

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
SOMALIA  
RAPID RESPONSE  
DROUGHT  
2018**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>Peter de Clercq</b>
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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 due to competing priorities with preparing the Humanitarian Needs Overview and Humanitarian Response Plan in addition to late receipts of some agency reports as officers were away on break. However, agency reports were reviewed internally by agency management, and stakeholders particularly government counterparts and implementing partners were actively involved in monitoring of interventions and thus kept abreast of results.

- 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 ☒

While the use of funds was not discussed by the HCT, the interim report was shared at the HCT and was widely accepted as all projects were on course. For the same above-mentioned reasons this CERF report was not discussed by the HCT. However, agency reports were reviewed internally by agency management, and stakeholders particularly government counterparts and implementing partners were actively involved in monitoring of interventions and in some cases evaluations on the use of CERF funds, thus aware of achievements and challenges.

- 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 ☐

All agency reports have been reviewed and shared internally including with regional and headquarter offices as necessary prior to submission to OCHA for review. The final version of the report has been circulated to the HC and HCT.

## PART I

### Strategic Statement by the Resident/Humanitarian Coordinator

CERF funds allocated to Somalia in early 2017 were instrumental in supporting early action required to mitigate the effects of the deterioration of both food security and malnutrition among communities in North Somalia that continued to demonstrate worrying food security (Emergency /IPC 4) and/or nutrition outcomes and whose conditions were expected to deteriorate between February and June 2018. Through the strategic use of complementary and integrated interventions in Food Security and Livelihoods, Health, Nutrition and WASH, the timely grant of \$12.1 million benefitted an estimated 279,180 people. Implemented activities ensured access to food and restored productive capacity among 15,623 poor rural households; improved access to lifesaving emergency primary and secondary health care services to mitigate the health consequences of the lack of food and malnutrition on children and pregnant women. Combined with improving access to safe water and hygiene promotion particularly in IDP settlements, health and WASH services averted the spread of outbreaks that were endemic in these areas such as measles and AWD/Cholera.

The grant's added value to the humanitarian response was exemplified by the collaborative arrangements between both agency recipients and government counterparts throughout the project cycle and its impetus to fundraising efforts that eventually mobilised US\$138,000,000 for the response. Importantly, CERF funds enabled agencies support the government and humanitarian community's response to Cyclone Sagar that devastated parts of Awdal region, one of the targeted areas in May 2018.

## 1. OVERVIEW

**18-RR-SOM-28714 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>93,731,600</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	12,135,443
COUNTRY-BASED POOLED FUND ( <i>if applicable</i> )	N/A
OTHER (bilateral/multilateral)	209,704,408
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>221,839,851</b>

**18-RR-SOM-28714 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>Allocation 1 – date of official submission: 03/04/2018</b>			
<b>Agency</b>	<b>Project code</b>	<b>Cluster/Sector</b>	<b>Amount</b>
FAO	18-RR-FAO-013	Food Security - Agriculture	3,016,164
IOM	18-RR-IOM-013	Water Sanitation Hygiene - Water, Sanitation and Hygiene	975,370
IOM	18-RR-IOM-014	Health - Health	491,975
UNFPA	18-RR-FPA-020	Health - Health	500,000

UNICEF	18-RR-CEF-046	Water Sanitation Hygiene - Water, Sanitation and Hygiene	966,169
UNICEF	18-RR-CEF-049	Nutrition - Nutrition	800,000
UNICEF	18-RR-CEF-050	Health - Health	484,785
WFP	18-RR-WFP-028	Nutrition - Nutrition	1,200,979
WFP	18-RR-WFP-029	Food Security - Food Aid	3,200,001
WHO	18-RR-WHO-015	Health - Health	500,000
<b>TOTAL</b>			<b>12,135,443</b>

<b>18-RR-SOM-28714 TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>9,598,402</b>
- Funds transferred to Government partners*	859,957
- Funds transferred to International NGOs partners*	381,369
- Funds transferred to National NGOs partners*	980,631
- Funds transferred to Red Cross/Red Crescent partners*	315,085
<b>Total funds transferred to implementing partners (IP)*</b>	<b>2,537,041</b>
<b>TOTAL</b>	<b>12,135,443</b>

## 2. HUMANITARIAN CONTEXT AND NEEDS

Despite the early and massive scale up of humanitarian assistance in Somalia in 2017, parts of northern Somalia had experienced less than 40 percent of rainfall during the October to December *Deyr* rainy season, signalling a fourth failed season with consequent poor harvests and loss of livestock assets. An estimated 315,000 people (62 per cent of total in IPC4<sup>1</sup>) were predicted to be in IPC 4 (the IPC phase that precedes famine) in these hotspot regions between February and June 2018. Without assistance, the prospects of a fifth below average upcoming season were likely to lead to a reversal of the gains made in food and nutrition security. Worryingly, three out of the eight internally displaced persons (IDP) settlements nationwide that did not demonstrate improvements in acute malnutrition despite humanitarian assistance were in the north – with levels classified as above Critical (>15% Global Acute Malnutrition (GAM)). These areas were also identified as priority hotspots for assistance.

Pastoralists in the north lost much livestock in 2017 and pasture and water availability was significantly below average, threatening the survival and productivity of the remaining livestock. Consequently, poor households lacked access to sufficient milk and had few saleable livestock to purchase other food sources. The situation was especially alarming in the far northwest of Somaliland (Guban Pastoral livelihood zone), where atypical livestock deaths had been occurring since January 2018 and households faced extreme loss of income.<sup>2</sup> The prolonged dry conditions had already resulted in the depletion of sheep and goat herds by between 50-60% among poor households due to death and distress sales. This was especially hard on women who were the primary keepers of small ruminants. Affected families were reported to have reduced their food intake (up to 38 per cent of the population had poor food consumption scores<sup>3</sup>, and increased indebtedness to purchase food and water, while others were migrating to other areas with water and pasture. The forecasted deterioration of the current poor pasture and water shortages conditions during the dry *Jilal* (January to March) season was certain to adversely affect livestock reproduction, access to agricultural employment, and water and food prices.

Poor rains in 2017 also impacted *Gu/Karaan* cereal production in the northwest – estimated at 15,590 tonnes (68 percent of average)<sup>4</sup>. A poor harvest was particularly detrimental to families in the north, as Somaliland has only one cropping season per year, as it left agro pastoral families with low annual food stocks, reduced income and greater dependence on market purchases, primarily imports. The current above average prices of imported staples due to the devaluation of the Somaliland Shilling, further reduced household purchasing power.

Despite marginal improvements from ‘critical’ levels in the overall nutrition situation in Somalia<sup>5</sup>, malnutrition rates among children remained precarious at ‘serious levels’. Of concern were populations with critical prevalence of acute malnutrition above the threshold of 15 per cent, mainly in Northern regions (Bari, Mudug, Nugal, Sanaag and Sool), as well as internally displaced persons (IDPs) in Qardho, Garowe and Galkacyo. For this population, food and income sources were also expected to remain below average over the next six months. If assistance was not scaled up in these selected hotspots, the decrease in the national median Global Acute Malnutrition (GAM) rates which were at 17.4 per cent in 2017, would be reversed putting the lives of children at risk. The lack of access to basic and lifesaving health services exacerbated already high rates of under-5 child mortality and increased the incidence of preventable diseases such as pneumonia, diarrhoea, malaria and measles.

The drought, as well as concurrent outbreaks of acute watery diarrhoea (AWD)/cholera and measles, had overburdened an already weak health system. According to a March 2018 WHO EPI Report, the six affected regions accounted for 31 per cent (1,006) of all new measles cases reported nationally since the start of 2018 (3,260). This risk of was further compounded by inadequate access to safe water and sanitation which were estimated at 34 per cent and 20 per cent respectively. Already, assessments by the WASH Cluster had revealed an increase in the number of non-functional waterpoints due to limited recharge of aquifers by 25-30 per cent. Available boreholes and other water sources were reported as over-utilised and at the risk of collapsing. Access to clean water was further hindered due to rising water prices by private water companies. In Puntland, the price of water continued to increase to \$5 per 200 litre drum of water and most of the *berkeds* were empty in all rural settlements in the regions. In Somaliland, prices increased by 22 per cent above the previous year and was 41 per cent above the five-year average.

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<sup>1</sup> The Integrated Food Security Phase Classification (IPC) is a set of analytical tools and processes to analyse and classify the severity of a food security situation using a widely accepted five-phase scale. Each of these phases has important and distinct implications for where and how best to intervene and therefore influences priority response objectives. The five IPC phases are: Minimal; Stressed; Crisis; Emergency; and Famine. Use of those words in this document generally refers to this scale

<sup>2</sup> Idem.

<sup>3</sup> FSNAU/FEWNET post-Deyr seasonal assessment January 29, 2018

<sup>4</sup> FSNAU Post-Deyr 2017 Seasonal Food Security and Nutrition Assessment.

<sup>5</sup> At national level, median prevalence of acute malnutrition has improved from Critical (17.4% GAM) in June-July 2017 to Serious (13.8% GAM) in November-December.

The funding requirement to effect early action to prevent deterioration of the developing crisis was estimated at US\$93.7 million. Available funding (\$22.6) largely from agency fund raising efforts, fell short for the scale of response required. At the end of the first quarter in 2018, the Humanitarian Response Plan (HRP) was only 12.4 per cent funded (\$187 million), with additional 85 million committed outside of the appeal (21 March 2018). CERF funds were a critical boost to ongoing response efforts in identified hot spot areas.

### 3. PRIORITIZATION PROCESS

The decision to apply for this CERF grant was informed by early reports from assessments that the Deyr rainfall had underperformed in the northern part of Somalia and would likely reverse the gains made from the massive injection of humanitarian assistance in 2017. This was confirmed by the seasonal FSNAU assessment which highlighted hot spots and groups that would be in Emergency (IPC 4) and faced a heightened risk of famine between February and June without urgent humanitarian assistance.

In consultation with the Humanitarian Country Team (HCT) the Humanitarian Coordinator defined the strategic focus of the submission, limiting it to hotspots in North Somalia. While the response would be primarily geared toward addressing the acute food insecurity and severe malnutrition, it was recognised that complementary services were also crucial for a holistic response.

Specifically, the funds would be used:

- To provide time critical life-saving food and livelihood protection support to stabilize food security and livelihoods and mitigate the impact of the poor rains and, through this, prevent further deterioration of the food security and nutrition situation;
- To optimise synergies in service delivery to address aggravating causes of malnutrition such as acute watery diarrhoea (AWD) and measles through supporting complementary interventions in Health and WASH;

Cluster coordinators led consultations with their constituent agencies and field coordination mechanisms that included to agree on activities, geographic locations and envelopes. Cluster specific decisions were linked to their HRP response strategies and agency mandates plus operational presence. Gender considerations were also made to ensure that the special needs of all groups would be accounted for. CERF interventions would target the following livelihood zones:

- Guban Pastoral and North Inland Pastoral zones that encompass parts of Awdal, Sanaag, Sool and Woqooyi Galbeed Regions;
- Hawd and Addun Pastoral livelihood zones and IDP settlements of Galkacyo in Mudug, Garowe in Nugal and Qardho in Bari Regions.

Planned interventions were designed to ensure access to food for poor households and provide crucial livelihood support to agro-pastoralists and pastoralists during the lean season and deliver lifesaving nutrition assistance to children and pregnant women with complementary health and WASH services to address its multi-sectoral causes. Complementarity would be achieved both at inter- and intra- cluster level. Intra-cluster complementarity was to be manifested through the apportionment of separate but complementary services by participating agencies according to their mandates and comparative advantages and geographic presence in the targeted hotspots. For example, under health, UNFPA would focus on reproductive health, UNICEF on facility based Integrated Management of Child Health, and IOM would target the villages and remote areas with outreach through integrated emergency response teams (IERT). The WHO project was centred on outbreak surveillance and response through rapid response teams (RRT). WFP and UNICEF planned to jointly deliver life-saving services to boys and girls under-5 and PLWs affected by acute malnutrition living in IDP camps and surrounding host communities. Likewise, FAO would primarily support livelihoods while WFP will ensure acutely food insecure people had access to food through issuance of cash assistance. WASH interventions were geographically split between target groups with IOM targeting rural populations, and UNICEF IDP settlements.

Complementarity between clusters was planned to reinforce the impact of the overarching objective of the submission. To this end, Health and WASH interventions would help address the underlying causes of malnutrition. In line with the HCT's Centrality of Protection, all cluster activities targeted the most vulnerable to ensure access to proffered services. As far as possible, cluster complementarity was sought at the district level to ensure that beneficiaries accessed diverse services that would impact their well-being.

OCHA then developed a concept note that outlined an analytical review of available assessments, cluster and agency inputs for CERF decision resulting in \$12.1 grant from its rapid response window. The Somalia Humanitarian Fund (SHF) allocation focussed on sustaining response in South-Central Somalia, thus there was no overlap with CERF funding. Jointly, however, the allocated amount from the two pooled funds (\$35 million) accounted for 2.3 per cent of the required resources for response in Somalia in April, 2018.

## 4. CERF RESULTS

CERF allocated \$12.1 million to Somalia from its Rapid Response window to kick-start time critical response to poor rural households, pastoralists and internally displaced persons in North Somalia who by early 2018 had been classified as being in Emergency (IPC4) and demonstrated above critical malnutrition levels and whose condition was expected to deteriorate by June. This funding enabled UN agencies and partners to provide livelihoods support benefiting 93,738 people; food aid through cash transfers to 56,334 people; access to safe water and appropriate sanitation to 197,700 people; provide a full nutrition service package to 49,571 women and children, reproductive health services to 34,876 women; vaccination against measles to 8,320 children; and strengthening access to health care benefiting 191,536 people. Specific achievements of funded interventions are summarised below:

- FAO supported a total of 15,623 households (93,738 people) in Somaliland and Puntland, ensuring immediate access to food, restoring food production capacities and protecting livestock. Of these households, 1,600 households under the Cash+ agricultural inputs and 1,800 households under the Cash+ livestock inputs received US\$ 571,000 of unconditional cash transfer payments enabling vulnerable beneficiaries to buy much-needed food, providing the means to sustain themselves while supporting livelihoods through food production and protecting livestock. Cash+ agricultural inputs beneficiaries secured a Gu harvest of 3,520 tonnes of sorghum, enough to feed 52,148 people for six months before the next harvest.
- The CERF grant allowed WFP to reach 56,334 people affected by drought in targeted locations in Awdal, Woqooyi Galbeed, Bari, Mudug and Nugal regions through unconditional cash-based transfers (CBT) of a total value of US\$ 2,576,926. In these locations, vulnerable households received cash-based assistance in the form of e-vouchers valued at US\$ 65 per month for four months.
- With the CERF funding, IOM ensured that 126,000 people had access to safe and clean water. This was achieved through the rehabilitation of 12 strategic dilapidated non-functional boreholes (6 in Somaliland and 6 in Puntland) to ensure a reliable and sustainable water supply to 72,000 people (37,440 female and 34,560 males). An additional 54,000 individuals (28,080 female and 25,920 male) directly benefited from the temporary water supply through access by water voucher.
- IOM trained 84 community hygiene promoters (34 female and 50 males) using Participatory Hygiene and Sanitation Transformation (PHAST) methodology, who eventually conducted awareness campaigns that reached 30,000 individuals (15,600 female and 14,400 male). To further boost sanitary conditions, IOM distributed 75,000 hygiene kits to 7,500 IDP households (2,500 HHs in Nugaal, 2,500 in Sool and Sanaag, and 2,500 in Bari, Bossaso) with special focus on the flash floods affected IDPs sites in Bari region.
- Through working with its government and local NGO partners, UNICEF provided comprehensive life-saving WASH assistance to 60,000 people in Garowe and Galkayo IDP camps, including additional drought affected IDPs and those in protracted displacement. Furthermore, 4,000 households (24,000 individuals) received temporary access to safe water for a period of 45 days meeting the SPHERE requirements of 15 litres/person/day. In addition, 14 pieces of 10 cubic meter fibre water tanks were established in areas lacking water storage facilities. In Garowe, 400 new drought IDP households (2400 individuals) were provided with basic hygiene kits which included menstrual hygiene management (MHM) items, and the complementary hygiene promotion campaign also addressed MHM. Great progress was made in expanding coverage of safe and dignified sanitation to IDPs by constructing 365 latrines and rehabilitating another 40 latrines benefitting approximately 8,100 people. Environmental sanitation was improved by removing 400 garbage trucks of solid waste from IDP camps. Finally, over 62,400 people benefited from hygiene awareness and promotion campaigns at the community-level and via the media focusing on key hygiene messages, such as hand washing at critical times, water safety, latrine use and the elimination of open defecation. UNICEF also provided IOM with 7,500 hygiene kits for use in areas where there was a need.
- Through this CERF RR grant, IOM and its partners provided lifesaving emergency primary healthcare services to IDPs and host communities in hard-to-reach, crisis-affected areas of Somaliland and Puntland. Through deployment of eight Integrated Emergency Rapid Response Teams (4 in Somaliland and 4 in Puntland), a total of 51,059 beneficiaries were reached through outpatient clinical consultations (9,121 girls, 8,187 boys, 20,900 women, and 12,851 men). An additional 18,643 individuals were reached through mass health education campaigns which focused on prevention of communicable diseases such as Acute Watery Diarrhoea, cholera and measles, as well as malnutrition and other critical health issues.
- The CERF RR grant enabled UNFPA and its implementing partners provide life-saving reproductive health services to 34,876 IDPs and host populations in Garowe and Galkayo, Puntland. UNFPA supported three hospitals offering Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services where 2,991 deliveries and 1,229 pregnancy complications managed. In addition, 2,042 pregnant women were referred for skilled birth deliveries and 264 pregnancy complications received care in the Basic Emergency Obstetric and neonatal care (BeMONC) facility. At least 28,350 people were reached through outreach campaigns for lifesaving reproductive health services including antenatal care, nutrition counselling, birth spacing, syndromic management of sexually transmitted infections, screening and referrals.
- Through this generous contribution, UNICEF procured 15,000 vials of 10 doses of measles vaccines and, with its partners, immunized 8,320 children under-5 years of age in Borama, Laascaanood and Ceel Afweyn contributing to the reduction of measles cases in

targeted regions. In addition, 60 DDKs were procured, which benefited 8,000 out of 20,151 beneficiaries who were treated for Acute Watery Diarrhoea in UNICEF supported health facilities. Four 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 one per cent cumulative in target regions to zero per cent.

- WHO deployed 40 rapid response teams to strengthen response to outbreaks, trained 145 health workers on infection prevention and control and was able to investigate 85 per cent of all outbreaks reported within 72 hours. In addition, three stabilization centres were able to treat 1,860 children for acute malnutrition following the provision of case management equipment and training of 124 workers using WHO and bilateral funds.
- The CERF grant enabled WFP and its partners to provide and scale up life-saving nutrition treatment and preventive services in the targeted districts. A total of 39,602 beneficiaries were assisted in Bari, Mudug, Nugaal, Sanaag and Sool regions including IDPs location. 4,486 children with moderate acute malnutrition and 7,706 pregnant and lactating (PLW) women with moderate acute malnutrition were treated through the TSFP. Under the MCHN prevention program, a total of 7,235 children 6-24 months and 4,884 PLW were reached. Under the BSFP seasonal program, a total of 15,291 children 6-24 months of age were reached through critical nutrition supplies. The program focussed on the areas with persistent high GAM rates (above emergency threshold). BSFP is an unconditional nutrition support to all the children 6-24 months (under 2) and PLWs in the programme areas. Due to the cyclone in the Guban pastoral areas, there was a huge influx of under 2 displaced children in Somaliland, which unexpectedly increased the number of BSFP children.
- Thanks to CERF's contribution, UNICEF and its partners provided lifesaving nutrition therapeutic treatment to over 4,200 children with severe acute malnutrition (SAM), screening of 17,548 children under-5 years of age while ensuring timely identification and referral of the acutely malnourished. This was achieved through a robust procurement system that facilitated swift delivery/replenishment of critical supplies including ready to use therapeutic food (RUTF), essential medicines and therapeutic milk for treatment of the SAM children with complications. Additionally, the project reached 5,769 pregnant and lactating women (PLW) with individual infant and young child feeding counselling support in emergencies in various districts in Bari, Mudug, Nugaal, Sanaag and Sool regions. Overall, 9,969 children and women were reached with the much-needed nutrition support through programmes that were not only in tandem with global standards of performance but also empowered women and caretakers to provide optimal care for their children. The project gave a special focus on the areas with heightened acute malnutrition, particularly the IDPs settlements where global acute malnutrition (GAM) has persisted above the emergency threshold. The proportion of women and children reached in IDP settlements exceeded the planned target by 10 per cent.

## 5. PEOPLE REACHED

**Table 4/ Table 6:**

- Calculations were derived from recipient agency reports. During the implementation period, Cyclone Sagar hit Awdal region, one of the targeted regions, necessitating expansion of activities to respond to those affected. This was the case with WHO which extended its health activities to stem a potential outbreak. Nutrition agencies also made savings in the purchase of supplies enabling them reach more beneficiaries. Details are outlined in individual agency reports.
- For joint cluster projects such as Nutrition and Health, beneficiaries were consolidated due to the disparate but complementary services being offered by the individual agencies as detailed in the results frameworks and original proposals. WASH interventions were similarly summed up as IOM and UNICEF targeted specific geographic areas with some distinctions in their interventions – e.g. IOM rehabilitated boreholes and UNICEF rehabilitated or constructed latrines, with both issuing water vouchers and conducting hygiene promotion campaigns.

**Table 5:** The CERF allocation reached an estimated **279,180** people directly. The following steps and considerations were used to estimate the overall number of people directly assisted with CERF funding

- A matrix of geographic coverage of the whole allocation was drawn and completed with cluster- and agency specific locations. Common areas of coverage and were also noted to avoid counting the same people multiple times. In the same vein, beneficiary achievements from two regions that were covered solely by food security interventions were also considered. The analysis also considered beneficiary and activity types particularly where these had been distinguished by projects.
- Despite the FAO food security project being the project with the widest geographic coverage, its beneficiary figures were not used as it was likely that its beneficiaries were targeted by other cluster interventions. Only figures from one district, which was not covered by any other projects/clusters were included in the overall estimate by assuming proportional assistance to its beneficiaries across its 14 districts
- The magnitude of its coverage was closely followed by WFP's Food Assistance project. However, **only** beneficiaries from the WFP areas **not covered by FAO or any other cluster** (seven districts in total) were calculated and included in the overall estimate. This calculation assumed proportional assistance for WFP's sixteen districts across all beneficiary groups.



- While the Health cluster interventions collectively had a smaller geographic coverage (four regions) than food security cluster, the Health projects were distinguished by type of beneficiary targeted and services. UNFPA focussed solely on reproductive health through hospitals, UNICEF on facility based (MCH) reproductive and newborn health and IOM on primary health care through outreach. Thus, though there was some overlap in their geographic areas, these distinctions meant their achievements could be summed up. WHO targeted outbreak control and response, but it was largely through kit distribution (targeting a number of beneficiaries) and training of staff and thus was also included.
- Noting that neither food security nor health interventions targeted IDP settlements, as did the nutrition (WFP and UNICEF) and UNICEF WASH (specifically in their proposals), UNICEF WASH figures were used to estimate this group as it was likely that the same IDPs had benefitted from Nutrition services as they had the same geographic coverage. However, nutrition figures for Qardho IDPs (calculated by assuming proportional assistance for the cluster's five districts across all beneficiary groups) were used to ensure they were included in the overall count.
- **Note:** It should be noted that WASH beneficiary numbers included awareness campaigns. The people reached with this activity were **have not been included** on the achievements reported overall for this report. The numbers reported for the WASH cluster were as a result of direct services such as water trucking and distribution of hygiene kits. This audience are somewhat 'indirect' beneficiaries though admittedly some of them may have accessed the services offered due to this outreach. While the role of awareness campaigns and hygiene promotions etc. in educating communities and effecting behavioural change or making communities aware of services available is indisputable, the inclusion of this audience as a direct beneficiary of a service sometimes 'skews' project achievements as they are 'soft' components. In future, it may be useful to have this as a separate category when estimating overall achievements.

**18-RR-SOM-28714 TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR<sup>1</sup>**

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Agriculture	24,803	21,129	45,932	25,815	21,991	47,806	50,618	43,120	93,738
Food Security - Food Aid	13,217	15,514	28,731	12,697	14,906	27,603	25,914	30,420	56,334
Health - Health	44,831	68,375	113,206	31,997	38,013	70,010	76,828	106,388	183,216
Nutrition - Nutrition	15,960	18,359	34,319	15,252	3,610	15,342	31,212	21,969	53,181
WASH - Water, Sanitation and Hygiene	59,200	44,420	103,620	50,160	34,620	84,780	109,360	79,040	188,400

**18-RR-SOM-28714 TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING<sup>2</sup>**

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	44,100	68,695	<b>112,795</b>	37,800	32,729	<b>70,529</b>	81,900	101,424	<b>183,324</b>
<b>Reached</b>	68,798	97,879	<b>166,676</b>	52,595	59,907	<b>112,502</b>	121,392	157,786	<b>279,178</b>

**18-RR-SOM-28714 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	108,133	165,983

<i>Host population</i>	75,191	107,390
<i>Affected people (none of the above)<sup>6</sup></i>		5,806
<b>Total (same as in table 5)</b>	<b>183,324</b>	<b>279,178</b>

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<sup>6</sup> Food insecure pastoralists and agropastoralists according to FAO figure.

## 6. CERF's ADDED VALUE

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

YES ☒

PARTIALLY ☐

NO ☐

Despite a massive scale up of humanitarian assistance in 2017, parts of North Somalia CERF were facing a fourth failed season and the prospect a below average fifth season in early 2018 highlighting the need to urgently prevent a deterioration of the developing crisis. CERF funds were among the first to be received to boost the early action necessary in these hotspots regions where poor households faced a decline in food security and nutrition outcomes. While some agencies such as FAO, UNICEF and WFP had already reprogrammed their activities and received some bilateral contributions in the targeted areas, CERF funds enabled the expansion of coverage. Crucially, the cash assistance ensured immediate access to food, enabled these households start rebuilding their livelihoods without migrating in search of water and food for themselves and their livestock, and restored food production capacity. The deployment of Integrated Emergency Response Teams (IERT) also brought health services closer to targeted communities.

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

YES ☒

PARTIALLY ☐

NO ☐

Somaliland has only one Gu cropping season per year. With funds received from CERF, FAO provided 1,800 households with unconditional cash assistance for three months and agricultural inputs ensure timely preparation for the Gu season. Recipient households subsequently harvested 3,520 tonnes of sorghum, enough to feed 52,148 people for six months before the next harvest. As an increase in measles outbreak was noted in drought-affected communities in Somaliland, UNICEF utilised CERF funds for the timely delivery of measles vaccines, as well as to provide Diarrheal Disease Kits (DDKs) for immediate response. During the project period, CERF funds enabled WFP and IOM expand their Nutrition and WASH activities to respond to needs arising from the devastating effects of Cyclone Sagar in two CERF targeted districts in Awdal region, thereby registering higher achievements in beneficiaries.

### c) Did CERF improve coordination amongst the humanitarian community?

YES ☒

PARTIALLY ☐

NO ☐

Priority activities and geographic coverage for CERF funds were agreed through discussions among the humanitarian country team and the inter cluster coordination group facilitating smooth interaction between all agencies. 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 representing affected populations. Information from the FAO-managed information hubs for Somalia (the Food Security and Nutrition Analysis Unit and Somalia Water and Land Information Management) are the main sources of information on food security and climate forecasts for the entire humanitarian community in the country. these was used to guide the development of response plans and prioritize needs and actions.

Food Security, Health and WASH agencies worked particularly closely with counterpart government agencies involving them in all phases of the project cycle ensuring proposed interventions were acceptable. Further, coordination was enhanced by the submission of joint health projects for IOM, UNFPA, UNICEF and nutrition by WFP and UNICEF as services offered were complementary and drew on comparative strengths, technical expertise and geographic presence of the agencies providing more holistic services to targeted beneficiaries. Lastly, UNOCHA led coordination in planning and proposal writing continues to add value to the implementation of CERF allocation. Health cluster and the recipient UN agencies had close coordination in avoiding overlap of activities in the target locations.

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

YES ☒

PARTIALLY ☐

NO ☐

CERF funding served as a strategic catalyst for UNICEF to advocate with other donors for additional resources to fund the sustained response post the pre-famine scale up. CERF funding to UNICEF was complemented with other contributions from Canada, DFID, ECHO,

Kuwait and OFDA. Among others, the funding enabled UNICEF to deliver life-saving emergency healthcare to 475,966 crisis affected women and children and treat 8,000 AWD/Cholera patients in UNICEF supported health facilities. CERF was also a precursor for additional funding for WHO that reported receiving \$1,500,000 from other donors to fill response gaps not covered by CERF and support already ongoing activities. CERF funds provided IOM with seed funding to respond to the developing crisis and was used to raise visibility of the crisis and raise an additional \$1 million for its health and WASH responses.

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

When received, CERF Rapid Response funds invariably boost response and enable agency recipients (particularly those of last resort) provide response at scale and assure implementing partners of continued funding for the most critical times it is required. In addition, by funding UN agencies who due to economies of scale are also able to deliver quickly and are the primary suppliers of quality inputs such as nutrition supplies, vaccines and drugs, beneficiaries receive timely and quality assistance. Lastly receipt of CERF funds allowed the country based pooled fund SHF focus on sustaining response in South-Central Somalia where priorities were also high through its NGO implementing partners and reducing competition for scarce SHF funds.

## 7. LESSONS LEARNED

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
The nature of the emergency sometimes changes quickly within the implementation period. In the 2018 implementation period, the drought changed to severe flooding, causing even more displacement and severe outbreaks of water-borne diseases, while there was also cyclone in regions neighbouring those in the project. It is important for partners to be prepared for these fluid emergency contexts and preposition supplies accordingly.	The CERF funding mechanism should allow some degree of flexibility in adapting the project to respond to a changed disaster profile and additionally affected neighbouring regions. The process of requesting activity reviews takes too long given the relatively short implementation periods for CERF RR projects.
Flexibility in implementation partners – UNICEF's nutrition project registered a change in partners that implemented the project, going from the planned nine international and local partners to four local partners that were eventually supported by this grant to implement nutrition activities in the targeted regions. The discrepancy in the planned compared to the actual partners supported by this contribution was because UNICEF engaged several partners prior to receipt of this CERF contribution to keep up the momentum of the pre-famine scale up response. By the time funding was received, the partners that were earmarked to receive this funding already received funding from 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.	Continued support from CERF to allow for the flexibility of implementing partners
There are slow onset emergencies which may not be covered at the time of proposal development, but which may need to be responded to during the implementation phase. Approval needs to be sort to re-allocate funds to such emergencies and thereby delaying response.	CERF funds should be flexible to allow response to upcoming similar emergencies that may occur in a different geographical region not covered by the proposal.

Time consuming and elongated proposal submission process with repeated email back and forth, despite short turnaround needed.	Training on template before-hand and clearer coordination of the process.
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.
It should be noted that WASH beneficiary numbers included awareness campaigns. The people reached with this activity were <b>have not been included</b> on the achievements reported overall for this report. The numbers reported for the WASH cluster were as a result of direct services such as water trucking and distribution of hygiene kits. This audience are somewhat 'indirect' beneficiaries though admittedly some of them may have accessed the services offered due to this outreach. While the role of awareness campaigns and hygiene promotions etc in educating communities and effecting behavioural change or making communities aware of services available is indisputable, the inclusion of this audience as a direct beneficiary of a service sometimes 'skews' project achievements as they are 'soft' components	In future, it may be useful to have this as a separate category when estimating overall achievements.

**TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS**

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Government partners (Ministry of Health) requested to change specific project locations after the grant was finalized, but this was impossible because the final decisions were made during the planning phase (prior to project approval).	There is need to encourage government entities to coordinate internally when engaging UN humanitarian actors in planning disaster responses.	UNCT/UNOCHA
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, donors to encourage all actors to participate in cluster meetings	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
Low level of funding for adequate response especially for health.	Consideration to review and increase the level of funding.	Donors
Enhanced achievement of objectives through joint planning and harmonised implementation of activities with other partners.	Humanitarian coordination forums to continue supporting joint planning and harmonised implementation of activities by country teams.	OCHA
Close collaboration with government agencies and host communities in planning and implementation is essential.	Partners and agencies should work closely with government for successful implementation of activities especially in countries like Somalia facing security challenges.	UN Country team

## PART II

### 8. PROJECT REPORTS

#### 8.1. Project Report 18-RR-FAO-013 - FAO

<b>1. Project information</b>			
<b>1. Agency:</b>	FAO	<b>2. Country:</b>	Somalia
<b>3. Cluster/Sector:</b>	Food Security - Agriculture	<b>4. Project code (CERF):</b>	18-RR-FAO-013
<b>5. Project title:</b>	Rapid Response for Severely Food Insecure Drought-Affected Rural Populations in Northern Somalia		
<b>6.a Original Start date:</b>	01/04/2018	<b>6.b Original End date</b>	30/09/2018
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input checked="" type="checkbox"/> No <sup>7</sup> <input type="checkbox"/> Yes (if not, please explain in section 12)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 20,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 9,816,164
	<b>c. Amount received from CERF:</b>		US\$ 3,016,164
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 199,998</b>
	<ul style="list-style-type: none"> <li>▪ <i>Government Partners</i></li> <li>▪ <i>International NGOs</i></li> <li>▪ <i>National NGOs</i></li> <li>▪ <i>Red Cross/Crescent</i></li> </ul>		US\$ 199,998

<b>2. Project Results Summary/Overall Performance</b>
<p>FAO supported a total of 15,623 households (93,738 people) in Somaliland and Puntland, ensuring immediate access to food, restoring food production capacities and protecting livestock, as follows:</p> <p>Cash+ agriculture support: 1,800 agro-pastoral households received a total of 27 tonnes of sorghum seeds, 18 tonnes of cowpea seeds, 430 kg of assorted vegetable seeds and 5 400 land preparation tractor hours during the Gu 2018 season, alongside three-monthly unconditional cash transfers (UCTs) totalling US\$ 259,000. Further, 180 people were trained in good agricultural practices.</p> <p>Cash+ livestock support: 1,600 pastoral households received three monthly UCTs amounting to US\$ 312,000, as well as 16 tonnes of animal feed mineral blocks to substitute scarce foliage, and 1,600 mazzican/milk storage containers with a total capacity of 16 000 litres</p>

<sup>7</sup> The NCE was not requested as FAO anticipated that the payment would be made within the one month allowable period to have all payments released. In addition, challenges related to MV and insecurity (which were and still are unpredictable) were a great hindrance to achieving what was set. This led to further delays that were not foreseen.

of milk daily. A total of 16,000 animals were also dewormed. Household members were trained in nutrition, hygienic milk handling and use of the milk containers.

Emergency livestock services: 12,223 pastoral households received a total of 1,222 tonnes of nutrient-dense range cubes to complement scarce, low-quality foliage. Livestock line ministries received 1,350 water bladder tanks for distribution to beneficiaries in Somaliland and Puntland. A waterproof, 6.5 horsepower petrol water pump was procured to rehabilitate five water catchments and one 5 m3 galvanized steel water storage tank.

### 3. Changes and Amendments

As outlined in the July 2018 Interim Report, the provision of water trucking services was revised following unanticipated heavy rains during the 2018 Gu season, which rendered these services less relevant. Still in line with project objectives, the funds were instead used to address recurrent water scarcity issues by improving water storage and harvesting capacity through the provision of an additional 950 water bladder tanks (increasing the originally planned 400 units to 1,350 units) and material to rehabilitate five water catchments. The catchments will be rehabilitated with funding from other donors. While the estimated numbers of livestock that benefitted from the water catchments versus water trucking was lower (60,000 instead of 80,000), the impact will be longer and more sustainable (i.e. renewed water sources every season, for multiple years).

FAO procured a total of 1,750 tonnes of range cubes in 2017. Of these, CERF funding supported the procurement of 250 tonnes and the distribution of 1,222 tonnes (some procured with bilateral funding) of the overall tonnes procured for 12, 223 households (73, 338 people). All the originally targeted 9,375 households (56,250 people) received 100 kg of range cubes each. The number of beneficiaries also increased from 56,250 people to 73,338. The remaining range cubes were distributed to host community households in IPC 4 areas of Zeylac and Lughaye, using funds from other resource partners. using funds from other resource partners.

There were delays in disbursing the third cash transfers in the Gabiley District, which led to 900 beneficiary households not receiving one monthly payment by the end of the project. While FAO had already authorized the vendor to disburse money to these beneficiaries, the vendor was experiencing cash flow constraints as well as limited access to the project locations where payments were to be made. The pending payment to all 900 families is expected to be completed by December 2018.

### 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
<b>Planned</b>	17,291	20,497	<b>37,788</b>	17,782	21,080	<b>38,862</b>	35,073	41,577	<b>76,650</b>
<b>Reached</b>	24,803	21,129	<b>45,932</b>	25,815	21,991	<b>47,806</b>	50,618	43,119	<b>93,738</b>

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

<b>Category</b>	<b>Number of people (Planned)</b>	<b>Number of people (Reached)</b>
<i>Refugees</i>		
<i>IDPs</i>		
<i>Host population</i>		10,794
<i>Affected people (none of the above)</i>	76,650	82,944
<b>Total (same as in 4a)</b>	<b>76,650</b>	<b>93,738</b>

<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>	FAO targeted 76,650 people for support with CERF funding, although an eventual 93,738 were reached. This was a result of using CERF funding to distribute range cubes to additional host community households in Lughaye and Zeylac (IPC 4) procured through funding from other donors, thereby increasing the number of beneficiaries who received range cubes from 56,250 to 73,338 people (see output 3 in results section).
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## 5. CERF Result Framework

<b>Project objective</b>	To increase immediate access to food, restore own food production and protect livestock assets.
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<b>Output 1</b>	Agro pastoral households have met their immediate food needs while producing their own food after receiving cash and agricultural support ("Cash+ Agriculture").			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	# of households supported with unconditional cash transfers and agricultural livelihood support (output)	1,800 households (10,800 people)	1,800 households (10,800 people)	Call centre results, implementing partners' field reports
Indicator 1.2	Food consumption and dietary diversity scores (outcome)	Food Consumption Score (FCS) 70%, Dietary Diversity Score (DDS) 4.5	Food consumption score: 76%, dietary diversity score: 4.9	Gu 2018 crop yield assessment
Indicator 1.3	# MT of crops produced per hectare (outcome)	1.2 tonnes (sorghum)	2.2 (sorghum)	Gu 2018 crop yield assessment
<b>Explanation of output and indicators variance:</b>		N/A.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Partner identification, training and sequencing with other agencies	FAO, Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.2	Mobilization and sensitization of communities at district level	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.3	Mobilization and sensitization of beneficiaries at village level	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.4	Beneficiary/farmer registration (biometric)	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.5	Land preparation (distribution of tractor vouchers and supervision of land preparation)	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.6	Training of lead farmers	FAO, Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.7	Assessing the quality of seeds received from traders	FAO, Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.8	Distribution of vouchers for seeds and their redemption by beneficiaries	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action under the direct supervisor of the Ministry of Agriculture and Development		
Activity 1.9	Distribution of vouchers for cash transfers and payment by money vendor (cash transfer)	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		
Activity 1.10	Submission of Interim Report	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action		



Activity 1.11	Facilitation of PDR & crop harvest assessment	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action, Savana Consultancy (third party monitor) and FAO field monitors
Activity 1.12	Submission of partners' final reports	Somaliland Improvement and Resilient Initiative Organization, and Somali Relief & Development Action

<b>Output 2</b>	Pastoral households have met their immediate food needs while protecting their animals and related food sources after receiving cash and livestock support ("Cash+ Livestock").			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	# of households supported with unconditional cash transfers and livelihood support (output)	1,600 households (9,600 people)	1,600 households (9,600 people)	Call centre results, implementing partners' field reports
Indicator 2.2	Food consumption and dietary diversity scores (outcome)	FSC 70%, DDS 4.5	Food consumption score: 54%, dietary diversity score: 3.94	Livestock impact assessment 2018
Indicator 2.3	% of households reporting increase in milk production (outcome)	20% (through Participatory Rural Appraisals [PRA])	31%	Livestock impact assessment 2018
<b>Explanation of output and indicators variance:</b>		The food consumption score and dietary diversity score for pastoral communities were lower than projected. This could be attributed to the fact that beneficiaries were in a recovery period following a severe drought, the effects of which were more severe among pastoralists than for agro-pastoralists. The pastoralists experienced huge livestock losses in addition to increased costs of living. Moreover, pastoralists tend to use most of the money they have to purchase animals to rebuild their herds, reducing the money left to buy food. Since livestock take longer to mature to productivity, pastoralists take longer to recover their livelihoods compared to agro-pastoralists, who can grow a nutritious food basket within three months. These circumstances therefore contributed to a lower food consumption score and dietary diversity score for pastoral communities.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Partner identification, training and sequencing with other agencies	FAO		
Activity 2.2	Mobilization and sensitization of communities at district and village levels	Dadaal Network Organization, Somaliland Improvement and Resilient Initiative Organization		
Activity 2.3	Beneficiary registration (biometric)	Dadaal Network Organization, Somaliland Improvement and Resilient Initiative Organization		
Activity 2.4	Training of beneficiaries (milk hygiene and feed use)	Dadaal Network Organization, Somaliland Improvement and Resilient Initiative Organization		
Activity 2.5	Submission of inception report	Dadaal Network Organization, Somaliland Improvement and Resilient Initiative Organization		
Activity 2.6	Distribution of vouchers for cash transfers and payment by money vendor (cash transfer)	Dadaal Network Organization,		

		Somaliland Improvement and Resilient Initiative Organization
Activity 2.7	Distribution of livestock inputs and supportive treatment	Dadaal Network Organization, Somaliland Improvement and Resilient Initiative Organization
Activity 2.8	Submission of interim report	Dadaal Network Organization, Somaliland Improvement and Resilient Initiative Organization
Activity 2.9	Submission of final report	Dadaal Network Organization, Somaliland Improvement and Resilient Initiative Organization

<b>Output 3</b>	Output 3: Emergency livestock services keep animals alive and productive.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	# of households supported with rangeland cubes (output)	9,375 households (56,250 people)	12,223 households (73,338 people)	Call centre results, implementing partners' field reports
Indicator 3.2	% of households reporting increase in milk production (outcome)	20% (using PRA)	31%	Livestock impact assessment 2018
Indicator 3.3	# of animals served by water trucking	4.8 million	0	The activity was replaced with purchase of water bladder tanks
<b>Explanation of output and indicators variance:</b>		As outlined in the July 2018 Interim Report, water trucking was not undertaken. Instead, water bladder tanks were procured for distribution in Somaliland and Puntland. In addition, the number of people reached with range cubes was higher than planned, as range cubes procured with funds from other donors were distributed to high vulnerability host community populations in Lughaye and Zeylac (IPC 4 areas) using CERF funding (more details are in section 3: Changes and Amendments).		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Rangeland cubes: Procurement of rangeland cubes	Unique Vision Research and Development Organization, Green Africa Relief and Development Organization		
Activity 3.2	Implementing partner identification	Unique Vision Research and Development Organization, Green Africa Relief and Development Organization		
Activity 3.3	Community mobilization	Unique Vision Research and Development Organization, Green Africa Relief and Development Organization		
Activity 3.4	Beneficiary selection and verification	Unique Vision Research and Development Organization, Green Africa Relief and Development Organization		
Activity 3.5	Training in rangeland cube utilization	Unique Vision Research and Development Organization, Green Africa Relief and Development Organization		
Activity 3.6	Rangeland cube distribution	Unique Vision Research and Development Organization, Green Africa Relief and Development Organization		
Activity 3.7	Submission of partners' final report	Unique Vision Research and Development Organization, Green Africa Relief and Development Organization		
Activity 3.8	Water bladders Water bladder procurement	FAO		

Activity 3.9	Site identification, ownership at village level and verification	Ministry of Livestock and Fisheries Development of the Government of Somaliland, Ministry of Livestock and Animal Husbandry of the Government of Puntland
Activity 3.10	Water bladder distribution	FAO, Ministry of Livestock and Fisheries Development of the Government of Somaliland, Ministry of Livestock and Animal Husbandry of the Government of Puntland
Activity 3.11	Submission of partners' final report	Ministry of Livestock and Fisheries Development of the Government of Somaliland, Ministry of Livestock and Animal Husbandry of the Government of Puntland
Activity 3.12	Water trucking Identification of service provider	This activity was revised as explained in Section 3: Changes and Amendments
Activity 3.13	Site identification (to be continuously monitored and updated)	This activity was revised as explained in Section 3: Changes and Amendments
Activity 3.14	Water delivery/trucking (continuously monitored and updated)	This activity was revised as explained in Section 3: Changes and Amendments
Activity 3.15	Submission of periodic reports (weekly)	This activity was revised as explained in Section 3: Changes and Amendments
Activity 3.16	Submission of partners' final report	This activity was revised as explained in Section 3: Changes and Amendments

## 6. Accountability to Affected People

### A) Project design and planning phase:

Communication with the Government and local communities before implementing activities enhanced transparency and the representation of different needs of vulnerable groups. FAO trained implementing partners on the needs of the affected population (AAP). The Organization also provided partners with a hotline number to communicate with beneficiaries regarding complaints and feedback on the project.

Thirty percent of targeted beneficiaries were female-headed households. A standard clause was included in Letters of Agreement (LoAs) with partners stating the FAO zero tolerance policy of sexual exploitation and abuse in the delivery of aid to AAP.

### B) Project implementation phase:

Implementing partners conducted awareness-raising and mobilization campaigns and communicated details of the project to beneficiaries, including on beneficiary selection criteria. The implementing partners shared the hotline number with beneficiaries, village elders and council members, providing them with a channel through which they could share their complaints or other project-related concerns with FAO.

Community awareness was raised through mass media such as national TV and local radio stations, through which information on Cash+ livelihood support was broadcast. This ensured that relevant information about the project was timely and accessible to all crisis-affected people.

Village elders and council members helped implementing partners to identify affected villages and the most vulnerable members of the community, thereby involving crisis-affected people in decision-making processes.

During community consultations in the Lughaye and Zeylac Districts, beneficiaries indicated that their villages were far from the money vendors' offices. They therefore requested that vendors make cash payments in the villages rather than beneficiaries travelling to the offices. This was put into practice during cash disbursements, with beneficiaries in these two districts receiving their payments in their respective villages.

### 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 by village elders and beneficiary representatives, and a physical quality certificate was signed. Through its partners, FAO engaged district authorities and village elders to monitor the input distribution process, ensuring that beneficiaries received the right entitlements.

FAO field monitors were involved in supervising the distribution of the range cubes by the contracted implementing partner in all targeted villages. This ensured that targeted beneficiaries received the correct quantity and quality of cubes.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is a component of the CERF project	Yes, CBI is a component of the CERF project

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Unconditional cash transfer – cash+ livestock support	US\$ 312,000	Sector-specific	Unconditional	Unrestricted
Unconditional cash transfer – cash+ agriculture support	US\$ 259,000	Sector-specific	Unconditional	Unrestricted

Unconditional cash (calculated based on the minimum expenditure basket) was provided alongside agriculture and livestock livelihood packages. This enabled farming beneficiaries to meet their monthly food requirements as they waited for their crops to mature. It also discouraged pastoral households from selling their animals in exchange for quick cash in order to access food; this especially benefited women, children and the elderly, who are usually left behind as other family members migrate in search of pasture and water for their animals. The unrestricted cash allowed beneficiaries not only to access food, but also meet other pressing household needs such as paying off accumulated debts, buying medicine and paying school fees, among others.

FAO implementing partners assisted in community awareness and mobilization activities, beneficiary selection and distribution of cash vouchers to beneficiaries.

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

No, evaluation was planned for this project as it was part of a wider programme. The subsequent impact assessment report has been submitted as a separate attachment.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.2. Project Report 18-RR-IOM-013 - IOM

<b>1. Project information</b>			
<b>1. Agency:</b>	IOM	<b>2. Country:</b>	Somalia
<b>3. Cluster/Sector:</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene	<b>4. Project code (CERF):</b>	18-RR-IOM-013
<b>5. Project title:</b>	Provision of lifesaving and sustainable WASH services to drought affected populations in Northern Somalia		
<b>6.a Original Start date:</b>	11/04/2018	<b>6.b Original End date</b>	10/10/2018
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 4,900,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		<b>US\$ 975,370</b>
	<b>c. Amount received from CERF:</b>		US\$ 975,370
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		US\$ 326,240
	<ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		US\$ 326,240

<b>2. Project Results Summary/Overall Performance</b>
<p>With the CERF funding, IOM ensured that 126,000 people had access to safe and clean water. This was achieved through the rehabilitation of 12 strategic dilapidated non-functional boreholes (6 in Somaliland and 6 in Puntland) to ensure a reliable and sustainable water supply to 72,000 people (37,440 female and 34,560 males). An additional 54,000 individuals (28,080 female and 25,920 male) directly benefited from the temporary water supply through access by water voucher.</p> <p>IOM trained 84 community hygiene promoters (34 female and 50 males using Participatory Hygiene and Sanitation Transformation (PHAST) methodology, who and eventually conducted awareness campaigns that reached 30,000 individuals (15,600 female 14,400 male). to further boost sanitary conditions, IOM distributed 75,00 hygiene kits to 7,500 IDP households (2,500 HHs in Nugaal, 2,500 in Sool and Sanaag, and 2,500 in Bari, Bossaso with special focus on the flash floods affected IDPs sites in Bari region.</p>

<b>3. Changes and Amendments</b>
N/A

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	44,100	25,200	69,300	37,800	18,900	56,700	81,900	44,100	126,000
Reached	44,100	25,200	69,300	37,800	18,900	56,700	81,900	44,100	126,000
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	63,000					63,000			
Host population	25,200					25,200			
Affected people (none of the above)	37,800					37,800			
Total (same as in 4a)	126,000					126,000			
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	
<b>Project objective</b>	Improve access to clean, safe, and appropriate water supply, sanitation and hygiene promotion services to vulnerable drought affected communities in Sool, Sanaag, and Nugal.

<b>Output 1</b>	54,000 beneficiaries have access to water through distribution of water vouchers and coordination of emergency water trucking for two months			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of people who receive water vouchers	54,000	54,000	IOM field staff daily monitoring the number of trucks of water delivered at the site, beneficiary list and verification of the vouchers
Indicator 1.2	Number of water vouchers distributed	54,000	54,000	List of persons of concern/project beneficiaries registered and verified
Indicator 1.3	Number of water vouchers redeemed	54,000	54,000	List of persons of concern/project beneficiaries registered and verified
<b>Explanation of output and indicators variance:</b>		N/A.		

Activities	Description	Implemented by
Activity 1.1	Printing of water vouchers	IOM
Activity 1.2	Selection and training of water vendors	IOM
Activity 1.3	Distribution and sensitizing on the use of water vouchers	IOM

<b>Output 2</b>	72,000 beneficiaries have improved access to sustained water through the rehabilitation of non-functional strategic water sources			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people assisted with sustained access to water through the rehabilitation of non-functional strategic water sources	72,000	72,000	List of persons of concern/project beneficiaries registered and verified
Indicator 2.2	Number of non-functional strategic water sources rehabilitated	12	12	Rigorous field monitoring reports with project activity photos and regular project site visits and GPS
Indicator 2.3	Number of Water User Committees (WUC) established	12	12	List of the WUCs, formed from all the 12 sites where strategic water sources rehabilitated.
Indicator 2.4	Number of WUC members trained on the operation and maintenance of the water sources	84 (42 men, 42 women)	84 (42 men, 42 women)	List of the WUCs, formed from all the 12 sites where strategic water sources, training reports, contacts and photos.
<b>Explanation of output and indicators variance:</b>		N/A.		

Activities	Description	Implemented by
Activity 2.1	Selection of vendor	IOM through a competitive bidding process
Activity 2.2	Rehabilitation of non-functional strategic water sources	PSAWEN, Somaliland; Ministry of Water and Development. (MoWD)
Activity 2.3	Establishment of Water User Committees	IOM
Activity 2.4	Train WUC members	IOM

<b>Output 3</b>	42,000 beneficiaries are encouraged to adopt safer hygiene practices through hygiene promotion activities and distribution of hygiene items.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of hygiene promoters recruited and trained	84	84	List of community hygiene promoters and contacts. Training report and photos.
Indicator 3.2	Number of people reached through hygiene promotion activities and distribution of hygiene kits at distribution events	30,000	45,000	Beneficiary assessment list and distribution lists used, distribution photos, no of hygiene kits distributed, post distribution monitoring, field reports captured from

				the community mobilisation and sensitisation sessions, focus group discussions (FGD) and photos
<b>Explanation of output and indicators variance:</b>		N/A.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Recruit and train hygiene promoters in target locations	IOM		
Activity 3.2	Conduct hygiene promotion activities and distribute hygiene kits concurrently with distribution of water voucher	IOM		

## 6. Accountability to Affected People

### A) Project design and planning phase:

As per IOM's global policy, IOM fostered inclusive community participation in decision making processes prior to project inception to empower affected individuals' and communities of concern to build on their capacities in the development and delivery of services and supported the development of self-protection capacities while assisting people to claim their rights. In line with this policy/commitment, IOM engaged men and women from target communities, government stakeholders and implementing partners during project duration. The project inception meeting introduced project activities while allowing space for participants to respond and provide input. All relevant government stakeholders and line ministries were also engaged from the start and participated in the project design and planning.

### B) Project implementation phase:

This project was implemented in partnership with government cooperating partners and agencies. Through regular field visits, target communities and beneficiaries were consulted about the intervention and its progress in meeting their WASH needs. The feedback received was used to focus the demanding activities on addressing key needs and gaps in service provision. IOM actively ensured that the leaders of crisis affected community were fully updated on any project developments and that they participated in all meetings in which the project IPs and stakeholders discussed the key progress made, as well as feasible ways to address the significant challenges encountered during the implementation period. The project was implemented in close coordination with government partners and implementing agencies addressing the needs of men, women, boys and girls. The target beneficiaries in all stages of the intervention included, although was not limited to the development of vulnerability criteria, selection of distribution sites, and establishment of Water User Committees (WUC) who were trained on operating and maintaining of the water sources.

### C) Project monitoring and evaluation:

Monitoring and evaluation of programme objectives and activities were designed and carried out with the involvement of the beneficiaries. 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. Thus, IOM actively involved beneficiaries in field visits and regular consultations. Focus has been on engaging diverse beneficiaries, including local authorities, community leaders, and members of vulnerable groups such as IDPs, women, elderly persons and persons with disabilities. Learning and best practices were fed back into the organization on an ongoing basis for review and programme adaptation as needed. Evaluation methodology considered gender and aimed to ensure the full engagement and equal participation of men and women. Implementation progress scope and that the key findings are shared with partners, stakeholders and affected populations of concern.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

<b>Planned</b>	<b>Actual</b>
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Yes, CBI is a component of the CERF project		Yes, CBI is a component of the CERF project		
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
<b>CBI modality</b>	<b>Value of cash (US\$)</b>	<b>a. Objective</b>	<b>b. Conditionality</b>	<b>c. Restriction</b>
Cash Voucher	US\$ 350,000	Sector-specific	Unconditional	Restricted

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
IOM and Puntland and Somaliland local authorities jointly carried out post distribution monitoring after the completion of the project activities implementation by interviewing the project targeted beneficiaries randomly in all the project focused locations. This was done in focus group discussion. The feedback received from all the interviewed beneficiaries revealed that the project came at the right time as it covered the needs of communities by providing them essential lifesaving support.	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

### 8.3. Project Report 18-RR-CEF-046 - UNICEF

<b>1. Project information</b>			
<b>1. Agency:</b>	UNICEF	<b>2. Country:</b>	Somalia
<b>3. Cluster/Sector:</b>	Water Sanitation Hygiene - Water, Sanitation and Hygiene	<b>4. Project code (CERF):</b>	18-RR-CEF-046
<b>5. Project title:</b>	Emergency WASH assistance to drought affected people in Puntland		
<b>6.a Original Start date:</b>	11/04/2018	<b>6.b Original End date</b>	10/10/2018
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 5,150,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 1,927,511
	<b>c. Amount received from CERF:</b>		US\$ 966,169
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 530,184</b>
	<ul style="list-style-type: none"> <li>▪ <i>Government Partners</i></li> <li>▪ <i>International NGOs</i></li> <li>▪ <i>National NGOs</i></li> <li>▪ <i>Red Cross/Crescent</i></li> </ul>		US\$ 227,434   US\$ 302,750

<b>2. Project Results Summary/Overall Performance</b>	
<p>Through working with government and local NGO partners, UNICEF provided comprehensive life-saving WASH assistance to more than 60,000 people in Garowe and Galkayo IDP camps, including additional drought affected IDPs and those in protracted displacement. Furthermore, 4,000 households (24,000 individuals) received temporary access to safe water for a period of 45 days meeting the SPHERE requirements of 15 litres/person/day. In addition, 14 pieces of 10 cubic meter fibre water tanks were established in areas lacking water storage facilities. In Garowe, 400 new drought IDP households (2400 individuals) were provided with basic hygiene kits which included menstrual hygiene management (MHM) items, and the complementary hygiene promotion campaign also addressed MHM. Great progress was made in expanding coverage of safe and dignified sanitation to IDPs by constructing 365 latrines and rehabilitating another 40 latrines benefitting approximately 8,100 people. Environmental sanitation was improved by removing 400 garbage trucks of solid waste from IDP camps. Maintenance of this campaign was supported by advocacy and stakeholder meetings with community leaders and local authorities. Finally, over 62,400 people benefited from hygiene awareness and promotion campaigns at the community-level and via the media focusing on key hygiene messages, such as hand washing at critical times, water safety, latrine use and the elimination of open defecation. UNICEF also provided IOM with 7,500 hygiene kits for use in areas where there was a need.]</p>	

<b>3. Changes and Amendments</b>	
<p>The activities were generally implemented as planned. There were slight modifications to the proposed activities mainly in response to identified needs. There was increased need and subsequent focus on sanitation and reduction in hygiene kits distributed. However, since the interventions were covering the same segments of the population in IDP camps, total beneficiaries reached remained as planned.</p>	

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	14,520	18,480	33,000	11,880	15,120	27,000	26,400	33,600	60,000
Reached	15,100	19,220	34,320	12,360	15,720	28,080	27,460	34,940	62,400
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)					Number of people (Reached)			
Refugees									
IDPs	60,000					62,400			
Host population									
Affected people (none of the above)									
Total (same as in 4a)	60,000					62,400			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A.								

5. CERF Result Framework	
Project objective	To improve access to basic WASH services for 60,000 drought-affected IDPs in Puntland.

Output 1	An additional 24,000 drought affected people have temporary access to adequate and safe water.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of drought-affected people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene through water trucking.	24,000	24,000	Government Partner - PSAWEN Reports
Explanation of output and indicators variance:		N/A.		
Activities	Description	Implemented by		
Activity 1.1	Provide water through trucking including water bladder distribution. (15 litres/person/day for 1.5 months before the expected long rains in April 2018).	Puntland State Agency for Water and Natural Resources -PSAWEN		

Output 2	An additional 60,000 drought-affected people provided with access to appropriate sanitation facilities and living in environments free of open defecation			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of drought-affected people provided with emergency sanitation.	9,000	10,950	Partner Reports –KAALO, PMWDO
Indicator 2.2	Number of drought-affected people reached through hygiene promotion campaigns.	60,000	62,400	Ministry of Health, KAALO, PMWDO
Explanation of output and indicators variance:		Progress was made on AWD/Cholera declining rates, but institutional latrines were not constructed as planned. In its place, more household latrines were constructed as these were considered more critical.		
Activities	Description		Implemented by	
Activity 2.1	Construct 150 shared family latrines		KAALO, PMWDO	
Activity 2.2	Construct 10 institutional latrines in CTCs/OTPs/schools		None	
Activity 2.3	Conduct hygiene promotion for the promotion of open defecation free (ODF) environments and hand washing at critical times in IDP camps		Ministry of Health, KAALO, PMWDO	
Activity 2.4	Support two solid waste management systems in IDP settlements		PMWDO, KAALO	
Output 3	60,000 people provided with hygiene kits for household water treatment/storage and personal hygiene.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people using hygiene kits for safe hygiene and water treatment at household level in response to the ongoing AWD/cholera outbreak.	60,000	47,400	IOM Reports, KAALO Partner Report
Indicator 3.2	Number of people benefiting from hygiene promotion conducted through house-to-house visits and mass media to drought-affected populations	60,000	60,000	Ministry of Health, KAALO and PMWDO Partner Reports
Explanation of output and indicators variance:		For UNICEF target areas, latrine construction was found to be a bigger need than the hygiene kits and thus less kits were distributed and more latrines constructed. Distribution to IOM happened as planned		
Activities	Description		Implemented by	
Activity 3.1	Procure and distribute 5,000 hygiene kits to beneficiaries in Gaalkacyo and Garowe		KAALO	
Activity 3.2	Procure and issue 5,000 hygiene kits for distribution in Nugaal, Mudug, Sanaag and Bari regions		IOM	
Activity 3.3	Train, equip and incentivise 100 hygiene promoters for hygiene promotion and sanitation surveillance.		KAALO, PMWDO	
Activity 3.4	Comprehensive behaviour change communication including menstrual hygiene management (MHM) through media in conjunction with communication for development (C4D).		Ministry of Health, KAALO, PMWDO	

## 6. Accountability to Affected People

### A) Project design and planning phase:

To enhance local and government capacity to provide basic water services, the water supply component was implemented through the engagement of the government state agency responsible for water supply (PSAWEN). In the case of water supply and in coordination with communities, WASH cluster partners and local authorities identified locations where water storage was a problem, as well as the most vulnerable communities including new arrivals and under-served areas. When those communities were identified, PSAWEN conducted community mobilization efforts regarding sites of new water tanks and the amount/duration of temporary water supply. With regards to sanitation (provision of latrines), community leaders and local authorities were consulted to identify the sub-camps and sites where latrines will be built or rehabilitated. In Garowe, the new Jilab 3 spontaneous camp which hosts new IDPs was already identified by UNICEF assessments and the cluster/inter-cluster mechanism as a priority area for intervention as it lacked WASH services.

### B) Project implementation phase:

For water supply interventions, water truck owners were identified through PSAWEN's bidding process and briefed on the requirements for the interventions. This included water quality requirements, areas to benefit, distance and number trips to be made. At the same time, locations where the temporary water storage tanks were located were identified with key stakeholders, including the camp leadership. Water was delivered by trucks and the target community beneficiaries accessed the water by vouchers issued by PSAWEN. Community engagement was the methodology of implementing the solid waste management campaign where community representatives were consulted along with the local authorities to bridge project interventions long term solutions to the solid waste management problem in the IDP camps. During the implementation process partners found that some IDPs had preference of the location of latrines and when possible, they were accommodated though land ownership, lack of space and interference from gatekeepers sometimes prevented changes.

### C) Project monitoring and evaluation:

UNICEF undertook five HACT programmatic monitoring visits as part of the UN/UNICEF system of accountability where communities were consulted as to the quality of services and infrastructure. Additional program monitoring visits were also undertaken where communities were consulted. Implementing partners have their own M&E systems which also include community engagement. For water trucking, PSAWEN deployed field monitors who ensured the distribution was done correctly while receiving feedback from beneficiaries. The main feedback was on the duration of water supply which beneficiaries requested to be extended though this was not possible due to budget limitations.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

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

Evaluation not done, planned for broader emergency response.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

#### 8.4. Project Report 18-RR-CEF-050,18-RR-FPA-020,18-RR-IOM-014 - UNICEF, UNFPA, IOM

<b>1. Project information</b>			
<b>1. Agency:</b>	UNICEF UNFPA IOM	<b>2. Country:</b>	Somalia
<b>3. Cluster/Sector:</b>	Health - Health	<b>4. Project code (CERF):</b>	18-RR-CEF-050 18-RR-FPA-020 18-RR-IOM-014
<b>5. Project title:</b>	Provision of emergency lifesaving healthcare services to the drought affected populations in Somalia		
<b>6.a Original Start date:</b>	11/04/2018 (UNICEF) 12/04/2018 (UNFPA) 11/04/2018 (IOM)	<b>6.b Original End date</b>	10/10/2018 (UNICEF) 11/10/2018 (UNFPA) 10/10/2018 (IOM)
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 45,579,200
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 19,394,276
	<b>c. Amount received from CERF:</b>		US\$ 1,967,760
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:		<b>US\$ 716,792</b>
	<ul style="list-style-type: none"> <li>▪ <i>Government Partners</i></li> <li>▪ <i>International NGOs</i></li> <li>▪ <i>National NGOs</i></li> <li>▪ <i>Red Cross/Crescent</i></li> </ul>		US\$ 188,000 US\$ 40,234 US\$ 317,594 US\$ 170,965

<b>2. Project Results Summary/Overall Performance</b>	
<p>Through this generous contribution, <b>UNICEF</b> procured 15,000 vials of 10 doses of measles vaccines and, with its partners, immunized 8,320 children under-5 years of age in Borama, Laascaanood and Ceel Afweyn contributing to the reduction of measles cases in targeted regions. In addition, 60 DDKs were procured, which benefited 8,000 out of 20,151 beneficiaries who were treated for Acute Watery Diarrhoea in UNICEF supported health facilities. Four 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 one per cent cumulative in target regions to zero per cent.</p> <p>Through this CERF RR grant, <b>IOM</b> and its partners provided lifesaving emergency primary healthcare services to IDPs and host communities in hard-to-reach, crisis-affected areas of Somaliland and Puntland. Through deployment of eight Integrated Emergency Rapid Response Teams (4 in Somaliland and 4 in Puntland), a total of 51,059 beneficiaries were reached through outpatient clinical consultations (9,121 girls, 8,187 boys, 20,900 women, and 12,851 men). An additional 18,643 individuals were reached through mass health education campaigns which focused on prevention of communicable diseases such as Acute Watery Diarrhoea, cholera and measles, as well as malnutrition and other critical health issues.</p>	

UNFPA: The CERF RR grant enabled **UNFPA** and its implementing partners provide life-saving reproductive health services to 34,876 IDPs and host populations in Garowe and Galkayo, Puntland. UNFPA supported three hospitals offering Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) services where 2,991 deliveries and 1,229 pregnancy complications managed. In addition, 2,042 pregnant women were referred for skilled birth deliveries and 264 pregnancy complications received care in the Basic Emergency Obstetric and neonatal care (BeMONC) facility. At least 28,350 people were reached through outreach campaigns for lifesaving reproductive health services including antenatal care, nutrition counselling, birth spacing, syndromic management of sexually transmitted infections, screening and referrals.

### 3. Changes and Amendments

There were no changes to the original project plan for all agencies

### 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
<b>Planned</b>	30,872	68,695	<b>99,567</b>	20,472	32,729	<b>53,201</b>	51,344	101,424	<b>152,768</b>
<b>Reached</b>	27,583	54,262	81,581	14,045	23,325	36,794	49,948	77,587	127,535

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	108,133	85,183
Host population	44,635	42,352
Affected people (none of the above)		
<b>Total (same as in 4a)</b>	<b>152,768</b>	<b>127,535</b>

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

None except slightly in IDP numbers due largely to overestimation at the time of proposal submission. Under UNFPA there were also fewer numbers of projected delivery referrals from community outreach campaigns, fewer complicated births recorded and actual hospital assisted deliveries in UNFPA funded facilities.

### 5. CERF Result Framework

<b>Project objective</b>	Access to emergency primary healthcare for IDPs and host populations in target districts increased.
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<b>Output 1</b>	Increased access to life-saving primary healthcare services including health promotion			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of IERTs deployed	8	8	Implementing Partner and internal IOM reports



Indicator 1.2	Number of consultations provided	48,000	51,058	HMIS registers, internal reports
Indicator 1.3	Number of people reached through health promotion	16,000	18,643	HMIS registers, internal reports
<b>Explanation of output and indicators variance:</b>		The project was implemented as planned. The 8 IERT teams were deployed to the target districts rapidly (as per plan) and immediately started service delivery. The number of consultations and health promotion beneficiaries marginally exceeded the targets. This was due to high demand for healthcare services among affected communities in the remote locations reached by this project.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Formation of Rapid IERTs (selection of staff)	IOM and MOH		
Activity 1.2	Provision of life-saving primary health services through IERTs (service provision)	MOH teams under the direct supervision of IOM field team		
Activity 1.3	Health promotion on critical health issues including AWD and Cholera	MOH Community Health Workers (CHWs) under the direct supervision of IOM field team		

<b>Output 2</b>	Emergency reproductive, maternal and new-born health services are available for pregnant women and new-born children in Awdal (Borama), Sool (Laas Caanood) and Sanaag (Ceel Afweyn)			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of health facilities operationalized and provided with essential medical supplies to provide timely critical interventions	4	4	UNICEF HMIS, Partner Contract
Indicator 2.2	Number of children under-5 accessing emergency measles immunization services	8,320	8,320	UNICEF HMIS, Partner reports
Indicator 2.3	Number of births in the project areas assisted by a skilled birth attendant	720	805	UNICEF HMIS, Partner reports
<b>Explanation of output and indicators variance:</b>		An increase in the uptake of skilled delivery services at facilities was on average 12 per cent higher. This was due to facilities being operational for a longer period, and the deployment of outreach teams attached to the facilities who also referred pregnant mothers due for delivery to the facilities]		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Provision of supplies and activation of contingency programme agreements to provide health services in target areas 8	UNICEF		
Activity 2.2	Provision of measles vaccines to support facility and emergency immunization to children under-5 in target areas	UNICEF		
Activity 2.3	Provide BEmONC services in 4 MCH clinics	UNICEF		

<b>Output 3</b>	Access to emergency reproductive health services to IDPs and host populations in Galkayo and Garowe at community level increased.
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<sup>8</sup> Anticipating deterioration in the situation, UNICEF has already prepared generic programme documents (intervention plan) to ensure CERF resources are utilized immediately & teams deployed

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people reached through integrated outreach campaigns in Galkayo and Garowe	22,131	28,350	Integrated Reproductive Health Outreach reports
Indicator 3.2	Number of deliveries expected to be referred from the campaigns	3,319	2,042	BEmONC/Maternity Home facilities reports
Indicator 3.3	Number of complications arising from pregnancy or delivery referred	1,350	264	BEmONC/Maternity Home facilities reports
<b>Explanation of output and indicators variance:</b>		See section 4a above.		
Activities	Description	Implemented by		
Activity 3.1	Conduct 4 integrated reproductive health outreach campaigns in the drought affected areas	UNFPA and ANPPCAN and SRCS		
Activity 3.2	Maintain safe delivery in the current BEmONC facilities within PHC facilities and integrated with Maternity Homes and scale up services in 6 existing facilities in the priority areas	ANPPCAN, SRCS and SLMNA		
Activity 3.3	Support referral of 1,350 complicated pregnancies cases to referral facilities	ANPPCAN, SRCS and SLMNA		

<b>Output 4</b>	Access to comprehensive emergency reproductive health services through three hospitals/centres offering CEmONC improved			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of pregnancy and child birth assisted in Las Caanood and Ceerigabo and Borama hospitals	4,278	2,991	Utilization reports from the hospital reports
Indicator 4.2	Number of complicated deliveries and child birth referred from BEmONC to CEmONC	800	1,229	Utilization reports from the hospital reports
<b>Explanation of output and indicators variance:</b>		See section 4a above.		
Activities	Description	Implemented by		
Activity 4.1	Scale up and maintain comprehensive emergency obstetric care services through Las Caanood, Borama and Ceerigabo hospitals	SLMNA		
Activity 4.2	Support referral system from BEmONC to CEmONC centres through transport and identify focal points at regional level	UNFPA and SLMNA		

## 6. Accountability to Affected People

### A) Project design and planning phase:

[UNICEF: The project design and planning phase was informed by the experience and lessons learned by UNICEF and partners during the emergency response to the pre-famine situation, measles and AWD/cholera outbreak in 2017. The health component was based on a scale-up strategy developed jointly by UNICEF, local actors and line ministries. UNICEF met with regional Ministries of Health and the Federal Ministry of Health to map the needs of most affected regions based on visits to all affected regions and districts. It incorporated the Somalia Operational Plan for famine prevention that came out of the state-level task forces set up by respective Somali national entities and district health committees that have community representation and prioritizing the needs of affected populations. 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. The 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. During implementation, feedback was sought from beneficiaries and community leaders and incorporated into the response.

**IOM:** 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 initiatives. IOM partnered with the regional Ministries of Health (MoH) to ensure government stakeholders were engaged from the start and participated in the project design and planning.

**UNFPA:** Under the leadership of Ministry of Health, UNFPA engaged with the implementing partners i.e NGOs and had discussed and agreed the project beneficiaries and target locations during the planning phase of outreach campaigns integrated reproductive health. UNFPA provided technical guidance to partners on selection criteria for the campaigns which is based on the needs and consultation of local authorities and humanitarian partners.

#### B) Project implementation phase:

**[UNICEF:** 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.

**IOM:** 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 over the course of the project. 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.

**IOM:** The following implementing partners run the BEmONC, CEmONC and other health facilities: ANPPCAN, in Puntland, Somaliland Nursing and Midwifery Association (SLNMA) and Somali Red Crescent Society (SRCS) and conducted comprehensive reproductive health outreaches in the IDPS and also hard to reach areas in the Somaliland and Puntland regions as of agreed work plans with the IPs. UNFPA offices in Garowe and Hargeisa led the technical line and monitoring for activities implementation. Moreover, UNFPA's coordination role was crucial to identify gaps and challenges during the implementation address accordingly

#### C) Project monitoring and evaluation:

**[UNICEF:** 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.

**IOM:** IOM and MoH staff actively involved beneficiaries in the process of project monitoring through field visits and regular consultations. Attention was paid to 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 sent weekly reports with project updates and data showing beneficiaries served and disease morbidity trends, allowing IOM's health management team to review progress and address any gaps. Finally, IOM's field teams undertook regular site visits to all project sites, providing clinical quality assurance and oversight of data entry and management practices

**UNFPA:** Field visits conducted by the UNFPA staff during the implementation period to monitor the implementation progress and the health facilities for services as per the agreed terms with the implementing partners. The field visits were essential in providing all the necessary support and to address bottle necks.

## **7. Cash-Based Interventions**

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		No		
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>UNICEF: No formal evaluation was planned. However, to ensure accurate tracking of progress, especially in an insecure environment making access challenging, UNICEF has adopted a multi-faceted approach to evaluate results including using UNICEF's RapidPro (SMS) system to collect and analyse diverse data. These data sources are analysed together to create a holistic picture of the response. The targets were met and one even one indicator overachieved by 12 per cent. The completeness of the reports submitted by the supported facilities into the Early Warning and Reporting Network (EWARN) was 99 per cent and the Case Fatality Rate (CFR) of AWD/Cholera reduced from one per cent to zero per cent CFR. Measles cases were reduced by 81 per cent from 115 cases in April in target regions to 22 cases in September 2018.</p> <p>IOM: Due to the short implementation period of this project, an end-of-project outcome/impact evaluation was not planned. However, monthly monitoring and evaluation visits were conducted jointly by IOM project monitors and MOH regional medical officers, providing regular feedback which was utilized to strengthen program implementation.</p> <p>UNFPA: No evaluation was planned for the project, but the project benefited from multiple field visits from UNFPA technical staff at the national and field levels.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.5. Project Report 18-RR-CEF-049,18-RR-WFP-028 - UNICEF, WFP

<b>1. Project information</b>			
<b>1. Agency:</b>	UNICEF WFP	<b>2. Country:</b>	Somalia
<b>3. Cluster/Sector:</b>	Nutrition - Nutrition	<b>4. Project code (CERF):</b>	18-RR-CEF-049 18-RR-WFP-028
<b>5. Project title:</b>	Provision of life-saving curative and preventive nutrition services to children Pregnant and Lactating Mothers		
<b>6.a Original Start date:</b>	01/03/2018 (UNICEF) 01/03/2018 (WFP)	<b>6.b Original End date</b>	31/08/2018 (UNICEF) 31/08/2018 (WFP)
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (if not, please explain in section 12)	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>		US\$ 45,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b>		US\$ 94,301,900
	<b>c. Amount received from CERF:</b>		US\$ 2,000,979
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i>		<b>US\$ 609,211</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		US\$ 118,283 US\$ 208,930 US\$ 137,878 US\$ 144,120

<b>2. Project Results Summary/Overall Performance</b>	
<p>Thanks to CERF's contribution, UNICEF and its partners provided lifesaving nutrition therapeutic treatment to over 4,200 children with severe acute malnutrition (SAM), screening of 17,548 children under-5 years of age while ensuring timely identification and referral of the acutely malnourished. This was achieved through a robust procurement system that facilitated swift delivery/replenishment of critical supplies including ready to use therapeutic food (RUTF), essential medicines and therapeutic milk for treatment of the SAM children with complications. Additionally, the project reached 5,769 pregnant and lactating women (PLW) with individual infant and young child feeding counselling support in emergencies in various districts in Bari, Mudug, Nugaal, Sanaag and Sool regions.</p> <p>Overall, 9,969 children and women were reached with the much-needed nutrition support through programmes that were not only in tandem with global standards of performance but also empowered women and caretakers to provide optimal care for their children. The project gave a special focus on the areas with heightened acute malnutrition, particularly the IDPs settlements where global acute malnutrition (GAM) has persisted above the emergency threshold. The proportion of women and children reached in IDP settlements exceeded the planned target by 10 per cent.</p> <p>The CERF grant enabled WFP and its partners to provide and scale up life-saving nutrition treatment and preventive services in the targeted districts. A total of 39,602 beneficiaries were assisted in Bari, Mudug, Nugaal, Sanaag and Sool regions including IDPs location. 4,486 children with moderate acute malnutrition and 7,706 pregnant and lactating (PLW) women with moderate acute malnutrition were</p>	

treated through the TSFP. Under the MCHN prevention program, a total of 7,235 children 6-24 months and 4,884 PLW were reached. Under the BSFP seasonal program, a total of 15,291 children 6-24 months of age were reached through critical nutrition supplies. The program focussed on the areas with persistent high GAM rates (above emergency threshold). BSFP is an unconditional nutrition support to all the children 6-24 months (under 2) and PLWs in the programme areas. Due to the cyclone in the Guban pastoral areas, there was a huge influx of under 2 displaced children in Somaliland, which unexpectedly increased the number of BSFP children.

### 3. Changes and Amendments

The UNICEF project registered a change in implementing partners, going from the planned nine international and local partners to four local partners that were eventually supported by this grant to implement nutrition activities in the targeted regions. The discrepancy in the planned compared to the actual partners supported by this contribution was because UNICEF engaged several partners prior to receipt of this CERF contribution to keep up the momentum of the pre-famine scale up response. By the time funding was received, the partners that were earmarked to receive this funding already received funding from 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.

WFP: There was no deviation in the programming and implementation of the planned CERF activities except for some substitution of PlumpyDoz with PlumpySup due to the shortage of PlumpyDoz in the international market. Consequently, some of the urgent needs under Blanket and Supplementary Feeding Programme (BSFP) were met by the substitution of nutrition supplies planned under Targeted Supplementary Feeding Program (TSFP).

### 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
<b>Planned</b>	14,540	9,790	<b>24,330</b>	14,460	0	<b>14,460</b>	29,000	9,790	<b>38,790</b>
<b>Reached</b>	15,960	18,359	34,319	15,252	3,601	15,342	31,212	21,960	53,172

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

<b>Category</b>	<b>Number of people (Planned)</b>	<b>Number of people (Reached)</b>
<i>Refugees</i>		
<i>IDPs</i>	14,577	18,892
<i>Host population</i>	24,213	34,280
<i>Affected people (none of the above)</i>		
<b>Total (same as in 4a)</b>	<b>38,790</b>	<b>53,172</b>

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

UNICEF reached 4,200 children with life threatening SAM with nutrition therapeutic treatment against the planned 4,000 children with SAM. The excess 200 children reached were due to a saving that was made on the unit cost of procurement of ready to use therapeutic food (RUTF) that allowed purchase of additional cartons.

UNICEF reached 5,769 pregnant and lactating women (PLW), surpassing the target to reach of 4,000 with individual infant and young child feeding counselling support in emergencies. This is attributable to UNICEF's increased effort to ensure that all partners implementing nutrition treatment programmes deliver a comprehensive basic nutrition

	<p>services package (BNSP), including provision of IYCF in facility and at community level. Over the course of the project period, translated IYCF materials were rolled out and training of IYCF cascaded, hence the numbers of mothers reached with counselling has steadily increased.</p> <p>The data presented also shows a higher proportion of internally displaced persons (IDPs) reached (37 per cent) compared to the host population in relation to the plan (27 per cent), an excess that is owed to UNICEF's increased focus on the most vulnerable segment of the population.</p>
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## 5. CERF Result Framework

<b>Project objective</b>	Provision of life-saving curative and preventive nutrition services to children under 5 and Pregnant and Lactating Mothers living in IDP camps and host communities in geographical locations with persistent and emergency GAM prevalence.
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<b>Output 1</b>	Boys and girls under-5 affected by severe acute malnutrition (SAM) receive high quality lifesaving nutrition treatment.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of cartons of Ready-to-Use Therapeutic Food procured and distributed	4,000 cartons	4,200 cartons	UNICEF Supply division
Indicator 1.2	Number of cartons of Therapeutic Mild procured and distributed	25 cartons	25 cartons	UNICEF Supply division
Indicator 1.3	Number of bottles of Essential Medicines procured and distributed	5,000 bottles	5,320 bottles	UNICEF Supply division
Indicator 1.4	Number of boys and girls under-5 screened for acute malnutrition at least once during project implementation	32,000	17,548	ONA – online nutrition information management platform and partner reports
Indicator 1.5	Number of boys and girls affected by life threatening severe acute malnutrition (SAM) receiving nutrition therapeutic treatment	4,000	4,200	ONA – online nutrition information management platform and partner reports
Indicator 1.6	Number of pregnant and lactating women receiving individual Infant and Young Child Feeding support in emergencies (IYCF-E)	4,000	5,769	ONA – online nutrition information management platform and partner reports
<b>Explanation of output and indicators variance:</b>		<p>Savings made on the unit cost of procurement of supplies enabled procurement of an additional 200 cartons of RUTF and 320 bottles of essential medicines and in turn enabled treatment of more than the planned children with SAM.</p> <p>The underachievement noted on the numbers of children screened is because of the gradual rollout of the ONA reporting system during 2018, and the adequate capture of numbers screened in the first part of the year as partners faced some challenges to adopt the system. ONA allows partners to report on numbers of children screened, an indicator that previously had no systematic way of capturing it. UNICEF has conducted a countrywide refresher training of all partners to ensure that they are able to provide timely, accurate and complete data on all indicators, hence reporting on this and other indicators will significantly improve in the coming months.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement and distribution of RUTF	UNICEF Supply Division		

Activity 1.2	Procurement and distribution of Therapeutic Milk	UNICEF Supply Division
Activity 1.3	Procurement and distribution of Essential medicines	UNICEF Supply Division
Activity 1.4	Distribution of supplies to implementing partners	UNICEF Somalia Country Office
Activity 1.5	Screening and referral of boys and girls under-5 for acute malnutrition in mobile and static therapeutic feeding programs	Somali Red Crescent Society – SRCS (Somaliland), Nomadic Development Organisation (NODO), Health Education Agriculturalist Liaison (HEAL), Ministry of Health
Activity 1.6	Treatment of boys and girls under-5 for severe acute malnutrition	Somali Red Crescent Society – SRCS (Somaliland), Nomadic Development Organisation (NODO), Health Education Agriculturalist Liaison (HEAL), Ministry of Health

<b>Output 2</b>	Provision of MAM treatment to 10,000 children under-5 and 5,790 pregnant and lactating women (PLW) for four months			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	No of MT of PlumpySup, no of MT of CSB+, and no of MT of veg. oil procured and distributed	100% (110.40 MT of PlumpySup, 173.70 MT of CSB+, and 17.37 MT of veg. oil)	45 % (49.53 mt of PlumpySup),  133 % (231.18 mt of CSB+),  88% (15.236 mt of Veg oil) was procured and distributed.	WFP pipeline reports
Indicator 2.2	No of children under-5 and PLWs enrolled and treated	100% (5,000 girls and 5,000 boys U5 and 5,790 PLWs)	45% (2,288 girls and 2,198 boys, total 4,486 U5 children)  133% (7,706 PLWs) were enrolled and treated	WFP partners' monthly reports
Indicator 2.3	No of men and women receiving health and nutrition messaging	>75% (5,790 men and women)	47% of planned (1,330 males and 1,391 females, total 2,721 reached)	WFP partners' monthly reports
<b>Explanation of output and indicators variance:</b>		The underachievement of TSFP beneficiaries was attributed to the less plumpy sup purchased with the CERF grant. The rest of the children targeted were achieved through WFP internal supplies. The less purchase of plumpy sup was due to cost variance between the time of proposal writing and grant confirmation. In addition, there were inadequate supplies of plumpy sup in the regional hub at the time of purchase considering the short lead time of utilising the funds. Due to this WFP purchased more CSB. The amount of food purchased is also reflected in the number of beneficiaries reached versus the targeted.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Procurement of the nutrition supplies	WFP Pipeline Unit		
Activity 2.2	Delivery of nutrition supplies to the cooperating partners	WFP Logistic Unit		
Activity 2.3	Screening of malnourished children U5s and PLWs	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadedley Development Organisation (SDO), Somali Community Development		



		Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.
Activity 2.4	Registration of moderately malnourished children U5s and PLWs and monitoring of admissions and discharges	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.
Activity 2.5	Distribution of PlumpySup to moderately malnourished children U5s and PLWs and monitoring of admissions and discharges	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.
Activity 2.6	Provision of health and nutrition messaging including IYCF and WASH social and behavioural change communication	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.

<b>Output 3</b>	Provision of MCHN program to 8000 children under-2 and 4000 PLWs for four months.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	No of MT of Plumpydoz, no of MT of CSB+ and no of MT of veg.oil procured and distributed	100% (48 MT of Plumpydoz, 120 MT of CSB+ and 12 MT of veg. oil,)	90% (43.41 mt of plumpy doz)  52% (62.525 mt of CSB+) and  122% (14.65 mt of oil) procured	WFP pipeline reports
Indicator 3.2	No of boys and no of girls under 2, and no of PLWs enrolled under the MCHN programme and supported with preventive services	100% (4,000 boys and 4,000 girls under 2, and 4,000 PLWs are enrolled)	92% (3,690 girls) and 89% (3,545 boys)- a total of 7,235 U2 kids  122% (4,884 PLWs) were enrolled and supported with preventive MCHN services	WFP partners' monthly reports
Indicator 3.3	No of men and women receiving health and nutrition messaging	>75% (4,000 men and women)	507% of planned (2,271 males and 18,344 females, total 20,615 reached)	WFP partners' monthly reports
<b>Explanation of output and indicators variance:</b>		Less CSB was purchased I as WFP had stocks from other grants. Small variance in the quantity of PlumpyDoz was due to currency fluctuation. The same PLWs received CSB+ and Veg oil. Therefore, the PLWs reached were counted as 4,884 (122%) based on the PLWs reached through oil although less PLWs were reached through CSB+.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		

Activity 3.1	Procurement of 48 MT of plumpy doz, 120 MT CSB+ and 12 MT veg. oil,	Pipeline Unit, WFP Somalia
Activity 3.2	Delivery of nutrition supplies to the partners	Logistic Unit, WFP Somalia
Activity 3.3	Screening of children and PLWs	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.
Activity 3.4	Registration of children and PLWs in the MCHN program	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.
Activity 3.5	Provision of nutrition supplies for 4,000 boys, 4,000 girls, and 4,000 PLWs in the MCHN program	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.
Activity 3.6	Provision of health and nutrition messaging including IYCF and WASH social and behavioural change communication	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, and WVI.

<b>Output 3</b>		Provision of preventive BSFP program to 7,000 children under-2 for four months.		
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	No of MT of plumpy doz procured and distributed	100% (42 MT of Plumpydoz)	85% (35.64 mt of PlumpyDoz) and 56.11 mt of PlumpySup was procured and distributed.	WFP pipeline reports
Indicator 3.2	No of boys and girls under-2 are enrolled and supported under preventive BSFP	100% (3,500 boys and 3,500 girls U2 are enrolled)	191% (7,798 girls and 7,493 boys), 15,291 under-2 kids were supported through BSFP preventive nutrition services.	WFP partners' monthly reports
<b>Explanation of output and indicators variance:</b>		85% of plumpy doz was purchased through the CERF grant. However, the overachievement was due a huge influx of under 2 children displaced in Somaliland due to the cyclone in the Guban pastoral areas. In addition, WFP instituted an emergency mobilization through the call centres and the partners. Over-achievement was met through WFP internal supplies.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Procurement, transport, storage and handling of plumpydoz	Pipeline Unit, WFP Somalia		
Activity 3.2	Delivery of nutrition supplies to the cooperating partners	Logistic Unit, WFP Somalia		

Activity 3.3	Screening of 3,500 girls and 3,500 boys U2	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, WVI and Horn of Africa Aid and Development Organisation (HADO)
Activity 3.4	Registration of 3,500 boys and 3,500 girls U2	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, WVI and Horn of Africa Aid and Development Organisation (HADO)
Activity 3.5	Provision of plumpy doz to 3,500 boys and 3,500 girls U2	WFP Partners: Ministry of Health, Health Poverty Action (HPA), Save the Children International (SCI), Somali Red Crescent Society (SCRS), Shadeedley Development Organisation (SDO), Somali Community Development Organisation (SCDO), Health Education Agriculturalist Liaison (HEAL), MERCY USA, WVI and Horn of Africa Aid and Development Organisation (HADO)

## 6. Accountability to Affected People

### A) Project design and planning phase:

UNICEF: As representatives for the Somali population, government was fully engaged and consulted in the project's planning phases. UNICEF ensured that the project is aligned to the government nutrition priorities and fostered government led initiatives that support better health and nutrition in Somalia. As well, as a key partner and co-lead of the nutrition cluster, government was involved in various cluster planning activities including the burden estimation for children in need of treatment for acute malnutrition. Hence this contribution was prioritised to the areas in northern Somalia with high proportion of socially marginalized minority groups, including IDPs. Furthermore, reference to the rationalization plan that was developed in full consultation with government supported focusing the funds to the neediest population.

WFP is involved in the seasonal food security and nutrition assessments conducted by Food Security and Analysis Unit (FSNAU) and FEWSNET twice per year. WFP also conducted drought specific rapid food security assessments in Somaliland and participated in interagency needs assessments on the drought in Puntland and South-Central Somalia in the last quarter of 2017. All information was used to compile Seasonal Analysis Responses twice a year for the project design and targeting to ensure that affected population receive nutrition treatment and preventative assistance.

### B) Project implementation phase:

UNICEF: Building on efforts to ensure equity and reach the most vulnerable populations, UNICEF and partners in targeted districts have supported increased community engagement through the "Mother MUAC" initiative. The initiative in which mother/caregivers are trained and provided MUAC tapes to screen children within their neighbourhood has supported increased community engagement and ownership of the nutrition programmes. In compliment, routine services of community health workers that screen and refer children with acute malnutrition and ensure timely identification of children with life threatening conditions has been ongoing. Furthermore, partners' mandatory participation in central and local cluster meetings ensured that the voice of beneficiaries was heard and incorporated in implementation of programmes. Recognising the need to strengthen the feedback mechanism of UNICEF programmes, Integrated Management of Acute Malnutrition (IMAM) guideline revision has provided further guidance including encouraging service providers to set up a platform to capture and respond to beneficiaries' complaints through options such as the use of hotlines, community conversations and exit interviews of beneficiaries.

With the recent SCOPE roll-out, WFP registered and enrolled all its nutrition beneficiaries and families on SCOPE. The in-kind transfer under nutrition was commissioned through SCOPE cards.

To date, WFP has registered over 4.8 million people in targeted locations in Somalia in the SCOPE platform and registration is ongoing, for nutrition programme. Through SCOPE, WFP equips beneficiaries with e-cards which double as photo IDs and store biometric data in the form of fingerprints to identify beneficiaries, authenticate transactions and entitlement values and prevent the risk of duplication.

### C) Project monitoring and evaluation:

UNICEF: This CERF was delivered primarily through local implementing partners supported by government in selected districts. Programme monitoring and oversight was carried out using a combination of methods. Joint supportive supervision of teams constituting government, partners and UNICEF staff ensured compliance to programme protocols and delivery of nutrition programmes that meet the recommended global standards for performance. Furthermore, the subnational cluster monthly meetings in collaboration with the MoH as the overall representative of the Somali people captured and addressed impediments to service delivery in real time. In parallel, the Somalia Food Security and Nutrition Analysis Unit (FSNAU) conducted biannual (Gu and Deyr seasons) seasonal food security and nutrition assessments, covering rural, urban and displaced populations across Somalia. These assessments represented a primary source of information for evaluating changes in the nutrition situation in the country as well as planning the humanitarian response. Findings from the Gu assessment showed heightened acute malnutrition among IDP settlements specifically in the north east, central and southern parts of Somalia and triggered strengthened response in areas hosting IDP areas.

To monitor WFP assistance, WFP conducted physical monitoring, engaging its monitors in locations where access permitted and third-party monitors in locations where access was limited for WFP staff. Both WFP monitors and third-party monitors used monitoring checklists developed by WFP in line with corporate M&E guidelines to develop an understanding of WFP performance in terms of processes, outputs and outcomes. As an additional layer of monitoring, WFP used alternate monitoring through the call centre in Galkayo to crosscheck information collected through physical monitoring, allowing beneficiaries to contact directly WFP through hotline numbers in case they had any queries, feedback and/or complaints and to provide them feedback on the action taken. Additionally, WFP has continued to introduce several innovations to improve processes, strengthen the triangulation of data and generate data for decision making: Enhanced data collection through the innovative mKormeer (based on the corporate mVAM) technology for digital data collection in areas with limited access. Linking biometric beneficiary registration to distribution and food security and post distribution monitoring. Visualization of information from different sources for decision making.

## **7. Cash-Based Interventions**

### **7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

Planned	Actual
No	Choose an item.

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

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

UNICEF: In the absence of a formal evaluation, project reporting has been conducted primarily using the ONA system, that has indicated that the project met its targets including delivery of quality nutrition programmes that met the sphere standards of cure rate at 95.5%, default rate of 2.8% and death rate of 0.9% while keeping focus on the most marginalised segments of the population.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

No external evaluation was budgeted for this WFP project. However, WFP engages third party monitors who conducts monitoring of the projects and gives regular reports. The findings/any feasible recommendations are incorporated in the program. The affected community also gives regular feedback about the program and WFP takes this into account during the implementation.	
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## 8.6. Project Report 18-RR-WFP-029 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Food Security - Food Aid	4. Project code (CERF):	18-RR-WFP-029
5. Project title:	Emergency relief assistance to households affected by drought in Northern Somalia		
6.a Original Start date:	11/04/2018	6.b Original End date	10/10/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
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	<b>a. Total requirement for agency's sector response to current emergency:</b> <i>Guidance: Refer to the project proposal for the amount in 7a.</i> <i>For <u>rapid response</u> requests, this refers to the funding requirements of the requesting agency in the prioritized sector for this specific emergency and the new emergency response phase only.</i> <i>For <u>underfunded emergency</u> requests, this refers to the agency's funding requirements for the corresponding activities in the HRP. If HRP project exists, use the project requirement. Where no HRP exists, 'total project requirement' should reflect the funding requirements of the requesting agency for its humanitarian programme in the prioritized sector.</i>		US\$ 13,000,000
	<b>b. Total funding received for agency's sector response to current emergency:</b> <i>Guidance: Indicate the total amount received to date against the total indicated in 7a above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.</i>		US\$ 96,400,000]
	<b>c. Amount received from CERF:</b>		US\$ 3,200,001
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to: <i>Guidance: Please make sure that the figures reported here are consistent with the ones reported in Annex 1.</i> <ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 132,205</li> <li>▪ National NGOs US\$ 22,410</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

2. Project Results Summary/Overall Performance
<p>Working in collaboration with Action AID and TASCO, WFP provided unconditional relief assistance through e-vouchers to 56,334 beneficiaries in Awdal and Sool regions. In partnership with Action AID and TASCO, WFP enrolled 56,334 beneficiaries (24,714 beneficiaries through Action AID and 31,620 beneficiaries through TASCO) for relief assistance from July to October 2017.</p> <p>At the beginning of each month, SCOPE cards of enrolled households were topped up with e-voucher equivalent to USD 65 (for those in Awdal region) and USD 70 (for those in Sool region). The e-vouchers were redeemed from retail shops in agreement with WFP and were equipped with mPOS for biometric authentication of transactions. The provision of relief assistance to the 56,334 beneficiaries provided</p>

their basic food needs and prevented them from adopting negative coping mechanism. There was an improvement in the food security situation of assessed households with more than half of the households (52 percent) reporting acceptable food consumption score. The average consumption-based coping strategy/ reduced coping strategy (rCSI) was 11.6. Lower rCSI indicated lower stress level, hence, less adoption of the food-related coping mechanisms.

### 3. Changes and Amendments

The project proposed to reach 59,466 beneficiaries with e-transfer worth USD 65 per household per month (USD 10.83 per person per month). However, prior to implementation, the minimum expenditure basket (MEB) for Sool region was revised to USD 70 and therefore WFP reached 3,132 beneficiaries less than originally planned.

### 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
<b>Planned</b>	13,951	16,377	<b>30,328</b>	13,403	15,735	<b>29,138</b>	27,354	32,112	<b>59,466</b>
<b>Reached</b>	13,217	15,514	<b>28,731</b>	12,697	14,906	<b>27,603</b>	25,914	30,420	<b>56,334</b>

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

Category	Number of people (Planned)	Number of people (Reached)
Refugees		
IDPs	5,786	3,794
Host population	53,680	52,540
Affected people (none of the above)		
<b>Total (same as in 4a)</b>	<b>59,466</b>	<b>56,334</b>

*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 discrepancy in the total beneficiary numbers was due to the higher MEB transferred to beneficiaries in Sool region.

### 5. CERF Result Framework

<b>Project objective</b>	Save lives of 59,466 of the most vulnerable people affected by drought conditions in Awdal, Woqooyi Galbeed, Bari, Mudug and Nugal Regions through distribution of unconditional cash-based transfers (e-vouchers) over a four-month period through the SCOPE platform.
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<b>Output 1</b>	Urgent food needs of the targeted population met through distribution of USD 2,576,860 through unconditional electronic cash vouchers.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of beneficiaries receiving 4 months cash-based food assistance of \$65 per month per household <sup>9</sup>	59,466 beneficiaries (9,911 HHs) (30,328 female and 29,138 male)	56,334 beneficiaries (9,389 HH) (28,731 female and 27,603 male)	SCOPE distribution report
Indicator 1.2	Total amount of cash transferred to targeted beneficiaries	USD 2,576,860	USD 2,576,926	SCOPE distribution data
Indicator 1.3	Reduction by 80 percent of households (HH) with poor food consumption	80 per cent (7,930 HHs)	39.2% (3108 HHs)	Household Survey
<b>Explanation of output and indicators variance:</b>		The discrepancy in the total beneficiary numbers was due to higher MEB transferred to beneficiaries in Sool region.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Biometric registration and enrolment by capturing beneficiary photos and fingerprints and uploading the information onto SCOPE platform and issuance of e-transfer cards	Action AID and TASCO		
Activity 1.2	Transfer and redemption of e-transfers through SCOPE	Transfer through SCOPE was done by WFP Redemption was done by WFP contracted retailers.		
Activity 1.3	Retailer settlement	WFP through the Supply Chain team.		
Activity 1.4	Post distribution monitoring and reporting	This was implemented directly WFP Call Centre.		

## 6. Accountability to Affected People

### A) Project design and planning phase:

WFP is involved in the seasonal food security and nutrition assessments conducted by Food Security and Analysis Unit (FSNAU) and FEWSNET twice per year. In 2017, WFP's Vulnerability Assessment and Mapping and Logistics Units conducted market and trader assessments in the targeted locations in Puntland, Somaliland and Central Somalia. WFP also conducted drought specific rapid food security assessments in Somaliland and participated in interagency needs assessments on the drought in Puntland and South-Central Somalia in the last quarter of 2017. All information was used in the project design to ensure that affected population would receive assistance.

### B) Project implementation phase:

[WFP provides assistance through the SCOPE platform. In the last quarter of 2014, WFP Somalia launched the utilization of SCOPE to manage beneficiaries and transfers electronically. To date, WFP has registered over 4.8 million people in targeted locations in Somalia in the SCOPE platform and registration is ongoing. Through SCOPE, WFP equips beneficiaries with e-cards which double as photo IDs and store biometric data in the form of fingerprints in order to identify beneficiaries, authenticate transactions and entitlement values and prevent the risk of duplication.

### C) Project monitoring and evaluation:

To monitor WFP assistance, WFP conducted physical monitoring, engaging its monitors in locations where access permitted and third-party monitors in locations where access was limited for WFP staff. Both WFP monitors and third-party monitors used monitoring checklists developed by WFP in line with corporate M&E guidelines to develop an understanding of WFP performance in terms of processes, outputs and outcomes. As an additional layer of monitoring, WFP used alternate monitoring through the call centre in Galkayo to crosscheck information collected through physical monitoring, allowing beneficiaries to contact directly WFP through hotline numbers in case they had any questions, feedback and/or complaints and to provide them feedback on the action taken. Additionally, WFP has continued to introduce a number of innovations to improve processes, strengthen the triangulation of data and generate data for decision

<sup>9</sup> Please note that this is an average rate, and will be varied per region depending on the MEB



making: Enhanced data collection through the innovative mKormeer (based on the corporate mVAM) technology for digital data collection in areas with limited access. Linking biometric beneficiary registration to distribution and food security and post distribution monitoring. Visualization of information from different sources for decision making.]

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
Yes, CBI is the sole intervention in the CERF project	Yes, CBI is the sole intervention in the CERF project

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
E-voucher for Food Security	US\$ 2,576,926	Sector-specific	Unconditional	Restricted

[WFP provided the unconditional cash-based transfer through electronic vouchers to 56,334 drought-affected people to enable them buy food from selected retail shops. E-vouchers was the preferred modality because the food markets in Awdal and Sool regions were functional despite the drought which affected the effective demand capacity of beneficiaries.]

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

WFP normally do not evaluate at programme level. Furthermore, evaluation is a more comprehensive exercise, which requires time and resources. However, WFP monitored the implementation of the project to gauge whether it was implemented in line with the proposed strategy and in case of changes, to seek amendment to adapt the implementation strategy appropriately.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.7. Project Report 18-RR-WHO-015 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Somalia
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-WHO-015
5. Project title:	Emergency health care service provision through rapid response teams to drought affected target populations in North zones of Somalia.		
6.a Original Start date:	18/04/2018	6.b Original End date	17/10/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
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\$ 3,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 2,000,000
	c. Amount received from CERF:		US\$ 500,000
	d. Total CERF funds forwarded to implementing partners of which to:  <ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this grant, Rapid Response Teams (RRT) instrumental in response to public health emergencies were established in Somaliland, Puntland and Galmudug States. During the period of the project, RRT responded to cyclone Sagar in Somaliland (benefiting 2,981 people), inter-clan conflicts in the disputed Sool region and infectious disease upsurge in the States, using emergency supplies provided to the states by WHO. Some of the infectious disease alerts responded to included whooping cough, acute watery diarrhoea and diphtheria.</p> <p>To enhance preparedness and control of infectious diseases, health workers were trained on Infection Prevention and Control of priority diseases which are likely to occur in malnutrition.</p> <p>Stabilization centres were supported for management of Severe Acute Malnutrition (SAM), especially in children, through training of health workers and procurement of equipment. During the project period (May to September 2018), 1,860 children were treated.</p> <p>Early detection and response to infectious diseases was enhanced through training on surveillance and outbreak investigation.</p> <p>Case management guidelines for SAM and infectious diseases were printed and distributed for quick reference by health workers during management of patients.</p>

Weekly reporting for priority diseases was facilitated by regional MOH officers and laboratory officers who received monthly incentives resulting in improved reporting rates, quality of data as well as expansion of reporting sites.

Risk assessment was conducted to identify priority hazards within Somalia. This will enable focused planning and resource mobilization for mitigation (e.g. vaccination campaigns) as well as early and coordinated response to public health events.

The project deployed two public health emergency officers who monitored all project activities.

### 3. Changes and Amendments

N/A

### 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
<b>Planned</b>	21,560	17,641	<b>39,201</b>	22,440	18,360	<b>40,800</b>	44,000	36,001	<b>80,001</b>
<b>Reached</b>	17,248	14,113	<b>31,361</b>	17,952	14,688	<b>32,640</b>	35,200	28,801	<b>64,001</b>

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

<b>Category</b>	<b>Number of people (Planned)</b>	<b>Number of people (Reached)</b>
<i>Refugees</i>		
<i>IDPs</i>	17,600	14,080
<i>Host population</i>	62,400	49,921
<i>Affected people (none of the above)</i>		
<b>Total (same as in 4a)</b>	<b>80,001</b>	<b>64,001</b>

*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 project benefited approximately 80% of the expected target population. Some of the areas had inter-clan tension over disputed land in Sool and Sanag regions. This led to delayed implementation of activities for community health workers and reduced number of beneficiaries reached by Ministry of Health rapid response teams.

### 5. CERF Result Framework

<b>Project objective</b>	To reduce morbidity and mortality attributed to epidemic prone diseases by providing rapid detection and response to public health emergencies in the regions of Sool, Sanag, Mudug and Awdal.
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<b>Output 1</b>	17 RRT are trained and deployed to support and strengthen disease outbreak response.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>

Indicator 1.1	Cholera case Fatality rate kept below threshold	<1%	0%	CSR data
Indicator 1.2	Number of rapid response team trained and deployed	17	40	Training reports
Indicator 1.3	Number of Alerts investigated and within 72 hours	At least 80%	85%	CSR data and EWARN reports
<b>Explanation of output and indicators variance:</b>		Training was done at regional level cutting down transport costs and thereby enabling the training of more teams.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement of 50 diarrhoea disease kits for the management of epidemics prone diarrhoea	WHO		
Activity 1.2	Procurement of emergency health kits for use by rapid response teams	WHO		
Activity 1.3	Train Rapid Response Teams (MoH and health partners) for timely alert detection, investigation and confirmation	WHO and MOH		
Activity 1.2	Provide case management to outbreaks of communicable diseases through rapid response team deployment	WHO and MOH		
Activity 1.3	Disseminate all necessary guidelines, reporting tools including standard case definition, case management and infection control guidelines	WHO and MOH		

<b>Output 2</b>	100 Health facilities in target locations have Emergency Early warning and response systems active and functional			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of samples collected, shipped and analysed in the laboratories located in Somaliland and Puntland	At least 80%	89%	CSR reports
Indicator 2.2	Number of situational reports disseminated to decision makers and stakeholders	100% of Sentinel sites	100%	EWARN Bulletins
Indicator 2.3	Number of health workers and community volunteers trained on disease surveillance, outbreak investigation, health information collection and rapid response to emergencies	200 health workers	145 health workers	Training reports
<b>Explanation of output and indicators variance:</b>		The training on surveillance included health workers from hard to reach areas. The funds facilitated their training, transport and accommodation in central training venues.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Training health workers on surveillance, outbreak investigation, health information collection and rapid response including sample collection, shipment and analysis.	WHO and MOH		
Activity 2.2	Support the information management team to collect data associated with disease outbreaks, prepare situational reports and disseminate timely	WHO and MOH		
Activity 2.3	Strengthen the capacity of MOH in case detection, investigation, outbreak investigation and response linked to the current drought-imposed situation	WHO and MOH		

<b>Output 3</b>	SAM case management is provided to health services providers in stabilization centres (8) in target regions and districts.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	No. of service providers (Nurses, Clinicians/doctors) working in malnutrition stabilization centers trained on case management of malnutrition	42	124	Training report
Indicator 3.2	No. of stabilization centres with case management guidelines	8	26	MOH reports
Indicator 3.3	No. of stabilization centres with equipment (3 S.C. will be equipped using CERF while other 5 will be supported with different funding)	3	3	MOH reports
<b>Explanation of output and indicators variance:</b>		Indicator:3.2: CERF funds were used to print guidelines and to distribute to all functional stabilization centres.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Training of service providers: nurses, midwives and doctors on case management of malnutrition with complications	WHO and MOH		
Activity 3.2	Production and distribution of case management guidelines	WHO and MOH		
Activity 3.3	Procurement of case management equipment for malnutrition with complications	WHO		

## 6. Accountability to Affected People

### A) Project design and planning phase:

The project was designed by WHO in collaboration with the Ministry of Health at all structural levels – Federal and State. The MOH was involved in the planning phase and offered guidance regarding location and target population. The MOH was instrumental in the involvement of key stakeholders in the community. The focus of the project was aligned with MOH and community priorities.

### B) Project implementation phase:

Implementation of the project was done by WHO and supported by the Ministry of Health who have administrative structures at all levels. National Public Health Emergency Officers deployed by WHO using CERF funds monitored all the activities. Community participation was led and guided by the MOH. This involved awareness creation, selection of facilitators and participants and monitoring of the project. Regular updates were provided and disseminated in health cluster meetings.

### C) Project monitoring and evaluation:

The MOH and WHO, through public health officers, monitored and supervised all the activities to ensure quality and implementation according to plan. Activity reports were generated by MOH and WHO. Monitoring of indicators was also done through the Early Warning Alert and Response Network which showed increased reporting rates and guided response to alerts within 72 hours of reporting.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project, please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

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

Monitoring of the project was done by the recruited public health emergency officers throughout the period of implementation. The officers ensured that all activities were fully implemented as planned and maintained constant communication with Ministry of Health and community. No evaluation is planned.	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\$
18-RR-FAO-013	Livelihoods	FAO	NNGO	41,401.00
18-RR-FAO-013	Livelihoods	FAO	NNGO	53,497.00
18-RR-FAO-013	Livelihoods	FAO	NNGO	7,628.00
18-RR-FAO-013	Livelihoods	FAO	NNGO	52,532.00
18-RR-FAO-013	Livelihoods	FAO	NNGO	23,953.00
18-RR-FAO-013	Livelihoods	FAO	NNGO	20,987.00
18-RR-IOM-014	Health	IOM	GOV	188,000.00
18-RR-IOM-013	Water, Sanitation and Hygiene	IOM	GOV	154,210.00
18-RR-IOM-013	Water, Sanitation and Hygiene	IOM	GOV	159,630.00
18-RR-IOM-013	Water, Sanitation and Hygiene	IOM	GOV	6,700.00
18-RR-IOM-013	Water, Sanitation and Hygiene	IOM	GOV	5,700.00
18-RR-FPA-020	Health	UNFPA	NNGO	200,782.00
18-RR-FPA-020	Health	UNFPA	INGO	40,233.88
18-RR-FPA-020	Health	UNFPA	NNGO	76,380.00
18-RR-FPA-020	Health	UNFPA	NNGO	40,432.00
18-RR-CEF-049	Nutrition	UNICEF	RedC	144,120.00
18-RR-CEF-049	Nutrition	UNICEF	NNGO	6,038.00
18-RR-CEF-049	Nutrition	UNICEF	NNGO	112,700.00
18-RR-CEF-049	Nutrition	UNICEF	GOV	91,353.00
18-RR-CEF-046	Water, Sanitation and Hygiene	UNICEF	GOV	211,550.00
18-RR-CEF-046	Water, Sanitation and Hygiene	UNICEF	GOV	15,884.00
18-RR-CEF-046	Water, Sanitation and Hygiene	UNICEF	NNGO	122,950.00
18-RR-CEF-046	Water, Sanitation and Hygiene	UNICEF	NNGO	179,800.00
18-RR-CEF-050	Health	UNICEF	RedC	170,964.60
18-RR-WFP-028	Nutrition	WFP	GOV	26,929.66
18-RR-WFP-028	Nutrition	WFP	INGO	28,810.83
18-RR-WFP-028	Nutrition	WFP	INGO	20,947.09
18-RR-WFP-028	Nutrition	WFP	INGO	29,878.87
18-RR-WFP-028	Nutrition	WFP	INGO	11,725.26
18-RR-WFP-028	Nutrition	WFP	INGO	11,916.59
18-RR-WFP-028	Nutrition	WFP	INGO	97,000.01
18-RR-WFP-028	Nutrition	WFP	INGO	8,651.48
18-RR-WFP-028	Nutrition	WFP	NNGO	8,206.25
18-RR-WFP-028	Nutrition	WFP	NNGO	5,466.98
18-RR-WFP-028	Nutrition	WFP	NNGO	5,466.98
18-RR-WFP-029	Food Assistance	WFP	INGO	132,205.21
18-RR-WFP-029	Food Assistance	WFP	NNGO	22,410.79

## ANNEX 2: Success Stories

### ***The positive effect of IOM's sustainable water supplies on the IDP community***

Providing Safe Water Supply, Sanitation and Hygiene Practices to Internally Displaced People in Dhaharyar, Sanaag region of Puntland state of Somalia,



With RR CERF funding IOM Somalia WASH programs continued with the successful series of water sanitation and hygiene project activities to save lives and impress upon community behaviour change.

Among those that benefited is Amina, a mother of 46 years old with 7 children living at Dhahar yar IDP settlement. She and her seven children fled from the interior parts of Sool and Sanaag hinterlands due to severe looming droughts that swept their livelihood cornerstones. They walked for a long distance for a period of 9 days. The main reason for her migration was the lack of food and water.

Her destination was any IDP camp; where she could access the basic needs of life or even register herself as a refugee in Kenya. Fortunately, she was registered in Dhahar yar IDP settlement in Dhahar town where she has lived for 6 months only. She narrated that how her

children suffered before they got the clean safe water IOM trucked to their village.

She added that three out her seven children used to fetch water from a river (9.5km away) twice a week on the back of the only donkey that remained for them. The children sometimes would be beaten up on their way home or to the nearest water source by other youth and the ladies were even susceptible to get raped and face sexual harassment by men in the route. Occasionally, the children would take more than six hours to return home and she would get stressed imagining that her children have either drowned in the mega dam, the only source to draw water from. Amina said that previously, her children used to suffer from diarrhoea and other hygiene related diseases but she couldn't get timely treatment for them.

Since the rehabilitation, upgrading and installation of solar systems at Dhahar community borehole, they have access to affordable clean safe water. A team from HADMA and IOM who met with Amina while conducting an end project valuations in her village quotes her, *"Many thanks to IOM for the timely support they accorded us at the needful hour, indeed we were in dire need for access to water, hygiene kits among others basic humanitarian relief and support. We are also grateful to the donors who funded them to implement this activities,"* she further said, *"IOM's sustainable water supply in Dhahar greatly changes the lives of many drought victims not only those residing in her village but also many who are living in the host communities"*.

**OUR Commitment,** - "Adequate access to Water, Sanitation and Hygiene Services (WASH) is essential to prevent dehydration and reduce the risk of water-related diseases. Moreover, good hygiene practices reduce the risk of diarrhoea, cholera and other disease outbreaks. The provision of timely WASH interventions is usually one of the highest priorities following the onset of any crisis, whether sudden or protracted, following a natural disaster or complex situation. However, access to clean and safe water in Somalia continues to be a major challenge due to the combination of several driving factors. These include an arid climate, chemical contamination of water sources and human-induced conflict. Additionally, existing water sources are inadequate with regards to accessibility, quality and quantity; *"More so the elevated concentrations of chemical components and salinity in groundwater render it unsafe for human consumption with numerous associated potential health risks for communities"*, said Omar Khayre the IOM WASH Programme Manager, *"IOM Somalia's WASH programme*



*always aims to focus on the immediate provision of sustainable clean safe water, sanitation and hygiene services to crisis affected populations of concern across Somalia”.*

For more information contact Omar Khayre: [okhayre@iom.int](mailto:okhayre@iom.int)

#### **IOM Health:**

For the CERF funded project the following press article was released on 15 May 2018: [“UN Migration Agency: 48,000 Somalis to benefit from health service”](#)

On Social Media the following item was posted featuring the CERF funded project:

**IOM Somalia**  
Published by Somalia Piu [?] · May 17, 2018 · 

IOM deployed 8 Integrated Emergency Rapid Response Teams in Somaliland and Puntland with funding from the [United Nations CERF](#). In response to the effects of the drought and current flooding, the project will provide access to emergency primary healthcare to an estimated 48,000 IDPs and host populations in Sool, Sanaag and Mudug:  
<https://goo.gl/MbBBp6>



1,388  
People Reached

160  
Engagements

Boost Post

### **WHO: CERF-Supported Medical Teams Save Lives in Flooded Hirshabelle**

Said Abdikarim Ahmed, Kaltumo, and their two children, 7-year-old daughter, Saida, and 4-year-old son, Mohamed, are a family from Magay Village in the Jowhar District of Hirshabelle State. They had to flee to Bardhere Village, 16 kilometers from their home when Jowhar was hit hard by flooding in 2017. The entire family survived, but they were thrust into a dire situation. The flood had displaced hundreds of thousands of families like theirs, who suddenly lacked shelter, food, clean water, and medical care. A cholera outbreak was looming, and the flood meant more malaria-carrying mosquitoes were biting the unprotected and newly-displaced.

WHO and the Federal Ministry of Health deployed Integrated Emergency Response Teams (IERTs) to help displaced families like the Abdikarim Ahmed family. WHO staff trained the IERTs in integrated management of diarrhea, nutrition screening and community education. Once deployed, the IERTs carried out screenings for malnutrition, educated communities about hygienic behavior through face-to-face interactions using charts with standardized messages and supported the community health workers to carry out patient referrals to health facilities when necessary.

On August 16, 2018, an IERT visited Bardhere Village, where the Abdikarim Ahmed family had been staying since the flood. The displaced villagers and Bardhere residents gathered outside to be screened for illnesses by the IERT medics. Meanwhile, members of the IERT provided information on disease prevention, hygiene, and the treatment of diarrhea.

On the day that the IERT visited Bardhere Village, 4-year-old Said had been sick with diarrhea for two days, and his parents were extremely worried because the village lacked a clinic. Said Abdikarim immediately took his son to see the IERT when he heard that medical assistance had arrived in Bardere Village.

Then IERT medics examined the ailing little boy and provided him with antibiotics and oral rehydration salts (ORS). The team members also educated Said Abdikarim about how to reduce the risk of his children contracting water-borne diseases in the future.

Little Said recovered fully within a few days, to the great relief of his parents.

Financial support from CERF allowed WHO to deploy emergency medical services to flood-affected populations in 2018.



***An IERT member conduct a medical screening in the field.***

### ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

<b>BSFP</b>	Blanket Supplementary Feeding Programme
<b>CBT</b>	Cash-Based Transfer
<b>CDR</b>	Crude Death Rate
<b>DAN</b>	Dadaal Network Organization
<b>ECHO</b>	European Civil Protection and Humanitarian Aid Office
<b>FGD</b>	Focus Group Discussions
<b>GAM</b>	Global Acute Malnutrition
<b>GARDO</b>	Green Africa Relief and Development Organization
<b>GCMF</b>	Global Commodity Management Facility
<b>HADMA</b>	Humanitarian Affairs Disaster Management Agency
<b>IDP</b>	Internally Displaced People
<b>IERT</b>	Integrated Emergency Response Team
<b>IPC</b>	Integrated Food Security Phase Classification
<b>LoU</b>	Letter of Understanding
<b>MAM</b>	Moderate Acute Malnutrition
<b>MCHN</b>	Mother and Child Health Nutrition
<b>MEB</b>	Minimum Expenditure Basket
<b>MOH</b>	Ministry of Health
<b>MOH</b>	Ministry of Health
<b>MOLAH</b>	Ministry of Livestock and Animal Husbandry of the Government of Puntland
<b>MOLFD</b>	Ministry of Livestock, and Fishery Development of the Government of Somaliland
<b>MoWD</b>	Somaliland Ministry of Water and Development
<b>NADFOR</b>	National Disaster Preparedness And Food Reserve Authority
<b>PHAST</b>	Participatory Hygiene and Sanitation Transformation
<b>PSAWEN</b>	Puntland State Authority of Water and Energy
<b>RRT</b>	Rapid Response Teams
<b>SAM</b>	Severe Acute Malnutrition
<b>SAM</b>	Severe Acute Malnutrition
<b>SORIO</b>	Somaliland Improvement and Resilient Initiative Organization
<b>SRDA</b>	Somali Relief & Development Action
<b>TSFP</b>	Targeted Supplementary Feeding Programme
<b>UNHAS</b>	United Nations Humanitarian Air Service
<b>UNICEF</b>	United Nations International Children's Emergency Fund
<b>UVRDO</b>	Unique Vision Research and Development Organization
<b>WASH</b>	Water, Sanitation and Hygiene Services
<b>WFP</b>	World Food Programme
<b>WHO</b>	World Health Organization