RESIDENT/HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS

SOMALIA

RAPID RESPONSE

DROUGHT

2019

19-RR-SOM-34946

RESIDENT/HUMANITARIAN COORDINATOR	**ADAM ABDELMOULA**

REPORTING PROCESS AND CONSULTATION SUMMARY	
a. Please indicate when the After-Action Review (AAR) was conducted and who participated.	N/A
No AAR was conducted as the Somalia team and the inter cluster coordination group and recipient agency focal points were involved in project reviews for the 2020 HRP and most staff were still on leave the early in 2020.	
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 ☐
Due to its delayed submission, the report was circulated to the inter cluster coordination group and the HCT by email prior to submission to CERF.	
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 ☐
Due to its delayed submission, the report was circulated to the inter cluster coordination group and the HCT by email and comments invited. Recipient agencies also provided updates to other stakeholders monthly through their various coordination mechanisms. CERF recipient agencies also shared their reports with Agency Heads of Offices prior to submission to OCHA.	

PART I

Strategic Statement by the Resident/Humanitarian Coordinator

Despite significant improvements in the overall humanitarian situation significant needs persisted in parts of Somalia in 2019. Of concern was northern Somalia which had borne the brunt of a near famine in early 2017 and was yet to recover. Although this had been averted through favourable Gu rains (March - June) and generous donor contributions that supported a sustained humanitarian response, many largely pastoral households in Puntland and Somaliland faced the threat of worsening food insecurity and malnutrition conditions.

This timely CERF grant of US$12 million was one of the first contributions received and needed to rapidly scale up assistance towards the impending crisis, support recovery and prevent deterioration of food and nutrition outcomes among these vulnerable communities. Funding at the time of the grant's award were critically low and slow in coming, particularly for clusters crucial to the response. Importantly, the grant triggered additional bilateral donor contributions of up to $46.9 million to collectively surpass the initial $70 million requirement.

Notably, CERF funds allowed the Humanitarian Country Team to develop a complementary nutrition and food security focussed strategy with the Somalia Humanitarian Fund's allocation of $32.7 million for a comprehensive response. The twin allocations of almost $45 million ensured that not only were the underlying drivers, health and WASH, of malnutrition addressed, but access to food and protection of pastoral livelihoods assured. The health interventions contributed to supporting the integrated cholera response mechanism and synergized approaches between health, nutrition and WASH Clusters to address AWD/cholera and SAM co-morbidity, infection prevention and control while strengthening the quality of WASH, nutrition and health services at facility and outreach levels. Together with protection and reproductive health elements, 165, 269 people, mostly women and children benefited. CERF resources also critically enabled access to WASH services for people displaced from conflict in Sanaag through eight rehabilitated water points and provision of hygiene kits. In addition, 33,671 acutely malnourished children were treated and 8,688 vaccinated. Overall, CERF-funded interventions benefitted 300,639 people including 353 persons with disabilities**,** which was higher than that initially targeted, due to the availability of resources to provide services to higher caseloads during implementation.

1. OVERVIEW

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)	
a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE	**69,759,981**
FUNDING RECEIVED BY SOURCE	
CERF	11,946,861
COUNTRY-BASED POOLED FUND (if applicable)[1]	32,700,000
OTHER (bilateral/multilateral)	46,882,181
b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE	**91,529,042**

[1] The HC and Advisory Board allocated US$32.7 million from the Somalia Humanitarian Fund (SHF) First Standard Allocation to support the drought response. The funds were allocated to NGOs with the exception of $700,000 that was allocated to UNHAS.

TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US$)			
Date of official submission: 10/04/2019			
Agency	**Project code**	**Cluster/Sector**	**Amount**
FAO	19-RR-FAO-009	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	1,964,785
IOM	19-RR-IOM-008	Health - Health	493,573
IOM	19-RR-IOM-009	Water Sanitation Hygiene - Water, Sanitation and Hygiene	800,000
UNFPA	19-RR-FPA-013	Health - Health	500,000
UNICEF	19-RR-CEF-029	Water Sanitation Hygiene - Water, Sanitation and Hygiene	1,200,006
UNICEF	19-RR-CEF-030	Health - Health	500,107
UNICEF	19-RR-CEF-031	Nutrition - Nutrition	1,986,424
WFP	19-RR-WFP-020	Food Security - Food Assistance	2,000,229
WFP	19-RR-WFP-021	Nutrition - Nutrition	2,000,245
WHO	19-RR-WHO-019	Health - Health	501,492
TOTAL			**11,946,861**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Total funds implemented directly by UN agencies including procurement of relief goods	**8,108,324**
Funds transferred to Government partners*	*1,264,403*
Funds transferred to International NGOs partners*	*796,719*
Funds transferred to National NGOs partners*	*1,240,230*
Funds transferred to Red Cross/Red Crescent partners*	*537,185*
Total funds transferred to implementing partners (IP)*	**3,838,537**
TOTAL	**11,946,861**

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

2. HUMANITARIAN CONTEXT AND NEEDS

Despite improvements in the overall humanitarian situation the 2018 Post *Deyr* (October-December) seasonal Food Security and Nutrition Assessment indicated that 4.9 million Somalis, an increase from 4.6 million half a year prior, faced acute food insecurity and required humanitarian assistance and protection through mid-2019. Almost half of the people in Crisis and Emergency resided in Somalia and Puntland[2] and required humanitarian assistance to reduce food consumption gaps and save livelihoods until the onset of the *Gu* rains (March - June) when conditions were expected to improve.

Communities living in the northern and central agropastoral and pastoral livelihoods zones were grappling with deteriorating conditions, water scarcity and dwindling milk supplies. Milk production was largely average to below average during the *Deyr* season with herd sizes projected to be below baseline by June 2019. Many of these areas received little (less than 25 mm), poorly distributed or no rainfall. The water scarcity had already triggered earlier-than-normal water trucking and at higher prices.

[2] FSNAU IPC population estimates January 2019

These conditions were expected to worsen during the dry *Jilaal* (January-March) season. The poor November *Gu/Karan* cereal production harvest of 11,000 tonnes, 76 per cent lower that the 2011-2017 average in the North West Agropastoral livelihood zones, further reflected the poor and erratic rainfall, pest infestation and bird attacks. Regions projected to deteriorate from Stressed to Crisis include parts of Bari and Sanaag in the north-eastern Northern Inland Pastoral (NIP) livelihood zone, East Golis Pastoral of Sanaag, parts of Togdheer in north-western Hawd Pastoral, and parts of Galgaduud and Mudug regions in central Addun Pastoral zones[3]. While these areas were in Emergency in January 2018, massive humanitarian assistance and favourable Gu rains significantly improved browse and water conditions leading to improvements in food security. However, these improvements were tenuous without significant humanitarian assistance as the just ended Deyr season had been below average

Although the national prevalence of Global Acute Malnutrition (GAM) had remained Serious (10-14%) over the previous three seasons, the 2018 post *Deyr* season nutrition results indicated that the level of acute malnutrition is Critical (GAM 15-29%) in six out of 34 populations surveyed[4] due to food insecurity, high morbidity, low immunization and Vitamin-A supplementation, and poor care practices. Of specific concern were groups whose nutrition status had deteriorated from Serious to Critical in the past year (since 2017 *Deyr) **and*** were projected to remain so until April. These included groups in parts of the East Golis Livelihood Zones, Guban Pastoral and NIP livelihoods in Bari, Sanaag and Sool. Worryingly, these groups also faced deterioration in food security to Crisis levels through June if no assistance was provided and were among hotspots that urgently required nutrition and health interventions particularly targeting children under the age of five and pregnant and lactating women. The acute food insecurity had already exposed communities to disease due to weakened immunities, and malnourished children were nine times more susceptible to a measles attack. More than 720 cases of measles had been reported since Jan 1, 2019 with a third of the cases recorded in February alone indicating an alarming situation that required immediate response.

Early Warning Alert and Network (EWARN) data from Puntland indicated a slow rise on communicable diseases related to deteriorating drought conditions and the effects of malnutrition. By week 10 (4-10th March), a total of 56 AWD and five diphtheria cases had been reported. The Somaliland EWARN update reported 35 measles cases and pneumonia (SARI -Severe Acute Respiratory Infection) outbreak affecting over 300 patients during the same reporting period.

Throughout 2018 the tension between Somaliland and Puntland over the contested Sool and Sanaag regions had been on the rise, with occasional clashes, following Somaliland's seizure of Tukaraq village in Sool region, which was previously controlled by Puntland. This had led to displacement of more than 1,000 households to nearby locations. In January and February 2019, more than 41,632 IDPs had moved within the six most food insecure regions in Somalia[5]. This group faced a heightened risk of infectious disease outbreaks such as acute watery diarrhoea, measles and respiratory infections which had been reported in the regions as their settlements had limited or no access to proper hygiene and sanitation. The unpredictability of the conflict situation had necessitated the continuous provision of humanitarian assistance beyond normal emergency thresholds and the situation was expected to continue.

CERF funding was sought for the most critical areas in the north, where the severely food insecure population was at the highest risk of sliding from Crisis (IPC3) to Emergency (IPC4), i.e. **food security focused-component**, in parts of Awdal and Woqooyi Galbeed region; and a **nutrition-focused component with supporting health and WASH interventions** in Sool, Sanaag and parts of Bari regions including areas which were conflict affected, for vulnerable groups whose nutritional status had deteriorated from Serious to Critical in the past year (since 2017 Deyr).

The strategic objectives of the CERF request were

1. To support recovery and prevent deterioration of nutrition outcomes among communities in Bari, Sanaag and Sool Regions, North Somalia by addressing high morbidity, low immunization, Vitamin A supplementation and water shortages through integrated nutrition, health and WASH interventions.
2. To prevent deterioration from Crisis (IPC 3) to Emergency (IPC 4) among poor IDP and rural households in Awdal and Woqooyi Galbeed Regions, North Somalia by reducing food consumption gaps and protecting and saving livelihoods.

[3] FSNAU Quarterly Brief- December 2018; FSNAU Technical Release February 2019
[4] FSNAU/FEWSNET Technical Release 5 February 2019
[5] DTM Somalia: Flow Monitoring Dashboard -February 2019

3. PRIORITIZATION PROCESS

Following reports of below normal rainfall in parts of north and central Somalia in the latter part of 2018, and the effects on communities that were still experiencing the lingering impact of the 2016/7 drought as confirmed by the FSNAU post *Deyr* seasonal Assessment results, and regional authority - led inter agency assessments in Puntland and Somaliland, the Humanitarian Country Team (HCT) led by the Humanitarian Coordinator (HC) recommended the strategic use of pooled funds to address the emerging crisis in North and Central Somalia.

The integrated approach to the two allocations (CERF and SHF) ensured the complementary use of limited funds channelled through both pooled funds by:

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

Taking advantage of the joint strategic prioritization processes within the Inter Cluster Coordination Group (ICCG) and Humanitarian Country Team (HCT), the strategy provided a comprehensive response for north and central parts of Somalia, while also (through SHF-funded components) focusing on targeted areas of concern in the south.

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

- CERF: Only UN agencies could be the direct recipient of CERF funds. It was suggested that CERF RR funds be used primarily to cover UN direct operational costs; procurement of bulk supplies for life-saving response that could then be channelled through SHF-funded and other partners in order to benefit from the economies of scale; and, logistical support. The primary responsibility to ensure the accountable and efficient use of CERF funds remained with the recipients of funds. CERF RR project proposals focussed on life-saving activities.
- SHF: Funds were channelled directly to selected eligible local and international NGOs with strong presence and on-going activities in the targeted hot spots to ensure the best value-for-money. While the primary responsibility to ensure the accountable and efficient use of SHF remained with the implementing partners, the fund maintained the oversight through the application of its accountability tools.

At the sector/cluster level, clusters relied on information drawn from cluster specific assessments and response gap analysis to prioritise activities. Integrated, health, nutrition and WASH services which had been used successfully in Somalia since 2016/2017 was considered as still being the preferred modality to support nutrition recovery as was also confirmed by the post *Deyr* FSNAU assessment.

4. CERF RESULTS

CERF allocated $12 million to Somalia from its rapid response window to scale up response to acutely food insecure and malnourished people through the provision of life-saving assistance in northern Somalia in 2019. This funding enabled UN agencies and partners to provide livelihoods support benefiting 76,764 people; food aid through case transfers to 58,626 people; access to safe water and appropriate sanitation to 136,336 people; access to sexual and gender-based violence response services to 3,751 women and girls; sensitization of 29,571 people on sexual and gender-based violence; reproductive health services to 7,869 women; registration, preventative and nutrition treatment to 33,671 children; vaccination against vaccine preventable diseases to 8,688 children and strengthening access to health care benefiting 165,269 people.
Project-specific results are outlined below

- FAO supported vulnerable pastoralist households in Somaliland through Cash+ interventions and through rangeland cube distributions, serving a verified total of 12,794 households (76,764 people). Under FAO's Cash+ programme, which combines unconditional cash transfers (UCTs) with livelihood support, FAO reached 2,350 households as planned with three, monthly UCTs, including 950 households in Berbera, 700 households in Lughaye, and 700 households in Zeylac. A total of US$ 528,500 was distributed, and each household received US$ 70, US$ 75 or US$ 80 depending on the transfer rate per region. FAO piloted the Biometric Money Application (BiMO) for the first time ensuring that every beneficiary receiving inputs underwent biometric verification, thus proving that the rightfully registered beneficiaries received the entitlements from CERF. The project targeted 12,700 households with 100 kg of rangeland cubes, which serve as supplementary feed for ten small ruminants (sheep and goats).
- WFP and its partners provided relief food assistance to 9,771 vulnerable and food insecure households (58,626 individuals) over three months (April-June 2019) in Awdal region. WFP released USD$1,582,785 through unconditional Cash-Based Transfers (CBT) (e-vouchers) to targeted beneficiaries, providing vital support to vulnerable households during the dry Gu season.
- WFP reached 40,035 children under the age of five years (children U5) and pregnant and lactating women and girls (PLW/Gs) through treatment and preventive nutrition programmes through integration of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) services, and access to nutrition services increased in hard to reach communities though mobile clinics: Under the Targeted Supplementary Feeding Programmes (TSFP), 13,083 moderately acutely malnourished children U5 (6,542 girls and 6,541 boys) and 2,564 PLW/Gs received MAM treatment in Sool, Sanag and Bari hotspot districts. The Maternal and Child Health Nutrition prevention programme reached 6,667 children under the age of two years (children U2) and 3,739 PLW/Gs. An additional 7,194 MCHN mothers received delivery incentives to increase uptake of health and nutrition services to ensure continuum of care from conception throughout pregnancy, delivery and breastfeeding phases. In the Blanket Supplementary Feeding Programme (seasonal), 5,906 children U2 and 882 PLW/Gs were reached.
- Through the deployment of eight mobile health teams (four in Somaliland and four in Puntland), IOM and its partners provided lifesaving emergency primary healthcare services to 53,494 IDPs and host communities. 50,727 individuals were provided with outpatient clinical consultations (17,839 girls, 13,295 boys, 10,015 women, and 9,578 men), and 2,767 children under 5 were immunized against vaccine preventable diseases. An additional 39,623 individuals were reached through mass health education campaigns (indirect beneficiaries) which focused on prevention of communicable diseases such as Acute Watery Diarrhoea, cholera and measles, as well as malnutrition and other critical health issues.
- UNFPA and its implementing partners were able to provide a lifesaving sexual and reproductive health services, which reached 23,694 direct beneficiaries including IDPs. Out of the direct beneficiaries 5,313 birth assisted in Las Caanood and Ceerigabo hospitals, 841 pregnancy related complication managed, and 7,869 reached with nutritional counselling and services for pregnant and lactating mothers. Furthermore, 3,272 deliveries and 485 pregnancy complications were managed in the BEmONC facilities. Also 3,751 women and girls accessed gender-based violence (GBV) services including clinical management of rape (CMR) and psychosocial support. 20,13 dignity kits were distributed to GBV survivors and vulnerable women and girls. 150 PSS counsellors and health workers mobilized to provide GBV services. During the project UNFPA and implementing partners also supported 29,571 beneficiaries in Sool and Sanaag through integrated reproductive health outreach campaigns including maternal nutrition counselling and community mobilization and awareness sessions for Gender Based Violence (GBV).
- WHO interventions benefitted 62,600 vulnerable people. The capacity of the Ministry of Health to better respond to emergencies was strengthened by training 259 health workers (145 female and 114 male; (see annex 4) on case management of children with severe acute malnutrition and medical complications; case management of acute watery diarrhoea and measles; rapid response and investigation of alerts; and early warning alert, reporting and response. Timely response to alerts of acute watery diarrhoea, measles and respiratory infections was undertaken through the

deployment of trained rapid response teams and the distribution of emergency medical supplies to support case management. Monitoring of alerts and cases reported on the early warning system was completed daily and weekly. During the reporting period, a total of 14 stabilization centres for malnutrition benefited from training of health workers and provision of case management guidelines. This contributed to an overall malnutrition cure rate of 93.6 per cent (718 children under 5 years of age), which is within sphere standards which recommend over 75 per cent cure rate in malnourished children on relevant treatment protocol.

- Thanks to CERF rapid response funding, UNICEF Somalia was able to trigger integrated emergency interventions in key life-saving sectors reaching up to 66,910 people with access to safe water in Bari and Sanaag regions, with those efforts combined to close to 79,000 people accessing essential health services across Sanaag and Sool and while UNICEF and its partners were able to provide lifesaving nutrition therapeutic treatment to over 8,015 children with severe acute malnutrition (SAM), screening of 75,990 children under five, fostering timely identification and referral of the acutely malnourished.
- IOM successfully provided 17,802,370 litres of water to the drought affected communities through unconditional and restricted water vouchers, to facilitate access to water provided through water trucking 7,800 households (46,800 individuals) through the provision of safe clean water. IOM rehabilitated eight strategic non-functional water sources (four in Puntland and four in Somaliland), providing sustainable access to clean and safe water in Sool and Sanaag for 48,600 people (24,000 in Puntland and 24,600 in Somaliland).

5. PEOPLE REACHED

A combination of regional and district -level cluster and project geographic coverage, beneficiaries reached by number and type, and type of intervention/service were analysed in varying degrees to determine both the persons reached by category and by cluster. Each cluster's constituent project's geographic scope was mapped on a matrix and colour coded to get a visual sense of overall results of the CERF allocation (See Annex 5).

1. Cluster target numbers

To eliminate double counting, results from each cluster's constituent project's geographic scope, beneficiary type and type of intervention were mapped and analysed. In addition, agency coordination narrative and cluster input were examined.

Thus, where cluster constituent agencies targeted distinct categories of beneficiaries either by type of interventions in the same region such as in Food Security (Cash+ livestock support and protection for rural pastoralists by FAO Food Security Livelihoods vs unconditional assistance to IDP and destitute pastoralist households by WFP), Nutrition (SAM children by UNICEF versus MAM children and PLWs for WFP) or geographic areas (IOM and UNICEF in WASH) beneficiaries were summed by sex disaggregated categories to obtain cluster beneficiaries. Under food security, additional measures to eliminate double counting such as WFP's use of scope and community-based targeting and the cluster's gap analysis were considered.

Under health, the nature of services offered was the primary determinant of the cluster's results. WHO offered the widest geographic coverage (all three regions), offering emergency training for health staff and providing medical supplies to facilities to support case management. Its 14 integrated outreach/rapid response teams (RRTs) treated drought- related infectious diseases such as acute diarrhoea, measles, respiratory illnesses, skin conditions and anaemia which were attributable to the prevailing conditions. UNICEF offered primary health care (PHC) services including child vaccinations at mobile and fixed facilities and additionally provided medical supplies and reproductive health services. UNFPA offered facility based (MCH) and referral based reproductive services including GBV survivor care. To calculate the overall cluster results, a decision was made to capture vaccination, GBV, maternal and reproductive health and 'general illness'/PHC figures from WHO and UNICEF and UNFPA. Vaccination results from the IOM project (2,767 children under 5 were immunized against vaccine preventable diseases) were also included. Vaccination, GBV, maternal and reproductive health results were considered as these services targeted special groups of interest i.e. women and children who bore the largest brunt of the crisis.

Following a review of project reports, the decision to use WHO figures instead of IOM's was informed by the project's wider geographic coverage due to its higher number of RRTs in addition to the likelihood that some of IOM beneficiaries benefitted from WHO RRT services due to the migratory nature of pastoralists.

2. Overall number of persons directly targeted by CERF by category

Used a two-step process: The primary unit of analysis was the mapped cluster regional and district geographic scope followed by number of people reached as reported by each agency and by cluster.

Noting that:

- The food security cluster covered two regions (Awdal and Woqooyi Galbeed) that were not covered by the Health, Nutrition and WASH clusters. Its constituent agency result figures by category were summed as there was no double counting (see earlier explanation) even though they are covering the same districts.
- Whereas the health and WASH clusters had the same geographic coverage, the former reported reaching a higher number of beneficiaries (165,269 compared to 136,336). It was assumed that communities reached by health interventions – both mobile and fixed facilities also benefited from WASH interventions (which played an important role in communicable disease transmission and outbreak).

To calculate the overall number of beneficiaries by category, individual project targets from the food security cluster (FAO, WFP) and Health (UNFPA, UNICEF and WHO) were aggregated bringing the total number of persons targeted by this allocation to **300,659** including **353 persons with disabilities (**aggregated from IOM WASH, UNFPA and WFP Food Assistance project reports). The significantly higher figure of people reached than planned was due to an increase in the number of WHO RRTs from 10 to 14 and the adaptation of UNICEF's project to substitute support to one of the proposed facilities with support to four mobile teams to expand coverage to marginalised people and IDPs. These changes in both projects did not incur significant budget costs but ensured interventions remained responsive to the high caseloads in the targeted regions under this CERF.

TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY[1]

Category	Number of people (Planned)	Number of people (Reached)
Host communities	50,104	88,198
Refugees	0	0
Returnees	0	0
Internally displaced persons	65,668	91,877
Other affected persons	128,266	120,584
Total	**244,038**	**300,659**

1 *Best estimates of the number of people directly supported through CERF funding by category.*

TABLE 5: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SEX AND AGE[2]

	Men (≥18)	Women (≥18)	Boys (<18)	Girls (<18)	Total
Planned	52,999	55,953	66,820	68,266	**244,038**
Reached	68,946	94,711	68,554	68,448	**300,659**

2 *Best estimates of the number of people directly supported through CERF funding by sex and age (totals in tables 4 and 5 should be the same).*

TABLE 6: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PERSONS WITH DISABILITIES) [3]					
	Men (≥18)	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Planned (Out of the total targeted)	63	147	8	12	**230**
Reached (Out of the total reached)	77	212	31	33	**353**

[3] *Best estimates of the number of people with disabilities directly supported through CERF funding.*

TABLE 7a: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (PLANNED)[4]					
By Cluster/Sector (Planned)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Food Assistance	13,416	13,416	10,920	10,920	**48,672**
Health - Health	26,072	45,060	26,461	29,314	**126,907**
Nutrition - Nutrition	25	17,325	21,998	22,161	**61,509**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	20,943	20,364	24,839	24,154	**90,300**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	18,640	22,173	32,062	33,192	**106,067**

TABLE 7b: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR (REACHED)[4]					
By Cluster/Sector (Reached)	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Food Security - Food Assistance	16,767	16,767	12,546	12,546	**58,626**
Health - Health	34,356	60,632	34,892	35,369	**165,249**
Nutrition - Nutrition	0	32,796	16,195	17,476	**66,467**
Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	17,803	17,312	21,116	20,533	**76,764**
Water Sanitation Hygiene - Water, Sanitation and Hygiene	25,770	36,508	36,451	37,607	**136,335**

[4] *Best estimates of the number of people directly supported through CERF funding by sector.*

6. CERF'S ADDED VALUE

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

YES ☐ PARTIALLY ☐ NO ☐

CERF funds were the first to be received in this emergency and disbursement after approval averaged four days, enabling agencies to replenish emergency health kits that were used to equip RRTs that were rapidly deployed and improved response time. The turnaround of funds was among the fastest contributions to FAO in 2019. The process of submitting and getting a clearance for CERF funds was concluded within weeks and at the peak of critical needs in April – following an especially harsh Jilaal dry season and at the start of a poor and late Gu rainy season. IOM also reported the speed of disbursement enabled the agency to mobilise and begin implementation within a week of receiving funds.

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

YES ☐ PARTIALLY ☐ NO ☐

The wealth of a pastoral household lies in its livestock holding. When animals are lost due to drought or other circumstances, it is extremely difficult for families to regain their herd, related food security and income. The FAO component specifically ensured people could afford food through provision of unconditional cash transfers (UCTs) while preventing further loss of livestock through a range of livelihood assistance. The cash, while improving food access, also contributed to prevent the distress sale of poor household's livestock in order to otherwise afford food. At the same time, inputs and services such as supplementary feed and deworming helped to improve livestock health and production including milk, which is especially vital for children. In addition to addressing time-critical needs of pastoralists, this project contributed to reduce humanitarian needs down the line by protecting food and income sources in vulnerable pastoral communities. An analysis of data from WHO findings after implementation revealed improved reporting by health facilities on the early warning system to an average of 80%; and critically a case fatality rate of zero for acute watery diarrhoea and measles outbreaks in the areas targeted as trained health personnel capacities in case management was enhanced.

The early warning system was enhanced by strengthening the reporting capacities of already existing health facilities (through training, provision of airtime, payment of monthly incentives to surveillance officers and conducting supervision) and by enabling 30 new health facilities (and 244 total for Puntland and Somaliland) to report as part of the early warning alert and response network (EWARN). Alerts detected from EWARN were investigated and responded to by trained personnel in Rapid Response Teams (RRT). Alerts raised included acute watery diarrhoea, measles and respiratory disease outbreaks. To mitigate these situations, case management training of health workers was undertaken to ensure standard treatment and effective control of outbreaks.

c) Did CERF improve coordination amongst the humanitarian community?

YES ☐ PARTIALLY ☐ NO ☐

This CERF allocation ensured that rapid assistance reached northwest Somalia at a critical time, enabling the delivery of multi-sector support through diverse partners in a coordinated manner. Unlike other donor contributions that arrive at different times amongst partners, the very nature of the CERF allocation ensured 1) a clear prioritization of needs; 2) appropriate geographic targeting; 3) allocating resources to the right mix of partners; and 4) ensuring no duplication/overlap. The UNOCHA led coordination in planning and proposal writing continued to add value to the implementation of CERF allocation.

Health cluster and the recipient UN agencies closely coordinated to avoid overlap of activities in the target locations. Government line ministries and community leaders' participation in this grant substantially improved compared to past allocations for all interventions.

The FAO project team reported to the Food Security Cluster on a monthly basis on ongoing activities thereby preventing any overlap with other implementing partners and agencies.

The inclusion of a GBV component in UNFPA's project enabled the involvement of the GBV sub-cluster in ensuring quality of services for GBV and the application of a survivor centred strategy to promote safety and confidentiality

The Health Cluster also plays an instrumental role in coordinating with other clusters namely Water and Sanitation and hygiene (WASH), Nutrition, and Early Recovery sector. Through the Health Cluster forum, partners provided progress updates on the implementation of the rapid response to drought. Opportunities for collaboration were provided to ensure that all elements of the response, including case management, surveillance, laboratory diagnosis, risk communication, provision of health supplies and water hygiene and sanitation, were factored and duplication of activities was avoided. These facilitated response activities including coordination meetings with partners and communities, continuous updates on health status, need assessments, and response to service provision gaps are some of the activities of the cluster. Furthermore, as part of CERF interventions, 26 weekly epidemiological situation reports were produced, and disseminated to Health cluster partners in Puntland state and Somaliland.

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

YES ☐ PARTIALLY ☐ NO ☐

After the CERF contribution in April 2019, FAO mobilized an additional US$ 67 million for humanitarian interventions in Somalia. This included an additional allocation from CERF of US$ 4 million in August.

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

During humanitarian emergencies and protracted conflict situation, routine public health surveillance system disrupts, underperforms or eventually become non-existent. In such circumstances, an Early Warning, Alert and Response Network (EWARN) is being established through a network of health partners who collect and report surveillance data on selected epidemic-prone diseases. In Somalia, the EWARN was first established in 2010 and reactivated in 2017 at the peak of the cholera outbreak. By 2019, 498 health facilities in Somalia conduct early warning surveillance. These include 30 new health facilities were equipped with EWARN system, the funding for which were provided by the 2019 CERF emergency response.
EWARN system, which was strengthened through CERF, is functional in early detection and response of alerts for 14 priority diseases including severe acute respiratory infections, influenza like illness, acute watery diarrhoea, bloody diarrhoea, other acute diarrhoea, diphtheria, whooping cough, measles, neonatal tetanus, acute flaccid paralysis, acute jaundice syndrome, viral haemorrhagic fever, malaria and meningitis. The system also allows reporting of deaths from unidentified causes.

UNICEF: the health intervention contributes to supporting the integrated cholera response mechanism and synergized approaches between health, nutrition and WASH Clusters to address AWD/cholera and SAM co-morbidity, infection prevention and control while strengthening the quality of WASH, nutrition and health services at facility level (CTCs/CTU/OPTs/SC). The integrated response will optimize the available resources and reduce overlapping of activities among sectors and partners.

7. LESSONS LEARNED

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT	
Lessons learned	**Suggestion for follow-up/improvement**
The country team acknowledges CERF's efficient process from the beginning of the design stage to the final reporting.	CERF allocations at an agency level are often bound to very specific/limited geographic locations. This can exclude activities that are cost-effective and high impact, such as contributing to livestock vaccination campaigns which need to be implemented at a large scale to be effective (e.g. not district level).
The nature of the emergency may change quickly within the implementation period. 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/or adjust geographic scope to reach additionally affected neighbouring regions. The process of requesting activity reviews takes too long given the relatively short implementation periods for CERF RR projects.
Lack of effective direct and third-party monitoring by agencies who implement their CERF response entirely through modality of "pass-through funding to local NGOs" makes it difficult to ensure that the response is being implemented as intended with the requisite quality by the NGOs receiving the funding.	Agencies that implement CERF response entirely through pass-through funding to local non-governmental organizations (NGOs) should be required to conduct robust direct and third-party monitoring to ensure quality of implementation, and report on it; the agency should also maintain regular communication with the implementing NGOs (i.e. after disbursement of funds to them) about ground-level humanitarian context changes to enable adaptation of response if and as needed.

TABLE 9: OBSERATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-**	**Responsible entity**
Coordination through MOH and recruited national staff provided an opportunity to reach some of the difficult to access areas. The MOH has staff at all administrative levels who coordinated implementation of response activities	Continued engagement and information sharing with MoH throughout the project cycle	All Health Cluster partners
– Establishment and training of hospital-based emergency medical teams to respond to injuries and trauma patients. – Strengthening primary health care to minimize the use of resources allocated for emergency response, to provide routine care. – Establishing monitoring and evaluation by independent bodies to assess the impact of the preparedness and response activities	The plans should be tested through simulation exercises and reviewed accordingly.	Health Cluster and partners/ Federal MoH

Key partners and stakeholders should be involved in project design and implementation throughout the project period. At inception, IOM assessed the capacity of the local authorities, especially the Puntland Water and Energy Authority and the Ministry of Water Resource Development and involved them in the implementation of the project. However, this collaboration needs a clearly signed agreement and understanding what has been signed to avoid misunderstanding.	Coordinate and clearly communicate with implementing partners from the start of the project onwards.	Recipient/Implementing Partner
Under this CERF grant, FAO Somalia was able to pilot the use of Biometric money application (BiMO) for the first time to distribute inputs. FAO has expanded the use of this application (initially designed to deliver cash via money vendors and mobile money operators) to deliver biometrically verified inputs. Each beneficiary receiving inputs under output 2 underwent biometric verification, thus proving that the rightfully registered beneficiaries received the entitlements from CERF. Although the use of BiMO slowed down the release of final verified numbers as explained in section 4b, FAO is confident that this pilot has established a foundation for more efficient and effective service delivery and accountability to affected populations. The delays were due to partners' inability to sync their data collection devices in a timely fashion due to weak internet access in remote rural areas.	Future projects will allot the necessary time for partners to travel intermittently to ensure information is fed timely into the FAO Somalia database. FAO is further developing BiMO into a full e-voucher delivery mechanism, where beneficiaries will receive an e-voucher specifying their entitlements on their phones rather than receiving a bulk SMS	Information Management team, responsible Project Manager and Cash Expert, FAO Somalia.

PART II

8. Projects

8.1. Project Report 19-RR-FAO-009 - FAO

1. Project Information			
1. Agency:	FAO	**2. Country:**	Somalia
3. Cluster/Sector:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	**4. Project Code (CERF):**	19-RR-FAO-009
5. Project Title:	Rapid response to address the emergency needs of pastoralists in northwest Somalia		
6.a Original Start Date:	09/04/2019	**6.b Original End Date:**	08/10/2019
6.c No-cost Extension:	☐ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 23,548,000**
	b. Total funding received for agency's sector response to current emergency: [6]	**US$ 32,209,041**
	c. Amount received from CERF:	**US$ 1,964,785**
	d. Total CERF funds forwarded to implementing partners	**US$ 231,234**
	of which to:	
	Government Partners	US$ 30,000
	International NGOs	US$ 0
	National NGOs	US$ 201,234
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF RR grant, FAO supported vulnerable pastoralist households in Somaliland through Cash+ interventions and through rangeland cube distributions, serving a verified total of 12,794 households (76,764 people) from 9 April 2019 to 8 October 2019.

Output 1: Under FAO's Cash+ programme, which combines unconditional cash transfers (UCTs) with livelihood support, FAO reached 2,350 households as planned with three, monthly UCTs, including 950 households in Berbera, 700 households in Lughaye, and 700 households in Zeylac. A total of US$ 528,500 was distributed, and each household received US$ 70, US$ 75 or US$ 80 depending on the transfer rate per region. The UCTs provided vulnerable households with access to nutritious food during the drought period, while protecting vital food sources deriving from livestock through the distribution of a livelihood support package including: two 5 kg feed supplement blocks to enhance the nutrition of their livestock, one milk storage container (mazzican) and deworming services for up to ten sheep and goats, plus training on how to use the livelihood inputs. FAO also provided implementing partners with basic nutrition training – including milk hygiene – who then trained nutrition champions in the participating villages. The nutrition champions passed the information along to the beneficiaries in their villages. The Cash+ livestock package targeted women, children, elders and other vulnerable family members who stay behind during migration periods. Beneficiaries were provided with the means to combat poor milk production and a hygienic and convenient method for storing milk.

[6] Since this proposal was developed, FAO launched a drought action plan where the funding needs were increased from US$ 93,400,000 to US$ 143,700,000.

Output 2: Under this output, FAO piloted the Biometric Money Application (BiMO) for the first time ensuring that every beneficiary receiving inputs underwent biometric verification, thus proving that the rightfully registered beneficiaries received the entitlements from CERF. The project targeted 12,700 households with 100 kg of rangeland cubes, which serve as supplementary feed for ten small ruminants (sheep and goats), in Berbera, Baki, Borama, Lughaye and Zeylac districts of Somaliland. At the time of writing this report, FAO can verify that 10,444 households had received rangeland cubes (verification pending for the remaining 2,256 households). The intervention focused on pastoral areas with a high prevalence of food insecure people without access to animal feed resources. Beneficiaries were trained on how to properly use and store the rangeland cubes and on nutritional value and the benefits of supplementary feeding contributing to improved household nutrition and income.

Financial commitments were made before the project's end date. Different villages were targeted under the two outputs, leaving no room for double counting.

3. Changes and Amendments

Funds allocated by CERF have been utilised to fund the activities as proposed in the project document, but some deviations have occurred. FAO did not request a No Cost Extension (NCE) because delays were not anticipated. Project design accounted for a delivery period of sixty days for all the inputs, but the suppliers of rangeland cubes and mazzicans were unable to meet these deadlines. FAO raised procurement orders prior to receiving funds from CERF giving the suppliers enough time to fulfil the orders within the project timeline. FAO has noted the considerable delay in procurement and will take this into consideration prior to working with these suppliers again. Despite the delay, Cash+ livestock activities and the rangeland cube distribution contributed to prevent a worsening of food insecurity and malnutrition by increasing access to food and protecting vital food sources deriving from livestock. More detailed information is provided by project output, below.

Output 1: There were delays in the delivery of cash transfers and the distribution of milk storage containers (mazzicans). Beneficiary registration took longer than anticipated because pastoralist households, including the women and other vulnerable beneficiaries, had to move to areas where there was pasture available for their livestock. In order to accommodate the beneficiaries, the money vendor arranged for a longer payment period in order to reach households in every targeted village. Heavy rains and floods further delayed beneficiary payments in Zeylac. The project planned to distribute US$ 578,100 (three monthly payments of US$ 82 per household, including transportation costs of US$ 7). However, transfer rates differed per location resulting in the distribution of US$ 528,500. Transfer rates are issued by the Cash Working Group following the changes in the market prices of the food Minimum Expenditure Basket (MEB) per region. Due to the determined transfer rates, households in Berbera received three payments of US$ 70, while households in Lughaye and Zeylac received US$ 75 in the first month and US$ 80 in the second and third months. The discrepancy between the projected UCT amount per household and the actual distributed amount resulted in project savings of US$ 49,600 (in Berbera, US$ 34,200 was not spent and in Lughaye and Zeylac US$ 15,400 was not spent). The remaining funds will be returned to CERF.

Output 2: During storage and transit from Hargeisa to Baki districts in Somaliland, 73 bags of rangeland cubes weighing 20 kg each were lost by the company in charge of customs clearance and temporary storage. The bags arrived at the warehouse but never made it to their destination. These bags would have been distributed to approximately 15 households. FAO redistributed the remaining rangeland cubes resulting in 99 kg received instead of 100 kg by households in Xamarta durdurka cad, Cadaad, Baki and Xeego. These villages are all located within Baki district. The beneficiaries were informed of the weight discrepancy via bulk SMS. The clearance and temporary storage company has assumed full responsibility for the cost of the 73 bags of rangeland cubes which amounted to approximately US$ 635 and was deducted from the cost payable to the company. FAO did not pay for the lost project inputs. The remaining money will be returned to CERF. As of the writing of this report, FAO has been able to verify that 10,444 households had received rangeland cubes. The verification of the remaining 2,256 households, via FAO's Biometric Money Application (BiMO), is pending data upload by implementing partners. Although the use of BiMO slowed down the release of final verified numbers as explained in section 4b, FAO is confident that this pilot has established a stepping stone for more efficient and effective service delivery and accountability to affected populations. The delays were due to partners' inability to sync their data collection devices in a timely fashion due to weak internet access in remote rural areas. Once all the data collection devices are synced, FAO will be able to verify that all 12,700 households have received rangeland cubes. Further details are provided in 4b.

The distribution of rangeland cubes was delayed because of compliance issues during the pre-distribution survey in Berbera. During Call Centre surveys, beneficiaries in some villages reported having to pay community elders an average of US$ 4 for their registration. Following FAO's review and confirmation of the allegations, FAO recovered the money deducted from the beneficiaries from the service fees paid to the implementing NGO.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	20,943	20,364	24,839	24,154	**90,300**
Total	**20,943**	**20,364**	**24,839**	**24,154**	**90,300**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	0	0	0	**0**
Other affected persons	17,803	17,312	21,116	20,533	**76,764**
Total	**17,803**	**17,312**	**21,116**	**20,533**	**76,764**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	FAO has verified the delivery of rangeland cubes to 10,444 households representing 82% of the target. FAO is yet to verify the remaining 2,256 households located in Dharaar Waxar in Baki District, and Bulloxaar, Laas Ciidle, Raari-buul, Xididaalay and Xagal in Berbera district for several reasons namely: 1. Implementing partners are disbursed in remote areas of Somalia and need to travel to district offices in order to sync their data collection devices to FAO Somalia. Syncing requires a strong internet connection which is often difficult to find in the field; and 2. For some implementing partners, it was the first time using the new FAO Somalia data acquisition devices causing minor delays in beneficiary verification using biometrics. Once the data collection devices are properly synced, FAO is confident that the number of verified beneficiaries will match the targets set out in the project document.

5. CERF Result Framework

Project Objective	To improve household food security and protect livestock assets

Output 1	Access to food is increased through integrated cash assistance and livestock support			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Food consumption score (FCS) and household/mother/child dietary diversity scores (DDS) (outcome)	75% (1,763 households) with acceptable Food Consumption Score (FCS); Dietary Diversity Score (DDS):	Acceptable FCS: 46.8% DDS: 5.8	Final Technical Review (FTR)
Indicator 1.2	% of households reporting increase in milk production (outcome)	20% (i.e. 470 households) through Participatory Rural Appraisals [PRA])	66%	FTR
Indicator 1.3	% of households reporting maintained increase in milk production (outcome)	50% of the above (i.e. 235 households) using PRAs	48.6%	FTR
Indicator 1.4	% of households reporting improved livestock body condition	50% of total beneficiaries (1,175 households)	69.4%	FTR
Indicator 1.5	% increase in the amount spent on food	10% (USD 12 more per week)	13.7%	FTR
Indicator 1.6	# of animals served with treatment (output)	23,500 animals (ten per household)	23,500	Form Management Tool (FMT), GRMS
Indicator 1.7	# of households supported with unconditional cash transfers and livelihood support (output)	2,350 households (14,100 individuals)	2,350 households	FMT, GRMS
Indicator 1.8	Total amount of cash to be distributed	$578,100	US$ 528,500	FMT, GRMS
Explanation of output and indicators variance:		A total of US$ 528,500 was distributed through cash transfers to 2,350 households, with each household receiving three monthly payments of either US$ 70, US$ 75 or US$ 80. The project planned to distribute US$ 578,100 (three monthly payments of US$ 82 per household, including transportation costs of US$ 7). However, transfer rates differed per location resulting in the distribution of US$ 528,500.		

Activities	**Description**	**Implemented by**
Activity 1.1	Partner identification, training and sequencing with other agencies	FAO
Activity 1.2	Procurement of livestock inputs	FAO
Activity 1.3	Mobilization and sensitization of communities at district and village levels, beneficiary identification and verification	AAI (Africa Aid Initiatives), GSHO (Grassroot Support for Humanity Organization)
Activity 1.4	Beneficiary registration (biometric)	AAI, GSHO
Activity 1.5	Training of beneficiaries (milk hygiene and feed use)	AAI, GSHO
Activity 1.6	Submission of inception report	AAI, GSHO
Activity 1.7	Distribution of vouchers for cash transfers and payment by money vendor or mobile money operator (cash transfer)	AAI, GSHO
Activity 1.8	Distribution of livestock inputs (10 kg of mineral blocks, 1 mazzican milk container) and the deworming of 10 small ruminants per household	AAI, GSHO
Activity 1.9	Submission of interim reports	AAI, GSHO
Activity 1.10	Submission of final reports	AAI, GSHO

Output 2	Livestock and related food sources are protected through emergency animal feed provision			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	% of households reporting increase in milk production (outcome)	20% of total beneficiaries (i.e. 2,540 households using PRAs	66%	FTR
Indicator 2.2	% of households reporting maintained increase in milk production (outcome)	50% of the above (i.e. 1,270 households) using PRAs	48.6%	FTR
Indicator 2.3	% of households reporting improved livestock body condition	50% of total beneficiaries (6,350 households)	69.4%	FTR
Indicator 2.4	# of households supported with rangeland cubes (output)	12,700 households (76,200 individuals)	10,444 households*	FMT, GRMS
Indicator 2.5	# of animals that benefited from rangeland cubes (output)	120,700 animals	104,440 animals*	FMT, GRMS
Explanation of output and indicators variance:		The distribution of the rangeland cubes was delayed, as detailed in sections 3 and 4b: As of the writing of this report, FAO has been able to verify that 10,444 households had received rangeland cubes. The verification of the remaining 2,256 households, via FAO's Biometric Money Application (BiMO), is pending data upload by implementing partners. * This number is due to increase once implementing partners sync their data collection devices to FAO Somalia's database.		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement of rangeland cubes	FAO
Activity 2.2	Implementing partner identification and training	FAO
Activity 2.3	Community mobilization	UNITA (United Trust Action), SOYVO (Solidarity Youth Voluntary Organization) and HARDA (Horn of Africa Relief and Development Association)
Activity 2.4	Beneficiary selection and verification	UNITA, SOYVO and HARDA
Activity 2.5	Beneficiary registration (biometric)	UNITA, SOYVO and HARDA
Activity 2.6	Submission of interim reports	UNITA, SOYVO and HARDA
Activity 2.7	Training to beneficiaries in rangeland cube utilization	UNITA, SOYVO and HARDA
Activity 2.8	Rangeland cube distribution	UNITA, SOYVO and HARDA
Activity 2.9	Submission of partners' final reports	UNITA, SOYVO and HARDA

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

Prior to implementation of this CERF funded project, radio communication campaigns raised awareness around the project's activities. Project design considered feedback from communities that had benefited from similar projects in the past. Beneficiaries were selected by implementing partners following consultations with local communities, elders, village relief committees and other relevant stakeholders. The FAO Call Centre verified that local communities, council members and elders were involved in the planning and decision making. The most vulnerable households were selected using criteria developed by FAO which prioritized vulnerable and marginalized groups such as people living with disabilities, child-headed households, etc.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

National authorities approved the project before implementation, and further consultations took place with the local authorities of the targeted districts and the local representatives of the communities. In order to capture the needs of marginalized groups, community elders participated in the selection of beneficiaries. Additionally, the FAO Call Centre conducted routine compliance verification surveys at different stages of project implementation to ensure that the needs, voices and leadership of women, girls and marginalised groups were recognized.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Implementing partners led community mobilization meetings to provide beneficiaries with relevant information about the UCTs, livestock support packages and the rangeland cube distribution. FAO monitored this process through the FAO Call Centre and called beneficiaries at random to ascertain their awareness of the entitlements available to them. Implementing partners were also required to provide information about FAO and the principles that the organization adheres to. The FAO toll-free hotline number was distributed for beneficiaries to share feedback or channel complaints. In addition, FAO sent SMS messages to all beneficiaries to verify awareness of the intervention.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

A toll-free hotline number was given to beneficiaries to ensure that they had a platform to provide feedback. The hotline number was publicized in community meetings, printed on banners displayed in the community and disseminated in radio communication campaigns. Bulk SMS were also sent to beneficiaries informing them about entitlements and the hotline number. The hotline was monitored through FAO's Call Centre.

Based on beneficiary feedback and lessons from a previous project, FAO provided rangeland cubes in 20 kg sacks (versus 50 kg per sack) to make the sacks for more manageable and easier to carry, especially for women, elderly and those weakened by food insecurity.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

FAO staff are required to complete a course on the Prevention of Sexual Exploitation and Abuse (PSEA), and the project's implementing partners were trained in FAO's policies. Additionally, the Letter of Agreement (LoA) between FAO and the implementing partners included a component explaining the relevant policies and the measures that would be taken by FAO in the event of such occurrences. The implementing partners were: United Trust Action in Lughaye and Zeylac (UNITA), Solidarity Youth Voluntary Organization in Berbera (SOYVO), Horn of Africa Relief and Development Association in Baki and Borama (HARDA), African Aid Initiatives in Lughaye and Zeylac (AAI) and Grassroot Support for Humanity Organization in Berbera (GRASHO).

Any other comments (optional):

N/A

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved

Yes, CTP is a component of the CERF project	Yes, CTP is a component of the CERF project

7.b Please specify below the parameters of the CTP 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).

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Multipurpose cash transfer	US$ 528,500	Multi-purpose cash	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	Unconditional	Unrestricted

Supplementary information (optional):

The households received three payments of US$ 70, US$ 75 or US$ 80 depending on the transfer rate per region. Households in Berbera received US$ 70 and households in Lughaye and Zeylac districts received US$ 75 in the first month and US$ 80 in the second and third months.

The main objective of the cash transfers was to prevent a further worsening of food insecurity and malnutrition in Somaliland. The multipurpose CTP modality was utilized to enable vulnerable beneficiaries – women, children, elders and other vulnerable family members who stay behind during migration periods – to support themselves when left with few goats and sheep. All beneficiaries received their payments through Dahabshiil Company Limited, the money vendor, as it was the easiest and most convenient modality available at that time. Third Party Monitors observed the payment process in Zeylac, Lughaye and Berbera. They interviewed elders and a sample of the beneficiaries to ensure payments were received. The NGOs, selected through competitive bidding based on their experience and value for money, were involved in the identification and registration of the cash transfer beneficiaries. The beneficiaries were registered through the Form Management Tool (FMT) which captured photo and biometric details, as well as programmatic data and verified through the FAO application Biometric Money Application, "BiMO".

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
FAO evaluations are normally conducted by the Office of the Inspector General (OIG) at FAO Headquarters or by an independent consultant working with OIG. As indicated in the Project Document for this project, FAO will not conduct an independent evaluation. Data collection for the FTR will begin at the end of January 2020. The FTR has ben shared with CERF upon completion.	EVALUATION CARRIED OUT ▬ EVALUATION PENDING ▬ NO EVALUATION PLANNED ▬

8.2. Project Report 19-RR-IOM-008 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Somalia
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-IOM-008

5. Project Title:	Provision of emergency integrated primary health care to drought-affected communities in Sool, Sanaag, and Bari regions of Somalia		
6.a Original Start Date:	02/04/2019	**6.b Original End Date:**	01/10/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	NA
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding	**a. Total requirement for agency's sector response to current emergency:**	**US$ 1,500,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 500,000**
	c. Amount received from CERF:	**US$ 493,573**
	d. Total CERF funds forwarded to implementing partners	**US$ 216,000**
	of which to:	
	Government Partners	US$ 216,000
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

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 from 2 April to 1 October 2020 . Through the deployment of eight Mobile Health Teams (four in Somaliland and four in Puntland), the project reached a total of 53,494 direct beneficiaries: 50,727 individuals were provided with outpatient clinical consultations (17,839 girls, 13,295 boys, 10,015 women, and 9,578 men), and 2,767 children under 5 were immunized against vaccine preventable diseases. An additional 39,623 individuals were reached through mass health education campaigns (indirect beneficiaries) which focused on prevention of communicable diseases such as Acute Watery Diarrhoea, cholera and measles, as well as malnutrition and other critical health issues.

3. Changes and Amendments

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

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	4,345	4,523	6,680	6,953	**22,501**
Other affected persons	5,310	5,527	8,164	8,498	**27,499**
Total	**9,655**	**10,050**	**14,844**	**15,451**	**50,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**

Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
0Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	4,613	4,148	6,983	8,028	23,772
Other affected persons	4,965	5,867	7,626	11,264	29,722
Total	**9,578**	**10,015**	**14,609**	**19,292**	**53,494**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	No significant discrepancies. However, the mobile teams reached an additional 3,494 beneficiaries beyond the target, reflecting the high demand for essential medical services and the sustained drought through the entire project period.

5. CERF Result Framework

Project Objective	Contribute to nutrition recovery through provision of emergency primary health care to the food insecure communities in northern Somalia with deteriorating nutritional status in Puntland and Somaliland

Output 1	50,000 targeted vulnerable beneficiaries have access to life-saving primary health-care services			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of mobile health teams deployed	8	8	Implementing Partner and internal IOM reports
Indicator 1.2	Number of beneficiaries reached through clinical consultations	48,000	50,727	HMIS registers, internal reports
Indicator 1.3	Number of children under 5 vaccinated by mobile teams	2,000	2,767	HMIS registers, internal reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Mobilization and deployment of mobile medical response teams	IOM and MOH
Activity 1.2	Provision of life-saving primary health services through mobile teams (service provision)	MOH teams under the direct supervision of IOM field team
Activity 1.3	Vaccination of children under 5 through mobile medical teams	MOH teams under the direct supervision of IOM field team

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

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 Ministries of Health (MoH) in Puntland and Somaliland to ensure government stakeholders were engaged from the start and participated in the project design and planning.

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 including Community Health Committees, 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 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.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

IOM worked with community health committees, local authorities and regional MoH in the design and planning of the project and engaged with them regularly throughout implementation of the project.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

At project inception, IOM facilitated meetings with the community stakeholders including local authorities in the specific target locations and communities to introduce IOM and the project activities, and gain community-level support and buy-in for the initiatives. Since IOM has been working the region providing health services for several years, many of the target communities were familiar with the agency and the services it delivers.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ▬ No ▭

Since implementation was done through mobile health teams, IOM health officers on the ground gave their contact information to the local authorities and community health committee to regularly share with IOM their feedback towards the project and staff. Field monitors regularly solicited information from the communities during the field visits, leveraging the community health committee structures.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ▬ No ▭

At the start of the project, IOM trained the selected health staff on primary health care and provided orientation on the Sexual Exploitation and Abuse (SEA) and reporting mechanisms. In addition to this, all IOM contracted staff in the field had a training on Sexual Exploitation and Abuse (SEA). No complaints were received on SEA during this project.

	Any other comments (optional): N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
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 field monitors and MoH regional medical officers, providing regular feedback to IOM regional and central program management; this feedback was utilized to address gaps as they arose and strengthen quality of program implementation.	EVALUATION CARRIED OUT ☐ EVALUATION PENDING ☐ NO EVALUATION PLANNED ☐

8.3. Project Report 19-RR-IOM-009 - IOM

1. Project Information			
1. Agency:	IOM	**2. Country:**	Somalia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-RR-IOM-009
5. Project Title:	Provision of life-saving water, sanitation and hygiene services to prevent deteriorating malnutrition of vulnerable communities in Sool region		
6.a Original Start Date:	29/03/2019	**6.b Original End Date:**	28/09/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 3,000,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 800,000**
	c. Amount received from CERF:	**US$ 800,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 409,721**
	of which to:	
	Government Partners	US$ 409,721
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$0

2. Project Results Summary/Overall Performance

The main objective of this CERF Rapid Response funding project was to provide immediate access to clean water, sanitation and hygiene for people among communities at risk of malnutrition in Sool region. The project started on 29 March 2019, and activities were completed by the end of the project, on 28 September 2019.

Through implementation with government partners in Sool and Sanaag regions of Somalia and Somaliland, IOM successfully managed to reach out to 7,800 Households (**46,800** individuals) through the provision of safe clean water through unconditional and restricted water vouchers, to facilitate access to water provided through water trucking. IOM provided a total of 17,802,370 litres of water to the drought affected communities. IOM partnered with the Ministry of Energy, Minerals and Water (MOEMW) in Puntland and the Ministry of Water Resource Development (MOWRD) in Somaliland.

As a long-term solution IOM identified eight strategic non-functional water sources (four in Puntland and four in Somaliland) requiring rehabilitation. IOM contracted relevant line ministries and other government authorities to undertake these activities. The rehabilitation has been successfully implemented in all eight locations. Due to insecurity in Sool and Sanaag, the Ministry of Water Resource Development in Somaliland sub-contracted the rehabilitation to local vendors. Through this intervention IOM provided sustainable access to clean and safe water in Sool and Sanaag for 48,600 individuals (24,000 in Puntland and 24,600 in Somaliland). This is more than 35,912 beneficiaries than planned due to the movement of displaced families into areas with rehabilitated water sources.

To ensure the rehabilitated water systems will be maintained in the future, IOM established four Water User Committee (WUC) at each location. In total 32 WUCs were formed (16 males, 16 female) to support the day to day operations of the water supply systems. Selection

of the WUC members incorporated gender sensitive criteria to facilitate gender balance. The WUCs were trained on the basics of safe operation and maintenance of the water infrastructure, storage, supply and conveyance systems. The training also covered water governance, financial management, and basic technical skills including repair and maintenance of minor borehole breakdowns, and restoration of pipe and plumbing works. Now that the project closed, IOM is facilitating the project handover to the WUC in coordination with local authorities and relevant line ministries.

IOM successfully managed to implement community hygiene promotion activities and distributed hygiene items to facilitate behaviour change among acutely vulnerable communities reaching a total of 41,136 beneficiaries. With input from target beneficiaries, IOM recruited and trained community hygiene promoters from each location. Hygiene promoters conducted hygiene promotion activities during the distribution of water vouchers as well as through home visits to identified vulnerable households requiring additional assistance. They provided weekly hygiene promotion sessions to increase community awareness and engagement on good hygiene and sanitation practices. Each hygiene promoter was assigned a specific village in the targeted project sites and reported weekly on how many houses were reached and on the hygiene messages delivered. The key messages were to wash hands with soap or ash, at least in critical times such as after contact with faecal matter or before handling food. Additionally, the community was informed to use safe water for drinking, and the linkages between poor hygiene, sanitation and health were discussed.

IOM distributed hygiene kits to 5,000 HHs (30,000 individuals) from drought affected communities in Sool and Sanaag regions. The kits included one jerry can (20 litres), one bucket (50 litres), two 400mg bars of soap and 100 water purification tablets for two-month use. During the hygiene kit distributions, IOM and its implementing partner held numerous practical demonstrations on how to use the aqua tabs at household level. Beneficiaries to receive the kits were selected jointly with the community leaders, local authorities and IOM. The criteria used for selection included attention for female- headed households, elderly persons, widows and families with a shortage of water.

3. Changes and Amendments

After a formal request from the Ministry of Water Resource Development in Somaliland, water trucking was conducted in Taleex and Badhan districts, instead of Lascanood and Caynabo. The ministry already allocated other organization to implement water trucking in the initial locations, while no support was provided to drought affected communities in Taleex and Badhan.

4.a. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	315	420	630	735	**2,100**
Other affected persons	5,845	7,791	11,691	13,639	**38,966**
Total	**6,160**	**8,211**	**12,321**	**14,374**	**41,066**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	1,045	2,042	1,152	1,638	**5,877**
Other affected persons	7,534	15,242	8,098	10,049	**40,923**
Total	**8,579**	**17,284**	**9,250**	**11,687**	**46,800**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	15	18	10	11	**54**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	None

5. CERF Result Framework

Project Objective	Provide immediate access to clean water, sanitation and hygiene for 41,066 people among communities at risk of malnutrition in Taleh, Caynabo, Xudun and Lasaanod districts in Sool region

Output 1	Emergency and increased access to safe water for 41,066 vulnerable people in Sool region in Somalia			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of people from host community and IDPs affected by the emergency have access to safe water through the provision of water vouchers	41,066	41,136	IOM field staff daily monitored the number of trucks of water delivered at the site; beneficiary list and verification of the vouchers; List of persons of concern/project beneficiaries registered and verified
Indicator 1.2	Number of people assisted with increased access to safe water through water infrastructure repair and rehabilitation	12,688	48,600	IOM field staff reports; Reports from the government cooperating partners. Rigorous field monitoring reports; Project activity photos and regular project site visits; Work inspection reports from the programme engineer with GPS coordinates

Explanation of output and indicators variance:	The project reached additional 35,912 beneficiaries especially for rehabilitated water sources. The additional beneficiaries were displaced from the villages from Sanaag region where armed conflict took place.

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of water vouchers for 41,066 affected persons in Sool region	Ministry of Water Resource Development of Somaliland and Puntland State of Authority, the Ministry of Energy Minerals and Water Resources of Puntland.
Activity 1.2	Provision of maintenance and operation support for eight strategic water points through repair and replacement of parts, and provision of fuel subsidies	Ministry of Water Resource Development of Somaliland and Ministry of Energy, Minerals and Water Resources (MOEWR) of Puntland.

Output 2	Improved hygiene and sanitation practices for 41,066 individuals affected by the malnutrition through hygiene and sanitation promotion at health and nutrition centres as well as at household level			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of hygiene and sanitation promoters provided with (refresher) training	135 (60% male, 40% female)	133 (80 Female 53 Male)	List of hygiene and sanitation promoters who received refresher training. Training reports, contacts and photos.
Indicator 2.2	Number of people reached through hygiene promotion	41,066	41,136	Beneficiary assessment list as well as distribution lists used, distribution photos, no of hygiene kits distributed; Post distribution monitoring Field reports captured from the community mobilisation and sensitisation sessions, FGDs and photos
Indicator 2.3.	Number of households received hygiene kits	6,844	**5,000**	Distribution lists
Explanation of output and indicators variance:		IOM intended to reach 6,844 families. Nonetheless, other WASH actors conducted distribution of hygiene kits in some of our target areas. Therefore, IOM only targeted the unreached HHs avoiding overlapping of services in the project focused areas. Hygiene kits are supplied through the Regional Supply Hub and are free for the WASH Cluster partners. Under this project, IOM requested less kits than planned, and therefore did not have any kits left over.		

Activities	**Description**	**Implemented by**
Activity 2.1	Provide refresher training to sanitation and hygiene promoters and recruit hygiene promoters in new WASH intervention sites	IOM field staff
Activity 2.2	Recruit hygiene promoters in new WASH intervention sites	IOM
Activity 2.3.	Conduct systematic promotion of hygiene through visiting health and nutrition centres as well as households and organize focused hygiene sessions by trained hygiene promoters	Trained community hygiene promotors
Activity 2.4.	Organize focused hygiene sessions by trained hygiene promoters	Trained community hygiene promotors
Activity 2.5.	Distribution of Hygiene kits	IOM

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

This project was implemented in partnership with government cooperating partners and agencies who have been engaged in the coordination and implementation of the intervention. Through regular field visits, the target communities and beneficiaries were consulted about the intervention and its progress in meeting their WASH needs. The feedback received has been used to focus the activities on addressing key needs and gaps in service provision. Throughout implementation, the target beneficiaries and community leaders were involved in all stages of the project implementation, their perspectives and notion were also incorporated, in order to develop the standardised vulnerability criteria to select beneficiaries to be considered for WASH NFIs, which were adopted in all the distribution sites

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

IOM has cooperated with all the project stakeholders and clearly introduced the project scope of activities while allowing space for community members and respective government representatives to respond and provide input. All relevant government stakeholders and line ministries were engaged from the start and participated in the project design and planning. There was rigorous community sensitization and mobilization before project implementation in order to ensure community engagement.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The affected populations of concern were provided with information regarding the project activities, implementation timeframe, their rights and entitlements and the hotline to call throughout the implementation of the project. In addition to this, the core values of IOM and the principles it adheres to, including and not limited to do no harm, PSEA, among other codes of conduct, have been explained to the community members and the cooperating partners. This was achieved through community sensitization and mobilization sessions. IOM has also been closely coordinating with the drought response committees in the respective states of Puntland and Somaliland to easily and independently fast-track any complains while field teams consolidated the community complains and passed them on to the management for timely response regarding the programme implementation.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

IOM field team have established independent relationship with community for the project implementation, we used telephone system as complaint mechanism for the community and they have directly communicated with IOM team in the ground

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

Mass community awareness and sensitisation on the existing principles of SEA.

Any other comments (optional):

N/A

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
Yes, CTP is a component of the CERF project	Yes, CTP is a component of the CERF project

7.b **Please specify below the parameters of the CTP 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).

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Vouchers	US$ 450,000	Sector Specific	Water Sanitation Hygiene - Water, Sanitation and Hygiene	Conditional	Restricted

Supplementary information (optional):

As an integral part of the project activities, the drought victims in the project target locations had access to temporary water supply through cash voucher system over the course of the 45 days. The activity commenced after community consultation and an inception meeting aimed to brief the beneficiaries on their project entitlements and the services they are obliged to receive. Registration of community beneficiaries was undertaken, water vouchers were printed and distributed to each HH in the targeted villages. The vouchers provided 7.5 litres of water per person per day. In the project inception meeting, IOM clearly informed the beneficiaries that the vouchers can only be used for water collection and cannot be used to procure or purchase any other goods. IOM hired water monitoring supervisors from the community to ensure that the water is delivered for the amount and time agreed. Water supervisors regularly reported to IOM.

In Somaliland, IOM partnered with the Ministry of Water Resource Development, as they organized the water trucking access by vouchers for 45 days in the Sool region of Somaliland, while NADFOR supported IOM in overseeing and monitoring. In Puntland, IOM partnered with PAWWEN for the delivery of emergency water supply and distribution of vouchers, while HADMA supported the monitoring and evaluation.

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

In close coordination with the government cooperating partners a monitoring and evaluation team from IOM and an independent team from both government agencies namely National Disaster Preparedness And Food Reserve Authority (NADFOR), Humanitarian Affairs Disaster Management Authority (HADMA) and drought response committees conducted the project end evaluation; in addition to this, throughout the project implementation, IOM has been carrying out systematic evaluation visits to the project sites, applying different methods including direct observation, interviews and focus group discussion with the project beneficiaries to instrument the progress made towards the project implementation in the field. With the enhanced stakeholder coordination, the project activities have been successfully implemented within the expected timeframe. Below refers to consolidated findings of the evaluation reports.

- The targeted communities in need of water distribution have effectively received the intended WASH support and had access to clean safe water through water vouchers for 45 days and have received the exact quantities of 7.5 litre per person per day.
- The rehabilitation works of the eight strategic non-functional boreholes identified under this intervention have been successfully completed.
- Water provision using water voucher mechanism has been conducted to 41,136 individuals together with systematic community hygiene promotion activities in the project focused locations in Xudun, Taleex and Badhan district of Puntland and Somaliland. Distribution of hygiene kits to 5,000 HH of drought affected communities in Xudun, Taleex and Badhan district of Puntland and Somaliland has been successfully conducted.

EVALUATION CARRIED OUT ▬

EVALUATION PENDING ▬

NO EVALUATION PLANNED ▬

8.4. Project Report 19-RR-FPA-013 - UNFPA

1. Project Information			
1. Agency:	UNFPA	**2. Country:**	Somalia

3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-FPA-013
5. Project Title:	Ensuring access to integrated sexual and reproductive health/maternal health services to support nutrition recovery in affected areas of Somaliland/Puntland		
6.a Original Start Date:	28/03/2019	**6.b Original End Date:**	27/09/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding	**a. Total requirement for agency's sector response to current emergency:**	**US$ 3,600,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 2,199,999**
	c. Amount received from CERF:	**US$ 500,000**
	d. Total CERF funds forwarded to implementing partners	**US$ 347,689**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 153,784
	National NGOs	US$ 193,905
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid Response window funding, UNFPA and its implementing partners were able to provide a lifesaving sexual and reproductive health services between 28 March – 27th September 2019. The project reached 23,694 direct beneficiaries including IDPs. Out of the direct beneficiaries 5,313 birth assisted in Las Caanood and Ceerigabo hospitals, 841 pregnancy related complication managed, and 7,869 reached with nutritional counselling and services for pregnant and lactating mothers. Furthermore, 3,272 deliveries and 485 pregnancy complications were managed in the Basic Emergency Obstetric and New-born Care (BEmONC) facilities. Also 3,751 women and girls accessed gender-based violence (GBV) services including clinical management of rape (CMR) and psychosocial support. 20,13 dignity kits were distributed to GBV survivors and vulnerable women and girls. 150 psychological support (PSS) counsellors and health workers mobilized to provide GBV services. During the project UNFPA and implementing partners also supported 29,571 beneficiaries in Sool and Sanaag through integrated reproductive health outreach campaigns including maternal nutrition counselling and community mobilization and awareness sessions for Gender Based Violence (GBV) between 28 March and 27 september 2019.

3. Changes and Amendments

There was no changes and amendments reported during the project implementation

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**

Host communities	1,004	5,016	128	122	**6,270**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	1,413	12,633	288	297	**14,631**
Other affected persons	0	0	0	0	**0**
Total	**2,417**	**17,649**	**416**	**419**	**20,901**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	23	147	8	12	**190**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	1,341	6,767	154	146	8,408
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	2,095	12,568	249	374	15,286
Other affected persons	0	0	0	0	0
Total	3,436	19,335	403	520	23,694
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	10	151	10	9	**180**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	N/A

5. CERF Result Framework

Project Objective	Ensuring access to integrated sexual and reproductive health/maternal health services in the affected areas of Somaliland/Puntland

Output 1	Provision of Comprehensive Emergency Obstetric and New-born Care (CEmONC) and integrated maternal nutrition services in two referral hospitals (Las Caanood and Ceerigavo) for pregnant and lactating mothers including counselling and CMR services for SGBV survivors			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of pregnancy related complication managed in Las Caanood and Ceerigabo hospitals	756	841	BEmONC/CEmONC facilities reports
Indicator 1.2	# of childbirth assisted in Las Caanood and Ceerigabo hospitals	4,800	5,313	BEmONC/CEmONC facilities reports

Indicator 1.3	# of beneficiaries reached with nutritional counselling and services for pregnant and lactating mothers	6,133	7,869	Integrated Reproductive Health Outreach reports
Explanation of output and indicators variance:		The implementation of the integrated sexual and reproductive health outreach campaigns during the project had generated a good awareness on service availability and its benefits and in relation had increased the overall pregnant and lactating mothers seerking services in the Las Caanood and Ceerigavo hospitals		

Activities	**Description**	**Implemented by**
Activity 1.1	Support and maintain comprehensive emergency obstetric care services through Las Caanood and Ceerigabo hospitals including nutritional counselling and services for pregnant and lactating mothers	UNFPA & SLNMA
Activity 1.2	Support referral system from BEmONC to CEmONC centres through transport and identify focal points at regional level	SLNMA & ANPPCAN

Output 2	Integrated Reproductive Health Outreach Campaigns and Referrals in Sool and Sanaag			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	# of people reached through integrated outreach campaigns in Sool and Sanaag	26,808	29,571	Integrated Reproductive Health Outreach reports
Indicator 2.2	# of deliveries expected to be referred from the campaigns	3,119	3,272	BEmONC/CEmONC facilities reports
Indicator 2.3	# of complications arising from pregnancy or delivery referred	467	485	BEmONC/CEmONC facilities reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Conduct 4 integrated reproductive health outreach campaigns in the drought affected areas	UNFPA & ANPPCAN
Activity 2.2	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	SLNMA & ANPPCAN
Activity 2.3	Support referral of complicated pregnancies cases to referral facilities	SLNMA & ANPPCAN

Output 3	Improved GBV service provision for women and girls in the health facilities			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of dignity kits procured and distributed	2,013	2,013	Procurement/Distribution reports
Indicator 3.2	# of PSS counsellors and health workers mobilized to provide GBV services	100	150	BEmONC/CEmONC facilities reports
Indicator 3.3	# of women and girls accessing GBV services	3,704	3,751	BEmONC/CEmONC facilities reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement of dignity kits	UNFPA
Activity 3.2	Distribution of dignity kits	UNFPA, SLNMA & ANPPCAN

Activity 3.3	30 health and PSS workers supported to provide service and information to GBV survivors and make referrals	UNFPA, SLNMA & ANPPCAN
Activity 3.4	40 health workers trained in the referral health facilities of focus provide CMR support to GBV survivors.	UNFPA, SLNMA & ANPPCAN
Activity 3.5	40 health workers mobilised in the referral health facilities of focus provide psychosocial counselling to GBV survivors.	UNFPA, SLNMA & ANPPCAN

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

UNFPA and its implementing partners had engaged the local authoriries and community leaders in the project target locations. The focus was to ensure that the affected communities are involved throughout the project cycle from planing/designing, implementation and monitoring. UNFPA partners were able to engage directly with the communities including internal displaced persons, pregnant and lactating mothers and women at reproductive age in the target locations and this helped guide to respond their priority needs. The inclusion of a GBV component in UNFPA's project enabled the involvement of the GBV sub-cluster in ensuring quality of services for GBV and the application of a survivor centred strategy to promote safety and confidentiality

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

UNFPA and partners and in close coordination with the health, protection cluster and Ministry (s) of Health Somaliland and Puntland were able to discuss the project priorities and ensure safe access and quality sexual and reproductive health services to the drought affected communities. The following UNFPA implementing partners run the BEmONC, CEmONC and other health facilities: ANPPCAN, in Puntland, Somaliland Nursing and Midwifery Association (SLNMA) and conducted comprehensive reproductive health outreaches in the IDPs and also hard to reach and drought affected areas in the Somaliland and Puntland regions as of agreed work plans with the IPs.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

UNFPA implementing partners of the project organized a sensitization sessions with the target communities before the project implementation started. This was very important exercise and the communities were sensitized about the project components, the implementation modalities, the role of the communities and the duration of the project.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

The project benefited from joint programming process with partners, select key stakeholders from beneficiary population UNFPA staff conducted filed visits 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 bottlenecks.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

UNFPA as the lead agency for the gender-based violence (GBV) sub-cluster in Somalia have been strong advocate in the prevention of sexual exploration and abuse. UNFPA has implemented the UN Protocol on Allegations of SEA involving Implementing Partners. And Implementing Partners Arrangements with IPs have been revised accordingly. In cooperation with its UN system partners, UNFPA is contributing IP training, assessment, monitoring and capacity building tools. UNFPA PSEA Focal Points provide awareness raising and sensitization to local partners and communities in cooperation with the gathering forums. Immediate basic assistance and safety measures Referrals, through existing GBV services, for medical, psychosocial, legal and material support.

	Any other comments (optional): N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	NoNo

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
As per the planned work for UNFPA Somalia Country Office (CO) within its Country Programme action plan to have an overall country programme evaluation during 2020, which this funded project is part of that summative evaluation. In the meantime, UNFPA programme team had their spot check verification visits in the locations of the project interventions that resulted to have a close eye regarding any bottleneck and potential risks so they can modify, correct and adjust the action plan to mitigate or reassess the implementation process. In addition, UNFPA as part of joint integrated evaluation in close partnering with the government, mainly Ministry of Health to conducted direct project evaluation including to assess and evaluate the quality of the provided services, capacity and staffing of the facility itself.	EVALUATION CARRIED OUT ▬ EVALUATION PENDING ▬ NO EVALUATION PLANNED ▬

8.5. Project Report 19-RR-CEF-029 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Somalia
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	**4. Project Code (CERF):**	19-RR-CEF-029
5. Project Title:	Emergency WASH Response to drought affected people in Bari Region of Puntland and Sanaag Region, Somaliland		

6.a Original Start Date:	29/03/2019	**6.b Original End Date:**	28/09/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 4,200,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 2,050,006**
	c. Amount received from CERF:	**US$ 1,200,006**
	d. Total CERF funds forwarded to implementing partners	**US$ 766,695**
	of which to:	
	Government Partners	US$ 244,890
	International NGOs	US$ 0
	National NGOs	US$ 521,805
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

With the support of CERF, this Rapid Response project achieved its expected outcomes by providing temporary access to safe water supply through water trucking, chlorination of wells and rehabilitation of existing facilities, procurement and distribution of hygiene kits, hygiene promotion and provision of access to emergency sanitation facilities through latrine construction to vulnerable people in Sanaag and Bari Regions reaching 178,946 people, some having benefited from multiple interventions. The following are the summary of the project results reached by UNICEF and partners (TASCO, MoWRD, SHILCON and PSAWEN):

- Temporary water trucking conducted with an average of 15 litres (lts) per person per day and reached 66,910 people in Bari and Sanaag regions
- Operation and maintenance support provided to 15 water supply systems (4 in Bari and 11 in Sanaag region) benefiting over 22,500 people
- Distribution of household water purification products conducted and reached 89,536 people
- construction of 550 emergency latrines in Sanaag and Bari regions providing access to sanitation facilities to 11,000 people
- Seven garbage pits constructed in Bari region that benefited over 30,000 people and improved solid waste management.
- Distribution of 12,766 hygiene kits consisting of buckets, jerry cans, soap and household water treatment products together with hygiene promotion conducted and reached 76,596 people.

All the project activities were implemented within the agreed project timeframe of six months between March to September 2019.

3. Changes and Amendments

No major changes on the project target and beneficiaries.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	7,680	8,592	12,148	11,580	**40,000**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	4,800	5,370	7,592	7,238	**25,000**

Other affected persons	0	0	0	0	**0**
Total	**12,480**	**13,962**	**19,740**	**18,818**	**65,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Water Sanitation Hygiene - Water, Sanitation and Hygiene				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	10,579	11,830	16,739	15,951	**55,099**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	6,612	7,394	10,462	9,969	**34,437**
Other affected persons	0	0	0	0	**0**
Total	17,191	19,224	27,201	25,920	**89,536**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	0

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	With the onset of rain in Ceel Afweyn, Ceerigaabo and Laas Qoray districts of Sanaag region and Iskushuban, Qandala and Caluula districts of Bari region during the period of end May and early June 2019, the needs for water purification and disinfection become a priority. This increased household water treatment interventions in locations where rain was received which led to targets being exceeded. This was done in consultation with the overall cluster and further details are elaborated in the details of output 1 below.

5. CERF Result Framework

Project Objective	Life-saving WASH emergency assistance to 65,000 drought affected people in Bari and Sanaag Regions.

Output 1	65,000 drought affected people and IDPs provided with access to adequate and safe temporary water supply			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	# of emergency affected people provided with safe drinking water for a period of 30 days through water trucking (15l/p/d)	65,000	66,910	Field monitoring reports, Partner reports, UNICEF reports

Indicator 1.2	# of water systems supported with Operation and Maintenance (O&M), water source chlorination/disinfection support for a period of 90 days	15	15	Field monitoring reports, Partner reports, UNICEF reports
Indicator 1.3	# of people provided with HHWT tablets for safe water access a period of 90 days.	30,000	89,536	Partner reports, UNICEF reports
Explanation of output and indicators variance:		The needs for water purification products were higher than had been planned in both Bari and Sanaag regions as the rains has started during the implementation period. Upon discussions with the cluster and partners it was agreed to distribute additional hygiene kits as they were available through core-pipeline[7]. This resulted substantial increase number of people with this intervention than the target.		

Activities	**Description**	**Implemented by**
Activity 1.1	Provision of water for 65,000 people affected by drought and conflict emergencies through water trucking, O&M services (15L/person/day for 30 days).	Sanaag: Ministry of Water Resources Development (MoWRD); Bari: Puntland State Agency for Water Energy and Natural Resources (PSAWEN) and Shilale Rehabilitation & Ecological Concern (SHILCON)
Activity 1.2	Provision of fast-moving spare parts, fuel and chlorination/disinfection of 15 water supply systems a period of 90 days.	Sanaag: Taakulo Somaliland Community (TASCO) Bari: PSAWEN
Activity 1.3	Provision of Household Water Treatment Products (HHWT) for 30,000 people affected by drought and conflict emergencies and HHWTs.	Sanaag: TASCO, MoWRD Bari: PSAWEN & SHILCON

Output 2	11,000 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	# of new, gender segregated shared family latrines constructed	550	550	Field monitoring reports, Partner reports, UNICEF reports
Indicator 2.2	# of Garbage pits constructed	7	7	Field monitoring reports, Partner reports, UNICEF reports
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Construction of 550 gender segregated shared emergency latrines with handwashing facilities.	Sanaag: TASCO; Bari: SHILCON
Activity 2.2	Construction of 7 Garbage pits in IDP camps	Bari: SHILCON

Output 3	65,000 people reached with hygiene promotion and provided with hygiene kits for household and personal hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	# of people benefiting from hygiene promotion conducted through house-to-	65,000	76,596	Partner reports, UNICEF reports

[7] The CERF funding used for procurement of water purifiaction products for 30,000 people and covered distribution costs including transport costs for the additional 59,536 people reached with this intervention. The total beneficieries reported because there is a contribution by CERF either for procurement and distribution or only for distribution in some cases

	house visits, trainings, public meetings and mass media to displaced populations			
Indicator 3.2	# of people using hygiene kits for safe hygiene and water treatment at household level in response to the ongoing AWD/cholera outbreak.	30,000	76,596	Partner reports, UNICEF reports
Explanation of output and indicators variance:		In Bari region, the needs for hygiene kits were higher than had been planned. Upon discussions with the cluster and partners it was agreed to distribute additional hygiene kits as they were available through core-pipeline. For the additional hygiene kits distributed CERF funding was only used for costs of distribution and hygiene promotion while the kits were procured by other emergency resources.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement and prepositioning of hygiene kits and water bladders	UNICEF
Activity 3.2	Hygiene kits distributed for safe hygiene and water treatment at household level in response to potential public health risks.	Sanaag: TASCO; Bari: WASH Cluster partners
Activity 3.3	Hygiene promotion conducted through house-to-house visits and mass media to drought-affected populations	Sanaag: TASCO; Bari: SHILCON

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WASH Cluster encourages Accountability to Affected Populations (AAP) feedback through monitoring and evaluation processes which are in place. UNICEF engaged with partners to ensure that the affected communities are involved at all phases of the program cycles; assessment, registration, verification, distribution and post distribution monitoring exercises. Information gathered through the WASH Cluster, IPs and local leaders were used to ensure needy populations were served. To engage with affected populations, UNICEF and partners put forth efforts to involve women and women groups to ensure that the needs and concerns of women were taken into consideration during planning or monitoring assessments and responses.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The response was formulated following discussions at the national level, that had been occasioned by the local authorities appeal for humanitarian interventions and with the WASH Cluster. These occurred during assessments in which the sentiments of local community- women, girls and marginalized were captured in the assessment reports. The voice of these marginalized groups indicated that Sanaag and Bari regions had been badly affected by drought at the period of the year this project was triggered. During the implementation phase, meetings were held at community level and local level to capture the voices of women, girls and marginalized groups and reflect them in implementation, and ensure proper targeting of beneficiaries.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

During the introductory phase before the implementation of the project commenced, implementing organizations held meetings with the local community to provide information about its principles, the nature of interventions to be undertaken, the role of community during project implementation, and clarifications was also provided on what the project will cover, and it cannot cover. Communities were sensitized on the expected behaviour of program staff and the principles the organization adheres to during project implementation.

	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints.	Yes ☐ No ☐
	Through regular meetings with the local community, a forum was created through which they could raise any complaint, and have it addressed by project staff.	
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints.	Yes ☐ No ☐
	N/A	
	Any other comments (optional):	
	UNICEF has zero tolerance for SEA related abuse. The implementing partner for UNICEF signs a commitment as part of project agreement that they will also ensure that no SEA related offence will be committed by any of their staff, and where it occurs then firm and appropriate action will be taken. During this project implementation, no SEA related offence was reported.	

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

UNICEF deployed interventions under this rapid response project which belong to the organization's standard emergency guidelines and package of emergency WASH interventions, as per UNICEF's Core Commitments for Children in Humanitarian Action and applicable SPHERE and other quality standards, including those at the Somalia Cluster level. As such, and given the short duration of the project, no evaluation was planned or deemed required for this intervention.	EVALUATION CARRIED OUT ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

8.6. Project Report 19-RR-CEF-030 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Somalia
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-CEF-030
5. Project Title:	Provision of emergency lifesaving healthcare services to vulnerable communities impacted by deteriorating nutritional status in Sanaag and Sool regions in Somalia		
6.a Original Start Date:	01/04/2019	**6.b Original End Date:**	30/09/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 4,200,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 1,000,000**
	c. Amount received from CERF:	**US$ 500,107**
	d. Total CERF funds forwarded to implementing partners	**US$ 447,360**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 223,680

2. Project Results Summary/Overall Performance

Through this CERF RR grant, UNICEF and its partners provided essential health services to 28,520 boys and girls under 18 and 20,957 women from host as well as 10,771 children and young adults and 4,063 women from IDP communities. In addition, 5,559 pregnant women were supported to attend at least one antenatal care visit; 831 women gave birth with the assistance of a skilled birth attendant and 4,537 new mothers and their new-borne babies benefited from postnatal care within the recommended 48-hour period after delivery.

Via the supported health facilities and mobile clinics, 2,577 children under-1 received Penta 3 vaccinations and 7,580 children aged 9-59 months were vaccinated against measles. All the above patients benefited from health workers having been provided with refresher trainings on the management of common illness, MUAC screening and active case finding, IYCF as well as the rational use of drugs and drug supply management. The project provided lifesaving curative consultations to a total of 78,975 people in the regions of Sool and Sanag, Somalia between April and September 2019. This was achieved during a period when the regions were affected by drought followed by flooding and implementing partners reported an influx of an additional 15,635 IDPs.

3. Changes and Amendments

CERF funds were utilized as planned to deliver emergency lifesaving healthcare services to vulnerable communities impacted by deteriorating nutritional status in Sanaag and Sool regions in Somalia.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	9,100	11,284	7,280	8,736	**36,400**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	4,900	6,076	3,920	4,704	**19,600**
Other affected persons	0	0	0	0	**0**
Total	**14,000**	**17,360**	**11,200**	**13,440**	**56,000**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	13,037	20,957	14,238	14,282	**62,514**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	1,627	4,063	5,228	5,543	**16,461**
Other affected persons	0	0	0	0	**0**
Total	**14,664**	**25,020**	**19,466**	**19,825**	**78,975**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Although the overall target as well as the host community target were overachieved by 41 and 72 percent respectively, the achieved consultation numbers for internally displaced people fell short by 16 percent. The disaggregated figures demonstrate that the shortfall is predominantly in the over-18 population (totalling 52%), with a higher shortfall among men than women. In contrast, the target for the under 18 population was overachieved by 25 percent. An access issue seems unlikely and the un/derlying cause is not eminently clear at present, because according to partner reports, an additional 15,635 IDPs joined the local supported communities throughout the reporting period. Rather care-seeking behavioural patterns associated with gender norms are more likely causes – whereby men are less comfortable with attending health centres commonly known as “MCHs” or “Maternal child health centres”. Further, whilst women tend to attend public health facilities, men tend to seek care from private providers (often pharmacists). To explore this under-achievement affecting the over-18 population, especially men, UNICEF will conduct a further analysis in cooperation with its implementing partners.

5. CERF Result Framework

Project Objective	Provision of emergency lifesaving healthcare services to the drought affected populations in Somalia

Output 1	Emergency reproductive, maternal and new-born health services are available for pregnant women and new-born children in Sanaag (Ceel Afweyn, Ceerigaabo and Badhan). Sool (Caynabo and Xudun)			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of health facilities supported and provided with essential medical supplies to provide timely critical intervention	8	7 Health Facilities Incl. 4 Mobile Teams	Partner reports
Indicator 1.2	Number of facilities receiving UNICEF procured essential medicines and supplies for the response	8	7 Health Facilities Incl. 4 Mobile Teams	Partner reports
Indicator 1.3	Number of deliveries assisted by skilled birth attendants at the Health Centres	560	831	Partner reports & National District Health Information System (DHIS)
Indicator 1.4	Number of children between 9-59 months vaccinated against measles	6,160	7,580	Partner reports & National District Health Information System (DHIS)
Indicator 1.5	Number of health facilities attached frontline health workers and community mobilisers deployed to support referral and health promotion activities	16	18	Partner reports
Explanation of output and indicators variance:		To make health services accessible to marginalized and IDP people, UNICEF and its implementing partners decided to substitute one of the proposed health facilities with four mobile teams, which took place without any significant change to budgeted costs under this proposal.		

Activities	**Description**	**Implemented by**
Activity 1.1	Operational costs to Health Centres and outreach teams providing healthcare services	UNICEF American Refugee Committee (ARC) and Somaliland Red Crescent Society (SRCS)
Activity 1.2	Distribution of supplies	UNICEF, American Refugee Committee (ARC) and Somaliland Red Crescent Society (SRCS)
Activity 1.3	Payment of facility staff	UNICEF American Refugee Committee (ARC) and Somaliland Red Crescent Society (SRCS)
Activity 1.4	Operational costs to supplementary emergency measles immunisation in Sool and Sanaag in June 2019	UNICEF American Refugee Committee (ARC) and Somaliland Red Crescent Society (SRCS)
Activity 1.5	Support referral and health promotion activities	UNICEF American Refugee Committee (ARC) and Somaliland Red Crescent Society (SRCS)

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

A) The project design and planning phase:

This is based on experience and lessons learnt by UNICEF and its partners in implementing emergency response since the drought and AWD/cholera outbreak begun in the north of country during the first quarter of 2016 and the 2017 pre-famine response. The emergency healthcare intervention is based on the Somalia Health Sector Strategic Plans (2017-2021(HSSP II) that takes into consideration planning, service delivery standard setting and systems management with MoH leadership and District health committees that help to prioritize the needs of affected population. UNICEF involved all stakeholders in the program design, implementation and monitoring stages. The community engagement was ensured through regular interaction such as focus group discussion and community mobilization session, and community leaders' regular interaction with UNICEF Health team and respective MoH to address the critical gaps in health service delivery at the local level. Also, UNICEF regularly collected feedback from the community and all stakeholders, and mentored the health professionals to strengthen the quality of health services for children and women.

B) Project implementation phase:
UNICEF maintained direct oversight over the implementation process with its staff visiting target areas for monitoring and supervision. For inaccessible areas, independent third-party verification carried out to monitor and evaluate projects using standard tools with pre-set indicators. Supply delivery to partners tracked through a UNICEF call center which comprises of tracking and monitoring release order, transportation by transporters, delivery to partners, receipt 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 in cooperating their input into the implementation plan as work progresses.

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

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The overall response coordinated via the Health Cluster and inter-cluster mechanism, as well as through the Working groups on EPI, AWD and vector borne diseases managed by the Health Cluster. Through the cluster coordination mechanisms, regular meetings, reports and updates are shared between the partners so that implementation plans are reviewed, and gaps identified, and response coordinated. Further coordination done in collaboration with the Somaliland Ministry of Health and regional focal points, the health, WASH and logistic clusters which form the national task force for emergency response in crisis. Specifically, coordination will entail implementing regular scheduled meetings, sharing data and other information for planning and implementation. Partners implementing the emergency healthcare services are part of the team. Partners shared the epidemiological information weekly to the Health Cluster and UNICEF Health Management Information System (HMIS) teams, accordingly, aiming to ensure feedback to implementing partners and health workers on ground. UNICEF work with nutrition partners on the need to increase EPI activities, both at facilities and outreach and with WHO on technical support.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

The communities including women and children through their community level management teams provided their needs to the district health committees during an assessment carried out by a joint MoH-UNICEF team in Sool and Sanaag regions in late January and early February 2019. UNICEF consulted with the line ministries and task force at different levels. The action implemented within the coordinated framework led by government drought task force at different levels. The beneficiary perceptions captured during the assessment missions were crucial in informing the response plan. The respondents and key informants including traditional leaders, local authority, women, and members from Local NGO organizations were generally positive about their participation in the assessment and were open to share their needs. The multisector UNICEF missions to affected areas engaged with the affected population and needs highlighted by affected population during these missions/assessments helped design the health interventions under the scale up plan.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

Partners were asked to conduct a patient satisfaction survey at least once and share the results with UNICEF. The most frequent complaint issued was the request for laboratory services to enable accurate diagnosis and treatment, followed by the lack of electricity / proper lighting in delivery rooms. The implementation timeline was too short to address and rectify these issues.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ▬ No ▬

The project engaged women, girls, boys and men in all consultations to identify safety and security risks regarding the location and distance of health facilities. Emergency clinical treatment and referral services available to survivors of GBV. UNICEF ensured through its partners to record SEA complaints. Awareness-raising for SEA and GBV prevention carried out as part of the sexual and reproductive health related information provision, involving women, girls, boys and men. The project ensured accessibility to health services for populations vulnerable to GBV, such as women, children and persons with disabilities.

Any other comments (optional):

The response contributes to other projects funded by CERF through this allocation. For example, the health intervention contributes to supporting the integrated cholera response mechanism and synergized approaches between health, nutrition and WASH Clusters to address AWD/cholera and SAM co-morbidity, infection prevention and control while strengthening the quality of WASH, nutrition and health services at facility level (CTCs/CTU/OPTs/SC). The integrated response will optimize the available resources and reduce overlapping of activities among sectors and partners.

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	NoNo

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

UNICEF implemented interventions through the Ministries of Health and NGOs that have ongoing partnership agreements with UNICEF selected through a process supervised by the Audit Risk Management Working Group. Coordination and performance monitoring are done through Regional Clusters and inter-cluster meetings. Moreover, the project implemented was rapid-response and focused on tested interventions in line with UNICEF's Core Commitments for Children in Humanitarian Action (CCC), with no requirement to conduct an evaluation of the interventions.

EVALUATION CARRIED OUT ▬

EVALUATION PENDING ▬

NO EVALUATION PLANNED ▬

8.7. Project Report 19-RR-CEF-031 - UNICEF

1. Project Information			
1. Agency:	UNICEF	**2. Country:**	Somalia
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-CEF-031
5. Project Title:	Provision of life-saving nutrition services to children affected by SAM in Puntland and Somaliland with persistent and projected emergency GAM prevalence		
6.a Original Start Date:	11/04/2019	**6.b Original End Date:**	10/10/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 4,800,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 4,800,000**
	c. Amount received from CERF:	**US$ 1,986,424**
	d. Total CERF funds forwarded to implementing partners	**US$ 964,461**
	of which to:	
	Government Partners	US$ 199,967
	International NGOs	US$ 373,777
	National NGOs	US$ 77,212
	Red Cross/Crescent	US$ 313,505

2. Project Results Summary/Overall Performance

This CERF Rapid Response contribution enabled UNICEF and its partners to provide lifesaving nutrition therapeutic treatment to over 8,015 children with severe acute malnutrition (SAM), screening of 75,990 children under five, fostering 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 SAM children with complications. Additionally, the project reached 25,291 pregnant and lactating women (PLW) with individual infant and young child feeding counselling support in emergencies in various districts including Bossaso, Caluula, Iskushuban, Qandala, Qardho, Las Qooray, Talex, Ceel Afweyne, Ceerigabo, Caynabo, Las Caanood and Xudun.

Overall, 26,432 children and women were reached with the much-needed nutrition support through programmes that were not only in alignment with global standards of performance, but which also empowered women and caretakers to provide optimal care for their children. The project focused on CERF-targeted areas with heightened acute malnutrition, particularly areas in the north where the global acute malnutrition (GAM) was projected to prevail above the emergency threshold. The programme was implemented as planned between 11th April 2019 to 10th October 2019.

3. Changes and Amendments

The project registered a change in the number of partners that implemented the project; going from the planned eight international and local partners to four local partners that were eventually supported by this grant to implement nutrition activities in the targeted regions. During the year, UNICEF focused on improved efficiency and curbing duplication in service delivery. As a result, UNICEF conducted a review of partners ensuring that as a provider of last resort, UNICEF did not release funds in areas that were saturated with partners but rather focussed on filling gap areas. Hence, the partners that received this funding were deemed enough to provide SAM treatment services in the targeted locations. Several other donor funded projects supported implementation of SAM treatment including SHINE,

SHF, CHANGE, and others in CERF supported areas, rendering it unnecessary to include additional partners. Additionally, UNICEF tried to further engage Ministry of Health (MoH) in the implementation of nutrition programmes, with the overall aim of improving government capacity, promoting the use of available government infrastructure and reducing cost of service delivery. Hence MoH was prioritised as a primary service provider in some of the CERF locations.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	20	305	2,749	2,861	**5,935**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	5	205	1,178	1,227	**2,615**
Other affected persons	0	0	0	0	**0**
Total	**25**	**510**	**3,927**	**4,088**	**8,550**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	11,787	2,155	2,975	**16,917**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	0	6,630	1,212	1,673	**9,515**
Other affected persons	0	0	0	0	**0**
Total	**0**	**18,417**	**3,367**	**4,648**	**26,432**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	A higher proportion of girls than boys was reached with SAM treatment services; (58 percent vs the planned 51 percent of girls reached). In Somalia severe acute malnutrition (SAM) treatment programmes have persistently reached more girls than boys, a differential that needs to be investigated through focus group discussions in several regions. Furthermore, the ongoing micronutrient survey is anticipated to delve into the socio, economic or demographic aspects that may be influencing the disparity. Otherwise, UNICEF aims to reach all children eligible for nutrition treatment and preventive services regardless of gender. On the other hand, the overachievement of women relates to low targets that were set for the project. The SAM treatment programme entails delivery of a combination of services to tackle treatment, prevention and promotion of optimal health and nutrition of mothers and

	children, adopting the 1000-day window of opportunity to break the intergenerational cycle of malnutrition. Hence, women attending SAM treatment services also received a package of other services including infant and young child feeding counselling (IYCF). Additionally, UNICEF efforts to increase community participation and ownership of nutrition programmes through ensuring selection and training of community workers (CHWs) is notable. As a result, over the course of the project period, more than 300 CHW received IYCF training and continuously provided counselling services at facilities and in communities.

5. CERF Result Framework

Project Objective	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 projected emergency SAM prevalence

Output 1	Boys and girls under-5 affected by severe acute malnutrition (SAM) receive lifesaving nutrition treatment			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of cartons of Ready-to-Use Therapeutic Food procured and distributed	8,015	8,015	UNICEF Somalia Supply Section
Indicator 1.2	Number of RUTF cartons distributed to implementing partners	8,015	8,015	UNICEF Somalia Supply Section
Indicator 1.3	Number of boys and girls affected by life threatening severe acute malnutrition (SAM) receiving nutrition therapeutic treatment	8,015	8,015	ONA online reporting database for nutrition services
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement of RUTF	UNICEF
Activity 1.2	Distribution of RUTF procured with CERF and Essential Medicines (Antibiotics, Therapeutic Milk and Albendazole—procured with DFID funding) to implementing partners	Tadamun Social Society (TASS); American Refugee Committee (ARC); Care International Somalia (CARE); Ministry of Health (MOH); Somali Red Crescent Society (SRCS)
Activity 1.3	Screening and referral of boys and girls under-5 for acute malnutrition in mobile and static therapeutic feeding programs	Tadamun Social Society (TASS); American Refugee Committee (ARC); Care International Somalia (CARE); Ministry of Health (MOH); Somali Red Crescent Society (SRCS) using a pool of trained community health workers
Activity 1.4	Treatment of boys and girls under-5 for severe acute malnutrition	Tadamun Social Society (TASS); American Refugee Committee (ARC); Care International Somalia (CARE); Ministry of Health (MOH); Somali Red Crescent Society (SRCS)

Output 2	Pregnant and Lactating Women (PLW) in households of children affected by severe acute malnutrition (SAM) engage in optimal maternal and infant and young child feeding			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of Mother-Baby Areas (MBA) operational	2 (one MBA in Bossaso and one in Qardho IDP camp	2	Implementing Partner Reports

Indicator 2.2	Number of pregnant and lactating women receiving individual Infant and Young Child Feeding support in emergencies (IYCF-E) in host communities and in Mother-Baby Areas (MBA)	At least 500	18,417	ONA online reporting database for nutrition services
Explanation of output and indicators variance:		From the achievement observed, it is true that there was underestimation during the planning stage. However, it should be noted that the CERF supported areas had other donor funded projects such as SHINE, SHF and CHANGE. All these projects use the same reporting platform ONA to capture their data. Therefore, these projects could have contributed to the high achievement of beneficiaries with less contribution by CERF funding		

Activities	**Description**	**Implemented by**
Activity 2.1	Organize weekly IYCF-E sessions in OTPs and MBAs to engage PLW and caretakers of children with SAM on optimal maternal and childhood nutrition	Tadamun Social Society (TASS); Care International Somalia (CARE); Ministry of Health (MOH)/ISDP in Puntland and the American Refugee Committee (ARC) and Somali Red Crescent Society (SRCS) in Somaliland

Output 3	Service providers are equipped with up-to-date skills required to deliver quality treatment for SAM			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of service providers trained on the updated IMAM (2018) guidelines based on WHO (2013) recommendations	35	27	UNICEF Zonal reports
Explanation of output and indicators variance:		Training of the IMAM service providers has been phased and the first tranche of providers have received training with more trainings planned to cover additional service providers in the coming months. The limitation in numbers is also related to limiting the number of trainees to a manageable number.		

Activities	**Description**	**Implemented by**
Activity 3.1	Translate and print revised IMAM guidelines and field tools	Guideline translation is ongoing, and its finalisation pends validation of the translated materials. Once translation is complete, printing of the guidelines package will commence and is anticipated to be completed by end of year. These activities are implemented by MOH and UNICEF[8]
Activity 3.2	Train service providers on revised IMAM (2018) guidelines	UNICEF/MOH

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

As a key partner and co-lead of the nutrition cluster, the Somali government was involved in various nutrition programme planning activities including burden estimation for children in need of treatment for acute malnutrition, ensuring adequate services' coverage in acute malnutrition hotspots including socially marginalized minority groups and IDPs. Furthermore, building on efforts to ensure equity, UNICEF and partners in targeted districts supported increased community engagement in nutrition service delivery through the "Mother-led MUAC" initiative. The initiative in which mother/caregivers were trained and provided MUAC tapes to screen children within their neighbourhood has contributed to the over one million children that have been screened (cumulatively) over the course of the year. Additional efforts to ensure engagement of communities include selection and training of Community Health

[8] Identifying a consultant took longer than expected. Translation took longer than expected due to the breadth of materials. Ministry of Health did not review or finalize their inputs for several months. Nor did they provide a date for translation workshop. Despite this we rolled out training of trainers in English

Workers (CHWs) as a key requirement of all UNICEF partners; hence each facility/site implementing the SAM treatment programme has designated CHWs that deliver community nutrition services including screening and referral of children. As well, partners are obliged to ensure that affected populations play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately and ensure that the most marginalised and affected are represented and have influence. Hence, continuous dialogue with communities has ensured that across time and space, services are well fitted to communities such as selection of the designated day for follow up visits, time services are provided etc.

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 the Gu seasonal food security and nutrition assessments, covering rural, urban and displaced populations across Somalia. The assessment 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 projected heightened acute malnutrition towards the end of the year due to the severe underperformance of the Gu harvest.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

The Somali Community Health Strategy stipulates the role, principles and framework of Community Workers and recognises the use of CWs as a cost-effective intervention to address barriers in access to primary health care, improving continuum of integrated care, delivering results and bridging the gap between health care delivery system and the communities. Aligned to the strategy, UNICEF supports identification and training of CHWs who are then able to provide community nutrition services. Hence, over the course of the project period, more than 300 CHW received IYCF training and continuously provide health and nutrition services at facilities and in communities. Furthermore, building on efforts to ensure equity, UNICEF and partners in targeted districts supported increased community engagement in nutrition service delivery through the “Mother-led MUAC” initiative. The initiative in which mother/caregivers were trained and provided MUAC tapes to screen children within their neighbourhood has contributed to the over one million children that have been screened (cumulatively) over the course of the year. Relatedly, establishment of father to father and mother to mother support groups (F2FSG & M2MSG) has recognised the role of men and women in childcare and nutrition and supported improved uptake of nutrition education sessions. Over 152 persons have been trained and routinely participate in the M2MSGs and F2FSGs in targeted locations. Also, the establishment of mother baby areas (MBAs) within nutrition sites has further augmented community engagement and optimal childcare and nutrition.

Additional efforts include collection of sex and age disaggregated data that is necessary to ensure that all segments of the affected population have equal access to nutrition assistance and that targeted support to advance gender equality is based on a gender analysis. Hence, gender segregated community consultation meetings have enabled women and girls to address their specific concerns, prioritize their needs and appropriately inform the development of proposed activities. Furthermore, nutrition services provide equal chance, inclusiveness and participation of minority and majority community members as well as disabled groups in the district/s to foster comprehensive community engagement in the target locations. Community workers’ selection and training also considers gender sensitivity. Other mechanisms that support greater community engagement include continuous dialogue and consultation with the community, including through community mobilization at the beginning of a program, routine education sessions and household visits by CWs during program implementation. Moreover, services are inclusive and open to all based on humanitarian need.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

While efforts to ensure that affected populations understand the principles and expected standards of service delivery are not explicit, implementing partners have promoted measures that support the cause, including employing approaches that emphasize inclusiveness of marginalized groups and individuals, effective participation, gender sensitivity, empowerment and sustainability. Selection criteria for community committee members reinforced these principles by requiring a minimum representation of women on committees. To ensure that all marginalized groups had access to services, recruitment of community workers and front-line services reflects clan dynamics in the location of services delivery.

	Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ▬ No ▬ Establishment of a functional and two-way beneficiary complaint and feedback mechanism is a key requirement for all partners through which UNICEF delivers SAM treatment services. Hence, partners have established various forms of feedback mechanisms including ballot boxes, hotlines and complaints' desks stationed centrally while ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and beneficiary dissatisfaction. Continuously sensitizing beneficiaries about this mechanism and timely response to complaints need to be strengthened.
	Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ▬ No ▬ UNICEF relies on its implementing partners to create and maintain an environment that prevents sexual exploitation and sexual abuse. Nutrition programme managers at all levels have a responsibility to support and develop systems that maintain this environment, are committed to the protection of vulnerable populations in humanitarian crisis, including from sexual exploitation and abuse. All partners delivering UNICEF nutrition services undertake a training on SEA which clearly stipulates the diagnosis of SEA and steps to take to address SEA related complaints. Hence, when UNICEF enters into agreement with its partners, the partner commits to put in place special measures for protection from sexual exploitation and sexual abuse and adopt minimum operating standards in commitment on eliminating SEA. Some of the notable measures include ensuring that coverage and location of nutrition services do not pose unnecessary risk to mothers as the move to and from nutrition sites, establishment of MBAs to provide private space for mothers to breastfeed their children, establishment of a complaints mechanism that captures SEA related complaints and others.
	Any other comments (optional): N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

UNICEF deployed interventions under this rapid response project which belong to the organization's standard emergency guidelines and package of emergency nutrition interventions, as per UNICEF's Core Commitments for Children in Humanitarian Action and applicable SPHERE and other quality standards, including those at the Somalia Cluster level. As such, and given the short duration of the project, no evaluation was planned or deemed required for this intervention.	EVALUATION CARRIED OUT ▬ EVALUATION PENDING ▬ NO EVALUATION PLANNED ▬

8.8. Project Report 19-RR-WFP-020 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Somalia
3. Cluster/Sector:	Food Security - Food Assistance	**4. Project Code (CERF):**	19-RR-WFP-020
5. Project Title:	Emergency Response to drought and cyclone affected households in Awdal Region		
6.a Original Start Date:	03/04/2019	**6.b Original End Date:**	02/10/2019
6.c No-cost Extension:	☐ No ☐ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		☐ No ☐ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 9,457,981**
	b. Total funding received for agency's sector response to current emergency:	**US$ 4,696,937**
	c. Amount received from CERF:	**US$ 2,000,229**
	d. Total CERF funds forwarded to implementing partners	**US$ 50,750**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 0
	National NGOs	US$ 50,750
	Red Cross/Crescent	0

2. Project Results Summary/Overall Performance

Through this Rapid Response CERF grant, WFP and its partners provided relief food assistance to 9,771 vulnerable and food insecure households (58,626 individuals) over three months (April-June 2019) in Awdal region. These households had lost main sources of livelihood, due to the combined effects of the cyclone and drought. Without enough saleable animals to fund food purchases, households remained highly dependent on humanitarian assistance, food gifts, and loans. WFP released USD$1,582,785 through unconditional Cash-Based Transfers (e-vouchers) to targeted beneficiaries. The provision of Cash Based Transfers (CBT) provided vital support during the dry Gu season for vulnerable households and was well received by local communities and the Local Authority. WFP relief assistance has contributed to preventing significant worsening of IPC3 and 4 in one of the most drought prone regions of Somaliland.

3. Changes and Amendments

WFP requested funding from CERF to assist 8,112 drought affected households for three months through food vouchers. The implementation period was April to June. Due to accessibility challenges, the registration of the beneficiaries could not be finalized by April and was gradually completed in May and June. During the month of April, 4,409 households were registered and redeemed their entitlements. By June, registered households were 9,771. In June, as per the recommendation of the Cash Working Group, the voucher value increased from USD 65 to USD 80 per household. The total transfers for the period amounted to 1,582,785 dollars.

The population of Awdal is approximately 89 per cent rural pastoral/agropastoral, with households spread across numerous villages in remote areas and they often migrate with their herds to areas they can get better pasture and water. WFP's cooperating partner – SAYS – worked diligently to register households in SCOPE and transfer top-ups of voucher entitlements. However, due to the nomadic nature of the targeted population and vast number of sites covered (around 52 FDPs), our partner reported instances of struggling to locate migrated households, hindering the ability to complete the top up exercise in a timely fashion.

WFP's contracted retailers also faced similar issues. During the implementation period, WFP contracted 28 retailers in Awdal with fixed shops, and were also working on a mobile basis to reach rural areas and enable people to redeem their food entitlements. They reported instances of being unable to reach all people due to household migration, but with extra effort from our contracted retailers, the target

was reached. These challenges were exacerbated by a cyclone which hit the area the previous year and damaged infrastructure, making overland travel difficult in some targeted areas in Lughaye/Zeylac.

Despite challenges, WFP and its partners utilised all funds allocated.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Food Security - Food Assistance				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	2,892	2,892	2,160	2,160	**10,104**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	10,524	10,524	8,760	8,760	**38,568**
Other affected persons	0	0	0	0	**0**
Total	**13,416**	**13,416**	**10,920**	**10,920**	**48,672**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	40	25	0	0	**65**

4.b. NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Food Security - Food Assistance				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	4,941	4,941	3,697	3,697	**17,276**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	11,826	11,826	8,849	8,849	**41,350**
Other affected persons	0	0	0	0	**0**
Total	16,767	16,767	12,546	12,546	**58,626**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	52	43	11	13	**119**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	Direct beneficiaries reached were almost 10,000 (9,954) persons more than the planned figure. Due to access constraints, WFP was unable to register the full caseload in the first month. An additional caseload was registered in the last month in order to utilise the full balance that was unspent in the first month.

5. CERF Result Framework

Project Objective	Save lives of 8,112 destitute and poor households that lost their main source of livelihood in the Awdal region through the distribution of unconditional cash-based transfers (E-vouchers) over a period of three months

Output 1	Urgent food needs of 48,672 beneficiaries are met through the distribution unconditional electronic vouchers			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of beneficiaries 3 months of unconditional E-vouchers assistance at USD 65 per month per household	48,672 beneficiaries (8,112 households; 24,336male and 24,336 female)	58,626 beneficiaries (9,771 households; 29,313 male and 29,313 female)	SCOPE data
Indicator 1.2	Total amount transferred to targeted beneficiaries	USD 1,581,840	USD 1,582,785	SCOPE data
Indicator 1.3	Number of Households poor Food consumption score reduced	Number of Households poor Food consumption score reduced by 50% at the end of project.	19.7% of households with poor Food consumption score	M&E Post Distribution monitoring
Explanation of output and indicators variance:		The output variance is due to the gradual increase of the beneficiary registration. Some of the beneficiaries received one-month assistance while others received two or three 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-voucher cards	WFP Partner Somaliland Association for Youth Salvation (SAYS)
Activity 1.2	Transfer and redemption through SCOPE	WFP Contracted Retailers
Activity 1.3	Beneficiaries receive food commodities of their choice from retailers after biometrically authenticating their SCOPE cards	WFP Contracted Retailers
Activity 1.4	Post distribution monitoring and reporting	WFP

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WFP has trained its staff and those of cooperating and implementing partners on IASC AAP/PSEA commitments (2017) and the CHS (2015), which were disseminated at the community level. Crisis-affected people were involved in the initial assessments of the drought situation, and their inputs collected and incorporated when designing the response project. The assessment captured the views of women men both locals and the IDPs. WFP ensured that the composition included the marginalised.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

WFP Somalia follows a 2 phased approach for targeting beneficiaries: 1) geographic targeting which points to the areas of concern; 2) individual/ household targeting, where WFP identifies most vulnerable individuals/households, depending on the activity implemented.

Geographic targeting: The basis of geographical targeting is the Integrated Food Security Phase Classification (IPC) protocols from the seasonal food security assessment led by FSNAU, which is conducted twice a year. Food assistance interventions are implemented depending on the area IPC classification.

Individual/household targeting: In IPC phases 4 and 5, 100% of the population classified in these phases will be targeted through relief assistance. In IPC phase 3 areas, a portion of population will be targeted through relief assistance based on the targeting

criteria. WFP has developed a general set of criteria to identify the most vulnerable households, however discussions with the community, local authorities and partners are held at the start of the activity to review if the criteria is appropriate and applicable to the situation of the targeted community. Commonly used criteria include:

i. households that have lost all livestock or majority of their asset due to drought,
ii. agro-pastoralist households that have experienced crop failure,
iii. households with several members but no main breadwinner (head of household and or member in the family),
iv. households headed by a) female; b) elderly; c) disabled and/or chronically ill member; d) minors or orphans who do not have income or other supports,
v. households with children with clear symptoms of malnutrition and children receiving treatment of malnutrition's services,
vi. marginalized minority households with no source of income and no availability of labour/job opportunities,
vii. IDP/urban households that have no income source, remittance or with no labour opportunities (households depending mainly on social support for survival),
viii. newly displaced households with no social support and who do not have an active member to earn income for the household.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Through its cooperating partners, WFP has a strong presence in affected locations. The information on WFP and its cooperating partners is publicly availed through consultative meetings with the District authorities and the local authorities and the community levels. These are also shared with community leaders and religious leaders.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

WFP has established a toll-free hot line to provide a direct channel for interface and to address complaints and grievances. Should issues with selection or implementation process arise, people can call the hotline and log in their complaint with WFP directly. Both the call centre operators and field monitors record cases/complaints received or observed in the WFP online case management system. Cases are assigned to specific WFP staff, who receive an automatic notification by email to follow-up on. Staff responsible for taking the follow-up action record them in that same system to close the loop, after which the call operators return the call to the complainant to inform them of the resolution of their issue.

Cases of SCOPE technical issues such as a SCOPE card not working, for example, are referred to the area office SCOPE team; they will check in the SCOPE system that an issue is genuine and redress it, in the case of non-functioning SCOPE card by printing a new card for the beneficiary and deactivating the old one. Beneficiary is advised via the CP to collect his/her new card from the CP office.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

Should there be reports of sexual exploitation and sexual harassment by project staff, these will be referred to WFP PSEA focal points, and onward to the WFP Investigation Office at Headquarters (OIGI). Reports of alleged SEA as well as other GBV incidents can be received from anonymous letters, incident reports, emails, or through the call centre and regular monitoring. After a case has been referred to the OIGI in Rome, the case information will be deleted from the country office case management system, or from anywhere it has been stored, to ensure beneficiary data protection.

Any other comments (optional):

N/A

7. Cash Transfer Programming

7.a Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
Yes, CTP is a component of the CERF project	Yes, CTP is the sole intervention in the CERF project

7.b **Please specify below the parameters of the CTP 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).

CTP Modality	Value of cash (US$)	a. Objective	b. Cluster/Sector	c. Conditionality	d. Restriction
Vouchers	US$ US$ 1,582,785	Sector-specific	Food Security - Food Assistance	Unconditional	Restricted

Supplementary information (optional):

N/A

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

WFP normally does 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 ☐

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☐

8.9. Project Report 19-RR-WFP-021 - WFP

1. Project Information			
1. Agency:	WFP	**2. Country:**	Somalia
3. Cluster/Sector:	Nutrition - Nutrition	**4. Project Code (CERF):**	19-RR-WFP-021
5. Project Title:	Provision of life-saving nutrition services to children under 5 and pregnant and lactating women with persistent Global Acute Malnutrition (GAM) prevalence		
6.a Original Start Date:	02/04/2019	**6.b Original End Date:**	01/10/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 10,754,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 7,079,486**
	c. Amount received from CERF:	**US$ 2,000,245**
	d. Total CERF funds forwarded to implementing partners	**US$ 240,802**
	of which to:	
	Government Partners	US$ 0
	International NGOs	US$ 45,478
	National NGOs	US$ 195,324
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF Rapid Respond grant, WFP reached a total of 40,035 children under the age of five years (children U5) and pregnant and lactating women and girls (PLW/Gs) through treatment and preventive nutrition programmes. As a contribution towards the humanitarian response plan, WFP and partners scaled up nutrition activities in 2019 at the height of the drought when the nutrition situation deteriorated. The nutrition services, that was provided between April and October 2019, were provided through integration of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) services, and access to nutrition services increased in hard to reach communities though mobile clinics:

- Under the Targeted Supplementary Feeding Programmes (TSFP), 13,083 moderately acutely malnourished children U5 and 2,564 PLW/Gs received MAM treatment in Sool, Sanag and Bari hotspot districts.
- In the Maternal and Child Health Nutrition prevention programme, a total number of 6,667 children under the age of two years (children U2) and 3,739 PLW/Gs were reached.
- Additional 7,194 MCHN mothers received delivery incentives to increase uptake of health and nutrition services with the aim of continuum of care from conception throughout pregnancy, delivery and breastfeeding phase.

In the Blanket Supplementary Feeding Programme (seasonal), a total number of 5,906 children U2 and 882 PLW/Gs were reached.

3. Changes and Amendments

None

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Nutrition - Nutrition				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	10,400	11,200	11,201	**32,801**
Refugees	0	35	36	36	**107**
Returnees	0	380	335	336	**1,051**
Internally displaced persons	0	6,000	6,500	6,500	**19,000**
Other affected persons	0	0	0	0	**0**
Total	**0**	**16,815**	**18,071**	**18,073**	**52,959**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Nutrition - Nutrition				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	8901	7941	7941	**24,783**
Refugees	0	29	26	26	**81**
Returnees	0	287	255	255	**797**
Internally displaced persons	0	5162	4606	4606	**14,374**
Other affected persons	0	0	0	0	**0**
Total	0	14,379	12,828	12,828	**40,035**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The number of the people reached are fewer than the planned figures across categories as the grant was programmed in April, but the sales agreement/grant confirmation was received in the last week of May. At the time of this contribution's approval, not all commodities were available at the Global Commodity Management Facility (GCMFs) and an order had to be placed which created delays in distribution. Overall the procured 745 MT was less than the planned tonnage due to difference in exchange rates at the time of the procurement.

5. CERF Result Framework

Project Objective	Provision of life-saving curative and preventive nutrition services to children under 5 and Pregnant and Lactating Mothers in Somalia for four months.

Output 1	Provision of MAM treatment to 16,645 children under-5 and 6000 pregnant and lactating women (PLW) for four months.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	Number of MT of nutrition supplies (PlumpySup, number of MT of Super cereal and number of MT of vegetable oil) procured and distributed.	100% - 398 MT (200 MT of PlumpySup, 180 MT of Super cereal, and 18 MT of veg. oil)	58.7% of the overall food target (157MT of plump sup 77 MT super cereal plus)	WFP pipeline report
Indicator 1.2	Number of children under-5 and Pregnant and Lactating Women (PLWs) enrolled and treated	100% (8,323 girls and 8,322 boys U5 and 6,000 PLWs)	79% of children U5 and 43% of PLW (6,542 girls and 6,541 boys U5 and 2,564 PLWs)	WFP COMET (Country Office Tool for Managing Effectively) reports
Indicator 1.3	Number women receiving health and nutrition messaging	100% (6,000 PLW enrolled in TSFP). Health and nutrition messaging are conducted in every distribution	43% (2,564) PLW enrolled in TSFP) health and nutrition messaging conducted in every distribution	WFP COMET reports
Explanation of output and indicators variance:		Less commodities procured due to the difference in rates at the time of procurement, the rates were higher than what was initially planned. Less beneficiaries reached due to availability of commodities: not all commodities were available at the Global Commodity Management Facility (GCMF) by the time the sales certificate was received, this delayed distribution of nutrition commodities		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement, transport, storage and handling of PlumpySup	WFP
Activity 1.2	Delivery of nutrition supplies to the cooperating partners	WFP
Activity 1.3	Screening of malnourished children under 5 and Pregnant and Lactating Women (PLWs)	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS)
Activity 1.4	Registration of moderately malnourished children under 5 and Pregnant and Lactating Women (PLWs) and monitoring of admissions and discharges	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS)
Activity 1.5	Distribution of PlumpySup to moderately malnourished children under 5 and Super cereal to Pregnant and Lactating Women (PLWs)	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS
Activity 1.6	Provision of health and nutrition messaging and behavioural change communication	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS

Output 2	Output 2 Provision of preventive BSFP program to 9,275 children under 2 years of age and 2,065 PLWs for four months			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	Number of MT of Plumpy Doz procured and distributed	100% 124MT (56 MT of Plumpydoz, 62 MT of Super cereal and 6 MT of oil)	57.2% (35MT of plumpydoz,26MT super cereal)	WFP pipeline report
Indicator 2.2	Number of boys and girls under 2 and PLWs are enrolled and supported under preventive BSFP	100% (4,637 boys and 4,638 girls U2 and 2,065 PLWs are enrolled)	64% of children U2 and 43% of PLW (2,953 boys and 2953 girls	WFP pipeline report

			and 882 PLWs enrolled)	
Explanation of output and indicators variance:		Less commodities procured due to the difference of exchange rates; less beneficiaries reached due to late arrival of commodities as some commodities were not available at the GCMF		

Activities	**Description**	**Implemented by**
Activity 2.1	Procurement, transport, storage and handling of Plumpydoz, Super cereal, and vegetable oil	WFP
Activity 2.2	Delivery of nutrition supplies to the cooperating partners	WFP
Activity 2.3	Screening of children under 2 and Pregnant and Lactating Women (PLWs)	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS)
Activity 2.4	Registration of children under 2 and Pregnant and Lactating Women (PLWs) and monitoring of admissions	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS
Activity 2.5	Distribution of Plumpydoz to children U2 and distribution of Super cereal and vegetable oil to Pregnant and Lactating Women (PLWs)	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS

Output 3	Provision of MCHN program to 10,224 children under-2 and 8,750 PLWs for four months			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	Number of MT of nutrition supplies (Plumpydoz, number of MT of Super cereal, and number of MT of vegetable oil) procured and distributed	100% 350 MT (61 MT of Plumpydoz, 263 MT of Super cereal and 26MT of veg. oil,)	55.7% (40MT plumpydoz,112MT super cereal and 30MT cereals,13MT sorghum)	WFP pipeline report
Indicator 3.2	Number of boys and girls under 2, and number of Pregnant and Lactating Women (PLWs) enrolled under the MCHN programme and supported with preventive services	100% (5,112 boys and 5,112 girls under 2, and 8,750 PLWs are enrolled)	65.2% (3,333 girls and 3,334 boys under 2, 125% of PLW (3,739 PLWs. 7,194 delivery mothers enrolled in the program received incentives	WFP pipeline report
Indicator 3.3	No of men and women receiving health and nutrition messaging	>75% (8,750 women)	125% (10,933 women (3,739 PLWs, 7,194 MCHN delivery)	WFP pipeline report
Explanation of output and indicators variance:		Additional MCHN delivery mothers received incentives and health and nutrition messaging.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement of Plumpy Doz, Super cereal, and vegetable oil	WFP
Activity 3.2	Delivery of nutrition supplies to the partners	WFP
Activity 3.3	Screening of children and Pregnant and Lactating Women (PLWs)	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS
Activity 3.4	Registration of children and Pregnant and Lactating Women (PLWs) in the MCHN program	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS
Activity 3.5	Distribution of Plumpydoz to children U2 and distribution of Super cereal and vegetable oil to Pregnant and Lactating Women (PLWs)	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS

Activity 3.6	Provision of health and nutrition messaging and behavioural change communication	WFP partners (ISDP, HADO, HEAL, MERCY USA, SCODO, SRCS

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WFP engages the communities on the nutrition response by seeking feedback on satisfaction levels in the available services. The caretakers are encouraged to express challenges they encounter through the complaint feedback mechanism. Through engagement with the Ministry of Health, WFP ensured socially marginalised minorities and IDPs were included in targeting.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Potential Implementing partners are members of the subnational cluster coordination mechanism and are involved in the response's design at various forums. The partners are in direct and constant engagement with communities to ensure accountability. Mobile services were provided to ensure that the nomadic populations accessed the nutrition services. WFP partners also specifically ensured that targeting was coordinated with the relevant sectors for beneficiaries to benefit from integrated services

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Participating mothers were kept informed on ongoing services provided, progress of the child in response to treatment, and their involvement in program management. WFP incorporated Commitments to Accountability to Affected Populations (CAAP) into policies and operational guidelines of all the projects. WFP ensured feedback and accountability mechanisms were integrated into program proposals, monitoring and evaluations, partnership agreements and reporting. WFP has a call centre in Galkayo where beneficiaries call to report about any concerns they have, which allowed beneficiaries inclusion in program improvement and planning.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

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

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

WFP has PSEA Focal points in each area office and in Nairobi. Staff who receive and/or report allegations who are not a designated SEA focal point (including call centre operators) must, upon consent of the affected person, inform a designated WFP PSEA Focal Point at the field or country level as soon as possible and provide accurate information about where to receive assistance e.g. medical/clinical, legal, psychosocial support (address, phone number).

WFP Somalia has a complaints and feedback mechanism (CFM) that handles complaints and feedback from all stakeholders involved in the assistance process. Reports of SEA can be made through the Somalia-based toll-free hotline, directly (face to face) to WFP monitoring staff and cooperating partner staff at programme implementation sites, through telephone calls and email or short messaging to WFP offices.

Any other comments (optional):

N/A

7. Cash Transfer Programming	
Did the project include one or more Cash Transfer Programmings (CTP)?	
Planned	**Achieved**
No	No

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
WFP normally does 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 ☐
	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

8.10. Project Report 19-RR-WHO-019 - WHO

1. Project Information			
1. Agency:	WHO	**2. Country:**	Somalia
3. Cluster/Sector:	Health - Health	**4. Project Code (CERF):**	19-RR-WHO-019
5. Project Title:	Provision of life-saving emergency health services to drought affected communities in Sool, Sanaag and Bari regions of Somalia		
6.a Original Start Date:	01/03/2019	**6.b Original End Date:**	31/08/2019
6.c No-cost Extension:	▬ No ▬ Yes	If yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date? (including NCE date)		▬ No ▬ Yes (if not, please explain in section 3)	

7. Funding		
	a. Total requirement for agency's sector response to current emergency:	**US$ 4,800,000**
	b. Total funding received for agency's sector response to current emergency:	**US$ 2,500,000**
	c. Amount received from CERF:	**US$ 501,492**
	d. Total CERF funds forwarded to implementing partners	**US$ 163,825**
	of which to:	
	Government Partners	US$ 163,825
	International NGOs	US$ 0
	National NGOs	US$ 0
	Red Cross/Crescent	US$ 0

2. Project Results Summary/Overall Performance

This CERF grant for drought response was implemented in drought-affected districts across Puntland and Somaliland between 01 March and 31 August 2019, benefitting an estimated 62,600 vulnerable people. The capacity of the Ministry of Health to better respond to emergencies was strengthened by training 259 health workers (145 female and 114 male; see annex 4) on case management of children with severe acute malnutrition and medical complications; case management of acute watery diarrhoea and measles; rapid response and investigation of alerts; and early warning alert, reporting and response. Timely response to alerts of acute watery diarrhoea, measles and respiratory infections was undertaken through the deployment of trained rapid response teams. Monitoring of alerts and cases reported on the early warning system was completed daily and weekly. Lifesaving primary health care was also provided by integrated rapid response teams and the distribution of emergency medical supplies to support case management. Furthermore, during the reporting period, a total of 14 stabilization centres for malnutrition benefited from training of health workers and provision of case management guidelines. This contributed to an overall malnutrition cure rate of 93.6% (718 children under 5 years of age), which is within sphere standards which recommend over 75% cure rate in malnourished children on relevant treatment protocol.

3. Changes and Amendments

Under activity 1.1, training venues were shifted to Garowe (Puntland state), and Hargeisa (Somaliland) due to security reasons. This has resulted in a significant increase in transport cost and daily subsistence allowance, and the CERF allocation could provide training only to 56 (out of 100) health workers. The implementation of activity 1.4 involved high transport and security costs. Hence, 51 (out of 60) health facilities were provided with on-the-job supervisions on case definition and early warning. Under activity 1.3, overachievement was observed (17 additional guidelines on case management guidelines, case definition, and SOP) due to some savings in costs.

In Output 3, variances in achievements were observed in both activity 1.1 and 1.2. The daily subsistence rates for training and deployment of RRTs were less than the stipulated rate. This reduced rate in DSA has contributed in overachievement, i.e., 16 additional rapid responders were trained, and 4 additional RRTs were deployed in response to health emergencies.

The variance was realised during and after implementation and therefore could not be communicated prior to the implementation of the activity.

4.a NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (PLANNED)

Cluster/Sector	Health - Health				
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	**0**
Refugees	0	0	0	0	**0**
Returnees	0	0	0	0	**0**
Internally displaced persons	4,749	4,749	4,383	4,383	**18,264**
Other affected persons	11,080	11,080	10,227	10,227	**42,614**
Total	**15,829**	**15,829**	**14,610**	**14,610**	**60,878**
Planned	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people planned")	0	0	0	0	**0**

4.b NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING (REACHED)

Cluster/Sector	Health - Health				
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Host communities	0	0	0	0	0
Refugees	0	0	0	0	0
Returnees	0	0	0	0	0
Internally displaced persons	4, 883	4, 883	4,507	4,507	**18,780**
Other affected persons	11,394	11,394	10,516	10,516	**43,820**
Total	**16,277**	**16,277**	**15,023**	**15,023**	**62,600**
Reached	**Men (≥18)**	**Women (≥18)**	**Boys (<18)**	**Girls (<18)**	**Total**
Persons with Disabilities (Out of the total number of "people reached")	0	0	0	0	**0**

In case of significant discrepancy between figures under planned and reached people, either in the total numbers or the age, sex or category distribution, please describe reasons:	The number of patients who were treated by rapid response teams in the targeted districts was 5,917. This number exceeds the number of people anticipated to receive primary health care services provided by the response teams who were deployed to the drought affected districts. The patients suffered from infectious diseases such as acute diarrhoea, respiratory illnesses, skin conditions and anaemia. The total beneficiaries of the CERF project were 62,600 which is higher than what was estimated during proposal development as more patients were provided with deserving health care.

5. CERF Result Framework

Project Objective	To provide life-saving emergency health and nutrition services to 60,878 vulnerable and affected people in Sool, Sanag and Bari regions of Somalia from March to September 2019

Output 1	Case management training provided to Health facilities staff in target areas.			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 1.1	No of health workers trained on management of severe acute malnutrition with medical complications	100	56 [Mainly clinicians working in malnutrition stabilization centres]	Training report
Indicator 1.2	No of health workers trained on case management of measles, respiratory infections and acute watery diarrhoea	100	98 [Health workers working in outpatient and inpatient medical departments]	Training report
Indicator 1.3	No. of health facilities with case management guidelines, case definitions and SOP available	30	27	MOH/Facility inventory
Indicator 1.4	No. of health workers in target health facilities trained on case definition and early warning	60	51 [Surveillance focal points were trained]	Supervision reports
Explanation of output and indicators variance:		For severe acute malnutrition case management, the initial plan was to conduct trainings in the districts, but due to insecurity and tension reported in some disputed areas of Sool and Sanag the training had to be conducted at a central place. Transport and DSA costs were therefore higher leading to less participants for the same budgeted funds.		

Activities	**Description**	**Implemented by**
Activity 1.1	Train 100 health workforce on management of SAM with medical complications	WHO and MOH
Activity 1.2	Train 100 health workers on case management of measles, respiratory infections and acute watery diarrhoea	WHO and MOH
Activity 1.3	Support printing, translation and dissemination of case management guidelines, case definitions and SOPS	WHO and MOH
Activity 1.4	On the job refresher training and supervision for case definitions and early warning for monitoring disease outbreaks in new health facilities	WHO and MOH

Output 2	Replenishment of emergency Medical supplies for 60,878 patients in the affected areas			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 2.1	No. of Emergency medical supplies procured (Interagency Emergency Health Kits (IEHK) and cholera kits)	15 (10 IEHK and 5 Cholera kits)	15	Procurement documents
Indicator 2.2	No. of emergency medical supplies distributed to affected regions	15 (10 IEHK and 5 Cholera kits)	15	Procurement documents
Indicator 2.3	No. of warehouses with optimal temperature to store emergency supplies in Garowe and Hargeisa	2	2	Quarterly warehouse records

Explanation of output and indicators variance:	N/A	
Activities	**Description**	**Implemented by**
Activity 2.1	Procure emergency medical supplies 10 IEHK and 5 cholera kits	WHO
Activity 2.2	Transport and distribute IEHK and cholera kits	WHO
Activity 2.3	Rehabilitation of two warehouses for emergency medical supplies to maintain optimal temperature	WHO

Output 3	Deployment of Rapid Response Teams (RRTs) to affected areas			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 3.1	No. of district based Rapid Response Teams trained to respond to health emergencies	10	14 teams[9] 1 team comprises 4 health workers (56 total health workers trained.)	Training report
Indicator 3.2	No. of RRT deployed to respond to outbreaks and public health emergencies	10	13	RRT and mobile teams' deployment reports
Explanation of output and indicators variance:		MOH managed to train and deploy more teams with available funds as the DSA rates from MOH were lower than WHO rates (and the initial budget was calculated based on WHO rates).		
Activities	**Description**		**Implemented by**	
Activity 3.1	Conduct refresher training for district based rapid response teams		WHO and MOH	
Activity 3.2	Support deployment (provision of transport and incentives) of district based rapid response teams to respond and investigate disease outbreak alerts reported by health facilities and communities		WHO and MOH	

Output 4	Support effective and evidence-based decision making by timely collection, analysis and dissemination of health emergency data			
Indicators	**Description**	**Target**	**Achieved**	**Source of Verification**
Indicator 4.1	No. of health facilities included in the early warning alert and response system to monitor disease outbreaks	30	30 health facilities added] Number of people trained from those health facilities was 49	EWARN reports
Indicator 4.2	No. of health facilities provided with airtime for timely reporting	100%	100% 244 health facilities	Procurement documents
Indicator 4.3	No. of weekly epidemiological sitreps produced and disseminated	100%	100% 32	Weekly bulletins
Indicator 4.4	No. of regional, data and laboratory officers provided with monthly incentives	16	16	Admin records
Explanation of output and indicators variance:		N/A		
Activities	**Description**		**Implemented by**	

[9] The narrative indicates 259 total health workers trained as per outputs 1, 2 and 3. Rapid response teams training benefited 14 teams of 4 people each (total 56 people).See Annex 4 for additional clarification

Activity 4.1	Expansion of early warning alert and response system for disease outbreaks to include 20 more health facilities through training of health workers	WHO and MOH
Activity 4.2	Provision of airtime for timely reporting on the early warning alert and response system	WHO and MOH
Activity 4.3	Recruit national information management officer to support timely collection, analysis and dissemination of weekly health information/sitreps	WHO and MOH
Activity 4.4	Provide monthly incentives to early warning regional, data and laboratory officers to support data collection	WHO and MOH

6. Accountability to Affected People

6.a IASC AAP Commitment 2 – Participation and Partnership

How were crisis-affected people (including vulnerable and marginalized groups) involved in the design, implementation and monitoring of the project?

WHO emergency officers visited malnutrition stabilization centres to identify the needs of the community in responding to the drought. During supervisory visits to health facilities and IDP camps, health workers and patients were engaged to derive information which would be used in the design of the project as well as determine achievements during implementation. In addition, WHO also received requests from affected communities during investigation and response to alerts. Some of the requests were received through MOH, which has structures at all levels, including community health workers, who were consulted during all phases of the project. Key priorities highlighted by the MOH which included provision of primary health care services, case management training (for severe acute malnutrition and infectious disease outbreaks), strengthening early warning surveillance, training of rapid response teams and provision of emergency medical supplies, based on its community-level engagement with health stakeholders were incorporated during project design. The project activities were aligned with SDG-3: Healthy lives and well-being, and SDG-2: End hunger and improved nutrition. Furthermore, the MOH was involved in the implementation of activities and monitoring was undertaken through regular meetings with MOH and the Health Cluster.

Were existing local and/or national mechanisms used to engage all parts of a community in the response? If the national/local mechanisms did not adequately capture the needs, voices and leadership of women, girls and marginalised groups, what alternative mechanisms have you used to reach these?

Existing structures in MOH were used to raise awareness and prioritise implementation of the project. Social mobilization involving community health workers was done before and during deployment of mobile teams who provided treatment for commonly occurring outbreaks and referral services for severely ill patients. Health workers from local communities were involved in service delivery with focus on internally displaced persons, nomadic populations and other marginalised and vulnerable groups.
Furthermore, the Health Cluster brought together partners working with all groups in the community, who acted as representatives of the community beneficiaries. Monthly sub-national heath working group meeting were organized from March to August 2019, involving 100 health cluster partners. These meetings discussed the health situation updates, ethical principles, EWARN system updates, the internal referral mechanism, and updates of health map of services, vaccination situation, mortality, and morbidity update. Inter-cluster coordination meetings were in place with WASH and Nutrition to ensure better-coordinated response.

6.b IASC AAP Commitment 3 – Information, Feedback and Action

How were affected people provided with relevant information about the organisation, the principles it adheres to, how it expects its staff to behave, and what programme it intends to deliver?

Relevant information to beneficiaries about the WHO was provided by MOH counterparts. Awareness raising of project activities to communities was undertaken before implementation and delivery of services. Furthermore, WHO staff always wore visibility items as a means of representing the principals, standards and objectives the organization adheres to with respect to health.
In 2019, CERF funded emergency activities, and events promoted visual identity for WHO and its partners, namely, MOH, CERF, and UN OCHA, by highlighting logos in all the advocacy and communication materials such as banners and roll up stands. To enhance the understanding of organizational principles, all information, training, and advocacy materials were communicated both in English and Somali languages. To ensure that CERF funded activities were promoted to a wider audience, media professionals were invited to cover the events, and internet (i.e., web-stories), and social media (i.e., Twitter and Facebook) channels were used.

Did you implement a complaint mechanism (e.g. complaint box, hotline, other)? Briefly describe some of the key measures you have taken to address the complaints. Yes ☐ No ☐

WHO has its own 'Integrity Hotline' that provides a safe and independent mechanism to report any concern about issues involving WHO. It is managed by a professional company selected competitively by WHO. It is managed by a professional company selected competitively by WHO. The integrity hotline is contractually bound not to share an individual's personal details with WHO without permission from that individual and accepts anonymous reports. Reports can be made confidentially or anonymously.

There are several means to contact the WHO Integrity Hotline. These include:
By phone (free): Call operator + request reverse charge to +44 1249661808
By email: Through an online form
By online form: https://wrs.expolink.co.uk/integrity

One can also raise his/her concerns confidentially and directly to ethicsoffice@who.int

No formal complaint was reported or registered concerning the CURF funded emergency response activities in 2019.
No separate complaint mechanism (e.g., complaint box, hotline, other) was established to address the concerns of the beneficiaries under the CERF emergency response. However, through regular meetings with MOH and other partners, issues arising from the implementation of the project were discussed and addressed.

Did you establish a mechanism specifically for reporting and handling Sexual Exploitation and Abuse (SEA)-related complaints? Briefly describe some of the key measures you have taken to address the SEA-related complaints. Yes ☐ No ☐

WHO is fully committed to implementing the six core principles of Sexual Exploitation and Abuse (SEA), in line with the United Nations (UN) Secretary-General's Bulletin: Special measures for protection from sexual exploitation and sexual abuse (PESA) (ST/SGB/2003/13).
There was no report of SEA-related complaints in relation to CERF funded activities implemented by WHO Somalia during March-August 2019. However, to address the potential SEA-related complaints in the future, the following key measures were undertaken:
i) Two national staff (all female) attended a three-day training on PSEA on March 2019;
ii) PSEA focal points were designated in all the five physical locations across WHO Somalia operations (a support office located in Nairobi, Kenya; in Somalia, the office in Mogadishu and sub-office in Hargeisa, Baidoa, and Garowe respectively.
The PSEA focal points have already developed a work plan on the implementation of PSEA for the WHO country operations in Somalia. Following that work plan, a half-day PSEA orientation session was organized on 18 September 2019, for WHO staff based in Mogadishu. The orientation training of PSEA will be rolled out in all the three field offices of WHO Somalia by December 2019.

Subsequently, the PSEA focal points, with the technical support from WHO Regional Office for the Eastern Mediterranean, will prepare a plan to establish 'Community-Based Complaints Mechanism' for WHO field offices in Somalia. Standard operating procedures (SOPs) will be put in place for submission and receipt of complaints, reporting, investigation, and victim assistance.

Any other comments (optional):

N/A

7. Cash Transfer Programming

Did the project include one or more Cash Transfer Programmings (CTP)?

Planned	Achieved
No	No

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

Public Health Emergency Officers deployed in Puntland and Somaliland supervised the implementation of the project. Evaluation was not carried out. However, at the end of the project implementation period, data was analysed from relevant reporting sources, including the early warning alert and response network and malnutrition stabilization centres. Some of the analysis findings showed: - Improved reporting by health facilities on the early warning system to an average of 80%; - A case fatality rate of zero for acute watery diarrhoea and measles outbreaks; - A malnutrition cure rate of 93.6%, which is within international sphere standards; and - Improved timeliness to respond to alerts reported on early warning system to around 7 days (initially, response times were more than 2 weeks.	EVALUATION CARRIED OUT ▬ EVALUATION PENDING ▬ NO EVALUATION PLANNED ▬

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
19-RR-FAO-009	Agriculture	FAO	NNGO	$33,317
19-RR-FAO-010	Agriculture	FAO	NNGO	$40,195
19-RR-FAO-011	Agriculture	FAO	GOV	$30,000
19-RR-FAO-012	Agriculture	FAO	NNGO	$58,930
19-RR-FAO-013	Agriculture	FAO	NNGO	$24,106
19-RR-FAO-014	Agriculture	FAO	NNGO	$44,686
19-RR-IOM-008	Health	IOM	GOV	$216,000
19-RR-IOM-009	Water, Sanitation and Hygiene	IOM	GOV	$8,200
19-RR-FAO-009	Water, Sanitation and Hygiene	IOM	GOV	$10,000
19-RR-IOM-009	Water, Sanitation and Hygiene	IOM	GOV	$98,000
19-RR-IOM-009	Water, Sanitation and Hygiene	IOM	GOV	$107,830
19-RR-IOM-009	Water, Sanitation and Hygiene	IOM	GOV	$185,691
19-RR-FPA-013	Health	UNFPA	NNGO	$193,905
19-RR-FPA-013	Health	UNFPA	INGO	$153,784
19-RR-CEF-030	Health	UNICEF	RedC	$223,680
19-RR-CEF-030	Health	UNICEF	INGO	$223,680
19-RR-CEF-031	Nutrition	UNICEF	NNGO	$77,212
19-RR-CEF-031	Nutrition	UNICEF	INGO	$158,621
19-RR-CEF-031	Nutrition	UNICEF	INGO	$215,156
19-RR-CEF-031	Nutrition	UNICEF	GOV	$199,967
19-RR-CEF-031	Nutrition	UNICEF	RedC	$313,505
19-RR-CEF-029	Water, Sanitation and Hygiene	UNICEF	NNGO	$344,630
19-RR-CEF-029	Water, Sanitation and Hygiene	UNICEF	NNGO	$177,175
19-RR-CEF-029	Water, Sanitation and Hygiene	UNICEF	GOV	$139,965
19-RR-CEF-029	Water, Sanitation and Hygiene	UNICEF	GOV	$104,925
19-RR-WFP-020	Food Assistance	WFP	NNGO	$50,750
19-RR-WFP-021	Nutrition	WFP	NNGO	$12,380
19-RR-WFP-021	Nutrition	WFP	NNGO	$8,336
19-RR-WFP-021	Nutrition	WFP	NNGO	$57,672
19-RR-WFP-021	Nutrition	WFP	INGO	$45,478
19-RR-WFP-021	Nutrition	WFP	NNGO	$43,683
19-RR-WFP-021	Nutrition	WFP	NNGO	$73,253
19-RR-WHO-019	Health	WHO	GOV	$70,225
19-RR-WHO-019	Health	WHO	GOV	$93,600

ANNEX 2: SUCCESS STORIES

UNICEF INTERVENTIONS

Reported under the combined projects as follows:

- *"Provision of emergency lifesaving healthcare services to vulnerable communities impacted by deteriorating nutritional status in Sanaag and Sool regions in Somalia"*
- *"Provision of life-saving nutrition services to children affected by SAM in Puntland and Somaliland with persistent and projected emergency GAM prevalence"*
- *"Emergency WASH Response to drought affected people in Bari Region of Puntland and Sanaag Region, Somaliland"*

Thanks to CERF rapid response funding, UNICEF Somalia was able to trigger integrated emergency interventions in key life-saving sectors reaching up to 66,910 people with access to safe water in Bari and Sanaag regions, with those efforts combined to close to 79,000 people accessing essential health services across Sanaag and Sool and while UNICEF and its partners were able to provide lifesaving nutrition therapeutic treatment to over 8,015 children with severe acute malnutrition (SAM), screening of 75,990 children under five, fostering timely identification and referral of the acutely malnourished.

The below are media materials related to activities implemented in the CERF project areas with partners supported through UNICEF thanks to CERF funding.

On 16 April 2019, women and children collect water from a water truck provided by Taakulo Somaliland Community, a national NGO supported by UNICEF, in a displacement camp in Caynabo, in the Sool region of Somaliland. The camp hosts families displaced by the ongoing drought in Somaliland. Somaliland has been particularly affected by ongoing drier and hotter conditions than usual, with the delayed and projected below-average Gu rains will likely exacerbate the already dire situation.

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In 16 April 2019, Suldan Jama, 14 months old, is screened for malnutrition at a UNICEF-supported mobile nutrition clinic in a displacement camp in Caynabo, in the Sool region of Somaliland. The camp hosts families displaced by the ongoing drought in Somaliland. Somaliland has been particularly affected by ongoing drier and hotter conditions than usual, with the delayed and projected below-average Gu rains will likely exacerbate the already dire situation.

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ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAI	African Aid Initiative
AAP	Accountability to Affected Populations
ANPPCAN	African Network for the Prevention and Protection against Child Abuse and Neglect
ARC	American Refugee Committee
AWD	Acute Watery Diarrhoea
BEmONC	Basic Emergency Obstetric and New-born Care
BiMO	Biometric Money Application
BSFP	Blanket Supplementary Feeding Programme
CAAP	Commitments to Accountability to Affected Populations
CBT	Cash-Based Transfers
CCC	Core Commitments to Children in Humanitarian Action
CEmONC	Comprehensive Emergency Obstetric and New-born Care
CERF	Central Emergency Response Fund
CFM	Complaints and Feedback Mechanism
CHW	Community Health Worker
CMR	Clinical Management of Rape
CP	Cooperating Partner
CTC/U	Cholera Treatment Centre/Unit
CTP	Cash Transfer Programming
DDS	Dietary Diversity Score
DHIS	District Health Information System
DSAs	Daily Subsistence Allowances
EPI	Expanded Programme on Immunization
ERH	Emergency Reproductive Health Kits
EWARN	Early Warning and Alert Response Network
FAO	The Food and Agriculture Organization of the United Nations
FCS	Food Consumption Score
FMT	Form Management Tool
FTR	Final Technical Review
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
GCMF	Global Commodity Management Facility
GPS	Global Positioning System
GRMS	Global Resource Management System
GSHO	Grassroot Support for Humanity Organization
GSS	Galmudug State of Somalia
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team

HARDA	Horn of Africa Relief and Development Association
HMIS	Health Management Information System
HMIS	Health Management Information Systems
HSSP	Health Sector Strategic Plan
IASC	Inter-Agency Standing Committee
IASC AAP/PSEA	Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced Person
IOM	International Organization for Migration
IP	Implementing Partner
IPC	Integrated Food Security Phase Classification
ISDP	Integrated Services for Displaced Population
IYCF	Infant and Young Child Feeding
LoA	Letter of Agreement
MAM	Moderate Acute Malnutrition
MCH	Maternal and Child Health Centre
MCHN	Maternal and Child Health and Nutrition
MEB	Minimum Expenditure Basket
MOEMW	Ministry of Energy, Minerals and Water
MOH	Ministry of Health
MOLFD	Ministry of Livestock and Fishery Development Somaliland
MOWRD	Ministry of Water Resource Development
MUAC	Mid-Upper Arm Circumference
NADFOR	National Disaster Preparedness and Food Reserve Authority
NFI	Non-Food Item
NGO	Non-Governmental Organization
NIP	Northern Inland Pastoral
OIG	Office of the Inspector General
OIGI	WFP Investigation Office at Headquarters
OTP	Outpatient Therapeutic Programme
PSEA	Special measures for protection from sexual exploitation and sexual abuse
PLW/Gs	Pregnant and Lactating Women and Girls
PRA	Participatory Rural Appraisals
PSAWEN	Puntland State Agency for Water Energy and Natural Resources
PSEA	Prevention of Sexual Exploitation and Abuse
PESEA	Protection Against Sexual Exploitation and Abuse
RRT	Rapid Response Team
SAM	Severe acute malnutrition
SARI	Severe Acute Respiratory Infection
SC	Stabilization Centre

SCODO	Solidarity Community Development Organization
SDG	Sustainable Development Goals
SEA	Sexual Exploitation and Abuse
SHILCON	SHIILALE REHABILITATION AND ECOLOGICAL CONCERN
SLNMA	Somaliland Nursing and Midwifery Association
SMS	Short message service
SOPs	Standard operating procedures
SOYVO	Solidarity Youth Voluntary Organization
SRCS	Somali Red Crescent Society
SRH	Sexual and Reproductive Health
TASCO	Taakulo Somaliland Community
TSFP	Targeted Supplementary Feeding Programmes
U2	Children Under the age of Two
U5	Children Under the age of Five
UCT	Unconditional Cash Transfer(s)
UN	United Nations
UN OCHA	United Nations Office for the Coordination of Humanitarian Affairs
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNITA	United Trust Action
USD	United States Dollar
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
WUC	Water User Committee