



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
SOMALIA
RAPID RESPONSE
OUTBREAKS-POLIO**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Philippe Lazzarini

REPORTING PROCESS AND CONSULTATION SUMMARY

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

The After Action Review was not conducted as only one project was funded under this allocation. It was therefore agreed that the CERF report would be submitted without this process and instead the report would be shared with stake holders.

- 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

The CERF report was not shared due to the emergence of a crisis in Somalia occasioned by potential high food insecurity due to increased military action and climatic condition that necessitated the drawing up of an operational plan by the HCT and clusters. As addressing the emerging crisis was considered a priority, there was insufficient time to discuss this CERF report. Efforts will however be made to share copies of this report with members of the HCT electronically.

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

YES NO

The final version was shared for review with WHO Somalia office and the Ministry of Health

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response:		
Breakdown of total response funding received by source	Source	Amount
	CERF	1,415,815
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	0
	OTHER (bilateral/multilateral)	12,706,567
	TOTAL	14,122,382

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 23-Jul-13			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-RR-CEF-075	Health	1,415,815
TOTAL			1,415,815

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	413,096
Funds forwarded to NGOs for implementation	541,926
Funds forwarded to government partners	460,793
TOTAL	1,415,815

HUMANITARIAN NEEDS

The Horn of Africa region witnesses large population movements largely driven by seasonal and nomadic movements and insecurity. The volatile environment in Somalia over the past two decades has particularly led to the displacement of more than 1 million people and over half a million refugees in the Horn of Africa. Prolonged suboptimal immunisation coverage in Central South Zone (CSZ) of Somalia had resulted in the importation of wild polio virus (WPV) into Somalia. The confirmation of the first case of WPV type 1 (WPV1) in Banadir region, Somalia occurred in May 2013, the first since 2007, with rapid progress to 48 cases, 41 of which were in Somalia by the first week of July. WPV, which causes extensive paralysis in susceptible children spread beyond CSZ to the North East Zone (NEZ) with two cases identified in November 2014. As of 20 May 2014, 194 cases of WPV (most often referred to as polio) have been confirmed in Somalia. The last polio case had an onset date of 20 December 2013. Banadir and Lower Shabelle were the two most infected regions with 72 cases in Banadir, 34 in Lower Shabelle, 23 in Bay, 23 in Lower Juba, 20 in Middle Shabelle, 7 in Hiran and 15 cases in other regions.

Confirmation of WPV type 1 elicited a regional emergency response to stem the spread of the outbreak. Immunisation campaigns to boost the immunity of populations were conducted in other areas of Somalia, Kenya and Ethiopia.

II. FOCUS AREAS AND PRIORITIZATION

Given the rapidly evolving nature of the current outbreak and the impact of the previous outbreak in 2005-2007, an urgent and strategic response was required to curtail the outbreak and prevent the escalation of what is already a public health emergency. The polio eradication programme in Somalia has been marked by progress in terms of meeting specific indicators and benchmarks, such as meeting a minimum non-polio AFP surveillance rate of >2 cases per 100,000 person-years. Increasingly, however, persistent insecurity and sectarian violence have reduced planned coverage for immunisation. Of particular concern was the inaccessibility of large areas of south central Somalia due to insecurity and activity of militia groups which had hampered the conduct of previous immunisation campaigns leaving an estimated 500,000 – 1,000,000 children unable to receive polio vaccines. This was further compounded by existing malnutrition rates and poor food security which increased the vulnerability of children to disease, and the country's weak health infrastructure.

A comprehensive polio outbreak response plan for Somalia was developed to cover the first six months of the response period from July to December 2013, with expected updates to cover an additional six months (12 months overall) at a minimum. Funding of this plan would however require financial and human resources over what was currently available for running the polio programme in Somalia. The application for CERF funds would support the scale up of supplementary immunisation activities and reduce the funding gap of \$10 million out of UNICEF's project budget of \$14 million.

III. CERF PROCESS

As mentioned earlier, the polio outbreak represented a public health emergency, necessitating urgent action to avert further escalation of what was already a dire situation in which several children had been paralyzed by polio. Thousands more are at risk and could become victims of lifelong paralysis if action was not taken in a timely and resolute manner to stem the outbreak. This led to the development of a comprehensive response plan which outlined the significant human and financial resources that would be required to conduct supplementary immunisation activities in affected areas in Somalia. The response plan gave special focus to vulnerable groups (including children, refugees, and IDPs) and to employing unique vaccination strategies, such as transit-point vaccination of migrant populations.

As UNICEF and WHO, the lead agencies for immunisation campaigns in Somalia had significant funding gaps (\$10 million and \$7.6 million respectively) the decision was made to seek CERF funds of approximately \$8 million to provide impetus to the scale up of activities alongside fund raising activities by the two agencies. WHO however withdrew their application for CERF funds following receipt of funds to address its funding gap. Thus the request to CERF was reduced to \$2million.

The proposal and the response plan were developed in consultation with leading polio eradication partners, including WHO, Centre for Disease Control (CDC), the Bill and Melinda Gates Foundation and other major humanitarian agencies. Significant buy-in was obtained from the Government of Somalia, which had been actively involved in community advocacy and promoting the vaccination campaigns. In addition, there was close collaboration with governments and ministries of health in Kenya and Ethiopia, and other countries impacted by the polio outbreak in the Horn of Africa region. Partnership with these key stakeholders led to a well-coordinated outbreak response led by WHO and UNICEF, with support from other partners. The Government of Somalia was however at the forefront of media and community advocacy for the campaigns.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis:				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
		Health	948,576	977,033

BENEFICIARY ESTIMATION

The estimated number of beneficiaries reached is based on the coverage data provided by WHO. Additionally, independent monitoring process which reaches randomly selected communities provides additional confirmation of the coverage estimates.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	1,031,061	948,576
Male	1,061,992	977,033
Total individuals (Female and male)	2,093,053	1,925,609
Of total, children <u>under</u> age 5	2,093,053	1,925,609

CERF RESULTS

Since the outbreak in May 2013 the Joint Polio Eradication Team (comprising of WHO, UNICEF, and the Ministries of Health) planned and implemented many new initiatives such as: house-to-house immunization, transit point vaccinations, as well as social mobilization using volunteers and local persons to conduct Supplementary Immunization Activities (SIAs). Additional partnerships were established to improve SIA quality, to stop the outbreak and to reduce further spread of the virus. This critical response has entailed (thorough epidemiological analysis), risk assessments; rapid procurement processes resulting in timely supply of vaccines; complex logistical arrangements; escalation of social mobilization efforts; and intense consultation among partners. Since May 2013, there have been 18 rounds of polio vaccination campaigns in CSZ and 11 rounds in northern Somalia. These rounds included two SIAs that provided the Oral Polio Vaccine (OPV) to all age groups (including adults) across all three zones of Somalia.

The CERF grant funded supplementary immunization activities (SIAs) and supported the hiring of surge staff to facilitate the implementation of the vaccination campaigns between September 2013 and January 2014. Consequently, this grant contributed to reducing the immunity gap in the target population. Priority was given to CSZ of Somalia, specifically Banadir region in which 55 WPV cases were reported by 7 August 2013. The objective of the CERF grant was to interrupt the transmission of the WPV in CSZ and curtail the further geographic spread of the virus to uninfected parts of the country as well as to neighbouring countries.

In response to the outbreak, a Communication for Development (C4D) strategy was developed to guide the response. The strategy emphasized the use of advocacy to bring the Government as well as political, religious and community leaders together to support the creation of an enabling environment for the response and to advocate for the polio campaigns (two rounds per month). Other strategies employed were social mobilization where Community Based Organizations (CBOs), Non-Governmental Organizations (NGOs), women and youth groups were brought on-board to support awareness creation at the community level. Furthermore, Behaviour Change Communication was used by community mobilisers to promote community dialogue and address any refusals, especially at the community level. The CERF funds were used for campaigns in North West Zone (NWZ) from September 2013 to November 2013 (three rounds), North East Zone (NEZ) from October 2013 to December 2013 (three rounds) and CSZ from September 2013 to January 2014 (nine rounds).

Overall Outcomes

Based on WHO's Independent Monitoring (IM) reports across all the three zones, an average of 90 per cent of caregivers (parents of about 35,000 to 45,000 children contacted per SIA) were aware of polio campaigns and 92 per cent¹ across all age groups were vaccinated:

¹ The target populations were not the same during the different SIAs and hence it is difficult to provide a number.

ZONE	Parental Awareness (Average 2013)	SIA Coverage (Average 2013)
Central South Zone	90 per cent	84 per cent
North West Zone	76 per cent	100 per cent
North East Zone	69 per cent	100 per cent

Advocacy

High level advocacy launches were organised in the capitals of the three zones (in the Presidential Palace in Mogadishu, and in the Ministries of Health in Garowe and Hargeisa) with the highest authority launching the campaigns. This, alongside the involvement of the Country Representatives for WHO and Somalia, gave the campaign high profile coverage especially for the 'all adult' rounds. As indicated through IM reports, there were no adult refusals and children refusals continue to be very minimal at an average of 0.3 per cent. The launches resulted in vaccine demonstration for all age groups, at the zonal and regional level, with drama groups presenting plays with health education messages on Polio. The campaign strategy was changed during the October vaccination rounds to include all-age groups. The approach of vaccinating all age-groups in the community is a unique approach but targeted a population of 8,538,175 people to be vaccinated with OPV.

Mass Media

The use of radio, television and SMS communication played a major role during the campaigns. Television was mainly used to reach the urban population, while radio and SMS were used to reach the rural population. Mobile phones are gaining momentum across Somalia as a platform for public information campaign. Ownership of mobile phones is approximately 50 per cent as mentioned in the "Report of Qualitative Research on the Communication Channels in Use in Somalia, in 2000" (written by Shanti Risal Kaphle). Based on the IM data, radio was the second source of information after megaphones for the community. The programme took these results on board and increased the use of radio to communicate subsequent immunization rounds; UNICEF will continue to emphasise the use of radio in 2014.

In NWZ the only radio station, "Radio Hargeisa", was mostly used to reach the population in urban towns. A total of four radio talk shows with the participation of health professionals, religious leaders and prominent community members were hosted to discuss the importance of vaccinations and respond to call-ins from listeners. Six radio spots targeting caregivers, religious leaders and vaccinators were produced and aired eight times a day for a total of 20 days. Furthermore, two TV talk shows and six TV spots were produced and aired at least four times a day, before and during the campaigns. Additionally, the media extensively covered the presidential vaccination and inaugurations by the Vice-President of Somaliland. During the two rounds of NIDs, blanket SMSs to over 400,000 were sent reminding parents of the vaccination dates.

In CSZ, a local media workshop was conducted for 25 journalists: 17 from radio stations and 1 from the national television. Two major national radio stations, one national TV station and seventeen private radio stations were contracted to air forty radio spots before, and during, each of the campaign rounds. Contacts were also made with BBC Somali Radio and VoA Somali Radio to air Polio and vaccination-centric messages through campaigns. In partnership with Hormudd, the national telecom service provider, bulk SMS advocacy messages and campaign dates were sent to all their customers in CSZ of Somalia. Additionally, a local media workshop for media personnel was conducted in CSZ.

In NEZ, three Television stations were used to reach the urban communities, while the rural population was mainly reached through the five FM/SW radio stations which were running 20 radio spot messages for at least seven days prior to, and during, each of the vaccination campaigns.

Social Mobilisation

Partnerships were established with the Somali University in CSZ, the Hargeisa University, the International Horn University in NWZ and the Hargeisa and Garowe School for Nursing. Furthermore partnerships were initiated with religious groups; community and clan institutions; youth and women groups; as well as with traditional birth attendants, to support awareness creation among communities, These partnerships enabled the engagement of communities at various levels and the involvement of different target groups as the campaigns focused on under-5 year and under-10 year olds who were reached through schools/madrasas² and mosques. For adults, specific groups were targeted through workplaces, tertiary institutions, markets etc.

Partnerships with religious leaders, who have an influence over a large portion of the community, played a major role in dispelling religious based rumours and myths in relation to the vaccine. Furthermore, through religious leaders, children in quaranic schools were also reached. A total of 1,500 announcements were made in mosques on the importance of vaccination and campaign dates and 2,500,000 people were reached by religious leaders through mosques and visits to households which had previously refused vaccinations for religious reasons,. 3,388 children in

² Madrassa (Arabic: مدرسة, madrasah pl. مدارس, madāris) is the Arabic word for any type of educational institution, whether secular or religious.

quaranic/ madrassa schools were reached in all the three zones. In CSZ and NEZ, four round tables on polio, were organized for medical doctors and religious leaders.

In CSZ, seven medical institutions and teaching hospitals in Banadir; Ministry of Women Welfare and Child Development; Parent teachers associations in schools; Somalia National Women's Group and Somalia Youth Umbrella; were partnered with to advocate for Polio vaccination in the communities. In CSZ a total of 18 NGOs working with specific regions were contracted to support implementation of Polio activities; they have been the main vehicle for the roll-out of the strategy.

Community Mobilisation/Household level engagement:

Social mobilisers were trained on interpersonal communication and community dialogue as well as holding Polio awareness meetings. Community Mobilisers were involved in mobilizing families through a house-to-house approach, addressing refusals, conducting meetings and dialogue with community members and in schools. Based on the assessment of the Community Mobiliser performance, reference materials were developed (adapted from UNICEF Pakistan), and was used during the dialogue;

Zone	Number of Social Mobilisers	Number of Districts/ Households reached	Number of Community dialogue sessions held
NEZ	1,126	19	25
NWZ	1,209	19	38
CSZ	1,527	30	152

Education:

The Ministry of Women Welfare and Child Development worked closely with C4D partners in conducting road shows educating communities on the need for vaccinations, the signs and effects of Polio, as well as ways to prevent the disease. This has been very successful in CSZ and has been covered mainly Banadir region where an estimated 150,000 people were reached.

Information Education and Communication materials:

Various communication materials were produced to increase visibility. Some of the materials produced included banners, posters, training materials and community mobiliser flip charts, radio and television spots.

Strengthening of the Health Promotion unit within the Ministry of Health (MoH):

The Health Promotion units in all the three zones were established and equipped with two computers, two printers, two cameras and megaphones. This equipment supported the implementation of social mobilisation activities.

Integration of the polio activities into WASH and nutrition messages:

In a bid to bring synergy to the Polio response, a committee at UNICEF technical specialists; implementing partners and the Ministry of Health, was established. The committee was formed to oversee the integration of Polio messages into WASH and nutrition messages to show linkages in relation to the spread of the Polio virus. As a result, the Polio materials were revised to include WASH and nutrition messages. The culmination was the celebration of the Global Hand Washing Day, where the theme message was adapted to include Polio: "The Power to Kick Polio out of Somalia is in your Hands".

Surge Staffing needs supported with CERF funds

Zone:	Position Title:	Status:	Outcomes:
1. Central South Zone (CSZ) (Mogadishu)	1. Polio Outbreak Coordinator 2. Communication for Development (C4D) Specialist - International 3. Communication for Development Specialist - National	Completed.	All positions recruited and filled.
2. North West Zone (NWZ) (Hargeisa)	1. Polio Coordinator	Completed.	All positions recruited and filled.
3. North East Zone (NEZ) (Garowe/Bossaso)	1. Polio Coordinator	Completed.	All positions recruited and filled.
4. UNICEF Somalia Support Centre (USSC) (Nairobi)	1. Programme Assistants - 2 2. Logistician	Completed.	All positions recruited and filled.

CERF's ADDED VALUE

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

YES PARTIALLY NO

Support enabled fast and timely planning and implementation of all components of SIA activities. Vaccines and other commodities were procured and delivered to vaccination sites in a timely manner and in sufficient quantities.

b) **Did CERF funds help respond to time critical needs³?**

YES PARTIALLY NO

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

YES PARTIALLY NO

Since CERF was one of the first contributions to the outbreak response, funding enabled recruitment and deployment of critical staff among other things. Other donors contributed to other components of the SIA plans such as vaccine procurement, supply chain management and unfunded parts of the C4D activities.

d) **Did CERF improve coordination amongst the humanitarian community?**

YES PARTIALLY NO

With CERF funds, various coordination and review meetings were organized at national, zonal, regional and district level that enhanced ground-level capacity of all agencies taking part in the response.

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

N/A

V. LESSONS LEARNED

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

³ 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
The quality of the social mobilisers and health workers needs to be improved.	Support training of social mobilisers on Interpersonal Communication, micro-planning and social mapping.	UNICEF
Based on the KAP study findings, there is need to review the selection and deployment of social mobilisers to ensure that they are selected to work in areas where they reside.	Work with the Ministry of Health and implementing partners to revise the Standard Operating Procedures; consider selecting a team from their areas of residence.	UNICEF
Inadequate accountability and reporting skills for implementing partners.	Support the training and on-job mentoring of partners and Ministry of Health on reporting and accountability.	UNICEF
<p>The polio strategy should be revised to address the KAP study findings which include:</p> <ul style="list-style-type: none"> • Fatigue due to the many rounds of polio vaccinations, • The minority of people do not think they need to have child take drops every time, • Negative rumors (particularly around sterility) are present among people - care-providers generally believe rumors are at least somewhat true, • Lower awareness and belief in effectiveness of inactivated poliovirus vaccine (IPV), which may create challenges during the introduction of routine Immunization, • The vast majority of people are unaware that caregivers have to take a child to a provider fives times in the first year to complete vaccination series. 	Support the revision of the C4D strategy to address the issues raised including routine immunisation.	UNICEF
Strengthen evidence-based implementation through conducting studies (social data analysis, Knowledge, Attitude and Practices KAP studies, and listenership surveys) and consistent Independent Monitoring (IM) as well as third Party monitoring.	Train all partners on monitoring and analysis of data for C4D with an emphasis on timely reporting. Build on existing work conducted by other partners like DFID and on the KAP study to revise the C4D strategy and where necessary plan for periodic C4D studies.	MoH and UNICEF.
Improve the quality of social mobilisers through training and equipping them with reference materials (integrated flip charts).	Train more community mobilisers on Interpersonal Communication and how to use the flip chart developed for community dialogues.	MoH and UNICEF.
With the poor routine immunization there is need to have consistent social mobilization interventions between, and during, immunization rounds to increase awareness and reduce refusals.	In 2014 social mobilization activities should be conducted in a consistent manner and not only during the Polio rounds. Funding proposals and annual work plans should be developed to address this issue.	MoH and UNICEF.
Inadequate capacity at the regional level, leading to limited support supervision for the zonal levels.	Strengthen the MoH to establish/strengthen structures at regional and district level to enable supervision, reporting, data collection and analysis.	MoH, UNICEF and other implementing partners.
Integration of Polio messages into WASH and nutrition enhances synergies and reduces implementation costs.	Continue to have strategic integration of messages and activities especially at community level with other sectors, such as	MoH, UNICEF and the clusters.

	WASH and nutrition as well as with other UN organizations, such as for example WFP.	
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VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	23 Aug. 2013 - 22.Feb. 2014
2. CERF project code:	13-RR-CEF-075	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Interruption of wild poliovirus transmission in Somalia and curtailing of further geographic spread of the virus to uninfected parts of the country and neighbouring countries		
7. Funding	a. Total project budget:	\$ 14,122,382	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	\$ 12,706,567	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	\$ 1,415,815	▪ Government Partners: Ministry of Health US\$ 460,791
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	1,031,061	948,567	
b. Male	1,061,992	977,033	
c. Total individuals (female + male):	2,093,053	1,925,609	
d. Of total, children <u>under</u> age 5	2,093,053	1,925,609	
9. Original project objective from approved CERF proposal			
Interrupt the transmission of wild poliovirus in Somalia and curtail further geographic spread of the virus to uninfected parts of the country and neighbouring countries.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Vaccination coverage (>90 per cent) achieved in areas targeted for vaccination campaigns. • Wild poliovirus transmission in Somalia interrupted within 12 months of fully implementing outbreak response plan. 			
<u>Result 1: Implement polio campaign with high coverage.</u>			
Indicator:			
<ul style="list-style-type: none"> ○ Number of community health workers trained on interpersonal communication and community dialogue ○ Number of printed materials produced and distributed. ○ Number of TV and Radio spots/programmes on polio produced and aired ○ Number of families and children who are aware of Polio campaign ○ Number of Polio surge staff on board ○ % of population vaccinated against Polio in the targeted areas as verified by independent monitoring 			
<u>Result 2: Interrupt transmission of wild poliovirus in Somalia</u>			
Indicator: No cases of wild poliovirus reported in Somalia within 12 months of fully implementing the six-month Emergency Action Plan.			
11. Actual outcomes achieved with CERF funds			
In accessible areas, the vaccination coverage during SIAs in 2013 was on an average 92 per cent. A total of 194 cases were			

confirmed in 2013 with the majority from Banadir region the epicentre of the outbreak. The last case reported was in December 2013. High quality SIAs were able to stop the transmission and minimize further spread of the Polio virus. No new cases of polio have been reported in 2014.

Indicators

- 70 (NEZ 20, NWZ 20 and SCZ 30) of Health workers trained in IPC
- No. of IEC materials printed and distributed:
 - 1,000 (CSZ 500, NE and NW zones: 250) of posters were developed and distributed for display,
 - Three types of banners (150 each especially for the transit points and launched) were developed and used for campaign,
 - 1,000 leaflets mainly of Frequently asked questions for journalists, leaders etc. were developed and distributed,
 - 1,300 flip charts were developed for the community mobilisers,
 - 1,500 aprons were distributed to all the vaccinators and community mobilizers.
 - 1,500 T-shirts were developed and distributed especially during the launches.
- Produced 4 radio and 2 television spots which were aired. 66 radio spots were aired on 23 radio stations and 31 television spots were aired on seven radio stations
- Number of families and children who are aware of Polio campaign

Zone	% caregivers aware
Central South Zone	92 per cent
Somaliland (NWZ)	86 per cent
Puntland (NEZ)	92 per cent

- Number of Polio surge staff on board (at different times during the response, funded by different donors):

Sn	SCZ Polio Surge Team
1	Polio Coordinator
2	Polio C4D Specialist
3	National Polio Consultant
4	National Polio C4D Officer
	NWZ Polio Surge
1	Polio Coordinator
2	Polio C4D Specialist
3	National Polio C4D Officer
	NEZ Polio Surge
1	Polio Coordinator
2	Polio C4D Specialist
3	National Polio C4D Officer
	UNICEF Somalia Support Centre (USCC)
1	Polio Team Coordinator
2	Polio C4D Specialist
3	Logistics Specialist
4	Programme Assistant

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

The project has achieved 100 per cent coverage in North East and North West Zones, while in CSZ coverage of 84 per cent was achieved compared to the average of 90 per cent initially anticipated).

13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a or 2b): 2b
If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated? YES NO

Third party monitoring and verification exercise was conducted by UNICEF in South Central Zone in March 2014. The report is annexed.

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Instalment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-RR-CEF-075	Health	UNICEF	WARDI - SCZ	Yes	NNGO	\$277,597	31-Dec-13	23-Jan-14	Activities previously implemented using other grants
13-RR-CEF-075	Health	UNICEF	Muslim Aid - SCZ	Yes	NNGO	\$128,968	31-Dec-13	23-Jan-14	Activities previously implemented using other grants
13-RR-CEF-075	Health	UNICEF	ANNPCAN - SCZ	Yes	NNGO	\$135,361	31-Dec-13	23-Jan-14	Activities previously implemented using other grants
13-RR-CEF-075	Health	UNICEF	MoH NWZ	Yes	GOV	\$294,793	31-Dec-13	27-Jan-14	All activities completed by expiration date
13-RR-CEF-075	Health	UNICEF	MoH NEZ	Yes	GOV	\$166,000	31-Dec-13	25-Jan-14	All activities completed by expiration date
13-RR-CEF-075	Health	UNICEF	Radio Kulmiye SCZ	Yes	Commercial Organizations	\$9,930	31-Dec-13	25-Jan-14	All activities completed by expiration date
13-RR-CEF-075	Health	UNICEF	Radio Mogadishu	Yes	Commercial Organizations	\$9,930	31-Dec-13	25-Jan-14	All activities completed by expiration date
13-RR-CEF-075	Health	UNICEF	SNTV	Yes	Commercial Organizations	\$11,235	31-Dec-13	25-Nov-13	Activities previously implemented using other grants
13-RR-CEF-075	Health	UNICEF	Hargeisa TV	Yes	Commercial Organizations	\$3,717	25-Nov-13	17-Dec-13	Activities previously implemented using other grants
13-RR-CEF-075	Health	UNICEF	TV Garowe	Yes	Commercial Organizations	\$3,717	25-Nov-13	24-Jan-14	Yes, all activities completed by expiration date

13-RR-CEF-075	Health	UNICEF	IEC	Yes	NNGO	\$7,621	25-Nov-13	7-Dec-13	Activities previously implemented using other grants
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ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

bOPV	Bivalent Oral Polio Vaccine
C4D	Communication for Change
CHD	Child Health Days
Eid-Khutaba	It is a term used by Imams for the people before Eid-Salah, generally divided into two parts: one from the Holy Quran and the second part is related to the present worldly situation based on Islam.
IPC	Interpersonal Communication Skills
MoH	Ministry of Health
MoJ	Ministry of Justice (religious Affairs Ministry)
NEZ	North East Zone
NID	National Immunization Days
NWZ	North West Zone
OPV	Oral Polio Vaccine
PEI	Polio Eradication Initiative
SIAs	Supplementary Immunization Days
ToT	Training of Trainers
UNICEF	United Nations Children's Fund
WHO	World Health Organisation
WPV	Wild Polio Virus