

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT 2013
ON THE USE OF CERF FUNDS
DEMOCRATIC REPUBLIC OF THE CONGO
RAPID RESPONSE
DISEASE**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Moustapha Soumare

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Throughout the project cycle, WHO and UNICEF coordinated their activities, including prioritization for interventions by health zone. However, a specific AAR was not conducted, although both agencies are in continued coordination as to the ongoing needs, and during the project implementation period they jointly request a second CERF rapid response for the new increase in measles in other provinces. An AAR is expected to take place during the month of June, and will consist of MSF, WHO, UNICEF and relevant government counterparts. This was delayed due to other ongoing issues

- 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 NO

Due to the late submission of one of the project reports, there was insufficient time for a discussion of the final report at the HCT. However, the HCT had been kept apprised of the evolution of the project and the results, and endorsed the submission of a second CERF request.

- 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, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The outcomes included in the report were shared at the Health Cluster meeting in April, 2014, though not the actual report

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 4,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,000,071
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	
	Government of DRC	
	GAVI Alliance	12,072,340
	MRI (Measles and Rubella Initiative)	1,000,000
	UNICEF	2,500,000
	OMS	464,500
	TOTAL	20,036,911

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21-May-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-071	Health	3,101,638
WHO	13-WHO-035	Health	898,433
TOTAL			4,000,071

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	3,858,171
Funds forwarded to NGOs for implementation	
Funds forwarded to government partners	141,900
TOTAL	4,000,071

HUMANITARIAN NEEDS

Since August 2010, DRC has been experiencing a measles outbreak which spread to all provinces of the country. Between July 2010 and December 2012, over 200,000 suspected measles cases and over 3,700 measles-related deaths were reported in DRC to the

Integrated Disease Surveillance and Response (IDSR) surveillance system¹, while reported cases are only a proportion of the actual number of cases. The average reported Case Fatality Rates was 1.8 per cent and varied by district, while some districts (Zone de Santé) reported Case Fatality Rates of 10 per cent of children affected by measles. In 2013 a total of 83 459 cases with 1 332 deaths were reported in DRC.

Several Supplementary Immunisation Activities (SIAs) and responses have been conducted by the Ministry of Health and its partners in the affected health zones. Despite these campaigns, the country continues to notify measles cases. The previous campaigns were affected by poor quality in the preparation and implementation of the SIAs in addition to low coverage of routine Expanded Program of Immunisation (EPI).

Due to this situation, a national measles immunisation/SIAs program was validated by the Minister of Health to cover all 11 provinces within 18 months from September 2013 to July 2014, with a specific focus on the quality of campaigns, in order to ensure that the epidemic could be addressed rapidly and effectively. The first two targeted provinces (Equateur and Orientale) have completed the campaigns in September 2013 and two others (Nord and Sud Kivu) in December 2013. DRC accounted for the largest measles outbreaks worldwide in 2011 and 2012

The measles epidemic started in July 2010 in Katanga and Sud Kivu, with over 5,400 cases and 185 deaths by the end of December of that year. In 2011 the epidemic spread north and west throughout the country and registered over 134,000 cases and 1,652 deaths (CFR: 1.2 per cent). 104 out of 515 Health zones (HZ) were reported having measles epidemics. In 2012, over 73,000 cases and over 2,000 deaths (CFR: 2.7 per cent) were reported. 124 out of 515 districts were in measles epidemic. In 2013, 83,450 cases and 1,332 deaths were reported (CFR: 1.6 per cent). 60/515 Health Zones were reported to be in epidemic since January 2013.

II. FOCUS AREAS AND PRIORITIZATION

Due to the epidemiological situation of measles outbreak, with high levels of morbidity and mortality, the National Coordination committee (composed of the Ministry of Health, MSF, UNICEF and WHO and chaired by the Minister of Health) decided in April 2013, that it was necessary to vaccinate all children from 6 months to 10 years of age and also prioritized urgent intervention in 4 provinces (Equateur, Orientale, Nord Kivu and Sud Kivu) before the end of 2013. Equateur and Province Orientale were the two provinces with the higher number of measles cases and deaths in 2013, and Nord and Sud Kivu given their proximity with Province Orientale were at high risk too. Discussions were initially carried out at the level of the national Health Cluster, and bilaterally between UNICEF and WHO on the means to support the project. The HCT was kept abreast of the deteriorating situation related to measles through regular updates from the joint WHO/UNICEF group, and took into consideration other priorities at the time of deciding to make the request for a CERF fund. The HCT in DRC had endorsed a consistent decision-making strategy in relation to requests for CERF funds, based on review of the intervention strategies and in line with the strategies for donors, CHF and the priorities as iterated in the HAP. And this now forms the basis of decision-making at the HCT for crises deemed suitable for a potential CERF request.

III. CERF PROCESS

Measles mortality in 2011 and 2012 in DRC increased and put the country backwards in its progress in reduction of under-five mortality. A total of 26 health zones were affected by the epidemic in the provinces of Equateur, Province Orientale, Nord Kivu and Sud Kivu in 2013. In Equateur, Province Orientale, Nord Kivu and Sud Kivu provinces the morbidity and the lethality rate were very high (lethality rate above 1 per cent).

Out of 47,487 cases that had been notified from January to 6th of May 2013, 37 693 were from the four provinces (79 per cent). Regarding mortality, the 4 provinces contributed to 554 out of the total 750 (deaths for the entire country on the same period, 73 per cent).

Given this epidemiological situation, the National Coordination committee prioritized urgent intervention in 4 provinces (Equateur, Orientale, Nord Kivu and Sud Kivu) before the end of 2013. However, as GAVI funds were only supporting the vaccine procurement for children from 6 to 59 months, there was a significant financial gap which would prevent effective response in those prioritized areas.

¹ CDC, Measles Outbreak in DRC, July 2011 – December 2012, April 17, 2013.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 11,208,598				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health (affected individuals)	5,716,385	5,492,213	11,208,598

BENEFICIARY COUNTING

Based on the prioritization reached at the level of the National Coordination committee (Ministry of Health, MSF, WHO and UNICEF) four provinces were to be targeted for the intervention, with a mass vaccination campaign for all children. As such, the beneficiary numbers were based on the under-ten populations in Equateur, Orientale, Nord Kivu and Sud Kivu.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	5,716,385	5,645,285
Male	5,492,213	5,423,902
Total individuals (Female and male)	11,208,598	11,069,187
Of total, children <u>under</u> age 5	5,740,161	5,625,736

CERF RESULTS

Based on human rights and equity approaches developed in UNICEF Country Programme Document 2013-2017, this intervention was closely linked to UNDAF pillar 3, to improve access to social services and reduce vulnerability, and contributed to the achievement of Millennium Development Goal 4-Reduce child mortality.

98.76 per cent of initial target has been reached, with 11,069,187 girls and boys aged 6 months to 10 years vaccinated against measles in the provinces of Equateur, Orientale, Sud Kivu and Nord Kivu to avoid a flaring up of the epidemic there, especially in areas of higher population density. The target of at least 95 per cent measles mass vaccination coverage has therefore been reached and exceeded.

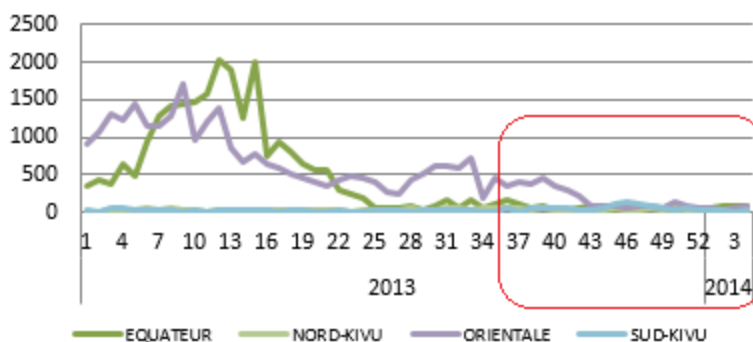
Also, with 262 measles kits purchased and dispatched in all affected health zones, 26,200 children received measles treatment, contributing to reduce measles related mortality and taking the case fatality rate below 1 per cent during the project period.

To improve quality of measles campaign, trainings on “Best Practices” have been organized for the EPI staff at central and provincial levels (including also the antenna level) and for all the actors of health zones in the four provinces.

The mass campaigns contributed to break the curve of the epidemic, with a significant drop of measles cases in Equateur and Province Orientale, as illustrated by the below graph. Moreover, for the Kivus, the campaign snuffed out the probability of measles becoming epidemic and of an increasing case fatality rate. These results could not have been reached without the support from partners including

CERF funds, which made it possible to cover 99 per cent children 6 months to 10 years and contributed to control the epidemic in those provinces.

Measles situation in provinces that received SIAs in 2013



As we can see in the above graph, the number of cases has reduced after the September 2013 (Week 35) campaign.

Thanks to the CERF and other donors funding such as GAVI, UNICEF has been able to anticipate purchase of immunization supplies (pre financing on UNICEF regular resources and reimbursement on CERF funds) and to mobilize existing networks of community leaders and associations (faith-based organizations, youth and women associations, community radios, etc.) to build a high demand for vaccination services. UNICEF added value has also been significant in the coordination of campaign activities with all partners to ensure efficiency of the use of financial resources and avoid overlaps, as well as to ensure effective implementation of activities. In addition, UNICEF played a key role in promoting best practices for campaigns.

The comparative advantage that the joint WHO-UNICEF DRC initiative offers in supporting the Government of DRC in organisation Measles Supplementary Immunisation Activities relies mostly on the quality of its relation with the Ministry of Health (including its Expanded Programme of Immunisation and decentralized administrations), a solid experience to overcome logistics challenges inherent to the Congolese difficult context and, a capacity to closely supervise field activities in each province via its field offices and consultants. The cost efficiency of the campaign is illustrated by the above graph which shows a drastic reduction of the cases after the campaign, preventing futures outbreaks and high cost for measles cases management during epidemics.

Three subnational rounds of measles supplementary immunisation activities (SIAs) are planned in 2014: in March 2014, in Maniema and Katanga have been targeted, and the upcoming rounds will target the remaining provinces, in May 2014 (Kasai Occidental and Kasai Oriental), and July 2014 (Bas-Congo, Bandundu and Kinshasa) and will target 17.8 million children 6 months to 10 years, funding by GAVI Alliance, the Measles & Rubella Initiative and UNICEF and implemented by the Ministry of Health with technical support from WHO and UNICEF.

Table: Population target during 2014 measles-polio integrated immunisation campaigns in 7 out of 11 provinces in DRC

Province	Total population	Nb health zones	Population target
Katanga	12 905 783	68	4 258 908
Maniema	2 315 440	18	764 095
Kasaï-Occidental	8 500 276	44	2 805 091
Kasaï-Oriental	9 804 641	51	3 235 532
Bandundu	8 600 787	52	2 838 260
Bas-Congo	3 588 819	31	1 184 310
Kinshasa	8 346 742	35	2 754 425
Total	54 062 488	299	17 840 621

CERF ADDED VALUE

CERF funds have filled the gaps to implement the measles SIAs plan and contribute to control the epidemic in the four provinces.

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

YES PARTIALLY NO

In 2012-2013, all the 11 provinces in DRC were affected by measles outbreaks. Equateur and Orientale provinces have been the most affected with a high lethality rate in the beginning of the year. The campaign conducted in these provinces added to cases management with the contribution of CERF funds has permitted to control the epidemic particularly in Equateur and oriental provinces and also prevented the expansion in the insecure provinces of Sud and Nord Kivu.

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

YES PARTIALLY NO

CERF Funds contributed to purchase measles vaccines and measles kits for case management in a timely manner and also supported the transport of supplies to the health zones.

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

YES PARTIALLY NO

CERF Funds have significantly helped for others resources mobilisation. MRI (Measles and Rubella Initiative) financial contribution was made based on the availability of CERF funds already secured.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

The plan of measles campaign was elaborated by the Ministry of Health and supported by the traditional partners such as UNICEF and WHO. The CERF Funds has contributed to strengthen coordination for measles SIAs implementation.

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

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
For the first time in DRC, financial support from CERF was granted for a Government national plan for measles control. This contributed to address the measles issue on the national scale, and it also contributed to raise more funds from other donors (as 'seed money') such as from MRI.	Must be continued in all others epidemic or emergencies responses. There are still critical gaps for measles campaigns in other provinces in 2014 (kindly confer to second proposal submitted to CERF, requesting 4,000,000 US\$ including 3,000,000 US\$ for implementation by UNICEF).	CERF

² 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.).

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
WHO-UNICEF Joint development of project strengthens the inter agency collaboration and contributes to improve complementarity between activities and better support the Ministry of Health	Joint WHO-UNICEF project funding must be encouraged in emergencies responses.	OCHA, UNICEF, WHO

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	15 May to 14 November 2013
2. CERF project code:	13-CEF-071	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Measles Campaign in Equateur, Province Orientale, Nord and Sud Kivu		
7. Funding	a. Total project budget:		NGOs: US\$ 40,652,557
	b. Total funding received for the project:		US\$ 20,218,743
	c. Amount received from CERF:		US\$ 3,101,638 (UNICEF)
	d. CERF funds forwarded to implementing partners:		Gov. partners US\$ 141,900
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,716,385	5,645,285	
b. Male	5,492,213	5,423,902	
c. Total individuals (female + male):	11,208,598	11,069,187	
d. Of total, children <u>under</u> age 5	5,740,161	5,625,736	
9. Original project objective from approved CERF proposal			
<p>Overall objective: Reduce the mortality and morbidity of measles through treatment of measles cases and mass campaigns in Equateur, Province Orientale, Nord Kivu and Sud Kivu.</p> <p>Specific objectives:</p> <p>By the end of 2013, the project aims:</p> <ol style="list-style-type: none"> 1. To administer one measles vaccine dose to 11,208,598 children from 6 months to 10 years; 2. To strengthen national capacities of vaccinators, mobilizers, logistics officers and health workers and improve micro planning, coordination and supervision mechanisms to ensure high quality of Measles immunization activities; 3. To increase demand for immunization through communication and social mobilization. 			
10. Original expected outcomes from approved CERF proposal			
Outcome 1: Reinforced population immunity against measles			
<ul style="list-style-type: none"> • Activities to achieve Strengthening of population immunity through treatment of measles cases and mass campaigns, reaching 95 per cent of eligible children with measles vaccination: <ul style="list-style-type: none"> • Availability of measles kits in affected health zones by measles and ensure free care for all children affected by measles • Best Practice identification by stakeholders and incorporation of at least 10 'Best Practices' identified that will improve the campaign results • Quality micro-planning: micro-planning taking into account the reality of each community will provide the strategies to reach the hard to reach populations (village by village approach). Subsequent compilation of the micro-plans at intermediate level and a validation process with timely feedback (3 months before campaign) to adjust micro-plans where 			

necessary. Time-limit of the campaign is determined in the micro-plans and based on local capacity to reach at least 95 per cent of the target population.

- Quality training of staff providing support at intermediate and operational level (revision of training modules, technical support of training sessions along the cascade, monitoring training results with indicators)
- Deployment of supervisors attached to a few districts to support and encourage health district officers in the preparations of the campaign
- Catch-up children for missed routine immunization doses
- Monitoring of campaign preparations and rapid convenience monitoring to assess absence of pockets of un-immunized children
- Organize campaign evaluation

Outcome 2. Timely availability of quality vaccine and injection devices at operational level

- Timely procurement and delivery of vaccines and injection devices.
- Elaboration of operational logistics plans at the intermediate and district level to cope with limited cold chain capacity in the districts, while guaranteeing the quality of the vaccines and safe injection practices throughout the activities.
- Additional cold chain equipment and material will be deployed. Funding from the World Bank, GAVI HSS and UNICEF financed the procurement of cold chain equipment and will be deployed for the use during the campaign and for routine immunization thereafter.
- Transport of vaccines at all levels will be organized in order to ensure vaccine availability in all targeted health areas one week to three days before the campaigns' launching. Additional means of transportation (helicopters, boats) will be required to transport vaccine and to ensure access of supervisors, vaccinators and monitors to most remote areas in targeted provinces and zones.

Outcome 3. National, provincial, local leaders and community members are engaged in immunization activities.

Strong leadership at national, provincial and local levels is necessary for successful implementation of the activities. In addition, community and family demand for vaccination is required and will be increased by intensified, holistic and integrated communication approach to vaccination.

Activities:

- Develop and implement an advocacy plan to engage with political and traditional leaders in child survival and immunization, with special emphasis on measles
- Using trusted and accessible channels to spread correct information about vaccination and prevent rumors;
- Strengthening the capacities of communities to plan and implement activities for vaccination understanding (community dialogue) and promotion;
- Building the capacity of health agents, community volunteers and local leaders; regarding interpersonal communication and behavior change communication.

Outcome 4: The opportunity of the measles campaign is used to strengthen routine immunization.

Activities before the campaign:

- Ensure training of the vaccinators for the campaign including injection safety and AEFI training.
- Ensure additional cold chain and logistic materials are deployed.

Activities during the campaign:

- Integrate messages in the communication and social mobilization plan.
- Conduct active default tracking of children not yet fully immunized with routine antigens.

Activities after the campaign:

- Conduct coverage survey in targeted districts to estimate the real coverage of the campaign and the reasons why children have not received the vaccination. This information will be used to identify barrier in the immunization program and will be addressed to improve the immunization program.

11. Actual outcomes achieved with CERF funds

This is a joint UNICEF/WHO project and the 'actual outcomes' reflect achievements by both agencies under this project.

Outcome 1: Population immunity against measles had been strengthened, thanks to the below outputs:

- 260 Measles kits were available in affected health zones by measles and free care ensured for 26,000 children affected by measles.

- Best Practice identification by stakeholders during a training workshop at central level and provincial trainings for antennas and health zones in the four target provinces. The ‘Best Practices’ identified and have been implemented during the campaign contributing to improve the campaign results.

Outcome 2: Timely availability of quality vaccine and injection devices at operational level was ensured, with the below outputs:

- Timely procurement and delivery of 6.1 million doses of measles vaccines and injection devices.
- Elaboration of operational logistics plans at the intermediate and district level to cope with limited cold chain capacity in the districts, while guaranteeing the quality of the vaccines and safe injection practices throughout the activities.
- Transport of vaccines at all levels to ensure vaccine availability in all targeted four provinces and up to the vaccination sites one week to three days before the campaigns’ launching. Support of CERF has been key to reach this result, and follow the campaign’s schedule.

Outcome 3: National, provincial, local leaders and community members have been engaged in immunization activities, contributing to the successful implementation of the activities. Communities and families demand for has also been increased by intensified, holistic and integrated communication approach to vaccination. Though no statistics available as to the number of those directly reached through communication campaigns, the high adhesion to services shown by high immunization coverage indicated that the messages reached the intended audience. An advocacy plan to engage with political and traditional leaders in child survival and immunization, has been developed and implemented, with special emphasis on measles.

- Accessible channels have been used to spread correct information about vaccination and prevent rumors; through associations, Community Leaders, religious groups etc...
- The capacities of communities have been strengthened, to plan and implement activities for vaccination understanding (community dialogue) and promotion by trainings that have been done before the campaigns and the supervision during the campaigns. These were not funded by CERF funds, but allowed for training on best practices for immunizations and briefing for all actors prior to start of campaign.
- The capacity of health agents, community volunteers and local leaders for interpersonal communication and behavior change communication has been strengthened through training of trainers and provision of advice on best practices. Outcome 4: The opportunity of the measles campaign has been used to strengthen routine immunization.

During the campaign in Province Orientale, children less than one year not or insufficiently vaccinated have been caught up by the vaccination teams, with support from community health workers for follow up, contributing to reduce the number of non or under vaccinated children.

Polio vaccination has been systematically integrated with measles vaccination, contributing to give one additional dose of polio vaccine to children under five and therefore reducing the risk of polio transmission. Though this was part of the same project, it fell under different donors and so specifics not reported on

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

No significant discrepancy between planned and achieved outcomes.

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

No CAP project for DRC, this intervention was based on the Humanitarian Action Plan (HAP) 2013.

14. M&E: Has this project been evaluated?

YES NO

WHO is in charge of the post-campaign evaluation (including with CERF financial support). Results for Equateur and Province

Orientale are already available and results for Nord and Sud Kivu will be made available by end of July.

TABLE 8: PROJECT RESULTS

CERF project information			
1. Agency:	WHO	5. CERF grant period:	15 May to 14 November 2013
2. CERF project code:	13-CEF-071	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Measles Campaign in Equateur, Province Orientale, Nord and Sud Kivu		
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	c. Amount received from CERF:	US\$ 3,101,638 (UNICEF); US\$ 898,433 (WHO)	
	d. CERF funds forwarded to implementing partners:	NGOs: US\$ 0 Gov. partners US\$	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	5,716,385	5,645,285	
b. Male	5,492,213	5,423,902	
c. Total individuals (female + male):	11,208,598	11,069,187	
d. Of total, children <u>under</u> age 5	5,740,161	5,625,736	
9. Original project objective from approved CERF proposal			
This is a joint project – see above for objective, outcomes and achievements			
10. Original expected outcomes from approved CERF proposal			
This is a joint project – see above for objective, outcomes and achievements			
11. Actual outcomes achieved with CERF funds			
This is a joint project – see above for objective, outcomes and achievements			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy between planned and achieved outcomes.			
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No CAP project for DRC, this intervention was based on the Humanitarian Action Plan (HAP) 2013.			
14. M&E: Has this project been evaluated?			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
WHO is in charge of the post-campaign evaluation (including with CERF financial support). Results for Equateur and Province Orientale are already available and results for Nord and Sud Kivu will be ready by end of July sl.			

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF project code	Cluster/ Sector	Agency	Partner name	Partner type	Total CERF funds transferred to partner (US\$)	Date first installment transferred	Start date of CERF funded activities by partner	Comments/ Remarks
13-CEF-071	Health	UNICEF	Coordination provincial PEV Equateur	Government	141,900	16/09/2013	30 September 2013	

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ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

DRC	Democratic Republic of Congo
EPI	Expanded Program on Immunization
MoH	Ministry of Health
NID	National Immunization Days
OPV	Oral Polio Vaccine
SIA	Supplementary Immunization Activity
SNID	Sub National Immunization Days
UNICEF	United Nations Children's Fund
WHO	World Health Organization