

ANNUAL REPORT ON THE USE OF CERF GRANTS SOMALIA

Country	Somalia
Resident/Humanitarian Coordinator	Mark Bowden
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 596,124,332		
	Total amount received for the humanitarian response:	US\$ 403,823,968		
	Breakdown of total country funding received by source:	CERF	US\$ 33,219,558	
		CHF/HRF COUNTRY LEVEL FUNDS	US\$ 28,253,122	
		OTHER (Bilateral/Multilateral)	US\$ 312,631,929	
	Total amount of CERF funding received from the Rapid Response window:	US\$ 33,219,558		
	Total amount of CERF funding received from the Underfunded window:	US\$		
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$ 31,325,934	
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$ 1,893,624	
		c. Funds for Government implementation:		
e. TOTAL 2010:		US\$ 33,219,558		
Beneficiaries	Total number of individuals affected by the crisis:	3,021,550 individuals		
	Total number of individuals reached with CERF funding:	3,021,550 individuals		
		children under 5		
		females		
Geographical areas of implementation:	Hiran, Gedo, M/L Juba, M/L Shabelle, Bakool, Benadir (Mogadishu), Galgadud, Nugaal, Mudug, Bossasso, Sanaag			

II. Analysis

In 2010, the humanitarian community in Somalia provided life-saving emergency assistance to nearly two million people, and basic household items to 200,000 newly displaced. The humanitarian community also supported community resilience to drought with programmes such as livestock vaccinations, food and cash-for-work, and emergency education.

The assistance was delivered under unprecedented reductions in access, and reduced and slow funding flows. This was particularly evident in south central Somalia where eight agencies were expelled and 23 humanitarian facilities were attacked resulting in a further reduction of United Nations (UN) and INGO presence. Meanwhile, new funding levels dropped dramatically by 26 per cent in 2010 compared to 2009. Despite the Somalia Consolidated Appeal (CAP) being 70 per cent funded by the end of the year, clusters providing crucial services had not received half their funding by October with consequent serious impact on key programmes. Thus, pooled funding provided substantial support to the operation in 2010 – some \$59 million came from CERF (Central Emergency Response Fund), HRF (Humanitarian Response Fund)/ CHF (Common Humanitarian Fund) combined. These funds facilitated critical life-saving activities in Somalia when some of the key bilateral donors dramatically reduced their funding due to their domestic anti-terror legislation and/or delayed their funding decisions due to increased focus on accountability of the operations as a whole.

Both CERF and HRF/CHF (established in June 2010) supported initial response activities when a new crisis breaks, and as a last resort for under-funded programmes that have not received sufficient support from traditional donors. Priorities for both funds were agreed by the clusters and the Somalia Inter-Agency Standing Committee (IASC), and have thus supported priorities of the humanitarian community. The CERF grant enabled the provision of emergency livelihood and lifesaving assistance as well as protection of children in risk of recruitment by parties to the Somalia conflict.

In the last quarter of 2009, WFP was faced with serious funding shortfalls and its food pipeline was at the verge of collapse, which would have jeopardized both the general food distribution and the supplementary feeding programmes that targeted the most vulnerable populations, as well as school-going children. CERF funding under the rapid response window of about \$30 million (\$5 million disbursed in October 2009 and \$25 million disbursed in January 2010) helped World Food Programme (WFP) avert the serious consequences of a pipeline break.

Due to security and access constraints, WFP was forced to suspend operations in most parts of South and Central Somalia on 4 January 2010. WFP redirected its assistance to other geographical areas, focusing CERF funding on highly food insecure populations in Central Somalia and war affected beneficiaries in Mogadishu, the epicentre of Somalia's crisis. Additional assistance was directed to strengthen livelihoods interventions in Northern Somalia.

In total, 24,000 MT of food was procured and distributed to 1.2 million people in need through 92 cooperating partners using CERF funds received in January 2010. In an effort to treat and prevent malnutrition in its suspended programme areas, WFP transferred 1,000 MT of corn-soya blend (CSB) and associated costs to UNICEF for nutrition interventions in South-Central Somalia.

With CERF funding, Food and Agriculture Organization (FAO) and partners assisted in alleviating the effects of the WFP withdrawal from South Somalia and also revitalized rural agricultural production in Gedo, one of the most deprived areas of South Somalia with food aid dependency and minimal income opportunities in a collapsed agricultural production system.

The cash for work interventions provided employment opportunities and income during periods of suppressed farm-based job opportunities and contributed \$278 over two months to the minimum basket for each beneficiary household. Opening an additional 165 hectares of arable land, through bush clearing activity, the intervention increased food productivity and thus helped replace food aid distribution that had been discontinued. The package revitalized local agricultural production, with the production of an additional 3,960 MT of maize, 9,900 MT of onions, 13,200 MT of watermelons and 10,560 MT of tomatoes, besides other traditional crops such as cowpeas and fodder planted for livestock feeding, thus contributing to population food security and stabilization of food prices at the local markets.

The funding also facilitated mass vaccination of 1,238,053 shoats against peste des petits ruminants (PPR) and sheep and goat pox (481,421), and provided selective treatments to 1,646,094 animals, mainly for internal and external parasites. This also included 19,861 treatments against other infections. These interventions reduced the risk of animal epidemics, while saving livelihood assets and contributing to a sustained local economy by reducing the risks of economic disruptions due to closure of local and export livestock markets. The beneficiaries benefited from better production of meat and milk in addition to very good livestock prices from healthy animals, which rapidly gained weight (over 20 per cent faster than untreated animals) at the onset of the rainy season.

CERF funds received by United Nations Children's Fund (UNICEF) and World Health Organization (WHO) filled a critical gap that allowed both agencies to accelerate Child Health Days (CHDs) and continue health campaigns in 2010. This work prevented outbreaks and attempted to raise immunisation levels to reduce morbidity and mortality rates. Without CERF funding, an estimated 800,000 children under-5 would not have benefited from immunisation against measles, DPT, polio, or received vitamin A supplements and other life-saving interventions. Further, over 600,000 women of childbearing age would not have received tetanus vaccination as required every six months. This is out of the targeted 1.2 million children under-5 and one million women during the third round of CHDs in Central South Zone (CSZ) of Somalia, including Mogadishu. Given high mortality and morbidity in the current ongoing emergency resulting mainly from malnutrition and public health threats (communicable diseases), the CHDs have represented an effective life-saving intervention in Somalia as they address the major causes of death at scale¹. Preliminary results from the 2010 Centre for Disease Control (CDC) evaluation indicate that 10,000 lives have been saved as a result of CHDs.

The CHD coverage showed a major increase over routine immunization coverage rates achieved in 2009 through Maternal and Child Health (MCH) facility-based care in the same locations - again confirming the need for this strategic approach. With the success of CHDs, additional children were reached with three doses of DPT vaccine, and Somalia has achieved 51 per cent DPT-3 coverage for children under one during 2009, for the first time in the last 20 years.

In the CSZ, the second round was implemented in February/April 2010 due to a delay in receipt of CERF funds for WHO. The third round was started in October in Gedo and in December in Bay, Bakool but could not be finished in Jubas and Shabelles due to security and refusal by local authorities. Supplies and teams are however ready and available to complete the third round in the remaining districts of CSZ as soon as access can be negotiated. All 16 districts of Benadir (Mogadishu) and Afgoye were reached for the third time in December 2010 by providing CHDs package to 261,536 children under five and 278,817 WCBAs. (See table of Results)

The immediate and timely allocation of CERF Rapid Response funds allowed the procurement of 14,800,000 aqua-tabs, 270,000 doses of diphtheria, pertussis (whooping cough), tetanus (DPT) vaccine, 291,000 doses of measles vaccine, 644,000 doses of tetanus toxoid (TT) vaccine, 690,000 doses of oral polio vaccine (OPV) vaccine, 268,000 doses of BCG vaccine, 490,000 auto-disable (AD) syringes, 21,500 safety boxes (injection safety materials), 1,600,000 sachets of ORS 55,200 bar soaps, 469,938 plastic disposable cups for albendazole tablets. Funds were also utilized to provide technical support (immunization specialist, cold chain assistants, supply and logistic specialists) for the child survival programme.

The estimated 410,000 displaced people in Afgoye corridor² were in dire need of emergency provision of non-food items and shelter materials. In addition, an estimated 15,000 IDPs in Bosasso and Galkacyo lived in densely populated temporary settlements in sub-standard shelter under constant risk of fire.

1 CHDs provide: a) aqua tabs and oral rehydration salts (ORS) for treatment of diarrhea (being the number one cause of death among children under five); b) deworming twice a year contributes significantly to reducing malnutrition; and c) key vaccinations especially measles which are leading causes of death in nutritionally compromised populations.

2 In this report, the figure of 410,000 persons is used, reflecting both the greater accuracy in new population assessments and the actual increase in the number of IDPs.

Despite these burgeoning needs, the shelter/NFI cluster had received only 8 per cent of the funds appealed for in 2009 CAP.

Against this background, CERF funding was the only source of additional resources to enable humanitarian agencies to respond to the urgent needs of the displaced and to prevent further crises linked to displacement in the area.

The shelter/NFI cluster identified the priority areas, using assessments of partners on the ground and Population Movement Tracking undertaken through the Protection Cluster. CERF rapid response funded interventions were implemented in key partnership with Norwegian Refugee Council (NRC) (Mogadishu), Danish Refugee Council (DRC) (Galkacyo), Centre for Education and Development (CED) (Afgooye Corridor), Intersom (Dhusamareb) Africa Development and Emergency Organization (ADEO) (Afmadow). These partnerships helped to facilitate immediate response to the IDPs urgent needs (in Afgooye), and to provide NFI response and emergency shelter solutions (in Mogadishu and Afgooye).

Finally, the CERF funds allowed eighteen monitoring organizations and seven regional Child Protection Networks to remain active and to document 1,568 child rights violations. The data collected was critical to inform advocacy efforts and to ensure the compilation of the third Somalia report following SC Resolution 1612, the preparation of the bi-monthly Global Horizontal Notes to the SCWG/CAAC, and the inputs to the 2010 annual report of the Secretary-General on CAAC (Children in Armed Conflict). Through advocacy interventions, CERF funding was also instrumental in the mobilization of 224 communities in southern Somalia thus leading to increased protection of 129,934 vulnerable children and 3,327 community and religious leaders.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
Protection	<p>09-HCR-044</p> <p>Protection of Children Affected by Armed Conflict in Central and Southern Somalia (SOM-10/P-HR-RL/29098/124)</p>	276,053	1,771,920	<p>25,000 children affected by conflict and displacement</p> <p>250 children³ released by TFG associated armed forces and militias</p>	<ul style="list-style-type: none"> Communities under the control of AGEs where child recruitment is reported to be particularly high have increased capacities to mobilize themselves to prevent or at least reduce the incidence of child recruitment. Grave child rights violations, including recruitment and use of children in conflict are identified, systematically documented and addressed; emergency referral and response mechanisms at community level are reinforced to ensure greater protection of children. 	<ul style="list-style-type: none"> 224 communities were mobilized in southern Somalia directly leading to increased protection of 129,934 vulnerable children. 3,327 community and religious leaders were reached through advocacy interventions. 18 monitoring organizations and 7 CPNs, who monitor report and respond to child rights violations according to SCR 1612/2005, reported 1,568 child rights violations. Data was used to prepare the third Somalia 1612 report, the bi-monthly Global Horizontal Note to the Security Council Working Group/CAAC and the 2010 annual SG report on CAAC. An estimated 80 per cent of the documented cases were referred to services. 	<p>CERF funding was critical to sustain MRM activities in the first half of 2010 at a crucial time when reports on child recruitment and killing and maiming of children were on the increase and earmarked funding was not forthcoming in an adequate and predictable manner.</p>	<ul style="list-style-type: none"> National child protection staff on the ground monitored activities in accessible areas with regular technical back up from the protection specialist in Nairobi. Implementing NGOs provided regular updates on activities and where possible, UNICEF staff crossed checked this information in accessible areas. 	<ul style="list-style-type: none"> In Somalia, the involvement of children in armed conflict affects a great majority of boy children. To this extent, most of the activities supported through CERF funding focused on a group who experience this particular violation on grounds of (amongst other things) gender. The MRM provides data disaggregated, among other things, by gender.

³ These children were not identified or released as UNICEF was unable to work with TFG on this issue.

					<ul style="list-style-type: none"> ■ Basic institutional mechanisms are set up within the TFG to put an immediate halt to new recruitment of any person under 18 into the armed forces and to identify, verify, document and facilitate the immediate release of those already recruited. ■ Increased awareness among senior military commanders from TFG armed forces and associated militias around child recruitment, the requirements of international law and the possible legal consequences of violations of such requirements (training for senior military officers in the TFG was not able to take place due to lack of commitment from the TFG). 	<ul style="list-style-type: none"> ■ Advocacy with TFG and other key stakeholders led to the inclusion of child recruitment on the agenda of the Joint Security Committee, a body leading security sector reform. At the end of 2010, the TFG appointed a senior official as focal point for child recruitment. This is expected to greatly accelerate action. ■ High turnover of TFG staff and other preoccupying matters of the TFG seriously compromised our ability to engage in a systematic, constructive manner on child recruitment. Moreover, many children are present among militias loosely associated with the TFG, over which the TFG have no influence. 			
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Food Assistance	<p>09-WFP-079</p> <p>Emergency Operations 10812.0 Food Aid for Emergency Relief and Protection of Livelihoods</p>	24,999,104	<p>356,359,150</p> <p>Revised CAP project for 2010: 283,307,968</p>	<p>Planned: 2,002,000 (53 per cent female)</p> <p>Actual: 1,451,000 (58 per cent female)</p> <p>Women: Children under 5:</p>	<ul style="list-style-type: none"> ■ 22,085 MT of cereals (yellow maize), 5,836 MT of corn-soya blend, and 1,589 MT of vegetable oil distributed to 2 million beneficiaries. ■ 796,000 IDPs, 85,000 Mogadishu residents are reached with relief rations and hot meals under wet feeding programme. ■ 495,000 pregnant and breastfeeding mothers and malnourished children are assisted with nutritious rations. ■ 103,000 schoolchildren in targeted schools are provided with school meals. ■ 523,000 drought-affected people in central Somalia are assisted with daily rations ■ Key personnel from 100 partners trained ■ The performance of WFP's SFP programme for the treatment of moderate acute malnutrition were: Recovery rate: 96 per cent Defaulter rate: 1.7 per cent Death rate: 0.1 per cent ■ Acute malnutrition has been stabilised or decrease in all WFP areas of operation with the notable exclusion of Mogadishu (fighting and displacement), and Galkayo IDPs (reliability of previous assessments is in doubt though as GAM went from 25 per cent to 10 per cent in 6 months time before shooting back up to 15 per cent at present). 	<ul style="list-style-type: none"> ■ 14,846 MT of cereals, 6,611 MT of corn-soya blend, 2,150 MT of vegetable oil and 383 MT of pulses procured for distribution to 1.2 million beneficiaries. This was used for the following activities: 609,000 IDPs and 86,000 Mogadishu residents targeted with relief rations and wet feeding. ■ 153,000 pregnant and breastfeeding mothers and malnourished children assisted with nutritious rations. ■ 80,000 schoolchildren in targeted schools provided with school meals. ■ 523,000 drought-affected people in central Somalia assisted with daily rations. ■ Approximately 51 per cent of beneficiaries were women and 28 per cent were Children under 5 ■ 653 key personnel from 100 partners trained. ■ Reduction in beneficiaries reached resulted from the suspension of WFP activities in South-Central Somalia. The commodity breakdown was adjusted based on needs (vegetable oil and CSB amounts were increased). 	<p>Rapid allocation of CERF funds averted a major pipeline break for WFP and allowed for continued life-saving General Food Distributions and Targeted Supplementary Feeding in Central Somalia and Mogadishu.</p>	<ul style="list-style-type: none"> ■ WFP's MandE Unit ensured monitoring both during and after distributions to ensure that CERF-funded food assistance reached its intended beneficiaries. ■ Screening monitoring for targeted supplementary feeding ensured that acutely malnourished children were reached. 	<ul style="list-style-type: none"> ■ WFP promotes the active participation of women in food management committees through mainstreaming WFP's gender policy and sensitization of stakeholders on the ground. ■ WFP prioritized women in its food-for-training activities and provided take-home rations to girls in primary schools who regularly attended classes
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Shelter/NFIs	<p>09-HCR-044</p> <p>SOM-10/S-NF/29003:</p> <p>Emergency Provision on Non Food Items (NFIS)</p>	1,503,671	32,624,182	198,000 displaced Somalis	<ul style="list-style-type: none"> ■ 198,000 displaced individuals provided with NFIs ■ Improved living conditions for 33,000 IDP families 	<ul style="list-style-type: none"> ■ 102,000 displaced individuals provided with 17,036 NFIs ■ Improved living conditions for 17,036 IDP families ■ Difficulty of access delayed distribution of NFI kits. Undistributed kits were stored in UNHCR warehouse 	<p>Rapid allocation</p> <p>Filling immediate funding gap</p>	<ul style="list-style-type: none"> ■ Post distribution monitoring ■ Implementing partners' reports ■ Involvement of the beneficiaries ■ Spot checking where possible 	<ul style="list-style-type: none"> ■ Preference given to vulnerable IDPs, including women and children
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Health	<p>09-CERF-067-A</p> <p>"Child Health Days (CHDs) in Central and Southern Somalia" SOM-09/H/22308/122 and 124</p>	<p>1,473,866 (UNICEF)</p> <p>2.4 million (WHO)</p>	<p>12.5 million</p>	<p>In CSZ: 800,000 out of total target of 1.2 million children under five and 600,00 out of total target of 1 million women of child bearing age (CBA) will be reached with CERF funds.</p>	<ul style="list-style-type: none"> ■ Reach 90 per cent of children 9-59 months with measles vaccination ■ Reach 90 per cent of children U5 (0-59 months) with OPV. ■ Reach 90 per cent of children U1 (6 weeks to 23 months old) with DPT vaccination ■ Reach 90 per cent of children 12-59 months with de-worming treatment ■ Reach 90 per cent of children 6-59 months with vitamin A supplementation ■ Reach 70 per cent of women of child bearing age with TT vaccination ■ Each U5 child is nutritionally screened using MUAC and receives three sachet of ORS and five tablets of water disinfectant tablet. 	<ul style="list-style-type: none"> ■ 86 per cent children reached with measles vaccinations ■ 89 per cent children reached with OPV ■ 80 per cent children reached with DPT ■ 545 children reached with deworming treatment ■ 86 per cent reached with Vitamin A supplement ■ 77 per cent WCBA reached with TT vaccination ■ 89 per cent children received ORS and aqua tabs 	<p>The CERF contribution filled a critical need in allowing UNICEF and WHO Somalia to accelerate CHDs in 2010. The second round of CHDs should have been carried out at the end of 2009 but was delayed due to lack of funding. The arrival of CERF funds in early 2010 enabled CHDs to be carried out, preventing further delay.</p> <p>CERF was the first emergency allocation received by UNICEF and WHO in 2010 towards CHDs.</p>	<ul style="list-style-type: none"> ■ The CHD programme has tools for micro planning, data collection and reporting including vaccination cards, tally sheets, supervisory checklist, etc. to record the number of children and women reached each round with particular services or commodities. ■ The Health Management Information System (HMIS) Department at the MoHs in the northern zones receive all compiled CHD data after each campaign, whereas in the CSZ, UNICEF and WHO receive the data. All data is received and compiled in the UNICEF Country Office and analyzed for generation of information on progress and success rates of CHDs. Third party verification was also carried out in some locations of CSZ. 	<ul style="list-style-type: none"> ■ It is believed that an equal number of boys and girls benefited from CHDs. Women of child-bearing age have also benefited.
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<p style="text-align: center;">Agriculture</p>	<p style="text-align: center;">09-FAO-040</p> <p>SOM-10/A/28904</p> <p>Integrated cash-for-work (CFW) and productive assets rehabilitation in support of populations in food security crisis in Gedo Region of Central Southern Somalia. OSRO/SOM/911/CHA</p>		<p style="text-align: center;">2,501,842</p>	<p>43,300 comprising of 3,300 Riverine farmers and 40,000 agro-pastoralists HH. ASEP supervised 2460 beneficiaries , NAPAD 420 and ADA 420 each.</p>	<ul style="list-style-type: none"> ■ To revitalize the rural productive sectors through cash-for-work programs, and by providing selective animal treatments and vaccinations to support poor households in Gedo region to increase their food security. ■ The package (seeds, tools, water irrigation water and diesel fuel) was expected to revitalize local agricultural production, with the production of additional 3,960 MT of maize, 9,900 MT of onions, 13,200 MT of water melons and 10,560 MT of tomatoes. Vaccinate 1.2 million shoats and provide selective treatments to 1.6 million animals of all species. 	<ul style="list-style-type: none"> ■ CFW intervention contributed \$ 278 over 2 months to the minimum basket for the beneficiary households. The package revitalized local agricultural production of additional 3 960 MT of maize, 9 900 MT of onions, 13 200 MT of watermelons and 10 560 MT of tomatoes. ■ Veterinary teams treated a total of 1, 665,955 animals, Mass vaccinations (1, 238, 053) against PPR (756 632 shoats) and Sheep and goat pox (481 421) reduced the risk of animal epidemics, while saving livelihood assets (reduced mortalities) and sustaining the local economy by reducing the risks of economic disruptions due to closure of local and export livestock markets. 	<p>Allocation of the CERF funding was timely, coming at the time WFP halted relief food distribution in South Somalia, abruptly ending food dependency with minimal income opportunities in a collapsed agricultural production system. The intervention provided income opportunities, revitalized farming, improved crop and livestock productivity and stabilized food prices.</p>	<ul style="list-style-type: none"> ■ Participatory approach involving stakeholders (DCs, council of elders, relief committees and beneficiaries) in all stages of implementation ■ Weekly progress reports for CFW activities and monthly reports for veterinary activities. Joint evaluation with beneficiary representatives, leaders and implementing partners. 	
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						<ul style="list-style-type: none"> ■ PPR vaccinations targeted herds while sheep and goat pox vaccinations targeted the young shoats (30-40 per cent) below 6 months and which often die from inability to feed and or suckle. ■ Income from CFW employment contributed \$ 278 to the minimum basket per beneficiary HH, representing 19 per cent to 36 per cent of the annual cost of the minimum basket in Dollow and Luuq respectively. ■ Cash injection into local economy stabilized food prices, enabled HH to buy food and other non-food items and meet other needs such as paying school fees, settle outstanding debts and even buy more livestock, especially sheep and goats. ■ Rehabilitation of water catchments increased the storage capacity by 39 040 cubic meters of water, capable to sustain the animals for 2-3 months thus reducing the risk of acquiring diseases from contacts due to out-migration. 			
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Annex 1: Acronyms and Abbreviations

AD	Auto-disable (syringes)
BMO	Badhaabo Medical Organization
CAP	Consolidated Appeals Process
CBA	Child-bearing age
CBO	Community Based Organization
CERF	central Emergency Response Fund
CHD	Child Health Days
CHF	Common Humanitarian Fund
CSZ	Central and Southern Zone
CSZ	Central and Southern Zone
DPT	Diphtheria, pertussis -whooping cough,, tetanus
FAO	Food and Agriculture Organization of the United Nations
FSNAU	Food Security and Nutrition Analysis Unit of the UN Food and Agriculture Agency
GAM	Global Acute Malnutrition
GFD	General Food Distribution
HRF	Humanitarian Response Fund
IDP	Internally Displaced People
LNS	Lipid-based Nutrient Supplements
MCH	Maternal and Child Health facility
MMR	Maternal Mortality Rate
MP	Member of Parliament
NEZ	Northeast Zone
NGO	Non-Governmental Organization
NGO	Non-Governmental Organization
NWZ	Northwest Zone
OPV	Oral Polio Vaccine
ORS	Oral Re-hydration Salt
OTP	Outpatient Treatment Programme
RUF	Ready to Use Food
SAM	Severe Acute Malnutrition
SC	Stabilization Centre
SFP	Supplementary Feeding Programme
TFG	Transitional Federal Government
TT	Tetanus Toxoid
UN	United Nations
UNHAS	United Nations Humanitarian Air Services
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme