RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS SOMALIA RAPID RESPONSE DISEASE (MEASLES)

RESIDENT/HUMANITARIAN COORDINATOR	Philippe Lazzarini

REPORTING PROCESS AND CONSULTATION SUMMARY

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

WHO, UNICEF, the Ministry of Health, and health partners conducted after action reviews during and after the measles campaign.

b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES ☒ NO ☐

While the report per se was not discussed, the results of this CERF funded project were discussed by the Somalia United Nations Country Team (UNCT) on 30 January 2015 as part of a situation analysis of measles situation in Somalia. Key issues were (i) concerns about the threefold increase in the measles caseload between 2013 and 2014, and (ii) Fund raising for a nationwide measles campaign in mid-2015.

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

YES ☒ NO ☐

The final version of the report was shared with partners and the findings presented in the Regional Meeting of Expanded Programme of Immunisation (EPI) managers in Amman, Jordan. At the country level, the report has been reviewed by the Humanitarian Coordinator, OCHA management, WHO and UNICEF agency heads

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 11,354,680		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	1,450,242
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	300,000
	OTHER (bilateral/multilateral)	0
	TOTAL	**1,750,242**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 27 June 2014			
Agency	**Project code**	**Cluster/Sector**	**Amount**
WHO	14-RR-WHO-047	Health	750,626
UNICEF	14-RR-CEF-098	Health	699,616
TOTAL			**1,450,242**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	1,250,242
Funds forwarded to NGOs for implementation	160,000
Funds forwarded to government partners	40,000
TOTAL	**1,450,242**

HUMANITARIAN NEEDS

Sustained conflict over the past two decades in Somalia has led to massive displacements both within Somalia and to its neighbouring countries. A corollary of the conflict has been the severe weakening of its social services infrastructure. Together with the effects of cyclical adverse climatic conditions (droughts and floods), the humanitarian indicators of the Somali population are among the worst globally and symptomatic of the 'failed' infrastructure. Levels of acute malnutrition remain critical (Global Acute Malnutrition rates exceeding 15%) among rural populations in many parts of south and central Somalia and among internally displaced persons (IDPs), leaving a total of 3 million people in need of immediate life-saving and livelihood support[1]. Recent nutrition survey results indicate that an estimated 202, 600 children under five years of age are currently acutely malnourished[2]

Health outcomes are similarly poor with only 30 per cent of Somalis having access to health services. Routine immunisation coverage for all antigens has historically been low at between 20 – 40 per cent[3], leading in recent years to repeated outbreaks of vaccine-preventable diseases (VPDs) including measles and polio. The occupation of large swathes of south and central Somalia by armed military groups

[1] Food Security and Nutrition Analysis Unit, Key Findings from the 2014/15 Post *Deyr* Seasonal Food Security and Nutirition Assessment, January 29,2015
[2] Food Security and Nutrition Analysis Unit, Post *Deyr* 2014/15 Nutrition Analysis Technical Series Report, Issued:March 5, 2015
[3] WHO UNICEF Routine Immunization Estimates: http://www.who.int/immunization/monitoring_surveillance/data/som.pdf

has impeded access by humanitarian organisations to the most vulnerable, especially children and women, and has resulted in fragmented and interrupted vaccination outreach services. Consequently, the population in these areas, including an estimated 520,000 children aged under years who cannot be reached with crucial vaccination interventions, has been left extremely vulnerable to repeated outbreaks of VPDs. Exceedingly low vaccination rates contributed to the large and widespread polio outbreak in 2013 for which vaccination response efforts continue.

In June 2014, WHO and UNICEF[4] confirmed an outbreak of measles in Somalia, with the worst hit areas being Puntland, Banadir, and Lower Juba. A total of 3,286 suspected measles cases, 73 per cent of them children, were reported from January to May 2014, with a spike between March and May. This was more than double the 1,555 suspected cases in the same period of 2013. In addition, one hundred lab-confirmed cases of children showed that they had never been vaccinated. The outbreak underscored the urgency of mounting an immediate immunisation campaign to stem the spread of this highly infectious disease and thereby save the lives of hundreds of children[5].

Failure to conduct the outbreak response would have therefore reversed the already low immunisation coverage with devastating impact on the health of children. An estimated US$ 11,354,680 was required to interrupt a major measles transmission through conducting an immediate outbreak response in most affected areas targeting children 9-59 months ($1,449,992), and a follow up nationwide measles catch-up campaign targeting children aged nine months to 15 years ($ 9,904,688). CERF rapid response funds were sought to initiate the immediate lifesaving response to stem the spread of measles to other locations, particularly those inaccessible to vaccination teams.

II. FOCUS AREAS AND PRIORITIZATION

The application for CERF support from its rapid response window was made soon after the declaration of a measles outbreak in Somalia. An analyis of surveillance data on suspected measles cases between January and May 2014 indicated a more than doubling of recorded cases (3,286) compared to those recorded (1,555) in the same period in 2013. Particulary worrying was the surge in cases between March and May and the potentially devastating effects if the outbreak was allowed to spread unchecked. At high risk was the estimated 520,000 children aged under five in areas where the attack was most acute, and those in areas mostly in south and central Somalia which had been inaccessible for vaccination teams due to insecurity.
Though widespread in Somalia, the measles outbreak was most acute in Banadir, Kismayo and Afmadow districts in Lower Juba, and Puntland. Military gains over the past two years by the Somali National Armed Forces (SNAF) and the African Mission in Somalia (AMISOM) had enabled access to some hitherto inaccessible areas for crucial delivery of humanitarian assistance including health services. The opportunity therefore existed to immediately intervene in the newly accessible areas of Lower Juba and parts of Banadir where the outbreak was most acute. Similarly in Puntland, where coverage has been very low, an immediate intervention would enable bridging of the immunity gap and reduction in the number of cases and deaths.
Additional factors that were considered in the selection of target areas included;

- The measles disease burden (morbidity and mortality) as reported from available data;
- Associated aggravating factors (low immunisation coverage, population movement, presence of IDPs, malnutrition, outbreak of other VPDs);
- The potential, including accessibility and existence of implementing partners, for conducting a measles campaign.

Thus areas targeted for the immediate lifesaving response were Banadir region, Kismayo and Afmadow districts in Lower Juba and Puntland. The target group was 520,000 children aged between nine months and five years. The main planned activities included procurement, transportation and distribution of measles vaccines and injection materials, social mobilisation and operational costs of micro-planning, training, vaccination teams and cold chain.

[4] Press release issued on 11 June 2014 by WHO and UNICEF
[5] It is estimated that in Somalia's complex emergency context-high rates of malnutrition, low immunisation coverage, population movements due to conflict and other emergencies-both risk of transmission and impact will be heightened with ten per cent of children estimated to die from measles complications.

III. CERF PROCESS

In response to the slow funding flows to the 2014 Somalia Humanitarian Response Plan (19 per cent funded in May)[6], the Somalia Humanitarian Country Team (HCT) developed a three-month Somalia Operational Plan covering the period June to August 2014. The plan, which also served as a funding advocacy tool, provided an overview of the humanitarian situation with particular emphasis on the response gaps. It further outlined underfunded priority activities per cluster that required urgent support in the three month period.

In the Somalia Operational Plan, the Health Cluster emphasised the urgent 'provision of lifesaving assistance' particularly the response to the current measles outbreak. The cluster considered the following factors in determining the measles emergency response:

- The increasing trend of reported suspected measles cases, especially in areas that had not been reached with any vaccination activities for the preceding four to five years.
- The existing immunity gap resulting from the inability to conduct vaccination in inaccessible areas, weak routine immunisation across the country, and the suboptimal measles vaccination coverage during previous campaigns.
- The weak and fragmented measles surveillance system with potential for missing outbreaks in inaccessible areas and limited ability to assess the impact of measles control activities.
- The poor healthcare system with limited capacity for case management and consequent increase in measles case fatality,
- The anticipated mass population displacements following the ongoing military operations with risks of extending the measles outbreak.

Prioirity actions on response to the outbreak were developed during emergency meetings involving health actors in Somalia and regionally including the Centre for Disease Control (CDC), Health Cluster, Ministry of Health (MOH), UNICEF and WHO regional and country offices. These included i) an immediate lifesaving outbreak response and ii) a nation wide measles catch up campaign to halt transmission of the disease. Further, a four–pronged strategy was developed to implement the emergency. It entailed

1. The establishment of a measles task force to oversee measles outbreak response activities;
2. The inclusion of measles vaccines in the fourth round of polio supplementary immunisation activities (SIAs) in all newly accessible districts;
3. Conducting targeted subnational measles campaigns in highly affected districts
4. Conducting a nationwide measles SIAs in all accessible districts of Somalia and improve measles reporting.

Given the time criticality of the response that was required to reduce the incidence of measles and control the outbreak, a decision was made by the Humanitarian Country Team (HCT) and Humanitarian Heads of Humanitarian Agencies (HoHA) to seek CERF funds through its rapid response window. CERF funds would be used to initiate an immediate lifesaving response, while funds for the subsequent catch-up campaign would be sought from other donors.. The Somalia Common Humanitarian Fund (CHF) contributed $300,000 in complementary funding to support the measles campaign. CHF funds were availed through its emergency response window and were approved by the Humanitarian Coordinator following a request by the Health Cluster and its constituent agencies, WHO and UNICEF. CHF funds were used to meet cold chain repair and maintenance expenses nad resulted.

The CERF proposal focused on the third component of the above comprehensive strategy: **Conduct targeted subnational measles campaigns in highly affected districts.** To effect implementation of the project, health actors agreed on the complementary roles for Health Cluster partners, MOH, UNICEF, and WHO. Health cluster partners would continue to focus on response through facility based services. CERF recipients WHO and UNICEF, would support MOH in its coordination role, and health workers including vaccinators and supervisors, and purchase and transport vaccines respectively. (Please refer to the results framework in Table 8

[6] OCHA Funding Tracking Service, May 2014

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 520,000				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health	324,060	324,060	648,120

BENEFICIARY ESTIMATION

Target beneficiaries were identified based on the previous polio campaigns that had been organized in the same areas at the beginning of the polio outbreak in 2013. In order to improve the reach of the polio and measles campaign, additional beneficiaries were identified among the nomadic, pastoralist and hard to reach communities that had hitherto never reached before, and micro planning for the campaign revised. As a result, the measles campaign was able to immunize more children than expected.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	260,000	324,060
Male	260,000	324,060
Total individuals (Female and male)	520,000	648,120
Of total, children under age 5	520,000	648,120

CERF RESULTS

The planned measles immunization campaign was successfully conducted, reaching an estimated 648,120 children under the age of five. Immunization was conducted between 15 and 19 October 2014 in all districts of Banadir and accessible districts of Lower Juba, and from 28 October to 1 November 2014 in Puntland. It should be noted that the campaign was conducted simultaneously with the polio campaign. This had the advantage of enabling the planned response to reach a higher number of beneficiaries as unlike other measles campaigns, the integration of measles with polio vaccination strategies/methodology confirmed the feasibility of reaching target beneficiaries through house-to-house campaigns, and resulted in reduced vaccine wastage and enhanced community participation. Though the spread of the outbreak was contained in the four targeted districts, the vulnerability of children in these areas and in other areas of Somalia are compounded by low vaccination coverage due to inaccessibility, and poor health seeking behavior of communities. In addition, for population-based campaigns to be successful and impact disease prevalence and severity, they should take place on a regular schedule to achieve a population cohort with increased immunity and resistance.

UNICEF procured a total of 770,000 doses of measles vaccines; 540,600 Auto-Disable syringes; 54,100 reconstitution syringes; and 240 safety boxes, replenishing existing stocks used for the campaign. Chartered flights were used to transport vaccines from Nairobi to the target regions for onward distribution to the districts.

Existing micro plans at both district and regional levels were extensively revised and supervisory arrangements were made to ensure that all targeted children were reached. Its objective was to determine and verify required inputs (staff, cars, number of teams, movement plan and contacts at the community level) at all levels. Additional measures included making adjustments to the team workloads to allow administration to the injectable vaccine. WHO also provided refresher training to 4,000 vaccinators and 200 supervisors to ensure quality of the campaign, minimize vaccine wastage and reduce adverse events following immunization. Over 610 vehicles were used to transport vaccinators and supervisors.

Comprehensive Communication for Development (C4D) activities, including the dissemination of mass media messages; advocacy with political, religious and clan leaders; megaphone and mosque announcements; and house-to-house community mobilization were carried out. It was the first time a house-to-house vaccination approach was used for the measles campaign. The table below details number of people reached.

Measles campaign social mobilization activities

	Social Mobilization Activity	
1	No. of community mobilisers engaged during campaign	1,609
2	No. of households covered by community mobilisers	130,805
3	No. of advocacy/sensitization meetings conducted with stakeholders	103
4	No. of religious leaders reached	801
5	No. of mosques announcing messages	550
6	No. of caregivers reached through community meetings	9,688
7	No. of community meetings/dialogues conducted	78
8	No. of schools/Madrasa reached	932
9	No. of people reached through SMS	269,136
10	No. of villages reached by sound truck for megaphone announcements	1,007

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

Despite the early disbursement of CERF funds to partners within weeks of receipt by WHO and UNICEF, timely implementation of the measles response was somewhat hampered by additional planning occasioned by the decision to combine it with an polio outbreak response that had been on going in Somalia for the last two quarters of 2014. Since it was difficult to find a slot to conduct a separate measles campaign as it involved the same players in the health sector, a decision was made to combine the two campaigns.

Differences in polio and measles implementation strategies necessitated detailed discussion and consultation. Whereas the polio vaccine is administered by trained lay-vaccinators through house-to-house campaign strategy, the measles vaccine is injectable and ONLY administered by skilled health workers through fixed-mobile strategy. Combining the two campaigns thus required additional technical consultation with partners and technical advisors at WHO Regional Office, followed by additional planning and organising to ensure partners followed WHO technical guidelines for vaccination. Nevertheless, the time taken for additional planning however paid off as not only were extra beneficiaries reached but there were no further impediments to the campaign.

b) Did CERF funds help respond to time critical needs[7]?

YES ☒ PARTIALLY ☐ NO ☐

Funding by CERF enabled WHO/UNICEF and partners to respond to the critical need of communities and not only averted unnecessary death and disability from measles outbreak but also led to a reduction in the incidence of measles cases in the target areas thus containing the overall measles outbreak. Due to the 'migratory' nature of the targeted population, and compounded by the low vaccination, CERF funds were critical in containing the outbreak in the areas reported as being most acute , thereby stemming its spread.

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

YES ☐ PARTIALLY ☒ NO ☐

The measles campaign received complementary funding of $300,000 from the Somalia CHF that was instrumental in meeting the operating costs of regional cold chain facilities. The same facilities will be used for the nationwide campaign.

[7] Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

CERF fund spurred partners to improve resource mobilization efforts for the planned nation-wide campaign that will target a wider age group of 9 months to less than 10 years. Somalia's case, including country level fund-raising efforts, was presented at a Measles International Meeting in Washington DC, USA in September 2014. The meeting resolved to hold a dedicated resource mobilization meeting in the first quarter of 2015 which has however been postponed to allow partners more time to prepare. Both WHO and UNICEF are still working on raising the large amount of funds for the planned nation-wide-wider-age group campaign.

d) **Did CERF improve coordination amongst the humanitarian community?**
YES ☒ PARTIALLY ☐ NO ☐
As a joint partners' activity, the measles outbreak response campaign, brought together all stakeholders during planning, implementation, and monitoring. Coordination was effected under the leadership of MOH and was replicated at central, regional and district levels. The coordination among partners had significant implication in enhancing community participation, in vital areas such as the provision of security to vaccinators, selection of volunteers, and the selection of vehicles for car rentals. It is envisaged that the success of the coordination during the joint campaign will go a long way in improving coordination for routine immunization activities.

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

The timely receipt of CERF funds at a critical time when the humanitarian community was trying to contain the measles outbreak not only facilitated quick disbursement to implementing partners but also enabled the response to reach more beneficiaries than targeted despite the logistical challenges experienced.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Due to uncertainty in the operating environment particularly in south and central Somalia, budget estimations should be flexible	Within the context of Somalia, it is not always possible to identify partners in advance and realistically estimate funding needs. Often, by the time programme implementation starts, partners may no longer be present due to rapidly changing circumstances. Therefore, budget allocation to partners and government should be kept flexible to facilitate smoother programme implementation. Detailed micro-budgeting can become a bottleneck and hinder programme implementation.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
Estimation of target beneficiaries	Since realistic population data for Somalia is lacking, estimation of target beneficiaries should be based on the data from the previous mass campaigns such as polio.	All planners and donors
House-to-house campaigns	Programme experience confirmed the feasibility of reaching target beneficiaries through house-to-house campaigns and integrating measles with polio campaigns. The strategy resulted in higher number of beneficiaries, reduced vaccine wastage and enhanced community participation.	WHO/UNICEF, other humanitarian actors
Changing security situation	The evolving security situation, especially in Lower Juba, made reaching target beneficiaries challenging. Political engagement and negotiations with the non-state actors should facilitate these special humanitarian campaigns.	UN

VI. PROJECT RESULTS

<table>
<tr><th colspan="5">TABLE 8: PROJECT RESULTS</th></tr>
<tr><td colspan="5">CERF project information</td></tr>
<tr><td colspan="2">1. Agency:</td><td>WHO
UNICEF</td><td>5. CERF grant period:</td><td>17.07.14 – 16.01.15</td></tr>
<tr><td colspan="2">2. CERF project code:</td><td>14-RR-WHO-047
14-RR-CEF-098</td><td rowspan="2">6. Status of CERF grant:</td><td rowspan="2">☐ Ongoing
☒ Concluded</td></tr>
<tr><td colspan="2">3. Cluster/Sector:</td><td>Health</td></tr>
<tr><td colspan="2">4. Project title:</td><td colspan="3">Measles outbreak response campaign</td></tr>
<tr><td rowspan="3">7.Funding</td><td>a. Total project budget:</td><td>US$ 11,354,680</td><td colspan="2">d. CERF funds forwarded to implementing partners:</td></tr>
<tr><td>b. Total funding received for the project:</td><td>US$ 1,750,242</td><td>▪ NGO partners and Red Cross/Crescent:</td><td>US$ 160,000</td></tr>
<tr><td>c. Amount received from CERF:</td><td>US$1,450,242
(WHO US$750,626
UNICEF US$699,616)</td><td>▪ Government Partners:</td><td>US$ 40,000</td></tr>
</table>

<table>
<tr><td colspan="4">Results</td></tr>
<tr><td colspan="4">8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).</td></tr>
<tr><td>Direct Beneficiaries</td><td>Planned</td><td>Reached</td><td>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</td></tr>
<tr><td>a. Female</td><td>260,000</td><td>324,060</td><td rowspan="4">Better micro planning enabled the campaign to extend its outreach and reach more beneficiaries than originally planned</td></tr>
<tr><td>b. Male</td><td>260,000</td><td>324,060</td></tr>
<tr><td>c. Total individuals (female + male):</td><td>520,000</td><td>648,120</td></tr>
<tr><td>d. Of total, children <u>under</u> age 5</td><td>520,000</td><td>648,120</td></tr>
<tr><td colspan="4">9. Original project objective from approved CERF proposal</td></tr>
<tr><td colspan="4">The overall objective of the CERF project is to decrease to zero the number of measles cases and death among children of under 5 years and stop the outbreak in the target regions of South/Central Somalia and Puntland by providing life-saving measles vaccination through measles outbreak response campaign.</td></tr>
<tr><td colspan="4">10. Original expected outcomes from approved CERF proposal</td></tr>
</table>

<table>
<tr><th colspan="3">CERF Project Results Framework</th></tr>
<tr><td>Outcome statement</td><td colspan="2">Improved measles immunisation coverage in for children of under-five living in Lower Juba and Banadir region in CSZ and in Puntland</td></tr>
<tr><td colspan="3"></td></tr>
<tr><td>Output 1</td><td colspan="2">520,000 children of under-five vaccinated against measles</td></tr>
<tr><td>Output 1 Indicators</td><td>Description</td><td>Target for Indicator</td></tr>
<tr><td>Indicator 1</td><td>Coverage of measles vaccination (among IDP, returnees and host community children under-five in Kismayo, Afmadow, Banadir and Puntland)</td><td>90% (234,000 girls and 234,000 boys)</td></tr>
</table>

Output 1 Activities	Description	Implemented by
Activity 1.1	Procurement of 540,560 doses of measles vaccines, 540,600 syringes auto disable 0,5ml, 54,100 reconstitution syringes 5 ml and 240 safety boxes	UNICEF
Activity 1.2	Transport, warehousing and distribution of vaccines and injection materials	UNICEF
Activity 1.3	Cold chain repair and maintenance	UNICEF
Activity 1.4	Communication for Development (Communication Planning, Advocacy and Media engagement, Social Mobilisation, Training in Communication, M&E).	UNICEF/NGOs
Activity 1.5	Micro-planning workshop	WHO
Activity 1.6	Training of 4,100 vaccinators	WHO
Activity 1.7	Implementation of the measles campaign	MOH/WHO/UNICEF/NGOs
Activity 1.8	Supervision, monitoring and reporting	MOH/WHO/UNICEF/NGOs
Activity 1.9	Evaluation of the measles campaign	MOH/WHO/UNICEF/NGOs

11. Actual outcomes achieved with CERF funds

1. **Activity 1.1: Procurement of 540,560 doses of measles vaccines, 540,600 syringes auto disable 0,5ml, 54,100 reconstitution syringes 5 ml and 240 safety boxes 770,000 doses of measles vaccines; 540,600 Auto-Disable syringes; 54,100 reconstitution**

   770,000 doses of measles vaccines; 540,600 Auto-Disable syringes; 54,100 reconstitution syringes; and 240 safety boxes were procured for the campaign. The purchase of extra doses was necessitated by the wider coverage of the campaign

2. **Activity 1.2: Transport, warehousing and distribution of vaccines and injection materials**

   Vaccines were transported in a timely manner to target areas and thereafter distributed to the districts. A total of 610 vehicles were used to transport vaccinators and supervisors.

3. **Activity 1.3: Cold chain repair and maintenance**

   Cold chain repair and maintenance was carried out using CHF funding (CHF)

4. **Activity 1.4: Communication for Development (Communication Planning, Advocacy and Media engagement, Social Mobilisation, Training in Communication, M&E**

   Comprehensive C4D activities, including dissemination of mass media messages; advocacy with political, religious and clan leaders; megaphone and mosque announcements; and house-to-house community mobilization were carried out (see table on social mobilization activities under the CERF Results section for details)

5. **Activity 1.5: Micro-planning workshop**

   District micro-planning was conducted as planned in all districts

6. **Activity 1.6: Training of 4,100 vaccinators**

   At least 4,000 vaccinators and more than 200 supervisors were trained

7. **Activity 1.7: Implementation of the measles campaign**

   Implementation of the measles campaign was successfully conducted reached 648,120 children under five years of age – 128,120 more than originally planned

8. **Activity 1.8: Supervision, monitoring and reporting**

   Campaign monitoring tools were adapted; and pre-campaign and Intra-campaign supervision and monitoring conducted by trained supervisors, including daily review meetings.

9. **Activity 1.9: Evaluation of the measles campaign**

   Independent monitors recruited from Banadir University and other institutions conducted an evaluation of the measles

campaign.

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

Improved micro planning involving rigorous house to house campaigns enabled wider coverage than originally planned. It included the use of sketch maps team-movement plans clearly mapping out individual team movements.

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

If 'YES', what is the code (0, 1, 2a or 2b): 2a

If 'NO' (or if GM score is 1 or 0):

As per the recently endorsed Somalia EPI policy, immunisation activities are non-discriminatory. Therefore girls and boys were targeted equally. At operational level, most vaccinators were females who were also trained to provide vaccination without any gender bias. Supervisors were also advised to report on any observations regarding gender discrimination.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Evaluation of the measles campaign was conducted as part of the polio post-campaign independent monitoring as the two campaigns had been combined. Monitors were recruited from teaching institutions, like Banadir University. Campaign evaluations usually focus on validating the administrative coverage reported by campaign organizers. Results indicated a 97 per cent coverage in Puntland and 88 per cent in SCZ, though the latter comprises the whole of South Central zone, and is not limited to the regions where this emergency campaign was carried out.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	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
14-RR-CEF-098	Health	UNICEF	HODMAN (Social mobilisation activities in Puntland)	NNGO	$35,000	1-Aug-14	1-Oct-14	
14-RR-CEF-098	Health	UNICEF	SRCS (Social mobilisation activities in Puntland)	NNGO	$40,000	2-Aug-14	1-Oct-14	
14-RR-CEF-098	Health	UNICEF	GMWO	NNGO	$30,000	3-Aug-14	1-Oct-14	
14-RR-CEF-098	Health	UNICEF	MOH-Puntland	GOV	$25,000	4-Aug-14	15-Aug-14	
14-RR-CEF-098	Health	UNICEF	WARDI	NNGO	$30,000	5-Aug-14	1-Oct-14	
14-RR-CEF-098	Health	UNICEF	MOH-SCZ	GOV	$15,000	6-Aug-14	15-Aug-14	
14-RR-CEF-098	Health	UNICEF	Muslim Aid	NNGO	$25,000	7-Aug-14	1-Oct-14	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACRONYM	FULL
AMISOM	African Union Mission in Somalia
C4D	Communication for Development
CDC	Centre for Disease Control
CHD	Child Health days
CHF	Common Humanitarian Fund
EPI	Expanded Program on Immunization
HOHA	Heads of Humanitarian Agencies
HCT	Humanitarian Country Team
IDP	Internally Displaced Person
MOH	Ministry of Health
SCZ	South Central Zone
NGO	Non Governmental Organisation
SIA	Supplementary Immunization activity
SNAF	Somali National Armed Forces
VPD	Vaccine Preventable Diseases
UNCT	United Nations Country Team