

YEAR: 2017

**RESIDENT/HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
SOMALIA
RAPID RESPONSE AND UNDERFUNDED
EMERGENCIES
DROUGHT
2017**

RESIDENT/HUMANITARIAN COORDINATOR	Peter de Clercq
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REPORTING PROCESS AND CONSULTATION SUMMARY

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

The AAR was not conducted as the template was received during multiple allocations including a CERF rapid response request to support response to the persistent drought in North Somalia and another for flood response in May. These competing priorities two allocation rounds engaged both the agencies and importantly the Intercluster Coordination Group (ICCG) who were also engaged in the prioritisation for the Somalia Humanitarian Fund (SHF) round, the SHF first standard allocation and a subsequent rapid response request.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

YES ☐ NO ☒

The final version of the CERF report was shared with the HC and the Humanitarian Country Team prior to submission to CERF by the HC

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders (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 individual agency reports was shared with the Heads of Agencies before submission to OCHA. However, as most interventions were conducted in close consultation with line ministries particularly WASH and Health, they were privy to results.

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

At the beginning of 2017, Somalia was buckling under the weight of deteriorating drought conditions akin to the 2011 famine, an underfunded response plan, massive displacements, access limitations and negative forecasts for the main Gu rain season. Half of the 6.2 million people in need of humanitarian assistance required vital lifesaving assistance, including 363,000 children acutely malnourished (with 71,000 at the risk of death) who required urgent nutrition treatment and support.

CERF allocations to Somalia were catalytic to the rapid and decisive scaled up response that was required to address the threat of famine. Received early in the year, the US\$18 million allocation from the underfunded window (UFE) was among the first contributions received in support of the response. Together with \$14 million from the Somalia Humanitarian Fund (SHF), the funds were strategically allocated to drought affected areas using an integrated approach. This ensured a coordinated value for money response - CERF for UN agencies, who are de facto primary input suppliers, and SHF for NGOs who are both frontline responders and partner with UN agencies. Its added value was the enabling of time critical response due to readily available supplies and wider coverage. The use of both funds meant that UN agencies did not compete for limited funds with NGOs.

The second CERF \$15 million request from its rapid response (RR) window was triggered by a resurgent AWD/cholera outbreak and the necessity to ensure continuity in response before other donor commitments materialised. In the first six months of 2017, the two pooled funds collectively provided \$63 million of the \$825 million required for the six-month Operational Plan for Famine Prevention and reached 1.6 million people. UN agencies reported leveraging CERF funds to advocate and mobilize additional funds (\$879 million) from other donors to support famine prevention. By September, \$1.3 billion had been mobilized for the 2017 Humanitarian Response Plan. Importantly, despite underperformance of the Gu season, localized famine had been averted, the AWD/cholera outbreak had been contained and the timely delivery of livelihood support in targeted areas prevented further drought induced migration. Instead, families that received agricultural input support reported ten times return on investment. Nationally, the number of people in need reduced significantly to 5.2 million by the end of 2017.

CERF's added value was also demonstrated through its speedy disbursement which enabled faster delivery through partnerships with line ministries in WASH, Health and Nutrition by guaranteed access to target locations, and the use of wide government network of partners in target locations. It also fostered both inter cluster/ inter agency coordination and collaboration through integrated activities as the response was planned in a consultative manner.

1. OVERVIEW

GUIDANCE BOX (DELETE BEFORE SUBMITTING THE REPORT)

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)

a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	592,641,605
FUNDING RECEIVED BY SOURCE	
CERF	32,992,835
COUNTRY-BASED POOLED FUND (<i>if applicable</i>)	27,000,000
OTHER (bilateral/multilateral)	878,793,082

b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	938,785,917
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TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 (17-RR-SOM-25392)– date of official submission: 21/04/2017			
Agency	Project code	Cluster/Sector	Amount
IOM	17-RR-IOM-014	Health	780,753
IOM	17-RR-IOM-015	Water, Sanitation and Hygiene	1,746,138
UNFPA	17-RR-FPA-023	Health	397,090
UNHCR	17-RR-HCR-012	Non-Food Items	2,500,034
UNICEF	17-RR-CEF-045	Health	1,050,001
UNICEF	17-RR-CEF-046	Nutrition	924,630
UNICEF	17-RR-CEF-047	Water, Sanitation and Hygiene	3,249,303
WFP	17-RR-WFP-028	Nutrition	2,780,430
WFP	17-RR-WFP-029	Common Logistics	805,376
WHO	17-RR-WHO-018	Health	799,786
TOTAL			15,033,541
Allocation 2 (17-UF-SOM-23817)– date of official submission: 08/02/2017			
Agency	Project code	Cluster/Sector	Amount
FAO	17-UF-FAO-003	Agriculture	4,000,000
IOM	17-UF-IOM-002	Health	400,000
IOM	17-UF-IOM-003	Non-Food Items	350,000
IOM	17-UF-IOM-004	Water, Sanitation and Hygiene	1,150,000
UNFPA	17-UF-FPA-001	Sexual and/or Gender-Based Violence	195,179
UNHCR	17-UF-HCR-001	Non-Food Items	350,000
UNICEF	17-UF-CEF-005	Nutrition	1,550,001
UNICEF	17-UF-CEF-001	Education	599,904
UNICEF	17-UF-CEF-002	Health	699,999
UNICEF	17-UF-CEF-003	Water, Sanitation and Hygiene	2,063,461
UNICEF	17-UF-CEF-004	Child Protection	200,000
WFP	17-UF-WFP-003	Common Humanitarian Air Services	750,000
WFP	17-UF-WFP-004	Nutrition	1,750,000
WFP	17-UF-WFP-005	Food Aid	3,500,750
WHO	17-UF-WHO-001	Health	400,000
TOTAL			17,959,294

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Total funds implemented directly by UN agencies including procurement of relief goods	21,442,441
- Funds transferred to Government partners*	1,932,203
- Funds transferred to International NGOs partners*	3,128,230
- Funds transferred to National NGOs partners*	6,489,961
- Funds transferred to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	11,550,394
TOTAL	32,992,835

* These figures should match with totals in Annex 1.

2. HUMANITARIAN CONTEXT AND NEEDS

In 2016 and 2017 Somalia faced one of its harshest droughts in recent history. Livelihoods and food security were significantly impacted, with rural areas hardest hit. At the end of 2016, drought conditions had not only deepened in the North East (Puntland) and North West zones (Somaliland) of Somalia but had also expanded to other regions in southern and central Somalia, including Gedo, Hiraaan, Galgaduud and Lower Juba regions. In January 2017, the Food and Agriculture Organization of the United Nations (FAO) Food Security and Nutrition Analysis Unit (FSNAU) for Somalia and the Famine Early Warning Systems Network (FEWSNET) alerted of the risk of famine, with Somalis facing the knock-on effects of multiple poor rainfall seasons, rising food prices, access limitations and negative forecasts for the main Gu season. Within six months, the number of people facing Crisis and Emergency levels of food insecurity (Integrated Phase Classification (IPC) Phases 3 and 4) had more than doubled – from 1.1 million in August 2016 to 2.9 million in February 2017¹. This rose further to 3.2 million by May 2017. Over 320,000 children (200,000 of them in drought -hit areas) were acutely malnourished and in need of urgent nutrition support, including lifesaving treatment for more than 50,000 who were severely acutely malnourished and far more likely to die.

Because of sustained moisture stress, less than 40 percent of the total planted area was expected to be harvested from the southern Somalia cereal producing regions, particularly the bread basket regions of Lower Shabelle and Bay. The Food Security and Nutrition Analysis Unit (FSNAU) preliminary estimates indicated that overall Deyr 2016/17 cereal production was expected to be 60-70 percent below the five-year average (2011-2015) and 50-60 per cent below the long-term/Post-War average (1995-2015)² with the likely depletion of agricultural seed stock. Already the effects of two consecutive seasons of below-average production had started to put upward pressure on staple cereal prices with the expectation to rise further in the next six months to near famine levels. Poor livestock conditions, reduced holdings to total livestock losses, and pastoral destitution all typified the effects of the drought in most livelihood zones in the north and parts of the south of the country.

Since August 2016, water trucking had been widespread in most of the Berked dependent pastoral livelihoods in central and northern Somalia as most surface water catchments did not replenish well resulting in acute water shortages. Substantial increases in water prices had been reported in most regions. The water shortages also exacerbated an ongoing outbreak of acute watery diarrhoea /cholera that WHO reported had already affected 32 districts in five regions and was spreading.

The Shelter Cluster estimated that over 120,000 people would be displaced by the drought in different regions and would be in urgent need of shelter materials and other non-food items. Nearly 277,605 (122,171 girls) school-going children were estimated to be affected in the drought-affected regions with 35,000 at risk of dropping out of school due to displacement and inward migration. The increased displacement placed additional pressure on family structures leading to family separation, intimate partner violence and an increase in harmful social norms such as child marriage and child labour.

¹ Food Security and Nutrition Analysis Unit, Technical Release, February 2017

² Food Security and Nutrition Analysis Unit, Somalia ; Food Security and Nutrition Quarterly Brief, December 29– Focus on Post-Deyr 2016 Season Early Warning

It is within this backdrop that CERF funds (\$18 million) from the underfunded window were received, providing among the first contributions in support of the response to the threat of famine. At the time, the humanitarian funding receipts of 2016 were insufficient to meet the \$864 million requirements of 2017 particularly given the drought crisis. Despite the growing crisis, as at the end of January 2017 only \$12 million (\$3.2 million for the appeal) had been received and \$51 million pledged for humanitarian response³. Further, a 'Call for Aid' \$125million had only received \$49 million. To cope, all activities including livelihood and resilience programmes, had been cut to focus on only basic life-saving requirements.

Without the significant injection of funds, the cumulative impact of the drought was likely to exacerbate the existing acute food insecurity, and further erode household and community coping mechanisms and safety nets. Consequently, the numbers of people that would require life-saving assistance with potentially increase to drastic scales. Due to the time lag of up to two to three months before pledged donor contributions materialized and the rapidly deteriorating crises, the Somalia Humanitarian Country Team (HCT) decided to request CERF for additional funds (\$US15 million) from its rapid response window. These funds were used to bridge the gap in funding and further scale up a multisectoral humanitarian response in the most-affected drought areas under IPC 4 that were also AWD/Cholera and measles hotspots.

3. PRIORITIZATION PROCESS

Following guidance from the Humanitarian Coordinator (HC) for the initial focus of the US\$18 million **Underfunded Emergency (UFE)** CERF allocation on the ongoing drought in Somalia, an integrated approach with the Somalia, 2017 Somalia Humanitarian Fund (SHF) First Standard Allocation of \$14 million was proposed. While focusing primarily on drought response, the integrated approach to allocating the combined \$32 million from SHF and CERF was considered to ensure complementary use of the limited funds and best-value-for-money.

As a first step in the development of the integrated approach strategy on which the CERF strategy hinged, the Inter Cluster Coordination Group (ICCG) was tasked with elaborating individual cluster responses to the drought and providing additional information such as

- i) identifying priority locations and activities for drought response within the cluster broad
- ii) elaborating on the availability of resources and operational capacity (of UN agencies and other implementing partners) to support drought response at those locations and
- iii) identifying gaps that could be filled with the incoming CERF funding (and the corresponding financial request from a UN agency)

Further the integrated approach sought to

- Ensure that the most immediate needs were addressed by funding the top priority activities in the most affected areas.
- Take into consideration other funding sources and reprogrammed activities.
- Ensure timely response through an integrated and simultaneous strategic prioritization of CERF and SHF, which would shorten the time required to identify priority activities and areas of implementation.
- Ensure the greatest value-for-money for limited funds available through decreasing overheads and costs of subcontracting.
- Ensure the use of accountability measures available to the two funding mechanisms.

Its core elements included

- *Drought*: Focus on drought, including drought related diseases such as AWD/cholera and measles;
- *Protection*: In line with the HRP, protection was considered as central across all clusters;
- *Life-saving*: Focus was on immediate life-saving response, not recovery (even if projects run for up to 9 months);

³ Financial Tracking Services (FTS), 31 January 2017; and \$14 million SHF First Standard Allocation envelope.

- *Rapidity of response*: Focus was on rapid response, in particular enabling the most urgent scale up by March, before the Gu rains;
- *Cash*: Cash as a response modality would be prioritized where appropriate;
- *Whole-of-system approach*: An integrated approach across clusters was encouraged, with schools playing a particularly critical role, as already during the 2016; and support for response enablers also being considered;
- *Complementarity of funding mechanisms*: CERF and SHF would be used jointly in a way to ensure complementarity and the best value-for-money.

To determine what portion of the integrated response will be covered from which source, the comparative advantages of each mechanism was taken into consideration:

CERF: Only UN agencies, funds and programmes could be the direct recipient of CERF funds. It was suggested that CERF UFE 2017 funds be used *primarily* to cover UN direct operational costs; procurement of bulk supplies for life-saving response (to be channelled through SHF-funded and other partners) in order to benefit from the economies of scale; and logistical support. The primary responsibility to ensure the accountable and efficient use of CERF funds would remain with the recipients of funds (UN agencies, funds and programmes).

SHF: Funds would be channelled to 66 local and international NGOs that were eligible to receive SHF funds. The First Allocation prioritized channelling funds directly to non-governmental implementing partners to ensure the best value-for-money. While the primary responsibility to ensure the accountable and efficient use of the SHF remained with the implementing partners, the Fund would maintain oversight through the application of its accountability tools.

Upon receiving inputs, OCHA convened an ICCG meeting to discuss the draft Integrated Approach, which was endorsed and the submitted to both the Humanitarian Country Team (HCT) and the SHF Advisory Board for endorsement and decision on the apportionment of cluster envelopes. The key strategic objective of the CERF request was to support the scale up of response to the drought to prevent further deterioration through the provision of emergency basic services in areas experiencing extreme and severe drought conditions in North and South-Central Somalia over a nine-month period and to address critical underserved and underfunded priority humanitarian needs among 1.3 million people.

CERF-funded interventions thus covered areas experiencing extreme and severe drought conditions⁴ in the following regions

- Puntland: Bari, Karkaar, Galmudug, Mudug, Nugaal, Sool, Sanaag,
- South-Central Somalia: Bay, Bakool, Galgaduud, Gedo, Hiraan, Lower and Middle Juba, Mudug, Lower and Middle Shabelle, Hiraan
- Somaliland: Sool, Sanaag, Togdheer, Sahil, Woqooyi Galbeed

The CERF strategy was directly in line with the response strategy articulated in the 2017 HRP and directly responded to all four objectives to (i) provide multi-sectoral lifesaving assistance to the most vulnerable, (ii) reduce malnutrition rates to below threshold levels, (iii) reinforce protection for the displaced and those most at risk and (iv) support the restoration of livelihoods and promote basic services.

Interventions to support access to food, nutrition and livelihoods would boost food and nutrition security and livelihoods. Supportive treatment of livestock with concomitant provision of water would reduce herd mortality to prevent further loss of income and food, and hence reduce the risk of water borne diseases. Emergency WASH and health services would not only boost response to the rising cases of drought induced AWD/cholera but together with primary health service provision, also support morbidity-related treatment for malnutrition among children and pregnant and lactating women. To improve pupil retention in schools and shield children from hunger, education interventions included the provision of water, food and learning

⁴ FSNAU and SWALIM Somalia Drought Watch 16 December classified **extreme** drought conditions as where there are major crop/pasture and livestock losses; and widespread water shortages and water trucking; and **severe** drought as where crop or pasture losses are likely and water shortages and water trucking are imminent.

materials. These activities would enhance the protective environment alongside protection and shelter cluster interventions that primarily targeted people that had been displaced by drought. The Logistics Cluster would also provide critical air services to transport cargo and passengers in drought –affected areas.

The **Rapid Response** request was necessitated by an urgent need to bridge the gap in funding before pledged donor funding to the HCT Operational Plan for Pre-Famine Scale up materialised over the next two to three months. The plan highlighted the necessity to further scale up the multisectoral humanitarian response in the most-affected drought areas under IPC 4 and address a resurgent AWD/Cholera outbreak in hotspots. The operational plan had an initial target of \$37 million that surged to \$825 million over the next six months. Sustained response to the crisis was threatened by reports from submitting agencies that supplies bought with funds from the UFE allocation were likely to be depleted before pledged contributions were received. Much like the UFE submission, the new submission targeted 352,592 people in South Central and North Somalia. These included Bay, Banadir, Bari, Bakool, Gedo, Hiraan, Lower Shabelle and Middle Shabelle regions in South Central, and Mudug, Nugaal, Sanaag and Sool regions in North Somalia.

The CERF strategy was directly in line with the operational plan which also directly responded to Pre-Famine Scale up which directly responded to all four objectives in the 2017 HRP. Similar to the UFE submission, the prioritisation process involved the ICCG with final allocation decisions made by the HCT. However, as this was a request for bridge funding, ICCG members were requested to elaborate individual cluster responses to famine prevention and provide additional information on

- The rationale for the funding request
- Identify priority locations and activities for famine prevention within the cluster and
- Propose target beneficiaries and time-frame for implementation

Upon receiving inputs, OCHA convened a joint HCT and ICCG meeting to discuss the draft CERF request. The HCT requested a revision to better address the shelter/NFI needs owing to the spike in the drought induced displacements as well as ensure delivery of life-saving supplies to vulnerable communities in hard to reach areas through support to the Logistics cluster. The revised request including the apportionment of cluster envelopes was thereafter endorsed by the HC and HCT.

All cluster responses were prioritised based on cluster specific assessments and consultations with members through their respective advisory groups comprising lead agencies and NGOs, and national and regional authorities. CERF funding would be used to improve access to essential lifesaving health services among vulnerable communities affected by worsening drought conditions, displacement and AWD/cholera. This included strengthening epidemic disease surveillance and response. Complementary WASH services were proposed to both address AWD/cholera and support morbidity-related treatment for malnutrition particularly among children and pregnant and lactating women. Nutrition Cluster partners prioritized the treatment of Moderate and Severe Acute Malnutrition (MAM and SAM) in critically affected areas and scaling up food-based prevention programs mainly blanket supplementary feeding program (BSFP). Shelter Cluster interventions would enhance the protective environment through provision of non-food items (NFI) to drought displaced people in IPC 4. The Logistics Cluster was supported to secure common storage for critical relief items in Mogadishu International Airport, provide critical air services for essential cargo and offer adhoc passenger air services to government personnel conducting assessments in drought affected areas.

4. CERF RESULTS

In 2017, CERF allocated a total of US\$ 33 million from its underfunded (\$18 million) and rapid response (\$15 million) windows to support the scale up of response to a rapidly deteriorating drought that threatened to turn into famine and address a surging AWD/cholera outbreak in South Central and North Somalia. The UFE allocation enabled UN agencies and partners to provide agricultural and livelihood support to 1,190,104 people, protect livestock belonging to 196,601 households, food aid in kind to 65,476 people; child protection services to 24,043 children, passenger services to 4,729 humanitarian personnel, education services to 11,136 children, offered a comprehensive health service package to 163,954 vulnerable people, provided non-food items to 21,000 displaced people and nutrition support to 131,319 malnourished children and pregnant and lactating women, comprehensive protection support to 4,230 survivors of sexual and gender based violence, and access to water and improved

sanitation and hygiene (WASH) to 240,091 people. The RR allocation enabled UN agencies provide non-food items to 209,977 IDPs, nutrition support to 188,213 malnourished children and pregnant and lactating women, improve access to WASH among 335,291 people.

With **CERF UFE** funding,

- FAO provided cash and agriculture support to 3,350 households, agriculture support to 2,400 households and livestock treatment and water trucking for 155,559 households. This was effected through three monthly cash transfers totalling \$902,650 to 3,350 households, who also received inputs for the 2017 Gu season. A total of 50.25 tonnes of sorghum, 33.5 tonnes of cowpea, 804 kg of assorted vegetable seeds and 100,500 storage bags were provided. Cost savings due to lower than expected prices enabled FAO to reach an additional 2,400 households with 36 tonnes of sorghum, 24 tonnes of cowpea, 576 kg of assorted vegetable seeds and 72,000 storage bags for the 2017 Deyr season. FAO agricultural inputs beneficiaries reported higher yields than non-beneficiaries due to the timely receipt of quality inputs. Overall, the Cash+ package addressed immediate food needs and promoted beneficiaries' self-reliance through food production which has potential to cushion against future shocks. A total of 1,481,668 animals belonging to 37,042 pastoral and agropastoral households were treated against endo- and ecto-parasites, common bacterial infections, blood parasites and malnutrition. In addition, water trucking over a five-month period provided nearly 532 million litres of water- enough to meet the needs of 6 million animals belonging to 155,559 households in five regions of Puntland (Bari, Nugaal, Mudug, Sool and Sanaag)
- WFP reached 31,598 MAM U5 children and 34,570 MAM PLW who received MAM treatment along with health and nutrition messaging. A total of 808 metric tonnes (mt) of RUSF and CSB+ was procured against (684 mt planned). Although, procurement of 45.8 mt of vegetable oil was planned under the contribution, the vegetable oil requirement was met through other donors support and thus procurement of RUSF and CSB+ was prioritized
- The Logistics Cluster provided services to and access to 19 UN, 50 NGO and 18 diplomatic agencies ; provided access to 19 regular destinations in Somalia: and facilitated inter-agency needs assessment missions in South Central Somalia (Dinsoor, Gabaharey, Wajid, Bardera, Luuq, El Berde, Afmadow), Puntland (Adado, Gardo, Ishkushaban) and Somaliland (Burao). UNHAS positioned an additional Dornier 228 Short Take-off and Landing aircraft to Mogadishu on 02 March 17 to augment its passenger and cargo capacity. Regular flight schedules were revised incorporating regular flights to drought affected areas. CERF funds also enabled the provision of timely security and medical evacuation services to humanitarian community.
- IOM provided lifesaving and timely emergency primary health care service to 45,439 beneficiaries through direct consultation (17,000 IDPs, 28,439 host communities) across four static facilities with outreach services in Somaliland and Puntland. This included 8,239 antenatal visits, 884 facility-based deliveries, 2,500 post-natal visits, 85 secondary healthcare referrals and 3,294 vaccinations for children under five years', for vaccine preventable diseases. The project further reached out to 36,000 beneficiaries with health education messages through 32 health promotion campaigns.
- IOM provided shelter and NFI kits to 3,500 vulnerable households (21,000 persons (7,350 girls, 6,300 boys, 4,200 women, 3,150 men)) for NFI distribution in Luuq, Garbahaarey and Belet Hawa, Gedo region. In consultation with community members and beneficiaries and in accordance with shelter guidelines, kits included items such as mats, blankets, kitchen sets, jerry cans, solar lanterns and plastic sheets.
- IOM provided temporary and sustained access to clean safe water, sanitation and hygiene to 134,280 drought-affected individuals in Gedo and Mudug region. A total of 70,000 individuals received temporary access to water through water vouchers and water trucking for 6 weeks in 39 villages in South Mudug, Galgaduud (21 villages) and Gedo region, Juba land state (18 villages). Sustained water was provided to 103,840 beneficiaries through the rehabilitation of strategic water sources and provision of subsidies for the operation and maintenance of seven strategic water infrastructure in Gedo (3) and Mudug (4). Additionally, ten shallow wells were rehabilitated in the Gedo region. IOM also conducted hygiene promotion activities which included community mobilization, awareness raising sessions, sensitization campaigns reaching 134,280 individuals. A total of 14,381 households received hygiene kits.
- UNFPA managed to procure 60 post rape treatment kits for timely dispensation and response to the lifesaving needs of the GBV survivors. CERF funds enabled timely and lifesaving response to the specific needs of 3,000 rape survivors. The life-saving responses were timely noting the increase in the number of reported GBV incidents following the drought. CERF funds also enabled UNFPA to procure dignity kits, which were made available to 1,250 GBV survivors. The beneficiaries were mostly survivors of rape and physical assault and mostly adult female survivors. The funds were also used to scale

up community engagement on GBV prevention and informing on the available services for timely response to the specific needs of the GBV survivors, counselling and psychosocial support, support to the GBV safe house and support, updating the referral network and support to GBV coordination. The service mapping and standard operating procedures have been beneficial in the referral of the GBV survivors for timely response, a key result of coordination of the GBV activities. There were no budgetary implications as the activities were integrated in other UNFPA GBV interventions.

- UNHCR successfully conducted distribution of 3,500 NFI kits to most vulnerable IDPs affected by the recent drought in Bay and Lower Juba Regions. For smooth and safe distribution, UNHCR worked closely with community leaders, government authorities and shelter cluster partners. As the result of solid planning and coordination with the above stakeholders, UNHCR managed to complete distributions without a single incident or protection related issues. Prior to distribution, UNHCR IPs conducted rapid need assessments using UNHCR rapid need assessment tools. Tri-Cluster and Shelter/NFI Cluster beneficiary selection criteria was adopted through joint consultative and collaboration with relevant stakeholders. The criteria and the implementation strategies set were shared and discussed with local authorities, exiting community committees, community leaders and beneficiaries. The selection criteria included; newly displaced households from villages impacted by the AMISOM/SNA offensive operations; Households with large numbers of children; and beneficiaries with special needs (Pregnant, disabled and lactating mothers); Households with members suffering from chronic illness; female headed households with no means of income and child headed households. During mobilization meetings held at project outset, UNHCR and partners informed beneficiaries about what items they would receive
- UNICEF and partners to provide temporary access to safe water through water trucking and vouchers for 105,811 people in Somalia. This included 25,606 girls, 20,851 boys, 26,664 men and 32,590 in Bari, Gardafu, Mudug, Nugaal in Puntland; Togdheer, Awdal and Marodijeh in Somaliland; Luuq; Dollow and Middle Shabelle in Central South region of Somalia and Sool and Sanaag. Each household of six persons received 45 litres of water per day for three months. To ensure sustainability beyond the provision of water through trucking and vouchers, UNICEF also supported the rehabilitation of five strategic boreholes in the affected communities, which produced sufficient water to meet the needs of an additional 67,072 people. Three of these boreholes were equipped with solar powered pumping systems and other two boreholes with diesel run generators and pumps. To complement the increased access to safe drinking water, 66,427 people across all intervention areas were provided with the means to practice good hygiene, household water treatment systems and safe storage. A total of 146 hygiene promoters recruited from the beneficiary population were trained to ensure continuous engagement on hygiene topics. Beneficiary households were provided with hygiene kits composed of jerry cans, buckets, soaps and water purification tablets
- UNICEF and partners exceeded planned results by providing a comprehensive education in emergencies (EiE) package that included: support for 10,783 children (42 per cent girls); constructing 24 temporary learning spaces (TLS) with gender-sensitive WASH facilities (twin latrines for boys and girls and handwashing points); rehabilitating 4 TLS, 4 classrooms and 10 water storage facilities; training 43 teachers (18 per cent female) on education in emergencies and providing psychosocial support for children affected by emergency; distributing a total of 118 school-in-a-box-kits, recreational kits and replenishment kits to 65 target schools/TLS benefiting 10,773 children (42 per cent girls); training 210 Community Education Committee (CEC) members (30 per cent female) on school grant and water resource management, and 10,783 children (42 per cent girls) in 65 schools/TLS enrolled or retained in schools through community-based school feeding, tuition fee payments and other drought impact mitigation measures. In addition, CERF funds directly supported the strengthening of field level monitoring and data/information management at national and sub-national levels, including multi-sectoral field missions and joint Ministry of Education-UNICEF-implementing partners' field missions across all project sites. These joint initiatives contributed to increased efficiency, timelines and effectiveness of local coordination mechanisms
- UNICEF and partners provided life-saving emergency healthcare to 4,300 women of child bearing age, including 1,800 pregnant and lactating women and 4,000 children under-5. A total of 40 DDKs were procured to treat AWD/cholera cases at the facility and community levels, 4,000 children under-5 were immunized against measles, 1,900 pregnant and lactating women gained access to ante-natal and postnatal care, increasing the number of women reached by 6 per cent, 2,760 women of child bearing age received tetanus injections at the facility level and 1,800 children under-5 were treated for acute diarrhoea in health facilities. During service provision, both at the facility and community levels, health education and community awareness was provided to 65 per cent of the household target. CERF funds were used to scale up a comprehensive humanitarian response, including the timely provision of essential maternal, new born and child health

services, including preparedness and response for measles and AWD/cholera outbreaks and emergency response in Puntland, Somaliland, and CSR.

- UNICEF identified and registered 270 separated (181 boys; 89 girls) and 149 unaccompanied minors (105 boys; 44 girls). All children received tracing and reunification/alternative care support, transportation, medical and material support, and life-saving nutritional and psychosocial support. A total of 8,184 community members were reached with prevention of family separation and gender-based violence (GBV), referrals and behaviour change messages to improve their protective environment. A total of 110 GBV survivors (46 women, 50 girls, 10 boys, 4 men) were provided with emergency multi-sectoral assistance, including psychosocial support, case management, clinical, safety and legal services, 18 new child protection committees (CPCs) were established and 6 existing CPCs were provided with capacity support, technical assistance and material support and 15 people from each CPC were trained on family separation, mine risk education, GBV referrals and child protection strategies. The CPCs reached approximately 15,000 community members through outreach on prevention of family separation, prevention of GBV and encouraging reporting/referrals, and mine risk education.⁵
- UNICEF ensured the provision of holistic treatment and preventive basic nutrition services package (BNSP) that delivered life-saving treatment to 6,000 children with severe acute malnutrition (SAM). CERF was critical in its contribution to the pre-famine response scale-up of life-saving nutrition services to prevent excess mortality and morbidity and to avert famine. As a result, there was a rapid increase in the number of children treated. In 2017, 269,714 children were treated, which is double the number that were reached in 2016. The rapid scale-up of the response also resulted in nearly 40 per cent increase in the number of static and mobile sites registered, thus ensuring effective reach to communities most in need. To ensure community engagement and sustain programme results, CHWs were trained, equipped and supported to deliver promotional and preventive components of the BNSP at community level. Notably, more than 60,000 women, including pregnant and lactating mothers and women with children under-5 were counselled in appropriate child care and feeding.
- IOM provided lifesaving and timely emergency primary health care service to 45,439 beneficiaries through direct consultation (17,000 IDPs, 28,439 host communities) in four static facilities with outreach services in Somaliland and Puntland. This included 8,239 antenatal visits, 884 facility-based deliveries, 2,500 post-natal visits, 85 secondary healthcare referrals and 3,294 vaccinations for children under five years', for vaccine preventable diseases. The project further reached out to 36,000 beneficiaries with health education messages through 32 health promotion campaigns.
- IOM provided shelter and NFI kits to 3,500 vulnerable households (21,000 persons (7,350 girls, 6,300 boys, 4,200 women, 3,150 men)) for NFI distribution in Luuq, Garbahaarey and Belet Hawa, Gedo region. In consultation with community members and beneficiaries and in accordance with shelter guidelines, kits included items such as mats, blankets, kitchen sets, jerry cans, solar lanterns and plastic sheets.
- IOM provided temporary and sustained access to clean safe water, sanitation and hygiene to 134,280 drought-affected individuals in Gedo and Mudug region. A total of 70,000 individuals received temporary access to water through water vouchers and water trucking for six weeks in 39 villages. The project areas included South Mudug, Galgaduud (21 villages) and Gedo region of Jubaland state (18 villages). Sustained water was provided to 103,840 beneficiaries through the rehabilitation of strategic water sources and provision of subsidies for the operation and maintenance of seven strategic water infrastructure in Gedo (3) and Mudug (4). Additionally, ten shallow wells were rehabilitated in the Gedo region. IOM also conducted hygiene promotion activities which included community mobilization, awareness raising sessions, sensitization campaigns reaching 134,280 individuals. A total of 14,381 households received hygiene kits.
- WHO established 100 new sentinel sites to reach a target of 365 health facilities in the target regions. Even when the cholera case fatality (CFR 1.5%) remained higher than the WHO threshold (<1%), this was attributed to the delayed health care seeking behaviour of the cholera cases due to limited access.

With Rapid Response Funding

- IOM and its partners provided lifesaving emergency primary healthcare services to AWD/cholera affected populations in Mudug, Gedo and Banadir regions. Through deployment of 25 rapid response teams (RRTs), including 10 in Gedo, 10 in Banadir and 5 in Mudug, a total of 101,274 beneficiaries were reached through outpatient consultations (36,459 girls,

⁵ Estimates based on partner assessment of community size and demographic reach of outreach programmes. CPCs lack capacity to accurately report number on community outreach programmes

33,420 boys, 20,255 women, and 11,140 men). The RRTs were deployed to IDP settlements and other hard-to-reach locations between May – June 2017. The teams screened 24,217 children for malnutrition and referred 3,259 to nutrition partners for intervention; an additional 4,171 beneficiaries were referred for secondary healthcare. A further estimated 100,000 individuals were reached through mass health education campaigns on the prevention of AWD/cholera

- IOM responded to the acute water crisis and outbreak of AWD/cholera through the rehabilitation of 13 strategic boreholes in Lower Shabelle (Walanweyn, Afgooye and Afgooye corridor) and Mudug (Hobyo, Galkacyo, Galisoor districts) regions, provision of water vouchers, implementation of hygiene promotion activities and, distribution
- UNFPA provided life-saving emergency obstetric neonatal care and reproductive health services to drought-affected population through Maternity Homes which referred complications to referral facilities/hospitals in Bay, Bakool, Nugal and Sanag regions. These services were provided through integrated reproductive health outreach campaigns and facilities. UNFPA also procured and distributed emergency RH kits. A total of 18,972 women were reached with emergency obstetric care through the Maternity Homes and 69,802 women reached through the integrated RH outreach campaigns. The services provided helped 8,172 pregnant women to go through safe deliveries and 2,187 pregnant women who suffered complications during pregnancy or delivery to be referred to hospitals. This response was carried out from 1st April and September 30th, 2018
- UNHCR distributed Non-Food Items to 15,710 IDPs affected by drought, floods and fire out-breaks in Mogadishu, Baidoa, Kismayo, Luuq and Dhooley. In addition, 11,000 plastic sheets were also provided in Baidoa and ensured immediate protection of large number of IDPs from harsh weather conditions. Through cash-based initiatives, UNHCR distributed 6,810 NFIs (in cash) and the warehouse in Bossaso released a total of 11,792 in kind NFI kits for distribution to population of concern in Puntland. The beneficiaries included drought affected populations, IDPs and host communities both in major cities and rural areas
- WFP reached 155,432 beneficiaries under its three programmes. These included, including 39,780 moderately malnourished children under the age of five and 27,795 pregnant and lactating women (PLW) under the targeted supplementary feeding programme (TSFP), and 20,998 children under two years and 29,109 PLWs under the maternal and child health nutrition (MCHN) prevention program. The seasonal blanket supplementary feeding programme (BSFP) reached 37,750 children under 3 years
- UNHAS for the Logistics Cluster facilitated the airlift of 210MT of nutrition and medical supplies to 13 locations on behalf of 4 humanitarian partners and the Government of Somalia through timely and regular air transport services. In support to the Government of Somalia, 8 missions were organized to six hard-to-reach locations and 72 Government experts provided with air transport services in response to the emergency. The project assisted to transport a total of 85MT of critical supplies from the Port of Mombasa to Mogadishu, Berbera, Bossaso and Kismayo on behalf of humanitarian partners. Two Mobile Storage Units were installed at Mogadishu and Baidoa airports to increase efficiency of air operations for all humanitarian partners and Government of Somalia. Two refrigerated containers (reefer) were also set up at Mogadishu airport to store heat-sensitive commodities. The two reefer containers were co-shared by UNICEF, Save the Children and WFP on a cost recovery basis
- UNICEF was able to procure 11,222 vials of 10 doses of measles vaccines and, with its partners, immunized 28,000 children under-5 in two hotspots namely Gaalkacyo and Baidoa. In addition, 60 DDKs were procured, which benefited 24,000 people treated for AWD/cholera through this support. Of these, 6,000 were children under-5. In total, 2,400 cases of acute AWD/cholera cases (1,320 children under-5) and 21,600 moderate cases were treated. Six Cholera Treatment Centres (CTC) were also operationalized, ensuring that severe cases were treated based on protocol. By project end, the Case Fatality Rate (CFR) was reduced from 2.3 per cent cumulative in target regions to 1.3 per cent.
- UNICEF provided life-saving severe acute malnutrition (SAM) treatment to 10,000 children that included a basic nutrition services package (BNSP) in the acute malnutrition and food insecurity hotspots. In addition, UNICEF strengthened national capacity to provide facility and community-based infant and young child feeding (IYCF) counselling services by ensuring that a sufficient number of health staff and community workers were adequately trained to support mothers and caregivers. Through this CERF funding UNICEF supported the Ministry of Health (MoH) in creating a pool of skilled community health workers (CHW) that screened children under-5 and referred them for treatment. Additionally, delivery of an integrated package of services was the hallmark of services provided, ensuring sustained results. Notably, more than 70,000 women, including pregnant and lactating mothers and women with children under-5 received counselling on appropriate child care and feeding

- UNICEF WASH interventions reached 153,743 people including 32,405 boys, 37,504 men, 37,996 girls and 45,838 women who gained temporary access to safe drinking water through water trucking undertaken through water vouchers in Puntland, Somaliland, CSR⁶, as well as Sool and Sanaag. To ensure sustainability beyond trucking, the project supported the rehabilitation of 10 boreholes, 7 shallow wells fitted with hand pumps and the construction of 2 water supply systems, which met the needs of 74,833 people. Schools were targeted with water trucking, which meant increased availability of water at the school level. A total of 4,919 school children across Sanaag, Togdheer and Sool benefited from this intervention. UNICEF also supported the construction/rehabilitation of 363 latrines and desludged 60 overflowing pit latrines in IDP camps and institutions, benefiting 30,567 people. A total of 177,491 people was reached with house-to-house hygiene promotion messages delivered by 215 trained hygiene promoters. The project provided affected populations with the means to practice good hygiene, household water treatment systems and safe storage by distributing hygiene kits⁷ and household water treatment tablets to 129,122 beneficiaries.
- The Logistics Cluster facilitated the airlift of 210MT of nutrition and medical supplies to 13 locations on behalf of 4 humanitarian partners and the Government of Somalia through timely and regular air transport services. In support to the Government of Somalia, 8 missions were organized to six hard-to-reach locations and 72 Government experts provided with air transport services in response to the emergency. The project assisted to transport a total of 85MT of critical supplies from the Port of Mombasa to Mogadishu, Berbera, Bossaso and Kismayo on behalf of humanitarian partners. Two Mobile Storage Units were installed at Mogadishu and Baidoa airports to increase efficiency of air operations for all humanitarian partners and Government of Somalia. Two refrigerated containers (reefer) were also set up at Mogadishu airport to store heat-sensitive commodities. The two reefer containers were co-shared by UNICEF, Save the Children and WFP on a cost recovery basis
- WHO and its partners provided care and treatment to over 80,000 cases of cholera, trained 18 mobile teams for emergency response, supported 7 cholera treatment facilities with operational funds, recruited 4 international staff to support cholera response, trained and supported 125 health workers (clinicians, nurses, surveillance officers) in alert warning system for cholera surveillance, cholera case management, conducted nine joint monitoring visits with MoH and partners and also procured 10 diarrhoea kits.

5. PEOPLE REACHED

As per the guidance, the two CERF allocations were more than two months apart hence the decision to separate the total beneficiaries reached by each allocation. Both allocations included clusters such as Health, Nutrition and WASH that had several agency projects. An effort was made to map out the geographical coverage of each agency as they offered similar services. Where they targeted distinct groups such as IDPs vs rural households, SAM vs MAM in the same location, beneficiaries reached per agency were summed as there was no overlap. Where activities were similar, the total number of beneficiaries reached were also selected from the agency whose coverage was widest.

1. Table 4:

Beneficiary totals under Health, Nutrition and WASH were summed from constituent agency projects for both UFE and RR results except for Health Cluster figures as explained below

- Under the Health UFE, although IOM, UNICEF and WHO covered common regions for complementarity, local level locations were distinct. Their individual beneficiary numbers were therefore combined as the chance for double counting was minimal.
- UNICEF and IOM also covered distinct administrative areas under WASH although both covered Sool and Mudug. The UNICEF project had a wider geographical coverage.
- Under Nutrition, WFP and UNICEF results were summed as their projects targeted distinct groups -SAM (under-fives) for UNICEF and MAM (under-fives and pregnant and lactating women) for WFP. Moreover, nutrition interventions were designed to ensure continuum of care between severely and moderately malnourished children.

⁶ Bari, Gardafu, Mudug, Nugaal in Puntland; Togdheer, Awdal and Marodijeh in Somaliland; Luuq; Doolow and Middle Shabelle in CSR

⁷ Hygiene kits comprised jerry cans, buckets and soap

- A distinction was made under the Health RR where totals reached were tallied from (i) beneficiaries reached under WHO (which had the widest coverage spanning Banadir, Bakool, Bay, Gedo, Mudug, and Lower and Middle Shabelle, whose rapid response teams and supported facilities offered AWD/cholera treatment and primary health care services), (ii) 35,320 children vaccinated against measles and treated for AWD by the UNICEF project in Galkayo and Baidoa, and (iii) 29,331 women who directly benefited from UNFPA's reproductive health services as they were a distinct group.

2. Table 5 a (UFE) and b (RR)

As both allocations covered multiple regions and there was a significant degree of integration the total number of beneficiaries under each allocation was derived from first using figures from the cluster that had the widest coverage and adding, where available, figures from specific locations that were not in this first grouping and using the cluster figure that had the widest coverage here. Thus:

- **UFE allocation (a):** The Agriculture component had the widest coverage (and reached the highest number of people) that also encompassed most other areas covered by other clusters. Figures from the UNHCR NFI project that covered Lower Juba, and from IOM WSH project targeting refugees were added. There were no specific figures for Awdal (even in the proposal) that were covered by Nutrition and Health projects, so these could not be used and would explain the discrepancy with the original target. The estimated total number of people directly reached is therefore **1,449,211**.
- Similarly, under Nutrition interventions WFP and UNICEF targeted different beneficiary groups with WFP targeting those with MAM and UNICEF SAM. As these have distinct primary activities, the beneficiary total under each were combined.
- Project beneficiary numbers under both the Health and WASH clusters were summed as agencies implemented projects in distinct geographic locations.
- **RR allocation (b):** Total beneficiary figures under the were drawn from the Health Cluster whose constituent agencies had the widest coverage (geographically and numbers reached) collectively among all other cluster interventions. It was assumed that beneficiaries were likely to have received multiple services in these areas. Moreover, at inception the focus of the CERF application was the provision of complementary services which were both IP4 and were cholera hotspots.

3. **Tables 6a and b** figures were derived using the same clusters in Tables 5a and b

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR ¹									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Application code 17-UF-SOM-23817									
Agriculture	159,927	208,719	368,646	372,819	448,639	821,458	532,746	657,358	1,190,104
Child Protection	5,424	9,988	15,412	4,175	4,456	8,631	9,599	14,444	24,043
Common Humanitarian Air Services	-	2,364	2,364	-	2,365	2,365	-	4,729	4,729
Education	4,533	89	4,622	6,250	264	6,514	10,783	353	11,136
Food Aid	13,596	17,522	31,118	16,522	17,836	34,358	30,118	35,358	65,476
Health	43,864	43,347	87,211	37,913	38,830	76,743	81,777	82,177	163,954
Non-Food Items	14,850	10,200	25,050	11,400	5,550	16,950	26,250	15,750	42,000
Nutrition	18,543	93,721	112,264	19,055	-	19,055	37,598	93,721	131,319
Sexual and/or Gender-Based Violence	1,140	3,090	4,230	-	-	-	1,140	3,090	4,230
Water, Sanitation and Hygiene	72,604	59,446	132,050	61,235	46,806	108,041	133,839	106,252	240,091

Application code 17-RR-SOM-25389									
Common Logistics	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Health	76,265	130,465	206,730	90,055	105,000	195,055	166,320	235,465	401,785
Non-Food Items	16,200	98,615	114,815	18250	76,912	95,162	34,450	175,527	209,977
Nutrition	57,717	79,685	137,402	50,811	0	50,811	108,528	79,685	188,213
Water, Sanitation and Hygiene	101,537	82,148	183,685	86,870	64,736	151,606	188,407	146,884	335,291

¹ Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

TABLE 5a: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF UFE FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Reached	197,479	254,473	451,952	453,820	543,439	997,259	651,299	797,912	1,449,211

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

TABLE 6a: PEOPLE DIRECTLY ASSISTED WITH CERF UFE FUNDING BY CATEGORY

Category	Number of people (Planned)	Number of people (Reached)
Refugees	Not applicable	53,712
IDPs	Not applicable	60,441
Host population	Not applicable	144,954
Affected people (none of the above)	Not applicable	1,190,104
Total (same as in table 5)	Not applicable	1,449,211

TABLE 5b: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF RR FUNDING²

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Reached	117,106	150,469	267,575	103,862	121,100	224,962	220,968	271,569	492,537

TABLE 6b: PEOPLE DIRECTLY ASSISTED WITH CERF RR FUNDING BY CATEGORY		
Category	Number of people (Planned)	Number of people (Reached)
Refugees	Not applicable	4,105
IDPs	Not applicable	205,872
Host population	Not applicable	250,000
Affected people (none of the above)	Not applicable	32,560
Total (same as in table 5)	Not applicable	492,537

6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES ☒

PARTIALLY ☐

NO ☐

The strategy adopted by the HCT for both allocations - integration, complementary use of pooled funds to effectively maximise impact was necessitated by the gravity of the crisis. The speed of disbursement of CERF funds worked well as it ensured supplies were readily available for UN partners to implement interventions expeditiously. In addition, CERF funds were among the first to be received and RR funding was speedily approved and released to bridge funding and response gaps before other donor commitments materialised. This ensured continuity in response.

CERF funding enabled FAO to rapidly provide severely food insecure households with cash, enabling them to meet immediate food needs, and provided them with critical agricultural inputs in time for the 2017 *Gu* and *Deyr* seasons. In addition, the timely provision of animal treatments and water helped to protect critical livestock assets against the worst impacts of the severe drought. Similarly, CERF funds facilitated the rapid procurement of DDK kits by WHO and UNICEF necessary to address the resurgent AWD/outbreak.

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

YES ☒

PARTIALLY ☐

NO ☐

All interventions prioritised under the CERF allocations were time critical due to the urgency to save lives and prevent further deterioration of livelihoods. Assessments had shown that the targeted areas were at the risk of famine unless there was a rapid scale up of humanitarian assistance. For example, agriculture support is time-critical. CERF funding enabled FAO to provide inputs to drought-hit farming families in time for the 2017 *Gu* (3,350 families) and *Deyr* seasons (2,400 families). The agricultural inputs helped the families plant their lands and thus restore food production. The funding also supported beneficiaries maintain their livelihoods and helped to avert drought-induced migration. FAO assessments have shown that agricultural production support during the 2017 *Gu* season generated a 10-times return on investment. FAO agricultural inputs beneficiaries reported higher yields than non-beneficiaries. This can be attributed to (among other things) access to quality and timely farming inputs and availability of cash which enabled beneficiaries to access food thereby spending most of their time managing their farms —without food, beneficiaries are likely to spend most of their time looking for other sources of income to purchase food. Instead, families were able to quickly access food, while sustaining local economies and markets through a period of crisis. Overall, the Cash+ package addressed immediate food needs and promoted beneficiaries' self-reliance through food production which has potential to cushion against future shocks. CERF funding also enabled FAO to react quickly to deepening water shortages and provide animal treatments to build livestock immunity, thus protecting vital

assets. Providing preventive care is around 100-times more cost-effective than replacing an animal that died, with each treatment costing about \$0.40, and the cost of purchasing a goat being around \$40.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

CERF greatly improved coordination and collaboration for an effective response by all actors. The process empowered and improved the Cluster lead agencies role to provide guidance on rapid assessments, needs identification through a consultative process, which included government and member states as the representatives of the affected people. Cross-sectoral coordination within programmes such as Health, WASH, Child Protection and Nutrition was also supported by CERF funds at national and sub-national level through coordination meetings and joint field missions across different sectoral Clusters. CERF fostered inter-agency communication and collaboration to agree on geographical areas of focus to achieve maximum impact by setting collective outcomes aimed at reducing vulnerability and risk. As such, CERF added value to the humanitarian capacity to scale up a coordinated response.

The AWD /cholera outbreak response was strengthened under the joint coordination of the Ministry of Health and WHO, as planning and implementation was a consultative. Their joint release of regular epidemiological updates to the humanitarian community helped agencies monitor the outbreak's progression/decline and identify response gaps. Severe water shortages, exacerbated by the drought, significantly affected water prices. Water prices increased six-fold in some of the worst hit remote pastoral settlements. The collaboration between UNICEF, the line ministries and the State agencies responsible for disaster management were exemplary in scaling-up the emergency WASH interventions. Through this collaborative engagement with the authorities, UNICEF was able to influence the regulation of the prices of water; allowing more people to access safe water at an affordable cost, thus accounting for the increase in numbers reached. Similarly using the vast network of reproductive health workers seconded from MoH, UNFPA was able to reach more beneficiaries than initially targeted. It is these collaborative efforts that enabled agencies to exceed most of their targets with CERF funds.

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

YES ☒

PARTIALLY ☐

NO ☐

While most agencies reported leveraging CERF funds to advocate for more funding, only one agency provided details of donor contributions by source. Nevertheless, tallied contributions reported (\$878,793,082) at the time of reporting were seven times more than that received at the time of application (\$120,006,311). CERF funding served as a strategic catalyst for UNICEF to advocate to other donors for additional resources to fund the pre-famine scale up. CERF funding to UNICEF was complemented inter alia with contributions from DFID, OFDA, Canada, ECHO, Japan, Sweden and China. Among others, the funding enabled UNICEF to deliver life-saving nutrition treatment to 269,714 children affected by life-threatening severe acute malnutrition, representing 97 per cent of the annual target and more than double of the 2016 admissions, provide 1.8 million people with temporary access to safe water, and treat 42,000 AWD/cholera patients in UNICEF-support health facilities. CERF was therefore a precursor for additional funding to avert the 2017 risk of famine by enabling the mobilization of funding and the complementarity with other donors.

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

CERF enabled better coordination within UN agencies and fostered inter-Cluster communication and collaboration, thus adding value to the humanitarian system's ability to provide life-saving assistance and avert famine. In addition, emergency school grants, as one of the core components of the EiE package provided with CERF funding, increased enrolment, retention and completion of learning of children and adolescents in schools. At the same time, the grant improved children's survival status through the provision of emergency school meals/snacks together with safe drinking water. The emergency school grants, managed directly by local communities via the Community Education Committees (CECs) in each target school, played a significant role in strengthening local resilience mechanisms and in providing greater accountability for humanitarian aid.

7. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
Time consuming and elongated proposal submission process with repeated email back and forth, despite short turnaround needed	Training on template before-hand or simplification of template
The amount of detail required on the template is not relevant for UN agencies, particularly on the detailed budget	Umbrella UN agreements and agency specific limitations should be considered regarding the proposal template
Difficult to provide hard component s of WASH response on RRT, mostly soft components (hygiene promotion), and this does not address root causes of AWD/cholera	Hard component s of WASH response on RRT should be strengthened
Lack of evaluation of CERF responses results in little agency and sector wide evaluation of the RR model, and evidence as to whether there is value for money in this acute scaled up RR responses – the simple volume of beneficiaries reached is impressive, but the models of RRT need to be rigorously evaluated for quality, value for money, etc.	Increase funding for evaluation of CERF responses

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Difficult to provide hard component s of WASH response on RRT, mostly soft components (hygiene promotion), and this does not address root causes of AWD/cholera	Hard component s of WASH response on RRT should be strengthened	CERF and Implementing agencies
Lack of evaluation of CERF responses results in little agency and sector wide evaluation of the RR model, and evidence as to whether there is value for money in this acute scaled up RR responses – the simple volume of beneficiaries reached is impressive, but the models of RRT need to be rigorously evaluated for quality, value for money, etc.	Increase funding for evaluation of CERF responses	CERF
Education strategies for localizing assistance, combined with innovations around emergency school cash grants and community participation, led to significant efficiencies and cost savings that resulted in more resources available to support planned EiE responses.	Conduct lessons learned study to draw upon lessons for partners to replicate approaches more widely.	UNICEF
Water prices increased six-fold in some of the worst hit remote pastoral settlements. The collaboration between UNICEF, the line ministries and the State agencies responsible for disaster management were exemplary in scaling-up the emergency WASH interventions. Through this collaborative engagement with the authorities, UNICEF	Replicate the collaboration in other parts of the country, beyond Puntland.	UNICEF and WASH Cluster partners

was able to influence the regulation of the prices of water; allowing more people to access safe water at an affordable cost.		
Education strategies for localizing assistance, combined with innovations around emergency school cash grants and community participation, led to significant efficiencies and cost savings that resulted in more resources available to support planned EiE responses.	Conduct lessons learned study to draw upon lessons for partners to replicate approaches more widely.	UNICEF
Importance of strong coordination at both central and field levels to avoid geographical overlap and harmonize responses between actors	Continue coordination through the clusters and the cash working group	All actors, UN, NGOs, clusters
During times of large scale up, needs on the ground are evolving rapidly	Donors need to remain flexible and cautious with funding earmarking	Donors
Allowing access to free common logistics services to the Government has allowed the MHADM to directly manage the distribution of humanitarian aid supplies received and deploy dedicated medical and missions	Further investment in capacity building activities for government and non-government logisticians at the national level	Logistics Cluster
Inter-agency cooperation significantly impacts on the effective delivery of assistance, also in terms of cost efficiency.	Clusters should work together to ensure they have pipelines and pre-positioned supplies for a true integrated response	Clusters
Difficult to provide hard component s of WASH response on RRT, mostly soft components (hygiene promotion), and this does not address root causes of AWD/cholera	Hard component s of WASH response on rapid response teams (RRT) should be strengthened	CERF and Implementing agencies

PART II

8. PROJECT REPORTS

8.1. Project Report IOM – 17-RR-IOM-014

1. Project information			
-			
1. Agency:	IOM	2. Country:	Somalia
3. Cluster/Sector:	Health	4. Project code (CERF):	17-RR-IOM-014
5. Project title:	Provision of life-saving primary healthcare services to the drought and AWD/cholera affected populations in Somalia		
6.a Original Start date:	26/04/2017	6.b Original End date	25/10/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 11,200,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,127,664
	c. Amount received from CERF:		US\$ 780,753
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 401,000
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		<div style="text-align: right; margin-top: 10px;">US\$ 40,000</div> <div style="text-align: right; margin-top: 10px;">US\$ 361,800</div>

2. Project Results Summary/Overall Performance

Through this CERF RR grant, IOM and its partners provided lifesaving emergency primary healthcare services to AWD/cholera affected populations in Mudug, Gedo and Banadir regions. Through deployment of 25 rapid response teams (RRTs), including 10 in Gedo, 10 in Banadir and 5 in Mudug, a total of 101,274 beneficiaries were reached through outpatient consultations (36,459 girls, 33,420 boys, 20,255 women, and 11,140 men). The RRTs were deployed to IDP settlements and other hard-to-reach locations between May – June 2017. The teams screened 24,217 children for malnutrition and referred 3,259 to nutrition partners for intervention; an additional 4,171 beneficiaries were referred for

secondary healthcare. A further estimated 100,000 individuals were reached through mass health education campaigns on the prevention of AWD/cholera.

3. Changes and Amendments

There were no changes, deviations or amendments in the project from the original proposal.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,125	3,500	9,625	5,250	2,625	7,875	11,375	6,125	17,500
Reached	36,459	20,255	56,714	33,420	11,140	44,560	69,879	31,395	101,274

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>	7,780	63,803
<i>Host population</i>	9,720	37,471
<i>Affected people (none of the above)</i>		
Total (same as in 9a)	17,500	101,274

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

The targets in the proposal were significantly underestimated at the time of proposal development, this was due to the number of teams increasing and the associated indicators not being adjusted. Standard planning figured for health emergency response estimate 50 consultations per day per clinical officer (CO). There is one CO per team, this for 26 teams, working 24 days/month, for 2 months, therefore the target should have been 62,400 consultations. This target under estimation was an oversight by both IOM and the Health Cluster. However, using the appropriate target of 62,400, the project still surpassed this figure due to high displacement of populations during the project period, which led to high demand for healthcare among newly displaced populations. The mobile Rapid Response Teams (RRT) implementation modality was an integrated strategy developed by the Health, Water Sanitation and Hygiene (WASH) and Nutrition clusters to respond to the large scale outbreak of AWD/cholera. The strategy was designed to deploy integrated teams to hard-to-reach populations in remote locations where there was large demand for health services. As such, the planning figures used at the time of proposal were significantly skewed, displacement due to drought increased throughout the project period, and the AWD/cholera outbreak worsened – thus resulting in the project reaching nearly double the standard target of 62,400. IOM and its partners restructured project activities in order to reach all target locations as well as to invest remaining funds in medical supplies, thus reaching the substantially higher than targeted number of patients.

5. CERF Result Framework

Project objective	Reduced risk of the spread of AWD/cholera and other life-threatening diseases through a rapid health response in affected and at-risk communities in Gedo, Mudug, and Banadir regions of Somalia.
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Output 1	Increased access to life-saving primary healthcare services and health promotion			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Increased access to life-saving primary healthcare services and health promotion	Increased access to life-saving primary healthcare services and health promotion	25	Implementing Partner and internal IOM reports
Indicator 1.2	Increased access to life-saving primary healthcare services and health promotion	Increased access to life-saving primary healthcare services and health promotion	101,274	Implementing Partner and internal IOM reports
Indicator 1.3	Increased access to life-saving primary healthcare services and health promotion	Increased access to life-saving primary healthcare services and health promotion	100,000	Implementing Partner and internal IOM reports
Explanation of output and indicators variance:		During the implementation period, high displacement of populations led to higher demand for healthcare among newly displaced populations. With the aim of ensuring adequate access to health services to the target population, IOM and its partners restructured project activities to reach all target locations, at the same time broadening the number of people assisted. Thus, whereas it was targeted to have 26 RRTs, IOM and its partners were able to reach all target locations with 25 RRTs and invested the remaining funds in medical supplies to reach the substantially higher than targeted number of patients. The target number of consultations and health promotion were exceeded because of the RRT modality that helped penetrate remote underserved hard-to-reach population impacted by the outbreak of AWD/cholera.		
Activities	Description	Implemented by		
Activity 1.1	Formation of Rapid Response Teams	IOM/MOH, WARDI, Human Development Concern (HDC), Somali Development and Rehabilitation Organization (SDRO)		
Activity 1.2	Procure medical equipment and medical supplies	IOM		
Activity 1.3	Provision of life-saving primary health services through mobile Rapid Response Teams in Gedo	IOM/HDC		
Activity 1.1	Provision of life-saving primary health services through mobile Rapid Response Teams in Banadir	IOM/MOH/WADRI		
Activity 1.2	Provision of life-saving primary health services through mobile Rapid Response Teams in Mudug	SDRO		
Activity 1.3	Health promotion on critical health issues including AWD/cholera ⁸	IOM/MOH, WARDI, SDRO, HDC		
Activity 1.1	Conduct field monitoring missions to ensure abidance to the	IOM/MOH		

⁸ Health promotion will raise awareness of the risk of AWD/cholera and preventative measures, including proper hygiene, which aims to contribute to the reduction of AWD/cholera cases

	workplan and targets	
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6. Accountability to Affected People

A) Project design and planning phase:

As per IOM's global policy, IOM fosters inclusive participation in decision making processes, builds on affected individuals' and communities' capacities in the development and delivery of services and relief and supports the development of self-protection capacities while assisting people to claim their rights. This is also aligned with the IASC principle of Participation. In line with this policy, project inception meetings were held with community stakeholders including local authorities to introduce the project activities and gain support for the initiative. IOM partnered with the Ministries of Health (MoH) to ensure government stakeholders were engaged from the start and participate in the project design and planning. The provision of health outreach services was identified as a priority intervention by the Humanitarian Country Team in this 2017 CERF Rapid Response request as well as by regional and local authorities.

B) Project implementation phase:

The project was implemented in partnership with regional health authorities, who were engaged in the coordination and implementation of the activities. Health authorities were informed of the progress achieved in the course of the project, and staff from the MoH were engaged in all project activities, which helped ensure quality control and continuity. Through regular field visits, target communities and beneficiaries were consulted about the intervention and its progress in meeting health needs. Feedback was used to focus activities on addressing key needs and gaps in service provision, which is in line with the Inter-Agency Standing Committee (IASC) principle of actively seeking the views of affected populations to improve policy and practice.

C) Project monitoring and evaluation:

IOM upholds the policy of enabling affected individuals and communities to play an active role in the measurement of the quality of interventions that affect them, and actively seeks their views to improve policy and programming, through addressing concerns and complaints. In accordance with this policy, IOM and MoH staff actively involved beneficiaries in the process of project monitoring through field visits and regular consultations. Attention was paid on engaging diverse beneficiaries, including local authorities, community leaders and members of vulnerable groups - such as IDPs, women, elderly persons and persons with disabilities. Furthermore, IOM field teams send weekly reports with project updates and data showing beneficiaries served and disease morbidity trends, allowing IOM's Health team and Programme Manager to review progress. Finally, IOM's field team undertakes regular project site visits to ensure clinical quality oversight and data quality assurance.

7. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	
a) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item.	
b) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item.	
c) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?)	

Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?

Due to the short project implementation period (2 months) and urgency in responding to the emergency situation, there was no end of project evaluation activity planned. However, activity monitoring teams were implemented during the project by IOM and MOH.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.2. Project Report 17-RR-IOM-015 – IOM

6. Project information			
1. Agency:	IOM	2. Country:	Somalia
3. Cluster/Sector:	Water, Sanitation and Hygiene	4. Project code (CERF):	17-RR-IOM-015
5. Project title:	Provision of life-saving primary water, sanitation and hygiene services to the drought affected populations in Mudug and Lower Shabelle regions		
6.a Original Start date:	01/05/2017	6.b Original End date	31/10/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 11,193,997
			US\$ 2,801,542
	c. Amount received from CERF:		US\$ 1,746,138
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 717,203
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$ 717,203 US\$ 0

7. Project Results Summary/Overall Performance
<p>Through the CERF-RR grant, IOM responded to the acute water crisis and outbreak of AWD/cholera through the rehabilitation of 13 strategic boreholes in Lower Shabelle (Walanweyn , Afgooye and Afgooye corridor) and Mudug (Hobyo, Galkacyo, Galisor districts) regions, provision of water vouchers, implementation of hygiene promotion activities and, distribution of hygiene kits. A total of 181,548 individuals (118,006 IDP and 63,542 host population) benefited from project activities.</p>

8. Changes and Amendments
<p>There were no changes, deviations or amendments in the project from the original proposal.</p>

9. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	63,541	36,310	99,851	54,465	27,232	81,697	118,006	63,542	181,548
Reached	63,541	36,310	99,851	54,465	27,232	81,697	118,006	63,542	181,548
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees									
IDPs		118,006				118,006			
Host population		63,542				63,542			
Affected people (none of the above)									
Total (same as in 9a)		181,548				181,548			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A							

10. CERF Result Framework	
Project objective	Provide temporary and sustained access to clean water, sanitation and hygiene for 181,548 people among communities affected by drought conditions Walanweyn and Afgooye districts in Lower Shabelle region and Hobyo, Galakcyo, Gelisor districts in Mudug region

Output 1	Emergency and sustained access to safe water for 181,548 vulnerable people in areas affected by the drought conditions in Somalia			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people assisted with sustained access to safe water through water infrastructure rehabilitation and maintenance	133,620	133,620	Field monitoring reports, project activity photos and, regular site visits
Indicator 1.2	Number of water points maintained or rehabilitated	13	13	Field monitoring reports, project activity photos, GPS and, regular site visits
Indicator 1.3	Number of water vouchers printed and distributed	7,988	7,988	List of persons of concern/project beneficiaries registered and verified
Indicator 1.4	Number of IDPs or emergency-affected	47,928	47,928	IOM field staff daily

	people receiving water vouchers (7.5 liters per person per day for 8 weeks in Lower Shabelle and for 6 weeks in Mudug)			monitoring of water delivery, beneficiary list and verification of the vouchers
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Provision of maintenance and operation support for strategic water points through repair and replacement of parts, and provision of fuel	WARDI and SDRO		
Activity 1.2	Printing of 7,988 water vouchers (one per family)	IOM		
Activity 1.3	Water vendor selection	IOM		
Activity 1.4	Distribution of water vouchers to 47,988 drought affected persons in Lower Shabelle for 8 weeks and Mudug for 6 weeks	IOM		

Output 2	181,548 drought affected people, including children and women in affected areas, have improved means to adopt good sanitation practices and are reached through hygiene promotion to reduce morbidity and mortality due to water borne diseases			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached through hygiene kit distributions	181,548	181,548	Beneficiary assessment list, distribution lists, distribution photos, # of hygiene kits distributed, post-distribution monitoring
Indicator 2.2	Number of people reached through hygiene promotion	181,548	181,548	Field reports captured from the community mobilisation and sensitisation sessions, FGDs and, photos
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Provide refresher training to hygiene promoters and recruit hygiene promoters in new WASH intervention sites	WARDI and SDRO		
Activity 2.2	Distribute hygiene kits to beneficiaries in accordance with a vulnerability criteria determined in consultation with community members	WARDI and SDRO		
Activity 2.3	Conduct hygiene promotion during hygiene kit and water voucher distribution and through household visits by trained hygiene promoters	WARDI and SDRO		

6. Accountability to Affected People

A) Project design and planning phase:

As per IOM's global policy, IOM upholds inclusive involvement in decision making processes, capacitate crisis affected communities of concern in the improvement and delivery of emergency lifesaving and support services as well the

development of individual capacities while assisting the victims to claim their entitlements. This is also aligned with the IASC principle of Participation. In line with this policy, IOM held project inception meetings with community stakeholders including local administration to introduce and acquaint them with the emergency project scope activities. IOM partnered with relevant government institutions and line Ministries, Ministry of Water Energy and Resources (MoWER) and the drought response committee to ensure government authorities were fully engaged to participate in the project design and planning and overseeing the day to day implementation of the project activities.

The geographical focus areas of Walanweyn and Afgooye districts in Lower Shabelle region and Hobyo, Galakcyo, Gelisor districts in Mudug region were identified as hot spot areas of priority by the Humanitarian Country Team in 2017 and appeals made by the regional state administration and local authorities.

B) Project implementation phase:

The project was implemented in coordination with the regional state water ministries charged with oversight of the emergency project activities. IOM also worked with local implementing partners WARDI and SDRO who were actively involved in the provision of maintenance and operational support for strategic water sources; supply of spare parts and fuel subsidies; recruitment of hygiene promoters; oversight of hygiene promotion activities; facilitation of refresher training for hygiene promoters; and distribution of hygiene kits to project beneficiaries in line with vulnerability identification criteria developed in consultation with the community members.

C) Project monitoring and evaluation:

IOM upholds the policy of enabling affected individuals and communities to play an active role in the measurement of the quality of interventions that affect them, and actively seeks their views to improve policy and programming, through addressing their specific and differing needs, concerns and complaints. In accordance with this policy, IOM and MoWER staff actively involved beneficiaries in the process of project monitoring through field visits where they held regular consultative sessions. Engagement targeted diverse project beneficiaries, including local authorities, community leaders and members of vulnerable groups of concern- such as IDPs, women, elderly persons and persons with disabilities.

9. Cash-Based Programming	
1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	Yes, the CERF project has a cash-based component
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 468,803
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	26.8 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	
d) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?)	
Sector-specific	
e) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?)	
Unconditional	
f) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?)	
Restricted	

10. Evaluation: Has this project been evaluated or is an evaluation pending?	
	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.3. Project Report 17-RR-CEF-045– UNICEF

11. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Health	4. Project code (CERF):	17-RR-CEF-045
5. Project title:	Provision of emergency reproductive, maternal, newborn and child health services including response to the pre famine situation		
6.a Original Start date:	30/03/2017	6.b Original End date	29/09/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 33,458,951
	b. Total funding received for agency's sector response to current emergency:		US\$ 25,253,067
	c. Amount received from CERF:		US\$ 1,050,001
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 527,112
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 1,331 US\$ 430,478 US\$ 95,303 US\$

12. Project Results Summary/Overall Performance
<p>Through this generous contribution, UNICEF was able to procure 11,222 vials of 10 doses of measles vaccines and, with its partners, immunized 28,000 children under-5 in two hotspots namely Gaalkacyo and Baidoa. In addition, 60 DDKs were procured, which benefited 24,000 people treated for AWD/cholera through this support. Of these, 6,000 were children under-5. In total, 2,400 cases of acute AWD/cholera cases (1,320 children under-5) and 21,600 moderate cases were treated. Six Cholera Treatment Centres (CTC) were also operationalized, ensuring that severe cases were treated based on protocol. By project end, the Case Fatality Rate (CFR) was reduced from 2.3 per cent cumulative in target regions to 1.3 per cent.</p>

13. Changes and Amendments
<p>By the time funding was received, the partners that were earmarked to receive this funding had been funded with other resources. As such, this funding filled a gap by funding different implementing partners that could provide the healthcare services in the same CERF-targeted areas.</p>

14. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	33,600	43,400	77,000	28,000	35,000	63,000	61,600	78,400	140,000
Reached	33,600	41,600	75,200	28,000	31,200	59,200	61,600	72,800	134,400
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	77,000					77,000			
Host population	63,000					57,400			
Affected people (none of the above)									
Total (same as in 9a)	140,000					134,400			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	An estimated 4 per cent of the host population was not reached due to increased host population movement at the start of the intervention.								

15. CERF Result Framework	
Project objective	Provision of emergency reproductive, maternal, newborn and child health services including response to the pre famine situation

Output 1	Case fatality rate of AWD/Cholera is reduced from the current high 2.3% to below 1% in supported facilities, cholera treatment centres and units (CTCs/CTUs) in targeted areas.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of DDK procured, imported and warehoused at appropriate locations for the cholera response	60	60	UNICEF Supply Procurement records
Indicator 1.2	Percentage of CFR reduced in supported CTCs/CTUs	Below 1%	1.3%	UNICEF Health Management Information System (HMIS), Health Cluster
Indicator 1.3	Number of children under-5 benefiting from the DDKs	6,000	6,000	UNICEF HMIS, Partner reports
Explanation of output and indicators variance:		The difficult and continually changing security situation in CSR imposes challenges to many aspects of the programme. Some areas in Bay and Bakool regions, two of the outbreak epicentres could not be reached and Baidoa town continued to receive many IDPs throughout project implementation, straining planned activities. Clashes in Lower Shabelle caused many IDPs to move to Mogadishu and with the poor sanitation and		

	hygiene in IDP settings, sustained outbreak in some camps led to some reversal of gains made in ensuring the CFR was brought to below emergency threshold (1%). Nevertheless, a reduction to 1.3 per cent is deemed an achievement.	
Activities	Description	Implemented by
Activity 1.1	Procurement	UNICEF
Activity 1.2	Operational support to CTCs/CTUs providing treatment against AWD/cholera	UNICEF; AYUUB NGO; Skills Active Forward (SAF); MoH; Physicians Across Continents (PAC); AID VISION; International Medical Corps (IMC)
Activity 1.3	Distribution of DDKs to MoHs, partners and health facilities	UNICEF

Output 2	An emergency measles immunization campaign is conducted to immunise 28, 000 children in drought-affected in Mudug and Bay regions.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of children under-five vaccine against measles through emergency campaigns	28,000	29,200	UNICEF and WHO Expanded Programme on Immunization (EPI) reports
Indicator 2.2	Number of emergency measles immunization campaigns conducted in targeted areas in the third week of April9	2	2	UNICEF and WHO EPI reports
Indicator 2.3	Number of measles vaccines (vials) procured, imported and warehoused at appropriate locations for the measles response	11,222 vials of 10 doses	11,222	UNICEF Supply Procurement records
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procurement and transport of measles vaccines	UNICEF		
Activity 2.2	Operational support to conduct emergency measles 32mmunization in Baidoa and Galkayo in April 2017	PAC; MoH; Mercy USA		
Activity 2.3	Distribution of measles vaccines to MoHs, partners and health facilities	UNICEF		

6. Accountability to Affected People

4) Project design and planning phase:

The project design and planning phase was informed by the experience and lessons learned by UNICEF and partners during the emergency response to the drought and AWD/cholera outbreak in the first quarter of 2016. Through the community level Drought Task Force, community members, including women and children, communicated their needs to the district and State level Drought Task Force. UNICEF also consulted with line ministries and the action was implemented within the coordinated framework led by the government Drought Task Force. The beneficiary feedback captured during the assessments was crucial in informing scale-up plans and possible reprogramming. The respondents and key informants, including traditional leaders, local authorities, women and members from local NGOs, were open to sharing their thoughts on the drought response. Similarly, children in schools also participated in the assessments to identify the needs in their schools. The emergency healthcare intervention was based on the Somalia Health Sector Strategic Plans, which supported planning, service delivery standard setting, and systems management with Ministry of Health (MoH) leadership and district health committees. In addition, women, as the primary caregivers and the first to deal with water, were prioritized.

⁹ The short time period is possible as microplanning, which takes a longer period has already been finalized

During implementation, feedback was sought from beneficiaries and community leaders and incorporated into the response.

B) Project implementation phase:

UNICEF staff visited target areas during the implementation phase to maintain direct oversight of the project. For inaccessible areas, independent third party verification was engaged to monitor and evaluate projects using standard tools with pre-set indicators. Supply delivery to partners was tracked through a UNICEF call centre, which comprised of tracking and monitoring release orders, transportation, delivery to partners, receipts by partner and at the end, receiving the confirmation receipt of the supplies. Both direct and third party monitoring activities involved collecting direct feedback from beneficiaries through structured questionnaires and incorporating their input into the implementation plan as work progressed.

C) Project monitoring and evaluation:

Where access was possible, UNICEF staff and partners undertook direct joint monitoring and evaluation, which included field visits, surveys and assessments. Information collected by UNICEF and its partners during joint monitoring visits was triangulated to validate achievements and identify gaps. UNICEF conducted analysis of the data provided by each facility to ensure that project implementation went as per the plan and that the best quality of services was provided. UNICEF also conducted monthly monitoring missions and meetings during the project.

11. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 0
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	0 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	
g) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item.	
h) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item.	
i) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

12. Evaluation: Has this project been evaluated or is an evaluation pending?

In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.4. Project Report 17-RR-CEF-046 – UNICEF

16. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Nutrition	4. Project code (CERF):	17-RR-CEF-046
5. Project title:	Scaling up life-saving support for boys and girls affected by severe acute malnutrition (SAM) including pregnant and lactating women (PLW) and IDPs focusing on geographical areas affected by drought and a deteriorating nutrition situation aggravated by AW		
6.a Original Start date:	02/05/2017	6.b Original End date	01/11/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 40,200,090
	b. Total funding received for agency's sector response to current emergency:		US\$ 44,362,888
	c. Amount received from CERF:		US\$ 924,630
	4. Total CERF funds forwarded to implementing partners of which to:		US\$ 81,468
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		US\$ US\$ 30,870 US\$ 50,598 US\$

17. Project Results Summary/Overall Performance

This CERF funding enabled provision of life-saving severe acute malnutrition (SAM) treatment to 10,000 children including provision of a basic nutrition services package (BNSP) in the acute malnutrition and food insecurity hotspots. In addition, UNICEF strengthened national capacity to provide facility and community-based infant and young child feeding (IYCF) counselling services by ensuring that a sufficient number of health staff and community workers were adequately trained to support mothers and caregivers. Through this CERF funding UNICEF supported the Ministry of Health (MoH) in creating a pool of skilled community health workers (CHW) that screened children under-5 and referred them for treatment. Additionally, delivery of an integrated package of services was the hallmark of services provided, ensuring sustained results. Notably, more than 70,000 women, including pregnant and lactating mothers and women with children under-5 received counselling on appropriate child care and feeding.

18. Changes and Amendments

Because of the scale of the emergency and the urgent need to scale up the response while ensuring continuity in service provision, UNICEF engaged several partners prior to receipt of this CERF contribution. By the time funding was received, the partners that were earmarked to receive this funding had been funded with other UNICEF pooled resources. As such, this funding filled a gap by funding different implementing partners that could provide the nutrition care services in the same CERF-targeted locations.

19. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,080	78,000	82,080	3,920	-	3,920	8,000	78,000	86,000
Reached	5,100	22,781	27,881	4,900	-	4,900	10,000	22,781	32,781
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	34,400					16,063			
Host population	51,600					16,718			
Affected people (none of the above)									
Total (same as in 9a)	86,000					32,781			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Although the number of people reported reached is less than the target, the actual numbers could be higher because implementing partners indeed delivered the intended activities. The observed discrepancy is attributable to under-reporting resulting from the delay in the roll-out of the Cluster ONA reporting platform supposed to capture and report high frequency indicators and community-based programme activities. To overcome this challenge, UNICEF and the nutrition Cluster have undertaken a renewed focus in 2018 to accelerate the roll-out and the effective use of ONA to report on various indicators.								

20. CERF Result Framework	
Project objective	To avert excess mortality associated with severe acute malnutrition, measles and AWD/Cholera for 8,000 severely malnourished children under five affected by drought including reaching 78,000 pregnant and lactating women with BNSP

Output 1	Fixed and mobile OTPs and SCs are equipped to deliver lifesaving and time critical SAM treatment			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children boys and girls aged 6-59 months with SAM admitted for treatment	8,000 SAM cases	10,000	Cluster database
Indicator 1.2	Treatment performance indicators meet SPHERE standards	Cured >75%, Defaulters <15%, Deaths <10%	Cured – 93.5%, Defaulters – 3.5%, Deaths – 0.9%	Cluster database
Explanation of output and indicators variance:		The variation between children targeted for treatment and those reached is attributable to the additional 2,000 cartons of RUTF procured as a priority over the procurement of nutrition kits (See output 4 below for more details).		
Activities	Description		Implemented by	

Activity 1.1	Screening and referral for acute malnutrition in mobile and fixed OTPs/SFPs	CHWs working with Cooperazione e Sviluppo (CESVI) and Somali Association for Rehabilitation and Development (SARD)
Activity 1.2	Treatment of SAM in OTPs and SCs	CESVI; SARD

Output 2	Children under-5 including PLW access BNSP services through mobile and outreach OTPs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of mobile OTPs delivering BNSP including SAM treatment	200	24	Partner reports
Indicator 2.2	Number of children U5 screened for acute malnutrition	125,000	2,400 (data incomplete)	Cluster database
Explanation of output and indicators variance:		Targeted sites were based on UNICEF engaging the originally planned partners. To ensure timely implementation of services, seven of these partners earmarked to receive CERF allocations were funded by UNICEF pooled funding from other donors. CERF funding was used to fund only two partners, thus explaining fewer sites reported compared to the target. Nevertheless, due to the good geographical coverage of the two partners in the targeted locations, UNICEF was able to reach the targeted children with a SAM treatment package.		
Activities	Description	Implemented by		
Activity 2.1	Conduct mobile and outreach activities to deliver BNSP (A footnote explaining the BNSP has been added on page 4 of the proposal) and screening for acute malnutrition	CESVI; SARD		
Activity 2.2	Treat severely malnourished children through mobile and outreach clinics	CESVI; SARD		

Output 3	SAM treatment in cholera treatment centers (CTC) including but not limited to Baidoa, Berdale, Qansahdhere and Wajid is strengthened (A list of current CTCs is attached where updated protocols will be distributed)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Availability of updated SAM AWD/Cholera treatment guidelines in cholera treatment centers	SAM AWD/Cholera guidelines updated	SAM AWD/cholera treatment guidelines in cholera treatment centres updated	Nutrition cluster and partners reports
Indicator 3.2	Number of UNICEF supported CTCs equipped with SAM AWD/Cholera treatment protocols	47	56	Partner reports
Explanation of output and indicators variance:		The number of cholera treatment sites rapidly increased as the outbreak continued to spread. Consequently, the number of treatment sites equipped with treatment protocols also increased from the targeted 47 to 56 sites.		
Activities	Description		Implemented by	
Activity 3.1	Update SAM AWD/Cholera guidelines		UNICEF and the Nutrition Cluster	
Activity 3.2	Print and disseminate updated SAM AWD/Cholera guidelines		UNICEF and the Nutrition Cluster	
Output 4	Emergency nutrition supplies are procured to support the treatment of 11,600 severely malnourished children			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of RUTF cartons procured and distributed	8,000	10,000	UNICEF Supply Procurement records

Indicator 4.2	Number of nutrition kits procured and distributed	4	0	N/A
Explanation of output and indicators variance:		Because of the urgent need to accelerate the scale-up of the nutrition response at the peak of the emergency against a backdrop of rapid spread of the AWD/cholera outbreak, the procurement of RUTF was prioritised over nutrition kits. Thus, an additional 2,000 cartons of RUTF over and above the initial target of 8,000 were procured in lieu of the four nutrition kits.		
Activities	Description	Implemented by		
Activity 4.1	Procure emergency nutrition supplies	UNICEF		
Activity 4.2	Distribute emergency nutrition supplies	CESVI;SARD		

6. Accountability to Affected People

4) Project design and planning phase:

Government authorities, as the overall representatives of the affected population, were involved in the different levels of consultations during the design and planning phases of the response. This was done through the joint UNICEF-Government Annual Work Plan of 2017 whose major source of funding is the Humanitarian Response Plan to which CERF contributed. Government counterparts played a critical role in ensuring equitable allocation of resources for nutrition services, including reallocating/redistributing partners and nutrition sites to ensure that service coverage in areas with minimal sites was boosted.

B) Project implementation phase:

Implementation of the UNICEF nutrition programme fostered greater engagement of communities. In 2017, UNICEF enabled increased community involvement and ownership of the nutrition programme. Male and female CHWs, which included minority groups and IDPs, were trained and equipped to provide skilled services, including active case finding and referral and counselling of mothers on appropriate IYCF. In addition, community development committees received capacity strengthening in activity planning and implementation.

C) Project monitoring and evaluation:

The collection of screening and referral data from static and mobile clinics generated by CHWs contributes to the surveillance and monitoring systems of the Cluster, thus underpinning the involvement of the affected people in monitoring the nutrition situation of their communities. The monitoring and evaluation system captured key community engagement activities including screening, follow up, IYCF counselling and referral. However, this will be strengthened in 2018 with the expansion of ONA that will provide a more robust means of capturing community indicators.

13. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 0
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	0 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	

- j) Objective (*was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?*)
Choose an item.
- k) Conditionality (*were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?*)
Choose an item.
- l) Restrictions (*was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?*)
Choose an item.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.5. Project Report 17-RR-CEF-047 – UNICEF

21. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Water, Sanitation and Hygiene	4. Project code (CERF):	17-RR-CEF-047
5. Project title:	Provision of sustained access to safe water, sanitation and hygiene services to emergency affected and vulnerable populations		
6.a Original Start date:	30/03/2017	6.b Original End date	29/09/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 43,948,718
	b. Total funding received for agency's sector response to current emergency:		US\$ 41,629,535
	c. Amount received from CERF:		US\$ 3,249,303
	4. Total CERF funds forwarded to implementing partners of which to:		US\$ 1,184,979
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 211,094 US\$ 220,257 US\$ 753,628

22. Project Results Summary/Overall Performance

Through the generous contribution from CERF, 153,743 people including 32,405 boys, 37,504 men, 37,996 girls and 45,838 women gained temporary access to safe drinking water through water trucking undertaken through water vouchers in Puntland, Somaliland, CSR¹⁰, as well as Sool and Sanaag. To ensure sustainability beyond trucking, the project supported the rehabilitation of 10 boreholes, 7 shallow wells fitted with hand pumps and the construction of 2 water supply systems, which met the needs of 74,833 people. Schools were targeted with water trucking, which meant increased availability of water at the school level. A total of 4,919 school children across Sanaag, Togdheer and Sool benefited from this intervention. UNICEF also supported the construction/rehabilitation of 363 latrines and desludged 60 overflowing pit latrines in IDP camps and institutions, benefiting 30,567 people. A total of 177,491 people were reached with house-to-house hygiene promotion messages delivered by 215 trained hygiene promoters. The project provided affected populations with the means to practice good hygiene, household water treatment systems and safe storage by distributing hygiene kits¹¹ and household water treatment tablets to 129,122 beneficiaries.

23. Changes and Amendments

¹⁰ Bari, Gardafu, Mudug, Nugaal in Puntland; Togdheer, Awdal and Marodijeh in Somaliland; Luuq; Doolow and Middle Shabelle in CSR

¹¹ Hygiene kits comprised jerry cans, buckets and soap

The number of children reached with water trucking is lower than the target because as a result of prevailing drought conditions, many children moved with their families, resulting in reduced attendance.

24. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	31,944	33,264	65,208	26,136	40,656	66,792	58,080	73,920	132,000
Reached	37,996	45,838	83,834	32,405	37,504	69,909	70,401	83,342	153,743

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	70,000	84,916
Host population	42,000	36,267
Affected people (none of the above)	20,000	32,560
Total (same as in 9a)	132,000	153,743
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Severe water shortages, exacerbated by the drought, significantly affected water prices. Water prices increased six-fold in some of the worst hit remote pastoral settlements. The collaboration between UNICEF, the line ministries and the State agencies responsible for disaster management were exemplary in scaling-up the emergency WASH interventions. Through this collaborative engagement with the authorities, UNICEF was able to influence the regulation of the prices of water; allowing more people to access safe water at an affordable cost, thus accounting for the increase in numbers reached.	

25. CERF Result Framework

Project objective	Integrated Water, sanitation and hygiene response in drought-affected areas to reduce excess mortality and morbidity among children due to acute malnutrition and acute diarrhoea and food insecurity.
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Output 1	An additional 132,000 people (including 20,000 Children in schools) affected by drought have access to adequate and safe water through water trucking; chlorination of water points and emergency repair including operational and maintenance support of water points.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of emergency-affected people with temporary access to adequate and safe water (through chlorination; operation and maintenance; water trucking; and household water treatment)	112,000	148,824	Partner reports and Third party monitoring reports
Indicator 1.2	Number of school children benefiting from water trucking	20,000	4,919	Partner reports

Indicator 1.3	Number of people with sustained access to safe water through newly built and/or rehabilitated water points	75,000	74,833	Partner reports
Explanation of output and indicators variance:		The low achievement for school water trucking is linked to the fact that during the drought, low attendance was recorded in target schools as pupils migrated with their families in search of water.		
Activities	Description	Implemented by		
Activity 1.1	Provision of water through water trucking in drought affected communities and IDPs to serve 72,000 people, 7.5 Litres per person per day for 45 days.	Puntland State Agency for Water, Energy and Natural Resources (PSAWEN); Shilale Rehabilitation and Ecological Concern (SHILCON), Norwegian Refugee Council (NRC); Taakulo Somaliland Community (TASCO); Development Agency for Youth Association and Humanitarian (DAYAH); Burhakaba Town Section Committee (BTSC); Harqaan Relief and Development Organisation (HARDO); Ministry of Water Resources (MOWR) and Golweyne Relief and Rehabilitation NGO (GRRN)		
Activity 1.2	Provision of safe water through operational maintainance and chlorination support of 100 open wells and water points to serve at least 40,000 people.	MoH; BTSC; HARDO; GRRN		
Activity 1.3	Provision of water through water trucking in schools (2L litres/child /day) in communities affected by drought	TASCO; BTSC		
Activity 1.4	Emergency repair of affected water supply infrastructure for 15 water sources including replacement of broken generators, pumps and riser pipes (wells, boreholes, storage tanks, pipelines).	TASCO, BTSC; GRRN		

Output 2	An estimated 132,000 drought and AWD/Cholera-affected people, including children and women in affected areas, have access to improved hygiene services and facilities to reduce morbidity and mortality due to water borne diseases			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people with means to practice good hygiene and household water treatment (through replenishment of water purifiers, jerry cans, aqua tabs and hygiene kits)	126,000	129,122	Partner reports;
Indicator 2.2	Number of people reached through outreach hygiene promotion by trained hygiene promoters	132,000	140,078	Partner reports
Indicator 2.3	Number of crisis-affected people with access to adequate and appropriate emergency sanitation and hygiene facilities	30,000	30,567	Partner reports
Explanation of output and indicators variance:		Hygiene promotion messages reached a higher number of beneficiaries than initially planned. This is very positive as during the intervention, mass media outreach programmes were used such as C4D and radio sports.		
Activities	Description	Implemented by		
Activity 2.1	Procurement & replenishment of key emergency WASH supplies and equipment (21,000 hygiene kits and 36 bladder tanks) to meet WASH emergency needs for 126,000 people in a timely manner	UNICEF: purchase of supplies NRC; MoH; TASCO; DAYAH; BTSC; HARDO; MoWR; GRRN		

Activity 2.2	Deploying Hygiene Promoters (HP) or Community Hygiene Promoters (CHPs) at CTC/CTU/OTP Levels House to house visits or community visits (Schools, IDPs) to promote health seeking behaviours	SHILCON; NRC; MoH; TASCO; DAYAH; BTSC; HARDO; MoWR; GRRN
Activity 2.3	Broadcast key messages on cholera, hygiene promotion, health seeking behaviours, including other C4D messages through radio spots/Live Presenter mentions, TV spots including the broadcasting the animation including MWASH	Africa Voices Foundation
Activity 2.4	Construction and emergency desludging of 719 pit latrines in IDP camps and in AWD affected areas including CTCs/CTUs and Schools (400 IDP latrines constructed, 300 latrines deslugged and 19 latrines in institutions)	NRC; TASCO; DAYAH; BTSC; HARDO; GRRN

6. Accountability to Affected People

4) Project design and planning phase:

The design and planning phase was facilitated by UNICEF and its partners in consultation with representatives of the beneficiaries. A number of needs assessment were conducted in hard-to-reach target districts between 2 February and 16 March 2017. The assessments were mostly inter-sectoral, aiming to ascertain beneficiary perceptions of the drought, its severity and level of assistance provided. Beneficiary feedback thus informed the scale-up plans and possible reprogramming. The assessment data was consequently compiled per site and consolidated. The drought response committees and taskforces, as representatives of the affected population, were subsequently involved in the planning and design phases of the interventions and the implementation. Communities were informed of the planned activities and assistance during mass sensitization and community outreach events.

B) Project implementation phase:

Project implementation was done through UNICEF and its partners. Clear instructions on how beneficiaries and stakeholders were to be involved during implementation were provided to the partners in a formal agreement. For sustainability and accountability, partners were required to source some of the labour from the communities and include their representatives during project implementation. Implementing partners were also required to hold consultative meetings with beneficiaries to assess how the project met their expectations.

To ensure due accountability, transparency, and acceptance of the project activities, beneficiaries were actively involved in the project with many project activities being implemented by community members. For instance, hygiene promoters were recruited from within the communities and trained on good hygiene practice messages, while during the distribution of items, the implementing partner was assisted by beneficiaries' representative committees to ensure beneficiary involvement.

C) Project monitoring and evaluation:

Routine monitoring of project implementation was conducted by the implementing partner together with representatives of the beneficiaries. Any challenges that could hinder the project were addressed in a timely manner in the field, ensuring that all deliverables targeted under this project were met. In addition, the line Ministries were given a central role in ensuring that the desired impact of the project was met. Therefore, UNICEF facilitated their involvement in regular monitoring of the project. In inaccessible areas, UNICEF utilized third party monitors to provide reliable information on the progress of the project.

15. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 0

3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	0 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): m) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item. n) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item. o) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

16. Evaluation: Has this project been evaluated or is an evaluation pending?	
In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.6. Project Report 17-RR-FPA-023 – UNFPA

26. Project information			
1. Agency:	UNFPA	2. Country:	Somalia
3. Cluster/Sector:	Health	4. Project code (CERF):	17-RR-FPA-023
5. Project title:	Provision of life-saving emergency obstetric, neonatal and emergency reproductive health services to drought affected population in Bay, Bakool, Sanag and Nugal regions		
6.a Original Start date:	01/04/2017	6.b Original End date	30/09/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 14,400,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 647,090
	c. Amount received from CERF:		US\$ 397,090
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 133,000
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 82,000 US\$ 51,000

27. Project Results Summary/Overall Performance

UNFPA through the CERF Rapid Response grant, provided life-saving emergency obstetric neonatal care and reproductive health services to drought-affected population through Maternity Homes which referred complications to referral facilities/hospitals in Bay, Bakool, Nugal and Sanag regions.

These services were provided through integrated reproductive health outreach campaigns and facilities. UNFPA also procured and distributed emergency RH kits. A total number of 18,972 women were reached with emergency obstetric care through the Maternity Homes and 69,802 women reached through the integrated RH outreach campaigns. The services provided helped 8,172 pregnant women to go through safe deliveries and 2,187 pregnant women who suffered complications during pregnancy or delivery to be referred to hospitals. This response was carried out from 1st April and September 30th, 2018.

28. Changes and Amendments

There were no changes or amendments from the original proposal.

29. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	47,306	129,509	176,815	13,982	25,536	39,518	61,288	155,045	216,333
Reached	48,439	130,465	178,904	-	46	46	48,439	130,511	178,950

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>	136,290	132,874
<i>Host population</i>	80,043	46,076
<i>Affected people (none of the above)</i>		
Total (same as in 9a)	216,333	178,950
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		

30. CERF Result Framework

Project objective	To provide life-saving obstetric and neonatal emergency reproductive health services to 54,654 WCBA including safe delivery, treatment of pregnancy complications, Focused Ante-natal and Post-natal care, education and Family Planning services and counselling
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Output 1	Emergency obstetric and neonatal care services made available for 8,653 pregnant women and 1,395 complicated pregnancies in drought affected target areas			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of pregnant women received safe deliveries in the first level facilities in the target regions	7,353 (excludes 15% complications)	8,172	Data utilization reports from the Maternity Home and Outreach reports
Indicator 1.2	Number of women with pregnant related complication referred to CEmNOC centres (this includes referral from MCHs to CEmNOC)	1,395	2,187	Data utilization reports from the Maternity Home and Outreach reports
Indicator 1.3	Number of doctors received training in management of pregnancy complications	13	13	Data utilization reports from the Maternity Home

				and Outreach reports
Indicator 1.2	Number of midwives trained in safe delivery	15	15	Training report
Indicator 1.3	Number of Emergency kits distributed to CEmNOC and BEmNOC facilities	10	10	Procurement and distribution documents
Explanation of output and indicators variance:		-		
Activities	Description	Implemented by		
Activity 1.1	Provide safe delivery services to estimated 7,353 pregnant women in target regions	SALAMA Medical Agency and Ministry of Health		
Activity 1.2	Provide emergency services in CEmNOC centres for 1,395 complicated cases in 4 referral facilities	SALAMA Medical Agency and Ministry of Health		
Activity 1.3	Training of 13 medical doctors on management of pregnancy complications in 4 CEmNOC facilities	UNFPA		
Activity 1.4	Training of 15 midwives to support safe deliveries in 6 BEmNOC and 4 CEmNOC	UNFPA		
Activity 1.5	Distribution of emergency reproductive health and obstetric care kits to 4 CEmNOC and 6 BEmNOC centers in the 4 target regions	UNFPA		

Output 2	Conduct four integrated reproductive health outreach campaigns targeting 54,654 WCBA			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of outreach campaigns conducted during project implementation	4	4	Integrated outreach Reports
Indicator 2.2	Number of women who received services during the outreach campaigns	54,654	69.802	Integrated outreach Reports
Indicator 2.3	Number of packages of reproductive health supplies made available to outreach campaigns	4	4	Integrated outreach Reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 2.1	Conduct outreach campaigns, 2 in Bay, 1 in Sanaag and 1 in Nugal	Salama Medical Agency (SAMA), Ministry of Health		
Activity 2.2	Provide RH emergency medicines and supplies to facilitate outreach campaigns	UNFPA		

6. Accountability to Affected People

A) Project design and planning phase:

Assessment was done by UNFPA before starting the project while SAMA completed interviews with IDPs community committees before starting implementation during the first quarter of 2017

B) Project implementation phase:

Meetings and joint monitoring missions conducted by UNFPA M&E team and ministry of health to Ceerigabo, Baidoa and

Garowe

C) Project monitoring and evaluation:

Interviews conducted with group of women who received services during monitoring missions to Bayhawo hospital, Garowe hospital Ceerigabo and Lasaanod

17. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	
p) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item.	
q) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item.	
r) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

18. Evaluation: Has this project been evaluated or is an evaluation pending?

No	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.7. Project Report 17-RR-HCR-012 – UNHCR

31. Project information			
1. Agency:	UNHCR	2. Country:	Somalia
3. Cluster/Sector:	Non-Food Items	4. Project code (CERF):	17-RR-HCR-012
5. Project title:	Provision of Emergency Non-Food items to the drought affected households in Somalia		
6.a Original Start date:	01/05/2017	6.b Original End date	31/10/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 22,646,800
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,341,404.81
	c. Amount received from CERF:		US\$ 2,500,034
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 339,989
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 180,259 US\$ 159,730

32. Project Results Summary/Overall Performance

During this reporting period, UNHCR distributed Non-Food Items to 15,710 IDPs affected by drought, floods and fire out-breaks in Mogadishu, Baidoa, Kismayo, Luuq and Dhobley. In addition, 11,000 plastic sheets were also provided in Baidoa and ensured immediate protection of large number of IDPs from harsh weather conditions. Through cash-based initiatives, UNHCR distributed 6,810 NFIs (in cash) and the warehouse in Bossaso released a total of 11,792 in kind NFI kits for distribution to population of concern in Puntland. The beneficiaries included drought affected populations, IDPs and host communities both in major cities and rural areas

33. Changes and Amendments

It has been difficult to implement the interventions planned for IDP populations in **South Central** Somalia due to lack of proper registration records/profiling that could aid proper identification and targeting of vulnerable individuals for life saving assistance. As the majority of IDP sites are located on private owned land, this prevents humanitarian organizations from putting up facilities such as latrines, schools, health shelters in IDP settlements due to challenging

land ownership. In instances where these facilities are put in place, persistent evictions lead to their destructions. In Puntland, despite UNHCR's 2016-2020 strategy emphasising consideration of cash based interventions as modality to deliver assistance, return packages and substance allowance remained the only monetised assistances provided

34. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	11,600	65,000	76,600	10,300	64,000	74,300	21,900	129,000	150,900
Reached	16,200	98,615	114,815	18,250	76,912	95,162	34,450	175,527	209,977

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	112,900	4,105
IDPs	38,000	205,872
Host population		
Affected people (none of the above)		
Total (same as in 9a)	150,900	209,977
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		

35. CERF Result Framework

Project objective	Contribute to the protection of 150,900 displaced people through provision of emergency NFI kits.
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Output 1	150,900 most vulnerable displaced people are provided with NFIs in a timely manner			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of drought affected persons receiving NFI kits assistance	150,900 individuals (M:76,600 , F:74,300)	209,977 individuals received NFIs	NFIs Distribution Reports and Beneficiary List
Indicator 1.2	Distribution reports from partners	4 partner reports	2 Reports	IP report file
Indicator 1.3	Post Distribution Monitoring	One report	One Report	PDM File
Explanation of output and indicators variance:		Due to emergency, the actual NFIs distributed are more than the target		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 25,150 NFIs	UNHCR		

Activity 1.2	Formalisation of partnership agreements with implementing partners	UNHCR
Activity 1.3	Distribution of 25,150 NFIs	UNHCR, AVORD, DRC and NRC
Activity 1.4	Conduct Post Distribution Monitoring	INTERSOS

6. Accountability to Affected People

A) Project design and planning phase:

- UNHCR Multifunctional team conducted NFI rapid needs assessment
- With the support of NFI and Shelter Cluster, UNHCR developed Emergency response plan.
- With support of Department of Emergency and Supply and Security at HQ, UNHCR Somalia Conducted Procurement of NFIs
- NFIs distribution due diligence was used

B) Project implementation phase:

- Beneficiary Identification and selection was conducted with the community and relevant project stakeholders
- Beneficiary list was developed and used
- UNHCR NFIs distribution reporting templates were also used

C) Project monitoring and evaluation:

- Post distribution monitoring conducted by 3rd party
- Physical NFIs distribution monitoring conducted by UNHCR

19. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	Yes, the CERF project has a cash-based component
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 476,700
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	19 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	
s) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?)	
Sector-specific	
t) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?)	
Conditional	
u) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?)	
Restricted	

20. Evaluation: Has this project been evaluated or is an evaluation pending?

No	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.8. Project Report 17-RR-WFP-028 – WFP

36. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Nutrition	4. Project code (CERF):	17-RR-WFP-028
5. Project title:	Provision of life-saving curative and preventive services to children under 5 and pregnant and lactating women in Somalia		
6.a Original Start date:	01/04/2017	6.b Original End date	30/09/2017
6.c. No-cost Extension	<input type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 35,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 105,560,523
	c. Amount received from CERF:		US\$ 2,780,430
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 716,822
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> US\$ 32,895 ▪ <i>International NGOs</i> US\$ 393,664 ▪ <i>National NGOs</i> US\$ 290,263 ▪ <i>Red Cross/Crescent</i> 		

37. Project Results Summary/Overall Performance

The CERF grant supplemented the other existing grants in the targeted districts to increase access to treatment and prevention programs. The timeframe of the grant was at the height of the drought and the nutrition situation deteriorated. WFP scaled up both treatment programs and preventive programs in these targeted districts. A total number of 155,432 beneficiaries were assisted, including 39,780 children under 5 years with moderate acute malnutrition reached through the TSFP and 27,795 pregnant and lactating mothers with moderate acute malnutrition. In the MCHN prevention program, a total number of 20,998 children under 2 years and 29,109 pregnant and lactating mothers were reached. In the BSFP seasonal program, a total number of 37,750 children under 3 years were reached.

38. Changes and Amendments

The food security and nutrition situation continued to deteriorate in most parts of Somalia during the period of the grant. The GU rains started late April and ended in May instead of June in most parts of the country. There was also continuation of drought related displacement that contributed to the worsening of food security and nutrition in IDP settlements such as Baidoa and Mogadishu. There was cholera/AWD outbreak that had not been contained, lack of access to safe water in most parts of Somalia and prolonged drought caused livestock losses which is a major source of livelihood. These factors aggravated the food security and nutrition situation, thereby increasing the beneficiaries numbers into nutrition treatment and prevention in 2017.

39. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	41,902	55,337	97,239	37,879	-	37,879	79,781	55,337	135,118
Reached	52,617	56,904	109,521	45,911	0	45,911	98,528	56,904	155,432

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
55Refugees		
IDPs	27,023	31,086
Host population	108,095	124,346
Affected people (none of the above)		
Total (same as in 9a)	135,118	155,432
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		

40. CERF Result Framework

Project objective	Provision of life-saving curative and preventive nutrition services to children under 5 and Pregnant and Lactating Mothers in Somalia for two months.
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Output 1	Provision of 2 months MAM treatment to 38,687 children under 5 (U5) and 27,587 pregnant and lactating mothers.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	191.48 MT of PlumpySup, 413.8 MT of CSB, and 41.62 MT of oil procured and	100% (191.48 MT purchased and	95.8% (183.45MT of Plumpy Sup	WFP pipeline report

	distributed	distributed)	purchased and distributed) 565MT of CSB+ procured and 43MT of Vegetable Oil. CSB 136.8% and oil 103.3%	
Indicator 1.2	38,687 children under 5 and and 27,587 PLW enrolled in the treatment program	100% (38,687 children and and 27,587 pregnant and lactating mothers enrolled)	102.8% (39,780 children under 5 enrolled in TSFP). 100.75% (27,795 PLW enrolled in the TSFP)	WFP COMET System
Explanation of output and indicators variance:		Plumpy Sup was reduced as we had stocks from other donors whereas oil and CSB+ were increased under CERF to cater for the increased admissions we had for PLW.		
Activities	Description	Implemented by		
Activity 1.1	Procurement, transport, storage, and handling of 191.48MT of PlumpySup, 413.8 MT of CSB, and 41.62 MT of oil for 2 months	WFP and partners. WFP procured and transported to the partners. The partners were World Vision International (WVI), Elberde Primary Health Care Organization (EPHCO), Mandher Relief and Development Organization (MARDO), Health, Education Agro-Pastoral Liaison (HEAL), Hidig Relief and Development Organization (HIDIG), Somali Red Crescent Society (SRCS), Sanaag Concern Development Organization (SCODO), Mercy USA, Ras Awad Welfare Association (RAWA), DEH Relief Somalia (DEH)		
Activity 1.2	Screening of malnourished children U5s and PLWs	WFP partners. World Vision International (WVI), Elberde Primary Health Care Organization (EPHCO), Mandher Relief and Development Organization (MARDO), Health, Education Agro-Pastoral Liaison (HEAL), Hidig Relief and Development Organization (HIDIG), Somali Red Crescent Society (SRCS), Sanaag Concern Development Organization (SCODO), Mercy USA, Ras Awad Welfare Association (RAWA), DEH Relief Somalia (DEH)		
Activity 1.3	Procurement and distribution of registers registration cards, electronic scales and height boards	WFP		
Activity 1.4	Registration of moderately malnourished children U5s and PLWs and monitoring of admissions and discharges. Registration involves beneficiaries recorded in a register and issuance of a registration card.	WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 1.5	Provision of PlumpySup to moderately malnourished children U5s and PLWs and monitoring of admissions and discharges	WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		

Activity 1.6	Compiling partners reports and reporting to the nutrition cluster	WFP and partners. The partners sent monthly reports and WFP compiled and sent to the nutrition cluster
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Output 2	Provision of preventive BSFP program for two months to 27,750 children under 3 years			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# MT of plumpy doz procured and transported to implementing partners for distribution	100% (83.25 MT)	124.2% (103.41MT of Plumpy Doz procured)	WFP pipeline report
Indicator 2.2	# boys and # girls U3 are enrolled for preventive BSFP	100% (13,597 boys and 14,153 girls U3 are enrolled)	136% (17,743 boys and 20,007 girls U3 enrolled in the BSFP)	WFP COMET System
Explanation of output and indicators variance:		Programs for the prevention of acute malnutrition were scaled up alongside treatment programs. This necessitated purchasing more Plumpy Doz than initially anticipated		
Activities	Description	Implemented by		
Activity 2.1	Procurement of and transport, storage and handling of 83.25 MT plumpy doz for BSFP centres for distribution	WFP and partners. WFP procured and transported to the partners. The partners were World Vision International (WVI), Elberde Primary Health Care Organization (EPHCO), Mandher Relief and Development Organization (MARDO), Health, Education Agro-Pastoral Liaison (HEAL), Hidig Relief and Development Organization (HIDIG), Somali Red Crescent Society (SRCS), Sanaag Concern Development Organization (SCODO), Mercy USA, Ras Awad Welfare Association (RAWA), DEH Relief Somalia (DEH)		
Activity 2.2	Screening of U3 girls and boys	WFP partners. WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 2.3	Registration of 13,597 boys and 14,153 girls U3 Registration involves beneficiaries recorded in a register and issuance of a registration card.	WFP partners. WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 2.4	Provision of plumpy doz to 13,597 boys and 14,153 girls U3 for 2 months	WFP partners. WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 2.5	Compiling partners reports and reporting to the Nutrition Cluster	WFP and partners. The partners send the monthly reports and WFP compile and send to the nutrition cluster.		

Output 3	Provision of MCHN program to 17,343 U2 children and 27,750 pregnant and lactating mothers for two months			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	# MT oil, # MT CSB and # MT of plumpy doz procured and distributed	100% (41.62 MT oil, 416.2 MT CSB and 52.031 MT of plumpy doz) distributed in two months	89% for CSB and 100.9% for oil (371MT of CSB and 42MT of oil procured) 70% (36.315MT of plumpy doz procured)	WFP pipeline report
Indicator 3.2	# boys and # girls under 2 and # PLWs enrolled in the MCHN programme	100% (8,325 boys and 9,018 girls under 2 and 27,750 PLW are enrolled)	118.54% for boys (9,869 boys under 2 enrolled). 123.4% for girls (11,129 girls under 2 enrolled). 105% PLW (29,109 PLW enrolled).	WFP COMET System
Explanation of output and indicators variance:		CSB+ was purchased in lower quantities than planned, as WFP had existing stocks from other grants. Small variance in oil is due to currency fluctuations. Beneficiaries enrolled surpassed the target because all prevention programs were significantly scaled up, while various contributions were pooled to meet the requirements.		
Activities	Description	Implemented by		
Activity 3.1	Procurement, transportation, storage, handling of 41.62 MT oil, 416.2 MT CSB and 52.031 MT of plumpy doz	WFP and partners. WFP procured and transported to the partners. The partners were WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 3.2	Screening of children and PLWs	WFP partners. WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 3.3	Registration of 8,325 boys and 9,018 girls and 27,750 PLWs in the MCHN program. Registration involves beneficiaries recorded in a register and issuance of a registration card.	WFP partners. WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 3.4	Provision of good for 8,325 boys and 9,018 girls and 27,750 PLWs in the MCHN program	WFP partners. WVI, EPHCO, MARDO, HEAL, HIDIG, SRCS, SCODO, Mercy USA, RAWA, DEH		
Activity 3.5	Compiling partners reports and reporting to WFP	WFP and partners. The partners send the monthly reports and WFP compile and send to the nutrition cluster.		

6. Accountability to Affected People

A) Project design and planning phase:

WFP nutrition programs are community based. At the planning phase, the implementing partners held meetings with the affected community and made clear descriptions of the target population, how to access food commodities and identified the distribution points. Malnutrition was defined using the local terms to assist the affected community's understanding, and to facilitate self-referrals.

B) Project implementation phase:

WFP partners maintained a constant dialogue with the community they were serving. In the course of implementation, communities could voice their concerns and suggest an alternative course of action. The communities also gave feedback on access barriers or any other hindrance and together with the implementing partner can develop joint solutions.

C) Project monitoring and evaluation:

The community outreach workers who systematically carried out screening at the community level were employed from the affected community. They submitted weekly screening data for monitoring the nutrition situation, and participated in distributions. Qualitative information was collected through consultations with the affected community. Program data such as default rates was also communicated with the community, and this two-way process of communication helped identify issues affecting the program at the community level.

WFP utilized the 3W Matrix, weekly reports and monthly nutrition statistics to monitor the progress of the project, as well as site visits which were organized jointly with implementing partners. WFP's monitoring systems are based on the corporate results-based management framework.

WFP incorporated Commitments to Accountability to Affected Populations (CAAP) into policies and operational guidelines of all the projects. WFP ensured that feedback and accountability mechanisms were integrated into program proposals, monitoring and evaluations, partnership agreements and reporting. WFP has established a call centre in Galkayo, Somalia with hotline numbers where beneficiaries could call in and be provided with timely information on organizational procedures and programming -- forming feedback and complaint mechanism platform. WFP continuously communicated, received, processed, responded to and learned from the complaints and feedback given by the beneficiaries.

21. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	
v) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item.	
w) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item.	
x) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

22. Evaluation: Has this project been evaluated or is an evaluation pending?

WFP did not plan for an external evaluation of this project. However, WFP conducted regular external nutrition evaluations to identify bottlenecks to optimize nutrition performance and coverage. WFP also conducted a Country Portfolio Evaluation 2012 – 2017, which covered interventions funded by CERF during the project period. The evaluation will be released in the second quarter of 2018	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.9. Project Report 17-RR-WFP-029 – WFP

41. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Common Logistics	4. Project code (CERF):	17-RR-WFP-029
5. Project title:	Provision of Critical Logistics Services in Response to the Drought Emergency in Somalia		
6.a Original Start date:	31/03/2017	6.b Original End date	29/09/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,805,375
	c. Amount received from CERF:		US\$ 805,376
	d. Total CERF funds forwarded to implementing partners of which to:		
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	

42. Project Results Summary/Overall Performance
<p>The four key activities have been successfully implemented:</p> <ul style="list-style-type: none"> • Timely and regular air transport services provision to the humanitarian partners and the Government of Somalia to allow access remote and hard-to-reach location. <ul style="list-style-type: none"> ○ 80MT of humanitarian relief items have been airlifted for FAO, ICRC, UNICEF and UNHCR on a cost recovery basis. ○ 130MT of food and medical items have been airlifted for the Government of Somalia free of charge. ○ A total of 13 locations have been reached: Abduwaq, Adado, Baidoa, Barawe, Bardheere, Beletweyne, Bullo Burte, Dolow, Galkayo, Garbahare, Huddur, Kismayo and Luuq. • In support to the Government of Somalia, free of charge coordination and provision of air transport for medical and coordination missions to the hard-hit locations. <ul style="list-style-type: none"> ○ Eight missions organised to six regions: Bay, Gedo, Hiraa, Galagduud, Sool and Lower Shabelle. ○ A total of 72 Government experts have been provided with air transport services in response to the emergency. • Provision to sea transport services from the Port of Mombasa to Mogadishu, Berbera, Bossaso and Kismayo, ensuring a more predictable and regular delivery to functional Somali Ports. <ul style="list-style-type: none"> ○ 85MT of critical supplies have been transported by sea on behalf of FAO and UNICEF into and throughout Somalia. • Implementation of additional and dedicated storage facilities to better preposition emergency items and scale up operational efficiency. <ul style="list-style-type: none"> ○ Two Mobile Storage Units (MSU) have been set up at the Mogadishu and Baidoa airports to increase the efficiency of the air operations for all humanitarian partners and the Government of Somalia.

- Two refrigerated containers have been set up at the Mogadishu International Airport compound to store heat-sensitive nutritious items for UNICEF and Save the Children on a cost-recovery basis.

A Temperature Control Unit (TCU) to store heat sensitive items, as medicines and nutrition products, has been purchased to be installed in Mogadishu, used by all humanitarian partners free of charge, and be handed over as donation to the Government of Somalia.

43. Changes and Amendments

Considering the availability of assets and the sudden scale up of humanitarian needs, the Logistics Cluster was able to complete all service requests, on a cost-recovery basis for partners and free-of-charge for the Government. By using all assets to their maximum capacity, prioritising drought-related requests and dedicating increasing dedicated personnel, the Logistics Cluster has been able to complete all requests although higher than expected

44. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	-	-	-	-	-	-	-	-	-
Reached									

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		na.
IDPs		
Host population		
Affected people (none of the above)		
Total (same as in 9a)		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	n/a	

45. CERF Result Framework

Project objective	Provision of Critical Logistics Services in Response to the Drought Emergency in Somalia
Output 1	Storage and air delivery of critical relief items to the drought-affected districts

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Percentage of storage and shunting service requests facilitated up to a total maximum capacity of 200MT	100% (200MT)	113% (226MT)	Service request forms and tacking sheets
Indicator 1.2	Percentage of handling service requests facilitated up to a total maximum capacity of 200MT	100% (200MT)	155% (310MT)	Service request forms and tacking sheets
Indicator 1.3	Percentage of air transport cargo service requests facilitated up to a total maximum capacity of 200MT/M3	100% (200MT)	113% (226MT)	Service request forms and tacking sheets
Explanation of output and indicators variance:		Increased needs and availability of assets		
Activities	Description	Implemented by		
Activity 1.1	Storage and shunting services of critical relief cargo	WFP		
Activity 1.2	Handling services of critical relief cargo	WFP		
Activity 1.3	Air transport services of critical relief cargo	WFP		

Output 2	Ad-hoc Passenger Air services for joint inter-Cluster fast response and monitoring missions			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Percentage of ad hoc mission requests facilitated with the provision of air services	100%	100% 8 GoS missions 2 DOCC missions	Tracking sheets
Explanation of output and indicators variance:		n/a		
Activities	Description	Implemented by		
Activity 2.1	Provision of air transport for prioritized Inter Cluster members including UN personnel	WFP/UNHAS		
Activity 2.2	Prioritisation of aircraft to facilitate critical missions to the drought-affected locations	Logistics Cluster		

6. Accountability to Affected People

A) Project design and planning phase:

B) Project implementation phase:

Periodic coordination meetings were held in Mogadishu and Nairobi with all Logistics partners and the meeting minutes shared. Coordination with other clusters, relevant organisations and entities, was also facilitated through the participation to the Inter Cluster Working Group (ICWG) and the Drought Operations Coordination Centre (DOCC) Meetings.

Updated information on operational data was provided through the publication of route accessibility maps, supplier/transporter lists, situation updates, meeting minutes, snapshots, flash news and briefings to be shared with partners via a purpose-built mailing list and a dedicated webpage (www.logcluster.org/ops/som14a).

C) Project monitoring and evaluation:

The Logistics Cluster Coordinator shared the daily operational updates through close collaboration with local partners. Remote and on-site assessments were conducted twice a month to monitor and evaluate the developing requirements and operational changes and an on ad hoc basis and the related reports shared.

Periodic coordination meetings were held in Mogadishu and Nairobi with all Logistics partners and the meeting minutes shared. Coordination with other Clusters, relevant organisations and entities, was also facilitated through the participation to the Inter Cluster Coordination Group (ICCG), the Drought Operations Coordination Centre (DOCC) Meetings and regular meetings with Government authorities.

Monthly and ad hoc reports were shared with the Logistics partners and OCHA.

23. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): y) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item. z) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item. aa) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

24. Evaluation: Has this project been evaluated or is an evaluation pending?

No	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.10. Project Report 17-RR-WHO-018 – WHO

46. Project information			
1. Agency:	WHO	2. Country:	Somalia
3. Cluster/Sector:	Health	4. Project code (CERF):	17-RR-WHO-018
5. Project title:	Providing AWD/Cholera outbreak response and life-saving emergency health services to vulnerable populations in IPC4 and cholera affected areas of Somalia.		
6.a Original Start date:	27/03/2017	6.b Original End date	26/09/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 13,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,000,000
	c. Amount received from CERF:		US\$ 799,786
	d. Total CERF funds forwarded to implementing partners		US\$ 0
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	

47. Project Results Summary/Overall Performance

Through this CERF UFE grant, WHO and its partners provided care and treatment to over 80,000 cases of cholera, trained 18 mobile teams for emergency response, supported 7 cholera treatment facilities with operational funds, recruited 4 international staff to support cholera response, trained and supported 125 health workers (clinicians, nurses, surveillance officers) in alert warning system for cholera surveillance, cholera case management, conducted nine joint monitoring visits with MoH and partners and also procured 10 diarrhoea kits

48. Changes and Amendments

There were no amendments or changes made in the original plan

49. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	57,000	95,000	152,000	74,000	105,000	179,000	131,000	200,000	331,000
Reached	57,000	95,000	152,000	74,000	105,000	179,000	131,000	200,000	331,000
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	81,000					81,000			
Host population	250,000					250,000			
Affected people (none of the above)									
Total (same as in 9a)	331,000					331,000			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	The number of refugees reached could not be estimated due to surges especially in Baidoa as a result of severe drought								

50. CERF Result Framework	
Project objective	Reduce avoidable morbidity and mortality among vulnerable populations including displaced and drought affected people through improved AWD/cholera response and life-saving emergency health care services

Output 1	Enhance Disease surveillance and Acute Watery Diarrhoea (AWD) / Cholera outbreak response			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of CTCs/CTU supported	7	7	Activity reports
Indicator 1.2	Number of cholera / diarrhea kits procured and distributed to CTCs and CTUs	10 (three CTCs will receive additional kits in Banadir, Baidao and Hudur)	10	Activity reports
Indicator 1.3	Number of health workers trained on case management, outbreak investigation and eDEWS in the target regions	125	125	Activity reports
Indicator 1.4	Number of AWD/cholera cases managed by the trained personnel in the target health facilities	10,000 cases	70,000	Cholera situation reports
Indicator 1.5	Case fatality rates recorded in the target regions	< 1%	1.5%	Cholera situation reports
Indicator 1.6	Number of water quality tests conducted	20 tests	20	Laboratory reports

Explanation of output and indicators variance:		NA
Activities	Description	Implemented by
Activity 1.1	Provide operational support to maintain the CTCs and CTUs services in the target regions	WHO
Activity 1.2	Procure cholera/Diarrhea kits and RDTs to be used the functioning health facilities and CTCs/CTUs in the target regions	WHO
Activity 1.3	Distribute the cholera/Diarrhea kits and RDTs to CTCs/CTUs and other primary health care facilities in the target regions	WHO
Activity 1.4	Conduct ToT for cholera case management protocol among health workers	WHO
Activity 1.5	Procure water testing kits for chemicals and microbe to be used in the target regions	WHO
Activity 1.6	Deploy the water test kits to priority districts within the target regions	WHO
Activity 1.7	Train eDEWS focal persons from 120 health facilities in Somaliland, Puntland and South Central regions	WHO

Output 2	Improve delivery of essential life-savings in drought-affected areas via deployment of mobile teams and provision of emergency medical supplies			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of mobile teams deployed to provide essential life-saving services	18 mobile teams	18	Activity reports
Indicator 2.2	Number of emergency medical supplies procured and distributed through mobile teams and partners	100 inter-agency emergency health kits (IEHKs)	100	Procurement reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 2.1	Recruit 18 mobile teams (doctor, nurse, midwife and community health worker) to support case management and infection control and improve quality and outcomes	WHO, Ministry of Health		
Activity 2.2	Train 18 mobile teams (doctor, nurse, midwife and community health worker) to support case management and infection control and improve quality and outcomes	WHO, Ministry of Health		
Activity 2.3	Deploy 18 mobile teams (doctor, nurse, midwife and community health worker) to support case management and infection control and improve quality and outcomes	WHO, Ministry of Health		
Activity 2.4	Procurement 100 inter-agency emergency health kits (IEHKs)	WHO		
Activity 2.5	Distribution of 100 inter-agency emergency health kits (IEHKs) through mobile teams and partners	WHO		

6. Accountability to Affected People

A) Project design and planning phase:

Consultative meetings were held with the ministry of health officials as well as representatives of the affected communities to identify their needs and priorities for the drought response

B) Project implementation phase:

The health workers working in the treatment facilities in the most affected areas were supported with incentives, trainings and materials to use during the management of cholera cases and other drought related epidemics. Weekly situation reports about the cholera situation in the country were developed and disseminated with all partners. Regular feedback was received directly from the ministry of health through official communications and from the local media.

C) Project monitoring and evaluation:

Joint monitoring visits were organised by WHO, Ministry of Health and health cluster partners in most affected regions to review the progress of implementation of the activities against established targets

25. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
<p>4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):</p> <p>bb) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item.</p> <p>cc) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item.</p> <p>dd) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Choose an item.</p>	

26. Evaluation: Has this project been evaluated or is an evaluation pending?

WHO employed a consultant who conducted a joint evaluation of the drought response and cholera response activities. This evaluation was however not targeting only CERF funded activities only.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.11. Project Report 17-UF-CEF-001 – UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Education	4. Project code (CERF):	17-UF-CEF-001
5. Project title:	Supporting access to inclusive educational opportunities for vulnerable children (girls and boys) affected by drought in Somalia		
6.a Original Start date:	17/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 20,595,192
	b. Total funding received for agency's sector response to current emergency:		US\$ 6,001,164
	c. Amount received from CERF:		US\$ 599,904
	4. Total CERF funds forwarded to implementing partners of which to:		US\$ 401,316
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		US\$ 115,565 US\$ 285,751

2. Project Results Summary/Overall Performance
<p>UNICEF and partners exceeded planned results by providing a comprehensive education in emergencies (EiE) package that included: support for 10,783 children (42 per cent girls); constructing 24 temporary learning spaces (TLS) with gender-sensitive WASH facilities (twin latrines for boys and girls and handwashing points); rehabilitating 4 TLS, 4 classrooms and 10 water storage facilities; training 43 teachers (18 per cent female) on education in emergencies and providing psychosocial support for children affected by emergency; distributing a total of 118 school-in-a-box-kits, recreational kits and replenishment kits to 65 target schools/TLS benefiting 10,773 children (42 per cent girls); training 210 Community Education Committee (CEC) members (30 per cent female) on school grant and water resource management, and 10,783 children (42 per cent girls) in 65 schools/TLS enrolled or retained in schools through community-based school feeding, tuition fee payments and other drought impact mitigation measures. In addition, CERF funds directly supported the strengthening of field level monitoring and data/information management at national and sub-national levels, including multi-sectoral field missions and joint Ministry of Education-UNICEF-implementing partners' field missions across all project sites. These joint initiatives contributed to increased efficiency, timelines and effectiveness of local coordination mechanisms.</p>

3. Changes and Amendments
<p>The CERF-funded EiE intervention reached a total of 10,783 children – exceeding planned targets of 7,000 children and adolescents. The planned gender ratio was 50 per cent boys to girls, however the ratio achieved was 42 per cent girls. Challenges with achieving</p>

gender parity spring from multiple socio-economic and financial factors, including preferences of parents to send boys to school rather than girls, early marriage and early pregnancy, and lack of girl-friendly facilities in schools. Although all results in Output 1; children accessing (1) safe learning environments, (2) safe drinking water, and (3) hygiene facilities have exceeded planned targets, UNICEF continues to promote the rights of girls to access education, providing gender-sensitive learning facilities, and tackling the root causes of gender disparity. The number of teachers trained was also below planned targets, with 143 trained against a target of 178. This was primarily due to absenteeism and/or displacement of teachers, as teachers were often forced to find alternative sources of income to support their own families with food and water. On the other hand, the number of Community Education Committee (CEC) members trained on conflict-sensitive school resource management exceeded the planned target by 21 per cent (212 trained against the target of 175). This success was due to efforts at localizing assistance to the fullest extent possible with local NGO partners, and using mobile field teams to visit target schools for conducting CEC training with flexible schedules. CEC training motivated parents and other community members to be part of the CEC-led school resource management that enhanced their sense of ownership and participation in school governance, improved relationships with school administration and district education officers of the Ministry of Education.

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,500	123	3,623	3,500	230	3,730	7,000	353	7,353
Reached	4,533	89	4,622	6,250	264	6,514	10,783	353	11,136

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	3,707	2,659
Host population	3,146	8,477
Affected people (none of the above)	500	
Total (same as in 9a)	7,353	11,136

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

In line with UNICEF education pre-famine strategy which aimed at providing immediate education in emergencies services to the most affected children while empowering communities with durable solutions, this CERF project was designed and implemented in a way that strengthened locally-based existing school structures and available resources. The project was implemented in three locations of which two projects covered Jowhar in Central South Somalia and Bari, Nugaal, Sool and Sanaag regions of Puntland, where support to the existing local public schools in the host communities included the integration of IDPs who were displaced to those areas. Target schools were selected in consultation with implementing partners including local government authorities. Beneficiary schools in Puntland, selected by the Puntland Ministry of Education and Higher Education, accommodated less IDPs than originally anticipated. While the project in Bay and Bakool region had an exclusive IDP focus in which 100 per cent were IDP beneficiaries. Overall, the total number of IDPs reached was less.

5. CERF Result Framework

Project objective	7,000 vulnerable children critically affected by drought in Bay, Bakool and Lower Shabelle and Middle Shabelle, Nugaal, and Garowe Districts have access to safe learning environments and 353 teachers and
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	Community Education Committee members are trained on education in emergencies and psychosocial support to children in crisis
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Output 1	7,000 children in drought affected areas in central and southern regions of Somalia and Puntland have improved access to emergency education services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Children affected by drought have access to safe learning environments	7,000	10,783	Partner reports
Indicator 1.2	Children in target districts have access to clean drinking water in schools	7,000	10,783	Partner reports
Indicator 1.3	Children affected by and displaced by drought have access to hygiene facilities	4,000	10,783	Partner reports
Explanation of output and indicators variance:		Planned results were exceeded due to innovative approaches applied with localization of assistance, provision of emergency school cash grants and corresponding increased efficiencies allowing for greater number of beneficiaries to be retrieved into education and retained in schools.		
Activities	Description	Implemented by		
Activity 1.1	Support construction of 20 temporary learning spaces, complete with separate water and sanitation facilities (WASH) for girls and boys	Bay Regional Education Committee (BREC), Shabelle Education Umbrella (SHEDU); AYUUB NGO		
Activity 1.2	Support rehabilitation of existing learning spaces and schools, in targeted districts	BREC; SHEDU; AYUUB NGO		
Activity 1.3	Provide clean drinking water to schools	BREC; SHEDU; Ministry of Education and Higher Education (MoEHE) in Puntland; AYUUB NGO		

Output 2	7,000 children affected by drought have access to quality learning and teaching materials and/or trained teachers			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Teachers are trained on education in emergencies, psychosocial support and lifesaving skills and available in schools	178	143	Partner reports
Indicator 2.2	Learning and teaching materials are available in target communities in central and southern regions of Somalia	25 communities	65 communities	Partner reports
Explanation of output and indicators variance:		Due to high rates of absenteeism/displacement of teachers who needed to search for alternative livelihoods/income sources to support their families, teacher training activities did not reach planned target levels for number of teachers to be trained. Thanks to complementary funding sources, UNICEF was able to set up three supply hubs in CSR which contributed to expanding the number of communities reached.		
Activities	Description	Implemented by		
Activity 2.1	Support initial child-centered teacher training for 178 teachers which focuses on psychosocial elements	BREC; SHEDU; MoEHE in Puntland; AYUUB NGO		
Activity 2.2	Distribution of quality teaching and learning material in central and southern regions of Somalia	BREC; SHEDU; MoEHE in Puntland; AYUUB NGO		

Output 3	7,000 children affected by drought benefit from community support, engagement and advocacy through Community Education Committees trained on emergency response and psychosocial support for children in emergencies			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CEC members trained on cash grant and school water management to ensure broader lifesaving impacts of education-related intervention	175	210	Partner reports
Indicator 3.2	Number of schools receiving emergency cash grants (of \$180 per month for 7 months) managed by CECs ¹² for life-saving emergency services in their schools.	62	65	Partner reports
Indicator 3.3	Total amount of cash transferred to targeted beneficiaries	\$78,120	89,150	Partner reports, UNICEF monitoring reports
Explanation of output and indicators variance:		In the original proposal, the average number of community members participating in CEC trainings was calculated at 2.8 per committee. In actuality, more parents participated thus the total number of CEC members trained exceeded the original target. As for indicator 3.2, schools were selected in consultation with the Ministry of Education and implementing partners, and three schools were added to the project in Puntland considering the high risk of school closure. As for indicator 3.3, originally US\$ 180 had been planned per month per school for 62 schools for 7 months. However, considering that some schools were supporting a greater number of children, additional funds were allocated based on the greater number of students. At the end, the average amount of cash transferred per school per month for 65 schools (for 7 months) was US\$ 196.		
Activities	Description	Implemented by		
Activity 3.1	Training of CECs on cash grant and water management of water in schools.	BREC; SHEDU; MoEHE in Puntland; AYUUB NGO		
Activity 3.2	Distribution of cash grant vouchers to trained CECs at 62 schools	BREC; SHEDU; MoEHE in Puntland; AYUUB NGO		
Activity 3.3	Cash transferred to target beneficiaries	BREC; SHEDU; MoEHE in Puntland; AYUUB NGO		

6. Accountability to Affected People

4) Project design and planning phase:

Projects were designed in a way that the most updated situation analysis and the most pressing needs and priorities on the ground requested by the affected communities were strongly reflected through community driven consultation processes. All three projects funded by CERF were designed based on field needs assessment, jointly conducted by sub-national ministry of education bodies and local NGO partners who implemented the projects. Needs assessments included key informant interviews with community leaders/elders, focus group discussions with male and female groups, as well as direct observations from assessment teams on facilities and learning environments. A series of planning sessions to identify and prioritize intervention activities were conducted at respective project sites with participation of teachers, CECs and local NGO partners.

B) Project implementation phase:

An innovative emergency school cash grants mechanism, a first of its kind in UNICEF Somalia, was part of the core EiE package in this CERF project. This initiative aimed to address the most critical needs on the ground based on needs assessments conducted by local communities and facilitated by NGO implementing partners. CEC members who represented parents and wider community members,

¹² The cash grants are managed by the CECs. This activity is owned by the community is about community engagement and support for psychosocial needs of children in emergencies, which is reflected in this output.

were fully involved in the identification and prioritization of needs, decision-making on resource management, monitoring of agreed activities and reporting of grants disbursements. This helped to increase the accountability and transparency of aid to local communities who were directly involved in oversight and reporting of funds utilization and the implementation of planned activities.

C) Project monitoring and evaluation:

Progress monitoring was conducted through joint field missions between local ministry bodies, implementing partners as well as UNICEF staff. During the monitoring phase, beneficiary interviews were regularly conducted and documented to have direct feedback from children, parents, teachers and community members in terms of progress of planned activities. Any necessary modifications of project activities and delivery modalities were discussed with CEC members prior to actions.

27. Cash-Based Programming	
1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	Yes, the CERF project has a cash-based component
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 89,150
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	22 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): ee) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Sector-specific ff) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Conditional gg) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Restricted	

28. Evaluation: Has this project been evaluated or is an evaluation pending?

In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.12. Project Report 17-UF-CEF-002 – UNICEF

6. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Health	4. Project code (CERF):	17-UF-CEF-002
5. Project title:	Provision of emergency reproductive, maternal, newborn and child health services including preparedness and response to disease outbreaks		
6.a Original Start date:	22/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 33,458,951
	b. Total funding received for agency's sector response to current emergency:		US\$ 25,253,067
	c. Amount received from CERF:		US\$ 699,999
			US\$ 205,981
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 71,756 US\$ 134,225

7. Project Results Summary/Overall Performance
<p>Through this CERF action, UNICEF and partners provided life-saving emergency healthcare to 4,300 women of child bearing age, including 1,800 pregnant and lactating women and 4,000 children under-5. A total of 40 DDKs were procured to treat AWD/cholera cases at the facility and community levels, 4,000 children under-5 were immunized against measles, 1,900 pregnant and lactating women gained access to ante-natal and postnatal care, increasing the number of women reached by 6 per cent, 2,760 women of child bearing age received tetanus injections at the facility level and 1,800 children under-5 were treated for acute diarrhoea in health facilities. During service provision, both at the facility and community levels, health education and community awareness was provided to 65 per cent of the household target. CERF funds were used to scale up a comprehensive humanitarian response, including the timely provision of essential maternal, newborn and child health services, including preparedness and response for measles and AWD/cholera outbreaks and emergency response in Puntland, Somaliland, and CSR.</p>

8. Changes and Amendments
<p>By the time funding was received, the partners that were earmarked to receive this funding had been funded with other resources. As such, this funding filled a gap by funding different implementing partners that could provide the healthcare services in the same CERF-targeted areas.</p>

9. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	3,042	7,098	10,140	2,985	6,902	9,860	6,000	14,000	20,000
Reached	3,042	7,500	10,542	2,985	4,988	7,973	6,027	12,488	18,515
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	2,000					2,000			
Host population	18,000					16,515			
Affected people (none of the above)									
Total (same as in 9a)	20,000					18,515			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	A slight variation in the target on Individual and household level behaviour messaging on cholera prevention was observed among men during the sessions. This may explain the 7 per cent miss in the overall target. However, in the same context, more women of child bearing age were reached against the target while the target for children U-5 was reached.								

10. CERF Result Framework	
Project objective	Provision of emergency reproductive, maternal, newborn and child health services including preparedness and response to disease outbreaks, through static and mobile facilities in drought affected-areas.

Output 1	Essential primary health care and emergency immunization supplies are made available to designated partners and health facilities in five drought-affected areas in Somaliland and South Somalia, in support of 20,000 people.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of DDKs procured, imported and warehoused at appropriate locations for the cholera response	40	40	UNICEF Supply Procurement records
Indicator 1.2	Number of measles vaccines (vials) procured, imported and warehoused at appropriate locations for the measles response	17,000	17,000	UNICEF Supply Procurement records
Indicator 1.3	Number of children under-5 vaccinated against measles	4,000	4,000	UNICEF and WHO EPI Reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Procure essential drugs such as zinc and oral rehydration salts (ORS)	UNICEF		

Activity 1.2	Distribute procured essential drugs to health facilities	UNICEF
Activity 1.3	Procure measles vaccines	UNICEF
Activity 1.4	Distribute procured measles vaccines to partners and health facilities	UNICEF
Activity 1.5	Procure DDKs	UNICEF
Activity 1.6	Distribute procured DDKs to MoHs, partners and health facilities	UNICEF

Output 2	20,000 drought-affected people have access to life-saving primary health care interventions in targeted areas.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of pregnant and lactating women who have access to antenatal and postnatal care	1,800	1,900	UNICEF HMIS
Indicator 2.2	Number of women of child bearing age who receive TT vaccine at the facility level	2,760	2,650	UNICEF HMIS
Indicator 2.3	Number of children U-5 treated for acute diarrhoea in health facilities	1,800	1,800	UNICEF HMIS
Indicator 2.4	Number of mobile outreaches supported	4	4	Partner reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procure essential drugs including Somali Health Centre medicines kit	UNICEF		
Activity 2.2	Distribute procured medicines kit to static facilities and mobile clinics	UNICEF		
Activity 2.3	Procure and store critical TT vaccines for women of child bearing age in all target facilities for use	UNICEF		
Activity 2.4	Distribute procured TT vaccines supplies to static facilities and mobile clinics	UNICEF		
Activity 2.5	Treat children under-5 for acute diarrhoea	KAAH Relief and Development Organisation; Salama Medical Agency; SAF;MERCY USA		
Activity 2.6	Mobile clinics provide outreach emergency healthcare and referrals	KAAH Relief and Development Organisation; Salama Medical Agency; SAF;MERCY USA; Somali Lifeline Organization; Wajir South Development Association Somalia		

6. Accountability to Affected People

4) Project design and planning phase:

Affected communities played an integral part in the project design and planning phase. Through engagement with the Drought Task Force at community level, community members were able to identify and communicate their needs to the district Drought Task Force as well as with the State level one. In addition, key informants, including traditional leaders, local authorities, women and members from local NGOs participated in assessments where they provided their feedback on the drought response. This beneficiary feedback was crucial in informing the scale-up response and possible reprogramming. Children in schools also participated in the assessments by identifying the needs of their schools.

B) Project implementation phase:

During the implementation phase, UNICEF staff visited target areas to ensure direct oversight of the implementation process. For inaccessible areas, independent third party verification was engaged to monitor and evaluate projects using standard tools with pre-set indicators. Supply delivery to partners was tracked through a UNICEF call centre, which comprised of tracking and monitoring release orders, transportation, delivery to partners, receipts by partner and at the end, receiving the confirmation receipt of the supplies. Both direct and third party monitoring activities involved collecting direct feedback from beneficiaries through structured questionnaires and incorporating their input into the implementation plan as work progressed.

C) Project monitoring and evaluation:

Where access was possible, UNICEF staff and partners undertook direct joint monitoring and evaluation, which included field visits, surveys, and assessments. Information collected by UNICEF, partners and communities during joint monitoring visits was triangulated to validate achievements and identify gaps. UNICEF conducted analysis of the data provided by each facility to ensure that project implementation went according to the project plan and that the best quality of services was provided. UNICEF conducted monthly monitoring missions and meetings during the course of the project.

29. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 0
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	0 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): hh) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item. ii) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item. jj) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Choose an item.	

30. Evaluation: Has this project been evaluated or is an evaluation pending?

In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.13. Project Report 17-UF-CEF-003 – UNICEF

11. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Water, Sanitation and Hygiene	4. Project code (CERF):	17-UF-CEF-003
5. Project title:	Provision of life-saving water, sanitation and hygiene services to drought-affected and vulnerable populations		
6.a Original Start date:	24/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 43,948,718
	b. Total funding received for agency's sector response to current emergency:		US\$ 41,629,535
	c. Amount received from CERF:		US\$ 2,063,461
	4. Total CERF funds forwarded to implementing partners of which to:		US\$ 1,089,553
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		US\$ 399,052 US\$ 59,250 US\$ 631,251

12. Project Results Summary/Overall Performance

This generous contribution through the underfunded emergency window enabled UNICEF and partners to provide temporary access to safe water through water trucking and vouchers for 105,811 people in Somalia. This included 25,606 girls, 20,851 boys, 26,664 men and 32,590 in Bari, Gardafu, Mudug, Nugaal in Puntland; Togdheer, Awdal and Marodijeh in Somaliland; Luuq; Dollow and Middle Shabelle in Central South region of Somalia and Sool and Sanaag. Each household of six persons received 45 litres of water per day for three months. To ensure sustainability beyond the provision of water through trucking and vouchers, UNICEF also supported the rehabilitation of five strategic boreholes in the affected communities, which produced sufficient water to meet the needs of an additional 67,072 people. Three of these boreholes were equipped with solar powered pumping systems and other two boreholes with diesel run generators and pumps. To complement the increased access to safe drinking water, 66,427 people across all intervention areas were provided with the means to practice good hygiene, household water treatment systems and safe storage. A total of 146 hygiene promoters recruited from the beneficiary population were trained to ensure continuous engagement on hygiene topics. Beneficiary households were provided with hygiene kits composed of jerry cans, buckets, soaps and water purification tablets.

13. Changes and Amendments

No changes were made to the original project plan.

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14. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	19,360	24,640	44,000	15,840	20,160	36,000	35,200	44,800	80,000
Reached	25,606	32,590	58,196	20,951	26,664	47,615	46,557	59,254	105,811
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	10,000					60,441			
Host population	30,000					32,221			
Affected people (none of the above)	40,000					13,149			
Total (same as in 9a)	80,000					105,811			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:			Water prices increased six fold in some of the worst hit remote pastoral settlements. The number of people in need of WASH services continued to increase due to the severity of the drought. The collaboration between UNICEF, the line ministries and the State agencies responsible for disaster management was exemplary in scaling-up the emergency WASH interventions. Through this collaborative engagement with the authorities, UNICEF was able to influence the regulation of the prices of water; allowing more people to access safe water at an affordable cost, accounting for the increase in number of people reached.						

15. CERF Result Framework	
Project objective	Provide temporary and sustained access to safe water, sanitation and hygiene for 80,000 drought-affected and vulnerable people in Somalia.

Output 1	An additional 80,000 people affected by drought have access to adequate and safe water through water vouchers, water trucking and emergency repair including operational and maintenance support of water points.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people in humanitarian situations accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene through water vouchers/trucking	80,000	105,811	Partner reports
Indicator 1.2	Number of people with sustained access to safe water through emergency support and repair of strategic water facilities	50,000	67,072	Partner reports

Explanation of output and indicators variance:		The high achievement for water trucking can be attributed to the collaborative engagement between UNICEF and the authorities as UNICEF was able to advocate for a drop in the price per barrel of water. By regulating the prices of water; the cost became a third of what it used to be (1,000 Somali Shillings per 20 litre jerry can down from 3,000 Somali Shillings in Puntland).
Activities	Description	Implemented by
Activity 1.1	Provision of water through vouchers/trucking including water bladder distribution. (7.5 litres/person/day for 1.5 months before the next long rains in April 2017).	HEAL; Social Relief Organization (SRO); PSAWEN; Women and Child Care organisation (WOCCA), Somali Humanitarian Relief Action (SHRA); Ministry of Planning and International Cooperation (MOPIC)
Activity 1.2	Emergency repair of water supply infrastructure including operation and maintenance support (wells, boreholes, storage tanks, pipelines).	PSAWEN; MOWR; SHRA; WOCCA
Activity 1.3	Capacity building of community water management committees including operators.	PSAWEN; SHRA

Output 2	60,000 drought-affected people, including children and women in affected areas, have access to improved hygiene services and facilities to reduce morbidity and mortality due to water borne diseases			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of emergency-affected people, with knowledge and means to practice good hygiene and household water treatment	60,000	66,427	Partner reports
Explanation of output and indicators variance:		As a result of population displacements, hygiene promoters achieved higher coverage compared to targeting people within their communities.		
Activities	Description	Implemented by		
Activity 2.1	Hygiene and sanitation awareness raising, focusing on household water treatment/behaviour change	HEAL; SRO; MoH; WOCCA; SHRA		
Activity 2.2	Distribution/replenishment of emergency hygiene kits for safe hygiene and water treatment at household level in the response to the ongoing AWD/cholera outbreak	Purchase of supplies: UNICEF Distribution: MoH; SRO; HEAL; SHRA		
Activity 2.3	Desludging/construction of pit latrines in IDP camps and new settlements receiving influx of people or health facilities/CTCs providing treatment to persons affected by the AWD/cholera outbreak	MoH; SRO; SHRA		

6. Accountability to Affected People

4) Project design and planning phase:

The design and planning phase of interventions was facilitated by UNICEF and its partners in consultation with representatives of the beneficiaries. In order to design the interventions, the need to understand the severity of the drought was recognized by UNICEF. A number of needs assessment were carried out in some of the hard-to-reach districts between 2 February and 16 March. The assessments were mostly inter sectoral, aiming to ascertain beneficiary perceptions of the drought, its severity and level of assistance provided. Beneficiary perceptions and feedback informed the scale-up plans and possible reprogramming and the assessment data was compiled per site and consolidated to provide an indication of beneficiary opinions. The drought response committees and taskforces, as representatives of the affected population, were subsequently involved in the planning and design phases of the interventions and the actual implementation. Communities were informed of the planned activities and assistance through mass

sensitization and community outreach. Signposts were placed in the implementation areas not only for visibility but also to inform beneficiaries.

B) Project implementation phase:

In order to ensure due accountability, transparency as well as acceptance of the project activities, beneficiaries were actively involved during the implementation phase. The majority of activities were directly implemented by the community members. For instance, hygiene promoters were recruited from within the beneficiaries and trained to spread good hygiene practice messages, while during the distribution of items, the implementing partner was assisted by beneficiaries' representative committees to ensure beneficiary involvement.

C) Project monitoring and evaluation:

Monitoring of project implementation activities was conducted at three levels. Firstly, routine monitoring was conducted by UNICEF's implementing partners together with beneficiaries' representative committees at the local level. Secondly, on a regular basis, UNICEF staff participated in monitoring exercises security conditions permitting. Finally, for hard-to-reach areas, third party monitoring services were used from consulting firms hired by UNICEF. At each level, the involvement of beneficiaries was key. Third party monitoring was also required to actively involve the beneficiaries during the exercise.

31. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
<p>4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):</p> <p>kk) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item.</p> <p>ll) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item.</p> <p>mm) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.</p>	

32. Evaluation: Has this project been evaluated or is an evaluation pending?

<p>In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.14. Project Report 17-UF-CEF-004 – UNICEF

16. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Child Protection	4. Project code (CERF):	17-UF-CEF-004
5. Project title:	Establishing community based drought response mechanisms for prevention and response to child protection and GBV issues		
6.a Original Start date:	22/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 14,115,430
			US\$ 9,978,974
	c. Amount received from CERF:		US\$ 200,000
	4. Total CERF funds forwarded to implementing partners of which to:		US\$ 148,889
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 2,796 US\$ 0 US\$ 146,093 US\$ 0

17. Project Results Summary/Overall Performance

UNICEF identified and registered 270 separated (181 boys; 89 girls) and 149 unaccompanied minors (105 boys; 44 girls). All children received tracing and reunification/alternative care support, transportation, medical and material support, and life-saving nutritional and psychosocial support. A total of 8,184 community members were reached with prevention of family separation and gender-based violence (GBV), referrals and behaviour change messages to improve their protective environment. A total of 110 GBV survivors (46 women, 50 girls, 10 boys, 4 men) were provided with emergency multi-sectoral assistance, including psychosocial support, case management, clinical, safety and legal services, 18 new child protection committees (CPCs) were established and 6 existing CPCs were provided with capacity support, technical assistance and material support and 15 people from each CPC were trained on family separation, mine risk education, GBV referrals and child protection strategies. The CPCs reached approximately 15,000 community members through outreach on prevention of family separation, prevention of GBV and encouraging reporting/referrals, and mine risk education.¹³

18. Changes and Amendments

¹³ Estimates based on partner assessment of community size and demographic reach of outreach programmes. CPCs lack capacity to accurately report number on community outreach programmes

The results of the programme were achieved and the outcomes set were appropriate to the context. However, the context itself led to slight modification/adaptation. Initially the implementing partners had planned to rely heavily on staff and community outreach workers under the direct supervision of the organization to undertake activities. Seeing that the displacement was likely to be protracted, partners shifted their approach to establishing and reinforcing community-based child protection mechanisms to improve community accountability, leaderships and sustainability – and also to link to longer term resilience programming. This has led to greater number of referrals, improved penetration of behaviour change programmes and deepened the resilience of communities in protected displacement. In this sense, CERF funds have provided immediate life-saving relief and assistance whilst also providing a launching pad for resilience programming that UNICEF is able to continue, particularly in urban areas where IDPs have tended to concentrate.

19. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	4,075	1,270	5,345	3,579	1,251	4,830	7,654	2,521	10,175
Reached	5,424	9,988	15,412	4,175	4,456	8,631	9,599	14,444	24,043

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	7,122	
IDPs	2,035	16,573
Host population	1,018	7,470
Affected people (none of the above)		
Total (same as in 9a)	10,175	24,043

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

The number of CPCs targeted and supported through the intervention were underestimated – however, as indicated above, due to a deeper understanding of the context and the protracted nature of displacement the community-based child protection component of the programme was increased. UNICEF, with its implementing partners, was able to scale up the intervention to a greater number of communities and CPCs, which substantially increased the scope and reach of planned prevention/outreach activities.

20. CERF Result Framework

Project objective	Protection of the most vulnerable girls, boys, women and men through life-saving support to children in the most drought affected communities in Somalia (Central and southern regions, Puntland and Somaliland).
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Output 1	Systems for Identification, documentation and reunification of separated and Unaccompanied and prevention of family separation in place and strengthened and supporting 5,000 children and adults.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of unaccompanied and separated girls and boys identified and registered through the use of Inter-agency CP FTR forms	326 (Boys: 193 & Girls: 133)	419 (286 boys, 133 girls)	Partner reports and spot check monitoring of registers and case files.

Indicator 1.2	Number of boys, girls and community adults reached with Prevention of family separation messages	5,000 (Boys: 1,500, Girls: 2,000, Men: 750 & Women: 750)	8,184 (879 boys, 2,241 girls, 1,287 men, 3,777 women)	Partner reports
Explanation of output and indicators variance:		Through working with CPCs at community level, partners were able to substantially expand the reach of the project. They were able to reach more children than anticipated, improve the take up of behavioural change messages therefore improving the protective environment, and therefore improve both the quantity of women and children reached with response services, as well as improve the reach and quality of preventative messages.		
Activities	Description	Implemented by		
Activity 1.1	Strengthen and expand the Identification, Documentation, Tracing and Reunification (IDTR) system in affected areas including training of case workers as IDTR focal points in areas affected and supporting separated and other children requiring assistance	Comprehensive Community-Based rehabilitation in Somaliland (CCBRS); Tadamun Social Society (TASS); Ministry of Labour and Social Affairs (MoLSA)		
Activity 1.2	Carry out prevention of family separation awareness activities with community adults.	CCBRS and TASS		

Output 2	100 girls, boys and women subjected to gender-based violence accessed quality lifesaving interventions and services based on their individual needs.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of girls, boys and women survivors of GBV accessing a range of GBV services (Medical, legal and Psychosocial)	100 (Girls: 50, Women: 40, Boys: 8 & Men:2)	107 (46 women, 50 girls, 10 boys, 4 men)	Case files, partner monitoring
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Women, men, girls and boys affected by conflict and humanitarian emergencies have equal access to a timely, age, sex and culturally sensitive GBV package of services/ protection responses	CCBRS and TASS		
Activity 2.2	The capacity of partners to implement the GBV in Emergency guidelines to improve quality of care and improve measures to mitigate the risk and exposure of women and girls to GBV built.	UNICEF		
Activity 2.3	Enhanced community understanding of sexual violence and child abuse to undermine harmful social norms and increase access to services through community referrals and self-reporting.	CCBRS and TASS		

Output 3	Systems to enhance community knowledge, particularly boys & girls' knowledge on Mine Risk Education (MRE) in drought affected areas in place and supporting 5,000 children and adults.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of boys/girls and community members who benefit from Mine Risk Education	5,000 (Boys: 2,000, girls: 2,000, Men: 500 & Women:500)	15,000 community members (6,000 women, 3,000 girls, 3,000 men, 3,000	Partner monitoring

			boys)	
Explanation of output and indicators variance:		The number of CPCs targeted and supported through the intervention were underestimated. UNICEF, with its implementing partners, was able to scale up the intervention to a greater number of communities and CPCs, which substantially increased the scope and reach of prevention/outreach activities.		
Activities	Description	Implemented by		
Activity 3.1	Develop and disseminate mine risk education materials	CCBRS and TASS		
Activity 3.2	Provide Mine Risk Education through the network of community based networks and other service providers.	CCBRS and TASS		

6. Accountability to Affected People

4) Project design and planning phase:

UNICEF's implementing partners, CCBRS and TASS, have been running social norms, GBV and child protection projects in drought-affected regions for the past 10 years and have established a strong network of community-based organizations, religious leaders and women groups who are involved in the designing and contextualisation of the project interventions. Community-based child protection mechanisms were utilised to define messages, identify referral pathways, protective issues and risk factors at the community level and were central in building response and prevention systems to improve the protective environment for communities.

B) Project implementation phase:

The implementation phase focused on linking informal community-based systems with formal child protection structures and service points. In order to achieve successful referrals, communities were supported to challenge social norms that limit reporting, were supported to identify tertiary risks of non-reporting, were provided with basic skills in provision of psychosocial support and were the fundamental medium by which prevention and awareness messaging was broadly transferred.

C) Project monitoring and evaluation:

Monitoring began at the community level with outreach workers identified and supported to become focal points for CCBRS and TASS. These workers provided ongoing support in monitoring, implementation and data gathering on the key issues of relevance to the project.

33. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 0
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	0 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	
nn) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item.	
oo) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item.	
pp) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Choose an item.	

34. Evaluation: Has this project been evaluated or is an evaluation pending?

In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.

EVALUATION CARRIED OUT ☒

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.15. Project Report 17-UF-CEF-005 – UNICEF

21. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Nutrition	4. Project code (CERF):	17-UF-CEF-005
5. Project title:	Life-saving support for boys and girls affected by severe acute malnutrition including pregnant and lactating women focusing on geographical areas with deteriorating nutrition situation due to drought		
6.a Original Start date:	22/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 40,200,090
	b. Total funding received for agency's sector response to current emergency:		US\$ 44,362,888
	c. Amount received from CERF:		US\$ 1,550,001
	4. Total CERF funds forwarded to implementing partners of which to:		US\$ 725,870
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		<div>US\$ 83,257</div> <div>US\$ 592,738</div> <div>US\$ 49,875</div>

22. Project Results Summary/Overall Performance

Through this CERF UFE funding, UNICEF ensured the provision of holistic treatment and preventive basic nutrition services package (BNSP) that delivered life-saving treatment to 6,000 children with severe acute malnutrition (SAM). CERF was critical in its contribution to the pre-famine response scale-up of life-saving nutrition services to prevent excess mortality and morbidity and to avert famine. As a result, there was a rapid increase in the number of children treated. In 2017, 269,714 children were treated, which is double the number that were reached in 2016. The rapid scale-up of the response also resulted in nearly 40 per cent increase in the number of static and mobile sites registered, thus ensuring effective reach to communities most in need. In order to ensure community engagement and sustain programme results, CHWs were trained, equipped and supported to deliver promotional and preventive components of the BNSP at community level. Notably, more than 60,000 women, including pregnant and lactating mothers and women with children under-5 were counselled in appropriate child care and feeding.

23. Changes and Amendments

Because of the scale of the emergency and the urgent need to scale up the response while ensuring continuity in service provision, UNICEF engaged several partners prior to receipt of this CERF contribution. By the time funding was received, the partners that were earmarked to receive this funding had been funded with other UNICEF pooled resources. As such, this funding filled a gap by funding different implementing partners that could provide the nutrition care services in the same

CERF-targeted locations.

24. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	5,916	78,000	83,916	5,684	-	5,684	11,600	78,000	89,600
Reached	3,060	59,151	62,211	2940	0	5,081	6,000	59,151	65,151

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	35,840	31,924
Host population	53,760	33,227
Affected people (none of the above)		
Total (same as in 9a)	89,600	65,151

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

During the proposal development phase, the targeted number of children for treatment of SAM was projected at 11,600 cases. However, during the process of reviewing the proposal to adjust to the funds available, the target was reduced to 6,000 children but the number of SAM cases was inadvertently left unchanged. The correct planning figure should have been 6,000 children under -5 with life threatening severe acute malnutrition.

Regarding the women reached with IYCF-E counselling support, including IDP and host populations, the actual number reached is expected to be higher than reported. The discrepancy is due to the delay in the roll-out of the nutrition cluster ONA online reporting system supposed to capture and report emergency indicators. To address the problem, UNICEF and the nutrition Cluster have undertaken a renewed focus in 2018 on effective use of ONA to report on these and other indicators that were not well captured during the pre-famine response.

25. CERF Result Framework

Project objective	To avert excess mortality due to acute malnutrition and associated morbidities for 11,600 severely malnourished children under five affected by drought including reaching 78,000 pregnant and lactating women with BNSP
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Output 1	11,600 children aged 6-59 months with SAM are admitted for treatment			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children aged 6-59 months with SAM admitted for treatment	11,600	6,000	Partner reports
Indicator 1.2	Treatment performance indicators meet SPHERE standards	Cured >75%, Defaulters<15%,	Cured – 93.5%, Defaulters – 3.5%,	Partner reports

		Deaths <10%	Deaths - 0.9%	
Explanation of output and indicators variance:		Initially, the targeted number of children for treatment of severe acute malnutrition in the draft proposal was 11,600 cases. During the process of reviewing the proposal, the target was reduced to 6,000 children to align with the allocated CERF budget although the number (11,600) was inadvertently left unchanged in the proposal. The correct planning figure should have been 6,000 children under-5 targeted for admission.		
Activities	Description	Implemented by		
Activity 1.1	Screening and referral for acute malnutrition in fixed OTPs	CHWs working with implementing partners including; Medecins Du Monde (MdM); Mercy USA for Aid and Development (Mercy – USA), MoH; Health Poverty Action (HPA), Health, Education, Agro pastoralist Liaison (HEAL), TASS, Save the Children International (SCI) and World Vision International (WVI)		
Activity 1.2	Treat of SAM in OTPs and SCs	MdM; Mercy USA, MoH; HPA; HEAL; TASS; SCI; WVI		

Output 2	Children under-5 including PLW access BNSP services through mobile and outreach OTPs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of mobile OTPs delivering BNSP including SAM treatment	200	200	Nutrition database and partner reports
Explanation of output and indicators variance:		Overall, scale up of the nutrition response resulted in an increase in the number of mobile and static sites to 789 sites; CERF contributed to the planned number of mobile OTPs delivering BNSP including SAM treatment.		
Activities	Description	Implemented by		
Activity 2.1	Conduct mobile and outreach activities to deliver BNSP and screening for acute malnutrition	MdM, Mercy USA, MoH, HPA, HEAL, TASS, SCI, WVI		
Activity 2.2	Treat severely malnourished children through mobile and outreach clinics	MdM, Mercy USA, MoH, HPA, HEAL, TASS, SCI, WVI		

Output 3	Emergency nutrition supplies are procured to support the treatment of 11,600 severely malnourished children			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of RUTF cartons procured and distributed	6,000	6,000	UNICEF Supply Procurement records
Indicator 3.2	Number of cartons of therapeutic milk procured and distributed	809	809	Partner reports
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Procure emergency nutrition supplies	UNICEF		
Activity 3.2	Distribute emergency nutrition supplies	MdM, Mercy USA, MoH, HPA, HEAL, TASS, SCI, WVI		

6. Accountability to Affected People

4) Project design and planning phase:

Government authorities, as the overall representatives of the affected population, were involved in the different levels of consultations during the design and planning of the project. This was done through the joint UNICEF-Government Annual Work Plan of 2017 whose major source of funding is the Humanitarian Response Plan to which CERF contributed. Government counterparts played a critical role in ensuring equitable allocation of resources for nutrition services including reallocating/redistributing partners and nutrition sites to ensure that service coverage in areas with minimal sites is boosted.

B) Project implementation phase:

Implementation of the UNICEF nutrition programme fostered greater engagement of communities. In 2017, UNICEF enabled increased community involvement and ownership of the nutrition programme. Male and female CHWs, which included minority groups and IDPs, were trained and equipped to provide skilled services, including active case finding and referral and counselling of mothers on appropriate IYCF. In addition, community development committees received capacity strengthening in activity planning and implementation.

C) Project monitoring and evaluation:

The monitoring and evaluation system captured key community engagement activities, including screening and referral. However, this will be strengthened in 2018 with the expansion of ONA that will provide a more robust means of capturing community indicators.

35. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 0
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	0 %
<p>4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):</p> <p>qq) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item.</p> <p>rr) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item.</p> <p>ss) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Choose an item.</p>	

36. Evaluation: Has this project been evaluated or is an evaluation pending?

<p>In 2017 a real-time evaluation was implemented to assess UNICEF Somalia's pre-famine response, which includes the CERF funded Action. The evaluation found that the office met targets and saved many lives through effectively mobilizing donor resources, delivering supplies through established supply hubs, and supporting implementation at scale. Some key lessons were around the need to increasingly focus on resilience activities, expand integrated programming, improve feedback to beneficiaries and through a decentralization approach empower the field offices to respond more flexibly to the expressed needs of communities. These findings have been incorporated into a management response for action in 2018.</p>	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

8.16. Project Report 17-UF-FAO-003 – FAO

26. Project information			
1. Agency:	FAO	2. Country:	Somalia
3. Cluster/Sector:	Agriculture	4. Project code (CERF):	17-UF-FAO-003
5. Project title:	Emergency response to the acute food insecurity needs of drought-affected rural people in Somalia		
6.a Original Start date:	01/03/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 26,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 109,994,259
	c. Amount received from CERF:		US\$ 4,000,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 1,124,129
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 602,340 US\$ 521,789

27. Project Results Summary/Overall Performance
<p>With CERF UFE funding, FAO provided cash+ agriculture support to 3,350 households, agriculture support to 2 400 households and livestock treatment and water trucking for 155 559 households.</p> <p>Three-monthly cash transfers amounting to US\$ 902,650 was transferred to 3 350 households, who also received inputs for the 2017 <i>gu</i> season. A total of 50.25 tonnes of sorghum, 33.5 tonnes of cowpea, 804 kg of assorted vegetable seeds and 100 500 storage bags were provided. Cost savings due to lower than expected prices enabled FAO to reach an additional 2 400 households with 36 tonnes of sorghum, 24 tonnes of cowpea, 576 kg of assorted vegetable seeds and 72 000 storage bags for the 2017 <i>deyr</i> season.</p> <p>FAO agricultural inputs beneficiaries reported higher yields than non-beneficiaries. This can be attributed to (among other things) access to quality and timely farming inputs and availability of cash which enabled beneficiaries to access food thereby spending most of their time managing their farms —without food, beneficiaries are likely to spend most of their time looking for other sources of income to purchase food. Overall, the Cash+ package addressed immediate food needs and promoted beneficiaries' self-reliance through food production which has potential to cushion against future shocks.</p> <p>A total of 1 481 668 animals belonging to 37 042 pastoral and agropastoral households were treated against endo- and</p>

ecto-parasites, common bacterial infections, blood parasites and malnutrition.

Water trucking to 134 sites in five regions of Puntland (Bari, Nugaal, Mudug, Sool and Sanaag) provided almost 53 million litres of water over a five-month period. This was sufficient to meet the needs of approximately 6 million animals belonging to 155 559 households within the five-month period

28. Changes and Amendments

As noted in Section 2, the number of households reached with agricultural inputs increased to 5 750 households (34 500 people) owing to savings made during the procurement of the inputs for the 2017 *gu* season. In addition, the number of sites for water trucking was increased to 134 owing to the urgent need for water in those communities

29. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	252,460	298,763	551,223	259,630	307,247	566,877	512,090	606,010	1,118,100
Reached	159,927	208,719	368,646	372,819	448,639	821,458	532,746	657,358	1,190,104

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	1,118,000	1,190,104
Total (same as in 9a)	1,118,000	1,190,104

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:

FAO targeted 3 350 households for cash+ agriculture support during the *gu* season. However, because inputs supplied by local traders through FAO's voucher scheme were procured at a lower cost than had been planned, an additional 2 400 households were reached with agricultural inputs only during the *deyr* 2017 season. Each beneficiary received 15 kg sorghum, 10 kg cowpea and 240 g of assorted vegetable seeds.

In addition, the number of water trucking sites increased to 134 owing to demand, which increased the number of households reached under the livestock component.

30. CERF Result Framework

Project objective	Protect the lives and livelihoods of 186 350 drought affected households through immediate cash relief, seasonally appropriate farming inputs and livestock preservation.
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Output 1	Cash relief to 3 350 households meet immediate food security needs, while restoring food production.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Food consumption score	70	49.6	Drought Situation Monitoring and Resilience Profile Report for South Central Somalia
Indicator 1.2	Dietary Diversity Score at household level	5	4.3	Drought Situation Monitoring and Resilience Profile Report for South Central Somalia
Indicator 1.3	Number of people enabled to meet their basic food needs (at least 30percent women-headed households)	3 350 (HH) 20 100 people	3 350 households 20 100 people	Biometric information of the beneficiaries
Indicator 1.3	Number of people provided with resources to protect and start rebuilding livelihood assets (at least 30percent women-headed households)	3 350 (HH) 20 100 people	5 750 households 34 500 people	Biometric information of the beneficiaries
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Partner identification, training and sequencing with other agencies	FAO		
Activity 1.2	Mobilization and sensitization of communities at district and village level	Local NGO		
Activity 1.3	Biometric registration of beneficiaries	Local NGO		
Activity 1.4	Assessment of quality of seeds received from traders	Community representatives and an independent laboratory		
Activity 1.5	Distribution of electronic vouchers for seeds and first cash transfer, and distribution of seeds to beneficiaries	Local NGO and Money Vendor		
Activity 1.6	Beneficiary payment by money vendor (cash transfer)	Money Vendor		
Activity 1.7	Training of lead farmers	Local NGO		
Activity 1.8	Distribution of electronic vouchers for second cash transfer	Money Vendor		
Activity 1.9	Beneficiary payment by money vendor (cash transfer)	Local NGO		
Activity 1.10	Receipt of agricultural inputs (storage bags) from supplier	Local NGO		
Activity 1.11	Distribution of storage bags and electronic vouchers for third cash transfer to beneficiaries	Local NGO		
Activity 1.12	Beneficiary payment by money vendor (cash transfer)	Money Vendor		
Activity 1.13	Real time and Post-distribution and crop harvest Monitoring.	Third-party monitor		

Output 2	Preserving livestock assets belonging to 183 000 families, and related food and income sources.			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Average livestock ownership (weighted) per household (Tropical Livestock Unit – i.e. a measure of livestock numbers based on the metabolic size of different animal species) Tropical Livestock Units	4.6	2.7	Drought Situation Monitoring and Resilience Profile Report for South Central Somalia
Indicator 2.2	Number of households benefitting from livestock support (supportive treatment and water supply)	183,000	196 601 households	Partner field reports call centre report
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 2.1	Initiating of LoAs for clearance and approval	FAO		
Activity 2.2	Signing of LoAs	FAO, SOWELPA, CERELPA, PSAWEN		
Activity 2.3	Mobilization and sensitization of communities on project activities	SOWELPA, CERELPA, PSAWEN		
Activity 2.4	Water trucking	PSAWEN		
Activity 2.5	Emergency supportive treatment	SOWELPA, CERELPA		

6. Accountability to Affected People

A) Project design and planning phase:

Accountability to affected populations is ensured in the project design by including specific selection criteria of beneficiaries and a clause of dissemination of the hotline to the beneficiaries in the Letters of Agreement with the implementing partners. During mobilization and sensitization of pre-activities by the partner, they share the hotline number with the beneficiaries, village elders and council members so that they can share their complaints with FAO.

Crisis-affected people are involved in decision-making through consultations with village elders and council members who help the implementing partners to identify the most vulnerable members of the community and affected villages. This is supported by physical verification of beneficiaries (where possible) by the partners. The views of the affected population are taken into consideration by the partners, which is checked and confirmed by random of calls to council members, elders and some beneficiaries by the FAO call centre. During these rounds of calls, beneficiaries, council members and elders were involved in the decision-making, consulted before the activity began and were asked if they were happy with how the selection and registration processes were done.

At the start of the project, implementing partners organized at the district-level meetings with stakeholders in the livestock sector, as well as village-level meetings, where project implementation modalities were discussed. Community awareness was also created through the mass media such as national TV and local radio stations where information on treatment was broadcast to the communities.

B) Project implementation phase:

Throughout the project, the FAO call centre conducts verification calls to ensure beneficiary satisfaction and involvement in the project activities. Pre-activity calls are done to verify the details of the beneficiaries and determine their awareness of the project and its activities. In addition, at least 1-4 more rounds of calls are conducted during the project cycle. Field mission verifications are also conducted in districts where discrepancies are reported to triangulate the feedback received from the beneficiaries. This is done to ensure proper accountability to the affected population in a timely manner.

Feedback from beneficiaries is collected through the FAO hotline in Hargeisa. A female staff member handles calls for the purpose of recording and accounting cases of sexual exploitation and abuse. The beneficiaries call the hotline and their

concerns are recorded in an excel sheet which is accessible only to selected staff to ensure confidentiality and avoid disclosing the details of the complainants.

Feedback from beneficiaries is also be captured through the FAO call centre in Nairobi. The feedback collected is kept in the compliance database and follow up of reported cases is undertaken with the relevant FAO sectors. The complainants are always contacted and made aware of any progress regarding their concerns. During this project, no major adjustments were undertaken as a result of feedback received from the beneficiaries.

Biometrics were used to identify and register the beneficiaries. A voucher system was used to ensure inputs were received by the intended beneficiary

C) Project monitoring and evaluation:

Quality control measures that included beneficiary participation were put in place to ensure beneficiaries received good quality inputs. After laboratory tests on seeds were carried out by an independent service provider, the quality of seeds was also verified and approved through physical checks and a physical quality certificate signed by village elders and beneficiaries' representatives. Through its partners, FAO engaged authorities from the districts and village elders to monitor the input distribution process.

A post-distribution and impact assessment and crop yield assessment were conducted during the project, which sought to establish a clear measure of the results of input distribution in south and central Somalia and Somaliland, where FAO distributed agricultural inputs as part of its overall 2017 Famine Prevention and Drought Response Programme. The findings of the post-distribution assessment confirmed that beneficiary farming households had received the agricultural inputs package on time and at the quantity and quality anticipated.

The crop yield assessment conducted by FAO's Monitoring and Evaluation Unit found that generally both beneficiaries and non-beneficiaries reported having good yields during the 2017 *gu* season, although more non-beneficiaries than beneficiaries had poor yield which can be attributed to the inputs provided by FAO and training on good agricultural practices. In particular, the cash component of the livelihood support package is likely to have resulted in stability in supervising farming processes and in providing wage labour for performing weeding. Beneficiaries obtained a 74 percent higher sorghum yield (1.55 tonnes/ha) than non-beneficiaries (0.89 tonnes/ha). The average value of the sorghum produced was USD 827, with beneficiaries obtaining a higher value (USD 866) than non-beneficiaries (USD 497). Most of those interviewed who did not harvest crops cited failed rains, pests and diseases and germination failure

37. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	Yes, the CERF project has a cash-based component
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 902,650
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	22.56 %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):	

- tt) Objective (*was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?*)
Sector-specific
- uu) Conditionality (*were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?*)
Unconditional
- vv) Restrictions (*was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?*)
Unrestricted

38. Evaluation: Has this project been evaluated or is an evaluation pending?

No

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.17. Project Report 17-UF-FPA-001 – UNFPA

31. Project information			
1. Agency:	UNFPA	2. Country:	Somalia
3. Cluster/Sector:	Sexual and/or Gender-Based Violence	4. Project code (CERF):	17-UF-FPA-001
5. Project title:	Scaling Up of Comprehensive Gender Based Violence (GBV) Response Service through the provision of post rape treatment kits and dignity kits for timely, effective and quality life-saving response to the specific needs of GBV survivors in South Central, Pun		
6.a Original Start date:	17/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,999,999
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,200,000
	c. Amount received from CERF:		US\$ 195,179
	d. Total CERF funds forwarded to implementing partners of which to: <ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0

32. Project Results Summary/Overall Performance	
<ul style="list-style-type: none"> CERF funds enabled UNFPA to procure 60 post rape treatment kits on behalf of the implementing partners and GBV service providers, and distributed accordingly for timely dispensation and response to the lifesaving needs of the GBV survivors. CERF funds enabled timely and lifesaving response to the specific needs of the GBV survivors. At least 3,000 rape survivors were provided comprehensive life-saving assistance. The life-saving responses were timely noting the increase in the number of reported GBV incidents following the drought in the Horn of Africa. CERF funds also enabled UNFPA to procure dignity kits, which were made available to implementing partners and GBV service providers for timely dispensation to GBV survivors based on their needs. The dignity kits enabled timely life-saving response to the GBV survivors. The dispensation of the dignity kits is based on the GBV standards and principles. At least 1,250 GBV survivors benefitted from the dignity kits during the same period. The beneficiaries were mostly survivors of rape and physical assault and mostly adult female survivors. CERF funds were also used for scaling up GBV services in the drought-affected regions and regions receiving the displaced persons. Activities include community engagement on GBV prevention and informing on the available services for timely response to the specific needs of the GBV survivors, counselling and psychosocial support, support to the GBV safe house and support, updating the referral network and support to GBV coordination. The service mapping and standard operating 	

procedures have been beneficial in the referral of the GBV survivors for timely response, a key result of coordination of the GBV activities. There were no budgetary implications as the activities were integrated in other UNFPA GBV interventions

33. Changes and Amendments

There was change in the original plan of the distribution of the supplies whereby regions that recorded increase in the number of GBV incidents due to the drought scaled up interventions in order to address the increased GBV needs mostly South Central regions. These regions received most of the supplies in order to ensure comprehensive services as there were huge gaps due to the needs. Some GBV service providers in the regions that were not severely affected by the drought also still had stocks of supplies. This ensured comprehensive response to the specific needs of the GBV survivors in line with standards and principles. This change did not have impact on the budget

34. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	1,250	3,000	4,250	-	-	-	1,250	3,000	4,250
Reached	1,140	3,090	4,230	-	-	-	1,140	3,090	4,230

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	200	198
<i>IDPs</i>	3,050	3,003
<i>Host population</i>	500	628
<i>Affected people (none of the above)</i>	500	401
Total (same as in 9a)	4,250	4,230
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Not applicable	

35. CERF Result Framework

Project objective	To enhance the life-saving services for 4,250 women and girls through the provision of the PRTK and dignity kits in South Central, Puntland and Somaliland for timely, effective and quality life-saving response to their specific needs.
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Output 1	4,230 GBV survivors of GBV have access to health services and their hygiene needs met, in line with the guidelines for the clinical management of rape, and case management services			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of post rape treatment kits procured	60	60	CMR Distribution Plan
Indicator 1.2	Number of dignity kits procured	1250	1,250	Reports on the Distribution of the Dignity Kits
Explanation of output and indicators variance:		Not applicable		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 60 PRTK kits.	UNFPA		
Activity 1.2	Distribution of 60 procured PRTK kits to Save Somali Women and Children (SSWC) in Mogadishu, Muslim Aid in Garowe, Women's Action Advocacy and Progress Organization (WAAPO) and Baahikob in Hargeisa, Organization for Somalis' Protection and Development (OSPAD) in Lower Shabelle region, Wardi Relief and Development Initiative (WARDI) in Hiraan region, and any other partners receiving SHF fund for GBV service provision.	UNFPA		
Activity 1.3	Procurement of 1,250 dignity kits	UNFPA		
Activity 1.4	Distribution of 1,250 procured dignity kits to SSWC, Muslim Aid, WAAPO, Baahikob, OSPAD, WARDI and any other partners receiving SHF fund for GBV service provision.	UNFPA		

6. Accountability to Affected People

A) Project design and planning phase:

Consultation with GBV partners through GBV sub-cluster to assess the needs for rape management kits before the initiation of the project

B) Project implementation phase:

During implementation several training sessions conducted to ensure partners are familiar on how to administer the supplies.

C) Project monitoring and evaluation:

Monitoring missions to ensure supplies reached the beneficiaries and utilized properly

39. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount

3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): ww) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item. xx) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item. yy) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

40. Evaluation: Has this project been evaluated or is an evaluation pending?	
UNFPA has offices in Hargeisa covering Somaliland; Garowe covering Puntland; and Mogadishu covering South Central Zone. Gender Programme Officers in the 3 field offices together with Gender technical team in Nairobi were responsible for the project implementation, monitoring and reporting. The programme and finance team at the national and field levels closely monitored the financial utilization of the project proposed interventions to ensure timely implementation. They monitored and supervised the implementation. Joint monitoring and field visits were organized by both the finance and program staff. The result of the activities was reported during the mid-year review. UNFPA staff monitored the implementing partners on a daily basis to ascertain the GBV service delivery. Accordingly, no comprehensive evaluation is planned. There were monthly reports during the implementation phase of the project for overall performance on reporting and financial management of small and emergency grants provided to the partners. The distribution of the supplies was closely monitored to ensure that the GBV standards and principles were adhered to	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.18. Project Report 17-UF-HCR-001 – UNHCR

36. Project information			
1. Agency:	UNHCR	2. Country:	Somalia
3. Cluster/Sector:	Non-Food Items	4. Project code (CERF):	17-UF-HCR-001
5. Project title:	Provision of Emergency Non-Food items to the most vulnerable households displaced by the on-going drought in Bay and Lower Juba region		
6.a Original Start date:	24/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency: .		US\$ 10,270,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 4,341,404.81
	c. Amount received from CERF:		US\$ 350,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 325,500
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 310,500 US\$ 15,000

37. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNHCR successfully conducted distribution of 3,500NFI kits to most vulnerable IDPs affected by the recent droughts in Bay and Lower Juba Regions. For smooth and safe distribution, UNHCR worked closely with community leaders, government authorities and shelter cluster partners. . As the result of solid planning and coordination with the above stakeholders, UNHCR managed to complete distributions without a single incident or protection related issues.

Prior to distribution, UNHCR engaged IPs to conduct rapid need assessment using UNHCR rapid need assessment tools. Tri-Cluster and Shelter/NFI Cluster beneficiary selection criteria was adopted and identified beneficiary groups in a transparent process through joint consultative and collaboration with relevant stakeholders. The criteria and the implementation strategies set were shared and discussed with local authorities, exiting community committees, community leaders and beneficiaries. The selection criteria included:

- Newly displaced households from villages impacted by the AMISOM/SNA offensive operations
- Households with large numbers of children
- Beneficiaries with specials needs (Pregnant, disable and lactating mothers)
- Households with members suffering from chronic illness
- Female headed households with no means of income

- Child headed households

During mobilization meetings held at project outset, UNHCR and Partner informed beneficiaries about what items they would receive

38. Changes and Amendments

- Influence of Gate keepers
- Difficult to conduct distribution monitoring due to the security situation in SC Somalia
- Massive eviction that deteriorate the situation of IDPs in Mogadishu and Kismayo

39. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	6,000	5,500	11,500	5,500	4,000	9,500	11,500	9,500	21,000
Reached	7,500	6,000	13,500	5,100	2,400	7,500	12,600	8,400	21,000

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>		
<i>IDPs</i>	16,800	19,000
<i>Host population</i>	4,200	2,000
<i>Affected people (none of the above)</i>		
Total (same as in 9a)	21,000	21,000
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A	

40. CERF Result Framework

Project objective	Contribute to the protection of 21,000 displaced people through provision of emergency NFI kits.
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Output 1	21,000 most vulnerable displaced people are provided with NFIs in a timely manner .
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of drought affected persons receiving NFI assistance	21,000	21,000	-UNHCR and IP reports -PDM reports
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Procurement of NFIs or setting up voucher mechanisms	UNHCR		
Activity 1.2	Distribution of NFIs	DRC and JRIA		
Activity 1.3	Post Distribution Monitoring	INTERSOS		

6. Accountability to Affected People

AA) Project design and planning phase:

- UNHCR Multifunctional team conducted NFI rapid needs assessment
- With the support of NFI and Shelter Cluster, UNHCR developed Emergency response plan.
- With support of Department of Emergency and Supply and Security at HQ, UNHCR Somalia Conducted Procurement of NFIs
- NFIs distribution due diligence was used

B) Project implementation phase:

- Beneficiary Identification and selection was conducted with the community and relevant project stakeholders
- Beneficiary list was developed and used
- UNHCR NFIs distribution reporting templates were also used.

C) Project monitoring and evaluation:

- Post distribution monitoring conducted by 3rd party
- Physical NFIs distribution monitoring conducted by UNHCR

41. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): zz) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item. aaa) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item. bbb) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural	

inputs?)

Choose an item.

42. Evaluation: Has this project been evaluated or is an evaluation pending?

UNHCR Somalia conducted Post Distribution Monitoring which is an ex-post monitoring and evaluation of a location- and time-specific NFI distribution, conducted independently from the NFI distribution exercise . The PDM has same objective to the evaluation. The Main objective of PDM included: 1) Reinforce accountability: checking whether the agreed number and type of NFIs were actually distributed or whether diversion of assistance took place. 2) Improve programming: assessing whether the NFIs distributed were the most appropriate

type of assistance, and therefore whether NFI packages should be adjusted or whether alternative assistance should be provided. In order to do so, PDM asks IDPs their views on the quality and usefulness of NFIs received; whether they would have preferred other NFIs; and verifies the actual use of the NFIs - whether they kept, gifted, sold, or exchanged the items. PDM checks whether NFIs were sold for less than UNHCR paid for them, and if they were sold to buy other types of assistance - informing both cost-benefit and gap analysis. 3) improve NFI distribution methodologies: identifying strengths and weaknesses in different distribution methodologies with the aim of making improvements in future distributions. PDM checks whether IDPs were provided accurate and timely information; how long they queued/waited to receive their NFIs; and asks the IDPs their opinion on how well the distribution was organised. 4) Identify and prevent protection risks: monitoring whether NFI distributions created protection risks for the IDPs. PDM asks whether beneficiaries had items stolen; whether there were security incidents during or after the distribution; whether indirect expropriation took place, including landlords raising rents and payments being demanded to be placed on distribution lists. Depending on the sampling methodology used, data are analysed to understand whether security or protection risks were higher for specific profiles of IDPs, such as by gender or sub-clan, or in specific IDP sites. PDM also flags whether there have been cases of sexual exploitation and abuse, or other breaches of UNHCR's Code of conduct.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.19. Project Report 17-UF-IOM-002 – IOM

3. Cluster/Sector:	Health	4. Project code (CERF):	17-UF-IOM-002
5. Project title:	Provision of life-saving primary healthcare services to the drought affected populations in Somaliland and Puntland		
6.a Original Start date:	16/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,049,660
	c. Amount received from CERF:		US\$ 400,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 130,950
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		US\$ 130,950

41. Project Results Summary/Overall Performance

Through this CERF UFE grant, IOM provided lifesaving and timely emergency primary health care service to 45,439 beneficiaries through direct consultation (17,000 IDPs, 28,439 host communities) across four static facilities with outreach services in Somaliland and Puntland. This included 8,239 antenatal visits, 884 facility based deliveries, 2,500 post-natal visits, 85 secondary healthcare referrals and 3,294 vaccinations for children under five years', for vaccine preventable diseases. The project further reached out to 36,000 beneficiaries with health education messages through 32 health promotion campaigns.

42. Changes and Amendments

There were no changes, deviations or amendments in the project from the original proposal.

43. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	12,600	7,200	19,800	10,800	5,400	16,200	23,400	12,600	36,000
Reached	16,822	9,847	26,669	9,928	8,842	19,770	26,750	18,689	45,439
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	16,000					17,000			
Host population	20,000					28,439			
Affected people (none of the above)									
Total (same as in 9a)	36,000					45,439			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Due to prolonged severe drought, resulting in loss of almost all livestock among rural populations, many drought displaced people (IDPs) settled around towns where CERF funded projects were ongoing. This resulted in a higher number of beneficiaries accessing CERF supported health facilities, as such all targets were surpassed. Additionally, as all health services in these facilities were free of charge, this resulted in beneficiaries from neighbouring villages accessing the available services. Furthermore, increased health awareness among the community contributed to increased understanding of health protection and increased health seeking behaviour. All of the aforementioned reasons resulted in the project exceeding its target, without any additional resources.								

44. CERF Result Framework	
Project objective	Contribute to saving lives and improving health conditions of 36,000 (5,400 men, 7,200 women, 10,800 boys and 12,600 girls) drought-affected beneficiaries and their host communities in Somaliland and Puntland through the provision of integrated emergency primary healthcare services and health awareness.

Output 1	36,000 people (5,400 men, 7,200 women, 10,800 boys and 12,600 girls) in the drought affected areas of Somaliland and Puntland have access to integrated emergency primary health care services including treatment and prevention of communicable, non-communicable and vaccine-preventable diseases, with special consideration given to pregnant women, mothers, women of child bearing age and children under five years			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries reached through consultations	36,000	45,439	HMIS registers
Indicator 1.2	Number of functional primary healthcare centers supported	4	4	Weekly internal reports
Indicator 1.3	Number of children below five years and women of child-bearing age immunized/vaccinated against vaccine	1500	4,594	HMIS registers

	preventable diseases (VPD).			
Explanation of output and indicators variance:		Targets for indicators 1.1 and 1.3 were exceeded because many IDPs continued to settle around the project location, which subsequently increased the overall catchment population. The free-of-charge services provided in addition to the health awareness campaigns further increased demand for primary healthcare.		
Activities	Description	Implemented by		
Activity 1.1	Conduct out-patient treatment at static health facility and outreach sites	IOM/MOH		
Activity 1.2	Procure and distribute medical equipment and medical supplies	IOM/MOH		
Activity 1.3	Conduct routine vaccination for children under five and pregnant mothers	IOM/MOH		
Activity 1.4	Conduct antenatal care, and post-natal care at static and outreach sites	IOM/MOH		

Output 2	36,000 beneficiaries (5,400 men, 7,200 women, 10,800 boys and 12,600 girls) benefit from and participate in monthly mass community health awareness activities.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with health education and promotion message	36,000	38,400	Weekly work plans, HMIS registers
Indicator 2.2	Number of monthly mass awareness campaigns held	32	32	Weekly work plans
Explanation of output and indicators variance:		This output was successfully achieved with marginal variation on indicator 2.1, above the target.		
Activities	Description	Implemented by		
Activity 2.1	Conduct health promotion activities including preventable and water-borne diseases at facility and at outreach sites	IOM/MOH		

6. Accountability to Affected People

A) Project design and planning phase:

As per IOM's global policy, IOM fosters inclusive participation in decision making processes, builds on affected individuals' and communities' capacities in the development and delivery of services and relief and supports the development of self-protection capacities while assisting people to claim their rights. In line with this policy, IOM held several consultative meetings with MOH and local authorities at regional and district levels to identify gaps and provide information on planned interventions to align with the community needs and proposed areas of intervention.

B) Project implementation phase:

During implementation, initial start-up/participatory inception meetings were held with respective district MOH, local authorities and community/villages leaders. The aim of these meetings were to introduce project objectives, expected outcomes and activities for smooth start. To ensure inclusivity, community leaders were asked to select Community Health Committees (CHCs) at each location, to represent the community in project oversight on activities. The CHC members comprising of three male and three female members worked with the facility in charges in planning for the weekly outreach

activities. In addition, IOM field project staff held monthly and ad-hoc meetings with CHC members to capture feedback from beneficiaries and reflect their views into project implementation in a timely manner.

C) Project monitoring and evaluation:

Through the weekly CHC meetings with facility in charges and the IOM field project staff, and weekly reporting to IOM's Health Programme Officer, progress of each activity was reviewed against its target. Remedial actions were taken in case of underperformance and further recommendations documented. Through these regular meetings with the CHC (who represented the community), IOM and MOH project staff, the community and local authorities were constantly updated and involved in all project stages.

43. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): ccc) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item. ddd) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item. eee) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

44. Evaluation: Has this project been evaluated or is an evaluation pending?

With the aim of prioritizing service delivery, also in consideration of resource limitations, end of project evaluation was not planned in the project design. Nonetheless, IOM conducted project monitoring activities during the implementation phase.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.20. Project Report 17-UF-IOM-003 – IOM

45. Project information			
1. Agency:	IOM	2. Country:	Somalia
3. Cluster/Sector:	Non-Food Items	4. Project code (CERF):	17-UF-IOM-003
5. Project title:	Provision of Non-Food Items to drought-affected displaced populations and host communities in Gedo		
6.a Original Start date:	16/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 6,392,064
	b. Total funding received for agency's sector response to current emergency:		US\$ 550,000
	c. Amount received from CERF:		US\$ 350,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 300,000
		<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 	US\$ 300,000

46. Project Results Summary/Overall Performance
<p>Through the CERF-UF grant, IOM provided shelter and NFI kits to 3,500 vulnerable households (21,000 persons (7,350 girls, 6,300 boys, 4,200 women, 3,150 men)) for NFI distribution in Luuq, Garbahaarey and Belet Hawa, Gedo region. In consultation with community members and beneficiaries and in accordance with shelter guidelines, kits included items such as mats, blankets, kitchen sets, jerry cans, solar lanterns and plastic sheets.</p>

47. Changes and Amendments
<p>There were no changes, deviations or amendments in the project from the original proposal.</p>

48. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	7,350	4,200	11,550	6,300	3,150	9,450	13,650	7,350	21,000
Reached	7,350	4,200	11,550	6,300	3,150	9,450	13,650	7,350	21,000
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees									
IDPs		16,800				16,800			
Host population		4,200				4,200			
Affected people (none of the above)									
Total (same as in 9a)		21,000				21,000			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A							

49. CERF Result Framework	
Project objective	To support 3,500 crisis-affected households in Luuq, Garbahaarey and Belet Hawa (Gedo region) in being better equipped to withstand drought conditions as a result of receiving emergency NFI assistance over a period of 5 months ¹⁴

Output 1	3,500 crisis-affected households are provided with NFIs as per their preference and immediate needs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of households affected by drought that receive NFI assistance	3,500	3,500	List of beneficiaries supported with Shelter and NFI kits Field reports with high resolution activity photos Post distribution monitoring
Explanation of output and indicators variance:		N/A		

¹⁴ The NFIs will be distributed once to the beneficiaries, but consultations and procurement altogether may take 3-5 months

Activities	Description	Implemented by
Activity 1.1	Conduct community consultations with local authorities, community leaders and women and youth groups to agree on the vulnerability criteria for selecting NFI beneficiaries	IOM
Activity 1.2	Select and register beneficiaries	IOM
Activity 1.3	Procure NFIs identified in consultation with beneficiaries	Somali Relief and Development Initiative (SRDA)
Activity 1.4	Distribute NFIs to 3,500 households affected by the drought	Somali Relief and Development Initiative (SRDA)
Activity 1.5	Conduct a post distribution monitoring assessment to assess the impact of the NFI distribution for beneficiaries	IOM

6. Accountability to Affected People

A) Project design and planning phase:

As per IOM's global policy, IOM supports inclusive involvement in decision making processes, develop the capacity of crisis affected populations of concern in the enhancement and provision of essential humanitarian assistance in emergency situations as well focus on the development of communities and individual capacities while supporting the victims to claim their rights. This is also aligned with the IASC principle of community and stakeholders' participation. In line with shelter guidelines, communities of concern participated in project planning including the selection of the type and composition of emergency shelter material and NFI kits. Of note, the emergency non-food items assistance provided to the 3,500 crisis-affected households in Luuq, Garabaharey, and Beletahawa was in response to the urgent humanitarian gaps identified in the inter cluster rapid needs assessment

B) Project implementation phase:

IOM closely coordinated with the relevant government institutions including the Jubaland Refugee and IDPs Affairs Commission (JRIA) and the drought response committee. IOM held project inception meetings with the district authorities in Garabaharey, Luuq and Beletahawa districts of Gedo region, Jubaland State of Somalia, Drought Response committee, community leaders and beneficiaries. Community leaders were asked to invite targeted project beneficiaries at each location to participate in the selection of NFIs as well as the distribution modality. Distribution committees comprising of six members (3 male, 3 female) were formed in each location to facilitate and organise the distributions in consultation with IOM staff, community leaders, camp leaders, and government authorities. During distribution, Jubaland Refugees and IDP Affairs Commission were at the distribution site to capture feedback from beneficiaries.

C) Project monitoring and evaluation:

Throughout the project implementation period, IOM field project staff shared distribution reports after each distribution event. Progress of the planned project activities was reviewed against targets. IOM staff held coordination meetings with JRIA, drought response committee, community leaders, distribution committees and the representatives of project beneficiaries after every distribution to deliberate on the progress made, challenges identified during distribution, and updates on the upcoming distribution event, enabling project stakeholders to stay updated and involved in all project stages.

45. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 0

3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): ff) Objective (<i>was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?</i>) Choose an item. ggg) Conditionality (<i>were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?</i>) Choose an item. hhh) Restrictions (<i>was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?</i>) Choose an item.	

46. Evaluation: Has this project been evaluated or is an evaluation pending?	
No	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.21. Project Report 17-UF-IOM-004 – IOM

50. Project information			
1. Agency:	IOM	2. Country:	Somalia
3. Cluster/Sector:	Water, Sanitation and Hygiene	4. Project code (CERF):	17-UF-IOM-004
5. Project title:	Emergency response to drought conditions in Somalia through access to clean water, sanitation and hygiene services		
6.a Original Start date:	16/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 4,494,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,150,000
	c. Amount received from CERF:		US\$ 1,150,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 755,622
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0 US\$ 0 US\$ 755,622 US\$ 0)

51. Project Results Summary/Overall Performance

Through the CERF-UF grant, IOM provided temporary and sustained access to clean safe water, sanitation and hygiene to 134,280 drought-affected individuals in Gedo and Mudug region. A total of 70,000 individuals received temporary access to water through water vouchers and water trucking for 6 weeks in 39 villages. The project areas included South Mudug, Galgaduud (21 villages) and Gedo region of Jubaland state (18 villages). Sustained water was provided to 103,840 beneficiaries through the rehabilitation of strategic water sources and provision of subsidies for the operation and maintenance of seven strategic water infrastructure in Gedo (3) and Mudug (4). Additionally, ten shallow wells were rehabilitated in the Gedo region. IOM also conducted hygiene promotion activities which included community mobilization, awareness raising sessions, sensitization campaigns reaching 134,280 individuals. A total of 14,381 households received hygiene kits.

52. Changes and Amendments

There were no changes, deviations or amendments in the project from the original proposal.

53. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	46,998	26,856	73,854	40,284	20,142	60,426	87,282	46,998	134,280
Reached	46,998	26,856	73,854	40,284	20,142	60,426	87,282	46,998	134,280
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees		53,712				53,712			
IDPs									
Host population		80,568				80,568			
Affected people (none of the above)									
Total (same as in 9a)		134,280				134,280			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		N/A							

54. CERF Result Framework				
Project objective		Provide temporary and sustained access to clean water, sanitation and hygiene for 134,280 people among communities affected by drought conditions in Gedo and Mudug regions		
Output 1	Emergency and sustained access to safe water for 70,000 vulnerable people in areas affected by the drought conditions in Somalia			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people assisted with sustained access to safe water through water infrastructure rehabilitation and maintenance	103,840	103,840	-Field visit and monitoring reports, GPS for the rehabilitated boreholes, project photos -Engineer work deliverable and certification reports
Indicator 1.2	Number of water points maintained or rehabilitated	27	27	-Field monitoring reports, project activity photos -Regular project site visits for ocular work inspection -Engineer work deliverable and certification reports
Indicator 1.3	Number of IDPs or emergency-affected people receiving temporary access to safe water through provision of water vouchers and water trucking	54,280	54,280	-List of the registered beneficiaries -Water vouchers signed by beneficiaries and

				endorsed by IOM field staff -# of water deliveries to the site -Field monitoring reports / daily weekly and monthly filled water distribution monitoring matrixes. -Regular post-distribution monitoring
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 1.1	Provision of maintenance and operation support for strategic water points through repair and replacement of parts, and provision of fuel	Somali Relief and Development initiative Somali Development and Rehabilitation Organization		
Activity 1.2	Rehabilitation of strategic water points	Somali Relief and Development initiative Somali Development and Rehabilitation Organization		
Activity 1.3	Provision of water vouchers and water trucking services for 70,000 affected persons in Gedo, Lower Juba and Galmudug	Juba Management SDRO		
Activity 1.4	Conduct post distribution monitoring to assess the result of water voucher distribution for beneficiaries	IOM		

Output 2	Drought affected people, including children and women in affected areas, have improved means to adopt good sanitation practices and are reached through hygiene promotion to reduce morbidity and mortality due to water borne diseases			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people with means to practice good hygiene and household water treatment through hygiene kit distributions	134,280	134,280	-# of community mobilisations on hygiene and practices -List of beneficiaries Field visit to monitor distribution of hygiene points -Field progress and activity/training reports and photos -Regular post-distribution monitoring
Indicator 1.2	Number of people reached through hygiene promotion	134,280	134,280	-Field reports captured from the community mobilisation and sensitisation sessions, FGDs and photos -Number of community mobilisation and hygiene and sanitation promotion campaigns conducted, -List of persons given participatory hygiene and sanitation transformation trainings

Explanation of output and indicators variance:		N/A
Activities	Description	Implemented by
Activity 1.1	Distribute hygiene kits to beneficiaries in accordance with a vulnerability criteria determined in consultation with community members	IOM
Activity 1.2	Provide refresher training to hygiene promoters and recruit hygiene promoters in new WASH intervention sites	IOM
Activity 1.3	Conduct hygiene promotion during hygiene kit and water voucher distribution and through household visits by trained hygiene promoters	IOM
Activity 1.4	Conduct post distribution monitoring to assess the result of hygiene kit distribution for beneficiaries	IOM

6. Accountability to Affected People

A) Project design and planning phase:

As per IOM's global policy, IOM fosters inclusive participation in decision making processes, builds on affected individuals' and communities' capacities in the development and delivery of services and relief and supports the development of self-protection capacities while assisting people to claim their rights. In line with this policy, project inception meetings were held with community stakeholders including local authorities to introduce the project activities and gain support for the initiative. Relevant government stakeholders and line ministries were also engaged from the start and participate in the project design and planning.

B) Project implementation phase:

This project was implemented in partnership with local humanitarian partners and government authorities, who have been engaged in the coordination and implementation of the intervention. Through regular field visits, target communities and beneficiaries were consulted about the intervention and its progress in meeting their WASH needs. Feedback was used to focus activities on addressing key needs and gaps in service provision.

C) Project monitoring and evaluation:

IOM upholds the policy of enabling affected individuals and communities to play an active role in the measurement of the quality of interventions that affect them and actively seeks their views to improve policy and programming, through addressing concerns and complaints. In accordance with this policy, IOM actively involved beneficiaries in the process of project monitoring through field visits and regular consultations. Engagement targeted diverse beneficiaries, including local authorities, community leaders, and members of vulnerable groups such as IDPs, women, elderly persons and persons with disabilities.

47. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	Yes, the CERF project has a cash-based component
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ 468,803
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	26.8 %

4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):

iii) Objective (*was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?*)

Sector-specific

jjj) Conditionality (*were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?*)

Unconditional

kkk) Restrictions (*was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?*)

Restricted

48. Evaluation: Has this project been evaluated or is an evaluation pending?

No

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.22. Project Report 17-UF-WFP-003– WFP

55. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Common Humanitarian Air Services	4. Project code (CERF):	17-UF-WFP-003
5. Project title:	Provision of Humanitarian Air Service in Somalia		
6.a Original Start date:	16/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 8,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,360,000
	c. Amount received from CERF:		US\$ 750,000
	d. Total CERF funds forwarded to implementing partners of which to: <ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 0

56. Project Results Summary/Overall Performance
<p>The United Nations Humanitarian Air Service completed the CERF project Provision of Humanitarian Air Service in Somalia within the established timeframe of two months (01/03/2017 – 30/04/2017) and the defined budget of US\$750,000.</p> <p>The 3 key activities have been successfully implemented to achieve an output Maintaining Scheduled Flights for Passengers and Light Cargo with Current Fleet:</p> <ol style="list-style-type: none"> Providing service and access to all agencies working in Somalia and having MOU with UNHAS. <ol style="list-style-type: none"> 19 UN, 50 NGO and 18 Diplomatic agencies used the service. Access was provided to 19 regular destinations in Somalia: Kismayo, Doble, Afmadou, Dollow, Baidoa, Wajid, Hudur, El Berde, Gabaharey, Dinsoor, Luq, Bardere, Beletweyne, Mogadishu, Galkayo, Garowe, Bosasso, Hargeisa, Adado. Inter-agency needs assessment missions were facilitated as follows: in South Central Somalia (Dinsoor, Gabaharey, Wajid, Bardera, Luuq, El Berde, Afmadow), Puntland (Adado, Gardo, Ishkushaban) and Somaliland (Burao) Retain current aircraft fleet and schedules to meet demand: based on increased humanitarian access requirements, UNHAS positioned an additional Dornier 228 Short Take-off and Landing aircraft to Mogadishu on 02 March 17 to augment its passenger and cargo capacity. Regular flight schedule was revised incorporating regular flights to drought affected areas. UNHAS played an active role facilitating assessment flights of the inter-agency Drought Operating Crisis Centre established in Mogadishu. Timely security and medical evacuation services to humanitarian

57. Changes and Amendments

No changes and amendments in the project from the original proposal or project plan.

58. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	-	2,000	2,000	-	2,000	2,000	-	4,000	4,000
Reached	-	2,364	2,364	-	2,365	2,365	0	4,729	4,729

4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs		
Host population		
Affected people (none of the above)	4,000	4,729
Total (same as in 9a)	4,000	4,729
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNHAS was able to meet increased travel requirements transporting 2,505 passengers in March and 2,224 in April - 15% more than expected, and delivering around 70MT of light cargo to various areas	

59. CERF Result Framework

Project objective	Continued Provision of safe, cost effective Interagency scheduled flights between Kenya and Somalia in areas that are operationally secure for over 100 UN, NGO and Donor agencies involved in humanitarian assistance in Somalia generally and specifically in response to a growing drought crisis.
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Output 1	Maintain Scheduled flights for passengers and light cargo with current fleet.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Passengers Transported	4000	4729	Takeflite (Flight Management System)
Indicator 1.2	Number of locations accesses by air per month	12	19	Takeflite (Flight Management System)
Indicator 1.3	Number of agencies using the service	100	87	Takeflite (Flight

			Management System)
Explanation of output and indicators variance:		Related to partners projects implementation	
Activities	Description	Implemented by	
Activity 1.1	Providing service and access to all agencies working in Somalia having MOU's with UNHAS	UNHAS	
Activity 1.2	Retain Current aircraft Fleet and schedules to meet demand	UNHAS	
Activity 1.3	Timely security and medical evacuation services to humanitarian community	UNHAS	

6. Accountability to Affected People

A) Project design and planning phase:

n/a

B) Project implementation phase:

n/a

C) Project monitoring and evaluation:

n/a

49. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below): III) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item. mmm) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item. nnn) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Choose an item.	

50. Evaluation: Has this project been evaluated or is an evaluation pending?

No project evaluation planned as this CERF RR project is incorporated in the wider UNHAS SO for overall evaluation	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.23. Project Report 17-UF-WFP-004– WFP

60. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Nutrition	4. Project code (CERF):	17-UF-WFP-004
5. Project title:	Reducing Malnutrition and Strengthening Resilience to Shocks for a food secure Somalia		
6.a Original Start date:	22/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 35,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 105,560,523
	c. Amount received from CERF:		US\$ 1,750,000
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 431,339
	<ul style="list-style-type: none"> ▪ Government Partners ▪ International NGOs ▪ National NGOs ▪ Red Cross/Crescent 		US\$ 19,794 US\$ 236,882 US\$ 174,662

61. Project Results Summary/Overall Performance
<p>In response to the drought, WFP significantly scaled-up its nutrition activities in early 2017. A total of 431,575 moderately acute malnourished (MAM) children under the age of five (U5) and 163,345 pregnant of lactating women (PLW) received MAM treatment in the drought affected areas of Somaliland, Puntland, and South Central. The nutrition benefits were maximized through integration of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) services (30% of the 852 sites were integrated) and expansion of the nutrition services to the hard to reach communities through mobile clinics.</p> <p>Through the CERF UF grant, during the period of March to August 2017, 31,598 MAM U5 children and 34,570 MAM PLWS received the MAM treatment along with health and nutrition messaging. A total of 808 metric tonnes (mt) of RUSF and CSB+ was procured against (684 mt planned). Although, procurement of 45.8 mt of vegetable oil was planned under the contribution, the vegetable oil requirement was met through other donors support and thus procurement of RUSF and CSB+ was prioritized.</p>

62. Changes and Amendments
None

63. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (18)	Women (≥ 18)	Total	Boys (18)	Men (≥ 18)	Total	Children (18)	Adults (≥ 18)	Total
Planned	13,647	20,373	34,020	13,647	-	13,647	27,294	20,373	47,667
Reached	15,483	34,570	50,053	16,115	-	16,115	31,598	34,570	66,168
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees	-					-			
IDPs	9,533					13,234			
Host population									
Affected people (none of the above)	38,134					52,934			
Total (same as in 9a)	47,667					66,168			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Overall, 808 mt of TSFP supplies were procured against the 730 mt of planned in the proposal. At the time the contribution was confirmed, the need of vegetable oil was met from other sources and therefore, the CERF contribution was used to procure RUSF and CSB+ which were both planned in the initial proposal. Consequently, a higher number of women and children (66,168 MAM beneficiaries) were treated under the TSFP programme through the CERF contribution.								

64. CERF Result Framework	
Project objective	Provision of life-saving curative nutrition services through targeted supplementary feeding to children under 5 and Pregnant and Lactating Women in the drought affected districts of Somaliland, Puntland and south central.

Output 1	Provision of MAM treatment to 27,294 beneficiaries:- 13,647 boys, 13,647 girls			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	226 MT of Ready to use supplementary food (RUSF) procured and distributed for children U5	226 MT RUSF procured	253.70 MT of RUSF procured	WFP pipeline report
Indicator 1.2	27,294 children under five enrolled in the treatment program for 90 days or until when discharged from the program	27,294 children under five enrolled in the program	31,598 children under five enrolled in the program	WFP COMET System
Explanation of output and indicators variance:		More quantity of RUSF was procured. Vegetable oil was procured from the other donors.		
Activities	Description	Implemented by		
Activity 1.1	Procurement of 226 MT of RUSF	WFP		
Activity 1.2	Transportation of 226 MT of RUSF	WFP		

Activity 1.3	Storage and handling of 226 MT of RUSF	WFP Health Poverty Action(HPA), Shabelle Relief and Development Organization (SDRO), and World Vision International (WVI)
Activity 1.4	Screening of children under five and registration of moderately malnourished	HPA, SDRO, and WVI
Activity 1.5	Distribution of RUSF to moderately malnourished children under five and monitoring of anthropometry	HPA, SDRO, and WVI
Activity 1.6	Provision of health and nutrition messages	HPA, SDRO, and WVI
Activity 1.7	Compiling partners reports and reporting to the nutrition cluster	WFP

Output 2	Provision of MAM treatment to 20,373 pregnant and lactating women (PLW)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	458 MT of CSB+ and 45.8 MT of Vegetable Oil for PLW procured and distributed	458 MT CSB+ and 45.8 MT of Veg Oil Procured and distributed	555 mt of CSB+ procured and distributed	Pipeline report
Indicator 2.2	20,373 PLW enrolled in the treatment program for 90 days or until when discharged from the program.	20,373 PLW enrolled in the program	34,570 PLW enrolled in the programme	COMET and partners report
Explanation of output and indicators variance:		More quantity of CSB+ was procured. Vegetable oil was procured from the donor funding .		
Activities	Description	Implemented by		
Activity 2.1	Procurement of 458 MT of CSB+ and 45.8 MT of Vegetable Oil	WFP		
Activity 2.2	Transportation of 458 MT of CSB+ and 45.8 MT of Vegetable Oil	WFP		
Activity 2.3	Storage and handling of 458 MT of CSB+ and 45.8 MT of Vegetable Oil	WFP, Health Poverty Action(HPA), Shabelle Relief and Development Organization (SDRO), and World Vision International (WVI)		
Activity 2.4	Screening of PLW and registration of moderately malnourished	HPA, SDRO, and WVI		
Activity 2.5	Distribution of CSB+ and Veg oil to malnourished PLW and monitoring of anthropometry	HPA, SDRO, and WVI		
Activity 2.6	Provision of health and nutrition messages	HPA, SDRO, and WVI		
Activity 2.7	Compiling partners reports and reporting to the nutrition cluster	WFP		

6. Accountability to Affected People

A) Project design and planning phase:

The caretakers of the targeted children, pregnant and lactating mothers are involved in all stages of program implementation and provide constructive feedback that can re-direct programming. WFP and partners' field staff encouraged participation of both men and women, in decisions regarding the projects- particular attention was paid to the coverage and operational hours of the health centres, to ensure safe and secure access to services by women and children. Potential Implementing partners were members of the nutrition cluster at both the national and sub-national levels,

and were involved in the design of the response through the various forums.

B) Project implementation phase:

WFP's implementing partners were responsible for the direct implementation of the targeted supplementary feeding programme (TSFP). Each of the partners was responsible for screening, registration, provision of supplementary food and monitoring of malnourished children and PLW, health and nutrition education, and reporting to WFP.

Partners also complemented their activities with other WFP partners to ensure increased coverage and a strengthened referral system.

Partners were selected using the Standard Operating Procedures (SOP) that were part of the routine partner selection process for UNICEF and WFP partners. Both agencies have signed agreements with partners. The SOPs were based on partner capacity assessments, partner proposal review, and authorization by local authorities to implement, and clearance from UN OCHA. WFP coordinated closely with other nutrition stakeholders to ensure that priority areas were covered and that there was no duplication of activities.

WFP was also responsible for providing oversight, technical support and monitoring of the project. Where possible, nutrition services were provided by the same partners on the ground, with UNICEF. Given the significant access challenges for nomadic populations, specific focus was placed on providing mobile services. WFP partners also specifically ensured that targeting was coordinated with the relevant sectors in order for beneficiaries to benefit from integrated services. WFP partners are members of sub-national cluster co-ordination mechanisms

C) Project monitoring and evaluation:

WFP through its cooperating partners systematically monitored the progress and impact during the course of programme implementation. WFP monitors carried out support monitoring visits to the sites, to identify strengths and weaknesses and ensured that informed judgments and timely adjustments were made. Quantitative data was collected monthly and qualitative data was collected through consultations with the affected communities and stakeholders at the various stages of implementation. WFP utilized the 3W Matrix, weekly reports and monthly nutrition statistics to monitor the progress of the project, as well as site visits which were organized jointly with implementing partners. WFP's monitoring systems are based on the corporate results-based management framework.

WFP incorporated commitments to Accountability to Affected Populations (CAAP) into policies and operational guidelines of all the projects. WFP ensured that feedback and accountability mechanisms were integrated into program proposals, monitoring and evaluations, partnership agreements and reporting. WFP established a call centre in Galkayo, Somalia with hotline numbers where beneficiaries can call in and be provided with timely information on organizational procedures and programming, forming a platform for a feedback and complaint mechanisms. WFP continuously communicated, received, processed, responded to and learned from the complaints and feedback given by the beneficiaries.

51. Cash-Based Programming	
1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
<p>4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):</p> <p>ooo) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item.</p> <p>ppp) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item.</p>	

qqq) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?)
Choose an item.

52. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation planned due to the short project period. WFP conducted its Country Portfolio Evaluation 2012 – 2017 in the first quarter of 2018, which will be released in the second quarter, which covers interventions funded by CERF in 2017.

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

8.24. Project Report 17-UF-WFP-005 – WFP

1. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Food Aid	4. Project code (CERF):	17-UF-WFP-005
5. Project title:	Emergency relief assistance to households affected by drought in Somalia		
6.a Original Start date:	22/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 180,313,358
	b. Total funding received for agency's sector response to current emergency:		US\$ 294,832,517
	c. Amount received from CERF:		US\$ 3,500,750
	d. Total CERF funds forwarded to implementing partners of which to:		US\$ 1,808,872
	<ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		 US\$ 812,705 US\$ 996,168

2. Project Results Summary/Overall Performance

Through the CERF funds, WFP utilized to purchase food commodities of 3,390MT which consist of two different types of commodities (3,221MT of cereal and 169MT of nutritionally rich Super Cereal (CSB+). This food under the CERF funds with other commodities such as pulses and oil was distributed to 65,476 vulnerable beneficiaries of the drought affected population in districts in Galgadud & Mudug regions in Central, Nugal, Bari & Sool regions in Puntland and Sanag, W/Galbeed and Awdal regions in Somaliland

3. Changes and Amendments

As per the Project Revision Request submitted by WFP and approved by CERF, the original mode of assistance of cash based transfers was changed to in-kind. The change came after WFP faced significant pipeline breaks for in-kind food commodities for the drought response programme. The CERF contribution used to purchase food quantity of 3,389.93 MT comprising 3,221.20 MT of sorghum and 168.73 of CSB+. The food was distributed to 65,476 beneficiaries of drought affected population in three months

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4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	8,076	8,551	16,627	7,760	10,038	17,798	15,836	18,589	34,425
Reached	13,596	17,522	31,118	16,522	17,836	34,358	30,118	35,358	65,476
4b. Number of people directly assisted with cerf funding by category									
Category		Number of people (Planned)				Number of people (Reached)			
Refugees									
IDPs		6,865				13,095			
Host population		27,560				52,381			
Affected people (none of the above)									
Total (same as in 9a)		34,425				65,476			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		WFP initially planned to use unconditional relief assistance through cash-based vouchers (CBT). However, due to pipeline WFP changed the modality from unconditional CBT to unconditional relief assistance through in-kind food distribution. The planned caseload in the proposed proposal was to reach 34,425 beneficiaries however the CERF contribution enabled WFP to reach 65,476 beneficiaries who were among the most vulnerable population affected by the drought in 2017							

5. CERF Result Framework	
Project objective	Save lives 34,425 of the most vulnerable people affected by drought conditions in Somalia through distribution of unconditional cash based transfers (e-vouchers) over a three month period through the SCOPE platform.

Output 1	Urgent food needs of the targeted population met through distribution of USD 2,317, 005 through unconditional electronic cash vouchers			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries receiving 3 months in kind food assistance	34,425	65,476	WFP Report
Indicator 1.2	Total amount of cash transferred to targeted beneficiaries	0		
Indicator 1.3	Reduction by 80 percent of households (HH) with poor food consumption	IPC Classification of the targeted areas (based on FSNAU assessment) used as proxy baseline until WFP is able to		

		collect baseline data at the beginning of the project		
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Biometric registration by capturing beneficiary photos and fingerprints and uploading the information onto SCOPE platform and issuance of e-transfer cards	Action Aid International Kenya; Action Relief Somalia African Community Dev Concern' Agency for Peace & Development' Agro Pastoral Charity Centre Brothers Relief & Dev Org, Danish Refugee Council Deegan Relief and Dev Organization, DEH Relief-Somalia, Doyale Relief And Dev Organization, El-Berde Primary Health Care Org, General Assistance and Volunteers, Health Poverty Action, Health, Education Agro-Pastoral, Hidig Relief & Dev Org HIMILO Organization for Development, Hiran Community and Dev Organization, Hiran Humanitarian Aid & Dev Org, Horn International Relief and Development, Horsed Relief and Dev Org, Intersom Relief & Dev Org, KAAH Relief Dev Org Liban Welfare Organization, Mercy USA For Aid And Development, Ras Awad Welfare Ass, Relief and Dev Committee, Sanaag Development Foundation, Save the Children Federation Inc., Shilaale Rehabi Ecological Concern, Social And Environmental Dev Org, Solidarity Community Development, Somali Dev and Rehab Org, Somali Humanit and Dev Organization, Somali Rural Relief Dev Org, Somali Society Develop Association, Somaliland Association for Youth, Somaliland Community Dev Org, Towfiq Umbrella Organizations, World Vision International Somalia		
Activity 1.2	Transfer and redemption of e-transfers through SCOPE:	Transfer is by WFP, Redemption is by retailers		
Activity 1.3	Retailer settlement	WFP		
Activity 1.4	Post distribution monitoring	WFP monitors and third party monitors		

6. Accountability to Affected People

A) Project design and planning phase:

The grant was used to support lifesaving activities and provided the food assistance to the most vulnerable beneficiaries in targeted locations as per FSNAU assessment results. The activities were implemented based on targeting, registration and accountability. Targeting of the beneficiaries were done in a transparent way and used community based targeting and IPC crisis and emergency phase criteria. Mobilization and awareness among the beneficiaries were conducted and ensured that each beneficiary identified her/his entitlements with information is publicly announced prior and during distribution. The food entitlements were posted on billboards. To ensure the right beneficiaries received the entitled food assistance, verification of the ration cards against the beneficiary list were made. and scooping of food were exercised with crowd

management was undertaken.

B) Project implementation phase:

Through its cooperating partners (CPs), WFP with close coordination of local communities and authorities conducted community sensitization on the beneficiary selection criteria, biometric registration and increased awareness of the households' entitlements for the food assistance at each distribution points. Each household received monthly food assistance (assorted commodities of cereal, pulses, CSB and oil) to access food during the drought period. The implementation activities were based on the selected districts in areas identified by the FSNAU assessment where there were populations in either IPC Phase Crisis or Emergency

C) Project monitoring and evaluation:

WFP utilized both on-site and remote monitoring to assess its interventions (both in-kind and cash-based) as well as the household food security status of its beneficiaries. In conducting both process and outcome monitoring, WFP utilized comprehensive monitoring checklists, programmed in the ONA platform for mobile phone data collection. WFP employed purposive sampling based on the data collected from distribution plans; active food distribution points (FDPs), beneficiary registers and SCOPE distribution data.

WFP continued to enhance its data collection through its mobile vulnerability analysis and mapping (mVAM) system. This enabled efficient and effective monitoring of outcome and process indicators remotely through mobile phone interviews in 2017. Following an increase in the number of beneficiaries using the WFP call center for feedback, questions, and/or complaints, WFP expanded the call center, thereby scaling up its remote monitoring and reaching more beneficiaries for feedback and information sharing

53. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	No
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
<p>4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):</p> <p>rrr) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item.</p> <p>sss) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item.</p> <p>ttt) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Choose an item.</p>	

54. Evaluation: Has this project been evaluated or is an evaluation pending?

WFP conducted its Country Portfolio Evaluation from 2012 -2017, which includes implementation under this CERF contribution. The evaluation will be released in the second quarter of 2018.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

8.25. Project Report 17-UF-WHO-001 – WHO)

1. Project information			
1. Agency:	WHO	2. Country:	Somalia
3. Cluster/Sector:	Health	4. Project code (CERF):	17-UF-WHO-001
5. Project title:	Provision of emergency time critical and lifesaving health care for drought affected vulnerable populations to ensure continuity and critical gap filling of health care services in underserved areas		
6.a Original Start date:	23/02/2017	6.b Original End date	31/12/2017
6.c. No-cost Extension	<input type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 12)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	b. Total funding received for agency's sector response to current emergency:		
	c. Amount received from CERF:		US\$ 400,000
	d. Total CERF funds forwarded to implementing partners of which to: <ul style="list-style-type: none"> ▪ <i>Government Partners</i> ▪ <i>International NGOs</i> ▪ <i>National NGOs</i> ▪ <i>Red Cross/Crescent</i> 		

2. Project Results Summary/Overall Performance
<p>A total of 100 new sentinel sites were established to reach a target of 365 health facilities in the target regions. Even when the cholera case fatality (CFR 1.5%) remained higher than the WHO threshold (<1%), this was attributed to the delayed health care seeking behaviour of the cholera cases due to limited access.</p>

3. Changes and Amendments

4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Planned	24,000	26,000	50,000	25,000	25,000	50,000	49,000	51,000	100,000
Reached	24,000	26,000	50,000	25000	25000	50,000	49,000	51,000	100,000
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs									
Host population	100,000					100,000			
Affected people (none of the above)									
Total (same as in 9a)	100,000					100,000			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	n/a								

5. CERF Result Framework	
Project objective	The objective of the CERF proposal is to provide emergency time critical and life saving health care for drought affected vulnerable populations in Bari, Bay, Gabiley, Hiiran, Karkaar, Lower Shabele, Maroodi-Jeh, Middle Juba, Mudug, Nugaal, Sanaag and Sool and ensure continuity and critical gap filling of life serving health care services in underserved areas.

Output 1	Improved delivery of essential primary health care services in drought-affected areas via provision of emergency medical supplies to primary health clinics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of consultations made in 50 primary care using best practice guidelines and prescribing practice	100,000	100,000	EWARN reports
Explanation of output and indicators variance:		n/a		
Activities	Description	Implemented by		
Activity 1.1	Procure and deliver of emergency medical supplies (see Annex 2) for 50 primary care clinics	WHO		
Activity 1.2	Improve referrals, quality of care and individual treatment outcomes in 50 primary health care facilities	WHO		

Output 2	Effective surveillance system for improved reporting system for cholera to obtain better quality data for risk assessment as well as for understanding the actual burden of the disease in place			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Establish 100 new sentinel surveillance sites in the 3 states of South central, Puntland and Somaliland	365	365	EWARN reports
Explanation of output and indicators variance:		n/a		
Activities	Description	Implemented by		
Activity 2.1	Increase the number of surveillance sites from the current 265 to 365 in all the 3 states of Somalia	WHO		
Activity 2.2	Ensure timely collection and analysis of cholera and epidemic disease data from additional surveillance sites and hot spot areas	WHO		
Activity 2.3	Produce and disseminate daily, weekly and monthly situation reports for cholera and other epidemic prone diseases	WHO		
Activity 2.4	Respond to all cholera alerts and conduct timely field investigations in the established sentinel sites and surrounding areas through the use of 7 RRTs in 7 regions	WHO		

Output 3	Mortality due to cholera through implementation of effective and standard case management and appropriate infection control practices reduced to less than 1%.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Cholera associated mortality reduced to less than 1% in all treatment centres	Less than 1%	1.5%	Cholera sitreps
Explanation of output and indicators variance:		The 1.5% CFR above threshold was a result of cases coming from remote villages reaching the treatment facilities in critical condition		
Activities	Description	Implemented by		
Activity 3.1	Recruit and train additional health workers/support staff to support case management and infection control	WHO		
Activity 3.2	Procure cholera/diarrhoea kits and other emergency related medical supplies in high risk states	WHO		
Activity 3.3	Preposition cholera/diarrhoea kits and other emergency related medical supplies in high risk states	WHO		
Activity 3.4	Support the management of cholera for all in- and outpatients in established cholera treatment centres.	WHO		
Activity 3.5	Conduct regular monitoring & evaluation of case management and infection control practices	WHO		
Activity 3.6	Reproduce/disseminate cholera technical guidelines, reporting tools & protocols to use throughout cholera response	WHO		

6. Accountability to Affected People

A A) Project design and planning phase:

AAP were consulted through the ministry of health officials at national and regional level as well as community representatives in the target areas to identify the needs and modalities of implementation. The health services provided targeted the particular AAP in all the target regions that were affected by drought

B) Project implementation phase:

Implementation was done by the WHO and health cluster partners in collaboration with Federal ministry of health and regional medical teams. The surveillance officers and health workers were responsible to ensure that the health services for the surveillance, case management and other interventions are implemented using the standard guidelines and protocols provided by WHO and Federal Ministry of Health

C) Project monitoring and evaluation:

Project monitoring was conducting using the health workers and regional surveillance officers who submitted weekly reports of the epidemiological situation for cholera and other epidemic prone diseases as they occurred in the different health facilities. Weekly situation reports were developed and disseminated by the WHO technical team to the ministry of health, NGO and UN agencies. Feedback was also provided through health cluster meetings that were organised in all drought affected regions

55. Cash-Based Programming

1. Did this project include cash-based programming (all programmes where cash or vouchers are provided)?	Choose an item.
2. Please indicate the estimated total value of cash that was transferred to beneficiaries (best estimate of the value of cash and/or vouchers, not including associated implementation costs)	US\$ insert amount
3. Please provide an indicative estimate of the percentage of the total budget in support to the implementation of cash-based component (if cash-based programming was the sole intervention in the CERF project, this will be 100%)	insert percentage %
<p>4. Please specify below the modality of cash transfer to beneficiaries. (if this project contains two modalities of cash based programming please copy paste questions a, b and c below):</p> <p>uuu) Objective (was the transfer designed to achieve (i) sector specific objectives, or (ii) to support overall basic needs?) Choose an item.</p> <p>vvv) Conditionality (were cash recipients required to undertake certain activities to receive assistance, e.g. emergency employment?) Choose an item.</p> <p>www) Restrictions (was the transfer restricted to specific vendors or to access pre-determined goods/services like agricultural inputs?) Choose an item.</p>	

56. Evaluation: Has this project been evaluated or is an evaluation pending?

No evaluation was planned for this activity	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
17-RR-CEF-045	Health	UNICEF	NNGO	\$44,090
17-RR-CEF-045	Health	UNICEF	NNGO	\$51,213
17-RR-CEF-045	Health	UNICEF	INGO	\$162,740
17-RR-CEF-045	Health	UNICEF	INGO	\$166,928
17-RR-CEF-045	Health	UNICEF	GOV	\$1,331
17-RR-CEF-045	Health	UNICEF	INGO	\$81,750
17-RR-CEF-045	Health	UNICEF	INGO	\$19,060
17-RR-CEF-046	Nutrition	UNICEF	INGO	\$30,870
17-RR-CEF-046	Nutrition	UNICEF	NNGO	\$50,598
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	INGO	\$68,444
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	NNGO	\$10,070
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	NNGO	\$201,000
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	NNGO	\$9,858
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	GOV	\$109,889
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	GOV	\$8,555
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	INGO	\$151,813
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	GOV	\$92,650
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	NNGO	\$49,500
17-RR-CEF-047	Water, Sanitation and Hygiene	UNICEF	NNGO	\$313,220

ANNEX 2: Success Stories

1. FAO: “It gives me hope” – CERF funding helps avert famine in Somalia in 2017

For Mohammed Macalinjibril, an agropastoralist in Jidow Village, the cash and crop production support provided by FAO with CERF funding was a lifeline during one of the harshest droughts in Somalia’s history.

Across the country, livelihoods and food security were undermined by the drought, with rural areas hardest hit. Extensive and repeated crop failures and livestock losses meant that rural families lacked food as well as the income to buy food.

Twenty-two year old Abdullahi Heydar Abdi, also from Jidow Village, who became the head of his family after his father passed away, experienced first-hand the devastating effects of drought. As the rains failed, he saw his 50 livestock die, one after the other. His family of eight were increasingly malnourished and he had no way to feed them.

Mohammed had resorted to collecting scarce firewood and selling it in Baidoa Town in an effort to feed his seven children.

Thanks to timely CERF funding, FAO was able to roll out its cash+ programme in the area, providing 3 350 extremely vulnerable families with a total of US\$ 902,650 through three monthly payments, together with critical inputs for the 2017 *gu* season.

Two local Non-governmental Organizations – HIDIG Relief and Development and Community Development Initiative – worked with local community representatives to identify vulnerable families like Mohammed’s and distribute the cash and seeds, together with training on good agricultural practices, such as composting, seed preservation and the use of organic pesticides.

For Mohammed, the cash provided alongside inputs for the 2017 *gu* season represented “a new revival of life”, giving him hope that he could feed his family without worrying about food shortages in the near future.

In total, 50.25 tonnes of sorghum seeds, 33.5 tonnes of cowpea seeds, 804 kg of assorted vegetable seeds and 100 500 storage bags to reduce post-harvest losses were provided to help the selected families resume food production.

Thanks to the CERF funding, FAO was able to rapidly reach extremely vulnerable farmers in time for the 2017 *gu* season and these farmers were able to produce significantly more than non-beneficiaries. A crop yield assessment conducted by FAO found that recipients of the cash+ support obtained a 74 percent higher sorghum yield (1.55 tonnes/ha) than non-beneficiaries (0.89 tonnes/ha).

With his new harvest, Abdullahi was planning to sell the surplus and begin rebuilding his livestock herds to start a new life for his family.

For Edooy, a struggling farmer and former herder in Afartood Village who had been displaced by the drought, it was the training provided together with the farming inputs for the *deyr* season that made a lasting difference. As one of the trained peer farmers in her community, she finds great joy in training and mobilizing new farmers in techniques that help them produce enough food for their families. “By applying what I learned through the FAO programme, I became a successful farmer,” she said. Within a few months, Edooy’s sorghum plants were thriving. Not only did she have sorghum that she and her family could eat, but she was also able to sell some, earning about USD 30 and enabling her to meet other household needs.

Agriculture support is time-critical. In 2017, CERF funding of USD 4 million enabled FAO to reach over million drought-affected Somali pastoralists and agropastoralists. In addition to the cash+ support, FAO provided agricultural inputs to 2 400 families in time for the 2017 deyr season.

CERF funding also enabled FAO to react quickly to deepening water shortages through water trucking and provide treatments to almost 1.5 million animals, helping to build livestock immunity and protect vital assets. Providing preventive care is 100-times more cost-effective than replacing an animal that died, with each treatment costing about USD 0.40, and the cost of purchasing an animal being around USD 40. For pastoral and agropastoral families, camels, goats, sheep and cattle provide an important source of dairy protein. Each animal saved represents positive impacts on household nutrition.



2. UNICEF: <https://www.youtube.com/watch?v=p35GAPdbQ2k&t=3s> UNICEF 2017 year in review

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

Acronym	In Full
AWD	Acute Watery Diarrhoea
BSFP	Blanket Supplementary Feeding Programme
BSNP	Basic Nutrition Services Package
CEC	Community Education Committees
CERELPA	Central Regions Livestock Professional Association
CFR	Case Fatality Ratio
CHW	Community Health Workers
CHW	Community Health Worker
CO	Clinical Officer
CPC	Child Protection Committees
CSB	Corn Soya Blend
CTC	Cholera Treatment Centre
DDK	Diarrhoeal Disease Kit
DRC	Danish Refugee Council
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of the United Nations
FSNAU	Food Security and Nutrition Analysis Unit
GBV	Gender Based Violence
HMIS	Health Management Information System
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IMC	International Medical Corps
IP	Implementing Partner
IPC	Integrated Phase Classification
IYCF	Infant and Young Child Feeding
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnutrition
MCHN	Maternal and Child Health Nutrition
MDM	Médecins Du Monde
MoH	Ministry of Health
MT	Metric Tonnes
MT	Metric Tonnes
NFI	Non Food Items
NGO	Non-governmental Organization
PAC	Physicians Across Continents
PDM	Post Distribution Monitoring
PLW	Pregnant and lactating women
PSAWEN	Puntland State Authority for Water, Energy and Natural Resources
RRT	Rapid Response Team
RRT	Rapid Response Teams
RUSF	Ready to use supplementary Food
SAF	Skills Active Forward
SAM	Severe Acute Malnutrition
SAMA	Salama Medical Agency

SAMA	Salama Medical Agency
SGBV	Sexual and Gender based Violence
SOWELPA	South West Livestock Professional Association
SWALIM	Somalia Water and Land Information Management
TLS	Temporary Learning Spaces
UN	United Nations
UNFPA	United Nations Fund for Population Agency
UNFPA	United Nations Fund for Population Activities
UNHAS	United Nations Humanitarian Air Service
UNHCR	United Nations High Commission for Refugees
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation