

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

Country	Somalia
Humanitarian / Resident Coordinator	William Paton
Reporting Period	1 January- 31 December 2007

I. Executive Summary

By the end of 2006, South Central Somalia had been severely affected by insecurity and conflict, with the presence of foreign troops and heightened tensions between the Transitional Federal Government (TFG) and the Islamic Courts Union (ICU). Due to inter- and intra-clan fighting Somalia has been without effective governance for 16 years, resulting in widespread destruction of infrastructure, collapse of basic social services and violations of human rights. Some 1.8 million people, including 400,000 Internally Displaced Persons (IDPs), were still in need of assistance towards the end of 2006. Of 1.4 million who were experiencing food insecurity, 1.1 million were in South Central Somalia, the most under-served area in terms of humanitarian assistance.

The *Dyer* rains of October and November 2006 brought the worst flooding in a decade to the Juba and Shabelle rivers, causing massive displacement, loss of assets and damage to infrastructure. Against this background, the 2007 Consolidated Appeals Process (CAP) for Somalia sought \$ 237,112,824. At the turn of the year, Somalia experienced yet another deterioration of humanitarian situation in South Central. As the fighting in the capital intensified and continued, waves of large-scale new displacement of over 700,000 people in and around Mogadishu occurred from February onwards. The IDP crisis compounded the effects of the 2006 drought, floods and the cholera outbreak, causing further deterioration of major humanitarian indicators such as nutrition, food security and access to clean safe water and basic social services. The Humanitarian Country Team (HCT)/Somalia IASC (Inter-Agency Standing Committee) sought rapid response grants from the Central Emergency Response Fund (CERF) in May, July and September 2007 in order to respond to the disasters and IDP and nutrition crises in South Central. A total of \$14,664,775 in CERF rapid response grants were made available to Somalia during 2007, enabling life-saving interventions in the areas of food, health, nutrition, shelter/NFIs, WASH and logistics, and forward disbursement of the CERF to NGOs through the Humanitarian Response Fund (HRF), a pooled fund administered by OCHA.

Furthermore, in February 2007, the Humanitarian Country Team/Somalia IASC was granted an opportunity to apply for a \$1,000,000 grant under the Under-Funded Emergency window in the area of security. The HCT/IASC selected one of the CAP 2007 projects for the enhancement of the security of humanitarian personnel.

Total amount of humanitarian funding required and received (per reporting year)	Required: \$383,208,782 (CAP 2007 final rev) Received: \$307,757,308
Total amount of CERF funding received by funding window	Rapid Response: \$14,664,755* Underfunded: \$1,000,000 Grand Total: \$15,664,755
Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners	<ul style="list-style-type: none"> • 07-UDP-001 \$0 out of \$1,000,000 • 07-UDP-017 \$949,778 out of \$1,091,400 • 07-HCR-014 \$499,575 out of \$1,000,000 • 07-CEF-041 \$US0 out of \$1,716,548 * • 07-CEF-081-A \$810,788 out of \$1,353,919

	<ul style="list-style-type: none"> • 07-CEF-081-B \$138,900 out of \$246,000 • 07-WFP-016 \$0 out of \$2,591,540 ** • 07-WFP-035 \$0 out of \$2,939,195 • 07-WFP-069 \$0 out of \$2,025,308 *** • 07-WHO-026 \$846,855 out of \$900,405 • 07-WHO-027 \$751,605 out of \$800,360 <p>Total UN agencies/IOM: \$11,667,254 (74 percent) Total implementing partners: \$3,997,501 (26 percent)</p>			
Approximate total number of beneficiaries reached with CERF funding (disaggregated by sex/age if possible)	Total	under 5 years of age	Female (If available)	Male (If available)
	See Part four "Results"			
Geographic areas of implementation	South Central Somalia (Mogadishu, Galgaduud, Lower & Middle Shabelle, Lower & Middle Juba, Gedo, Bay, Bakool, Hiran)			

* 100 percent of 07-CEF-041 went towards the procurement, clearance and transport of nutrition supplies for distribution to implementing partners, as well as a small amount for technical support to partners. No funds were transferred directly to partners.

** 07-WFP-016 was discontinued and the remaining refunds \$1.8 million was returned to the CERF.

*** 07-WFP-069 was primarily used to procure CBOs while implementing partners were paid for handling and distribution from WFP's common fund pool for the food aid project.

II. Coordination and Partnership- building

(a) Decision- making process:

The humanitarian community regularly convened coordination meetings to discuss concerns and plans throughout 2007. These meetings involved both UN agencies and international and national NGOs. Cluster meetings provided the main platform for sectoral coordination, response planning and prioritisation, while the IASC and inter-cluster coordination mechanisms addressed strategic prioritisation and integrated response. The decisions by the HCT to request CERF grants were triggered by the FAO Food Security Analysis Unit (FSAU) seasonal food security analysis and ensuing discussion within and between Clusters for response needs, plans, capacities and resource availability. The Office of the Coordination of Humanitarian Affairs (OCHA) facilitated the decision-making process, supporting the Humanitarian Coordinator, through area focused inter-cluster consultations, review of CAP funding levels, and allocation prioritisation.

May & July grants

At the onset of the re-intensification of the fighting in Mogadishu in early 2007, The United Nations Children's Fund (UNICEF) and The United Nations High Commissioner for Refugees (UNHCR) initially requested the CERF grants for the provision of NFIs to people newly displaced from Mogadishu. Before distributions by UNICEF and UNHCR were completed, however, resources from other funding sources became available to fill the initially assessed gap in the NFI provision. UNICEF with its Nutrition Cluster partners, and in coordination with UNHCR and OCHA, therefore agreed to re-prioritise the emergency response funded by the CERF. Somalia was also facing seriously worrying levels of malnutrition rates. The HC as a result requested in July 2007 re-programming of the CERF grant to UNICEF towards nutrition life-saving activities. At the same time, the HC requested grants for complementary health interventions such as the containment of the outbreak of AWD, which can be easily prevented and contained with adequate resources, as well as the scaling-up of the provision of basic health care services to IDPs, the first priority for the Health Cluster.

In the meantime, UNHCR continued with the CERF project but faced challenges in accessing the target population due to the evolving security situation. UNHCR prioritised the provision of water (Afgooye); followed by NFI response and emergency shelter solutions (Mogadishu and Afgooye), peace building interventions (Galkayo) as well as ensuring the steady flow of information on Population Movement Tracking and Protection Monitoring Network. Apart from water trucking, all CERF-funded interventions by

UNHCR were envisioned in the 2007 CAP and were re-designed and re-focused to cover the emergency response.

September grants

Inter-cluster allocation prioritisation was particularly important when the HCT applied for the CERF rapid response grants in September 2007 when it was planning to scale up emergency response in the face of worsening displacement in and around Mogadishu and the deteriorating nutrition status in the Shabelles.

The initial request for \$14 million was put together under the HC's leadership for integrated response, covering food, shelter/NFIs, nutrition, WASH and livelihoods. The HCT opted for the comprehensive integrated response plan, consistent with the strategy of the 2008 CAP, owing to its acknowledgement that the nutrition crisis was multi-causal requiring more than mere simple repetition of traditional response. Due to the need for the CERF to ensure sufficient global reserve for new emergencies for the remainder of the year, however, an indication was given that the possible maximum allocation at that time for Somalia would be around \$3 million.

OCHA convened inter-cluster consultation to help Cluster lead agencies prioritise grant requests. The team decided to narrow down the geographical focus of the CERF application to Lower Shabelle, the region which hosted the highest concentration of vulnerable IDPs from Mogadishu and also faced with worrying nutrition status after near total failure of the previous season's cereal crop. Furthermore, the team decided to prioritise sectors to ensure food pipeline and meet immediate WASH needs, complemented by health and livelihoods interventions at \$4.18 million. The team also agreed to supplement the shortfall for the integrated response covering both Lower and Middle Shabelles (\$7.7 million in total) by mobilising resources from elsewhere, including the HRF. Some \$3.6 million were approved in October 2007 for food, WASH and health. The HRF grants have been made to the Agriculture and Livelihoods Cluster projects for Lower Shabelle and to UNDP's flood mitigation project in Middle Shabelle, to enable complementary livelihood component not funded by the CERF to help assist livelihood recovery in the post 2008 *Gu* harvesting.

The CERF funding for WFP to immediately procure 4,400MT of Corn Soya Blend (CSB) from Kenya helped to ensure the pipeline for September to December and distribution to some 1.2 million people in humanitarian emergency and acute food and livelihood crisis zones. Provision of CSB in the food basket would enable young children below five years of age and other vulnerable groups (pregnant and lactating mothers) and school age children to meet their extra energy and micronutrient needs.

As agreed among the Cluster Partners, the CERF grant to UNICEF's WASH project contributed to undertaking emergency life-saving activities in the Afgooye-Mogadishu corridor. UNICEF coordinated the activities on two complementary levels:

- Strategic ad-hoc (about every three weeks) meetings organised in Nairobi, focusing on funding issues, setting standards, planning activities and implementing common reporting and mapping.
- Weekly (then biweekly) meetings at the field level in Mogadishu to coordinate activities, to report progress and to discuss constraints.

In agreement with key health partners, such as the World Health Organization (WHO) and medical NGOs, UNICEF focused the health aspects of its integrated response, specifically on targeting children and women with immunization. Given the lead time needed to procure and deliver essential drugs to the target population and the urgency of the situation on the ground, UNICEF used its other emergency resources to procure and deliver required essential drugs to partners for the treatment of common ailments among IDPs and host communities in the Afgooye corridor, while waiting for the final decision on CERF grant amounts and disbursements. CERF funds were used to support partners to undertake emergency interventions, as well as to procure Tetanus Toxoid vaccines and syringes for South Central to respond to the future needs.

Under-Funded

In February 2007, the HCT Somalia was invited to apply for the CERF Under-Funded Emergency grant in the area of security. Due to the limited window of time to respond to the invitation, the HCT agreed to

choose one of the CAP security projects, "Enhanced security for UN personnel in Somalia." The overall objective of the project was to improve the UN security and the conditions of the UN support facilities and compounds to meet the UN Enhanced Minimum Operational Security Standards (E-MOSS) which would facilitate increased UN capacity to deliver humanitarian assistance. In line with UN reform, the project encouraged an integrated system where all the UN agencies would be grouped in one compound.

(C) Partnerships:

May & July grants

CERF-funded UNHCR interventions were implemented in key partnership with local and international NGOs and in collaboration with UNICEF and OCHA. UNICEF provided UNHCR necessary logistics support. All emergency shelter response activities were coordinated through the Shelter Cluster. Furthermore, UNHCR availed the services of over 40 national NGO partners of the Population Movement Tracking and Protection Monitoring Network. Inter-agency collaboration and partnership proved very useful in responding to the needs of newly displaced IDPs in South Central, including agreeing on the division of geographical responsibilities.

The UN Common Air Services (UNCAS) collaborated closely with the Government of Kenya and corporate authorities such as Kenya Airways Authority (KAA) and Kenya Civil Aviation Authority (KCAA) and was granted landing and parking waivers for UNCAS aircraft at the Jomo Kenyatta International Airport for cargo flights. Waivers resulted in cost savings of \$18,792 from the CERF which was then utilised to transport more cargo.

Through established partnerships, the emergency nutrition response was expanded to cover parts of Gedo, Lower Juba, rural areas of Bay, Hiran and Middle Shabelle. These partnerships involved facilitation and technical support for programmes and provision of supplies. Coverage of the emergency nutrition programmes expanded to areas that had nutritionally vulnerable populations but had been previously inaccessible. The engagement of local NGOs enhanced coverage in some of the insecure areas. The Cluster coordination helped establish partnerships for new selective feeding programmes, increased accountability among Cluster members, and information sharing which facilitated gap analysis and advocacy for gap filling. In South Central, a total of 72 outpatient therapeutic programmes (OTPs) were operational in 2007, an increase from 35 in 2006. An additional 50 supplementary feeding programmes (SFPs) and 13 therapeutic feeding/stabilisation centres (TFCs/SCs) were also supported by UNICEF, an increase from the 35 SFPs and nine TFCs/SCs in 2006.

WHO interventions funded by the CERF fund were implemented in close collaboration with the Health Cluster partners. Life-saving health care services were delivered through the local agencies, with the support of the local, regional and national authorities. The Outbreak Taskforce composed of various health partners played a large role in coordinating and responding to the various outbreaks. The Cluster activities proved to be conducive to providing early and effective response to outbreaks and to delivering primary health care to the affected population including IDPs.

The administrative arrangement between OCHA and UNDP for the CERF/HRF window made direct funding to local NGOs possible even when they do not have international bank accounts, thereby overcoming the limitation that the regular HRF window is faced with in directly supporting local partners. The allocation determination was made through the established procedures, i.e., through consultation with the Cluster leads, the Advisory Board and the field with final approval granted by the Humanitarian Coordinator.

September grants

The distribution of food aid to the targeted vulnerable population was carried out mainly by the cooperating partners in collaboration with WFP sub-offices and field offices inside Somalia.

Likewise, the WASH activities funded by the CERF were implemented by local and international NGOs under the supervision of UNICEF. These activities were complemented By WASH activities chiefly funded by the HRF (for water trucking and latrines), by ECHO (for rehabilitation) and other sources (for sanitation programmes). In addition, FAO's Somalia Water and Land Information Management (SWALIM) was an

important partner, with its GIS database on Somalia, in support for mapping of resources, gaps and response.

For health, UNICEF responded to the most acute and massive population displacement along the Mogadishu-Afgooye road through Child Health Days where basic but critical health and nutrition services were provided to the IDPs. The Child Health Days were carried out in partnership with Somali Red Crescent Society who has a good network of health facilities and staff. For nutrition, UNICEF supported Muslim Aid to scale-up its existing health and nutrition programmes in two locations targeting around 17,000 children under five.

Under-Funded

The CERF underfunded emergency grant partially funded the security project which is cost shared by UN agencies. The project is executed by UNDP in collaboration with UNDSS and in consultation with all UN agencies. The Somalia Operation Management Team (SOMT) and the UNCT approved the priorities and plan of action. The project manager reported to the UNDP Deputy Country Director for Operations on a day-to-day basis and worked in close collaboration with a steering committee (CERF Committee) composed of UNDP Deputy Country Director, a representative from UNDSS and a focal point from the main UN agencies working in South Central.

III. Implementation and Results

Rapid Response projects

May & July grants

With the CERF funding and other emergency contributions, UNICEF was able to increase the provision of targeted nutrition supplies to its implementing partners. Between August and December 2007¹, selective feeding services reached approximately 50,000 acutely malnourished children at 137 locations through more than 30 UNICEF-supported partners implementing outpatient therapeutic (community-based) programmes, supplementary and therapeutic programmes. On average, 80 percent of children admitted to UNICEF-supported selective feeding programmes were cured, slightly above SPHERE standards (>75 percent). At least 12 percent of admitted children left the programme by defaulting and two percent of admitted children died, while six percent were referred to health services due to non-response and the need for further medical attention. However, nutrition data management (collection, analysis and reporting) is an area that requires urgent improvement and has been identified by the Nutrition Cluster as a priority for 2008.

CERF funding for nutrition accounted for 23 percent of total UNICEF nutrition funding for 2007, making a critical contribution to the overall results of the UNICEF nutrition programme and the Cluster as a whole. In 2007, the Nutrition Cluster as a whole reached at least 88,000 children with nutritional feeding programmes, of whom 81,000 were reached through partners supported by UNICEF. The vast majority of these children were in Central Somalia.

The CERF fund for health was used to complement ongoing WHO and Cluster activities. Ten emergency health kits were purchased and deployed to various locations in South Central to enable the delivery of primary health care to the local and displaced population through fixed health clinics. For example, health care services were successfully delivered to the IDPs in and around Banadir Region through establishment of three fixed health clinics in the IDP camps. Effective and timely response was provided to the AWD outbreak in Somalia in October 2007. The government declared the outbreak for the first time in 10 years, which enhanced the efficiency in response. Drugs purchased with the CERF grant were also delivered to the various agencies running Cholera Treatment Centres (CTC). Additionally, the Early Warning Response and Alert Network (EWARS), which is crucial for rapid response to outbreaks, was further strengthened by the instalment of a Logistics Supply System that allows monitoring and rapid movement of drugs and supplies.

The CERF funding enabled UNCAS to transport 502MT of light cargo, mainly medical supplies and telecommunications equipment, to over 40 locations in Somalia in support of humanitarian operations.

¹ The use of 07-CEF-041 was granted no cost extension until the end of 2007.

Project activities directly benefited ten UN agencies and over 30 NGOs operating in Somalia. A total of 280 cargo flights were completed during the implementation period. Whilst the initial duration of the project was three months, a no cost extension until the sixth of December was approved to allow full utilisation of funds.

The CERF grant also facilitated airlift of aid workers at subsidised ticket costs (\$250) for humanitarian personnel from Nairobi to Somalia and many locations within. Without the subsidy, flight ticket costs would have been prohibitively high for humanitarian agencies. Between June to the sixth of December, a total of 1,126 passengers from UN agencies and NGOs were transported from Kenya into Somalia and within the country. UNCAS also resounded to requests by humanitarian partners to significantly increase the destinations from initial 16 to 40 locations in South Central, Puntland and Somaliland - mainly areas inaccessible by road and commercial flights, in order to support expansion and scaling up of humanitarian intervention coverage.

Through CERF-funded Emergency Rehabilitation of Wajid Airstrip, the runway was extended from 1,000 meters x 15 meters to 1,800 meters x 30 meters. Without completed rehabilitation works, Wajid's airstrip would have been closed for air operations since the condition of its runway and apron had deteriorated to unacceptable levels.

The HRF utilised the CERF grant to fund ten projects providing life-saving responses for the IDP crisis in and around Mogadishu and for the nutrition crisis in South Central. Out of ten projects funded, nine were directly proposed and implemented by Somali NGOs. The CERF grant enabled access to the CERF by NGOs indirectly through the HRF. More importantly, channelling the CERF/HRF through UNDP Country Office enabled directly supporting competent and credible local NGOs. The CERF/HRF projects helped provide immediate life-saving measures (e.g. water trucking) or fill response gaps (livelihood support to conflict returnees) in hard-to-reach areas where local NGOs are often only partners who can overcome insecurity and access limitation.

September grants

With the CERF grant, WFP was able to procure 2,330 MT of Corn Soya Blend (CSB) locally in Kenya, of which 1,913MT was distributed to 1.2 million displaced and vulnerable resident population in Lower Shabelle and Bay regions, realising 82 percent delivery. The balance in stock as of 18 March is 417MT. The CERF was used to initiate and maintain WASH relief operations for IDPs fleeing the conflict in Mogadishu, with 1) the daily water trucking supported by UNICEF ensured delivery of up to 1,000,000 litres of water daily to about 70,000 persons, including at schools and health centres; 2) construction of about 1,500 communal latrines (for about 45,000 persons, including school children) alongside distribution of soap and promotion of safe hygiene practices; and 3) initiating immediate water supply rehabilitation activities using existing limited stocks, while supplies were ordered for the more extensive rehabilitation and development of water supply systems. Installation of this equipment has begun and will continue with other recently received UNICEF funding.

In response to the urgent health needs in Afgooye, UNICEF collaborated with the Somali Red Crescent Society (SRCS) to conduct three rounds of Child Health Days in first week of December 2007, and second week of January and last week of February 2008, targeting 56,000 children under five and 11,200 pregnant women with a package of critical life-saving vaccinations. The release of CERF funding was essential for this intervention. UNICEF also made an offshore procurement of Tetanus Toxoid vaccine for 250,000 women. This will be used in 2008 as part of the Immunization and Maternal and Neonatal Tetanus Elimination programme, aiming to cover 90 percent of women of childbearing age in IDP settlements and host communities. The vaccine will be provided through Child Health Days.

Underfunded projects

During the reporting period, MOSS compliance assessment was conducted in key field locations in South Central (Mogadishu, Baidoa and Jowhar). The lease for the common accommodation for UN staff members in Mogadishu ("Hotel Paradise") was negotiated and assessment for extension and rehabilitation was done. The UN compound in Mogadishu has become almost E-MOSS compliant. Identification of potential common UN premises and design of upgrading were done for Baidoa and Jowhar. The phase two of the Inter-Agency Emergency Telecommunication (IAET) was being planned by working together with the FITTEST who implemented the first phase with the previous CERF grant to WFP in 2006.

Evaluation of phase one of the IAET network and installation of CCTV in Mogadishu is being conducted in collaboration with FITTEST. Safe havens were constructed in Baidoa and Jowhar to enhance staff security. The CERF funds made possible re-constructing and reinforcing the perimeter wall in the Jowhar compound. Additionally, fuel back up tanks were constructed, boom gates erected and surveillance system installed in the UN compound in Mogadishu. IAET have been installed in Bosasso and Galkayo. A MOSS compliant compound for K50 is currently under implementation.

(a) Monitoring and evaluation

Monitoring and evaluation of humanitarian interventions continue to be one of the major challenges that the humanitarian agencies are faced with in programme management in Somalia, chiefly due to the separation between country offices located in Nairobi and field operations, as well as the persistent insecurity often resulting in restriction of humanitarian access and staff movements. Response planning and monitoring rests primarily with Clusters both at the field and Nairobi levels. Apart from regular monthly meetings, several Clusters convened extraordinary meetings dedicated to particular situation (e.g., Afgooye WASH meetings) both in Nairobi and the field. OCHA also convened inter-cluster meetings focusing on particular situations, chaired by the HC when he was available, to share the latest situation, responses, plans cross-cutting issues and funding. The discussion on particular emergencies is also included in IASC agenda. These meetings were often aided by OCHA's information and mapping products based on data gathered through Clusters and OCHA's field-level coordination structures.

UNICEF

Overall, monitoring and supervision has proven difficult due to poor access for international staff. UNICEF managed to directly monitor nutrition activities for South Central through partners and UNICEF teams based in Mogadishu, Baidoa, Wajid and Jowhar despite the unfavourable security conditions. In Afgooye UNICEF employed an extra Water & Sanitation engineer during the period covering the CERF to enable better collection of data and follow up of the project implementation. Specialized national UNICEF staffs in health, nutrition and WASH were also able to more regularly access the corridor. There have been several meetings organized in Mogadishu, Baidoa, Wajid and Jowhar to strengthen the monitoring of the implementation plan. UNICEF also carried out a post Child Health Days campaign evaluation in Afgooye (by a different partner to ensure credibility of the evaluation). The evaluation validated the coverage of vaccination for children at 95 percent for measles vaccination.

WHO

In January 2008, WHO conducted a monitoring mission to monitor activities implemented using various funds. The mission visited Hargeisa, Wajid and Merka, which are the focal areas for health operations in Somalia, to understand the impact of the health activities in the various regions. A similar but shorter mission was conducted to Baidoa in November 2007. The findings have been reported and will be used to fine-tune health activities in Somalia in the future.

WFP

The rehabilitation of the Wajid airstrip was monitored by ICAO and WFP through UNCAS, while WFP and OCHA monitored the free cargo airlift and cost-reduced passenger flight components of the project.

For the food aid, WFP utilised its field offices and the cooperating partners on the ground to monitor the distribution. WFP Field Monitors were involved in monitoring at each distribution points. The existing logistics, distribution, coordination and monitoring mechanisms and systems in place made it easy for the implementation of the programme.

Nutrition information is a key indicator of the well being of people. With financial support from USAID/OFDA, the Nutrition Surveillance Project within FAO's FSAU in close collaboration with WFP and UNICEF has become the focal point for the collection, analysis and sharing of information on nutrition situation in Somalia. Joint food and nutrition assessment was conducted by FSAU in collaboration with UNICEF, WFP and local authorities and NGO partners in 2007 to evaluate the impact of the intervention.

UNDP

The HRF supported projects are usually monitored by OCHA's sub-offices where they have coverage. For the CERF grant to UNDP for the HRF, an external evaluation has been planned. Due to the limited budget for this exercise and the unavailability of contractor who is willing to travel to Somalia within the

budget, the procurement process has been delayed. UNDP and OCHA are in the process of agreeing on ways forward. Separately or combined with this, a plan is being discussed for impact evaluation of HRF-supported interventions in Afgooye and Central Somalia.

For the security project, the Programme unit under the Programme Management Support Team monitored all projects in line with the M&E framework. In addition, the M&E Specialist and the Programme Specialists in the field continuously assess project performance.

(b) Initiatives complemented CERF-funded projects

The CERF fund complimented ongoing life-saving health activities by enabling procurement of the essential drugs, support to the implementation of the Early Warning Alert and Response System (EWARS) system, and rumour verification and surveillance activities. The EWARS will be piloted in Lower Shabelle soon. The outbreak taskforce meets monthly and as needed to discuss the ongoing and/or new outbreaks in Somalia and to monitor the situation. Any outbreaks that are reported are followed by the initial rumour verification and necessary response is provided within two to three days time.

CERF-supported WASH activities in Afgooye were complemented by other NGOs activities chiefly funded by the HRF (water trucking, latrines construction), ECHO (rehabilitation) and other funding (sanitation programmes). Other CAP-funded activities included chlorination of water sources, including Mogadishu and Afgooye. Late in the year UNICEF received an emergency loan (EPF) which was largely used for transportation of supplies ordered for Central Somalia including Afgooye.

The CERF funds were complemented by WFP's PRRO 10191.1 activities which included emergency assistance to IDPs and other vulnerable groups and targeted food support and recovery & rehabilitation activities to the affected population. Also contribution from other development partners in the areas of health, water and livelihood support greatly enhanced recovery project supported with the CERF fund.

The necessity to continue to operate regular air transport services to and within Somalia after the CERF-funded operation resulted in a WFP special operation. As a result, in August 2007, UNCAS transitioned into the UN Humanitarian Air Services (UNHAS) implemented through the special operation, allowing WFP to accept contributions from donors to continue to subsidise passenger air services. As the need for the services continues, UNHAS subsidised passenger air services project has been incorporated into 2008 CAP to seek more sustainable and predictable resources. Also in 2008, UNDP plans to undertake maintenance and further rehabilitation of airstrips as needed.

Deleted: IV. Lessons learned (For internal use only) ¶

¶ *Integrated/innovative interventions for nutrition crisis¶*

In 2007, throughout the country, levels of malnutrition consistently and significantly increased beyond emergency thresholds against the backdrop of deteriorating security and diminishing humanitarian space. Reaching every malnourished child with a life-saving package of nutrition interventions would require approaches that are population based, integrated and innovative: making use of campaign strategies/Child Health Days; implementing community-based approaches; and possibly blanket distribution of ready-to-use therapeutic/supplementary food products. A key strategy is the capacity-building of non-traditional and local organisations that can "reach out" to inaccessible populations in Somalia.¶

¶ *Involvement of local authorities¶*

Whilst the involvement of local authorities was necessary for the NFI distribution, it had the potential to hinder the humanitarian action in terms of beneficiary identification and security. Future planning and distribution should re-strategise the involvement of local authorities.¶

¶ *Targeted NFI distribution¶*

The provision of NFIs, though much needed, was hampered by the fact that many of the IDPs were selling their NFIs, evidenced by the decrease of the NFIs price in the market. The IDPs often resorted to selling NFIs to afford food or travel back to Mogadishu or due to lack of storage space. This led UNHCR and the Shelter Cluster partners to decide to limit and target the NFIs distribution. ¶

¶ *Targeted food Aid¶*

Provision of fortified blended food is very essential for the nutritional rehabilitation of young children and other vulnerable groups (pregnant and lactating mothers) in emergency where access to micro nutrient rich foods such as green vegetables and fruits may be very difficult. The distribution should be targeted through screening to identify the most vulnerable for the assistance. Collaboration with local authority is very essential for successful implementation of the project. Local procurement of CSB allows for timely distribution but proper storage for locally procured CSB is importa... [1]

Deleted: ². The hard transition for each Agency's compound to UNCC makes it necessary to have a strong coordination which is not possible all the time.¶

VI. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results/Outcomes	Actual results and improvements for the target beneficiaries
Nutrition	07-CEF-041 “Nutritional care of malnourished children and nutrition promotion”	1,716,548	50,000 acutely malnourish ed children	AMA ACF COSV DIAL DMO GHC Humedica IMC Intersos Mercy-USA MoH-Bay Muslim Aid MSF-Belgium SAF SIFA SOS Somali Red Crescent Society UAE Red Crescent Society WRRS WVI	<ul style="list-style-type: none"> 50,000 acutely malnourished children reached through 137 selective feeding programmes (therapeutic and supplementary feeding centres) with food commodities, materials and supplies, etc. 	<ul style="list-style-type: none"> At least 31,000 moderately malnourished children treated with supplementary foods, 6,000 severely malnourished treated with therapeutic foods and over 15,000 acutely malnourished children benefited from material and technical support to feeding programmes 137 selective feeding programmes (therapeutic and supplementary feeding centres) in South Central were supported with food commodities [UNIMIX (1858MT), ready-to-use therapeutic food (90MT), therapeutic milks (1.2MT)], ReSoMal, CMV, and essential feeding centre equipment and technical assistance provided Current and timely nutrition situation information made available to identify gaps, guide prioritisation of needs and facilitate emergency responses
Shelter/NFI s	07-HCR-014 “Provision of emergency and temporary shelter to IDPs and improvement of living conditions in their major settlements in Somalia	100,000	500,000 people (children 225,000, woman 249,000)	Agrocare DRC NRC Puntland Development Research Centre (PDRC) SAACID SMVIRDO	<ul style="list-style-type: none"> Relief items transported to Somalia and distributed to beneficiaries Relief items warehoused for shortest possible period Community monitoring and mobilisation enhanced Shelter assistance including NFIs and emergency shelter provided to IDPs and vulnerable communities 	<ul style="list-style-type: none"> 39,793 IDPs (23,139 children, 20,916 women) in Mogadishu, Afgooye and Galkayo reached. 2,300,000 litres of water delivered to 15,300 IDPs in Afgooye for 30 days 11,300 jerry cans, 5,700 plastic sheets, 28,500 blankets and 5,700 kitchen sets procured; 5,300 jerry cans, 2,700 plastic sheets, 3,500 blankets and 2,700 kitchen sets distributed in Afgooye 1,473 IDP households (8,583 people) received new temporary shelters in 6 IDP settlements in Mogadishu

					<ul style="list-style-type: none"> Particular needs of extremity vulnerable individuals identified 	<ul style="list-style-type: none"> 150 emergency sanitation facilities built in Mogadishu
Logistics	07-WFP-016 "Air drop of flood relief"	2,591,540 (\$1.2 million unspent returned)	N/A	N/A	N/A	<ul style="list-style-type: none"> Through the CERF funds, UNCAS transported 32,411 kg of NFIs in support of the flood-affected people (UNCAS 1)
	07-WFP-035 "Air support of drought, flood and conflict response activities"	2,939,195	1.5 million Somalis in need of humanitarian assistance, including IDPs	N/A	<ul style="list-style-type: none"> UNCAS customers on humanitarian missions pay \$250 per flight until funds for this project are exhausted or the 3 months have expired Increased deployment and travel of humanitarian staff into and inside Somalia An estimated 333MT of relief items airlifted within the two month period 	<ul style="list-style-type: none"> Aid workers on humanitarian missions paid \$250 on CERF-funded UNCAS flights 1,126 passengers on humanitarian missions transported by air at \$250 per flight from 10 UN agencies and over 40 NGOs to 40 locations in Somalia A total of 501,983kg of light humanitarian cargo airlifted to various airstrips inside Somalia Closure of Wajid airstrip was averted as a result of the rehabilitation concluded as planned.
Food	07-WFP-069 "Food aid for relief and recovery"	2,025,308	1.2 million Somalis in need of food assistance	AMA Association for Integration & Development CCS CEC CED COSV	<ul style="list-style-type: none"> To provide 2,250MT of Corn Soya Blend in Lower Shabelle, Gedo, Bay and other areas in South Central 	<ul style="list-style-type: none"> 2,330 MT of Corn Soya Blend (CSB) was procured locally from Kenya with the CERF fund received. 1,913MT of CSB distributed to displaced and vulnerable resident population in Lower Shabelle and Bay region (82 percent

				<p>DEG Garas Degroor Medical Org Garowe TB Centre HIMILO Hisan World Evangelisatio n Prayer Alliance IMC Juba Shine LORDO Min of Education NCA SAACID SADO SAF Somali Red Crescent SAREDO World Vision</p>		<p>achieved)</p> <ul style="list-style-type: none"> GAM rate among children <Five yrs slightly improved but still unacceptably high
WASH	07-CEF-081-A "Emergency provision of safe water and sanitation and hygiene services	1,353,919	<p>50,000 people (8,500 households) including about 10,000 children under five & 5,000 school children</p>	<p>DRC Oxfam GB CED Islamic Relief Somali Red Crescent</p>	<ul style="list-style-type: none"> Affected population receiving and using a minimum of 5 litres per person per day of safe drinking water from water trucking 12,000 persons (4,000 per borehole) receiving at least fifteen litres per person a day of safe drinking water from 5 well managed operational boreholes 40,000 persons using improved hygiene and sanitation practices through the provision of latrines and social mobilisation on hand washing practice 	<ul style="list-style-type: none"> Water trucking delivered safe drinking water for an estimated 70,000 persons, including schools and health facilities, daily for three months The rehabilitation of three water supply systems and temporary extensions of distribution networks being implemented with supplies from stock and additional requirements for an estimated 45,000 beneficiaries 48 bladders (water storage) dispatched in different sites to improve water distribution. Emergency supplies ready for dispatch for further activities 1,500 communal latrines with hand washing facilities constructed, providing adequate sanitation facilities to an estimated 45,000 IDPs including schoolchildren Team of trainers increased awareness through intensive hygiene promotion to the beneficiaries of latrine construction

					<p>within affected households</p> <ul style="list-style-type: none"> ▪ 10,000 pupils in 50 schools benefiting from clean environment with the provision of and social mobilisation towards the use of latrines and hand washing facilities ▪ Clean health facilities are providing services to patients from the affected population 	<p>programs about safe hygiene practices</p> <ul style="list-style-type: none"> ▪ Support provided to the Ministry of Water for improved coordination, and to improved cluster mapping and databases of both water sources, WASH agencies, needs and gaps across South Central
Health	07-WHO-026 "Communicable disease/Cholera outbreak response"	900,405	4.8 million, especially 1.1 million affected by the floods & conflict	Outbreak Taskforce Health Cluster partners	<ul style="list-style-type: none"> ▪ Reduced number of deaths, primarily in children ▪ Reduced number of new cases ▪ Prevention and control of future AWD outbreaks ▪ Regularly produced and disseminated update on AWD situation ▪ Timely and adequate provision of life-saving drugs ▪ Less than one percent Case Fatality Rate in affected areas ▪ Timely investigation and confirmation of all rumours reported 	<ul style="list-style-type: none"> ▪ Increased technical capacity and presence in Somalia through recruitment of international surveillance officers ▪ Drugs and supplies bought and distributed in strategic locations. Some drugs have already been utilized in response to outbreak of AWD in October 2007 ▪ Outbreak of AWD controlled in early stages through the surveillance network and early detection ▪ Update on AWD produced regularly ▪ Surveillance team in place, inside Somalia, allowing for timely investigation and confirmation of rumours ▪ Household chlorine tablets distributed during AWD outbreak as a means to provide adequate and clean drinking water to the affected population

					<ul style="list-style-type: none"> Access to safe (chlorinated) drinking water for target population and health facilities 	
	07-WHO-027 "Basic life-saving health services for IDPs and host communities"	800,360	1.1 million IDPs and host population 90,000 people over a three-month period	Health Cluster partners, including Health Cluster focal agencies in each region of South Central	<ul style="list-style-type: none"> Reduced preventable morbidity and mortality among the affected population 80 percent coverage of the affected population with basic health care services No shortage of drugs 	<ul style="list-style-type: none"> Increased capacity of a hospital in Galkayo through provision of X-ray equipment and supplies Increased coverage of population with basic and secondary health care services through provision of drugs and supplies to hospitals in the Shabelles Pre-positioning of emergency health kits in strategic locations Increased coverage and access to primary health care through provision of drugs and supplies to fixed health centres that are operational during the conflict as well as to health centres established in IDP camps in Banadir region
	07-CEF-081-B "Improved access to life-saving health services, including measles vaccination"	246,100	50,000 people (30,000 households) including about 10,000 children under five, 10,000 women of childbearing age & 2,000 pregnant women	District EPI teams from local health authorities	<ul style="list-style-type: none"> Basic health care needs of children and women are met, including treatment of common illnesses in IDP camps Measles vaccination reaching every child aged 9-59 months in IDP and host communities Children under one and women of childbearing age receive vaccination and are protected from vaccine preventable diseases 	<ul style="list-style-type: none"> Distributed 14,000 ITNs to 40 flood affected villages/settlements in Jamame district, Lower Juba. 7,000 households reached with two ITNs per households To increase communities' use of ITNs and seek early malaria treatment, malaria field days held in four locations of Belet-Weyne reaching about 2,000 community members In the Afgooye corridor in December, <ul style="list-style-type: none"> - 10,790 children received BCG (19 percent) - 25,102 children received DPT1/OPV1 (45 percent) - 10,127 children received DTP2/OPV 2 (18 percent) - 5,274 children received DPT3/OPV3 (nine percent) - 13,205 children received measles vaccination and Vitamin A supplementation (28 percent) - 4,917 pregnant women received TT2+ vaccine

						and iron supplementation (44 percent) - An additional 252,000 women and their newborns will benefit from TT vaccination in 2008 with vaccine procured from the CERF funds.
Pooled Fund	07-UDP-017 "Humanitarian Response Fund"	1,091,400	225,000 flood affected population and 400,000 conflict IDPs	African Muslim Agency Bay Women CED CPD FERO SAACID SADO SAMRADO SORDA WASDA	<ul style="list-style-type: none"> ▪ Enable access to the CERF rapid response fund by NGO partners to support their humanitarian interventions in the areas affected by the floods and the conflict 	<ul style="list-style-type: none"> ▪ Ten projects received allocations from the Humanitarian Response Fund (HRF). Nine projects were directly proposed and implemented by Somali NGOs, undertaking life-saving relief activities in Mogadishu, Lower Shabelle, Gedo, Lower Juba, Bay, Hiran and Galgaduud. The combined number of the target beneficiaries is over 43,000 households and some 2,780 people
Security	01-UDP-001 "Enhanced security for UN and NGO personnel in Somalia"	1,000,000	Humanitarian personnel of the UN system and NGOs	UNDSS UN Agencies FITTEST	<ul style="list-style-type: none"> ▪ Minimum safety and security requirements that comply with UNDSS regulations in place for UN and NGO personnel in selected locations in South Central 	<ul style="list-style-type: none"> ▪ MOSS compliance assessment conducted in Mogadishu, Baidoa and Jowhar ▪ The lease for the common accommodation for UN staff members in negotiated and assessment for extension and rehabilitation completed ▪ The UN compound in Mogadishu has become almost E-MOSS compliant ▪ Identification of potential common UN premises and design of upgrading done for Baidoa and Jowhar ▪ The phase two of IAET being planned ▪ Evaluation of phase one of the IAET network and installation of CCTV in Mogadishu being conducted ▪ Screening cum and safe haven constructed in Baidoa and Jowhar ▪ Fuel back up tanks were constructed, boom gates erected and surveillance system installed in the UN compound in Mogadishu

CERF IN ACTION: Success stories

Shelter & NFIs

The UN refugee agency, in collaboration with its local partners in Somalia, trucked more than 28 tonnes of much-needed relief supplies for distribution to up to 20,000 IDPs outside Mogadishu.

The supplies, consisting 9,000 blankets, 1,800 plastic sheets, 3,600 jerry cans and 1,800 kitchen sets, were flown from Baidoa, 230 kilometres north-west of Mogadishu, from UNHCR's emergency stockpiles in Dubai. Trucks carrying the aid left Baidoa to south for the district of Afgooye, 30km west of Mogadishu where almost 40,000 new IDPs from the capital were staying.

Families with no relatives or clan links in the area were living in the open or under trees. The need for shelter material was pressing because of the rainy season.

UNHCR had additional stocks for up to 5,000 families in Mogadishu and smaller quantities in Merka. However, UNHCR faced difficulties in bringing items out of the warehouses for distribution due to the prevailing insecurity in parts of Mogadishu which limited humanitarian access and made the plight of civilians all the more desperate.

Some 213,000 Somalis had been believed to have fled from Mogadishu since the beginning of February 2007 up to the time the CERF grant was requested, according to the latest figures collated by UNHCR from information supplied by NGOs. Nearly 100,000 IDP sought safety in Middle and Lower Shabelle, including the 40,000 in Afgooye district. As the area has grown increasingly crowded, new arrivals are now compelled to move further north, towards Baidoa and Balcad. The displacement of civilians from Mogadishu continues to date, with IDP population increasing daily in the Afgooye corridor.

Logistics

As a main outcome of the operation, vulnerable Somalis located in remote and inaccessible areas and for whom humanitarian assistance is critical, received assistance due to increased air-support accessibility; enabling humanitarian aid and relief workers to reach the most vulnerable areas. Vital activities such as assessments, project monitoring, resource mobilization through donor visits and media visits would not have been possible without humanitarian air services. In addition to humanitarian passengers and cargo airlifted, operational support facilitated security and medical evacuations of aid workers. All UNCAS operated flights maintained a clean safety record with no reported accidents.

Food

For an orphan like Yasmin, she knows what it takes if you have no parental care and love. Yasmin is seven years old; she lost both her parents due to the war and conflict in the region. She was left helpless under the care of her grandmother, Sarah (60 years old by then). She was admitted to wet feeding centre because of her poor nutritional status (W/H < 80 percent median).

Yasmin regained her normal weight just within two weeks when she was put on high energy porridge (HEP) made from CSB and vegetable oil premix. The picture of Yasmin on the left was taken during the third week at nutrition rehabilitation centre supported by WFP. The extra energy and micronutrient requirement of young children deserve greater attention.

Health

AWD response

The CERF fund was used as part of the WHO programme to prepare for and effectively control any outbreaks in Somalia. Supplies and drugs were stockpiled in strategic locations and the surveillance was strengthened with the placement of international surveillance officers in Somalia. In addition, an outbreak preparedness plan was developed and is currently being implemented. Furthermore, an Early Warning Alert and Response System are being developed, to be piloted in certain regions of South Central in early

2008. Such measures proved to be highly effective during the Acute Watery Diarrhoea (AWD) outbreak in the North West in October 2007.

Following reports of an increased number of AWD cases in Berbera Town, the Capital of Sahil Region, Somaliland, the Ministry of Health and Labour established a Cholera task force on 8 October 2007. Cases admitted to the hospital were reported from two villages (Buro El Sheik and Jamalah). To rapidly contain the outbreak, specific tasks were divided between the Ministry of Health, WHO and local NGOs for case management and cholera supplies; and UNICEF for chlorination and water and sanitation. A team composed of the same agencies was mobilized the following day to conduct case investigation and to set up surveillance of all health problems related to the AWD outbreak.

WHO mobilized a team consisting of a senior medical epidemiologist, pharmacist, logistics officers and communication officers to the site in October to control the outbreak. The team successfully delivered adequate supplies and provided technical assistance. Cholera Task Forces were set up, and laboratories and pharmacies were provided with adequate drugs to deal with the situation. Water levels were tested, and household chlorine tablets were distributed to ensure that the affected population had access to clean and safe water. As a result, the outbreak was quickly contained. As of 27 October, 537 suspected cholera cases had been admitted into the Berbera hospital, including one death. Due to the rapid intervention, the Case Fatality Rate was kept very low (0.19 percent as of 27 October 2007).

Emergency basic health care for IDPs

One of the main objectives of WHO's Emergency Programme is to deliver timely and effective health care to the population suffering from conflict and emergencies. The CERF fund formed part of the efforts to provide such services in times of need.

In October 2007, a rapid onset of conflict in Mogadishu resulted in a massive displacement of civilians from Mogadishu to the road to Afgooye. The IDPs were suffering from war wounds, minor and major illnesses and the lack of proper sanitation and hygiene.

In response, WHO and its health partners mobilized health care services immediately. The timeliness was due to the emergency health kits placed in strategic locations, which were immediately mobilized to the area. The funds for emergency response also contributed greatly to the effective health response efforts. As a result, before the second week of the violence, 6 mobile clinics composed of 6 health workers were visiting each IDP settlement everyday, providing the necessary primary health care and drugs. Three fixed health centres were also operationalised in the bigger IDP camps to provide ongoing services. Patients with serious illnesses were referred to nearby hospitals and clinics.

As a result, currently there adequate number of health centres available in the area, with each settlement having a health centre within 1km radius.

Reaching those who have fled Mogadishu

Hawa Ali, a mother of two, fled fighting in the Somali capital of Mogadishu late November 2007 to find refuge in this makeshift settlement of Eelasha Biyasha. This camp and others like it, along a 30 kilometre stretch between Mogadishu and Afgooye, have been home to some 238,000 internally displaced children, women and men.

"I came to this settlement," says Hawa "because we couldn't live in Mogadishu anymore. Some of my relatives were here, so I decided to be close to them. When I got here I heard that many children were suffering from diarrhoea, skin itching and even measles. I was worried that my children might fall sick, so I was so happy when I heard that a campaign would be taking place to protect them from diseases that kill," she added.

"My mother used to tell me never to immunize my children because injections kill," recalls Hawa. "My siblings and I never got any shots. It is amazing how we survived when I have seen so many others die. But I decided to immunize my children because everyone on the radio said it was important and all my relatives in this camp already took their children."

The campaign Hawa mentioned was a week long effort supported by UNICEF to provide children under five with protection from common childhood illnesses like diphtheria, tetanus, measles, polio and tuberculosis, along with vitamin A capsules to boost their immunity. Women of reproductive age were also targeted with iron and vitamin A supplements, immunization against tetanus and hygiene awareness promotion.

Recent UNICEF and WHO-supported campaigns in other parts of Somalia that have helped to immunise over 1.6 million children against polio and close to 900,000 against measles, have shown that it is possible to reduce deaths from these diseases using a targeted campaign approach.

UNICEF and WHO intend to use this approach to ensure that all children, wherever they might live, are reached with an essential life-saving package. This is why two additional rounds of this child survival campaign will be organised along the Afgooye Corridor in the coming months.

WASH

Every day hundreds of families from Mogadishu flee their homes to seek refuge in overcrowded camps along the road between the capitals towards Afgooye. Many come terrorized, exhausted and in urgent need of food, water and shelter, particularly for their children.

"When I fled from Mogadishu I didn't know where I was going or what kind of conditions I would encounter," says Jawahir Ahmed Elmi, a recent arrival to Jim'ale camp. "I am just grateful to be alive."

Elmi is indeed one of the lucky ones. She has come to a camp that has water and sanitation facilities – an important asset in an environment where overcrowding and poor sanitation can breed deadly diseases. In fact, most "residents" along the Afgooye Corridor's 80+ camps, live in temporary "huts" made of twigs and torn clothing -- very often with no latrines, no running water and no health facilities.

But Jim'ale camp has water. About three million litres of water are trucked in every day along the Afgooye Corridor to save the lives of children and their families.

To promote sanitation awareness, UNICEF has partnered with NGOs to dig latrines – 700 have already been dug – provide soap, organise "clean-up" campaigns and train hygiene promoters and water committee members on how to maintain water and sanitation facilities. In Jim'ale camp, UNICEF has helped to dig 200 latrines.

"Our children were often sick," says Ahmed Ali, a father of three children in Jim'ale camp," but since these latrines have been constructed, at least my children don't get diarrhoea as often and we don't have to smell and see human faeces everywhere," he adds.

Pooled Fund – Humanitarian Response Fund

Galgaduud region is one of the main destinations of IDPs who have fled violence in Mogadishu. Adado town is one of major settlements in Galgaduud where many of these IDPs have moved in with host families. One of the only two boreholes in town had broken down. The capacities of host communities were already overstretched due to the influx of IDPs to address the breakdown. The boreholes were main water source for at least 25,500 households, including 5,500 IDP families. After the borehole broke down, many IDPs had to walk 3km and queue for a long time to get water from the remaining borehole.

A local NGO, Centre for Peace and Democracy (CPD), received a grant from the Humanitarian Response Fund (HRF), an emergency pooled fund for Somalia, managed by OCHA, to rehabilitate the borehole to ensure access to clean safe water for IDPs and host communities of Adado. The CERF grant to the HRF disbursed through UNDP made possible to fund local partners like CPD who do not have international bank account to receive funds directly from OCHA. Galgaduud had been one of the intended humanitarian target areas for IASC but international humanitarian presence was extremely limited due to the prevailing insecurity. In Somalia's humanitarian operation, local NGOs are often the only ones who may be able to overcome access challenges to reach beneficiaries.

CPD successfully rehabilitated the borehole and strengthened the local water management committee which will be responsible for the proper care and maintenance of the borehole. Adado continues to host a large number of IDPs from Mogadishu whose number continues to rise daily. In 2008, Central Somalia is experiencing rapid deterioration of humanitarian situation, compounded by on-going drought. Adado town has functioning boreholes, thanks to the CPD intervention, while more must be done to meet the basic humanitarian needs of IDPs and local population.

**CERF Funding by Country (2008) - Project Detail Somalia
(01-01-2008 to 22-09-2008)**

Agency	Agency Project	Sector	Window*	Approved Amount US\$ / Date	Disbursement Date
WFP	Humanitarian Air Service in support of relief operations in Somalia. (08-WFP-067)	Coordination and Support Services - UNHAS	RR	2,710,392 22-07-2008	05-08-2008
FAO	OSRO/SOM/XXX/CHA: Integrated Cash and Food for Work in Support of Populations in Food Security Crisis in Middle and Lower Shabeelle Regions of Southern Somalia. (08-FAO-020)	Agriculture	RR	2,000,001 18-06-2008	30-06-2008
UNDP	Income and Employment generation for Food security in Middle Shabeelle and Hiran. (08-UDP-017)	Agriculture	RR	1,000,450 18-06-2008	27-06-2008
UNICEF	Management of Acute Malnutrition in Children Under-Five Years Amongst IDPs and Vulnerable Host Populations in Somalia (08-CEF-042)	Health	RR	3,038,800 18-06-2008	25-06-2008
Total				8,749,643	

* RR - Rapid Response; UFE - Underfunded Emergency

List of Acronyms:

AWD- Acute Watery Diarrhea
CAP- Consolidated Appeals Process
CERF- Central Emergency Response Fund
CPD- Centre for peace and Democracy
CTC- Cholera Treatment Centres
ECHO- European Community Humanitarian Office
EWARS- Early Warning Response and Alert Network
FAO- Food and Agriculture Organization
FITTEST -Fast IT and Telecoms Emergency and Support Team
FSAU- Food and Security Analysis United Nations
HC- Humanitarian Coordinator
HCT- Humanitarian Coordination Team
HRF- Humanitarian Response Fund
IAET -Inter-Agency Emergency Telecommunication
IASC- Inter Agency Standing Committee
ICU- Islamic Courts Union
IDP- Internally Displaced Persons
KAA- Kenya Airways Authority
KCAA- Kenya a Civil Aviation Authority
M&E -Monitoring and Evaluation
MOSS -Minimum Operational Security Standards
NFI- Non food items
NGO- Non governmental Organization
OCHA- The office of the Coordination of Humanitarian Affairs
OTPs- Outpatient Therapeutic Programmes
SOMT- Somalia Operation Management Team
SWALIM- Somalia Water and Land Information Management
TFG- Transitional Federal Government
UNCC- United Nations Compensation Commission
UNCAS- United Nations Common Air Services
UNDP- United Nations Development Programme
UNDSS- United Nations Department of Safety and Security
UNHCR- United Nations High Commissioner for Refugees
UNICEF- United Nations Children's Fund
WASH- Water and Sanitation for Health
WFP- World Food Programme
WHO- World Health Organization

IV. Lessons learned (For internal use only)

Integrated/innovative interventions for nutrition crisis

In 2007, throughout the country, levels of malnutrition consistently and significantly increased beyond emergency thresholds against the backdrop of deteriorating security and diminishing humanitarian space. Reaching every malnourished child with a life-saving package of nutrition interventions would require approaches that are population based, integrated and innovative: making use of campaign strategies/Child Health Days; implementing community-based approaches; and possibly blanket distribution of ready-to-use therapeutic/supplementary food products. A key strategy is the capacity-building of non-traditional and local organisations that can "reach out" to inaccessible populations in Somalia.

Involvement of local authorities

Whilst the involvement of local authorities was necessary for the NFI distribution, it had the potential to hinder the humanitarian action in terms of beneficiary identification and security. Future planning and distribution should re-strategise the involvement of local authorities.

Targeted NFI distribution

The provision of NFIs, though much needed, was hampered by the fact that many of the IDPs were selling their NFIs, evidenced by the decrease of the NFIs price in the market. The IDPs often resorted to selling NFIs to afford food or travel back to Mogadishu or due to lack of storage space. This led UNHCR and the Shelter Cluster partners to decide to limit and target the NFIs distribution.

Targeted food Aid

Provision of fortified blended food is very essential for the nutritional rehabilitation of young children and other vulnerable groups (pregnant and lactating mothers) in emergency where access to micro nutrient rich foods such as green vegetables and fruits may be very difficult. The distribution should be targeted through screening to identify the most vulnerable for the assistance. Collaboration with local authority is very essential for successful implementation of the project. Local procurement of CSB allows for timely distribution but proper storage for locally procured CSB is important to minimise losses due to spoilage.

Pooled Fund

The CERF/HRF opened direct access to the pooled fund by local NGOs and all allocation commitments were made by the end of the three month usage period. The response time (time between the receipt of the first project proposal and the disbursement of the first instalment) was however often longer than the regular HRF, mostly because due diligence, administrative process and verification took longer with local NGO proposals. Monitoring in particular of the projects in remote areas where even national staff may be sometimes restricted will remain one of the major challenges in ensuring accountability. Overall, however, the experience has been positive in the sense that more local NGOs had opportunity to demonstrate their capacity and credibility for implementation and financial management, and to understand UN requirement in receiving grants as well as Cluster approach.

Security

Coordinating Agencies towards common premises in key field locations has been a major challenge in the implementation of the project. Similarly the unfavourable security situation particularly in Mogadishu delayed the implementation of activities as consultants (Engineers and Architects) were unwilling to travel to the project location. Another constraint faced was the lack of qualified contractors and the escalating prices of construction material