

YEAR: 2018

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**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
SOMALIA  
RAPID RESPONSE  
FLOOD  
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.

No AAR was conducted as the Somalia team and the inter cluster coordination group were involved in developing a joint pooled fund strategy in the wake of FSNAU results that indicated worsening malnutrition and food insecurity in North Somalia that required urgent attention.

- 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.

The AAR was not conducted as the Somalia team and the inter cluster coordination group were involved in developing a joint pooled fund strategy in the wake of FSNAU results that indicated worsening malnutrition and food insecurity in North Somalia that required urgent attention. Inputs from CERF funded interventions were however reported in coordination meetings and in publications during and after the crisis

The CERF report was shared with the HCT prior to submission to CERF

YES  NO

- 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)?

CERF recipient agencies shared their reports with Agency Heads of Offices prior to submission to OCHA. In addition, as monitoring of the flood situation was an HCT and government concern, monitoring results of interventions to combat acute watery diarrhea, flights to affected areas were widely shared through cluster coordination mechanisms and through information products such as weekly updates and bulletins published by OCHA and the Health Cluster.

YES  NO

## PART I

### Strategic Statement by the Resident/Humanitarian Coordinator

*Flooding from earlier than expected rains in March 2018 affected more than 800,000 people destroying livelihoods and assets and displacing more than 300,000 in central and southern Somalia between late March and June. The impact of the floods in these regions that were already vulnerable to conflict, massive displacement, food insecurity and communicable disease outbreaks, had the potential of worsening humanitarian outcomes of those affected. Faced with the forecast of continued rainfall, and rapidly dwindling resources, the humanitarian country team developed a three-month response plan with a phased approach to quickly raise funds. Importantly, the \$82 million plan provided a sound basis for future planning and enhanced coordination among humanitarian actors.*

*The CERF allocation of \$5.1 million from its rapid response window provided critical bridge funding to boost ongoing response before bilateral donor contributions were received. The grant supported priority actions to increase access to food, ramp up surveillance and response to resurgent communicable diseases and provide basic primary health care, conduct essential repair of damaged and construct new WASH infrastructure, and provide shelter and non food items to vulnerable displaced people in makeshift shelters that were dangerously exposed to the elements. Through its funding for logistical support, CERF funding enabled the lease of suitable aircraft to transport humanitarian workers and supplies to areas cut off by flooding. With a twin allocation of \$1 million from the Somalia Humanitarian Fund to ensure protection of 25,000 vulnerable children whose education had been interrupted, CERF's funding for family tents, dignity kits and safe and sex disaggregated lockable latrines also safeguarded the dignity of women and girls.*

*Through its strategic use in the districts worst hit by the floods, CERF funds enabled UN agencies and their partners directly reach 147,510 people who were able to benefit from either one or a mix of all funded interventions. This was just under a quarter of the 620,000 affected people that were targeted at the time of the request in May.*

### 1. OVERVIEW

18-RR-SOM-30443 TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)	
<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>23,875,000</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	5,133,588
COUNTRY-BASED POOLED FUND <i>(if applicable)</i>	1,000,000
OTHER (bilateral/multilateral)	22,746,342
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>28,879,930</b>

18-RR-SOM-30443 TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)			
Allocation 1 – date of official submission: 08/05/2018			
Agency	Project code	Cluster/Sector	Amount
UNHCR	18-RR-HCR-017	Emergency Shelter and NFI - Non-Food Items	970,705

UNICEF	18-RR-CEF-053	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,105,778
WFP	18-RR-WFP-031	Logistics - Common Logistics	600,000
WFP	18-RR-WFP-032	Food Security - Food Aid	1,949,955
WHO	18-RR-WHO-018	Health - Health	507,150
<b>TOTAL</b>			<b>5,133,588</b>

<b>18-RR-SOM-30443 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>3,859,422</b>
- Funds transferred to Government partners*	37,824
- Funds transferred to International NGOs partners*	636,299
- Funds transferred to National NGOs partners*	600,043
- Funds transferred to Red Cross/Red Crescent partners*	0
<b>Total funds transferred to implementing partners (IP)*</b>	<b>1,274,166</b>
<b>TOTAL</b>	<b>5,133,588</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

Despite an early forecast indicating the increased likelihood of below average rainfall across most parts of Somalia, the 2018 Gu season rainfall started early in March and progressively increased in intensity and geographic coverage. The extremely low water levels recorded in the Juba and Shabelle Rivers in January and February 2018 rose steadily in March reaching full bank /high flood risk levels by mid-April due to consistently heavy rainfall in the country and in the Ethiopian Highlands which feed the two rivers. Exacerbated by numerous open river breakages – 27 on the Shabelle and 37 on the Juba – flooding occurred much earlier in the season than historically observed resulting in inundation of farms, flash flooding in settlements with consequent displacement and heavy loss of assets. Additional flooding in low lying areas was expected with the likelihood of continued rainfall. Over 15,000 hectares of cropland were inundated and 500 tonnes of household grain stores damaged, potentially worsening food consumption gaps and limiting agricultural wage labour opportunities among poor households in rural and urban areas.

By mid-May, 630,000 people in nine regions across South Central Somalia had been affected including 215,000 people displaced by the floods. By the end of August, reports indicated that the number of flood -affected people had risen to 830,000 including 300,000 that had been displaced and were in need of assistance. Flood affected communities faced further deterioration in their humanitarian outcomes with the loss of livelihoods and emerging disease outbreaks triggered by damage to water and sanitation infrastructure and inadequate shelter.

The destruction of and damage inflicted on road networks in Beletweyne and in Juba severely limited mobility and the delivery of vital humanitarian assistance to outlying areas. The destruction of 2,500 latrines and ensuing contamination of water sources led to a surge in water and vector borne diseases in areas that had already been grappling with an AWD/cholera outbreak since December 2017. The immediate priority was to provide safe water, hygiene, and mitigate the risk of disease outbreak, especially Acute Watery Diarrhoea (AWD)/Cholera.

The floods exposed the vulnerability of internally displaced persons (IDP) to extreme conditions. Living in overcrowded flimsy shelters with inadequate access to water and sanitation, they were hardest hit by the floods due to their being located mostly in low lying areas. Furthermore, they faced a heightened risk of exposure to disease as they were unprotected from the elements due to the loss / damage to their shelters, contamination of water sources and flooding of latrines. Food, already

scarce for IDPs, was also crucial to their survival. More than 5,000 IDPs had been additionally displaced by flooding in Baidoa, 9,300 in Cabudwaaq town and 54,000 in Banadir to other settlements, compounding the competition for scarce services. Children and the elderly were particularly susceptible to disease and required urgent assistance. The protection and dignity of women and girls affected by the current rains and floods was also a major concern. Host communities especially poor households living along the river basin and whose farms were inundated, or in affected urban areas, or lost their agricultural labour income constituted another vulnerable group.

Despite the ongoing humanitarian efforts to respond and assist the flood-affected, most of the communities in the affected regions were already facing an acute food security crisis and were in Crisis (IPC 3) and risked remaining extremely vulnerable through September 2018 in the absence of adequate or rapidly scaled up humanitarian assistance. Reports from humanitarian partners and ongoing needs assessments identified priority needs as being the provision of food, health services to mitigate disease outbreaks, shelter and non-food items (NFIs) and water and sanitation services. However, ongoing assistance was disparate across the regions and fell short of the time-critical scale up required to avert a total disaster due to inadequate funding inflows as partners were still grappling with drought - related needs in northern Somalia. In addition, ground level access to some areas was increasingly hampered by the heavy rain with subsequent delays in the delivery of assistance. As a result, a number of key operational areas were only accessible by air either through aircraft with short landing and take-off capability or only by helicopter. Funding support for air transport was crucial to the response as it would firstly enable rapid deployment of aid workers and vital supplies to areas hitherto restricted by impassable roads and secondly, facilitate aerial and rapid needs assessments necessary to monitor the situation.

Even with the increasingly severe humanitarian situation, worsened by the flooding, the Humanitarian Response Plan (HRP) remained significantly underfunded. Only \$324.4 million or 21 per cent of the \$1.5 billion required by the HRP to provide assistance to 4.7 million people in need had been received as of 8 May 2018. Worryingly, no new funding in response to the crisis was forthcoming and humanitarian partners relied on reprogramming of ongoing activities and the use of supply stocks to accommodate the new caseloads. The application for CERF funding was informed by the need to bridge the initial emergency response by providing life-saving assistance to the areas most heavily hit by the rains and the floods during the first half of the Gu season, and the secondary strategic response which would be funded by newly mobilized bilateral funds.

### **3. PRIORITIZATION PROCESS**

Following emerging partner reports of rising river levels and initial flooding in mid-April and their inability to sustain a robust response to the flooding, OCHA on behalf of the Humanitarian Coordinator (HC) and HCT sounded out CERF for the possibility of a grant from the rapid response window to bridge funding and response gaps necessary to scale up assistance before contributions were received from ongoing consultations with bilateral donors.

The targeting of locations under this application followed initial consultations within the ICCG and collation of information and reports from humanitarian partners by OCHA in the affected regions towards the end of April. The prioritization of locations and clusters to target was arrived at in a consultative process involving all the humanitarian clusters, which agreed to focus on the most affected districts in flood affected regions / persons and where needs were reportedly highest. The convergence of clusters in most districts enabled interventions from multiple sectors targeting the same beneficiaries. The action therefore targeted Banadir, Bay, Galgaduud, Gedo, Hiraan, Lower Juba, Middle Juba, Lower Shabelle and Middle Shabelle.

The reports highlighted clean water, food, shelter and household items as the most needed items among the affected households, some of who had since been displaced by the floods to higher grounds/locations. The Logistics cluster was also included to facilitate timely delivery of passengers and cargo by helicopter to airstrips where it was difficult for fixed wing aircraft to land due to flooding.

The HCT adopted a phased approach in its overall response to the ongoing crisis:

**Phase I** involved emergency response using agency and NGO pre-positioned stocks and emergency funding at the agency/NGO level began when the rains began impacting IDP settlements in mid-March, and when the rivers started swelling to above emergency levels in mid-April. This response was to run concurrently with Phase II for as long as stocks and emergency funding lasted.

**Phase II** involved bridging the initial emergency response and the secondary strategic response (to be funded by newly mobilized bilateral funds). The Humanitarian Country Team (HCT) planned to use funds from CERF and the Somalia Humanitarian Fund (SHF) to provide strategic life-saving assistance to areas most heavily hit by the rains and the floods during the first half of the Gu season. As part of this phase, clusters had already been reviewing the already ongoing First 2018 SHF Standard Allocation (\$22 million) to see if project funds need to be re-programmed to meet emerging needs coupled with CERF funding. At this stage, Regional Inter-Cluster Coordination Group Teams (R-ICCGs) had time to get an overview of the situation in accessible areas, some assessments (joint and agency specific ones) had been conducted; and thus funding could be targeted at those most in need (locations) to address the most critical needs. This bridging phase also laid the foundation for a comprehensive response and resource mobilization plan for phase III.

**Phase III** allowed for a continued response until the end of the rainy season, towards late June. Bilateral donors were working on allocating funding to this phase.

**Phase IV** was early recovery phase.

#### 4. CERF RESULTS

The CERF grant of USD 5.1 million to Somalia provided bridge funding that enabled time critical scaling up of the response to devastation brought on by flooding in nine regions in southern and central Somalia. The fund enabled UN agencies and partners to provide emergency food assistance to 147,510 people; facilitate the transportation of 4,650 family tents that eventually benefitted households of the same number; address protection concerns among IDPs by providing non-food items to 6,000 households eventually supporting 67,100 IDPs; provide WASH assistance to 114,594 people through the repair and installation of WASH infrastructure to ensure access to clean water and sanitation to prevent disease outbreaks. Protection against vector and water borne disease was additionally enhanced among 6,667 households by using residual indoor spray and ensuring access to basic health care through the deployment of ten integrated emergency response teams (IERT) at community level through which 83,691 people benefitted; and facilitate transportation of supplies to areas cut off by flooding through the support for hiring suitable aircraft.

Through CERF funding:

- WFP was able to provide unconditional emergency food assistance to 147,510 people who had not received assistance from its ongoing response.
- UNHAS augmented its humanitarian air service through the provision of two additional flight rotations weekly and mobilizing a Mi-8MTV helicopter for 70 hours per month to cover destinations and landing zones that were inaccessible by fixed-wings aircraft. Between May and July 2018, UNHAS transported a total of 1,774 passengers.
- UNHCR was able to enhance protection for the displaced by transporting 4,650 donated tents for distribution to displaced families, providing non-food items to another 6,000 households and distributing dignity kits to 2,000 IDP females of reproductive age.
- UNICEF and its partners provided access to durable safe drinking water facilities to 6,594 people and trucked water to 108,000 people, mainly IDPs; constructed 1,055 latrines and repaired an additional 400 to improve sanitation among 45,671 and 34,896 people respectively. In addition to 5,000 hygiene kits that were distributed to enhance sanitation, 12,000 women and girls received menstrual hygiene kits.
- WHO augmented its outbreak surveillance and response activities by training 100 health workers on cholera case management, deploying ten emergency response teams to provide emergency and primary health care at community

level and providing medical kits and supplies to treat water and vector borne diseases and supported the federal Ministry of Health to conduct indoor residual spraying to secure 40,000 people from contracting malaria.

## 5. PEOPLE REACHED

**Table 4:**

The decision by the HCT to allocate CERF funds only to cluster lead agencies considerably reduced the challenges of estimating the numbers of beneficiaries reached by each cluster. In other instances, cluster estimates would have been derived from rationalising these numbers from cluster constituent agencies to avoid double counting. All agencies reported adjusting responses as necessary as needs evolved. While this did not result from any significant reprogramming (apart from WHO that requested a change in activities from distribution of mosquito nets to indoor spraying as the latter was already being undertaken by other health partners), recipient agencies were able to increase their coverage to reach more flood affected people as explained below.

**UNHCR:** The number of people reached almost doubled due to the decision to award beneficiaries with either family tents or non-food items unlike at proposal stage where families would have received both. The decision was informed by already ongoing activities by other Shelter cluster partners.

**WFP:** During the first two months of implementation, WFP used other sources to provide in kind assistance to flood affected communities, enabling it to use CERF funds to reach a higher than originally targeted numbers with cash assistance in a month instead of the envisaged three months.

**UNICEF:** Interventions reached more beneficiaries than original planned due to expanded water trucking, additional disinfection and chlorination of more than 100 water points and 200 underground reservoirs in Banadir and Lower Shabelle regions, and de-sludging of emergency latrines in the most populated IDP camps of Baidoa in South West State. In addition, due to demands by the local population, UNICEF and its partners prioritized the construction of new latrines over desludging with no budgetary implications on CERF funding but subsequent increased access to sanitation facilities for more people.

**WHO:** The use of indoor residual spraying of houses rather than distribution of mosquito nets meant that more people were able to benefit from this intervention as only so many can lie under a mosquito net resulting in higher numbers for this activity. However, activity reports from IERT teams revealed that fewer than estimated people used their services likely as result of other partner activities that were ongoing at the same time.

**Table 5:**

Mapping of geographical coverage (by region and district) by cluster activity revealed that WFP which provided unconditional cash assistance to households had the widest coverage. In addition, WFP's use of SCOPE system that ensures that there is no double counting as beneficiaries' biometrics are registered in the system. It is highly likely that these recipients also benefited from UNICEF WASH activities that covered almost the same number of districts. Thus, CERF funded activities benefitted **147,510** people.

18-RR-SOM-30443 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
Common Support Services - Common Humanitarian Air	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Services									
Shelter - Shelter	19,600	16,950	<b>36,550</b>	8,800	21,750	<b>30,550</b>	24,400	37,700	<b>67,100</b>
Food Security - Food Aid	33,927	41,302	<b>75,229</b>	32,453	39,828	<b>72,281</b>	66,379	81,131	<b>147,510</b>
Health - Health	23,769	17,074	<b>40,843</b>	26,048	16,800	<b>42,848</b>	49,817	33,874	<b>83,691</b>
WASH - Water, Sanitation and Hygiene	25,715	35,524	<b>61,239</b>	24,707	28,648	<b>53,355</b>	50,422	64,172	<b>114,594</b>

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

**18-RR-SOM-30443 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>	26,780	27,720	<b>54,500</b>	17,820	28,852	<b>46,672</b>	44,600	56,572	<b>101,172</b>
<b>Reached</b>	33,927	41,302	<b>75,229</b>	32,453	39,828	<b>72,281</b>	66,379	81,131	<b>147,510</b>

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

**18-RR-SOM-30443 TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	N/A	N/A
<i>IDPs</i>	75,000	47,203
<i>Host population</i>	26,172	100,307
<i>Affected people (none of the above)</i>	N/A	N/A
<b>Total (same as in table 5)</b>	<b>101,172</b>	<b>147,510</b>

## 6. CERF's ADDED VALUE

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

YES

PARTIALLY

NO

The CERF funds helped in fast tracking the emergency flood response to affected communities in South West State, Lower-Shebelle and Banadir regions. UNICEF built strong partnerships with International NGOs, local NGOs and local authorities in most regions, which contributed to fast tracking the delivery of assistance to the flood affected areas as soon as the emergency was declared, and CERF resources were made available. UNICEF quickly mobilized the NGOs by region and signed partnership agreements to start implementing the grant.

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

YES

PARTIALLY

NO

During the flood emergency, UNICEF supported partners in designing critical lifesaving activities which were fully supported by CERF funding. The flexibility of the CERF funds contributed to timely response to the acute need to provide safe drinking water, hygiene promotion and sanitation facilities in the flooded regions of Somalia. The response addressed the water needs and no epidemic outbreaks (such as acute watery diarrhea and cholera) were observed.

The assurance of a protective environment for flood victims particularly women and girls was of paramount importance during the



floods. CERF funding to WASH and Shelter helped address protection concerns through the provision of emergency shelter (family tents) and new lockable, well lit latrines in safe areas. Women and girls dignity was preserved through the distribution of dignity and hygiene kits that contained not only clothing but menstrual items for their use. CERF funds also allowed UNHAS to transport humanitarian personnel and emergency supplies to the worst flood affected areas in a timely fashion, enabling partners to efficiently carry out the time-critical activities planned.

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

YES

PARTIALLY

NO

The request for CERF funding was based on joint planning and assessments by the humanitarian community and the resultant flood response plan had inputs from all coordinating mechanisms such as the inter cluster coordination group and the humanitarian country team. The receipt of CERF funds enabled clusters to further prioritize response gaps based on CERF's geographical coverage. An allocation of \$1 million to NGO partners for child protection/education activities from the Somalia Humanitarian Fund reserve window was used to complement CERF funding to strengthen the protective environment for 25,000 children ensuring children whose facilities had been destroyed by flooding could continue their education and sit their impending national exams by funding the setting up of temporary learning spaces. Importantly, this allocation enabled the establishment of family tracing desks to reunite families that had been separated during the floods in by to strengthen education and child protection in schools that had facilities destroyed and the UNICEF CERF project contributed to improving the coordination among all stakeholders and implementing partners. During the fund allocation, needs were assessed, and response plans developed. These tools were used as a guiding principle in assigning target areas to partners and resources allocated accordingly. In addition to the monthly coordination meeting, chaired by the WASH cluster lead and co-lead, a regularly organized follow up meeting on WASH project implementation was arranged to avoid duplication and identify gaps for future intervention.

The decision by WHO to request a change in programming was also a result of coordination within the health cluster and government authorities that identified gaps in response.

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

YES

PARTIALLY

NO

CERF funds supported the UNICEF resource mobilization efforts; however, UNICEF's donors were already preparing a contribution package before the CERF funds arrived. In the long run, UNICEF did highlight the initial CERF funding as the start of the response, and certain donors took note of the work taking place on the ground.

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

CERF support for the WHO project enabled better information sharing among key partners in the flood response. The newly re-activated Early Warning and Response Network for epidemic-prone diseases, enabled WHO Somalia, the Federal MoH and other Health cluster partners to take an iterative approach to their response activities in the flood-affected areas, adjusting their plans to best meet changing needs of affected populations and shifting disease outbreak patterns. The Federal MoH used data gathered through the WHO-launched EWARN system to generate weekly epidemiological bulletins detailing the progression of the epidemic, trends in affected populations, and drivers of the epidemic. The Federal MoH disseminated these bulletins to Health Cluster partners. With this information, national and international emergency response stakeholders improved evidence-based emergency response in the flood-affected areas.

Similarly, although WFP had already been intervening among the food insecure in the flood affected regions, CERF funding enabled the agency to expand its coverage.

## 7. LESSONS LEARNED

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

Lessons learned	Suggestion for follow-up/improvement

N/A	N/A
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<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Effective coordination of humanitarian response helped in addressing holistically the needs of affected people with no duplication and waste of resources.	No follow up needed	No specific responsible entity
During times of large scale up, needs on the ground are evolving rapidly	Donors need to remain flexible and cautious with funding earmarking	Donors

## PART II

1. PROJECT

REPORT

## 1.1. Project Report 18-RR-HCR-017 - UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	Somalia
3. Cluster/Sector:	Emergency Shelter and NFI - Non-Food Items	4. Project code (CERF):	18-RR-HCR-017
5. Project title:	Provision of Emergency Shelter & Non-Food Items support to populations affected by flooding in Banadir, Bay, Gedo and Hiraaan regions		
6.a Original Start date:	02/05/2018	6.b Original End date	01/11/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 3,255,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,455,705
	c. Amount received from CERF:		US\$ 970,705
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 432,867</b>
	of which to:		
	▪ Government Partners		US\$ 0
	▪ International NGOs		US\$ 350,052
	▪ National NGOs		US\$ 350,052
	▪ Red Cross/Crescent		US\$ 0

## 2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partners provided 6,000 NFI kits to 6,000 households benefiting approximately 36,000 IDPs in Mogadishu, Baidoa, Luuq, Dollow and Beletweyne. Additionally, a total of 2,000 Dignity kits were provided to 2,000 female IDPs of reproductive age in Beletweyne and Mogadishu. These standard dignity kits, containing essential items as recommended by the protection cluster, were distributed.

Furthermore, the project supported the shipment and inland transportation (from Mombasa) of 4,650 family tents that had been donated by the People's Republic of China. A total of 2,800 tents were distributed in Mogadishu and 1,850 in Kismayo, benefiting a total of 4,650 households.

The funds were also utilised to airlift a total of 200 tents, 200 NFIs and two rub halls to Dollow from the UNHCR stockpile in Mogadishu, supporting an additional 200 households. The two rub halls provided warehousing for humanitarian supplies.

In total, the project assisted approximately 67,100 IDPs and host communities.

## 3. Changes and Amendments

There was no deviation or amendments made to the project deliverables.

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	18,000	11,000	29,000	5,000	2,000	7,000	23,000	13,000	36,000
Reached	19,600	16,950	36,550	8,800	21,750	30,550	24,400	37,700	67,100
4b. Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees				N/A			N/A		
IDPs				20,700			62,330		
Host population				15,300			4,770		
Affected people (none of the above)				N/A			N/A		
<b>Total (same as in 4a)</b>				<b>36,000</b>			<b>67,100</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>				NFI kits and tents were distributed to different households thus doubling the number of beneficiaries.					

5. CERF Result Framework	
<b>Project objective</b>	Contribute to the protection of 6,000 HHs affected by floods through provision of Non- Food Items (NFIs), Emergency Shelter, and Dignity Kits

<b>Output 1</b>	6,000 flood affected HHs have access to appropriate NFI kits.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of floods affected persons receiving NFIs	36,000 individuals (6000 HHs)	36,000	PDM report from INTERSOS
Indicator 1.2	Number of NFIs distributed	6,000	6,000	PDM report from INTERSOS
Indicator 1.3	% of NFI components that are in use 4 -6 weeks following distribution, as ascertained through a PDM	90	91	PDM report by INTERSOS
<b>Explanation of output and indicators variance:</b>		N/A		
Activities	Description	Implemented by		
Activity 1.1	Selection and registration of beneficiaries	DRC in Beletweyne, Dollow and Luuq, BRA and AVORD in Mogadishu		
Activity 1.2	Procurement of 6,000 NFIs	UNHCR 4,000 and DRC 2000		
Activity 1.3	Transportation of 6,000 NFIs	UNHCR, DRC and AVORD		

Activity 1.4	Distribution of NFIs with community committees	IDP committees were involved in selection and registration of beneficiaries.
Activity 1.5	Post Distribution Monitoring to assess retention and use.	Done by INTERSOS in all locations

<b>Output 2</b>	5000 flood affected Households have access to appropriate shelter			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	No of persons provided tents	30,000	29,100	PDM by INTERSOS
Indicator 2.2	No of tents distributed and erected	5,000	4,850	PDM
Indicator 2.3	%age of distributed tents that are retained and in use 2 months after distribution	80	91	PDM
<b>Explanation of output and indicators variance:</b>		<p>a) Some tents were damaged owing to the poor storage conditions in Mombasa prior to shipment to Mogadishu and Kismayo.</p> <p>b) UNHCR had initially planned to distribute an additional 2,200 tents, which had already been transported and delivered directly to the Banadir Regional Administration in Mogadishu by the People's Republic of China. However, these tents have not been traced to date.</p> <p>c) Distributions planned for Baidoa were not possible owing to a lack of safe road transport. The planned AMISOM convoy to Baidoa was indefinitely postponed/has not taken place to date.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Selection and registration of beneficiaries	DRC in Mogadishu and Dollow, JRIA in Kismayo, BRA in Mogadishu		
Activity 2.2	Packaging and loading costs of 5,000 tents from Mombasa	UNHCR		
Activity 2.3	Marine Cargo transportation of 5,000 tents from Mombasa	UNHCR		
Activity 2.4	Distribution of tents with community committees	DRC and JRIA		
Activity 2.5	Post Distribution Monitoring to assess retention and use.	INTERSOS		

<b>Output 3</b>	2,000 women / girls have access to appropriate dignity kits			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of floods affected persons receiving Dignity Kits	2,000	2,000	PDM INTERSOS
Indicator 3.2	Number of kits distributed	2,000	2,000	PDM
Indicator 3.3	% of Kit components that are in use 4 -6 weeks following distribution, as ascertained through a PDM	95	100	PDM
<b>Explanation of output and indicators variance:</b>		No variance.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Selection and registration of beneficiaries	DRC in Beletweyne, BRA and SSWC Mogadishu		
Activity 3.2	Procurement of 2,000 Dignity Kits	DRC, SSWC		
Activity 3.3	Transportation of 2,000 Dignity Kits	DRC, SSWC		
Activity 3.4	Distribution of dignity kits with community committees	DRC, SSWC		
Activity 3.5	Post Distribution Monitoring to assess retention and use.	N/A		

## 6. Accountability to Affected People

### A) Project design and planning phase:

In Mogadishu UNHCR engaged both DRC, AVORD, SSWC and BRA who ensured a credible selection of beneficiaries was done based on the agreed selection criteria (as per the proposal). The identification of the project beneficiaries was facilitated by the Banadir Regional Administration's (BRA) list of venerable IDP cases. Meetings were held with both community leaders and the beneficiaries to review and inform them of the distribution selection and criteria. In Kismayo the selection of beneficiaries for the airlifted tents employed the same modality as above with support from the JRIA, UNHCR's government partner in Kismayo.

### B) Project implementation phase:

During the implementation, UNHCR established a multifunctional team who visited field locations to ensure beneficiary selection and implementation was done based on agreed criteria. A series of follow-up meetings were held with implementing partners for project planning and distribution preparation of the tents and kits.

### C) Project monitoring and evaluation:

After the distribution, the partners provided reports and beneficiary lists to UNHCR; INTERSOS carried out post distribution monitoring (PDM), which provided beneficiary feedback.

## 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):*

N/A

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

The project falls within the UNHCR country programme evaluation and audit guidelines and this will be completed in February 2019.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 1.2. Project Report 18-RR-CEF-053 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Somalia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-053
5. Project title:	Emergency WASH assistance to flood affected people in South Central Somalia		
6.a Original Start date:	01/05/2018	6.b Original End date	31/10/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,150,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,927,511
	c. Amount received from CERF:		US\$ 1,105,778
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 568,871</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\$ 37,824.36 US\$ 26,000 US\$ 505,046.25 US\$ 0

## 2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners provided:

- Access to durable safe drinking water facilities to 6,594 people (2,704 male and 3,890 female) affected by floods;
- Temporarily access to lifesaving water through water trucking to 108,000 people (40,317 male and 67,683 females) affected by flooding, mainly IDPs;
- To strengthen water collection and household water storage conditions, 30,600 people (14,994 male and 15,606 female) benefited from the distribution of 5,100 hygiene kits to 5,100 households, while 12,000 women and adolescent girls benefited from the distribution of 12,000 menstrual hygiene kits.
- In total, 45,671 people (18,515 male and 27,156 female) benefited from the construction of 1,055 new latrines to increase access to sanitation facilities, while 34,896 people (14,307 males and 20,589 females) benefitted from access to sanitation facilities through the de-sludging and repair of 400 family shared latrines.

In total, 114,594 people (28,648 men, 35,524 women and 50,422 children) in the flood affected areas of South West States, Hiraan, Lower Shebelle and Banadir region received WASH assistance through CERF funding. During project implementation, 113,942 emergency affected people (40,782 males and 73,160 females) were sensitized on key WASH related disease and handwashing messages to reduce the risk of acute watery diarrhoea outbreaks in the intervention areas.



### 3. Changes and Amendments

No amendment was made to this project.

### 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>	21,780	27,720	<b>49,500</b>	17,820	22,680	<b>40,500</b>	39,600	50,400	<b>90,000</b>
<b>Reached</b>	25,715	35,524	<b>61,239</b>	24,707	28,648	<b>53,355</b>	50,422	64,172	<b>114,594</b>

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

Category	Number of people (Planned)	Number of people (Reached)
<i>Refugees</i>	N/A	N/A
<i>IDPs</i>	75,000	98,000
<i>Host population</i>	15,000	16,594
<i>Affected people (none of the above)</i>	N/A	N/A
<b>Total (same as in 4a)</b>	<b>90,000</b>	<b>114,594</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 intervention reached more beneficiaries than original planned. The over achievement was due to expanded water trucking and de-sludging of emergency latrines in the most populated IDP camps of Baidoa in South West State.

### 5. CERF Result Framework

<b>Project objective</b>	Improve access to basic WASH services and goods for 90,000 flood-affected people in South Central Somalia.
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Output 1	90,000 flood-affected people reached with safe water access.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of displaced people accessing sufficient quantity of water of appropriate quality for drinking, cooking and personal hygiene through water trucking.	90,000	114,594	Project reports
Indicator 1.2	# of flood-affected water sources dewatered and disinfected	50	300	Project report
Indicator 1.3	# of people reached with household water treatment (HHWT) items for a period of 3 months.	48,000	51,622	Project report
<b>Explanation of output and indicators variance:</b>		In addition to water trucking, more than 100 water points and 200 underground reservoirs were disinfected and chlorinated in Banadir and		

		Lower Shebelle regions. This did not have any budget implications as UNICEF was able to save money by negotiating on value for money with implementing partners. UNICEF used the experience and partnerships of additional integrated funds to reduce the transaction costs and achieve higher results.
Activities	Description	Implemented by
Activity 1.1	Provide water to 90,000 flood-affected people through trucking including water bladder distribution (7.5 litres/person/day for 2 months/60 days). The interventions are a full package of WASH services implemented by the proposed partners simultaneously across all the affected sites, that includes water supply, sanitation and hygiene activities.	This component of the project was implemented by GRRN, WARDI, New Way Organization and MoEWR.
Activity 1.2	Procure and transport 10 water bladders of 5,000 litres capacity to flood-affected areas.	The procurement of bladders was done by UNICEF and provided to implementing partners for the transport and distribution of water.
Activity 1.3	Distribute and install 10 water bladders of 5,000 litres capacity	GRRN, WARDI and New Way Organization
Activity 1.4	Procure and transport 5 water bladders of 10,000 litre capacity to flood-affected areas.	The procurement of bladders was done by UNICEF and provided to implementing partners for the transport and distribution of water
Activity 1.5	Distribute and install 5 water bladders of 10,000 litres capacity	The procurement of bladders was done by UNICEF and provided to implementing partners for the transport and distribution of water
Activity 1.6	Dewater and disinfect 50 contaminated water sources	WARDI and New Way Organization
Activity 1.7	Promotion of household water treatment	GRRN, WARDI and New Way Organization

<b>Output 2</b>	An additional 45,000 displaced 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 new, shared family latrines constructed	600	1,055	Project report
Indicator 2.2	Number of latrines de-sludged.	500	400	Project report
Indicator 2.3	Number of latrines provided with emergency repairs	400	0	NTR
<b>Explanation of output and indicators variance:</b>	During the response, it emerged that the demand for new emergency latrines was very high compared to simple minor repairs. Therefore, UNICEF in consultation with partners, prioritized increasing the coverage of new latrines to stop open defecation and identify critical family shared latrines for de-sludging and repair. In total, 1,055 new latrines were constructed and 400 latrines de-sludging, more than originally targeted. Due to demand by the local targeted population, UNICEF focused more on new latrines over de-sludging, thus not meeting the initial target of de-sludging but achieving a higher target in new latrine construction. There were not any latrines in need of repair, and UNICEF could concentrate on the building of new latrines. This resulted in no budgetary implications for the CERF funding.			
Activities	Description	Implemented by		
Activity 2.1	Construct 600 new shared family latrines	GRRN, WARDI, ARC and NWO		
Activity 2.2	De-sludge 500 filled-up latrines	GRRN		

Activity 2.3	Emergency repair of 400 latrines.	None
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<b>Output 3</b>	An additional 90,000 people reached with hygiene promotion and provided with hygiene kits for household water treatment/storage and personal hygiene			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of people benefiting from hygiene promotion conducted through house-to-house visits and mass media to displaced populations	90,000	113,942	Partner report
Indicator 3.2	Number of people using hygiene kits for safe hygiene and water treatment at household level in response to the ongoing AWD/cholera outbreak.	42,000	42,800	Partners report
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Conduct hygiene promotion to 90,000 people to promote appropriate behaviours (including the promotion of open defecation free (ODF) environments and hand washing at critical times in IDP camps).	GRRN, WARDI, ARC and New Way Organization		
Activity 3.2	Procure and transport 7,000 hygiene kits to flood-affected beneficiaries in South Central Somalia.	UNICEF		
Activity 3.3	Distribute 7,000 hygiene kits to flood-affected beneficiaries in South Central Somalia.	GRRN for MHK and hygiene kit by New Way Organization		

<b>6. Accountability to Affected People</b>
<p><u>A) Project design and planning phase:</u></p> <p>Prior to the development of the project proposal, UNICEF supported implementing partners conducting need assessments which actively involved both male and female beneficiaries through the planning and design phases of the project, and to holistically address the distinct needs of women, girls, boys and men in a systematic manner. Structural meetings and interviews were conducted by partners to identify the specific needs of affected people and design activities together to address their living conditions.</p> <p><u>B) Project implementation phase:</u></p> <p>During the implementation, UNICEF and partners ensured equal participation (50/50) of both male and female beneficiaries, and sex and age disaggregated data and gender analysis was integrated into the planning and reporting phase. Members of the affected communities were involved in the project implementation, most particularly in hygiene promotion activities and water sources chlorination.</p> <p><u>C) Project monitoring and evaluation:</u></p> <p>The project was implemented by NGO partners and monitored by UNICEF in accessible areas, and third-party monitoring firms in inaccessible areas of Lower Shebelle region. The monitoring of implementation was performed by field-based UNICEF staff who provided technical assistance to implementing partners. The end of project review meeting was conducted with implementing partners to review and document the project achievements and lesson learnt.</p>

<b>7. Cash-Based Interventions</b>	
<b>7.a Did the project include one or more Cash Based Intervention(s) (CBI)?</b>	
<b>Planned</b>	<b>Actual</b>

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

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
In the absence of a formal evaluation, project reporting has been conducted primarily using site monitoring and field visits. These tools indicated the project met its targets, including delivery of quality WASH programmes. A formal evaluation was not engaged due to the time constraints and urgency of the programme.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 1.3. Project Report 18-RR-WFP-031 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Logistics - Common Logistics	4. Project code (CERF):	18-RR-WFP-031
5. Project title:	Provision of Dedicated Humanitarian Air Services in Response to the Flood Emergency in Somalia		
6.a Original Start date:	01/05/2018	6.b Original End date	31/07/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,100,000
	c. Amount received from CERF:		US\$ 600,000
	d. Total CERF funds forwarded to implementing partners		US\$ 0

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, to ensure that the humanitarian personnel and cargo can access the flood affected areas, UNHAS provided an augmented humanitarian air access service in response to the flood emergency in Somalia. With the two Dornier and the Mi-8, UNHAS transported from 01 May to 31 July a total of 1,774 passengers and more than 182 MT of humanitarian cargo.</p>

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
Planned	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Reached	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4b. Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)					Number of people (Reached)			

Refugees		
IDPs		
Host population		
Affected people (none of the above)		
<b>Total (same as in 4a)</b>		<b>N/A</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>	As per proposal, gender marker is not applicable for UHAS. Please note that with the two Dorniers and the Mi-8, UNHAS transported a total of 1.774 passengers from 01 May to 31 July 2018.	

## 5. CERF Result Framework

<b>Project objective</b>	Fill the identified logistics gap in response to the flood emergency by providing targeted air access for humanitarian personnel and cargo with Short Take-Off and Landing aircraft (Dornier 228) and helicopter (Mi-8MTV) based in Mogadishu and managed by UNHAS.
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<b>Output 1</b>	Humanitarian personnel and cargo safely access flood-affected areas by air			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of passengers transported (63 hours by helicopter for 3 months and 33 hours by Dornier aircraft for 3 months)	60 per month	177 per month	Takeflite/PMT
Indicator 1.2	MT of humanitarian cargo transported	9 MT per month	18 MT per month	Takeflite/PMT
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Operate Dornier 228 STOL fixed-wing aircraft based in Mogadishu for the humanitarian community	WFP/UNHAS		
Activity 1.2	Operate one Mi-8MTV helicopter based in Mogadishu for the humanitarian community	WFP/UNHAS		

## 6. Accountability to Affected People

### A) Project design and planning phase:

In coordination with the Disaster Operations Coordination Centre (DOCC) Office in Mogadishu and with our UNHAS Users / Focal Points. Through the services provided by UNHAS, the humanitarian community in Somalia was able to reach the people most in need as a result of the floods.

### B) Project implementation phase:

In coordination with the DOCC (OCHA) Office in Mogadishu and with our UNHAS Users / Focal Points. The UNHAS emergency response plan remained broad to ensure a flexible and inclusive approach throughout the project roll out. UNHAS response plan was based on an increase of services of two Dornier STOL aircraft and the mobilization of a Mi-8 helicopter in Mogadishu. The complementarity of these assets ensured access for aid personnel and cargo delivery irrespective of landing conditions (flooded areas).

### C) Project monitoring and evaluation:

Meetings and exchanges with the humanitarian community were arranged through OCHA (DOCC) to provide updates and discuss operational challenges and developing needs, to respond effectively and efficiently to the changing situation for passenger flight demand and cargo delivery requirements. Periodical coordination meetings were held in Nairobi and Mogadishu with logistic partners (ICCG, DOCC). Numbers and statistics are monitored and evaluated with the support of our EFMA (Takeflite) and Aviation Performance Management Tool (PMT).

## 7. Cash-Based Interventions

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

Planned	Actual
Choose an item.	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
		Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

N/A

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

No evaluation planned – UNHAS is regularly evaluated through WFP evaluation mechanisms.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 1.4. Project Report 18-RR-WFP-032 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Somalia
3. Cluster/Sector:	Food Security - Food Aid	4. Project code (CERF):	18-RR-WFP-032
5. Project title:	Emergency relief assistance to flood affected populations in Somalia		
6.a Original Start date:	01/05/2018	6.b Original End date	31/10/2018
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	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 5,720,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,889,955
	c. Amount received from CERF:		US\$ 1,949,955
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 94,217</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners US\$ 0</li> <li>▪ International NGOs US\$ 68,891</li> <li>▪ National NGOs US\$ 25,326</li> <li>▪ Red Cross/Crescent US\$ 0</li> </ul>		

## 2. Project Results Summary/Overall Performance

CERF funding allowed WFP to reach 147,510 people (75,229 female and 72,281 male) affected by floods in targeted locations through unconditional cash-based transfers (CBT) in the form of e-vouchers at US\$ 10 per person/month or US\$ 60 per household/month for a total value of US\$ 1,570,277. The number of beneficiaries reached was significantly higher with respect to the planned (52,344) because during the first two months of implementation, WFP provided relief assistance to flood affected people, using resources other than the CERF funding, and CERF resources were used to reach a higher caseload of 124,998 beneficiaries in one month. Despite floods, market remained functional or recovered quickly in affected areas and cash-based assistance was found to be the most appropriate modality, with electronic vouchers, which can only be redeemed after biometric authentication, considered the most appropriate delivery mechanism.

## 3. Changes and Amendments

As WFP was already providing lifesaving food and nutrition assistance to food insecure populations, the response provided through the CERF funds complemented the ongoing programmes, targeting newly affected populations that were not receiving any assistance under the regular programs.



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>	11,516	14,133	<b>25,649</b>	12,039	14,656	<b>26,695</b>	23,555	28,789	<b>52,344</b>
<b>Reached</b>	33,927	41,302	<b>75,229</b>	32,453	39,828	<b>72,281</b>	66,379	81,131	<b>147,510</b>
4b. Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees				N/A			N/A		
IDPs				26,172			47,203		
Host population				26,172			100,307		
Affected people (none of the above)				N/A			N/A		
<b>Total (same as in 4a)</b>				<b>52,344</b>			<b>147,510</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>				The CERF resources were used to reach a higher caseload of 124,998 beneficiaries in one month.					

5. CERF Result Framework	
<b>Project objective</b>	Provide unconditional emergency relief assistance to 52,344 floods affected people/8,724 HHs

<b>Output 1</b>	52,344 flood affected people receive unconditional cash-based transfers in the form of e-vouchers in flood affected areas			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of flood affected people receiving emergency food assistance for a period of up to three months	52,344 people (8,724 households)	147,510 (24,585 households)	The resource was used to reach a higher caseload in one month rather than the 52,344 in 3 months
Indicator 1.2	Total amount of cash transferred to targeted beneficiaries	US\$ 1,570,320	1,570,277	SCOPE
Indicator 1.3	Reduction by 80 percent of households (HH) with poor food consumption	80 percent (6,979 households)	89.8% (7,851 households)	Household interview
<b>Explanation of output and indicators variance:</b>		The resource was used to reach a higher caseload in one month rather than the 52,344 in 3 months.		
Activities	Description	Implemented by		
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	This was done by WFP Cooperating Partners in Gedo, Hiraan and Lower Juba. This was done by WFP Cooperating Partners in Gedo; (Word Vision International) , Hiraan; (Hidig Relief and		

		Development organisation, Hiran Community Development Organisation, Hiran Humanitarian Aid and Development Organisation, Intersom Relief and Development Organisation, KAAH Relief and Development Organisation, Mercy USA for Aid and Developemnt) and Lower Juba; (Intersom Releif and Developemnt Organisation, Norwegian Church Aid and Wamo Relief and Rehabilitation Services
Activity 1.2	Transfer and redemption of e-transfers through SCOPE	Transfers were configured in SCOPE by WFP Retailers contracted by WFP provided redemption services to beneficiaries.
Activity 1.3	Post distribution monitoring and reporting	WFP call Centre.

## 6. Accountability to Affected People

### A) Project design and planning phase:

Following the heavy Gu seasonal rainfall, some areas in Somalia (mainly riverine) experienced significant flooding between April and May 2018. Low-lying areas along Shabelle and Juba rivers and other depressed areas were the major affected by river and flash floods. The 2018 Gu rain season was the wettest since 2016/2017 drought. WFP provided food assistance (in-kind and cash-based transfers) to households affected by floods in central and southern Somalia to prevent severe food insecurity of the affected population. The baseline survey conducted in May 2018, reported high levels of poor food consumption score, with only 8 percent of households having acceptable food consumption score. In order to understand the specific needs of certain groups, like women, the elderly, disabled people and chronically ill, WFP collected gender and age disaggregated data and information which helped WFP to tailor its programmes to the specific needs of the affected beneficiaries. These measures enabled WFP to identify the most vulnerable and marginalized groups in Somalia. WFP also utilized a 3-way communication approach to sensitize beneficiaries: cooperating partners, field/on-site monitoring and a well-established complaint and feedback mechanism through its Somalia-based call centre. Additionally, further sensitization was done through hotline numbers on SCOPE cards and through voice messaging]

### B) Project implementation phase:

WFP provides assistance through the SCOPE platform. SCOPE is WFP's beneficiary identity and benefit management system. SCOPE helps WFP manage the identities and entitlements of its beneficiaries. It informs on who the beneficiaries are, what they are entitled to, issues instructions to the appropriate delivery mechanism and receives feedback about whether or not the right amount of transfer has been given to the intended family. 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 permits and third-party monitors in locations where access is 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. In order to add another layer of monitoring, WFP used alternate monitoring through the call centre in Galkayo to crosscheck information collected through physical monitoring and equip beneficiaries with an opportunity to contact directly WFP through hotline numbers in case they have 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 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.

<b>7. Cash-Based Interventions</b>				
<b>7.a Did the project include one or more Cash Based Intervention(s) (CBI)?</b>				
<b>Planned</b>		<b>Actual</b>		
Yes, CBI is the sole intervention in 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>
Electronic Vouchers	US\$ 1,570,277	Sector-specific	Unconditional	Restricted
<i>Supplementary information (optional):</i> Despite the floods, food markets in Gedo, Hiraan and Lower Juba remained functional. To enable the floods affected people meet their food needs from commodities available in the local markets, cash-based assistance was the most appropriate modality. And to ensure that targeted beneficiaries are the ones receiving and using the cash-based transfers, the use of electronic vouchers which can only be redeemed after biometric authentication was the most appropriate delivery mechanism.				

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
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"/>

## 1.5. Project Report 18-RR-WHO-018 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Somalia
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-WHO-018
5. Project title:	Emergency health care service through Early detection of Alerts, verification and Rapid response to provide integrated rapid response team to flood affected target populations residing in south central states of Somalia.		
6.a Original Start date:	01/05/2018	6.b Original End date	31/10/2018
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		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 3,000,000
	c. Amount received from CERF:		US\$ 507,150
	d. Total CERF funds forwarded to implementing partners		US\$ 0

## 2. Project Results Summary/Overall Performance

Through CERF grant, WHO responded to health emergencies targeting flood affected internally displaced persons in six highly affected districts of Jubaland and Hirshabelle states. WHO trained 100 health workers in cholera case management and enhanced surveillance, established; trained and deployed 10 integrated emergency response teams (IERT) that provided mobile emergency and primary health care services at community level; provided 17.3 metric tons of essential medical supplies benefiting 20,000 people for three months, provided medical kits for treatment of water and vector borne diseases and implemented indoor residual spray reaching (IRS) that reaching 6,667 households and protected 40,000 individuals from malaria. The IERTs provided primary health care services to 83,691 people, including 74,700 internally displaced persons and 8,691 residents of host communities in the flood-affected districts. As part of their investigatory work, the Surveillance Officers collected and sent 315 stool samples to the National Health Lab in Mogadishu for analysis. To prevent an outbreak of malaria following the flood, WHO also supported the Federal Ministry of Health to conduct Indoor Residual Spraying (IRS) targeting high risk population including the internally displaced persons. CERF contributed to cover 6,667 households, that protected 40, 000 internally displaced persons in the targeted areas out of a total of 30,594 households in 10 flood-affected villages in Jowhar, providing protection for 156,102 individuals.

## 3. Changes and Amendments

Originally, WHO Somalia and the Federal MoH had intended to distribute mosquito nets to 5,000 people affected by the floods for malaria prevention. Over the course of discussions during implementation, WHO Somalia and the Federal MoH jointly decided, based on feedback from the field teams and the WHO malaria program, that Indoor Residual Spraying (IRS) would be more effective in preventing a surge in malaria cases among flood-affected population, as nets had already been distributed by other health partners. By conducting IRS in 6,667 households, a minimum of 40,000 individuals benefitted from reduced risk of mosquito bites at home. The use of IRS instead of LLITN distribution did not affect the timeline for the implementation of CERF activities.

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>	30,435	18,653	<b>49,088</b>	30,435	18,653	<b>49,088</b>	60,870	37,306	<b>98,176</b>
<b>Reached</b>	23,769	17,074	<b>40,843</b>	26,048	16,800	<b>42,848</b>	49817	33,874	<b>83,691</b>
4b. Number of people directly assisted with CERF funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
<i>Refugees</i>				N/A			N/A		
<i>IDPs</i>				86,176			74,700		
<i>Host population</i>				12,000			8,991		
<i>Affected people (none of the above)</i>				N/A			N/A		
<b>Total (same as in 4a)</b>				<b>98,176</b>			<b>83,691</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>				N/A					

5. CERF Result Framework	
<b>Project objective</b>	To reduce morbidity and mortality among flood affected population groups through integrated rapid response activities to public health emergencies of epidemic prone diseases in the flood affected districts of Hirshabelle and Juba land states in three-months period.

Output 1	Flood affected population accessed emergency live saving primary health care service through Integrated Emergency Response Teams (IERT)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of IERT established and providing primary health care services to displaced populations	10 IERT	10 IERTs	Training report and list of IERT teams established and endorsed by Federal MoH
Indicator 1.2	Number of target population (host plus IDPs) in the targeted districts provided with access to primary health care services	98,176	83,691	Activity reports
Indicator 1.3 <sup>1</sup>	Number of communities benefiting from indoor residual spray	40,000 individuals (6,667 families)	6,667 households sprayed (40,000 individuals)	IRS report

<sup>1</sup> Note indicator revised to reflect approved change in programming request

<b>Explanation of output and indicators variance:</b>		The activity for Indicator 1.3 was replaced by the Indoor Residual Spraying that reached 6667 households
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>
Activity 1.1	Establish and deploy 10 IERTs to provide live-saving primary health care service to 86,176 IDPs	Federal Ministry of Health
Activity 1.2	Provision of primary health care services to IDPs and host population	Federal Ministry of Health
Activity 1.3	Provision of refresher training to IRS team and deployment of IRS materials to project site	WHO
Activity 1.4	conduct indoor residual spray (IRS) activities	Federal Ministry of Health and WHO

<b>Output 2</b>	Reduced morbidity and mortality from Water (AWD/Cholera) and Vector borne (Malaria) diseases			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Cholera case Fatality rate kept below threshold	<1%	0.7%	Cholera reports
Indicator 2.2	Support for data collection by the IERT through the EWARN System provided	10 IERT teams	10 IERT	EWARN surveillance reports
Indicator 2.3	Number of Alerts investigated within 72 hours	>80%	100%	EWARN surveillance reports
<b>Explanation of output and indicators variance:</b>		[N/A]		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Replenish Diarrhoea Disease Kit (DDK) and supplies for the prevention and control of waterborne diseases (32 diarrhoea disease kits)	WHO		
Activity 2.2	Provide case management to outbreak of AWD/Cholera through CTC/CTU for 7,559 AWD/Cholera cases	Federal Ministry of Health		
Activity 2.3	Provide training on AWD/Cholera case management to health workers and community volunteers	WHO		

<b>Output 3</b>	Enhanced Emergency Early Warning, Surveillance, investigation and confirmation of outbreak prone diseases in the target districts			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of alerts investigated and verified	At least 80%	100%	EWARN surveillance reports
Indicator 3.2	Number of weekly surveillance report shared with decision makers	12	12	EWARN surveillance reports
Indicator 3.3	Number of biological samples collected and shipped to the National Public Health Lab for analysis	10	10	Cholera weekly reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Deploy 10 Rapid Response Teams (MoH and health partners) for timely alert detection, investigation and confirmation	WHO/MOH		
Activity 3.2	Strengthen communicable diseases surveillance and	WHO/MOH		

	response (CSR) team in surveillance data collection, analysis and timely dissemination	
Activity 3.3	Support the collection and shipment of laboratory samples from affected districts to National Public Health Laboratory (NPHL) in Mogadishu	WHO/MOH

## 6. Accountability to Affected People

A) Project design and planning phase:

The project was designed by WHO in close consultation of the Federal MoH and state level health authorities. WHO supported the health authorities to identify the districts most affected, assess the needs of the beneficiaries, and set key targets, indicators, and project outputs. Using weather forecasts from Somalia Water and Land Information (SWALIM) reports, WHO Somalia and the Federal MoH were able to determine which areas would likely experience the most flooding. WHO staff used IOM tracking reports to monitor the movement of persons in and out of flood-affected areas, while flash updates UNOCHA were used to estimate the affected populations in different flood-affected districts. Federal MoH staff and state level health authorities, as representatives of the communities affected by the disaster, provided advice and contextual information to WHO Somalia's emergency team and other partners regarding the needs of the population and activities to be implemented. Throughout the design and planning of this CERF-funded project, WHO Somalia consulted with local and national authorities to ensure that all aspects of the intervention accounted for local needs and priorities and empowered local authorities and frontline responders.

B) Project implementation phase:

State-based Public Health Emergency Officers contributed to training health workers, designing and planning community outreach, and compiling and reviewing activity reports. State health authorities were partners in the establishment of IERTs, distribution of the medical supplies provided by WHO, and communication with and mobilization of displaced communities during all activities. Although supported by WHO Somalia, the Regional Surveillance Officers led the process of investigation and verification of alerts of epidemic prone diseases. They also supported the detection and notification of alerts of epidemic prone diseases using the newly reactivated EWARN.

C) Project monitoring and evaluation:

All activity monitoring was carried out jointly by WHO Public Health Emergency Officers and Somali health authorities. For all trainings, curricula and materials were developed with input from the Federal MoH and training materials, including pre and post tests used to assess knowledge acquisition at the end of the training sessions, were translated into Somali to ensure they were fully understandable to trainees.

WHO Public Health Emergency Officers monitored the deployment of the 10 mobile IERTs in the field as they provided primary health care services to flood-affected populations. This included weekly monitoring visits, data compilation, analysis and dissemination of IERT performance metrics throughout the project period.

WHO activated the EWARN system that was used by health workers in flood-affected regions to detect and report alerts of epidemic prone diseases on a daily and weekly basis. The severity of diseases was monitored using threshold levels in the system through the automatic calculation of Case Fatality Ratio (CFR), Attack Rates (AR) and incidence rates. These were measured against established disease thresholds to detect any deviations from expected normal levels.

The essential medicines and medical supplies for the management of water and vector borne diseases were provided by WHO to the Federal MoH, which distributed them to local health facilities. The total number of people seeking care in the health facilities in flood-affected areas as well as cholera cases treated in different treatment centers were used as proxy for the utilization of medicines and supplies provided.

## 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)*  
N/A

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

Evaluation specific to this CERF project has not been done yet. There was no funding available to do this.	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-HCR-017	Shelter & NFI	UNHCR	INGO	530,359
18-RR-HCR-017	Shelter & NFI	UNHCR	NNGO	65,700
18-RR-HCR-017	Shelter & NFI	UNHCR	INGO	11,049
18-RR-HCR-017	Shelter & NFI	UNHCR	NNGO	3,971
18-RR-CEF-053	Water, Sanitation and Hygiene	UNICEF	NNGO	63,679
18-RR-CEF-053	Water, Sanitation and Hygiene	UNICEF	NNGO	277,050
18-RR-CEF-053	Water, Sanitation and Hygiene	UNICEF	INGO	26,000
18-RR-CEF-053	Water, Sanitation and Hygiene	UNICEF	NNGO	35,000
18-RR-CEF-053	Water, Sanitation and Hygiene	UNICEF	NNGO	129,318
18-RR-CEF-053	Water, Sanitation and Hygiene	UNICEF	GOV	37,824
18-RR-WFP-032	Food Assistance	WFP	INGO	12,618
18-RR-WFP-032	Food Assistance	WFP	INGO	22,318
18-RR-WFP-032	Food Assistance	WFP	INGO	33,955
18-RR-WFP-032	Food Assistance	WFP	NNGO	3,410
18-RR-WFP-032	Food Assistance	WFP	NNGO	2,666
18-RR-WFP-032	Food Assistance	WFP	NNGO	5,891
18-RR-WFP-032	Food Assistance	WFP	NNGO	13,359

## ANNEX 2: Success Stories

### 18-RR-WHO-018 – WHO

Said and Kaltumo Ahmed, and their two children, seven-year-old Saida and four-year-old Federal Mohamed, were forced to flee their home in Magay Village, in Jowhar, Hirshabelle State in May 2017. Their home was one of many hit hard by the catastrophic River Shabelle flooding. The Ahmed family survived; even though they managed to get to Bardhere Village, 16 kilometres away, they were thrust into dire conditions that come with internal displacement. The flood displaced hundreds of thousands of families like theirs, which suddenly lacked shelter, food, clean water, and medical care. A cholera outbreak was looming, and the flood created ideal breeding grounds for malaria-carrying mosquitoes.

With funding from the Central Emergency Response Fund (CERF), WHO rolled out the “ Emergency health care service through early detection of alerts, verification and rapid response to provide integrated rapid response team to flood-affected target populations residing in south central states of Somalia project,” from June to Aug 2018, with support from the Federal Ministry of Health. This project deployed ten Integrated Emergency Response Teams (IERTs), each with ten members, who served as first responders to support newly-displaced, vulnerable families like Said’s during the second half of 2018, in Hirshabelle and Jubaland.



*An IERT member conducting medical screening in the field*

In response to the flooding, WHO staff trained the IERTs in integrated management of diarrhoea, nutrition Screening and community education. Once deployed to the affected villages, the teams carried out screenings for malnutrition, educated communities about good hygiene 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. In total, the IERTs treated more than 80,000 affected people. At the same time, WHO provided essential medicines and other medical supplies to the Ministry of Health, which distributed them to health facilities in the affected areas.

On 16 August, 2018, an IERT visited Bardhere, where the Ahmed family had been staying since the flooding displaced them from their home. As word of the team’s arrival spread, displaced families and local Bardhere residents flocked to be screened for illnesses by the IERT medics. Meanwhile, the IERT teams provided information on disease prevention, hygiene, and the treatment of diarrhea. On the day of their visit, Mohamed had been sick with diarrhea for two days, and his parents were extremely worried because the village lacked a health clinic of its own. Said immediately rushed his son to visit the IERT when he heard that medical assistance had arrived nearby.

After examining the ailing child, IERT medics administered antibiotics and oral rehydration salts (ORS). The team then explained to Said and Kaltun ways in which they could reduce the risk of their children contracting water-borne diseases in the future. Federal Mohamed recovered fully within a few days, to the great relief of his parents. His was one of many young lives saved by the interventions of the WHO-supported, CERF-funded IERTs in 2018.

“Thanks to the advice and help we received,” said a beaming Kaltun, “we were able to see our boy healthy again. The best part is we now know how to stop our children from getting diseases that can be prevented with a little care.” Financial support from CERF allowed WHO and the Ministry of Health to provide emergency medical services in a timely manner and protected flood-affected families from contracting preventable water-borne diseases in Jubaland and Hirshabelle States, while enhancing the capacity of health professionals in those areas.

## **Halimo's Story - Surviving floods in Belet Weyne**

Belet Weyne, Hiraan region - When Halimo's house was destroyed by floods, she and her four children had no choice but to move into a makeshift camp on higher ground. The camp soon became congested with hundreds of families flocking in. With a desperate shortage of clean water and sanitation facilities, Halima feared that sooner or later her children might catch deadly diseases such as diarrhoea, even cholera.

"People were defecating in the open, there weren't enough latrines," recalled Halima. "The water we had was not clean."

Her hometown, Belet Weyne, in Hiraan region, was among the worst hit after the Shabelle, the longest river in Somalia, burst its banks following weeks of heavy rain in April and May this year. Having survived the severe drought in 2017, Halimo and her four children found themselves once again in a state of crisis. And they were not alone.

The floods affected an estimated 830,000 people, of whom 290,000 were displaced. The disaster also destroyed farmland, infrastructure and roads, and disrupted and destroyed livelihoods. Then came disease outbreaks, especially in areas along the Juba and Shabelle rivers in central and southern Somalia.

Halimo's fears soon came true. Her four-year-old son fell sick with acute watery diarrhoea (AWD). Her husband was away on casual work; the road to the hospital was cut off by floods. All she could do was to feed her child homemade oral rehydration solution, but it wasn't working. Then one day she heard on the radio a programme on "how to prepare oral rehydration salt (ORS) at home".

She immediately applied what she just learned and made ORS for the child. When she finally brought the boy to the doctors, she was told that what she did practically saved the child's life.

The radio message, produced by UNICEF partner WARDI, was among the lifesaving interventions UNICEF provided to children and families affected by flooding in 2018. The life of Halima's young son and those of many other children were saved because of such efforts, made possible thanks to donor funding, including US\$1 million from the United Nations Central Emergency Response Fund (CERF).

At the time of the crisis, UNICEF's humanitarian funding appeal for Somalia had yet to be fulfilled. CERF thus provided UNICEF and UN partners with urgent resources to kick-start the emergency response for children and their families caught in the floods and their aftermath.

Together with dedicated local NGOs, UNICEF reached 310,000 people in flood-affected areas with emergency WASH services; this included providing safe drinking water, building sanitation facilities, and distribution of hygiene kits consisting of water treatment tablets, jerrycans, and soap. Hygiene, health and nutrition messages were produced and disseminated to keep children safe from malnutrition, water-borne diseases and other ailments common in such disaster zones.

Much of the efforts went into the worst-hit areas such as Belet Weyne, where at least 52,500 people gained access to safe drinking water, among other services.

Despite the ordeal, Halimo remains hopeful. With her children safe and healthy by her side, their future doesn't seem to be as daunting as she once thought.

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

<b>AR</b>	Attack rate
<b>AVORD</b>	African Volunteers for Relief and Development
<b>AWD</b>	Acute watery diarrhoea
<b>BRA</b>	Banadir Regional Administration
<b>CBT</b>	Cash based transfers
<b>CFR</b>	Case fatality rate
<b>DOCC</b>	Disaster Operations Coordination Centre
<b>DRC</b>	Danish Refugee Council
<b>EWARN</b>	Early Warning, Alert and Response Network
<b>HC</b>	Humanitarian Coordinator
<b>HCT</b>	Humanitarian Country Team
<b>ICCG</b>	Inter Cluster Coordination Group
<b>IDPs</b>	Internally Displaced persons
<b>IERT</b>	Integrated Emergency response team
<b>IRS</b>	Indoor Residual spray
<b>JRIA</b>	Jubaland Refugees and IDPs Agency
<b>LLITN</b>	Long Lasting insecticide treated net
<b>MoH</b>	Ministry of Health
<b>MT</b>	Metric tonnes
<b>NFI</b>	Non-Food Items
<b>NGO</b>	Non-governmental organisation
<b>ORS</b>	Oral Rehydration Salts
<b>PDM</b>	Post Distribution Monitoring
<b>SHF</b>	Somalia Humanitarian Fund
<b>SSWC</b>	Save Somali Women and Children
<b>SWALIM</b>	Somalia Water and Land information Management
<b>UNHAS</b>	United Nations Humanitarian Air Services
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>VAM</b>	Vulnerability Assessment Methodology
<b>WASH</b>	Water, sanitation and hygiene
<b>WHO</b>	World Health Organization