed and damaged houses in all camps. The assessment begun on 28th October and was concluded on 8th November 2015. The multi-agency assessment team consisted of 40 staff from humanitarian agencies namely United Nations High Commissioner for Refugees (UNHCR), World Food Organization (WFP), Triangle Generation Humanitaire (TGH), COMITATO INTERNAZIONALE PER LO SVILUPPO DEI POPOLI(CISP), OXFAM-SOLIDARITÉ ASBL (OXFAM), Association des Femmes Algériennes pour le Développement (AFAD), International Committee of Red Cross (ICRC), Algerian Red Crescent, Saharawi Red Crescent, and refugee community leaders and community outreach workers at the camp level. This assessment showed that 17,841 families were affected by the floods. The magnitude and extent of destructions were categorized according to levels, ranging from 1-4 in the following order:

- Level 1: 81% to 100% (Worst affected)
- Level 2: 51% to 80% (Highly affected)
- Level 3: 21% to 50% (Moderately affected)
- Level 4: 5% to 20% (Lightly affected).

About 50% of the houses identified were severely damaged and destroyed and categorized under level 1. As response, the team noted that there was an urgent need for 4,000 emergency shelter to accommodate the worst affected families accounting for at least 7,500 of the 17,841 total number of flood affected families. Additional household supplies (10,350 fleece blankets, 2,000 jerry cans, 1,834 kitchen sets, 319 plastic rolls, and 1,319 plastic sheets) needed to be provided to families who had lost all their families amenities.

2. Food and nutrition

The priority for the food and nutrition sector was to ensure the stabilization of food distribution in the weeks following the floods, and the return to the pre-flood food security and nutrition situation.

As immediate response, WFP distributed 200 metric tons of several commodities between 21 and 27 October to cover the basic food requirements, resulting in the complete depletion of WFP stocks. However, these rations presented less than 10% of the normal food ration. The CERF funds were crucial in replacing food stock losses amounting to 85,000 monthly food rations, the provision of food rations to 85,000 refugees affected by the floods for three months, and contributed to the rehabilitation of food distribution infrastructure. Cereals and pulses were prioritized under the CERF request, in order to ensure an adequate and diversified diet, as well as, a small quantity of vegetable oil and sugar.

3. Health care services

The health emergency response was led by UNHCR and coordinated by a “health crisis unit” established by the Ministry of Health together with humanitarian partners on the ground, including UN agencies and INGOs. A joint action plan detailing tasks and responsibilities according to each partner’s capabilities and mandate was established, its implementation is subject to funding availability. The action plan resulted from the different assessments conducted by local and international partners including UNICEF in response to needs identified by the Sahrawi population and local health personnel in the different camps. The UN emergency health response included UNHCR, WHO and UNICEF. Medico Del Mundo (MDM) and Medico International (MI) provided essential drugs for adults affected by chronic diseases. UNICEF, in collaboration and coordination with the Sahrawi Ministry of Health and HCR, supported up to 30,000 refugees affected by the floods with adequate emergency primary health care and facilities through: (1) the set-up of 20 primary health care spaces to resume emergency health activities for affected women and children, and (2) the provision of emergency health supplies, consumables drugs and lifesaving equipment; obstetric and new-born kits, crucial drugs for de-worming, vitamin A supplements for 30,000 individuals.

WHO assisted the health authorities, and increased coordination between different humanitarian actors working in the health sector, by updated mapping (3WS) partners in the health sector, as well as, supporting the health information system. A weekly situation report is distributed, and epidemiological data related to all five Sahrawi refugee camps regularly published. WHO also assisted in the establishment and strengthening of the integrated disease surveillance and response system in the camps.

Role of gender in planning: Women are actively involved in the management of the camps and have an essential decision-making role in various aspects of the Sahrawi society. The strong participation of women is a reflection of the Saharan society, where women have been traditionally influential. During the response planning the specific needs of women and children were considered, especially regarding their immediate health needs through the provision of emergency primary health care services, including pregnancy monitoring, birth assistance, and vaccinations of young children.

III. CERF PROCESS

Due to the unprecedented level of destruction in all five Sahrawi refugee camps, the Sahrawi refugee community, local Algerian authorities, UN agencies and NGOs agreed that this emergency required urgent international assistance. In light of the already difficult funding situation, it was decided early on to submit a CERF application under the rapid response window, to cover the gaps between the initial response conducted by the UN humanitarian agencies and the remaining humanitarian needs.

The identification of the focus areas according to the most pressing needs was based on the results of the inter-agency assessment mission led by UNHCR. Close consultations between all stakeholders (UN, NGO, and Sahrawi Red Crescent) at Tindouf level resulted in the prioritization of the focus areas: (1) shelter and non-food items (NFIs), (2) food and nutrition, and (3) health facilities. Throughout all planning processes the refugee community was fully and actively engaged. Daily emergency coordination meetings were held by the operational colleagues in Tindouf, to follow up on the assessments conducted, identify the focus areas for the CERF application, and discuss the response. UN agencies’ country offices in Algiers (distance to Tindouf 2,000 km) provided support.

The CERF application was finalized with the support of the Resident Coordinator’s office and, after final review by the Resident Coordinator, was submitted to OCHA. Following the review and discussions with OCHA, one of the original priorities was withdrawn as, while still a priority, it was not falling within the CERF funding criteria.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 85,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Aid	24,580	26,981	51,561	22,936	10,503	33,439	47,516	37,484	85,000
Health	8,676	9,523	18,199	8,097	3,704	11,801	16,773	13,227	30,000
Shelter and Non-Food Items	11,250	7,250	18,500	11,250	7,250	18,500	22,500	14,500	37,000

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

These CERF funds directly benefitted 85,000 refugees directly affected by the flood emergency. In the immediate aftermath of the floods the Sahrawi Red Crescent (SRC) conducted an assessment to evaluate the extent of destruction, which concluded that 85,000 food rations were lost. This number includes those refugees that lost their shelter, as well as the ones who benefitted from the emergency response in the health sector.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (< 18)	Adults (≥ 18)	Total
Female	24,580	26,981	51,561
Male	22,936	10,503	33,439
Total individuals (Female and male)	47,516	37,484	85,000

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

Vulnerable families affected by the floods were supported with emergency tents and core relief items (CRI)

A total of 2,730 emergency family tents were procured and installed in Tindouf refugee camps to accommodate 13,650 refugees who were homeless as result of the disaster. Additionally, 7,500 families of 37,500 refugees (worst affected families) were provided with basic domestic items (10,350 fleece blankets, 2,000 jerry cans, 1,834 kitchen sets).

The immediate access to emergency and primary health care for affected persons was improved, and emergency health supplies distributed

30,000 refugees especially children and women have been provided with access to emergency primary health care. 17 emergency temporary health structures in 5 refugee camps were set up to resume primary health care activities; UNICEF also procured and distributed 66 emergency health kits including essential drugs, supplies and equipment to cover the immediate health needs of the most flood affected refugees with particular attention to refugee children and women. The provision of emergency health spaces enabled to quickly rehabilitate access to emergency primary health care services, including pregnancy monitoring, birth assistance, and vaccinations of young children. The procurement of emergency health kits, such as obstetric surgical kits and midwifery kits enabled safe delivery for both mothers and new-borns, as well as the delivery of drugs for pregnant women with complications. Through WHO support, Sahrawi health authorities and the health sector partners benefited from technical support through health coordination meetings. This support also allowed to timely monitor the health consequences of the crisis and establish disease surveillance and response mechanisms that will be useful in the future.

Adequate food consumption was reached and maintained

CERF funds enabled WFP to restore food security and nutrition in the camps through the distribution of 4,314 MT of mixed commodities (2 040 MT of wheat flour, 234.6 MT of vegetable oil, 510 MT of barley, 510 MT of rice, 510 MT of lentils, 255 MT of sugar and 255 MT of CSB) to 85,000 refugees. This included the important and necessary processes of monitoring, through increased Post-Distribution Monitoring. As a result of the distribution, the affected refugees reached an adequate food consumption after the emergency. In addition, CERF funds were used to reconstruct some of the badly damaged food distribution infrastructure including the rehabilitation of 116 Final Distribution Points (FDPs). Initially, WFP had planned to include the reconstruction of 10 storage platforms, however the funds were needed for the FDPs, instead WFP purchased 15 special tarpaulins to protect food stored on platforms from the elements.

CERF's ADDED VALUE

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

YES PARTIALLY NO

CERF funds enabled a fast delivery of assistance to beneficiaries. The funds allowed UNHCR to fast-track service delivery to Tindouf refugee camps, which meant that the first airlift reached the camps on 28th of October, only two days after the end of the rain. UNICEF was able to rapidly implement a humanitarian partnership agreement with INGO Triangle to quickly resume access to emergency health services in all flood affected camps. Once the CERF contribution was approved, WFP could start the procurement of food procurement (nationally and internationally), as well as, lend food from the Spanish Red Cross' managed food security stock.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

CERF funds allowed to respond to time-critical needs, by helping UN agencies to rapidly respond to minimum basic needs and essential services. In the context of any disaster caused by flooding and strong winds, shelters are damaged and household items and food are most of the time washed away. Shelter are essential for refugees withstand weather conditions, the CERF fund enabled UNHCR to address the most pressing shelter and NFI needs. In terms of food, the already delicate situation regarding food security and nutrition had been exacerbated by the floods. The CERF funds allowed WFP to distribute immediate rations, replenish its stocks and return to full rations from November on, thus assuring food security for 85,000 affected refugees.

In terms of access to basic health facilities, CERF funding supported off-shore provision and procurement of essential drugs and emergency supplies (with a focus on women and children) to replenish emergency stocks and dispatch essential health drugs supplies and equipment to the most affected health dispensaries. CERF funds helped to support the Saharawi health authorities in facing the consequences of the floods, and beyond the emergency response it also contributed to improving the disease surveillance and response systems.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

Given the Sahrawi refugees' dependence on international assistance and the significant decrease in donors funding in recent years, the funding situation was critical before the flood crisis. CERF funds were essential to address the unmet funding requirements related to the October 2015 flash floods, by providing almost one fourth of the initial total budget requirement for the emergency response. This experience initiated an analysis on a long-term resource mobilization strategy and the start of pro-active fundraising efforts. A multi-agency appeal was launched to cover the remaining needs of the emergency response, amounting to US\$ 9,800,000. By the end of 2016, US\$ 5,200,000 had been received, reducing the funding gap to 50%.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

One of the key impacts of the CERF funding was an improvement of the coordination amongst the humanitarian community. CERF funds were critical to coordinate sector contributions, and prioritize humanitarian requirements among UN agencies. An Inter-Agency Working Group (IAWG) was established to provide a forum for strategic planning and decision making for all phases of the emergency response. In addition, an Inter-Sector Working Group (ISWG) to connect Tindouf-level response leaders with sector coordinators was also established, as well as, an Information Management Working Group to support the coordination efforts. Furthermore, a special shelter working group was also set up. The implementation of the CERF funded projects also improved coordination between various stakeholders in the health sector by strengthening and formalizing periodic meetings between the Saharawi health authorities, UN agencies and partners in the field. In the food and nutrition sector, the already established coordination mechanism of monthly meetings in Algiers and Tindouf that bring together all stakeholders proved their significance and effectiveness.

These different coordination mechanisms resulted in the timely UN response to the emergency, while reducing duplications and ensuring increased synergies, and provide valuable lessons learned for future operations.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
UN agencies comparative advantages in sudden onset rapid emergency response	Lessons learned exercise, preparedness activities including resilience activities, and humanitarian contingency stocks in place, A UN contingency plan prepared to address different emergency scenarios in the refugees' camps of Tindouf.	Sector Lead
Humanitarian family was not at all prepared to respond to the crisis caused by the flooding – everybody was caught by surprise with no standby arrangement or means to respond.	Critical importance of having a contingency plan to allow for more rapid, effective and coordinated response to similar flooding which is likely to recur given the yearly trend of the weather conditions in Tindouf.	UNHCR, UNICEF and WFP Representatives
The community participation approach applied in the assessment phase triggered ownership of entire project by the refugee community (i.e. offloading and distribution of emergency family tents, as well as, non-food items were done by the refugee community)	Refugee community participation to be capitalized and replicated across all the projects and in all refugee camps	All project partners in the camps

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	01/11/2015 – 01/05/2016		
2. CERF project code:	15-RR-CEF-134		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency health Response to the Saharawi Floods					
7. Funding	a. Total funding requirements ² :	US\$ 1,700,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ³ :	US\$ 1,250,000	▪ NGO partners and Red Cross/Crescent:		US\$ 90,489	
	c. Amount received from CERF:	US\$ 299,925	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	8,676	8,097	16,773	8,676	8,097	16,773
Adults (≥ 18)	9,523	3,704	13,227	9,523	3,704	13,277
Total	18,199	11,801	30,000	18,199	11,801	30,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	30,000		30,000			
IDPs						
Host population						
Other affected people						
Total (same as in 8a)	30,000		30,000			

² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Since October, UNICEF participated in emergency health coordination meetings, led by UNHCR. Most of the planned figures have been discussed between UNHCR, UNICEF and INGOs. UNICEF extrapolated figures from routine vaccination campaigns and assessed the humanitarian health situations in all flood affected camps through regular field visits and discussions with refugee health officials. Field visits included checking daily health attendance/morbidity books at health dispensary and regional hospital levels, emergency health information systems between refugee camps, regional health hospitals and main hospital in Rabouni. Most of the affected refugee populations (over 70%) were refugee women and children affected by the flash floods.</p>
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CERF Result Framework			
9. Project objective	Improving immediate access to emergency /primary health care for 30,000 affected persons in urgent need of health care in the five Saharawi refugee camps and the provision of emergency health supplies, with a focus on women and children.		
10. Outcome statement	30,000 refugees, and especially children and women, are provided with access to emergency/primary health care		
11. Outputs			
Output 1	20 emergency temporary health structures in 5 refugees camps are set up and operational		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of erected tents	20	17
Indicator 1.2	Number of functional emergency health centres	21	18
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of 20 tents – (42 squares metres)	UNICEF	17
Activity 1.2	Setting up of 20 emergency health tents	UNICEF/Triangle	17
Activity 1.3	Establishment of a cooperation agreement with NGO partner (Triangle) to erect tents	UNICEF/Triangle	Triangle
Output 2	Procurement and distribution of emergency health supplies and equipment		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Total Number of Procured emergency health kits	66	66
Indicator 2.2	Number of health kits distributed	66	66
Indicator 2.3	Number of beneficiaries accessing emergency health care services	30,000	30,000
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of 66 emergency health kits	UNICEF	66
Activity 2.2	Distribution of health kits by implementing partner	Ministry of health/CRS	CRS

Activity 2.3	Delivery of emergency primary health care to 30,000 beneficiaries	Ministry of health	30,000 beneficiaries with enhanced access to main hospital in Rabouni, 5 regional health hospitals in all refugee camps and emergency health dispensaries
Output 3	CERF Project Activities are effectively coordinated and monitored		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of field mission carried out	6	6
Indicator 3.2	End-user survey of distributed health supplies	1 survey	Field Monitoring visits/end user monitoring system
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Conduct field monitoring visit	UNICEF	UNICEF and INGO Triangle
Activity 3.2	Conduct end-user supplies survey	UNICEF	UNICEF and INGO Triangle

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

All beneficiaries were reached and supported during the emergency health interventions and during the 2 months following the flood crisis. Positive feedback was reported by Sahrawi officials, Algerian Government and humanitarian partners, in particular on 2 aspects: (i) results were quickly achieved, and (ii) all flood affected camps were covered. 100% of planned activities have been achieved (provision of emergency health kits and set up of emergency health dispensaries in all flood affected refugee camps. 17 emergency health tents have been procured, dispatched and 100% have been erected (out of 20 planned tents in the CERF proposal). The discrepancy is based on actual costs of emergency off-shore procurement.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Emergency rapid assessments on health were carried out by UNICEF staff at the onset of the flood disaster, including refugee beneficiaries. INGO Triangle (UNICEF's implementing partner) has sound relationships with affected populations in all refugee camps. Affected populations were informed and involved in the emergency health tent erection activities. INGO Triangle reported positive feedback from health staff and some beneficiary refugee women on UNICEF's emergency/rapid health interventions.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

No final evaluation for CERF supported activities. Regarding UNICEF's emergency flood response, UNICEF Algeria planned regular field visits and put in place end user monitoring systems to assess emergency distributions, implementation rate and quality of intervention, together with INGO Triangle and Saharawi officials (health officials, Saharawi Red Crescent, and heads of Saharawi refugee camps). UNICEF carried out a more comprehensive evaluation of its emergency health programme activities in 2015. In 2016, a specific plan of action is being implemented by UNICEF Algeria and health partners, based on the findings and main recommendations.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNHCR		5. CERF grant period:	01/11/2015 – 01/05/2016		
2. CERF project code:	15-RR-HCR-062		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
3. Cluster/Sector:	Emergency Shelter Including Core Relief Items					
4. Project title:	Provision of emergency shelter and core relief items for families affected by the flooding					
7. Funding	a. Total funding requirements ⁴ :	US\$ 6,570,000	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> ▪ <i>Government Partners:</i>			
	b. Total funding received ⁵ :	US\$ 5,200,000				
	c. Amount received from CERF:	US\$ 1,600,000				
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	11,250	11,250	22,500	11,250	11,250	22,500
Adults (≥ 18)	7,250	7,250	14,500	7,250	7,250	14,500
Total	18,500	18,500	37,000	18,500	18,500	37,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	37,000		37,000			
IDPs						
Host population						
Other affected people						

⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁵ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	37,000	37,000
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	No discrepancy was noted.	

CERF Result Framework			
9. Project objective	Support Saharawi refugee families affected for the floods in October 2015, to address their urgent need for shelter		
10. Outcome statement	Vulnerable families affected by the floods supported with emergency tents and core relief items (CRI).		
11. Outputs			
Output 1	7,500 most vulnerable families receive emergency shelter and CRI.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Most vulnerable affected people supported with emergency tents	13,650 individuals	13,650 individuals
Indicator 1.2	People affected by floods supported with core relief items (CRI) such as tarpaulins, blankets and kitchen sets	37,500 individuals	37,500 individuals
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of tents and CRI	UNHCR	UNHCR
Activity 1.2	Distribution of tents and CRI	UNHCR / ARC and SRC	UNHCR

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
Not applicable.	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The accountability to affected population was achieved through the following concrete actions. As described above under narrative section 2, the refugee community participated in the assessment of destroyed and damaged houses and their categorization per level of damage. They were also very instrumental in the design of shelter strategy to respond to immediate and long terms needs. The distribution of emergency family tents as well as the non-food items was done with full and active participation of the refugees. A team composed of UNHCR field staff and members of the refugee community, monitored and reported on the distribution on a daily basis. Their presence also provided refugees the possibility to give feedback directly and voice complaints.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNHCR established a regular (daily, weekly and monthly) and rigorous monitoring and reporting system of the implementation of offloading, distribution and installation of emergency family tents as well as core relief items. The full and active participation of the refugee community enabled quick implementation and completion of project. Planned outcomes were realized within one month (by the end of November 2015). This was reflected in 2015 year-end report which content was validated by internal and external multi-functional team.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		WFP		5. CERF grant period:		01/11/2015 – 01/05/2016	
2. CERF project code:		15-RR-WFP-079		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Food Aid					
4. Project title:		ALGERIA PRRO 200301 : Support to Refugees from Western Sahara					
7. Funding	a. Total funding requirements ⁶ :		US\$ 8,100,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁷ :		US\$ 2,271,886	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 148,991	
	c. Amount received from CERF:		US\$ 3,000,000	▪ <i>Government Partners:</i>			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).							
<i>Direct Beneficiaries</i>		<i>Planned</i>			<i>Reached</i>		
		<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>		24,580	22,936	47,516	24,580	22,936	47,516
<i>Adults (≥ 18)</i>		26,981	10,503	37,484	26,981	10,503	37,484
Total		51,561	33,439	85,000	51,561	33,439	85,000
8b. Beneficiary Profile							
<i>Category</i>		<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>		85,000			85,000		
<i>IDPs</i>							
<i>Host population</i>							
<i>Other affected people</i>							
Total (same as in 8a)		85,000			85,000		

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A
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CERF Result Framework			
9. Project objective	Strategic Objective 2: Support or restore food security and nutrition and establish or rebuild livelihoods in fragile settings and following emergencies.		
10. Outcome statement	Adequate food consumption reached and maintained by planned beneficiaries		
11. Outputs			
Output 1	Diversified food and nutritional products distributed in sufficient quantity, quality and in a timely manner to planned beneficiaries (including Needs Assessment)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries receiving assistance as % of planned (disaggregated by activity, by food and by women, men, girls, boys)	80%	100%
Indicator 1.2	Quantity of food assistance distributed, as % of planned distribution (disaggregated by type)	80%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Distribution of 2 040 MT of wheat flour, 234.6 MT of vegetable oil, 510 MT of barley, 510 MT of rice, 510 MT of lentils, 255 MT of sugar and 255 MT of CSB.	WFP	WFP
Activity 1.2	Monthly distribution of 17 Kg food basket ration composed of 8 Kg of WHF, 2 Kg of Barley, 2 Kg of Rice, 2 Kg of Lentils, 1 Kg of VegOil, 1 Kg of Sug, 1 Kg of Supercereal (CSB+)	ARC and, through ARC, the SRC	ARC through SRC
Activity 1.3	Supply chain monitoring	WFP, UNHCR, ARC and, through ARC, the SRC	WFP, UNHCR, and ARC, through ARC, SRC
Activity 1.4	Distribution and Post-Distribution Monitoring (data source: PDM based on statistically representative HH interviews)	WFP and CISP	WFP, UNHCR and CISP
Activity 1.5	Comprehensive Needs Assessment	WFP	WFP (EFSA)
Output 2	Adequate food consumption reached or maintained by planned beneficiaries		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Food consumption score	80% of HH have acceptable consumption score	80.42% of HH have an acceptable FCS
Indicator 2.2	Daily average dietary diversity	80% of HH consume at least 3 food groups on average per day	78.49% of HH have high DDS

Indicator 2.3	Coping Strategy Index	80% of HH have reduced or stabilized CSI	99% of HH use Coping strategy. (The Index target for Algeria lies at 4.50. At the end of 2015, it had reached 5.88.)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Distribution of 2 040 MT of wheat flour, 234.6 MT of vegetable oil, 510 MT of barley, 510 MT of rice, 510 MT of lentils, 255 MT of sugar and 255 MT of CSB.	WFP	WFP
Activity 2.2	Monthly distribution of 17 Kg food basket ration composed of 8 Kg of WHF, 2 Kg of Barley, 2 Kg of Rice, 2 Kg of Lentils, 1 Kg of VegOil, 1 Kg of Sug, 1 Kg of Supercereal (CSB+)	ARC and, through ARC, the SRC	ARC through SRC
Activity 2.3	Monitoring the supply chain and distributions	WFP, UNHCR, ARC and, through ARC, the SRC	WFP, UNHCR, and ARC, through ARC, SRC
Activity 2.4	Distribution and Post-Distribution Monitoring (data source: PDM based on statistically representative HH interviews)	WFP and CISP	WFP, UNHCR and CISP
Output 3	Infrastructure repairs		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of distribution points rehabilitated	80% of distribution points have been repaired	100% of 116 distribution points rehabilitated
Indicator 3.2	Number of outdoor handling and storage platforms rehabilitated	80% of outdoor handling and storage platforms have been repaired	0
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	2 FLA signed	WFP-OXFAM-CISP-contractors	CISP and ARC
Activity 3.2	Procurement of material	OXFAM and contractors	ARC and SRC
Activity 3.3	Supervision of works	WFP	ARC and WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>The WFP rapid response was organized within the first week of the emergency, following the preliminary assessment that identified the loss of 85,000 food rations. The November General Food Distribution started on 01/11/2015 to ensure that households affected by recent floods reconstitute their food stocks. All refugees received a full ration of 17kg. Thus, Output 1 "Diversified food and nutritional products distributed in sufficient quantity, quality and in a timely manner to planned beneficiaries" was reached.</p> <p>WFP and CISP organized a Rapid Food Security Assessment end of December 2015. Regarding the post-distribution monitoring (PDM), every month twenty percent of all WFP food distributed was monitored on-site, through focus groups organized by the joint monitoring team (WFP, UNHCR and CISP). The post-distribution monitoring was carried out in all five camps, which helped to determine the food security level in the camps. The results of this showed that Output 2 "Adequate food consumption reached or maintained by planned beneficiaries" was reached.</p> <p>Concerning Output 3 "Infrastructure repairs": in the initial CERF application, WFP had planned to work with OXFAM on the rehabilitation of the 116 distribution points. However, WFP chose a partnership agreement with ARC, since OXFAM was already involved in other rehabilitation efforts. All activities have been conducted under the supervision of WFP, and all 116 Distribution points were successfully rehabilitated.</p> <p>The only activity that did not take place as initially planned, was activity 3.2 which called for the rehabilitation of outdoor handling and storage platforms. After an assessment by an architect (after the CERF application) it was apparent that these structures need to be completely rebuild which surpasses the CERF budget and timeframe, and would not be possible in the short-term. To provide an immediate support to the distribution infrastructure, WFP purchased 15 large tarpaulins, specifically produced to withstand the difficult climate conditions and reinforced with UV protection, to protect products stored on platforms.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The ARC is WFP's cooperating partner, and SRC is ARC's implementing partner on the ground. SRC is responsible for warehouse management, food dispatches, secondary transport to, and food distribution at, the 116 final distribution points within the camps. Through SRC, the refugees are de facto involved in all aspects of planning, implementation and monitoring of the food distribution.</p> <p>All activities are informed by regular discussions with local authorities, and different segments of the population through household visits, focus group discussions and key informant interviews.</p> <p>The camp authorities are fully responsible for camp management, they set up different structures including in the sectors of welfare, education, and health. Civil society structures are mandated to take over activities in the different sector. Regarding the distribution of food, the 'jefas de barrio' and 'jefas de grupo' (respectively neighborhood and group leaders) are entities on the civil society level that help handle various issues, including general food distributions of commodities at local level.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>No overall evaluation is planned, since a large part of the CERF fund was used for the purchase of food, and the evaluation is part of the normal monitoring process. The implementing partners who reconstructed part of the infrastructure provide reports about their respective work and progress.</p> <p>WFP, UNCHR, and members of the Red Cross and Red Crescent Movement are involved in inspections, regular monitoring and post-distribution monitoring among beneficiaries, thus guaranteeing a comprehensive monitoring and evaluation framework. Appropriate data collection, analysis and dissemination mechanisms have been established and are continuously upgraded.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	07/11/2015 – 07/05/2016		
2. CERF project code:	15-RR-WHO-052		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of primary health care services					
7. Funding	a. Total funding requirements ⁸ :	US\$ 151,715	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ :	US\$ 151,715	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 151,715	▪ <i>Government Partners:</i>			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	8,676	8,097	16,773	8,676	8,097	16,773
<i>Adults (≥ 18)</i>	9,523	3,704	13,227	9,523	3,704	13,227
Total	18,199	11,801	30,000	18,199	11,801	30,000
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	30,000			30,000		
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	30,000			30,000		

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	
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CERF Result Framework			
9. Project objective	Improving access to public health services and emergency health care for 30,000 affected persons and in urgent need in the five Saharawi refugee camps through provision of technical and logistic support for the ongoing humanitarian and health emergency assistance		
10. Outcome statement	30,000 refugees are provided with adequate public health services and emergency health care to improve access to better humanitarian assistance during crises and disasters.		
11. Outputs			
Output 1	Access to emergency health care is improved in refugee camp through a support to 6 hospitals and 27 health centres with an adequate referral system		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Minimum number of consultation per refugee par year	2	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	<ul style="list-style-type: none"> - Provide emergency health kits (medical kit, diarrheal kit, trauma kits) and essential medicines, - Furnish hospitals beds, diagnose material and equipment - Ensure availability of a 24h/7days functional ambulance for referral of critical patients in regional hospitals 	WHO	WHO
Output 2	CERF Project Activities are effectively monitored and reported		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of field mission carried out to monitor the project implementation	6	3
Indicator 2.2	End-user survey of distributed health supplies with the support of health Authorities and the central depot.	1	1
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct a joint field supervision visit with WHO and Sahraoui refugee health Authorities	WHO	WHO
Activity 2.2	Conduct end-user supplies survey to improve health kits management	WHO	WHO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<ul style="list-style-type: none"> - Logistical difficulties in the supply of inputs processes have delayed their availability, but this fact did not affect the response to the crisis because the complementarity between the agencies involved, particularly health sector stakeholders, - The number of supervision missions has been reduced because the WHO has recruited two consultants for the implementation of the project which were located in Tindouf. - Lack of data has greatly affected the assessment of the severity of the health situation, the health information system ineffective. However 12,836 consultations were recorded during the first trimester in 2016 with 2593 children under 5 years (20%) <p>In summary, the WHO humanitarian assistance in support of health authorities in the Sahrawi refugee camps consisted of:</p> <ul style="list-style-type: none"> o The establishment of the coordination of humanitarian actors (UN agencies and NGOs) working in the health sector with updated mapping (3WS) partners in the health sector. o Support for the health information system with distribution of a weekly situation report and regular publication of epidemiological data of five Sahrawi refugee camps. (Sitreps attached) o The establishment and strengthening of a system of integrated disease surveillance and response with pre-position input for a possible outbreak response, <p>Improving the provision of emergency health care, including references for support in emergency medical kits in diagnostic equipment and essential drugs for the central pharmacy that supplies health facility refugee camps.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
WHO response was characterized through strong coordination with other UN agencies, NGOs and the Sahrawi health authorities and beneficiaries. The WHO consultants were in continuous contact with Sahrawi health professionals and users of health services in order to consolidate the continuity of curative, preventive and promotional care.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Based on principal lines of the project, WHO insured the arrival of the goods, and the distribution to the beneficiaries. An evaluation based on standards was not conducted, however; the WHO consultants followed the implementation of all procurements and their distribution among beneficiaries.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-WFP-079	Food Assistance	WFP	RedC	\$85,716
15-RR-WFP-079	Food Assistance	WFP	INGO	\$62,991
15-RR-CEF-134	Health	UNICEF	INGO	\$33,051
15-RR-CEF-134	Health	UNICEF	INGO	\$24,175
15-RR-CEF-134	Health	UNICEF	INGO	\$33,263
15-RR-WFP-079	Food Assistance	WFP	RedC	\$85,716
15-RR-WFP-079	Food Assistance	WFP	INGO	\$62,991

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFAD	Association des Femmes Algériennes pour le Development
ARC	Algerian Red Crescent
CISP	Comitato Internazionale per lo Sviluppo dei Popoli
HH	Households
ICRC	International Committee of Red Cross
INGO	International Non Government Organisation
JAM	Joint Assessment Mission
GFD	General Food Distribution
MdM	Médecins du Monde/ Médicos del Mundo/ Doctor's of the world
OXFAM	OXFAM-SOLIDARITÉ ASBL
SRC	Sahrawi Red Crescent
TGH	Triangle Generation Humanitaire
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WFP	World Food Programme
WHO	World Health Organization
GFD	General Food Distribution