



ANNUAL REPORT OF ON THE USE OF CERF GRANTS IN SOMALIA 2011

COUNTRY	SOMALIA
RESIDENT/HUMANITARIAN COORDINATOR	Mark Bowden

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response		Nutrition: 130,081.66 WASH: 33,000,000 FOOD Assistance: 286,531,363 AG& Livelihoods: 98,770,000 Health: 31,643,585 Shelter and Non-Food Items: 26,842,510 UNHAS: 17,438,493 TOTAL 494,356,032.66
	2. Breakdown of total response funding received by source	2.1 CERF	52,953,336
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	Nutrition: 2,142,942 WASH: 3,222,949 FOOD Ass: 3,700,000 AG& Livelihoods: 3,544,298 Health: 887,241 Shelter and Non-Food Items: 1,500,000 TOTAL 14,997,430
		2.3 OTHER (Bilateral/Multilateral)	Nutrition: 121,503,625 WASH: 18,147,551 FOOD Ass: 268,636,173 AG& Livelihoods: 72,786,120 Health: 6,515,148 Shelter and Non-Food Items: 3,702,284 UNHAS: 17,314,007 TOTAL 491,290,901
		2.4 TOTAL	559,241,667

3. Breakdown of funds received by window	<input checked="" type="checkbox"/> Underfunded	N/A
	1. First Round	14,989,087
	2. Second Round	N/A
	<input checked="" type="checkbox"/> Rapid Response	37,964,249
4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation	Nutrition: 15,054,869.95 WASH: 2,240,137.00 FOOD Ass.: 14,907,147* AG& Livelihoods: 8,304,937.12 Health: 4,852,558.49 Shelter and Non-Food Items: 1,425,543.67 UNHAS: 1,000,000.00 TOTAL 47,785,193.23
	4.2 Funds forwarded to NGOs for implementation	Nutrition: 720,764.99 WASH: 1,711,881.00 FOOD Ass: 92,853.00 AG& Livelihoods 1,166,104.88 Health: 1,114,108.51 Shelter and Non-Food Items 74,456.33 TOTAL 4,880,168.71
	4.3 Funds forwarded to government partners	Nutrition: 225,743.06 WASH: 44,185 AG& Livelihoods: 18,046 TOTAL 287,974.06
	4.4 TOTAL	52,953,336.00

Note: According to WFP SOM-11/F/39941/R (EMOP 108120 and 200281): current requirement in the FTS is \$286,531,363; however the current budget is \$291,557,757. FTS is currently being amended accordingly.

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	2.85 million at the time of funding
Total number of individuals reached with CERF funding	Female	1,954,617
	Male	1,623,937
	Total individuals (Female and male)	3,578,554
	Of total, children <u>under</u> 5	1,145,825

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

WASH

- South Central Somalia: Gedo, Lower and Middle Juba, Banadir, Lower and Middle Shabelle, Hiraan, Bay and Bakool
- Puntland: Mudug, Nugal, Bari, Sool

HEALTH

- South Central Somalia: Galgaduud, Lower and Middle Shabelle, Gedo, Lower and Middle Juba Mogadishu, Afgooye corridor and Balad corridors, Hiran, Mudug, Hiraan, Bakool, and Bay

NUTRITION

- South Central Somalia: Lower and Middle Juba, Bay, Lower and Middle Shabelle, Benadir, Hiraan, Bakool
- Puntland: Mudug, Galgadud, Sool, Sanaag, Nugal, Bari, Togdheer, and W. Galbeed

FOOD

- South Central Somalia: Banadir, Hiraan, Galgaduud and Mudug

AGRICULTURE AND LIVELIHOODS

- South Central Somalia: Lower and Middle Juba, and Afgooye corridor of Lower Shabelle, Bay, and Bakool

SHELTER AND NON-FOOD ITEMS

- South Central Somalia: Galgaduud and Mudug (including Galmudug, Himan and Heeb) - Abudwak ,Herale/Balanbal, Galkaiyo Ceel Waaq, Dholow, Afmadow, and Benadir (Hodan)
- Puntland: Bossaso, Gardo and Eastern Sanaag, Garowe, Galkaiyo

IV. PROCESS AND CONSULTATION SUMMARY

I) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?

YES NO

Remarks: The report was not discussed collectively by the Humanitarian or UN Country Teams due to late submission by some UN agencies of agency reports. This will be addressed in future submissions of CERF reports.

II) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

The timing for the submission for the Annual report coincided with the preparations for the first Common Humanitarian Fund standard allocation in 2012 which was due to be held between March and April. Clusters were heavily involved in this process as were UN agencies who sit on the CHF Advisory Board. Agencies were, however, copied on the final submission.

V. ANALYSIS

1. The humanitarian context

The deleterious effects of the drought experienced in Somalia in late 2010 spilled over into 2011, resulting in a 40 per cent increase in the numbers of those in need of humanitarian assistance: from 2 million in mid-2010 to 2.85 million by mid-2011. Results released from the country-wide Food Security and Nutrition Analysis Unit post-Deyr 2010/2011 Assessment in January 2011 estimated that 2.4 million people (including 1.46 million displaced) in Somalia were in Humanitarian Emergency (HE) and Acute Food and Livelihoods Crisis (AFLC). Of particular concern was the south, which hosted 75 per cent (241,000) of all malnourished children and 61 per cent of the people in need nationally. Other regions affected included Gedo, the Jubas, the agro pastoral areas of Shabelle and Bakool regions, Hiraan, Mudug, Galgaduud, Sool, Sanaag, Bari, Nugaal and the coastal areas of central Somalia. The Assessment also forecasted the likelihood of a deepening crisis if drought conditions persist and below average *Gu* (April-June) rains occur. By the end of May 2011, the number of people in crisis had already reached 2.85 million, with numbers expected to rise further during the second half of the year as the dry *Jilaal* season was particularly harsh and the performance of the *Gu* rains was poorer than anticipated, resulting in only a 50 per cent projected harvest.

The crisis' severity was marked by high levels of acute malnutrition (over 30 per cent in some areas); inadequate access to food due to poor livestock conditions and livestock deaths caused by water and pasture shortages; soaring cereal prices between 80 up to 200 per cent; and poor income generation opportunities. By mid-2011, more than 100,000 people had been displaced by the drought internally, and additionally 60,000 more fled the country. The crisis was aggravated by the on-going conflict, which led to further displacement, limited health and water and sanitation services, and limited general food distributions by the World Food Programme. Movement of displaced people into informal settlements with inadequate amounts of safe water led to increased vulnerability to acute watery diarrhoea (AWD) and disease outbreaks. Health facilities in Lower and Middle Juba reported a doubling of acute watery diarrheal cases. Response by the humanitarian community was constrained by access challenges and inadequate and slow funding flows.

The Emergency Relief Coordinator allocated \$15 million to Somalia through the Underfunded window in February 2011 while the Somalia Country Team submitted a request for \$28 million under the Rapid Response window in July. UNICEF received a further \$10m grant from the same window in August to support its nutrition programmes. Funds from the Underfunded window were allocated to address three priorities: first, to mitigate the drought's effects and to prevent further destitution through interventions to increase access to food in identified areas in south-central and northern Somalia; second, to provide services to mitigate possible health outbreaks and to address the health needs of vulnerable populations; and third, to provide temporary shelter and non-food items (NFIs) to the newly-displaced and long-term displaced people. The allocation's targeted groups included children and pregnant women among both host and internally displaced communities as they were considered to be the most vulnerable and are the first to show signs of malnutrition in a crisis. Internally displaced persons (IDPs) and poor households in the pastoral, agro pastoral and river livelihood zones were the focus of this allocation.

The submission for an additional CERF grant in July was prompted by the deepening of the crisis, particularly in the south where the food security remained critical and was set to worsen. Despite on-going efforts to respond to the drought's effects, it was clear that the humanitarian community lacked the resources to deal with the additional caseload of 450,000 people. The conditions that had led to the crisis still prevailed in mid-2011 and were expected to persist for the remainder of the year. (Indeed, famine was later declared in two areas on 20 July and spread further to four areas, raising the caseload of people in need to 3.7 million in August and to 4 million in October). The allocation's objective was to reduce deaths from malnutrition and its contributing factors and from disease and food insecurity. Once again, life-saving interventions to increase access to food and to provide livelihood support with concomitant provision of emergency health and water and sanitation services were prioritised. The focus

was on south-central Somalia and with the same vulnerable groups, as had been identified for the Underfunded window request.

Both CERF allocations addressed prevailing humanitarian conditions at the time of funding and enabled time-critical responses. The funded activities complemented the inter-cluster strategy developed by the Nutrition, Livelihoods, Health and WASH Clusters that favoured an integrated response to the crisis. By focusing on the same vulnerable groups residing in the same areas, CERF funding not only ensured continuity in service provision but enabled recipient agencies to expand their programmes to reach additional people.

2. Provide brief overview of CERF's role in the country

The Food Security and Nutrition Analysis Unit post-Deyr Assessment recommended immediate interventions to mitigate the effects of the failed rains, to increase resilience and to prevent further deterioration of the crisis. The Humanitarian Country Team (HCT) and Inter-Cluster Working Group (ICWG) developed a two-pronged strategy whose thrust was to mitigate the drought's effects and to prevent further destitution, and to prepare for increased displacement that was likely to occur with conflict and drought. Agro pastoralists, pastoralists and internally displaced persons were identified as populations at risk with children and pregnant and lactating women as the primary target groups.

As a first line of coordinated response to the drought, the Humanitarian Coordinator made a decision to allocate \$4.5 million from the Common Humanitarian Fund (CHF) emergency reserve in late December 2010 to the Livelihoods and WASH Clusters in line with their drought response position paper. The allocation of the \$15 million Underfunded envelope from CERF in February 2011 proved timely as it coincided with the decision-making on priorities for the Common Humanitarian Fund second standard allocation in February. Some \$35 million of an available \$45 million was allocated from the standard allocation to drought response. Not only were the allocations for the two pooled funds based on the same humanitarian priorities, they enabled the Humanitarian Country Team to implement a complimentary strategic drought response. CERF allocations were aligned to Common Humanitarian Fund priorities as set by its Advisory Board whose decisions were informed by the drought allocation, Food Security and Nutrition Analysis Unit findings, and priorities set by the Humanitarian Country Team. Combined, the pooled funds ensured timely implementation of crucial life-saving interventions from the beginning of the year onwards. The funding allowed planned interventions that were aimed at increasing household food access through food and cash-based livelihood interventions. Additional interventions were designed to protect assets, provide services to treat acutely malnourished children, increase access to safe water and sanitation, and increase access to health services. The "food access strategy" developed by the Food Assistance Cluster, Livelihoods and Nutrition Clusters provided the foundation for activities to increase access to food. It is worth mentioning that by March 1, key life-saving Clusters had not received funding and that pooled funding accounted for a quarter of new funding received for humanitarian action in Somalia.

When it became apparent by mid-2011 that the crisis was worsening and on-going efforts to address the drought were hampered by access and inadequate funding, CERF funding in July provided the much-needed impetus to kick-start the scaling up of interventions. At the time of application for CERF funds, the Somalia CAP was only 47 per cent funded at \$266 million out of the required \$560 million (Financial Tracking System, 6 July 2011), with only \$177 million of new funding received. (CAP requirements were revised upwards during the in August 2011 emergency review in response to the increased needs). Given the slow funding flows, the Humanitarian Country Team agreed to bridge the period until the Common Humanitarian Fund standard allocation in August through a CERF Rapid Response grant request. The tri-cluster strategy developed earlier in the year was revisited and updated to include the WASH and Health Clusters and was used as a framework for priority interventions and areas. It was envisaged that the response would benefit from synergies between the two funding mechanisms. As such, the CERF grant was to be used for the most acute interventions that would arrest the current crisis, while activities which were longer-term and strategic in nature were to be funded under the subsequent Common Humanitarian Fund standard allocation.

3. What was accomplished with CERF funding

An analysis from the post-Deyr 2011/2012 Assessment released in February conducted by the Food Security and Nutrition Analysis Unit, FEWSNET and partners indicated that famine conditions no longer exist in southern Somalia as a result of the Deyr harvest, which was substantially higher than average and substantial humanitarian assistance provided. The harvest reached 200 per cent of the post-war average, increased farm labour opportunities, improved livestock production and reproduction, reduced food prices and strengthened the population's purchasing power. Both factors have mitigated the extreme food deficits and reduced mortality levels.

Mogadishu and Afgoye internally displaced people and agro-pastoral households in Middle Shabelle (which were formerly classified as IPC Phase 5 – Famine) have now been downgraded to Emergency-level food insecurity (IPC Phase 4). Among Mogadishu internally displaced people, the level of acute malnutrition has dropped from 45 percent in August to 20 percent in December. Death rates have declined since August but remain at the famine threshold of two deaths-per-10,000 population per day, highlighting the continued impact of the 2011 famine. In other southern regions, however, acute malnutrition levels likely remain higher than 20 per cent. The south hosts 70 per cent of the estimated 325,000 acutely malnourished children currently in need of specialized nutrition treatment services in Somalia.

Most areas in the central and northern regions received good rains which led to improved pasture conditions, improved harvest in the agro-pastoral areas, particularly in the northwest, and improved livestock prices and strengthened purchasing power. Only coastal pastoral populations remained in emergency conditions. Currently 95,000 rural people are estimated in Emergency and 195,000 people in Crisis (IPC Phase 3) in these regions. Despite overall improvements in food security, a third of the population in Somalia (2.34 million people) remains in crisis, with 73 per cent (1.7 million) residing in the southern regions. The most-likely scenario is that the number of people in crisis would increase to 2.51 million people in February-June 2012.

Though it is difficult to assess the exact impact of the humanitarian action, CERF undoubtedly contributed to an improvement of the situation in 2011. The timely disbursement of CERF funds both at the beginning of the year and in late July/early August helped initiate the massive response that was required to address the crisis. CERF funding facilitated the movement of humanitarian staff and cargo to newly-accessible areas. UNHAS transported over 5400 humanitarian personnel and 50 metric tonnes of cargo and was able to fly to eight new locations (Mogadishu, Dolo, El-Berde, Garbaharey, Guriel and border points of Mandera, El-Wak, and Liboi). Other key outcomes from activities undertaken with CERF funds included;

- 792 metric tonnes of beans distributed to over 215,000 vulnerable drought and conflict-affected people in Central and Benadir regions;
- Slightly over 450,000 people were able to benefit from cash-for-work (CFW), rehabilitation of productive assets and distribution of agricultural inputs. Cash-for-work projects rehabilitated productive infrastructures like irrigation canals, feeder roads and dams. Cash-for-work served twin purposes of increasing beneficiary access to livelihood activities while at the same time increasing irrigable land and ensuring adequate water for livestock. The provision of agricultural inputs further increased the productive capacity of poor farmers.
- Over 877,000 people were able to receive nutritional support including over 112,000 children under five years of age who were treated for malnutrition. A further 1,427,770 people and over 30,200 are slated to receive nutritional support once all pre-positioned supplies have been distributed.
- Over 1 million children under the age of 15 received emergency vaccination against polio and measles, received Vitamin A and were de-wormed. Almost 400,000 women of child-bearing age received one dose of tetanus toxoid vaccine.
- Almost 100 outbreak investigations were conducted and responded to within 96 hours with more than 500 samples were collected and tested, including for dengue fever, cholera, measles and

diphtheria. Over 34,000 cases of Acute Watery Diarrhoea / cholera, including 73 per cent of children under the age of 5 years, and 587 related deaths, including 77 per cent children under 5, were managed at the reporting health facilities. This was made possible through the supply of inter-agency emergency health kits and diarrheal disease kits.

- 387,000 people including internally displaced people benefited from the provision of safe water, construction of sanitation facilities in settlements and in nutrition and health facilities. This was made possible through the rehabilitation of boreholes, construction and rehabilitation of wells and underground water storage sources, and the distribution of water purification tablets at the household level. A further 39,663 people gained access to sanitation facilities through the construction of 1,256 communal and household latrines.
- Over 117,000 newly displaced and long-standing internally displaced persons received non-food items.

Throughout the reporting period, access restrictions due to insecurity and administrative impediments proved challenging for most CERF projects particularly in the movement of supplies and personnel. Agencies reported having to make alternative arrangements to minimise delays in the transportation of supplies to implementing partners. For example, agencies requested NGOs to collect seeds and tools from alternative hubs when transport companies were unable to negotiate safe passage.

In November 2011, an unforeseen ban of 16 humanitarian agencies in south and central Somalia occurred and slowed down the implementation of several activities that were earlier planned and scheduled within the CERF implementation timeline. Particularly affected were health and nutrition programmes, which experienced delays in the delivery of supplies and outreach activities such as the expansion of mobile clinics and vaccinations. When appropriate, additional partners were identified in areas affected by the ban to ensure continuity in service provision, or alternatively, activities shifted to other locations that equally were in need. The delays resulted in requests for no-cost extensions for two health projects and one nutrition project. An under-estimation of the magnitude of the crisis necessitated a request for a re-programming of funds for the procurement of additional corn soya blend (CSB) to meet the increased needs for blanket supplementary feeding for one of the nutrition projects.

Restrictions on the movement of both UN and international staff to conduct monitoring and supervision were mitigated by the engagement of independent third-party monitors. International agencies are dependent on local staff and national NGOs for programme implementation in Somalia. In order to improve the quality of implementation, capacity building has become an integral part of programming. It has proven advantageous to build a network of reliable partners to ensure coverage and to engage local authorities in negotiations for access and implementation of activities.

4. An analysis of the added value of CERF to the humanitarian response

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

YES NO

The timely disbursement of funds by CERF – three to four days after approval – enabled timely procurement of requisite supplies and sped-up the contractual process with implementing partners. UNHCR reported that it was able to quickly draw on non-food item stocks from its warehouse in Mogadishu to address the needs of the newly-displaced in Mogadishu and Eelwaq in Gedo. Similarly, CERF facilitated early procurement of quality agricultural inputs for distribution to agricultural households in time for the Deyr 2011 rains and was instrumental in enabling continuation of UNICEF's WASH, nutrition and health programs early in the year.

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

YES NO

Life-saving clusters are traditionally underfunded at the beginning of every year and 2011 was no exception. Receipt of CERF funds was both timely as it enabled/strengthened immediate responses to the drought. CERF funds were among the first received in late July and early August, kick-starting

the massive response that had been recommended. By mid-August, the Somalia operation had received \$300 million from donors, with CERF being the third-largest donor at this time. The Somalia operation eventually received \$1.16 billion in funding by the end of the year, making it the best-funded CAP globally at 87 per cent. It also received the highest amount (\$52.9 million) of CERF funding globally. Together with Common Humanitarian Fund, pooled funding provided \$138 million in 2011, which accounted for one-sixth (16 per cent) of all CAP 2011 contributions.

The Office of the Resident and Humanitarian Coordinator provided timely support to a \$10 million CERF grant and a \$5 million loan to UNICEF to support blanket supplementary feeding programmes despite having exceeded the standard ceiling for allocations to Somalia. Funds were received within three days of submission to the CERF secretariat which enabled nutrition supplies to be procured at the famine's onset. CERF funds also enabled UNHAS to expand its transport of humanitarian personnel to newly accessible areas. This allowed humanitarian personnel to assess the crisis' magnitude and the impact of their agencies' responses in a timely manner. All the outcomes outlined above were achieved as a result of response to time-critical needs.

A mother of five children, a beneficiary of UNHCR's shelter and non-food item project sums it up aptly: "Our house was destroyed by the recent floods and we have been sleeping under open air for the last couple of weeks. My three under age daughters and I were exposed to complex problems including possible rape, scorching heat from the sun during the day and cold weather at night. We really needed plastic sheets and blankets, and are very grateful to Norwegian Church Aid/UNHCR for their assistance when we needed it most".

c) Did CERF funds result in other funds being mobilized?

YES NO

Yes. Most agencies reported they were able to implement most programmes using multi-donor funding that was received soon after CERF funding was received, particularly after the declaration of famine.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

The adoption of a cluster approach for prioritisation of needs and gap filling and the use of cluster members as implementing partners ensured the effective use of expertise and technical know-how. The use of joint-cluster strategies such as the "food access strategy" that was later updated to include Health and WASH Clusters promoted a multi-sectoral approach that not only guaranteed that priority interventions were undertaken but increased complementarity by identifying a selected set of activities that could be implemented by each cluster and targeted at the same population and geographic area.

The division of labour by UN agencies in terms of geographic coverage by UNICEF and WHO in Health and FAO and UNDP in Agriculture and Livelihood Clusters served to maximise the impact of interventions while addressing issues of population coverage at all levels.

CERF provided a good opportunity for NGOs and UN agencies to collaborate closely in the implementation of emergency response interventions. An example was the WHO-led outbreak surveillance and response activities. At the field-level, cholera task forces were established to facilitate a coordinated response during AWD/ cholera outbreaks in Mudug, Banadir, Bay and Lower Shabelle. An off-shoot of this has been the formation of an active inter-cluster and inter-agency acute watery diarrhoea / cholera response task force, which has continued to coordinate the strategic response to outbreaks at Nairobi-level and to support both Health and WASH activities in the field. In addition, a joint-inter-cluster outbreak response strategy was developed by the Health and WASH Clusters in conjunction with the UN Communications Working Group.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
<p>Due to fluidity in the operational environment largely, and as a result of access challenges, projects have to be implemented with some degree of flexibility. For example, during the implementation of some CERF projects, this meant that locations or activities had to change.</p>	<p>While this is a perennial problem in Somalia, CERF secretariat was very responsive to requests to changes in programming and in the granting of no cost extensions.</p>	<p>CERF secretariat</p>
<p>Recipient agencies need to be timelier in their OCHA contacts with OCHA HQ contacts to prevent implementation slow-down.</p>	<p>Agencies to recognise more in advance that a no-cost extension or budget revision might be required and communicate with OCHA.</p>	<p>Recipient agencies OCHA</p>
<p>Third-party monitoring independent from funding and the implementing partners is essential when doing remote management to ensure effectiveness</p>	<p>Use of real-time monitoring tools such as an interactive database and Google earth; and verification tools such as pictures, videos, handover letters and endorsement letters from communities and district authorities are essential</p>	<p>All Clusters, UN OCHA, UN agencies Implementing Partners</p>
<p>Fragmented governance structures in project areas resulted in local authorities delaying implementation of projects such as cash for work activities.</p>	<p>Implementing partners are a key tool to negotiating authorization from local authorities to carry out the activities planned in the field. It is also necessary to regularly engage with the community elders and leaders to address such issues.</p>	<p>International and local NGOs</p>
<p>Engagement of community elders where there is no government is important to ensure project activities are accessible and thus satisfactorily implemented.</p>	<p>Hold consultative meetings and coordinate with community elders to ensure project activities are acceptable, endorsed, implemented and completed to their satisfaction.</p> <p>Ensure community ownership and participation before and during project implementation</p>	<p>Implementing partners All clusters, UN OCHA, UN agencies</p>

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCY

WFP - FOOD ASSISTANCE							
CERF PROJECT NUMBER	11-WFP-010	Total Project Budget	\$ 286,531,363	Beneficiaries		Gender Equity	
				Targeted	Reached		
PROJECT TITLE	Food Assistance for Emergency Relief and Protection of Livelihoods	Total Funding Received for Project	\$ 287,336,173	Individuals		WFP makes sure that gender equity is met in the implementation of its programmes.	
				Female	197,000		107,912
				Male	197,000		107,912
				Total individuals (Female and male)	394,000		215,824
				Of total, children under 5	78,000		43,165
TOTAL	394,000	215,824					
STATUS OF CERF GRANT	Ongoing ¹	Amount disbursed from CERF	\$ 5,000,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Save lives in emergencies and reduce acute malnutrition caused by shocks to below-emergency levels.</p> <p>Protect livelihoods and enhance self-reliance in emergencies and early recovery.</p> <p>Reach internally displaced people and other vulnerable groups whose food and nutrition security has been adversely affected by shocks.</p>		<p>792 metric tonnes of beans distributed to 215,824 vulnerable drought and conflict-affected persons in Central and Benadir regions. This was achieved using supplementary feeding rations, relief rations and hot meals.</p> <p>The CERF contribution to WFP Somalia was confirmed in April 2011; WFP, in consultation with OCHA, decided to twin-it with an in-kind donation of maize and beans from Brazil, in order to support associated cost linked to logistics, distribution and personnel. However, in addition to normal shipping time of five to six months, further delays occurred in shipping the commodities from Brazil to Kenya; therefore, as of February 2012, WFP could distribute only 792 metric tonnes of beans reaching nearly 216,000 vulnerable Somalis, using different modalities.</p> <p>Although the funds had been immediately programmed upon official confirmation of the contribution in April and commodities were called forward from Brazil, there was a considerable and unexpected delay from the Brazilian suppliers' side for the arrangement of the shipment of beans and maize to Kenya. Subsequently, the vessels sailed much later than expected from Brazil and beans reached Mombasa only in October 2011 while maize arrived in January 2012. This unforeseen delay had therefore hampered the planned food distribution and even impacted on the financial closure of the Emergency Operation 108120 – officially ending in June 2011 – under which the contribution was programmed.</p> <p>Distribution of beans, as part of the full food ration under various modalities that include Food for Training (FFT), Institutional Feeding (IF) and Mother and Child Health and Nutrition (MCHN), Family rations linked to the Targeted Supplementary Feeding Programmes (TSFP) and General Food Distribution (GFD) is currently ongoing and will be completed between April and May 2012.</p>				<p>WFP uses many control measures to verify that food reaches the intended beneficiaries, while complying with our programme standards. These measures include on-site distribution monitoring, remote monitoring, field missions, post-distribution monitoring and a beneficiary feedback system.</p>	

¹ This project should have been completed by 31 December, 2011.

WFP- FOOD ASSISTANCE

CERF PROJECT NUMBER	11-WFP-043	Total Project Budget	\$ 286,531,363	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Tackling Hunger and Food Insecurity in Somalia	Total Funding Received for Project	\$ 287,336,173	Individuals			WFP makes sure that gender equity is met in the implementation of its programmes.
				Female	622,000		
				Male	647,388		
				Total individuals (Female and male)	1,269,388		
				Of total, children under 5	253,877		
				TOTAL	1,269,388		
STATUS OF CERF GRANT	Ongoing ²	Amount disbursed from CERF	\$ 15,000,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS
<p>Save lives in emergencies and reduce acute malnutrition caused by shocks to below-emergency levels.</p> <p>Protect livelihoods and enhance self-reliance in emergencies and early recovery.</p> <p>Reach internally displaced persons and other vulnerable groups whose food and nutrition security has been adversely affected by shocks</p>		<ul style="list-style-type: none"> 18,100 metric tonnes of cereal and beans are being transported to Somalia and soon will be distributed to the most vulnerable populations in Central and South Somalia. The CERF grant of \$10 million allowed the provision of 16,600 metric tonnes of in-kind maize and 1,500 metric tonnes of in-kind beans. CERF funds were utilised to draw down upon an in-kind contribution from Brazil through a 'United for Life' partnership in conjunction with a number of donors. <p>WFP, in consultation with OCHA, decided to twin this CERF contribution with an in-kind donation of maize and beans from Brazil; USAID Food for Peace contributed towards the transportation of the commodities from Brazil to Dar es Salaam and Djibouti as well as funding of the 7 per cent indirect supports costs. CERF funds were used to support associated costs linked to in-country logistics, distribution and personnel. However, in addition to normal shipping time of five to six months, further delays occurred in shipping the commodities from Brazil to Kenya; therefore, as of February 2012, under this CERF grant, WFP could not distribute the beans and maize yet as they were received only in January 2012.</p> <p>Although the funds had been immediately programmed upon official confirmation of the contribution and commodities were called forward from Brazil, there was a considerable and unexpected delay from the Brazilian suppliers' side for the arrangement of the shipment of beans and maize to Kenya. Subsequently, the vessels sailed much later than expected from Brazil and maize and beans reached Djibouti port only in January 2012.</p> <p>It is important to note that the late arrival of the commodities does not diminish the positive impact that this donation is having on the Somali population. Vulnerable Somalis in central Somalia and Mogadishu will still benefit from the CERF contribution using the modalities listed above. Moreover, the confirmation and certainty of CERF funds allowed WFP to use existing funds to scale-up its response to the famine and continue its life-saving interventions, in a moment when WFP operations were underfunded.</p>					WFP uses many control measures to verify that food reaches the intended beneficiaries, while complying with our programme standards. These measures include on-site distribution monitoring, remote monitoring, field missions, post-distribution monitoring and a beneficiary feedback system.

² This project should have been completed by 3 February, 2012.

UNICEF -NUTRITION																												
CERF PROJECT NUMBER	11-CEF-009-A	Total Project Budget	\$130,081,663	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>15,930</td> <td>27,638</td> </tr> <tr> <td>Female</td> <td>79,150</td> <td>13,266</td> </tr> <tr> <td>Male</td> <td>79,150</td> <td>14,372</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>15,930</td> <td>27,638</td> </tr> <tr> <td>Of total, children under 5</td> <td>159,300</td> <td>27,638</td> </tr> <tr> <td>TOTAL</td> <td>159,300</td> <td>27,638</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	15,930	27,638	Female	79,150	13,266	Male	79,150	14,372	Total individuals (Female and male)	15,930	27,638	Of total, children under 5	159,300	27,638	TOTAL	159,300	27,638	<p style="text-align: center;">Gender Equity</p> <p>To achieve gender balance in this project, the emergency team was composed of men and women according to UNICEF guidelines.</p> <p>Additionally, UNICEF made an effort to achieve gender balance at all levels of the project-cycle. During the preparation phase, integrated management of acute malnutrition teams were trained and oriented on gender issues in an emergency context. The programme also addressed treatment and care needs of both boys and girls. Final evaluations and assessment methodologies were inclusive and representative of all eligible children, irrespective of their gender and health status. Assessment reports were disaggregated by sex in order to analyze the unique effect of the crises on girls and women.</p> <p>UNICEF recognizes that emergencies impact women and girls differently from men and boys, as women are often more vulnerable in emergency situations. Therefore, equal participation of both men and women was encouraged in community mobilization meetings.</p> <p>UNICEF provided support to both men and women in all activities that involved community members and government bodies, through appropriate planning of activities with relevant stakeholders. Gender-specific topics were also incorporated into health worker trainings and nutrition education messaging.</p> <p>Overall, special efforts were made to ensure that activities proposed in this intervention were implemented without gender bias, data was collected from women, men, boys and girls, and women and men were equally encouraged to participate in decision-making processes</p>
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PROJECT TITLE	Improve and Maintain Child and Maternal Nutrition Status by Ensuring Access to and Utilization of a Quality Integrated Basic Nutrition Services Package (BNSP)	Total Funding Received for Project	\$121,503,625																									
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 2,000,000																									

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To avert excess mortality due to severe acute malnutrition and associated morbidities for 4,300 severely malnourished under 5 children and provision of essential supplies for the treatment of 14,600 severely malnourished children.</p>	<p>Expected outcomes:</p> <ul style="list-style-type: none"> ■ 15,930 severely malnourished under 5 children will receive supplies for the management of acute malnutrition. ■ At least 5,200 severely malnourished under 5 children will be successfully treated in areas identified as priority by the Nutrition cluster. <p>Actual outcomes:</p> <ul style="list-style-type: none"> ■ 16,000 severely malnourished under 5 children received supplies for the management of acute malnutrition. ■ 11,638 (15,921 admitted) severely malnourished under 5 children were successfully treated in areas identified as priority by the Nutrition cluster. 	<p>UNICEF provided support to Food Security and Nutrition Analysis Unit /FAO to conduct nutrition assessments whose findings are used for evidence-based programming and decision-making both for UNICEF and for wider external audiences. UNICEF also provided financial, material and logistical support to NEZ and NWZ authorities to strengthen monitoring and supervision of nutrition activities through regional nutrition supervisors and support for coordination activities of the Nutrition cluster/sector and Ministry of Health. Monthly reporting from nutrition feeding centres decreased this year to 72 per cent for TSFP and 75 per cent for outpatient therapeutic programme / Stabilization centre from 96 per cent and 92 per cent in 2010 respectively. This could be partially attributed to a significant increase in the number of partners since 2010.</p> <p>UNICEF also established the innovative Learning, Training and Development Unit which focuses on ensuring partners have the necessary skills to implement quality programmes. The Unit simplified and disseminated protocols to partners, trained partners on a simplified and defined reporting format and procedures and identified key gaps in partners' capacities to create a longer-term vision. The Unit also produced training curriculums for the different components of the integrated management of acute malnutrition with infant and young child feeding promotion, monitoring/reporting, and supportive supervision mainstreamed into all components. The Call Centre provides live technical support and advice to partners as well as supporting the timely reporting of supply gaps and delivery delays.</p> <p>Additionally, UNICEF is using a third-party monitoring system to support monitoring and evaluation of its programmes in the central and southern zones of (CSZ) Somalia. This system helps UNICEF to understand constraints and challenges faced by the partners as well as indicating which partners require more support. Plans are underway to update the processes of the third-party monitors which will support a more systematized approach.</p>

NUTRITION - UNICEF																											
CERF PROJECT NUMBER	11-CEF-038 -A	Total Project Budget	\$130,081,663	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>91,200</td> <td>84,343</td> </tr> <tr> <td>Female</td> <td>45,600</td> <td>40,485</td> </tr> <tr> <td>Male</td> <td>45,600</td> <td>43,858</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>91,200</td> <td>84,343</td> </tr> <tr> <td>Of total, children under 5</td> <td>67,200</td> <td>84,343</td> </tr> <tr> <td>TOTAL</td> <td>91,200</td> <td>84,343</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	91,200	84,343	Female	45,600	40,485	Male	45,600	43,858	Total individuals (Female and male)	91,200	84,343	Of total, children under 5	67,200	84,343	TOTAL	91,200	84,343	<p>Gender Equity</p> <p>To achieve gender balance in this project, the emergency team was composed of men and women according to UNICEF guidelines.</p> <p>Additionally, UNICEF made an effort to achieve gender balance at all levels of the project cycle. During the preparation phase, integrated management of acute malnutrition teams were trained and oriented on gender issues in an emergency context. The programme also addressed treatment and care needs of both boys and girls. Final evaluations and assessment methodologies were inclusive and representative of all eligible children, irrespective of their gender and health status. Assessment reports were disaggregated by sex in order to analyze the unique effect of the crises on girls and women.</p> <p>UNICEF recognizes that emergencies impact women and girls differently from men and boys, as women are often more vulnerable in emergency situations. Therefore, equal participation of both men and women was encouraged in community mobilization meetings.</p> <p>UNICEF provided support to both men and women in all activities that involved community members and government bodies, through appropriate planning of activities with relevant stakeholders. Gender-specific topics were also incorporated into health worker trainings and nutrition education messaging.</p> <p>Overall, special efforts were made to ensure that activities proposed in this intervention were implemented without gender bias, data was collected from women, men, boys and girls, and women and men were equally encouraged to participate in decision-making processes.</p>
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PROJECT TITLE	Integrated Management of Acute Malnutrition and Improved Access to Food.	Total Funding Received for Project	\$121,503,625	<p><i>Note: Targeted figures include 4,000 beneficiaries originally targeted for cash transfers, however, this money was later shifted for monitoring and evaluation of the cash programme³</i></p>																							
STATUS OF CERF GRANT	Ongoing Project extended until May 14, 2012	Amount disbursed from CERF	\$ 4,001,586																								

³ Please see approved budget line D in the NCE, which reflects the monitoring and evaluation of cash based transfers.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To avert excess mortality due to severe acute malnutrition and associated morbidities for 4,000 severely malnourished under 5 children and provision of essential supplies for the treatment of 25,000 severely malnourished children and 38,200 moderately malnourished under 5's and to improve access to food for 4,000 families for two months.</p>	<p>Expected outcomes:</p> <ul style="list-style-type: none"> ■ 25,000 severely malnourished under 5 children will be provided essential supplies for the management of acute malnutrition. ■ At least 4,000 severely malnourished and 38,200 moderately under 5 children will be successfully treated in areas identified as priority by the Nutrition cluster. <p>Interim outcomes:</p> <ul style="list-style-type: none"> ■ 12,000 severely malnourished under 5 children were provided essential supplies for the management of acute malnutrition and supplies are en route within Somalia for 5,470 severely malnourished under 5 children. ■ 4,473 severely malnourished and 62,400 moderately malnourished under 5 children (390 metric tonnes distributed) were successfully treated in areas identified as priority by the Nutrition cluster. <p>Final Outcomes:</p> <ul style="list-style-type: none"> ■ Not applicable at interim reporting stage. 	<p>UNICEF provided support to FSNAU/FAO to conduct nutrition assessments whose findings are used for evidence-based programming and decision making both for UNICEF and for wider external audiences. Monthly reporting from nutrition feeding centres decreased this year to 72 per cent for TSFP and 75 per cent for OTP/SC from 96 per cent and 92 per cent in 2010 respectively. This could be partially attributed to a significant increase in the number of partners since 2010.</p> <p>UNICEF also established the innovative Learning, Training and Development Unit which focuses on ensuring partners have the necessary skills to implement quality programmes. The Unit simplified and disseminated protocols to partners, trained partners on a simplified and defined reporting format and procedures and identified key gaps in partners' capacities to create a longer-term vision. The Unit also produced training curriculums for the different components of the integrated management of acute malnutrition with infant and young child feeding promotion, monitoring/reporting, and supportive supervision mainstreamed into all components. The Call Centre provides live technical support and advice to partners as well as supporting the timely reporting of supply gaps and delivery delays.</p> <p>Additionally, UNICEF is using a third-party monitoring system to support monitoring and evaluation of its programmes in central and southern zones of Somalia. This system helps UNICEF to understand constraints and challenges faced by the partners as well as indicating which partners require more support. Plans are underway to update the processes of the third-party monitors which will support a more systematized approach.</p>

NUTRITION - UNICEF																													
CERF PROJECT NUMBER	11-CEF-042	Total Project Budget	\$130,081,663	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>2,302,200</td> <td>2,223,000</td> </tr> <tr> <td>Female</td> <td>1,151,100</td> <td>1,067,040</td> </tr> <tr> <td>Male</td> <td>1,168,200</td> <td>1,155,960</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>2,302,200</td> <td>2,223,000</td> </tr> <tr> <td>Of total, children under 5</td> <td>467,280</td> <td>1,463,233</td> </tr> <tr> <td>TOTAL</td> <td>2,302,200</td> <td>2,223,000</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	2,302,200	2,223,000	Female	1,151,100	1,067,040	Male	1,168,200	1,155,960	Total individuals (Female and male)	2,302,200	2,223,000	Of total, children under 5	467,280	1,463,233	TOTAL	2,302,200	2,223,000	<p style="text-align: center;">Gender Equity</p> <p>To achieve gender balance in this project, the emergency team was composed of men and women according to UNICEF guidelines.</p> <p>Additionally, UNICEF made an effort to achieve gender balance at all levels of the project cycle. During the preparation phase, Integrated Management of Acute Malnutrition teams were trained and oriented on gender issues in an emergency context. The programme also addressed treatment and care needs of both boys and girls. Final evaluations and assessment methodologies were inclusive and representative of all eligible children, irrespective of their gender and health status. Assessment reports were disaggregated by sex in order to analyze the unique effect of the crises on girls and women.</p> <p>UNICEF recognizes that emergencies impact women and girls differently from men and boys, as women are often more vulnerable in emergency situations. Therefore, equal participation of both men and women was encouraged in community mobilization meetings.</p> <p>UNICEF provided support to both men and women in all activities that involved community members and government bodies, through appropriate planning of activities with relevant stakeholders. Gender-specific topics were also incorporated into health worker trainings and nutrition education messaging.</p> <p>Overall, special efforts were made to ensure that activities proposed in this intervention were implemented without gender bias, data was collected from women, men, boys and girls, and women and men were equally encouraged to participate in decision-making processes.</p>	
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PROJECT TITLE	Integrated Management of Acute Malnutrition and Improved access to food.	Total Funding Received for Project	\$121,503,625																										
STATUS OF CERF GRANT	Ongoing ⁴ some distributions Funds fully utilised	Amount disbursed from CERF	\$ 9,999,792																										

⁴ Talks are underway as to when this project should have been finalized.

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>To avert excess mortality due to severe acute malnutrition and associated morbidities for 34,200 severely malnourished under 5 children and provision of blanket supplementary food for 378,000 households for 5 months.</p>	<p>Expected outcomes:</p> <ul style="list-style-type: none"> ▪ 34,200 severely malnourished under 5 children will receive supplies for the management of acute malnutrition. ▪ 378,000 households (2,268,000 people) receive 25 kilograms per family of supplementary food and nutritional supplements. <p>Actual outcomes:</p> <ul style="list-style-type: none"> ▪ 4,033 severely malnourished under 5 children received supplies for the management of acute malnutrition, while supplies are pre-positioned for delivery to 30,167 severely malnourished children under 5. ▪ 126,840 households (3,171 metric tonnes) have received 25 kilograms per family of supplementary food and nutritional supplements and supplementary food is en route for 237,960 households (5,949 metric tonnes). (364,800 Household total = 2,188,800 people). Note: supplies are still on route due to major logistical constraints. 	<p>UNICEF provided support to Food Security and Nutrition Analysis Unit/FAO to conduct nutrition assessments whose findings are used for evidence based programming and decision making both for UNICEF and for wider external audiences. Monthly reporting from nutrition feeding centres decreased this year to 72 per cent for TSFP and 75 per cent for OTP/SC from 96 per cent and 92 per cent in 2010 respectively. This could be partially attributed to a significant increase in the number of partners since 2010.</p> <p>UNICEF also established the innovative Learning, Training and Development Unit which focuses on ensuring partners have the necessary skills to implement quality programmes. The Unit simplified and disseminated protocols to partners, trained partners on a simplified and defined reporting format and procedures and identified key gaps in partners' capacities to create a longer-term vision. The Unit also produced training curriculums for the different components of the integrated management of acute malnutrition with infant and young child-feeding promotion, monitoring/reporting, and supportive supervision mainstreamed into all components. The Call Centre provides live technical support and advice to partners as well as supporting the timely reporting of supply gaps and delivery delays.</p> <p>Additionally, UNICEF is using a third-party monitoring system to support monitoring and evaluation of its programmes in the central and southern zones of Somalia. This system helps UNICEF to understand constraints and challenges faced by the partners as well as indicating which partners require more support. Plans are underway to update the processes of the third-party monitors which will support a more systematized approach.</p>

FAO - AGRICULTURE AND LIVELIHOOD							
CERF PROJECT NUMBER	11-FAO-009	Total Project Budget	\$ 22,000,000	Beneficiaries	Targeted	Reached	Gender Equity The project ensured gender equity through the beneficiary selection criteria. This included: <ul style="list-style-type: none"> - 30 per cent had to be female-headed households and, in general, to households with a higher number of children under the age of thirteen through - Farming communities located in the most vulnerable areas, i.e. those affected by the current drought along the Juba and Shabelle river in South Central Somalia. - Households which lost most or all of their livelihood assets as a result of the recent drought, finding it impossible to re-engage in production because of soaring input and food prices. - Households which did not receive assets from other sources. - Under cash-for-work activities, beneficiaries targeted were all above 18 years.
PROJECT TITLE	Livelihood Support to IDPs and Riverine Communities in Humanitarian Emergency and Acute Food and Livelihood Crisis in Southern Somalia	Total Funding Received for Project	\$ 20,930,849	Individuals	15,000 HH (90,000 individuals)	23,082 HH (138,492 individuals)	
				Female	4,500 HH (27,000 individuals)	6,925 HH (41,550 individuals)	
				Male	10,500 HH (63,000 individuals)	16,157 HH (96,942 individuals)	
				Total individuals (Female and male)	15,000 HH (90,000 individuals)	23,082 HH (138,492 individuals)	
				Of total, children under 5			
STATUS OF CERF GRANT	Completed as of 31 st Dec 2011	Amount disbursed from CERF	\$ 2,489,090	TOTAL	15,000 HH (90,000 individuals)	23,082 HH (138,492 individuals)	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To strengthen resilience to drought and improve livelihoods of riverine communities in Lower and Middle Juba and IDPs and their host communities in Afgooye corridor of Lower Shabelle regions of southern Somalia.		<ul style="list-style-type: none"> Improved crop production and resilience of targeted farmers <ul style="list-style-type: none"> 150 tonnes of improved maize seeds were distributed to 6,000 riverine households (equivalent to 36,000 beneficiaries) 300 tonnes of fertilizer (Urea) were distributed to 6,000 households (Equivalent to 36,000 beneficiaries) Improved access to the minimum food basket (for Cash for Work beneficiaries) <ul style="list-style-type: none"> 17,082 agro-pastoral households (equivalent to 102,492 beneficiaries) benefited from US\$ 70 per month and have access to the minimum food basket through cash-for-work activities. The reduction in amounts and increment in the number of days engaged from 30 to 42 days allowed the project to target more beneficiaries than were originally planned for. The numbers of beneficiaries were arrived at through intensive consultations with traditional community structures. Improved resilience of targeted households that will be benefitting from the rehabilitated infrastructure <ul style="list-style-type: none"> 127 canals with a total length of 397 kilometres and 54 water catchments with a total volume of 93,912m³ and 44 feeder roads with a total length of 631 kilometres were rehabilitated. Increasing the canal capacities has increased the water flows and the farmers are able to irrigate farms faster. The improved water catchments have also reduced conflict between farmers and the pastoralists since they can now use the catchments to water their animals instead of taking them to the rivers. 				<p>Reports from partner NGO's Partner NGOs submitted reports on a weekly basis, to detail the progress of the activities.</p> <p>Use of independent bodies: Arrangements were made with NGOs and local authorities (SAGRA, COMORAD, Ministry of Agriculture, Livestock and Forestry) to provide independent verification of the activities.</p> <p>Informal network: Information was also collected through the informal system of local informants from other NGOs in the target area.</p> <p>Ex-Post questionnaires: Post-project review questionnaires were circulated to review the results of cash injection among beneficiary households and communities to review the results of inputs distributed to beneficiaries.</p>	

FAO - AGRICULTURE AND LIVELIHOODS

CERF PROJECT NUMBER	11-FAO-026	Total Project Budget	\$ 70,000,000	Beneficiaries			Gender Equity
					Targeted	Reached	
PROJECT TITLE	Livelihood Support for Agro-Pastoral Communities in Humanitarian Emergency and Acute Food and Livelihood Crises in South Central Somalia	Total Funding Received for Project	\$ 63,888,657	Individuals	50,000 HH (300,000 individuals)	54,000 HH (324,000 individuals)	<p>30 per cent have to be female-headed households and, in general, households with a higher number of children under the age of 13 through</p> <p>Farming communities located in the most vulnerable areas, i.e. those affected by the current drought along the Juba and Shabelle river in South Central Somalia;</p> <p>Households which lost most or all of their livelihood assets as a result of the recent drought, finding it impossible to re-engage in production because of soaring input and food prices;</p> <p>Households which did not receive assets from other sources; and</p> <p>Under cash-for-work activities, beneficiaries targeted were all above 18 years</p>
				Female	15,000 HH (90,000 individuals)	16,200 HH (97,200 individuals)	
				Male	35,000 HH (210,000 individuals)	37,800 HH (226,800 individuals)	
				Total individuals (Female and male)	50,000 HH (300,000 individuals)	54,000 HH (324,000 individuals)	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 5,999,998	Of total, children <u>under 5</u>			
				TOTAL	50,000 HH (300,000 individuals)	54,000 HH (324,000 individuals)	

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Contribute to stabilizing food access and nutrition of 100 per cent of 380,000 people in HE and 715,000 people in AFLC.</p> <p>Maintain and improve livelihood assets and strategies of 380,000 people In HE and 715,000 people in AFLC.</p> <p>Reduce exposure to the effects of natural disasters for riverine, pastoral and agro-pastoralists' populations living in drought and flood-prone areas.</p>	<ul style="list-style-type: none"> ■ Improved crop production and resilience of targeted farmers <ul style="list-style-type: none"> ⦿ 680 metric tonnes of improved maize seeds were distributed to 34,000 river households (equivalent to 204,000 beneficiaries) ⦿ 120 metric tonnes of improved sesame seeds were distributed to 20,000 rain-fed households (equivalent to 120,000 beneficiaries) ⦿ Training on good agricultural practises was provided to the 54,000 river and rain-fed households. ■ Improved access to the minimum food basket (for Cash for Work beneficiaries) <ul style="list-style-type: none"> ⦿ 13 957 agro pastoral households (equivalent to 83,742 beneficiaries) benefit from US\$ 72 per month and have access to the minimum food basket through cash-for-work activities. ■ Improved resilience of targeted households that will be benefitting from the rehabilitated infrastructure <ul style="list-style-type: none"> ⦿ 110 canals located in 60 villages with a total length of 409 kilometres and with a volume of 272,507 m³ and eight water catchment s located in eight villages with a total volume of 12,339m³ to excavate were rehabilitated. 	<p>FAO Field Monitoring Staff: 19 national field monitoring officers were deployed to the field to monitor the implementation of all operational aspects of the overall FAO Agricultural input, programme which includes this project.</p> <p>Beneficiary surveys: The FAO field monitors are conducting regular beneficiary surveys using standard forms to, among other things; verify if the beneficiary identification process is adhering to the criteria set.</p> <p>Reports from partner NGO's Partner NGOs are submitting reports on a weekly basis to detail the progress of the activities.</p> <p>Weekly Market price information: Regular market information is gathered from Food Security and Nutrition Analysis Unit monitors and NGO partners. This is helping to monitor commodity price fluctuations in the markets.</p> <p>Use of independent bodies: Arrangements have been made with NGOs and local authorities (SAGRA, COMORAD, Ministry of Agriculture, Livestock and Forestry) to provide independent verification of the activities.</p> <p>Informal network: Information is also collected through the informal system of local informants from other NGOs in the target area.</p> <p>Ex-Post questionnaires: Post project review questionnaires are circulated to review the results of cash injection among beneficiary households and communities to review the results of inputs distributed to beneficiaries.</p>

UNDP - AGRICULTURE AND LIVELIHOODS CLUSTER

CERF PROJECT NUMBER	11-UDP-005	Total Project Budget	\$6,770,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Drought Response in Bakool and Gedo regions	Total Funding Received for Project	\$1,000,000	Individuals	18,000	38,412	<p>Both men and women benefited from this project. Most being vulnerable groups consisting of Women and internally displaced people.</p> <p>These groups were selected following criteria in which it was required that there was 40 per cent women representation and 20 per cent internally displaced people representation. To ensure that the selection criterion was followed accordingly, the implementing partner held meeting prior to the commencement of project activities, in which the community representatives and elders assisted in selecting the beneficiaries that would be employed. This ensured that the most vulnerable and in-need were selected from each household.</p> <p>They benefited through the provision vocational skills training in which the women gained honey-processing and production skills, and at the same time were employed to assist in carrying silt from the project sites to the selected dumpsites especially in the water infrastructure projects.</p> <p>The youth also benefitted from the honey-processing and production skills and gained experience in the making of energy-saving jikos, which has led to the development of their own businesses. In addition, this has assisted in diverting the targeted youth from joining militias and has conversely encouraged biodiversity, by preventing environmental degradation through charcoal burning. The men benefited in these projects, too, through the creation of employment and income generation through the rehabilitation of road and water infrastructures.</p>
				Female	9,000	15,365	
Male	9,000	15,365					
Total individuals (Female and male)	18,000	30,730					
Of total, children under 5	4,500	7,682					
TOTAL	22,500	38,412					
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$1,000,000				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
<p>Rehabilitation of 30 water catchment to expand their storage capacity by 200,000 m³</p> <p>Rehabilitation of 100 kilometres connecting feeder roads.</p> <p>Rehabilitation of 30 canals around the Juba river in the Gedo region (3 kilometres each on average).</p> <p>Distributions of 30 water pumps to the needy farmers (this will be based on vulnerability and will be shared in groups)</p> <p>Distribution of agriculture hand tools (shovels, hoes, axes, etc).</p> <p>Distribution of energy saving stoves to needy internally displaced people/vulnerable people in the target area.</p> <p>Capacity-building, including training on proper farming techniques, awareness creation of water resource, conflict management, hygiene and safety awareness for all target populations.</p>	<ul style="list-style-type: none"> ■ Rehabilitated 59 water catchments in Bakol and Gedo regions <ul style="list-style-type: none"> ⦿ The aim is to provide livestock and domestic needs as well as to reduce tension and conflict of access to water among the host and displaced populations ⦿ 363,709 cubic metres of water storage capacity expanded ⦿ 4,720 workers were employed generating 135,128 workdays ■ Rehabilitated 79 kilometres of rural feeder/access roads in Bardera, Belet-Hawo and Garbahaarey districts, Gedo region <ul style="list-style-type: none"> ⦿ The roads will provide easy access to markets and facilities, and will also improve trade in Gedo region. ⦿ 179 workers were employed generating 5,370 workdays ■ Rehabilitated 16 canals in Bardera, Belet-Hawo and Garbahaarey districts, Gedo region <ul style="list-style-type: none"> ⦿ The canals provide access of water for livestock and irrigation providing communities with the opportunity to improve their livelihoods in crop production. ⦿ 24.65 kilometres of canals were dug in length. ⦿ 187 workers were employed, generating 5,610 workdays. ■ Provided 16 water pumps to communities in Bardera, Belet-Hawo and Garbahaarey districts, Gedo region <ul style="list-style-type: none"> ⦿ This will augment water supply in the districts. The pumps were distributed to vulnerable farmers ⦿ 11 irrigation pumps were provided to 11 groups (each group consists of six farmers) in Bardera district, Gedo Region ⦿ Five irrigation pumps were provided to five groups (each group consists of 20 farmers) in Belet-Hawo and Garbahaarey districts, Gedo Region ■ Distributed 6,017 assorted farm/hand tools <ul style="list-style-type: none"> ⦿ The tools were used for canal and water catchment rehabilitation. ⦿ They were handed over to the community upon completion of the project. ■ Provided 1,581 energy saving stoves to 1,581 internally displaced people households in Doolow and Bardera districts, Gedo region and in Wajid, Hudur, and Tiyyeglow districts, Bakool region. ■ Capacity building was carried out for 1,411 people. <ul style="list-style-type: none"> ⦿ This was carried out in Belet-Hawo, Ceel Waaq, Garbahaarey, Doolow and Bardera districts, Gedo region and in Yeed, Wajid, Hudur, and Tiyyeglow districts, Bakool region. ⦿ Trained on water management, environmental conversation and awareness, energy conversation, improved methods of honey production and processing, making of energy saving jikos, hygiene and sanitation, conflict management, basic agricultural techniques, pump maintenance and operations, public infrastructure management, water and environmental resource management. 	<p>Monitoring and evaluation of these project activities were carried out by a third-party multi-disciplinary consultancy firm that at the initial stages carried out an assessment of the proposals submitted by the local implementing partners. The data provided including costs of tools, materials and labour that were verified before awarding a contract to the implementing partners.</p> <p>Further, implementing partners upon being contracted and upon receiving funds provided weekly reports, monthly reports and a final report as stipulated in the Micro Capital Grant agreement. The reports were provided together with pictures and success stories for each of the activities with the final report accompanied with a handover letter and letter from the government or local authorities certifying that the project was completed to their satisfaction. The handover letter highlights materials, tools or equipment that were used for the project and have been returned back to the community or district authority.</p> <p>At the same time, the contracted multi-disciplinary consultancy firm provided UNDP with monthly and final reports from each of the implementing partners' projects, where they provided an assessment of the project and at the same time provide challenges and lessons learned for each project.</p>

WHO - HEALTH																																																			
CERF PROJECT NUMBER	11-WHO-013	Total Project Budget	\$1,662,948	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>1,340,852</td> <td>1,140,852</td> </tr> <tr> <td>Female</td> <td>683,835</td> <td>581,260</td> </tr> <tr> <td>Male</td> <td>657,017</td> <td>559,592</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,340,852</td> <td>1,140,852</td> </tr> <tr> <td>Of total, children under 5</td> <td>402,256</td> <td>341,920</td> </tr> <tr> <td>TOTAL</td> <td>1,340,852</td> <td>1,340,852</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	1,340,852	1,140,852	Female	683,835	581,260	Male	657,017	559,592	Total individuals (Female and male)	1,340,852	1,140,852	Of total, children under 5	402,256	341,920	TOTAL	1,340,852	1,340,852	Gender Equity The project targeted the general population affected by the drought, not differentiating between the sexes. However, women usually bear the biggest burden in humanitarian crises, being affected by displacement more than men and yet caring for the families (i.e. single-headed households). Mobile health services are designed to address the needs specifically of such mobile or hard-to-reach population groups.																							
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PROJECT TITLE	Providing Mobile Emergency Health Services and Life-Saving Health Interventions in the Areas Hardest-Hit by Drought	Total Funding Received for Project	\$999,997																																																
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 999,997																																																
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																																														
<p>Ensure access to and provision of emergency health services, including mobile clinics, to the most vulnerable groups who are in the areas hardest hit by the drought.</p> <p>Provide timely and appropriate response to outbreak rumours and support outbreak control and monitoring interventions.</p> <p>Ensure the continuity of coordination activities of emergency health interventions by assessing and monitoring the emergency health situation and needs of vulnerable population groups in drought situations.</p> <p>Monitor emergency health information and alert partners and other clusters in a joint emergency response.</p>		<p>▪ Emergency health services, including mobile clinics, provided and accessible Access to health services provided to a total of more than one million people in Hudur, Tieglow and Wajid (Bakool), Baidoa, Dinsoor, Qansadheere and Burhakaba (Bay), Beletweyne (Hiraan) and Mogadishu and Afgooye Corridor</p> <p>⊕ Assistance to partners and health facilities through provision of medical supplies to six hospitals (Baidoa Hospital by COOPI, Merka and Qoryoley hospitals by COSV, SOS Hospital in Mogadishu, and Banadir Hospital, and Mudug Regional Hospital) and four maternal and child health facilities (Baidoa, Tieglow, Hudur and Hamarjajab). The catchment population of these health facilities totals to approximately 350,000 people. The population reached is higher due to the poor geographical distribution of health facilities and access.</p> <p>⊕ Medical supplies included: 22 IEHKs (five including Malaria component) serving a population of 145,000 for six months, and four DDKs for the treatment of 400 severe cases and 1,600 mild/y moderate cases of AWD/ cholera.</p> <table border="1"> <thead> <tr> <th>Partner</th> <th>IEHKs</th> <th>DDKs</th> </tr> </thead> <tbody> <tr> <td>MoH Mogadishu</td> <td>2</td> <td></td> </tr> <tr> <td>SOYDA</td> <td>2</td> <td>1</td> </tr> <tr> <td>SORDO</td> <td>1</td> <td>1</td> </tr> <tr> <td>WHO Garowe</td> <td>2</td> <td>2</td> </tr> <tr> <td>WARDI</td> <td>2</td> <td></td> </tr> <tr> <td>WHO Wajid</td> <td>2</td> <td></td> </tr> <tr> <td>Interos</td> <td>1</td> <td></td> </tr> <tr> <td>COSV</td> <td>1</td> <td></td> </tr> <tr> <td>Muslim Aid</td> <td>1</td> <td></td> </tr> <tr> <td>Merka Hospital</td> <td>1</td> <td></td> </tr> <tr> <td>Banadir Hospital</td> <td>1</td> <td></td> </tr> <tr> <td>Kulmiye Hospital</td> <td>1</td> <td></td> </tr> <tr> <td>Habeeb Hospital</td> <td>1</td> <td></td> </tr> <tr> <td>Galmudug MoH</td> <td>4</td> <td></td> </tr> </tbody> </table>			Partner	IEHKs	DDKs	MoH Mogadishu	2		SOYDA	2	1	SORDO	1	1	WHO Garowe	2	2	WARDI	2		WHO Wajid	2		Interos	1		COSV	1		Muslim Aid	1		Merka Hospital	1		Banadir Hospital	1		Kulmiye Hospital	1		Habeeb Hospital	1		Galmudug MoH	4		<p>This project used several data collection mechanisms:</p> <ul style="list-style-type: none"> - Weekly sentinel surveillance from over 170 health facilities in south and central Somalia. - Rumour verification visits and outbreak investigation as required. - Reports from partners outside sentinel sites on weekly basis and notification in case of specific health events. - Five monitoring visits (Baidoa, Dinsoor, Burhakaba, Awdheghe and Wanlaweyne, and four districts of Banadir). - Monitoring of water quality was conducted only in Banadir and Bay regions due to challenges of access to private water sources in other areas. This indicated inadequate levels of chlorination of water sources. 	
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		<p>⊕ Establishment of Maternal and Child Health facility in Burhakaba and Qansadheere with an estimated</p>																																																	

	<p>catchment population of 20,000.</p> <ul style="list-style-type: none"> ⊗ Operation of 7 mobile clinics in Hargeisa, Galkayo, Awdheegle, Wanlaweyne, and three in Mogadishu. These mobile clinics have provided services to 24,000 direct beneficiaries including 56 per cent children under the age of 5 years and 15 per cent pregnant or lactating women. ■ Outbreak rumours responded to in timely and appropriate manner, and outbreak control and monitoring interventions supported ⊗ 84 outbreak rumours were investigated and responded to within 96 hours. This included the collection and testing of over 400 samples, including 279 stool samples of which 89 (31 per cent) tested positive for cholera. Within the six months of implementation, 14 cholera outbreaks were confirmed in six regions of South/ Central Somalia. Over 34,000 cases of AWD/ cholera, including 73 per cent of children under the age of 5 years, and 587 related deaths, including 77 per cent children <5, were managed at the reporting health facilities. Also confirmed were measles outbreaks in Puntland, Somaliland and Mogadishu, and Dengue Fever which was confirmed in Somaliland and Mogadishu. ⊗ Five monitoring visits (Baidoa, Dinsoor, Burhakaba, Awdhegale and Wanlaweyne, and four districts of Banadir). ⊗ Monitoring of water quality was conducted only in Banadir and Bay regions due to challenges of access to private water sources in other areas. This indicated inadequate levels of chlorination of water sources. ⊗ 124 health workers from 60 health facilities in South/ Central Somalia were trained in acute watery diarrhoea case detection, management and outbreak prevention. ■ Coordination of emergency health interventions ⊗ During acute watery diarrhoea / cholera outbreaks in Mudug, Banadir, Bay and Lower Shabelle, cholera task forces were established at local level to facilitate coordinated response on the ground. ⊗ Outbreak investigation activities were conducted jointly by WHO, partners/ communities and local authorities. ⊗ An additional active inter-cluster and inter-agency acute watery diarrhoea / cholera response task force has been established at Nairobi level to support both health and WASH activities in the field. ⊗ A joint inter-cluster outbreak response strategy has been developed by health and WASH cluster and the UN communications working group. ■ Emergency health information monitored and shared with partners and clusters ⊗ The AWD/ cholera response task force developed the “acute watery diarrhoea / cholera preparedness and response plan” for health and WASH partners, which is being updated on a monthly basis ⊗ Weekly updates on health events and activities have been captured in WHO weekly highlights and disseminated to all stakeholders on regular basis. The information is also available online at www.healthsomalia.org ⊗ Contributions to the monthly health cluster bulletin and alerts for specific health events were provided throughout the project implementation period. ⊗ Communication activities were used to document the activities of mobile clinics (Galkayo). 	
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WHO -HEALTH																																							
CERF PROJECT NUMBER	11-WHO-043	Total Project Budget	\$ 11,751,965	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>1,154,080</td> <td>1,151,080</td> </tr> <tr> <td>Female</td> <td>785,698</td> <td>782,698</td> </tr> <tr> <td>Male</td> <td>368,382</td> <td>368,382</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>1,154,080</td> <td>1,151,080</td> </tr> <tr> <td>Of total, children under 5</td> <td>560,000</td> <td>560,000</td> </tr> <tr> <td>TOTAL</td> <td>1,154,080</td> <td>1,151,080</td> </tr> </tbody> </table>		Beneficiaries	Targeted	Reached	Individuals	1,154,080	1,151,080	Female	785,698	782,698	Male	368,382	368,382	Total individuals (Female and male)	1,154,080	1,151,080	Of total, children under 5	560,000	560,000	TOTAL	1,154,080	1,151,080	Gender Equity												
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PROJECT TITLE	Providing life-saving emergency health services to drought and conflict affected peoples in South and Central Somalia	Total Funding Received for Project	\$ 2,165,699			The project targeted the internally displaced population of drought and conflict affected areas with the provision of medical care through fixed health sites and mobile clinics. However, particular focus was given to women and children, i.e. vaccination of 560,000 children under the age of 5 years and 399,280 women of child bearing age.																																	
STATUS OF CERF GRANT	Ongoing Until 30 April 2012	Amount disbursed from CERF	\$ 2,014,020																																				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES			MONITORING AND EVALUATION MECHANISMS																																		
<p>Ensure access to and provision of emergency health services to the most vulnerable groups in the areas hardest hit by the drought in South Somalia.</p>		<ul style="list-style-type: none"> ▪ Emergency health services provided to most vulnerable groups in areas affected by drought and conflict in South Somalia Services provided <ul style="list-style-type: none"> ② 19 IEHKs procured and distributed to health facilities and partners to provide access to essential health services and medicines serving a population of 95,000 for six months. ② 18 DDKs procured and distributed to health facilities and partners during outbreaks for the treatment of 1,800 severe cases and 7,200 mildly moderate cases of acute watery diarrhoea / cholera. Distribution as planned (see below distribution list) <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Partner</th> <th>IEHKs</th> <th>DDKs</th> </tr> </thead> <tbody> <tr><td>COOPI</td><td>2</td><td>2</td></tr> <tr><td>SRCS</td><td>2</td><td>2</td></tr> <tr><td>COSV</td><td>2</td><td>2</td></tr> <tr><td>Islamic relief</td><td>2</td><td>2</td></tr> <tr><td>Merka Hospital</td><td>2</td><td>2</td></tr> <tr><td>SOYDA</td><td>2</td><td>1</td></tr> <tr><td>Banadir Hospital</td><td>2</td><td>2</td></tr> <tr><td>CESVI</td><td>2</td><td>2</td></tr> <tr><td>WARDI</td><td>1</td><td>1</td></tr> <tr><td>IMC</td><td>2</td><td>2</td></tr> </tbody> </table> <ul style="list-style-type: none"> ② 184 health workers from 92 health facilities in four regions of South/ Central Somalia trained on acute watery diarrhoea /cholera management, outbreak detection and response operations, and more continue to be trained until end of April 2012. ② Emergency vaccination teams trained and one round of emergency vaccination days completed with CERF 			Partner	IEHKs	DDKs	COOPI	2	2	SRCS	2	2	COSV	2	2	Islamic relief	2	2	Merka Hospital	2	2	SOYDA	2	1	Banadir Hospital	2	2	CESVI	2	2	WARDI	1	1	IMC	2	2	<p>Implementing partners are regularly reporting to WHO. Weekly outbreak updates are compiled by WHO and distributed widely.</p> <p>Mobile clinics in and around Mogadishu have been visited by WHO and are monitored through regular updates and reports from partners.</p> <p>Restriction of some partners in Al Shabaab controlled areas of south and central Somalia, hampered the implementation of their activities such as mobile clinics in Bay Region. Already disbursed funds were reallocated to other locations for the same activity.</p>	
Partner	IEHKs	DDKs																																					
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	<p>funding, reaching 560,000 children under the age of 5 years with polio and measles vaccination and as well as administration of vitamin A and de-worming, and almost 400,000 women of child-bearing age.</p> <ul style="list-style-type: none"> ④ Four mobile clinics operating in the areas hit by the drought and with increasing influx of internally displaced people, such as Mogadishu, Hiraan, Bay, Gedo and Lower Shabelle regions. These mobile clinics offered consultation and treatment to 7,500 direct beneficiaries including 56 per cent children under the age of 5 years and 15 per cent pregnant or lactating women as of 31 December 2011. ④ Three health posts established and functioning in Bay and Bakool regions, serving a catchment population of 3,000 people. ④ Standard treatment guidelines are being distributed to health facilities and partners. ④ Weekly outbreak updates have been compiled and distributed widely to all stakeholders through WHO highlights. Records of the updates are available online at www.healthsomalia.org. ④ Inter-agency outbreak taskforce has met daily during outbreaks and consequently on a weekly basis to coordinate response activities. ④ During acute watery diarrhoea / cholera outbreaks in Mogadishu and Kismaayo, cholera task forces were established at local level to facilitate coordinated response on the ground. ④ 10 outbreak investigation activities, including initial response team visits, sample collection and analysis were conducted jointly by WHO, partners/ communities and local authorities. This activity is still ongoing until end of April 2012. ④ An additional active inter-cluster and inter-agency acute watery diarrhoea / cholera response task force has continued to coordinate the strategic response to outbreaks at Nairobi-level to support both health and WASH activities in the field. ④ Weekly updates on health events and activities continue to be captured in WHO weekly highlights and disseminated to all stakeholders on regular basis. The information is also available online at www.healthsomalia.org ④ Contributions to the monthly health cluster bulletin and alerts for specific health events continue being provided throughout the project implementation period. ④ The changes in the operational environment in south and central Somalia hampered the implementation of the maternal health voucher scheme in the implementation period in 2011. Health cluster partners were consulted and were planning to undertake the activity in 2012. 	
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CERF PROJECT NUMBER	11-CEF-009B	Total Project Budget	\$11,789,336	Beneficiaries			Gender Equity	
				Targeted	Reached			
PROJECT TITLE	Provision of Maternal and Child-Health Services through Delivery of Essential Medicines, Medical Supplies, Equipment to Health Facilities, and Establishment of Community-Based Care by CHWs.	Total Funding Received for Project	\$9,703,360	Individuals	1,075,714	1,693,728		The entire population benefits from emergency activities such as <i>acute watery diarrhoea</i> / cholera prevention and case management. However, the other activities focus on maternal, newborn and child health. Hence, the benefit for adult women is greater than that of adult men, yet newborn care and expanded programme on immunization activities reach boys and girls equally.
				Female	872,482	863,801		
				Male	203,232	829,927		
				Total individuals (Female and male)	1,075,714	1,693,728		
				Of total, children under 5	406,464	337,745		
				TOTAL	1,075,714	1,693,728		
STATUS OF CERF GRANT	Funds were fully utilised as of end December, but supplies have not yet been fully distributed. Funds were fully utilised as of end December, and supplies have been dispatched to zonal offices for delivery to health facilities except for registers that will be used once they run out in facilities ⁵	Amount disbursed from CERF	\$1,000,000	<i>Note: Beneficiary figures have been calculated based on the target populations of maternal and child health facilities run by NGO partners receiving CERF funding (see Annex 2 for details).</i>				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		

⁵ Most of the supplies are usually used for more than the contract duration so that we can ensure that there are no stock outs at facility level.

<p>To provide high impact and critical life-saving health services and emergency assistance for women and children in drought and other crisis affected areas in south and central Somalia through provision of primary and basic health-care services.</p>	<p>EXPECTED OUTCOMES AND INDICATORS</p> <ul style="list-style-type: none"> ■ Increased access/utilisation to essential primary health care services with a focus on women and children under 5 <ul style="list-style-type: none"> ○ Per cent of pregnant women receiving at least two focused antenatal care visits (baseline 20 per cent); 27 per cent coverage for pregnant women (or a total of 62,430) attended two antenatal care visits (health management information system, central and southern zones of Somalia, March-December 2011) ○ 75 maternal and child health (MCH) centres providing essential new born care; Maternal and Child Health facilities in the central and southern zone (CSZ) of Somalia are not yet providing all aspects of essential newborn care (as per WHO standards). Full coverage as per WHO standards is hindered by a lack of training for maternal and child health facility staff as well as a lack of electricity required for necessary equipment such as incubators. ○ Per cent of infants receiving measles vaccine; 32 per cent expanded programme on immunization (EPI) coverage for measles (or a total of 52,370) (health management information system CSZ, March-October 2011, routine expanded programme on immunization including static and outreach but excluding Child Health Days and campaigns). With this grant, vaccines to cover 18,000 children have been pre-positioned for distribution according to need. ○ Per cent of child-bearing aged women who received at least two tetanus vaccine injections. For coverage of TT2 for women in child bearing age health management information system 2011 data for the central and southern zones of Somalia not yet available <p>Using CERF funding, as a response to the emergency situation in Somalia, the following essential supplies including emergency drugs, equipment and management tools were procured to provide continuous access to primary health care and emergency medical services. Most of these supplies are currently pre-positioned due to lack of access and will be distributed according to need in order to ensure uninterrupted primary health care services in central and southern Somalia. They will contribute to the improvement in the indicators above.</p> <p>Management tools</p> <ul style="list-style-type: none"> ~ 100,000 Antenatal Care Cards ~ 300 Antenatal Care Registers ~ 300 Postnatal Care Registers ~ 900 Registers for Maternal and Child Health Centre Outpatient Department for patients above 5 years ~ 900 Registers for Maternal and Child Health Centre Outpatient Department for patients below 5 years ~ 900 Registers for Expanded Programme on Immunization ~ 700,000 Measles Immunization Campaign Cards <p>Vaccines for routine the expanded programme on immunization</p> <ul style="list-style-type: none"> ~ 10,000 (vials) Tetanus Toxoid Vaccines for maternal-neonatal tetanus prevention ~ 20,000 (vials) Measles Vaccines <p>Emergency Health Kits</p> <ul style="list-style-type: none"> ~ Five Diarrhoeal Disease Set Packs - designed for 100 severe cases (cholera treatment) and 400 mild or moderate cases (oral rehydration unit) and 100 patients affected by Shigella dysentery. ~ Six Obstetric Surgical Kits - supplementary 1 drug - representing the basic requirements of drugs to facilitate an average of 50 deliveries with complications, including caesarean sections, laparotomy and 	<p>Through on-going field monitoring by UNICEF Somalia field staff based in Somalia.</p> <p>Data for standard indicators is collected into maternal and child health facilities registers, compiled monthly and channelled through health management information system to central levels.</p>
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other minor surgery in emergency.

Maternal, Neonatal and Child Health Equipment for Health Centres

- ~ 5 Labour/delivery beds
- ~ 10 Bed-screens (on castors)
- ~ 20 Standard hospital beds (with mattress)
- ~ 5 Instrument cabinets (double door)
- ~ 10 Medicine cabinets (double door)
- ~ 5 Gynaecological/delivery tables
- ~ 10 Examination tables
- ~ 5 Wheelchairs (adult)
- ~ 10 Buckets (on castors)
- ~ 6 Foetal hear detectors (Doppler)
- ~ 6 Pulse oximeters (portable)
- ~ 6 Oxygen concentrators (set)
- ~ 6 Baby warmers (electric/set)
- ~ 16 Nebulizers (electric)
- ~ 10 Examination lights (mobile)
- ~ 12 Steam sterilizers (40L, electric)

CERF funds were also used to provide funding for operational costs for 18 NGO partners throughout central and southern Somalia to operate and maintain the cold chain for immunization, conduct routine static and outreach Expanded Programme on Immunization services according to the Reach Every District strategy, and to provide primary health care and emergency medical services with a focus on maternal and child health.

Immunization sessions are always preceded by an information, education and communication session at the health facility level as well as during outreach/mobile activities. On this occasion, the health staff tries to increase demand by emphasizing the importance of vaccination and to complete the immunization schedule. Other topics on child-health in general are discussed such as diarrhoea prevention, child feeding, etc.

- Improved capacity of male and female health workers and caretakers to deliver/implement life-saving health and primary health services
 - 50 community health workers trained in counselling on essential maternal, newborn care, hygiene and infant young child feeding (IYCF);
 - 150 maternal and child health facilities staff trained on MLM, vaccine management and IMNCI

No formal training of community health workers or training of maternal and child health facilities staff on MLM, vaccine management and IMNCI was conducted, Training on MLM and IMNCI was postponed due to the emergency. However, in response to the on-going acute watery diarrhoea (AWD) / cholera outbreak in Somalia, CERF funding was used to conduct training of trainers (TOT) in acute watery diarrhoea /cholera prevention and case management. Following the Training of Trainers, the 38 trainers conducted trainings for a total of 179 healthcare workers throughout the region to which CERF funding contributed. These health workers will be managing oral rehydration points and cholera treatment units that are set up in health facilities in areas where outbreaks occur using the Diarrhoeal Disease Set Packs (see under supplies procured).

- Reduction in morbidity and mortality due to basic communicable diseases - e.g.: diarrhoea and pneumonia among children under five

	<ul style="list-style-type: none"> ■ 50 Community Health Workers trained in Community Case Management (CCM) <ul style="list-style-type: none"> ○ 13 integrated community case management of diarrhoea, pneumonia and malaria (ICCM) master trainers trained. Training of Village Health Workers to follow in 2012. ○ 38 acute watery diarrhoea /cholera prevention and case management trainers trained, total of 179 health care workers in southern and central Somalia trained in acute watery diarrhoea /cholera prevention and management. ■ Per cent of Under 5 children with suspected pneumonia received antibiotics through Community Health Workers at community-level. <ul style="list-style-type: none"> ○ Children not yet treated for pneumonia at community level as Village Health Worker training has not yet taken place. <p>Training materials for integrated community case management of diarrhoea, pneumonia and malaria (ICCM) were finalized during last quarter of 2011 after which 13 integrated community case management of diarrhoea, pneumonia and malaria master trainers were trained who will go on to train an additional 600 VHW in collaboration with WHO. Village Health Workers will be trained and equipped to treat children at community level during 2012. Hence, during 2011 children were not yet treated with antibiotics for suspected pneumonia at community level.</p>	
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HEALTH																												
CERF PROJECT NUMBER	11-CEF-038B	Total Project Budget	\$ 11,789,336	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>2,500,000</td> <td>3,830,920</td> </tr> <tr> <td>Female</td> <td>1,275,000</td> <td>1,953,769</td> </tr> <tr> <td>Male</td> <td>1,225,000</td> <td>1,877,151</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>2,500,000</td> <td>3,830,920</td> </tr> <tr> <td>Of total, children under 5</td> <td>500,000</td> <td>766,184</td> </tr> <tr> <td>TOTAL</td> <td>2,500,000</td> <td>3,830,920</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	2,500,000	3,830,920	Female	1,275,000	1,953,769	Male	1,225,000	1,877,151	Total individuals (Female and male)	2,500,000	3,830,920	Of total, children under 5	500,000	766,184	TOTAL	2,500,000	3,830,920	Gender Equity
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PROJECT TITLE	Provision of Maternal and Child Health Services through Delivery of Essential Medicines, Medical Supplies, Equipment to Health Facilities, and Establishment of Community based care by CHWs	Total Funding Received for Project	\$ 9,703,360				<p>Women, girls and boys all benefited from activities implemented with CERF funds. 9,883 women were provided with at least their second dose of tetanus toxoid vaccine. Men, women, boys and girls will all benefit from cholera response supplies as well as supplies provided to health facilities, though women will benefit specifically from obstetric and midwifery kits.</p> <p>Girls and boys, were provided with the Measles Plus package, however, the Measles Plus campaign evaluation is still in progress, which will give a stronger picture of gender equality for this intervention.</p>																					
STATUS OF CERF GRANT	Ongoing (Extended)	Amount disbursed from CERF	\$ 1,952,931																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
<p>Organization of integrated immunization campaigns targeting children under five and women of child-bearing age in all accessible areas around greater Mogadisho, bay, Bakool, Gedo, Hiran, Lower Shabelle and the Jubas targeting at least 500,000 children aged less than 5 years.</p>		<p>EXPECTED OUTCOMES AND INDICATORS</p> <ul style="list-style-type: none"> Per cent of infants receiving measles vaccine 9,989 children aged 6 months to 15 years reached directly with CERF funds and 1,056,287 reached in total through the Measles Plus campaign. Per cent of child bearing aged women who received at least two tetanus vaccine injections 1,883 women reached directly with CERF funds and 202,559 reached in total through the neonatal tetanus campaign. <p>Operational costs from CERF funds were used to implement one round of the Measles Plus campaign and maternal and neonatal tetanus campaign in Doble district in Lower Juba Region. In Doble, the campaign reached 9,989 children aged between 6 months and 15 years with the measles vaccine, 5,785 children aged between 6 and 59 months with Vitamin A supplementation, 8,225 children under five with the oral polio vaccine, 2,422 children aged between one and five years with de-worming and 1,883 childbearing aged women with the tetanus toxoid vaccine.</p> <p>CERF funds contributed to the measles campaign in other accessible areas in central and southern Somalia (CSZ), though measles and DTP vaccines were bought with funds from other sources. Supplies including 272,000 reconstitution syringes and 22,500 safety boxes were procured with CERF funds.</p> <p>These CERF supplies, along with funds from other donors, were used to implement the Measles Plus mass</p>				<p>During the campaign, activities were supervised jointly by a team from UNICEF and WHO. Monitoring of quality of the campaign was led by an independent team. This allowed errors to be corrected in time, quickly determine the pockets of non-reached children and to allow teams of vaccinators to vaccinate these children before the campaign ends.</p> <p>After the campaign, a coverage survey was conducted in Banadir region. Data collection was conducted by an independent team and the data are being analyzed by CDC.</p>																						

<p>Reinforced implementation of primary healthcare services in 100 maternal and child health facilities and 200 HP including community based interventions and mobile and outreach services to reach more than 800,000 people.</p> <p>Provision of diarrhoea treatment kits for prevention and management of acute diarrhoea diseases including cholera.</p>	<p>campaign between August and November 2011 in accessible areas of central and southern Somalia. Children under fifteen and child bearing aged women in accessible areas of Gedo, Bakool, Galgadug, Hiran, Mudug regions and in Bay/Baidoa IDPs camps were targeted. In addition, the Measles plus campaign was organized in the 16 districts of Benadir region in August. To address coverage gaps, a mop-up campaign was organized in October/November 2011. In total, 1,056,287 children aged between 6 months and 15 years received the measles vaccine, 452,738 children under five were immunized against poliomyelitis, 1,002,017 children aged between 6 and 59 months were supplemented with Vitamin A, 416,696 children aged between 1 and 5 years were de-wormed and 202,559 child-bearing women age received one dose of tetanus toxoid vaccine.</p> <p>Lower Shabelle was not reached during the period because of security issues in the area.</p> <p>EXPECTED OUTCOMES AND INDICATORS</p> <ul style="list-style-type: none"> ■ Per cent of pregnant women receiving at least two focused antenatal care visits (baseline 20 per cent) 23 per cent coverage of all pregnant women attending at least two Antenatal Care visits (health management information system of southern and central Somalia, January-December 2011). ■ 100 maternal and child health (MCH) centres providing essential new born care Maternal and child health facilities in central and southern Somalia are not yet providing essential newborn care (as per WHO standards). ■ Per cent of infants receiving measles vaccine 31 per cent expanded programme on immunization coverage for measles or 31,781 children (health management information system of southern and central Somalia, July-December 2011, routine EPI including static and outreach but excluding Child Health Days and campaigns including the Measles Plus recorded above). ■ Per cent of women of child bearing age received at least two tetanus vaccine injections For coverage of TT2 for women in child bearing age health management information system 2011 data for central and southern Somalia not yet available. <p>In response to the emergency situation in central and southern Somalia, using CERF funding, the following essential supplies were procured and distributed to 144 maternal and child health facilities (total target population of 3,830,920) to secure access to primary healthcare and emergency medical services. While the supplies in maternal and child health kits are too comprehensive to be distributed directly to Health Posts, supplies are shared with Health Posts within a maternal and child health facility catchment area operated by the same NGO. In combination with funding from other sources these supplies have ensured uninterrupted health service delivery contributing to the results above.</p> <p>Operational costs were provided to 18 partners and used for routine Expanded Programme on Immunization strengthening in central and southern Somalia through the Reach Every District approach. In the 29 supported districts in 10 regions, results are as follow: 5,992 children under one have been provided with BCG vaccines, 3,985 received three doses of DTP and OPV, 3,353 received one dose of measles vaccine. In addition 4,040 pregnant women and child-bearing women age were provided with one dose of Tetanus toxoid vaccine and 8,000 pregnant and CBWA received at least two doses of TT vaccines.</p> <p>The Emergency Health Kit is an integral part of UNICEF's immediate response to most emergencies and it is designed principally to meet the primary health care needs of a displace population or any population without</p>	<p>On-going field monitoring by UNICEF Somalia field staff based in Somalia.</p> <p>Data for standard indicators is collected into maternal and child health registers, compiled monthly and channelled through health management information system to central level</p>
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medical facilities, where more serious cases should be referred to the nearest hospital. It contains essential medicines and medical devices (renewable and equipment) for a population of 10,000 persons for a period of three months. A simple treatment guideline based on symptoms has been developed by WHO to help train personnel in the proper use of the medicines and is included in each Basic Unit.

Items procured and distributed:

- 200 Emergency Health Kits - basic unit - containing essential medicines, medical devices (renewable and equipment) for a population of 1,000 persons for a period of three months.
- 50 Emergency Health Kits - supplementary one drug - containing essential medicines.
- 50 Emergency Health Kits - supplementary two equipment - containing essential medical equipment (e.g. diagnostic, sterilisation, dressing and suture instruments). It also includes items to allow for the provision of clean water.
- 50 Emergency Health Kits - supplementary three renewable - containing essential medical devices consumables. Most of the items are single use and sterile.
- 50 Emergency Health Kits - basic unit, malaria - containing anti-malarial medicines for the treatment of uncomplicated malaria (none of which can be injected), and a rapid diagnostic test kit.
- 50 Somalia infusion kits.

The Midwifery Kits are designed to improve maternal and neonatal care in situations of development and emergency and contain basic drugs, renewable medical supplies, medical equipment, and resuscitation equipment for health facilities to perform an average of 50 normal deliveries. In addition the kit can be used for suturing of episiotomies including performing anaesthesia and stabilisation of precarious situations such as eclampsia and haemorrhage.

Items procured and distributed:

- 194 Midwifery Kits – one set of drugs - and 191 Midwifery Kits - representing the basic requirements of drugs to facilitate around 50 normal deliveries
- 364 Midwifery Kits - two equipment - consisting of basic medical equipment (initial investment) for one delivery room and/or one maternity ward.
- 520 Midwifery Kits - three renewable - representing the basic requirements of renewable medical supplies (consumables) to facilitate around 50 normal deliveries. Most of the items are sterile and disposable.
- 50 Resuscitation Kits - basic - consisting of basic resuscitation equipment to facilitate resuscitation in all types of environment, including emergency situations.

The Obstetric Surgical Kits are designed to improve maternal and neonatal care in situations of development and emergency. The obstetric, surgical kits contain basic drugs, renewable medical supplies, medical equipment, surgical instruments, and basic sterilisation equipment for health facilities to handle an average of 1,00 deliveries, including 50 with complications and surgery (with an average of 25 caesarean sections).

Items procured and distributed:

- 14 Obstetric Surgical Kits - comprising the basic drug requirements to facilitate an average of 50 deliveries with complications, including caesarean sections, laparotomy and other minor surgery in emergency.
- 15 Obstetric Surgical Kits comprising surgical instrument sets (initial investment) for one delivery room and/or one operating room.
- 15 Obstetric Surgical Kits - comprising renewable medical supplies (consumables) to facilitate an average of 50 deliveries with complications, including caesarean sections, laparotomy and other minor surgery in emergency. Most of the items are sterile and disposable.
- 210 Sterilization Kits - C - comprising basic steam sterilisation equipment to ensure foolproof sterilisation facilities in all types of environment, including emergency situations.

	<p>EXPECTED OUTCOMES AND INDICATORS</p> <ul style="list-style-type: none"> ■ Per cent of diarrhoeal cases treated Total of 179 health care workers in central and southern Somalia trained in acute watery diarrhoea/cholera prevention and management. No data available for per cent of diarrhoeal cases treated. ■ Per cent of Under 5 children with suspected pneumonia received antibiotics through community health workers at community-level Training materials for integrated community case management of diarrhoea, pneumonia and malaria (ICCM) were finalized during last quarter of 2011 after which 13 integrated community case management master trainers were trained who will go on to train an additional 600 VHW in collaboration with WHO. Village Health Workers will be trained and equipped to treat children at community level during 2012. Hence, during 2011 children were not treated with antibiotics for suspected pneumonia at community level. <p>In response to the ongoing Acute Watery Diarrhoea (AWD)/Cholera outbreak in central and southern Somalia, CERF funding contributed to training of 179 health care workers throughout the zone. These health workers will be managing oral rehydration points (ORPs) and cholera treatment units (CTUs) which will be set up in health facilities in areas where outbreaks occur.</p> <p>In preparation for immediate acute watery diarrhoea/cholera response, the following items were procured and distributed: which will enable the establishment of oral rehydration points and cholera treatment units when needed:</p> <ul style="list-style-type: none"> - 30 Diarrhoeal Disease Set Packs - designed for 100 severe cases (cholera treatment) and 400 mild or moderate cases (oral rehydration unit). - 197,900 Oral Rehydration Salt sachets. - 20,000 PAC of 100 erythromycin 250 milligram tabs. <p>Following supplies were procured and are pre-positioned at UNICEF Nairobi warehouse for distribution according to need:</p> <ul style="list-style-type: none"> - 18,256 PACs of 10 of Ciprofloxacin 250 milligram tabs - 200 Midwifery Kits - 1 drug - 109 Midwifery Kits - 2 equipment - 384 Midwifery Kits - 3 renewable <p>Both midwifery kits and ciprofloxacin are essential Maternal and Child Health facility supplies.</p>	
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WASH - UNICEF							
CERF PROJECT	11-CEF-009-C	Total Project Budget	\$ 33,000,000	Beneficiaries	Targeted	Reached	Gender Equity
				Individuals	563,070	234,471	

NUMBER				Female	287,166	131,304	Both women and men, boys and girls were targeted and benefitted from project interventions. Special consideration was taken to ensure equitable access to services by both groups. In particular, in the construction of latrines in schools and health facilities – gender sensitive models were used. In regards to trainings (WASH committees, Hygiene Promoters, etc) we employed the standard criteria of 50 per cent participation/representation by females.
PROJECT TITLE	Emergency Response to Increase and Sustain Access to Safe Water, Appropriate Sanitation Facilities and Hygiene Promotion for IDPs, Disaster Affected Populations in Somalia	Total Funding Received for Project	\$ 25,336,703	Male	275,904	103,167	
				Total individuals (Female and male)	563,070	234,471	
				Of total, children under 5	122,614	46,894	
				TOTAL	563,070	234,471	
				<i>Note: The beneficiary numbers listed below under each individual Outcome Area can not be added up to determine the above total beneficiary numbers. The reason for this is that since we deliver WASH interventions as a package, a beneficiary for one outcome may also be a beneficiary in another outcome. In order to avoid double counting, we only count a beneficiary once despite the fact she/he may have benefitted from interventions under different outcome areas.</i>			
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 2,000,000				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
To increase and sustain the access of displaced and drought-affected men, women and children to safe water, appropriate sanitation facilities and hygiene promotion to relieve drought suffering and reduce the risk of large-scale outbreaks of acute and watery diarrhoea and cholera.		<p>■ An additional 50,775 women, 39,492 men and 22,567 children under 5 will access safe water through rehabilitation and construction of new water supplies and provision of vouchers to purchase water by end 2011"</p> <p>An estimated 72,052 people gained access to water using these CERF funds. This includes 32,279 women, 25,362 men, and 14,410 children under 5 years. The majority of these individuals were reached through sustained water interventions as detailed below:</p> <ul style="list-style-type: none"> - 10 rehabilitated boreholes with hand pumps (Puntland) - 4 new high-yielding water yards (borehole with distribution system) (Lower and Middle Juba and Hiran regions) - 28 berkhard (underground water storage tanks) (Mudug , Sool, Karkar and Sanag) - 25 newly constructed wells (Gedo Region) - 65 rehabilitated wells (Gedo and Middle Shabelle Regions) - Mechanization of one well in Medina Hospital in Mogadishu <p>With regards to the provision of vouchers to purchase water, although originally planned, after discussions with the WASH Cluster it was determined that the need for water vouchering had been met through other funding sources. With this in mind, UNICEF shifted focus to more sustainable water interventions.</p> <p>■ An additional 97,533 women, 75,859 men and 43,348 children under 5 will have access to sanitation facilities or will practice minimum hygiene practices by end 2011</p> <p>An estimated 156,095 people gained access sanitation and/or hygiene promotion these CERF funds (69,931 women, 54,945 men and 31,219 children under 5 years).</p> <p>Approximately 39,663 people gained access to sanitation facilities through the construction of 1,256 communal and household latrines. (Gedo and Mogadishu)</p> <p>Concerning household water treatment and safe storage, 11,570 households received water purification tablets and hygiene education. This translates into an estimated population reached of 69,420 beneficiaries. (Gedo, Middle Shabelle and Mogadishu)</p> <p>Hygiene promotion activities reached approximately 156,095 community members. Hygiene promotion</p>				<p>Data was gathered and submitted on a monthly basis. At the height of the crisis – from July to December 2011 – partners provided data weekly to UNICEF. This data was used for monitoring purposes and to feed into the weekly situation reports.</p> <p>Security issues made visiting project sites quite difficult and at times impossible by UNICEF staff. Therefore, we worked closely with partners so that they could provide UNICEF the necessary data. Towards the end of 2011 UNICEF contracted an external party to conduct "3rd party verification" wherein projects sites were visited and feedback provided input on actual progress. This was conducted in particular for projects in Ceelwaaq district.</p>	

interventions included the training of community hygiene promoters, outreach activities in schools and health clinics, outreach activities connected to the populations served by new sanitation facilities and educational outreach activities for internally displaced persons in camps in the Mogadishu areas.

- 126,397 women, 98,309 men and 56,177 children under 5 will continue to access safe water and sanitation through operation and maintenance of facilities for nine months from April to December 2011

From April to December 2011 an estimated 126,770 gained access to WASH services through support for operations and maintenance of water sources This figure is broken down as follows: 56,793 women, 44,623 men, and 25,354 children under 5 years of age.

The bulk of the above mentioned figure is a result of large scale support for the operation of 7 major water systems in the Afgoye corridor, whereby around 96,881 people in internally displaced people's camps and host communities benefitted from sustained access to potable water.

In addition to the above, a number of trainings were held for community water committees. Sixty (60) committees with 442 people directly benefitted from instruction on the proper management and care of community water systems. Although not estimated in the above figures, these 60 management committees will help to maintain and support local water systems serving several thousand people. (Afgoye, Hiran, Middle Shabelle, and Gedo).

Of the total amount mentioned above approximately 29,400 benefitted from access to temporary water services through the chlorination of 170 wells in Middle Shabelle and Gedo regions.

- Comment on targets number for interventions and beneficiaries

Looking at the targeted number of specific interventions and corresponding numbers of beneficiaries, although we met or exceeded most of our targets in terms of the numbers of interventions (see table below) there was a lower than expected number of beneficiaries. This can be attributed in part to the fact that as we were targeting a drought area, and populations were moving in unpredictable manner. The actual numbers of populations in a given area served were lower than expected. This is particularly apparent for hygiene promotion beneficiaries. Furthermore, implementing partners faced serious security issues whereby they were not able to access certain areas. Two key interventions were particularly affected by this:

- o For Outcome 1 – it was not possible to construct the water supply system in Baidoa town due to security issues
- o For Outcome 3 –chlorination was carried out in 177 water points, instead of the targeted 347, due to security issues

These two interventions significantly decreased beneficiary numbers as they are wide reaching services.

Interventions - Planned vs. Actual	Unit	Target	Actual
Borehole - rehab	borehole	11	10

Shallow well - rehab	well	40	81
Water yard - new	wateryard	4	4
Berkhard - rehab	berkhard	29	23
Berkhard - new	berkhard	5	5
Hygiene Promotion	person	216,740	156,095
Latrine (Household or Communal)	latrine	358	1,256
O&M Water system	waterpoint	347	170
Construction of piped water systems	system	1	7

Funds were used to increase the number of wells (81 instead of 40), increase in the number of latrine facilities. Increase the amount of Household Water Treatment and Safe Storage (reaching 11,600 household with 80,670 beneficiaries) and to preposition cholera related supplies.

UNICEF - WASH								
CERF PROJECT NUMBER	11-CEF-038-C	Total Project Budget	\$33,000,000	Beneficiaries		Targeted	Reached	Gender Equity
PROJECT TITLE	Emergency Response to Increase and Sustain Access to Safe Water, Appropriate Sanitation Facilities and Hygiene Promotion for IDPs, Disaster Affected Populations in Somalia	Total Funding Received for Project	\$25,336,703	Individuals	171,800	152,550	Both women and men, boys and girls were targeted and benefitted from project interventions. Special consideration was taken to ensure equitable access to services by both groups. In particular, in the construction of latrines in schools and health facilities – gender sensitive models were used. In regards to trainings (WASH committees, Hygiene Promoters, etc) we employed the standard criteria of 50 per cent participation/representation by females.	
				Female	94,490	85,428		
				Male	77,310	67,122		
				Total individuals (Female and male)	171,800	152,550		
				Of total, children under 5	34,360	30,150		
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,996,203	TOTAL		171,080	152,550	
<p><i>Note: The beneficiary numbers listed below under each individual Outcome Area can not be added up to determine the above total beneficiary numbers. The reason for this is that since we deliver WASH interventions as a package, a beneficiary for one outcome may also be a beneficiary in another outcome. In order to avoid double counting, we only count a beneficiary once despite the fact she/he may have benefitted from interventions under different outcome areas.</i></p>								
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS		
<p>Reduce malnutrition and disease through emergency provision of water, sanitation and hygiene services to 171,800 people in southern Somalia</p>		<p>■ An additional 115,000 women, men and children out of the people in acute food security crisis will access safe water through provision of vouchers to purchase water for 3 months and construction of 50 new shallow wells.</p> <p>An estimated 76,800 people in food security crisis gained access to water using these CERF funds. This includes 34,406 women, 27,034 men and 15,360 children under 5 years. The majority of these individuals were reached through sustained water interventions as detailed below:</p> <ul style="list-style-type: none"> - 6 rehabilitated boreholes (Berdale District and Baidoa). - 51 rehabilitated wells (Bay, Bakool and Gedo Region). - Construction of water system with distribution system benefitting 30,000 people in Mogadishu. - Rehabilitation of 1 water yard including the construction of 50m³ elevated water tank, four kiosks and installation of generator and submersible pump to benefit 5,000 people in Bardera town. - For proper water management in Bardera, five WASH committees were formed and trained on operation, maintenance and management of water facilities. The training also included modules on water treatment techniques at the household level either through use of Aqua tabs, Chlorine tabs or powder and on proper hygiene education techniques. <p>With regards to the provision of vouchers to purchase water, although originally planned, after discussions with the WASH Cluster it was determined that most of the need for water vouchers had been met through other funding sources. With this in mind, water vouchers were used for a relatively small number of beneficiaries (21,000) with CERF funds. (This was done in five internally displaced persons camps reflected in Outcome 3 below) UNICEF shifted focus to more sustainable, long-term water supply interventions (boreholes, water yards, connection to existing piped water systems).</p>				<p>Data was gathered and submitted on a monthly basis. At the height of the crisis – from July to December 2011 - partners provided data weekly to UNICEF. This data was used for monitoring purposes and to feed into the weekly situation reports.</p> <p>Security issues made visiting project sites quite difficult and at times impossible by UNICEF staff. Therefore, we worked closely with partners so that they could provide UNICEF the necessary data. Towards the end of 2011 UNICEF contracted an external party to conduct “3rd party verification” wherein projects sites were visited and feedback provided on actual progress. This was conducted in particular for projects in Ceelwaaq district.</p>		
		<p>■ An additional 3,300 families and 27,000 patients will drink safe water and practice good hygiene to avoid diarrhoeal</p>						

	<p>disease and malnutrition through WASH interventions at nutrition and health centres targeting families with acutely malnourished children</p> <p>An estimated 64,300 people frequenting Outpatient Therapeutic Centres and health centres have gained access to water, sanitation and hygiene facilities using these CERF funds. This includes 28,806 women, 22,634 men, and 12,860 children under 5. The majority of these individuals were reached through sustained water interventions as detailed below:</p> <ul style="list-style-type: none"> - Construction of four ground water storage tanks (10,000 litre) at four nutrition centres (Mogadishu) - Chlorination of seven water sources (Luuq town, Gedo Region). - Construction of six latrines at two feeding sites (Luuq town, Gedo Region). - Provision of hand-washing facilities at 12 nutrition centres (Ceelwaaq District, Gedo Region). - Installation of plastic water storage tank (10,000 litres) at the maternal and child health facility and provision of water supply through trucking (10,000 litres per week) to 12 nutrition centres for a period of three months. (Ceelwaaq District, Gedo Region). <p>■ 10,000 newly displaced people (mostly women and children) will access life-saving WASH services at temporary camps and transit points</p> <p>An estimated 78,330 internally displaced persons gained access to water sanitation and hygiene services using these CERF funds. This includes 35,092 women, 27,572 men, and 15,666 children under 5 years. The majority of these individuals were reached through sustained water interventions as detailed below:</p> <ul style="list-style-type: none"> - Installation of water tanks and support for provision of water (water vouchers, connection to piped systems) to IDPs (Baidoa Town Bay Region and Luuq Town, Gedo Region). - Construction of 1,170 communal latrines with hand-washing facilities for internally displaced persons (Bai, Bakool, Gedo and Mogadishu). - Constructed 200 household latrines in 50 host communities (Bardera District). - Training of 30 WASH committee members from six WASH committees on management, operation and maintenance of water supply, sanitation and hygiene services in the target internally displaced persons camps (Gedo Region). - Distribution of household water treatment and safe storage by distribution water purification chemicals such as aqua tabs, soap and jerry cans to benefit 3,000 households in internally displaced persons camps (Mogadishu). - Hygiene promotion in the internally displaced persons camps benefiting 24,000 people (Mogadishu). <p>■ Comment on progress towards reaching targets number of beneficiaries</p> <p>Looking at each Outcome Area, the per cent achieved are as follows: Outcome 1 = 67 per cent, Outcome 2 = 137 per cent, Outcome 3 = 783 per cent.</p> <p>The reason for the much higher achievement in Outcome 2 (WASH in nutrition and health centres) and Outcome 3 (internally displaced populations) can be attributed to the increased severity of the famine and the surge of individuals frequenting therapeutic feeding centres and health care facilities. The famine, exacerbated by conflict, also dramatically increased internally displaced populations taking refuge in camps set up throughout the country. With this in mind, increased and rapid interventions were needed in these areas in nutrition/health centres and internally displaced persons camps. As a result of this slight shift in focus, the percentage in Outcome 1 was lower than expected and the achievements in Outcomes 2 and 3 much higher. In the next few months, we will be looking to focus and increase achievements in Outcome 1.</p>	
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UNHCR - SHELTER AND NON FOOD ITEMS

CERF PROJECT NUMBER	11-HCR-005	Total Project Budget	\$ 18,740,359	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals		114,000	116,652	
PROJECT TITLE	Emergency provision of 19,000 NFI kits to IDPs in Puntland and Central Somalia	Total Funding Received for Project	\$ 6,201,835	Female		66,120	69,992	During the beneficiary selection, priority was given to single mothers, older persons and persons with special needs. This is reflected in the slightly higher number of women beneficiaries. This was undertaken through the age, gender and diversity mainstreaming (AGDM) lens which UNHCR applies in all its projects implemented directly and through its partners. In addition, women were taken into consideration through the inclusion of sanitary wear in the non-food item kits
				Male		47,880	51,660	
				Total individuals (Female and male)		114,000	116,652	
				Of total, children under 5				
				TOTAL		114,000	116,652	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 1,500,000					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS
To provide emergency shelter assistance (NFIs) to the newly and existing displaced		<ul style="list-style-type: none"> ■ Approximately 19,000 households (114,000 individuals) benefit from improved living conditions 19,377 households (116,652 persons) leading to improved living conditions. ■ 15,000 NFI kits⁶ are distributed to newly displaced individuals 15,302 non-food item kits were distributed to newly displaced internally displaced populations in Abudwak (3,144), Herale/Balanbal (1,210), Ceel Waaq (1,500), Dholow (1,900), Afmadow (3,100), Benadir-Hodan (2,500), and Galkaiyo (1,948) ■ 4,000 NFI kits are distributed to existing IDPs in Bossaso UNHCR distributed a total of 4,075 NFI kits in Bossaso (3,228) Gardo (597) and Eastern Sanag (250). In Bossaso, the distribution targeted Banadir, Tuur Jale, Bullo Qoddah, Shirkow, Balade, Tawakal, 100 Bush, 55 Bush, 10 Bush settlements. These were done as per recommendations in 2010 HGA. In Gardo, kits were distributed to IDPs residing in Shabelle, New Camp, Bulo Faay, Bulo Warsan, Garashka, Bullo Qoddax, Ayan Camp and Horgoble. 250 NFI kits were distributed in Eastern Sanag. The scope of the distribution was extended to these additional locations since the needs in Bossaso had been covered by other agencies. ■ Approximately 114,000 individuals benefit from improved living conditions 116,652 persons whom their livelihood assets were completely depleted and some household assets ravaged both by conflict and natural disaster displacement received non-food items, greatly improving their living conditions.” ■ PDM reports elaborated and available upon request ■ Four PDM exercises related to this distribution were undertaken and is available upon request. 						Post distribution monitoring conducted in areas accessible. PDM is an ex-post monitoring and evaluation of a location and time-specific Non-food item distribution, conducted independently from the non-food item distribution exercise itself. The PDM exercise is normally conducted four-six weeks after the NFI distribution has ended and is implemented with or through an NGO partner. PDM is intended to determine the extent to which persons of concern have access to sufficient basic and domestic hygiene items and to highlight the ways in which assistance is received, used, traded and whether its distribution can cause potential protections risks or concerns. The monitoring exercise was conducted for the distributions in Bossaso, Gardo and Garowe, Ceel Waaq and Mogadishu. Overall, the results have been positive and suggest very low diversion rates and high satisfaction with the distributed items and their quality. These results further allowed UNHCR to identify if beneficiaries received the most appropriate form of assistance and if the distribution created any protection risks for them.

⁶ Kit composition has been agreed at the cluster level to contain plastic sheeting, bed mats, blankets, cooking sets, jerry cans, sanitary items and soap.

UNHAS - COORDINATION AND SUPPORT SERVICES

CERF PROJECT NUMBER	Total Project Budget	\$18,314.007	Beneficiaries		Reached	Gender Equity
			Targeted	Reached		
PROJECT TITLE	Total Funding Received for Project	\$18,314,007	Individuals	4,800	5,414	
			Female	2,400	2,707	
STATUS OF CERF GRANT	Amount disbursed from CERF	\$ 1,000,0000	Male	2,400	2,707	
			Total individuals (Female and male)	4,800	5,414	
			Of total, children under 5			
			TOTAL	4,800	5,414	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>The project objective is to maintain and possibly increase access to millions of Somalis affected by the deteriorating emergency in Somalia through the provision of a safe, efficient, reliable, transparent and affordable UNHAS passenger and small cargo air-bridge service at a subsidised cost recovery system, and to ensure adequate air services to maintain the actual security standard within Somalia.</p>	<p>Maintain and increase access to Somalia by ensuring subsidised UNHAS scheduled flights from Nairobi to Wajir and Mandera in Kenya and onwards to and within Somalia</p> <ul style="list-style-type: none"> ▪ Eight new airstrips locations served by the UNHAS air operation: Mogadishu, Dolo, El-Berde, Garbaharey, Guriel and border points of Mandera, El-Wak, and Liboi. ▪ Three alternate airstrips to access in order to maintain operational flexibility: Liboi was used to access areas in Dobley, Elwak and Mandera in Kenya were used as alternate airstrips to support boarder areas in Somalia. ▪ Humanitarian access in Somalia by air for life-saving assistance in areas that are operationally secure was maintained, with a monthly average of 1,800 passengers and 16.6 metric tonnes of humanitarian cargo. A total of 5,414 passengers and 50 metric tonnes of humanitarian cargo were transported over three months. ▪ Timely security and medical evacuation a service to the humanitarian community was guaranteed, with one medical evacuation carried out from Garowe to Nairobi during the reporting period. ▪ Subsidized air tickets for the humanitarian personnel were maintained during the entire project duration. 				<p>A user group meets regularly every two months to define the requirements and priorities in terms of air transport, monitoring the quality of service in-order to provide guidance to chief air transport officer (CATO);</p> <p>The flight management application system (FMA) is used for flight planning, aircraft tasking and evaluation of travel costs;</p> <p>UNHAS Somalia's accounts are managed as per existing WFP procedures and all accounts are recorded in WFP corporate system;</p> <p>UNHAS has operational staff both in Nairobi and in the fields to facilitate smooth monitoring of the project activities; and</p> <p>A periodic customer survey takes place, aiming at improving the quality and efficiency of the operation.</p>	

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT PARTNERS

CERF PROJECT CODE	CLUSTER/ SECTOR	REGION	IMPLEMENTING 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
11-CEF-009	Nutrition	Sool, Sanaag, Togdheer, Woqooyi Galbeed	Ministry of Health	MoH	121,414	15/06/11	15/06/11	
11-CEF-009	Nutrition	Galgaduud, Hiraan, Banadir	Save the Children	INGO	88,208	7/07/11	7/07/11	
11-CEF-009	Nutrition	Bari	Bossaso Hospital Management	MoH	25,060	22/06/11	22/06/11	
11-CEF-009	Nutrition		HEAL	LNGO	22,407	7/08/11	7/08/11	
11-CEF-009	Nutrition	North Mudug	Somali Development and Relief Organization (SDRO)	LNGO	6,800	7/8/11	7/8/11	
11-CEF-009	Nutrition	Sool, Togdheer	Somalia Community Development Organization (SCODO)	LNGO	23,702	27/07/11	27/07/11	
11-CEF-009	Nutrition	Bari, Mudug, Sanaag, Sool, Togdheer, Woqooyi Galbeed	Somali Red Crescent Society (SRCS)	LNGO	59,364	15/6/11	15/6/11	
11-CEF-009	Nutrition	Galgaduud, Sanaag, Sool	International Medical Corps (IMC)	INGO	162,839	7/07/11	7/07/11	
11-CEF-38	Nutrition	Bay	Badbado Medical Organization (BMO)	MoH	79,270	13/10/11	13/10/11	
11-CEF-38	Nutrition	Galgaduud	Horn of Africa Organization for the Protection of the Environment and Livelihoods (HOPEL)	LNGO	12,240	15/12/11	15/12/11	

11-CEF-38	Nutrition	Hiraan	Mercy Group of Volunteers (MGV)	LNGO	46,879	12/12/11	12/12/11	
11-CEF-38	Nutrition	Sool	Somalia Community Development Organization (SCODO)	LNGO	17,160	15/12/11	15/12/11	
11-CEF-38	Nutrition	Gedo	Somalia Relief and Development Association (SDRA)	LNGO	76,785	14/2/12	14/2/12	
11-CEF-38	Nutrition	Galgaduud	Swiss Hadia	LNGO	29,189	15/12/11	15/12/11	
11-CEF-38	Nutrition	Bay	Umbrella for Relief and Rehabilitation Organization (URRO)	LNGO	118,247	15/12/11	15/12/11	
11-CEF-38	Nutrition	Lower Juba	Wamo Relief and Rehabilitation Services	LNGO	56,945	15-12-11	15-12-11	
11-FAO-009	Agriculture	FAO	AGROSPHERE	NNGO	66,900	10/04/2011	01/04/2011	CFW / Input Distribution
11-FAO-009	Agriculture	FAO	PROSUD	NNGO	50,050	10/04/2011	01/04/2011	CFW / Input Distribution
11-FAO-009	Agriculture	FAO	SHARDO	NNGO	46,100	10/04/2011	01/04/2011	CFW / Input Distribution
11-FAO-009	Agriculture	FAO	ADA	NNGO	38,000	10/04/2011	01/04/2011	CFW / Input Distribution
11-FAO-009	Agriculture	FAO	ICDA	NNGO	35,500	10/04/2011	01/04/2011	CFW / Input Distribution
11-FAO-009	Agriculture	FAO	MoALFR-TFG	LINE MINISTRY	15,000	10/04/2011	01/04/2011	Supervision/ Monitoring
11-FAO-026	Agriculture	FAO	SHARDO	NNGO	40,520	01/08/2011	01/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	AWFAQI	NNGO	52,400	01/08/2011	01/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	MURDO	NNGO	54,950	01/08/2011	01/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	ADA	NNGO	55,000	01/08/2011	01/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	SAREDO	NNGO	56,150	01/08/2011	01/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	SDRO	NNGO	58,450	01/08/2011	01/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	PROSUD	INGO	59,800	04/08/2011	04/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	AGROSPEHRE	INGO	62,700	03/10/2011	03/10/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	CED	NNGO	26,500	10/10/2011	10/10/2011	Input Distribution
11-FAO-026	Agriculture	FAO	HARDO	NNGO	41,120	02/08/2011	02/08/2011	CFW / Input

								Distribution
11-FAO-026	Agriculture	FAO	COMORAD	NNGO	80,952	04/08/2011	04/08/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	APD	NNGO	1,532	05/10/2011	05/10/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	CEFA	INGO	3,375	12/10/2011	12/10/2011	CFW / Input Distribution
11-FAO-026	Agriculture	FAO	HARDA	NNGO	3,485	03/10/2011	03/10/2011	Input Distribution
11-FAO-026	Agriculture	FAO	NAPAD	NNGO	31,350	10/10/2011	10/10/2011	Input Distribution
11-FAO-026	Agriculture	FAO	ASEP	NNGO	16,950	17/10/2011	17/10/2011	Input Distribution
11-FAO-026	Agriculture	FAO	JCC	NNGO	43,308	17/10/2011	17/10/2011	Input Distribution
11-FAO-026	Agriculture	FAO	NAPAD	NNGO	31,350	10/10/2011	10/10/2011	Input Distribution
11-FAO-026	Agriculture	FAO	MoALFR-TFG	LINE MINISTRY	3,046	23/05/2011 (paid by from other project-OSRO/SOM/102/CHA). Final installment will be paid by 111/CHA.		CFW / Input Distribution
11-FAO-026	Agriculture	FAO	ICDA	NNGO	7,100	21/10/2011 (paid by from other project-OSRO/SOM/112/WBK). Final installment will be paid by 111/CHA.		CFW / Input Distribution
11-UDP-005	Livelihoods	UNDP	ARDO	NGO	139,060	07/09/2011	24/08/2011	Funds were disbursed following signature of the implementing partner
11-UDP-005	Livelihoods	UNDP	ASEP	NGO	143,295	02/09/2011	05/08/2011	
11-UDP-005	Livelihoods	UNDP	AVORD	NGO	112,258	16/09/2011	16/08/2011	
11-UDP-005	Livelihoods	UNDP	CERID	NGO	117,825	02/09/2011	19/08/2011	
11-UDP-005	Livelihoods	UNDP	EPAG-K	NGO	137,177	02/09/2011	16/08/2011	
11-UDP-005	Livelihoods	UNDP	GREDO	NGO	110,729	07/09/2011	16/08/2011	
11-UDP-005	Livelihoods	UNDP	NARDO	NGO	140,909	22/09/2011	29/08/2011	
11-UDP-005	Livelihoods	UNDP	SOCA	Third Party Monitoring	31,339	01/11/2011	01/10/2011	
11-WHO-013	Health	WHO	Islamic Relief	INGO	147,249	20/05/2011	01/04/2011	For 3 mobile clinics in Hargeisa, Galkayo and Mogadishu
11-WHO-013	Health	WHO	SOYDA	NNGO	98,166	28/09/2011	01/08/2011	For 2 mobile clinics in 2 districts of Mogadishu
11-WHO-013	Health	WHO	COSV	INGO	49,083	13/06/2011	01/04/2011	For 2 mobile clinics in Awdheegle and Wanlaweyne
11-WHO-043	Health	WHO	SAMA	NNGO	13,208	06/10/2011	01/10/2011	For 1 mobile clinic in Bay Region
11-WHO-043	Health	WHO	BMO	NNGO	31,200	11/10/2011	01/10/2011	For 2 mobile clinics

								in Bay Region
11-WHO-043	Health	WHO	WARDI	NNGO	29,901	13/12/2011	01/12/2011	For 2 mobile clinics in Beletweyne and Jalalaqsi
11-WHO-043	Health	WHO	HARD	NNGO	15,000	13/12/2011	01/12/2011	For 1 mobile clinic in Gerile (Gedo Region)
11-CEF-009B	Health	USSC	BRH	NNGO	1,912.00	15/06/11	15/06/11	
11-CEF-009B	Health	USSC	CESVI	INGO	56,452.00	14/07/11	14/07/11	
11-CEF-009B	Health	USSC	Muslim Aid	INGO	67,116.90	15/08/11	15/08/11	
11-CEF-009B	Health	USSC	World Vision	INGO	7,209.71	15/09/11	15/09/11	
11-CEF-009B	Health	USSC	Trocaire	INGO	8,936.00	16/11/11	16/11/11	
11-CEF-009B	Health	USSC	GPHCC	NNGO	20,950.00	27/11/11	27/11/11	
11-CEF-009B	Health	USSC	Baidoa Hospital	NNGO	44,200.00	06/12/11	06/12/11	
11-CEF-009B	Health	USSC	CCC	NNGO	15,000.00	06/12/11	06/12/11	
11-CEF-009B	Health	USSC	DMO	NNGO	35,000.00	07/12/11	07/12/11	
11-CEF-009B	Health	USSC	HIRDA	INGO	65,498.55	07/12/11	07/12/11	
11-CEF-009B	Health	USSC	Tieglow	NNGO	38,225.00	08/12/11	08/12/11	
11-CEF-009B	Health	USSC	SORDES	NNGO	25,913.59	14/12/11	14/12/11	
11-CEF-009B	Health	USSC	BMO	NNGO	17,890.00	30/11/11	30/11/11	
11-CEF-009B	Health	USSC	EPHCO	NNGO	420.00	29/11/11	29/11/11	
11-CEF-009B	Health	USSC	HIDIG	NNGO	2,040.00	14/10/11	14/10/11	
11-CEF-009B	Health	USSC	CPD	NNGO	17,200.00	16/11/11	16/11/11	
11-CEF-009B	Health	USSC	SHARDO	NNGO	5,211.50	06/12/11	06/12/11	
11-CEF-009B	Health	USSC	Ayub NGO	NNGO	12,407.50	06/12/11	06/12/11	
11-CEF-038B	Health	USSC	HIRDA	INGO	26,581.00	23/08/2011	23/08/2011	
11-CEF-038B	Health	USSC	COSV	INGO	20,547.60	08/12/2011	08/12/2011	
11-CEF-038B	Health	USSC	AFREC	INGO	9,142.00	23/08/2011	23/08/2011	
11-CEF-038B	Health	USSC	SSRDA	NNGO	10,650.00	14/07/2011	14/07/2011	
11-CEF-038B	Health	USSC	CPD	NNGO	39,656.00	16/11/2011	16/11/2011	
11-CEF-038B	Health	USSC	EPHCO	NNGO	30,989.80	30/11/2011	30/11/2011	
11-CEF-038B	Health	USSC	Daraslam	NNGO	3,000.00	06/12/2011	06/12/2011	
11-CEF-038B	Health	USSC	MARDO	NNGO	5,670.00	06/12/2011	06/12/2011	
11-CEF-038B	Health	USSC	BHDC	NNGO	34,748.25	26/10/2011	26/10/2011	
11-CEF-038B	Health	USSC	Muslim aid	INGO	52,230.63	26/10/2011	26/10/2011	
11-CEF-038B	Health	USSC	BPHCC	NNGO	22,050.00	06/12/2011	06/12/2011	
11-CEF-038B	Health	USSC	DMO	NNGO	24,500.00	06/12/2011	06/12/2011	
11-CEF-038B	Health	USSC	HDC	NNGO	8,953.48	27/11/2011	27/11/2011	
11-CEF-009-C	WASH	UNICEF	AFREC	NNGO	40,672	03/08/2011	Dec 2010	The CERF funds were used to scale up existing projects that were already underway. For this
11-CEF-009-C	WASH	UNICEF	GSA	NNGO	65,949	19-07-2011	Apr 2011	
11-CEF-009-C	WASH	UNICEF	Medina Hospital	NNGO	7,057	12-07-2011	June 2011	
11-CEF-009-C	WASH	UNICEF	LQC	NNGO	178,716	25-07-2011	June 2011	
11-CEF-009-C	WASH	UNICEF	Muslim Aid	INGO	39,567	26-10-2011	Oct 2011	

11-CEF-009-C	WASH	UNICEF	NCA	INGO	41,467	19-07-2011	Apr 2011	reason, start dates predate the date of the first transfer of funds.
11-CEF-009-C	WASH	UNICEF	SAIF	NNGO	54,118	19-07-2011	June 2011	
11-CEF-009-C	WASH	UNICEF	SAMRADO	NNGO	111,652	19-07-2011	July 2011	
11-CEF-009-C	WASH	UNICEF	SCC	NNGO	131,650	24-11-2011	July 2011	
11-CEF-009-C	WASH	UNICEF	SDRO	NNGO	105,300	20-07-2011	Apr 2011	
11-CEF-009-C	WASH	UNICEF	Shilcon	NNGO	63,829	25-07-2011	June 2011	
11-CEF-009-C	WASH	UNICEF	Solidarites	INGO	71,290	14-12-2011	Nov 2011	
11-CEF-009-C	WASH	UNICEF	SRRDO	NNGO	42,411	25-07-2011	July 2011	
11-CEF-009-C	WASH	UNICEF	WOCCA	NNGO	109,707	19-07-2011	June 2011	
11-CEF-009-C	WASH	UNICEF	PSAWEN	GOV	44,185	23-11-2011	April 2011	
11-CEF-038-C	WASH	UNICEF	GWDO	NNGO	3,819	06-12-2011	Aug 2011	The CERF funds were used to scale up existing projects that were already underway. For this reason, start dates predate the date of the first transfer of funds
11-CEF-038-C	WASH	UNICEF	DAYAX	NNGO	28,445	12-09-2011	Aug 2011	
11-CEF-038-C	WASH	UNICEF	GREDO	NNGO	110,476	26-09-2011	Mar 2011	
11-CEF-038-C	WASH	UNICEF	GRRN	NNGO	120,618	23-10-2011	Oct 2011	
11-CEF-038-C	WASH	UNICEF	SAIF	NNGO	75,798	25-09-2011	June 2011	
11-CEF-038-C	WASH	UNICEF	SHRA	NNGO	76,452	29-08-2011	July 2011	
11-CEF-038-C	WASH	UNICEF	SCC	NNGO	170,008	14-08-2011	July 2011	
11-CEF-038-C	WASH	UNICEF	Solidarites	INGO	22,889	14-12-2011	Nov 2011	
11-CEF-038-C	WASH	UNICEF	WDC	NNGO	39,991	26-10-2011	Oct 2011	
11-HCR-005	Shelter Cluster	UNHCR	Norwegian Church Aid	INGO	7,745.00	20072011	09/07/2011	
11-HCR-005	Shelter Cluster	UNHCR	Access Aid	NNNO	9,527.80	29/09/2011	27/07/2011	
11-HCR-005	Shelter Cluster	UNHCR	Advancement for Small Enterprise Program	NNNO	12,199.80	24/12/2011	28/08/2011	
11-HCR-005	Shelter Cluster	UNHCR	Solidarites International	INGO	16,643.73	20/07/2011	01/03/2011	
11-HCR-005	Shelter Cluster	UNHCR	Intersos Italy	INGO	28,340	14/03/2011	01/03/2011	PDM partner
11-WFP-010	Food Assistance	WFP	Afgoye Alifow Women Development Org.	NNGO	229	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Anfac Relief And Development Org.	NNGO	1,789	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Benadir Hospital	Gov.	157	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Brothers Relief And Development Org.	NNGO	1,551	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Deh Relief And Development Org	NNGO	1,235	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Doha Action Group	NNGO	1,810	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Horn Of Africa Development Organisation	NNGO	5,1014	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Horseed Relief And Development	NNGO	6,907	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Liban Welfare Organization	NNGO	1,036	Not disbursed yet	January 2012	

11-WFP-010	Food Assistance	WFP	Mercy Usa	INGO	356	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Ras Awad Welfare Association	NNGO	8,456	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Somali Relief And Rehabilitation Development Org.	NNGO	457	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Towfiq Umbrella Organization	NNGO	3,361	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	World Vision - Somalia	INGO	8,401	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Relief And Development Committee	NNGO	2,764	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Regional Action Organization	NNGO	199	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Iida Women's Org.	NNGO	881	Not disbursed yet	January 2012	
11-WFP-010	Food Assistance	WFP	Jumbo Peace And Development Org	NNGO	2,250	Not disbursed yet	January 2012	

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADA	Active in Development Aid
AFREC	African Rescue Committee
ALC	Agriculture and Livelihoods Cluster
AS	Al-Shabab
AWD	Acute Watery Diarrhoea
Ayub NGO	AYUB Orphanage
Baidoa Hospital	Baidoa Regional Hospital
BHDC	Burhakaba Hospital District Committee
BMO	Badbado Medical Organisation
BNSP	Basic Nutrition Services Package
BPHCC	Banadir Primary Health Care Consortium
BRH	Baidoa Regional Hospital
CAP	Consolidated Appeals Process
CCC	Community Care Centre
CCM	Community Case Management
CEC	Community Education Committees
CESVI	Cooperazione e Sviluppo
CFW	Cash for Work
CHW	Community Health Worker
COSV	Comitato di Coordinamento delle Organizzazioni per il...
CPD	Center for Peace and Democracy
CSZ	Central and Southern Zone
CTU	Cholera Treatment Unit
DAYAX	Dayah Environmental & Water Development Organization
DMO	Deeq Roor Medical Organization
ECU	Emergency Coordination Unit
EGER	Employment Generation for Early Recovery
EOI	Expression of Interest
EPHCO	Elberde Primary Health Care Organization
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of the United Nations
FSNAU	Food Security and Nutrition Analysis Unit
GPHCC	Galmudug Primary Health Care Consortium
GREDO	Gol-yome Rehabilitation and Development Organization
GRRN	Golweyne Relief and Rehabilitation NGO
GSA	General Service Agency
GWDO	Garbaharey Water Development Organization
HDC	Human Development Concern
HGA	Humanitarian Gap Analysis
HH	Household
HIDIG	Hidig Relief and Development Organization
HIRDA	Himilo Relief and Development Association
HMIS	Health Management Information System
HOPEL	Horn of Africa Organization for the Protection of the Environment and Livelihoods
IASC	Inter Agency Standing Committee
ICCM	Integrated Community Case Management
ICDA	International Cooperation and Development for Africa
IDP	Internally Displaced Person
ILO	International Labour Organization
IMAM	Integrated Management of Acute Malnutrition
IMC	International Medical Corps
IYCF	Infant and Young Child Feeding

KAP	Knowledge Attitude and Practice
LOA	Letters Of Agreement
LQC	Las Qoray Concern
M3	Cubic Metres
MARDO	Mandheer Relief and Development Organization
MCG	Micro Grant Capital Agreement
MCH	Maternal and Child Health facility
MGV	Mercy Group of Volunteers
MoH	Ministry of Health
NCA	Norwegian Church Aid
NFI	Non-Food Items
NGO	Non-governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
ORP	Oral Rehydration Point
OTP	Outpatient Therapeutic Programme
PDM	Post Distribution Monitoring
PSAWEN	Puntland State Agency for Water, Energy and Natural resources
RfP	Request for Proposals
RSL	Recovery and Sustainable Livelihoods
SAIF	Soma-Action International Fund
SAMRADO	Safa Marwa Relief and Development Organization
SC	Stabilization Centre
SCC	Somali Community Concern
SCODO	Somalia Community Development Organization
SDRA	Somalia Relief and Development Association
SDRO	Somali Development & Relief Organization
SFERA	Special Fund for Emergency and Rehabilitation Activities
SHARDO	Shabelle Relief and Development Organization
SHILCON	Shilale Rehabilitation and Ecological Concern
SHRA	Somali Humanitarian Relief Action
SORDES	Somali Relief and Development Society
SRRDO	Somali Resource Rehabilitation and Development Organisation
SSRDA	Somali Socially Relevant Development Agency
SWALIM	Somalia Water and Land Information Management
TCE	Emergency Operations and Rehabilitation Division of FAO
TFG	Transitional Federal Government
Tieglow	Tieglow Community Medical care Agency
TOT	Training of Trainers
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
URRO	Umbrella for Relief and Rehabilitation Organization
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WOCCA	Women and Child Care Organization