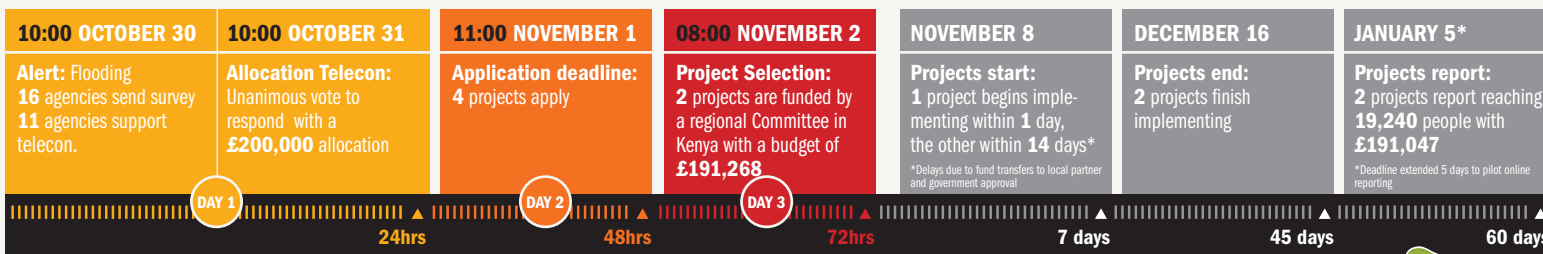
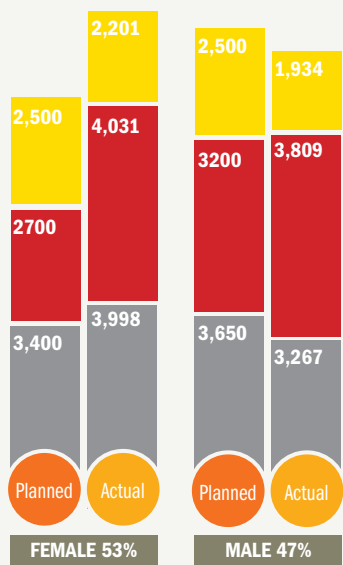


RESPONSE TIMELINE



BREAKDOWN OF PEOPLE REACHED

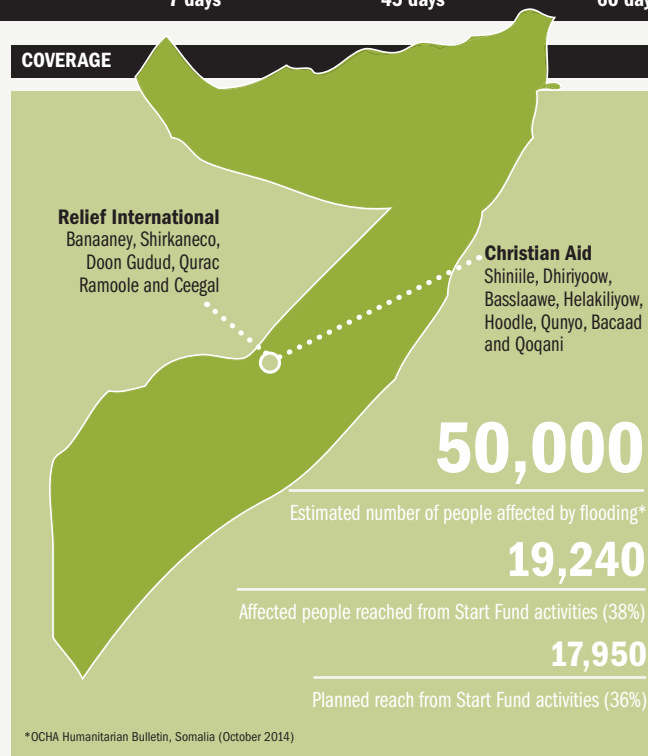


Adjusted Total planned = 17,950
Adjusted Total actual = 19,240

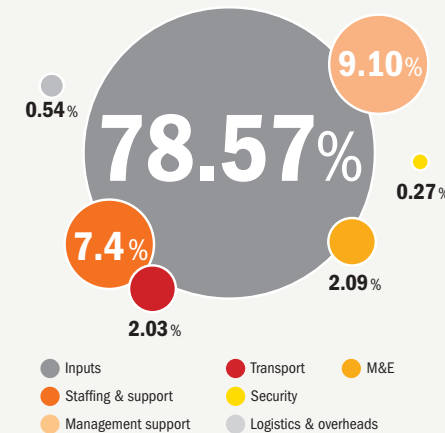


Cumulative Total = 74,490
*Figures refer to number of people assisted

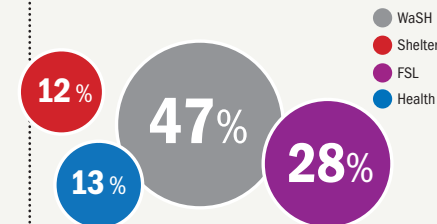
COVERAGE



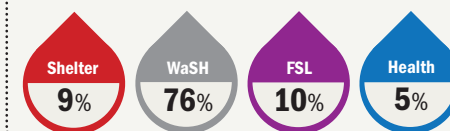
BREAKDOWN OF FUNDS SPENT



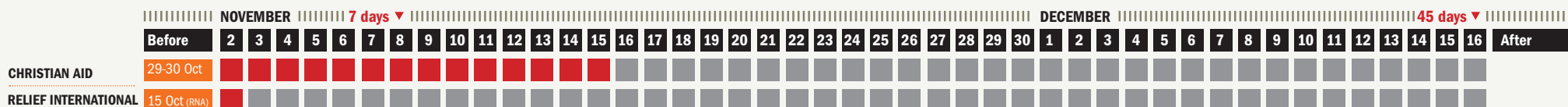
INPUTS BY SECTOR



PEOPLE REACHED BY SECTOR



PROJECT TIMELINE





LEVERAGING RESOURCES FOR ADDITIONAL RESPONSE

No additional funding was reported by agencies for continuing response.

PROJECT DETAILS

Funds spent out of funds awarded	£93,180 out of £93,291	£97,977 out of £97,867
Implementing Partner	£76,392 out of £93,180 were transferred to the local partner	Direct implementation
Existing presence	Pre-existing partner	Pre-existing presence
Procurement	Locally (including local markets for vending food vouchers)	Pre-positioned stocks and regional (for water purification tabs and mosquito nets)
Activities	<ul style="list-style-type: none"> 850 households (6,800 individuals) received a water container (20 l), NFI kit (plastic sheets, mat, 3 cooking pots, 3 cups, forks, spoons, 4 plates, kettle, soap, shovel) and food vouchers (25 kg of rice, sugar, and wheat flour, 9 l of oil and 5 kg of beans) for redemption at 5 vendors in local markets 50 volunteers distributed containers, promoted hygiene awareness and conducted community cleaning campaigns in 8 camps 40 emergency latrines constructed Open defecation reduced by 85% Households with shelter increased from 220 to 1,070 	<ul style="list-style-type: none"> 2,000 households (12,000 individuals) in 8 districts received hygiene kits (soap, aqua tabs, water containers, women's sanitary kits, mosquito nets), access to clean water and hygiene training 75% of households reported as having access to safe drinking water 149 water gauge / buzzers installed (12,000 litres each) 4,050 individuals served by mobile health unit (34% of targeted population), including EPI vaccinations 5 hygiene and health education sessions conducted (80% of targeted population), including IYCF practices
Additional Information	The project was significantly delayed beyond the 7 day target due to transfer of funds to the local partner and awaiting government approval for the project. The project was nevertheless finished within 45 days.	The 1% budget is being used to address the critical gaps in staff capacity identified during the intervention (see lessons learned) through participation in an Emergency Programme Management and Logistics Workshop. The staff member being trained will conduct a workshop for field staff following the training and develop mobile surveys for use in subsequent emergencies.

Intervention Summary:

At the end of October, 2014, heavy rains fell in south-central Somalia in the upper parts of the Shabelle basin along the Somali-Ethiopian border. The Shabelle and Juba rivers overflowed their banks, affected an estimated 50,000 people, many of whom were displaced. Initial assessments showed WaSH, shelter and food needs.

Although coordination involved government officials, INGOs, local NGOs and UN agencies (including WFP), only three agencies were able to secure funding, two of which were through the Start Fund. Relief International provided WaSH and health support, and Christian Aid's partner provided WaSH, food and shelter aid. During project planning, Relief International also coordinated the Danish Refugee Council, who provided NFI support.

While one agency began implementing immediately with prepositioned supplies, the other was severely delayed. Slow transfer of funds to the local partner and waiting for government approval delayed the project starting by almost a week. However, since local markets were still functioning, a voucher system ensured vulnerable households received food quickly once begun, and both projects finished within the 45 day target. Both agencies also conducted education sessions while distributing items, including hygiene and health sessions and community cleaning campaigns. Emergency latrines reduced open defecation by 85% in 8 IDP camps. Support went first to the most vulnerable households. Identification included: female-headed households with no access to food, chronically ill or disabled people, displaced families with children under five and elderly members and pregnant and lactating mothers.

One project capitalised on existing leadership structures through elders, religious leaders and local authorities, mobilising over 50 volunteers from the local communities to help field staff distribute NFIs and raise awareness about good hygiene. Both interventions had to reassess their operations, however, when water levels took longer to subside, leaving people displaced in camps longer than expected and limiting supplies from covering all of the needs. Overall, the Start Fund reached 38% of the affected people (19,240 individuals: 38% under 16, 21% over 50, 53% female) and spent 79% of funds on inputs (47% WaSH, 28% FSL, 13% health, 12% shelter). About 76% of those reached received WaSH support.

These projects also took part in a pilot, along with the Nigeria cholera response, to test online reporting.

Lessons from the Response:

Preparedness in procurement spelled the difference between rapid and slow response.

- The project that implemented directly was able to begin implementation immediately using prepositioned stocks while procuring the rest of the supplies from Kenya.
- The project that implemented through a partner was severely delayed both because transfer of funds was held up and the local government delayed project approval.

Community mobilisation compensated for delays, accelerating crisis response.

- The project that implemented directly reported that future interventions should mobilise the community to enable collection of supplies from more accessible locations.
- The project that implemented through a partner was able to utilise existing relationships and community structures to mobilise community volunteers to speed up distribution and reach a greater number of people with hygiene campaigns. This also improved identification of the most vulnerable households during beneficiary selection.

Those closer to the crisis know where the greatest needs lie.

- A pop-up committee in Nairobi showed greater contextual knowledge in selecting the best-placed projects for response.
- Committees of women and men in the IDP camps provided a link for the implementing partner to identify the most vulnerable households, find local volunteers, verify satisfaction with the quality of supplies provided and liaise with the communities.

Gaps in effectiveness could be addressed in part through capacity building of lower-level staff.

- External coordination suffered when staff were preoccupied with logistics (eg internal HQ approval, procurement, finance) that could be addressed through training.
- Mid-level staff were granted more responsibility during the onset of the emergency, leaving facility-based field staff without the technical capacity to deliver as quickly.
- Capacity building in mobile data collection is needed to set up survey tools that can improve data quality and collection in real-time, as well as increase information sharing between local and regional staff.