

**SOMALIA
RAPID RESPONSE
DROUGHT
2021**

21-RR-SOM-47079

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated. **2/2/2022**

Agency	Cluster	Name
IOM	Health, WASH	Omar KHAYRE
		Jan VAN 'T LAND
		Giulia LECCA
		Abdulkadir ABDOW
UNICEF	Nutrition, WASH	Hiwot KIFLOM
UNFPA	Health	Ridwaan ABDI
		Ahmed AWEIS
WFP	Logistics	Anne-Kathrin LANDHERR
WHO	Health	Clara BRUHMANN
OCHA		Afifa ISMAIL
		Evalyn LWEMBA

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team HCT/UNCT).

Yes No

This CERF allocation has been extensively discussed in various forums – HC presentation to the humanitarian community during the HRP launch, HC presentation to donors during meetings and by OCHA in the Pooled Fund Working Group meeting including ICCG meeting.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e., the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

All agencies reported that the reports were reviewed internally by management before submission to OCHA. Further, involvement of implementing partners and government counterparts during monitoring mission and directly during implementation ensured their awareness of results. Inputs were received and compiled into the report.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Somalia continues to face severe drought conditions due to climate change. Between October 2020 and March 2021, over 116,000 Somalis were displaced by water shortages. By 29 April, 80 per cent of the country experienced moderate to severe drought conditions. At least 3.4 million people were projected to be affected by drought or drought like conditions by the end of 2021. In its second quarter, the HRP was only 9.7 per cent funded with key clusters either severely underfunded or not funded at all.

The CERF funds allowed quick and timely response at a time when humanitarian needs had significantly increased, and the country was dealing with the additional burden of COVID- 19. The grant, released on 23 April 2021, was instrumental in facilitating early response to the most urgent life-saving interventions. Key focus of the response included provision of emergency water and sanitation including rehabilitation of water structures, support to life-saving sexual and reproductive services, treatment of acute malnutrition, provision of essential life-saving primary health care services, improving early detection of epidemics associated with drought and delivery of emergency relief items and humanitarian personnel to areas hardest hit by the drought.

Recipient agencies successfully provided life-saving assistance to some 522,828 people most in need with a strong focus on women and girls. CERF continues to be instrumental in providing early response to natural disasters such as drought as other resources are mobilized.

CERF's Added Value:

CERF funding provided fast delivery of life-saving assistance to drought affected communities who were also burdened by the impact of COVID-19 and helped reduce further suffering and destitution.

The timely disbursement of the CERF funds enabled immediate response to alleviate the suffering of the affected people. The grant also enhanced coordination among the humanitarian community in Somalia through the partnerships developed to address the critical needs of those most affected by the drought. The grant served as an indication of the scale up for resources required to support the drought response which triggered further funding advocacy from other sources including the Somalia Humanitarian Fund.

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

Yes

Partially

No

CERF funds were availed at a time when needs were on the rise and resources were scarce. The quick disbursement to projects ensured immediate implementation of life-saving activities where they were needed the most. It enabled the provision of swift response to the most affected. Due to the reliability and its ability to provide immediate funding, UNICEF activated its implementation infrastructure with pre-selected services to match the speed at which CERF release funds. These led to the fast delivery of UNICEF's integrated WASH and Nutrition services ensuring that affected people mostly women and children received lifesaving supplies such as ready to use therapeutic food (RUTF). Additionally, the grant enabled UNFPA to kick start essential services on reproductive health in a timely manner. Furthermore, quick disbursement of funds allowed IOM to provide adequate response with speed leading to the finalization of interventions prior to project end date.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The CERF funds enabled partners meet critical needs of drought affected communities and provide timely life-saving WASH assistance, emergency healthcare and nutrition services, and logistical support. For instance, UNFPA was able to provide life-saving sexual and

reproductive health services, including access to GBV services, in a timely manner which helped address critical needs and mitigate risks that could worsen the situation particularly for communities in underserved areas. WFP rapidly transported urgent relief items, such as emergency shelter kits, in a timely manner for partners to implement critical response to isolated and drought-affected communities. Given that CERF funding was among the first sources of funding to the deteriorating drought conditions, IOM was through this funding, among the first responders to provide integrated emergency WASH and health activities. This reduced suffering and mitigated those affected people from becoming increasingly vulnerable. UNICEF was able to use its buffer stock of supplies to initiate service delivery for life saving treatment while CERF fund was used to place orders for supplies to replenish the buffer stock that UNICEF always keeps for 3 months in the warehouses

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF grant enhanced coordination among the humanitarian community through the WASH, Health, Nutrition and Logistics cluster. The inclusive and participatory prioritisation process to determine the best use of this CERF grant, promoted and strengthened coordination, prevented duplication of activities and responsibilities, and ensured a more focused response. Partnerships were developed to address the critical needs of those most affected by the drought.

UNFPA was able to work closely with the health cluster and GBV sub-cluster to maximize coordination of CERF project activities and ensure that needs of women and girls affected by the drought are addressed in a timely way. Also, to ensure effective project implementation and address challenges from the field such as providing skilled delivery and referral; an activity that cuts across all organizations, UNFPA had to reach-out to UN agencies and local authorities at national and sub-national levels. This further boosted coordination. This collaboration made it easy for the GBV sub-cluster to provide clear guidance and information to assure quality of services for GBV and the application of a survivor-centred strategy to promote safety and confidentiality.

WFP through the logistics cluster worked in close coordination with OCHA, WASH, Food Security and Health Clusters to support the airlifting of cargo and the transportation of humanitarian personnel. This helped avoid geographical overlaps and ensured alignment of interventions. IOM and UNICEF utilised the one CERF submission to explore synergies in coordination (IOM's single submission covering Health and WASH and UNICEF Nutrition and WASH). Coordination with respective clusters and agencies was strengthened, information sharing increased, overlap of responsibilities prevented and a more focused and timely response was attained.

UNICEF being the cluster lead agency for WASH and Nutrition, coordinates with humanitarian actors in prioritising needs, mapping response, and avoiding duplication. Through its coordination role, UNICEF was involved in the initial targeting of priority needs and release of hygiene kits from the strategically located regional supply hubs. This eliminated possible overlaps and ensured the areas with the greatest need received the support. The WHO project improved cooperation among other health partners who were involved in comparable activities however collaboration with other clusters or UN agencies was weak. To enhance case detection and response to epidemic-prone diseases including COVID-19, WHO by working closely with the Ministry of Health, strengthened coordination with the government.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

CERF grant remained a key factor in triggering and scaling up the emergency SRH and GBV response in drought-affected areas and in delivering lifesaving SRH and GBV services to women and girls. As such, UNFPA was able to mobilize internal resources to scale-up response in the drought affected areas.

WFP CERF funding served as an indication of the scale and resources required to support the drought response. This then triggered further funding advocacy from other sources including from the Somalia Humanitarian Fund.

IOM grant from CERF was one of the first funding for the drought in Somalia. The grant triggered attention for the deteriorating drought conditions in Somalia, which as a result attracted other donors to provide humanitarian support responding to the drought conditions. Some donors such as ECHO, BHA and FCDO committed additional funding and called for re-programming of current funding to meet immediate and pressing needs.

Considerations of the ERC's Underfunded Priority Areas¹

¹ In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas [here](#).

This CERF grant, in its planning and implementation considered the under-funded priorities. Given that during drought, women and girls vulnerability increases, considerable focus was given to them through targeted activities that addressed their priority needs and reduced their vulnerabilities.

Through this **UNFPA** improved access of vulnerable women and girls to adequate SRH services including referral for complicated pregnancies. Confidential clinical management of rape services integrated in health facilities was a way to enhance protection of GBV survivors while managing the life-threatening consequences of the assault. Furthermore, 24/7 transportation/ referrals were provided to pregnant and lactating women to access services during day and night to avoid any delays or fear of any existing threats. **IOM** promoted gender equality in planning, implementation, and monitoring phase of the project. For example, the medical teams comprised of female staff at both fixed and mobile clinics to ensure that women and girls feel more comfortable articulating their needs and receiving the provided health services. Furthermore, for both IOM and **UNICEF** projects, the identification and selection of space for the provision of WASH services were made in close consultation with women, girls, and people with disability to promote inclusive programming also necessary for the safety and protection of the key principle of gender-based violence. Toilets were equipped with internal locks and secondary enclosure for both women and men were also accessible for persons with disabilities. Clear labels (pictorial/signs) ensures that they are used by intended persons to promote safe, confidential, and dignified access. For the prevention of malnutrition, UNICEF also prioritised pregnant and lactating women. For **WHO**, support for women and girls with an emphasis on gender-based violence, reproductive health, and empowerment remained a major priority.

Despite the concerted efforts by humanitarian actors to highlight and respond to the needs of women and girls, the latest SHDS (Somalia Health and Demographic Survey) statistics provide a bleak picture of the situation, revealing the scale of the problem. Intimate partner violence (IPV), which includes physical, sexual, and psychological abuse, female genital mutilation (FGM) and early and forced marriage are all frequent. IPV continues to be the most common among GBV survivors. The most vulnerable are female-headed households, displaced women and girls, adolescent females, and people with impairments. Physical violence is more common in younger women, with 14 per cent of women aged 15 to 49 reporting having been physically abused since the age of 12. CERF should therefore continue to invest in programs that benefit women and girls, such as ending gender-based violence, improving reproductive health, and empowering women. This will go a long way toward reducing maternal and child health problems that are exacerbated by violence against women and girls.

A key challenge preventing HCT/UNCT from advancing some of the underfunded priorities is lack of information. Data collection on GBV is sometimes hampered by under-reporting due to a culture of silence surrounding the issue. However, as information on issues affecting women and girls, such as GBV, grows over time, it provides a platform for increasing response efforts. Another major challenge is lack of GBV health services, as well as insecurity and poor humanitarian access.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	272,500,000
CERF	7,000,046
Country-Based Pooled Fund (if applicable)	13,200,000
Other (bilateral/multilateral)	16,160,943
Total funding received for the humanitarian response (by source above)	36,360,989

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US\$)

Agency	Project Code	Sector/Cluster	Amount
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IOM	21-RR-IOM-007	Water, Sanitation and Hygiene	1,003,000
IOM	21-RR-IOM-007	Health	697,000
UNFPA	21-RR-FPA-008	Health - Sexual and Reproductive Health	500,000
UNICEF	21-RR-CEF-013	Nutrition	1,792,001
UNICEF	21-RR-CEF-013	Water, Sanitation and Hygiene	1,008,000
WFP	21-RR-WFP-009	Common Services - Logistics	1,000,045
WHO	21-RR-WHO-011	Health	1,000,000
Total			7,000,046

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)

Total funds implemented directly by UN agencies including procurement of relief goods	5,907,474
Funds sub-granted to government partners*	403,326
Funds sub-granted to international NGO partners*	103,913
Funds sub-granted to national NGO partners*	585,333
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,092,572
Total	7,000,046

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

After experiencing delayed and erratic rainfall distribution in the previous *Deyr* season (October to December 2020), more than 50 districts in Somalia had and continue to suffer from the impact of drought-like conditions. According to a February 2021 assessment by the Somalia Food Security and Nutrition Analysis Unit (FSNAU), 1.6 million people were facing crisis or worse levels of food insecurity at that moment, with 1.45 million in IPC Phase 3 and 149,800 people in IPC Phase 4. Between December 2020 and April 2021, over 95,000 Somalis were displaced because of the failed rainy season and forecasts projected that by the end of 2021 at least 3.4 million people could be affected, with 380,000 expected to become displaced, by drought or drought-like conditions. The situation was comparable to 2017 when Somalia also suffered from extremely severe food insecurity following consecutive droughts. The impacts of the failed 2020 *Deyr* season add an additional layer of complexity to already unprecedented needs: At a time when communities are already struggling to cope with the impact of COVID-19, continued desert locust infestation, armed conflict and political instability, skyrocketing water prices, increased displacement and progressively widespread food insecurity, the drought-like conditions are driving communities to adopt negative coping mechanisms. The increasing and multisectoral needs of affected people were and continue to be contrasted by diminished resources to aid: In its second quarter of 2021, the humanitarian response plan was severely underfunded at only 9.7 per cent of its requirement met. Towards the end of 2021 when the CERF projects were ending, more districts become severely affected by drought and water shortages, affecting more than 3.2 million people in 66 out of 74 districts. Water prices rose by up to 72 per cent in some of the worst affected states. Food security had worsened leading to an increase in the number of food insecure people. By the time the CERF projects. The inadequate access to safe water, sanitation and hygiene facilities has heightened the risk of disease outbreaks such as AWD, especially in IDP camps and in areas affected by conflict, including in Galgaduug and Mudug regions. Concomitantly, the country has and continues to be affected by the COVID-19 pandemic putting a strain on the already fragile health system

Operational Use of the CERF Allocation and Results:

In June 2021 the Emergency Relief Coordinator allocated US\$ 7 million from CERF's rapid response window. UN agencies were able to use CERF funding to assist 378,955 drought affected people with lifesaving assistance from as early as April. The objectives of the CERF response were to jump start response in drought hot spot areas still waiting relief and address water shortages while stepping up resource mobilisation efforts at all levels. Key achievements of this CERF RR grant included provision of clean safe water through water trucking to 62,242 people in Jubaland and Southwest states while 69,000 people benefited from hygiene kits distribution and complementary hygiene promotion. Three strategic boreholes were drilled and six rehabilitated in drought-prone regions benefiting 45,000 people.

Life-saving sexual and reproductive health services were provided to 29,101 most vulnerable people including IDPs and persons with disabilities in Baardheere, Garbahaarey, Afmadow, Ceel Afweyn and Cerigaabo districts. Slightly over 1300 emergency obstetric and newborn complications were managed in the project facilities. Additionally, 22 survivors of rape benefited from clinical management of rape (CMR) services while 1,823 women and girls were provided with psychosocial services.

A total of 11 static/fixed mobile clinics targeting newly displaced and host communities in Jubaland and Sanaag were supported. About 14167 children under 5 years were immunized against measles. Through deployment of community health workers, 2,527 epidemic alerts were detected resulting in the detection and reporting of suspected cases of measles, cholera, malaria, and respiratory tract infection. Nutrition screening of 283,042 children under five and treatment of 16,758 malnourished children took place. Nutrition supplies (11,000 cartons of RUTF) were procured and distributed to implementing partners to ensure continuity of nutrition services. The Logistics Cluster timely facilitated the transportation of 327 metric tons of relief items such as wash supplies and NFIs via air and road to 14 locations. Targeting internally displaced people as well as host communities, the CERF allocation was aligned with the first \$13.3 million SHF standard allocation of 2021 which also addressed the severe water shortages. The RR allocation is also aligned with the \$20m

CERF anticipatory action allocation that was also released in the same month to reach those at risk of sliding into crisis following the forecasts of another drought and severe deterioration of food insecurity.

People Directly Reached:

The total people directly reached with the CERF grant was 522,828. Following an analysis of the geographic coverage and number of beneficiaries reached by each cluster in total and by category, the estimation of number of persons directly reached is based on the agency reports and to avoid double counting, WHO targeted more locations and had the widest coverage in Health and the activities were also different from those of IOM and UNFPA hence the WHO number of beneficiaries was used for the health cluster. To determine the persons reached by category, both sectors' specific categories were examined, and the highest number used. For nutrition UNICEF beneficiary numbers has been used and noting the locations covered to avoid double counting.

Person with disabilities total number was reached by calculating from all the cluster figures of Health, WASH and Nutrition since the projects were spread out in separate locations and different activities. they reached the beneficiaries with different activities. The total affected persons figures were also obtained by adding up the agencies with different activities.

People Indirectly Reached:

For the health intervention, 94,130 (33,580 male and 60,550 female) community members indirectly benefited from the project. These community members received health promotion and education at the fixed/static health facilities during consultation visits and during mobile clinics/ outreaches.

Under the WASH activities, a total of 1,748 individuals (350 HHs) drought victims were reported as indirect beneficiaries given that they migrated from the neighbouring districts to project locations seeking provision of ongoing WASH services.

UNFPA and partners indirectly reached 18,062 beneficiaries through integrated reproductive health outreach campaigns and services including deliveries, referrals of complicated pregnancies, birth spacing, maternal nutrition counselling, community mobilization and gender-based violence information and services.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Common Services - Logistics	0	0	0	0	0	0	0	0	0	0
Health	33,771	33,771	27,630	27,630	122,802	33,835	33,800	27,773	27,773	123,181
Health - Sexual and Reproductive Health	24,856	585	2,923	878	29,242	24,736	582	2,909	2,909	31,136
Nutrition	53,000	0	123,420	118,580	295,000	17,290	0	157,296	125,746	300,332
Water, Sanitation and Hygiene	17,700	14,400	27,600	26,300	86,000	14,446	12,747	208,471	20,493	68,179

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	90,949	196,290
Host communities	288,006	326,538
Other affected people	0	0
Total	378,955	522,828

Table 6: Total Number of People Directly Assisted with CERF Funding*

Sex & Age	Table 6: Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	72,001	90,307	10,800	10,735
Men	41,685	47,129	6,253	8,097
Girls	136,424	208,471	20,464	9,454
Boys	128,845	176,921	19,327	9,205
Total	378,955	522,828	56,844	37,491

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-IOM-007

1. Project Information			
Agency:	IOM	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene Health	CERF project code:	21-RR-IOM-007
Project title:	Emergency drought response through provision of temporary clean safe water, hygiene promotion, sanitation and health care services		
Start date:	29/04/2021	End date:	28/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 9,600,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,400,000
	Amount received from CERF:		US\$ 1,700,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
National NGOs		US\$ 0	
Red Cross/Crescent Organisation		US\$ 0	

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM contributed to the overall objective of improved access to safe water and health care services to save lives, alleviate suffering and avert further displacement among drought affected populations in Lower Juba, Gedo, Mudug and Sanaag regions. This was achieved through providing immediate access to safe and clean water through water trucking and hygiene promotion activities, as well as providing essential life-saving primary health-care services.

IOM, through the Ministry of Health (MoH) supported 11 static/fixed and mobile clinics with outreach activities targeting the newly displaced communities as well as the host communities in the drought-affected regions of Jubaland (Afmadow and Kismayo districts of Lower Jubba region), Gedo (Bardera district) and Sanaag (Ceel Afweyn district). Medical teams were mobilized to provide healthcare services in line with the standard Essential Package of Health Services (EPHS) delivery framework. Through supported Ministry of Health (MoH) seconded health staff, a total of 97,657 (22,442 men, 37,319 women, 18,402 boys, 19,494 girls) outpatient clinical consultations were conducted which provided patients with adequate treatment of water-borne diseases such as acute watery diarrhoea (AWD) and cholera. A total of 14,167 (6,670 boys, 7,497 girls) children under 5 years received immunization services. A total of 94,130 (33,580 male and 60,550 female) individuals benefited from health promotion and awareness sessions both at the health facilities and at community levels. Finally, through this grant IOM procured and distributed essential medicines and medical supplies to the 11 supported static and mobile clinics for beneficiaries' utilization as per the needs. Furthermore, IOM reached 37,748 drought affected individuals (6,896 women, 6,570 men, 12,322 girls and 11,960 boys) with temporary water through trucking in Ceel Waaq (11,324 individuals), Hobyo (11,345 individuals) and Ceel Afweyn (12,079 individuals) districts. Overall, 23,781.24 meter cubic (3,963/week) of clean water was delivered, providing beneficiaries with access to 15 litres of water per person per day. IOM water monitors conducted daily monitoring to ensure that the water was chlorinated and met the cluster quality standards. Through systematic community hygiene promotion activities, IOM reached the same population with hygiene promotional messages on water related diseases such as Acute Water Diarrhoea and COVID-19 prevention measures. Community hygiene promoters were engaged that routinely conducted weekly community hygiene promotion sessions to increase community mobilization, awareness raising and daily engagement on good hygiene practices. Moreover, IOM distributed hygiene kits to 6,000 vulnerable households (36,000 individuals, including 6,896 women of childbearing age).

3. Changes and Amendments

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

No changes, deviations or amendments were made from the original project plan. Only a minor increase in the number of beneficiaries reached was noted in the overall number of beneficiaries reached. This increase was a result of the pull factor that occurred following the availability of services in the targeted locations. This marginal increase did not have budgetary implication.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	18,182	17,469	15,076	14,485	65,212	27,243	16,383	19,703	18,303	81,632
Host communities	6,725	6,461	5,576	5,357	24,119	10,076	6,059	7,288	6,769	30,192
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	24,907	23,930	20,652	19,842	89,331	37,319	22,442	26,991	25,072	111,824
People with disabilities (PwD) out of the total										
	3,736	3,590	3,098	2,976	13,400	5,598	3,366	4,049	3,761	16,774

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,800	2,100	4,900	4,200	14,000	2,146	2,950	4,400	5,120	14,616

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Host communities	4,400	3,300	7,700	6,600	22,000	4,750	3,620	7,922	6,840	23,132
Other affected people	0	0	0	0	0	0	0	0	0	
Total	7,200	5,400	12,600	10,800	36,000	6,896	6,570	12,322	11,960	37,748
People with disabilities (PwD) out of the total										
	72	54	126	108	360	UNICEF	63	93	35	250

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

For the health intervention, a total number of 94,130 (33,580 male and 60,550 female) community members indirectly benefited from the project. These community members received health promotion and education at the fixed/static health facilities during consultation visits and during mobile clinics/ outreaches. The Health Education (HE) sessions were integrated within IOM's primary health-care service delivery package for the crisis-affected communities. The provided health promotion and education focused on prevention of communicable diseases such as acute watery diarrhoea, cholera and measles, proper hygiene as well as malnutrition and other critical health issues specific to individual local contexts.

For the WASH intervention, a total of 1,748 individuals (350 HHs) drought victims were reported as indirect beneficiaries during the implementation of the project activities. As aforementioned, they migrated from the neighbouring districts of the project focused locations and were attracted by the provision of WASH services.

6. CERF Results Framework

Project objective	Improved access to safe water and health care services for communities affected by the drought in Lower Juba, Gedo, Mudug and Sanaag regions			
Output 1	36,000 people with enhanced access to temporary water safe water through trucking.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of people who received temporary water through trucking	36,000 people (5,400 Men, 7,200 Women 10,800 Boys and 12,600 Girls).50% to be reached by the end of	37,748 individuals (6,896 women, 6,570 men, 12,322 girls and 11,960 boys) had access to temporary clean safe water delivered through water trucking	Procurement documents, field weekly updates, distribution reports and field activity photos
Indicator 1.2	# of litres of clean and safe water delivered per week (15 litres per person)	(3780 m3) of water per week. 1,890m3 by the end of the 3rd week and 3,780m3 by the 6th week	3,963 m3 of clean safe water was provided per week. A total amount of 23,781.24 m3 of clean safe water was delivered in 6 weeks	Weekly field updates, distribution lists, activity reports and field photos
Explanation of output and indicators variance:		Most of the targets set out were reached as planned. However, in certain locations there were minor variations in the work schedule due to logistics and remoteness of the project sites. A slight increase in the numbers beneficiaries reached was seen in both indicators 1.1 and 1.2. This was due to a pull factor because of the linkages between the spontaneous internal displacement of drought affected mobile migrant communities of concern in the project areas and the availability of services.		

Activities	Description	Implemented by
Activity 1.1	Registration and distribution of water to beneficiaries	IOM
Activity 1.2	Delivering clean and safe water to distribution points	IOM

Output 2 36,000 people with improved hygiene practise through dissemination messages and hygiene kits distribution.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of people reached with key hygiene promotional messages	36,000 people (5,400 Men, 7,200 Women 10,800 Boys and 12,600 Girls) 50% to be reached by the end of	37,748 individuals (6,896 women, 6,570 men, 12,322 girls and 11,960 boys) had access to community hygiene promotional messages	Field weekly updates, field activity progress reports, and photos
Indicator 2.2	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits (hygiene kits including MHM)	36,000 people (5,400 Men, 7,200 Women 10,800 Boys and 12,600 Girls) procurement of kits by the 6th w	6000 HHs (36,000 individuals) including 6,896 women of childbearing age had access to standardised hygiene kits including MHM kits for women and girls	Procurement documents, field weekly updates, distribution lists, distribution reports and field activity photos
Indicator 2.3	# of post distribution assessments done	2 assessments finalized by the 17th week of the start of the project, starting 2 weeks post distribu	1 Post Distribution (PDM) Monitoring done. Report attached	PDM Report
Explanation of output and indicators variance:		Due to security and access related constrains, the team managed to do one PDM.		

Activities	Description	Implemented by
Activity 2.1	Hygiene promotion through hygiene promoters and mass media	IOM
Activity 2.2	Procurement, transportation, and distribution of hygiene kits	IOM
Activity 2.3	Post distribution monitoring to assess the result of the hygiene distribution	IOM

Output 3 89,331 people with access to life-saving primary health-care services

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification

Indicator 3.1	# of fixed /static health facilities and mobile outreach teams operated.	Target - 11-11 static health facilities and mobile outreach teams supported from week 1 – 24.	11 static health facilities and mobile outreach teams fully operational from week 1 until week 24.	MOH health facility reports, DHIS2 data, Supervision, and monitoring reports
Indicator 3.2	H.8 Number of primary healthcare consultations provided (outpatient consultations (OPD))	Target - 79 196-13 199 outpatient consultations by week 4. (3,778 men, 3,917 females, 3,078 boys, 3,	-10,390 (2,107 men, 4,095 women, 1,985 boys, 2,203 girls) outpatient consultations reached by week 4 against the target of 13 199 (3,778 men, 3,917 females, 3,078 boys, 3,218 girls). -31,534 (7,179 men, 12,519 women, 5,813 boys, 6,023 girls) outpatient consultations reached by week 13. against the target of 39 598 ((10,691 men, 11,087 women, 8,712 boys, 9,108 girls). -97,657 (22,442 men, 37,319 women, 18,402 boys, 19,494 girls) outpatient consultations reached by week 26 (project end) against the project target of 79,196 (21,383 men, 22,175 women, 17,423 boys, 18,215 girls).	MOH health facility reports, DHIS2 data
Indicator 3.3	H.4 Number of people vaccinated (children <5 under vaccinated at health facilities, community outreaches and mobile clinics)	Target - 10 135-1 689 children under 5 vaccinated by week 4 (828, boys, 861 girls) -5 068 children u	14,167 number of people vaccinated -1,406 (658 boys, 748 girls) children under 5 vaccinated by week 4 against the target of 1 689 (828 boys, 861 girls). -3,884 (1,844 boys, 2,040 girls) by week 13. -14,167 (6,670 boys, 7,497 girls) children under 5 vaccinated by week 26 (project end) against the project target of 10 135 (4,966 boys, 5,169 girls)	MOH health facility Vaccination reports, DHIS2 data

			children under 5 vaccinated.
Explanation of output and indicators variance:		All the project indicators have been reached and project activities completed by the end of the project cycle.	
Activities	Description	Implemented by	
Activity 3.1	Mobilization of medical teams for fixed/ static and mobile clinics, focusing on newly displaced and drought driven disease including AWD treatment and control.	MOH	
Activity 3.2	Provision of life-saving primary health services through fixed/static facilities and mobile outreach teams (service provision including health promotion)	MOH – under supervision of IOM Health Staff	
Activity 3.3	Vaccination of children under 5 against measles through fixed/static facilities and mobile medical team	MOH – under supervision of IOM Health Staff	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education, and protection. **The following sections demonstrate how cross-cutting issues and the ERC’s four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

This project was implemented in partnership with regional authorities who were engaged in the coordination and implementation of the activities. The health authorities were informed of the progress achieved throughout the project cycle. Staff from the MoH were engaged in all project activities including regular monitoring and supervision visits, and beneficiaries and target populations including local authorities, community leaders and members of vulnerable groups - such as IDPs, women, elderly persons, and persons with disabilities were consulted about the intervention and its progress through this regular field visits which helped ensure quality control and continuity of services. IOM field teams provided weekly updates and data showing beneficiaries served, allowing IOM’s health management team and other partners to review progress and address any gaps, this ensured quality assurance and oversight of project implementation.

b. AAP Feedback and Complaint Mechanisms:

A hotline number was provided in the local language and easily visible posted at strategic billboards and posters in the fixed/static health facilities and during mobile clinic outreach activities. The MoH/ health facility seconded staffs were the focal point in managing the numbers, receiving, and addressing the calls and responding to the calls. Furthermore, IOM field monitors regularly solicited information from the

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

communities during the health facility field visits, leveraging on the community health committee structures and the feedback was used to address any issues.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

All IOM staff receive mandatory PSEA training, and a PSEA clause is included in all IOM contracts with the supported implementing partner (Ministry of Health (MoH)). IOM provided information on Sexual Exploitation and Abuse (SEA) and reporting mechanisms (including toll-free number) to the health facility staffs and beneficiaries. A hotline number /feedback mechanism is in place for use by beneficiaries, to receive any complaints, and the feedback was used to focus on activities that address the key needs and gaps in project implementation

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

Throughout the project planning, implementation and monitoring phases, IOM ensured gender equality. For example, the medical teams comprised of female staff at both the fixed /static and mobile clinics to ensure that women and girls will feel more comfortable talking and receiving the provided health services.

e. People with disabilities (PwD):

During health service provision in the static and mobile clinics and at the outreach sessions and during WASH distribution activities, prioritization of those who could not stand in line for long periods, such as older persons, persons with disabilities, children, pregnant and lactating women, was put in place during screening so that they wait for shorter periods for health services. Awareness raising on the available health services was disseminated to the communities (including women and girls) through appropriate channel and using local languages and use of infographics

f. Protection:

The medical teams also comprised of female staff members who were also trained and supported to ensure that female and children were at ease talking to them during the consultation services enabling them to provide a feedback mechanism. The health service delivery locations are in a central, visible and within the settlement areas. The facilities were equipped each with separate toilet facilities with internal locks and secondary enclosures for both women and men and are accessible for persons with disabilities with clear labels (pictorial/signs) to ensure that they are used by intended persons to promote safe, confidential, and dignified access. Throughout the project phases, confidentiality, anonymity, and data protection of all beneficiaries has been incorporated and introduced to all stakeholders. Women and girls were included in the consultation process and consent was sought for all project data collection. Through the project, IOM also supported ambulances to be used for transportations of referral cases to be designated referral hospitals/facilities for further management.

g. Education:

This IOM CERF RR funded project is not particularly focused on education, however on the job training and supervision for the health facilities' seconded MOH staffs was provided by IOM and the Ministry of Health staffs, during regular field visits and consultations to monitor the project implementations. Health promotion was also provided to the patients and the beneficiaries from the catchment communities to increase practice of healthier behaviours.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?		
Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.2 Project Report 21-RR-FPA-008

1. Project Information

Agency:	UNFPA	Country:	Somalia
Sector/cluster:	Health - Sexual and Reproductive Health	CERF project code:	21-RR-FPA-008
Project title:	Improving access to quality lifesaving priority sexual and reproductive Health (SRH) services to vulnerable women and girls in IDP Settlements and host communities in the drought affected areas		
Start date:	03/05/2021	End date:	02/11/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 16,400,000
Total funding received for agency's sector response to current emergency:	US\$ 2,148,000
Amount received from CERF:	US\$ 500,000
Total CERF funds sub-granted to implementing partners:	US\$ 350,148
Government Partners	US\$ 0
International NGOs	US\$ 0
National NGOs	US\$ 350,148
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant, UNFPA and its partners has achieved the expected outcomes by improving access to quality lifesaving priority sexual and reproductive Health (SRH) services to vulnerable women and girls in IDP settlements and host communities in the drought affected areas of Gedo (Baardheere, Garbahaarey) Lower Juba (Afmadow), Sanaag (Ceel Afweyn and Cerigaabo).

Between May and November 2021, the project activities assisted a total people of 29,101 (24,736 women, 2,909 girls, 582 men and 874 boys) direct beneficiaries including displaced persons and persons with disabilities. Among the direct beneficiaries 2,523 live births assisted by skilled health personnel, 1,327 emergency obstetric and newborn complication managed in the project facilities, 1,780 beneficiaries reached with reproductive health services such as family planning counselling and services for women of reproductive age. UNFPA and partners reached 18,062 through five (5) SRH mobile outreach campaigns, during the campaigns 1,432 pregnancy related complications referred to an EmONC facility, while 2,132 received modern contraceptive method in the outreach campaigns. In addition, 22 women and girls benefitted clinical management of rape (CMR) services in the health facilities and 1,823 women and girls reached with psychosocial services through the outreach campaigns.

UNFPA has procured and distributed the inter-agency reproductive health kits (Kit3 for post rape treatment; kit 4 for contraception, kit 6A and 6B for clinical delivery, kit 11A and 11B for referral level, and kit 12 for safe blood transfusion) containing medical drugs, equipment, and disposables to support health facilities and mobile outreach teams in the project locations.

3. Changes and Amendments

UNFPA CERF funds were utilized as planned to improving access to quality lifesaving sexual and reproductive Health (SRH) services to vulnerable women and girls in IDP settlements and host communities in the drought affected areas

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	6,487	153	763	229	7,632	6,456	152	759	228	7,595
Host communities	18,369	432	2,160	649	21,610	18,280	430	2,150	646	21,506
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Total	24,856	585	2,923	878	29,242	24,736	582	2,909	874	29,101
People with disabilities (PwD) out of the total										
	176	25	32	12	245	181	26	33	12	252

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

Through this CERF Rapid Response, UNFPA and partners reached (18,062) beneficiaries through integrated reproductive health outreach campaigns and service including deliveries, referrals of complicated pregnancies, birth spacing, maternal nutrition counselling, community mobilization and gender-based violence information and services.

6. CERF Results Framework

Project objective	Improving access to quality lifesaving priority sexual and reproductive Health (SRH) services to vulnerable women and girls in IDP Settlements and host communities in the drought affected areas in Somalia			
Output 1	Provision of clean and safe delivery, essential newborn care, and lifesaving emergency obstetric and newborn care (EmONC) services for vulnerable women and girls in drought affected regions			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	RH.1 Number of live births assisted by a skilled health personnel	Target 3,618 # of safe deliveries by week 12 is 1,812 # of deliveries per week is 1513,618 assiste	2,523	Facility reports, implementing partner reports
Indicator 1.2	# of emergency obstetric and newborn complication managed in the target locations	Target 1,851 # EmONC services by week 12 is 924# EmONC services by 30th Sept 2021 is 1,861# EmONC	1,327	Facility reports, implementing partner reports
Indicator 1.3	# of beneficiaries reached with reproductive health services such as family planning counselling and services for women of reproductive age	Target 2,246 {94 each week}# of FP services by week 12 is 1,128# FP services by 30th Sept 2021 is 2,	1,780	Facility reports, implementing partner reports
Explanation of output and indicators variance:		There was some variance of under achievement in reaching the targets of skilled birth attendant's deliveries, obstetric complications, and FP services at the Emergency Obstetric and New-born facilities. This was due to seeking care among women to the facilities during drought was a challenge because of other competitive priorities of women including caring of the family, winning the bread and others prevent women for seeking care during their pregnancies.		
Activities	Description	Implemented by		
Activity 1.1	Conclusion/adaptation of implementing partner agreements.	UNFPA		
Activity 1.2	Procurement/replenishment of medical supplies and medicines.	UNFPA		
Activity 1.3	Support and maintain Emergency obstetric care services (BEmONC & CEmONC) to provide save deliveries and Emergency Obstetric complication	Somaliland Midwifery and Nurses Association (SLNMA)& Action for Relief and Development (ARD)		

Activity 1.4	Support referral system to timely access high quality Emergency Obstetric and New-born Care facilities through timely transportation	Somaliland Midwifery and Nurses Association (SLNMA)& Action for Relief and Development (ARD)
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Output 2 Provide integrated mental psychosocial support services in lifesaving SRH services including information sharing on availability of services in reproductive health outreaches and referrals in the drought affected locations

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of vulnerable population who receive psychosocial support as part of the SRH services, SRH information and services in the outreach campaigns	Target 16,300 # Outreach services by week 12 is 8,148# Outreach services by 30th Sept is 16,300# O	18,062	Outreach campaign reports, implementing partner reports
Indicator 2.2	# of women and girls with pregnancy related complications or in labor referred to an EmONC facility	Target 1540 # of referred women by week 12 is 768 # of referred women by Sept 30 is 1,540 # of	1,432	Outreach campaign reports, implementing partner reports
Indicator 2.3	# Number of clients who receive modern contraceptive method in the outreach campaigns	Target 2,340 # FP clients in outreach program by week 12 is 1,176 # FP clients in outreach p	2,132	Outreach campaign reports, implementing partner reports

Explanation of output and indicators variance:

UNFPA partners had achieved a higher number through the mobile outreach services where IDPs and host communities were reached with integrated SRH & GBV information & services, and psychosocial support services. Due to extensive community mobilization and reaching those women who cannot seek care due to lack of information, hesitance, and acceptability to SRH& GBV services UNFPA exceeded the number of Outreach services provided in the IDPs and community level.

Nevertheless, there was a slight under achievement of referred women with maternal health complication. UNFPA partners followed strict referral guidelines on referring only women who were in labour or had a maternal complication which needed hospital admission, otherwise management was done onsite through the outreach services.

Also noted, slight under achievement in family planning service was due to delivering human right based approach of delivering family planning services where FP counselling, informed consent and client choice of the modern contraceptive was respected and observed. Some of the women declined the services and many other received the FP services to space their pregnancies during the drought and not have pregnancy related conditions & labour during the drought season.

Implemented by

Activities	Description	Implemented by
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Activity 2.1	Conduct 5 integrated reproductive health outreach campaigns in the drought affected and hard to reach areas	Action for Relief and Development (ARD)
Activity 2.2	Support referral of complicated pregnancies cases to referral facilities	Action for Relief and Development (ARD)
Activity 2.3	Support integration of psychosocial support services with provision of modern contraceptives from integrated health centers	Action for Relief and Development (ARD)

Output 3 Improve integrated Clinical Management of Rape in the EmONC facilities

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health - Sexual and Reproductive Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.) (integrated (clinical management of rape (CMR) services from EmONC facilities)	Target 100 #Number of CMR services by week 12 is 50 # number of CMR services by	22	Facility reports, outreach campaign reports, implementing partner reports
Indicator 3.2	# of women and girls reached with psychosocial services through the outreach campaigns	Target 1,342 # Number of PSS Services by week 12 is 672# Number of PSS Service by the 30th Se	1,823	Facility reports, outreach campaign reports, implementing partner reports

Explanation of output and indicators variance:

Lower number of women came to seek for the clinical management of rape (CMR) services in the static health facilities due to rape and domestic violence. This is due to the stigma around rape and social & security implication of rape.

UNFPA partners reached higher number of psychosocial support services through the outreach program compared to the target to those women who faced gender-based violence (GBV). The increase is due to services were taken near to the people where professional health care workers assessed and management women who need psychosocial support and provided the support.

Activities	Description	Implemented by
Activity 3.1	Integration of the CMR services in EmONC facilitates	Action for Relief and Development (ARD) & Somaliland Midwifery and Nurses Association (SLNMA)
Activity 3.2	Support health and case managers to provide lifesaving GBV services including first line response to GBV survivors	Action for Relief and Development (ARD)

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁵:

Pre-consultations with project stakeholders were conducted formal and informal sessions with clear focus on needs identification, project design and implementation modalities. Discussions 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

b. AAP Feedback and Complaint Mechanisms:

At the beginning of the project, UNFPA and partners conducted community sessions with women, girls, men, boys, displaced persons, and persons with disability in the target locations and was informed of the avenues for complaints and feedback mechanisms in place and its use. Messages included the nature of the project activities, timelines, and project staff at the local level. The name and contact of focal persons were widely shared with the community members and ensured the safety and confidentiality policies to provide feedback for complaints. In addition, the implementing partners established a tool for collecting beneficiary satisfaction feedback or otherwise developed by UNFPA.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA has trained its partners in recording and handling SEA complaints and established mechanisms to ensure aspects of confidentiality, accessibility. UNFPA complaint handling is guided by the victim assistance protocol. UNFPA at the HQ level has established a hotline phone number and email which is accessible to selected trained investigators who follow up on the allegations with the victim directly or through the in-country established mechanisms. Immediate basic assistance and safety measures Referrals, through existing GBV services, for medical, psychosocial, legal and material support. UNFPA in Somalia has a trained PSEA focal point who is an active member of the HCT taskforce.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

This project has targeted vulnerable women and girls in the drought affected locations. The project has improved access of vulnerable women and girls to adequate SRH services including referral for complicated pregnancies will address the pressing needs of the drought affected population. The Project also provided access to confidential clinical management of rape services integrated in the health facilities to the sexual assault survivors to prevent and management the life-threatening consequences of the assault.

e. People with disabilities (PwD):

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁵ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

UNFPA implementing partners was briefed in several sessions on understanding and applying the principles of inclusion. Women and girls living with disabilities have already been identified as targets for this project and therefore implementing partners established measures that ensured their participation, overcome barriers that impede PwD access to SRH services as we don't want to leave anyone behind

f. Protection:

UNFPA and its partners was able to implement the project with full considerations for the safety and security of all beneficiaries and apply the principles of non-discrimination, safety, respect, and confidentiality. Vulnerable women and girls was treated with dignity and informed their choice to decide among the available sexual and reproductive services with their full consent. Transportation/ referrals was provided 24/7 to pregnant and lactating women to access services during day and night to avoid any delays or fear of any existing threats

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

As per the agreed project proposal with CERF, cash related activities was not included in this project.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
A safe birth in Somalia	https://somalia.unfpa.org/en/news/need-invest-midwives-safe-maternal-and-newborn-care
A mother's fight against FGM	https://somalia.unfpa.org/en/news/mothers-fight-against-blade-and-cut-ending-fgm
[Insert]	[Insert]

3.3 Project Report 21-RR-CEF-013

1. Project Information			
Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Nutrition Water, Sanitation and Hygiene	CERF project code:	21-RR-CEF-013
Project title:	Emergency WASH and Nutrition Interventions for drought affected areas		
Start date:	04/05/2021	End date:	03/11/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 39,918,475
	Total funding received for agency's sector response to current emergency:		US\$ 12,612,943
	Amount received from CERF:		US\$ 2,800,001
	Total CERF funds sub-granted to implementing partners:		US\$ 742,424
	Government Partners		US\$ 403,326
	International NGOs		US\$ 103,913
	National NGOs		US\$ 235,185
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The 2021 was challenging due to drought, conflict, insecurity, and displacement. A total of seven humanitarian program documents were activated in south and central regions to mitigate the impact of drought, conflict, and displacement. Through this CERF RR grant, UNICEF and its partners provided nutritional screening of 283,042 children under five and treated 16,758 malnourished children (9,575 girls, 7,183 boys). During the reporting period, the quality for the treatment of severe acute malnutrition (SAM) was maintained with more than 95% of children aged 6-59 months admitted with SAM discharged as recovered. In addition, UNICEF procured nutrition supplies including 11,000 cartons of RUTF and distributed to implementing partners to ensure no stock out of supplies in the health /nutrition sites. Report from health facilities indicated that 92% of all nutrition sites did not experience stock of ready to use therapeutic food (RUTF). Frontline health/nutrition workers continue to provide infant and young child feeding counselling service counselling to pregnant women and caregivers of children 0-23 months to address common challenges to infant feeding. For capacity building, cascading of training using the revised IMAM guideline nutrition workers was done across Somalia and a total 300 nutrition workers trained. The support from CERF funding has enabled UNICEF and its strategic partners to reach 62,242 people with the provision of emergency water supply in the targeted project locations. The drilling of three strategic boreholes in Buhodle, Hudun and Erigavo districts, which are typically drought-prone regions of Somaliland, is completed after successful identification through UNICEF LTA process; thus, have benefited an estimated total target population of 25,000 people in drought-prone areas. Also, with the CERF funding UNICEF in close collaboration with the Ministry of Energy and Water Resources Development completed the rehabilitation of six strategic boreholes including the provision of equipment located in three regions of Sool, Sanaag, and Budhodle. This in addition have managed to benefit for over 20,000 people in these three regions, and the rehabilitation work activity includes replacement of borehole equipment and tools as well as cleaning, flushing and disinfection of the bore well. Hygiene promotion and emergency hygiene kits distribution was also successfully undertaken in Hirshabelle state alongside with water trucking where 54,000 people were reached. Similarly, hygiene promotion and distribution of WASH

hygiene kits in three regions were completed under UNICEF in cooperation with MOH and reached over 15,000 people in three regions of Somaliland.

3. Changes and Amendments

Humanitarian needs have increased in many parts of the country particularly in central and south regions due to drought, conflicts and displacement. More than 2.8 million people in 66 of the country's 74 districts (which is 89% of the country) have been affected by severe drought; nearly 245,000 displaced in search of food, water, and pasture. UNICEF developed drought operation plan with a focus on providing life-saving services to avert famine. The CERF funding RR under nutrition and WASH project were prioritized to provide integrated lifesaving nutrition and WASH services both prevention and curative services in drought affected districts in south and central regions targeting children and women. The nutrition and WASH have been on track to achieve the planned targets and all activities were completed as scheduled.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	
Returnees	0	0	0	0	0	0	0	0	0	
Internally displaced people	10,600	0	24,684	23,716	59,000	17,290	0	47,189	35,209	99,688
Host communities	42,400	0	98,736	94,864	236,000	51,870	0	110,107	90,537	252,514
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	53,000	0	123,420	118,580	295,000	69,160	0	157,296	125,746	352,202

People with disabilities (PwD) out of the total

	2,650	0	6,171	5,929	14,750	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
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Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	7,350	6,300	10,500	10,850	35,000	10,112	8,923	14,345	14,920	48,300
Host communities	3,150	2,700	4,500	4,650	15,000	4,334	3,824	6,148	6,394	20,700
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	10,500	9,000	15,000	15,500	50,000	14,446	12,747	20,493	21,314	69,000

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

People with disabilities (PwD) out of the total

1,575	1,350	2,250	2,325	7,500	2,167	1,912	3,074	3,197	10,350
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* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The indirect beneficiaries include 3,125 male care givers of children (6-59months) received health nutrition information awareness sessions at community and facility level. Through hygiene promotion conducted through house-to-house visits and trainings in the target locations, it is estimated that another 10,000 people were reached indirectly.

6. CERF Results Framework

Project objective	Provide equitable access to quality life-saving curative nutrition services among boys and girls (06- 59 month) & PLW through systematic identification, referral and treatment of acutely malnourished cases. Provision of emergency life-saving WASH services to 128,000 flood-affected people in Puntland, Galmudug, Hirshabelle and South West States				
Output 1	Children particularly the most vulnerable have access to essential curative and preventive quality nutrition services for the early detection and treatment of life-threatening SAM				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	N.4 Number of people screened for acute malnutrition (children aged 6-59 months)	100,000 by week 13 (July), 242,000 children by week 26 (October)	A total of 283,042 children screened for acute malnutrition during the reporting period	ONA reporting, partners report	
Indicator 1.2	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme (children 6-59 months)	5,000 by week 13 (July), 11,000 children by week 26 (October)	A total of 16,758 children (6-59 months) admitted to therapeutic feeding programme	ONA reporting, Partners reports	
Indicator 1.3	Number of cartons of RUTF procured and distributed to implementing partners to complement stocks by other UNICEF partners	11,000 cartons by week 13 (July).	A total of 11,000 cartons of RUTF procured and distributed to implementing partners	Waybills, photos	
Explanation of output and indicators variance:		Due to drought and displacement, UNICEF and partners scaled up emergency nutrition mobile teams and outreach services. A total of 283,042 children were screened for acute malnutrition exceeding the target of 242,000 children. For supplies procurement, there was no variance in the achievement.			
Activities	Description	Implemented by			
Activity 1.1	Conclusion/adaptation of IP agreements	UNICEF and Implementing partners (KAAH, NEWWAYS, AYUB, CWW, AAH, WARDI, WRSS, AIDVISION, DMO, BTSC, SAF UK, MOH)			
Activity 1.2	Screening of 242,000 children for malnutrition at least once and referral for appropriate care and treatment				

		KAAH, NEWWAYS, AYUB, CWW, AHH, WARDI, WRSS, AIDVISION, DMO, BTSC, SAF UK, MOH
Activity 1.3	Treatment of 11,000 with SAM by providing lifesaving therapeutic treatment in OTP/SC	[Fill in] KAAH, NEWWAYS, AYUB, CWW, AAH, WARDI, WRSS, AIDVISION, DMO, BTSC, SAF UK, MOH
Activity 1.4	Procurement of lifesaving nutrition supplies, including 11,000 ready-to-use therapeutic food (RUTF) to complement stocks funded by other UNICEF partners.	UNICEF
Activity 1.5	Distribution of lifesaving nutrition supplies, including 11,000 ready-to-use therapeutic food (RUTF) to implementing partners to complement stocks funded by other UNICEF partners.	UNICEF & AL-FURQAN Transportation (LTA)

Output 2 Vulnerable Pregnant women, lactating mothers and male caregivers benefit from a package of services to improve maternal and child nutrition outcomes.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (PLW and male caregivers)	26,000 pregnant and lactating women by week 13 (July) and 53,000 pregnant women and lactating mother	69,160 pregnant women and lactating mother infant and young child feeding in emergencies	ONA reporting, partners reports

Explanation of output and indicators variance: There was slight increase in numbers of pregnant and lactating women reached with infant and young feeding counselling. A total of 69,160 PLW reached vs 53,000 PLW. The increase is due to scale up of IYCF promotion sessions by implementing partners at community level.

Activities	Description	Implemented by
Activity 2.1	Conduct IYCF-E counselling sessions for 53,000 pregnant women and lactating mothers and 500 male caregivers	KAAH, NEWWAYS, AYUB, CWW, AAH, WARDI, WRSS, AIDVISION, DMO, BTSC, SAF UK, MOH

Output 3 The quality of service delivery is sustained through supportive supervision and training of service providers on updated IMAM (2018) guidelines.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of joint supportive supervision missions conducted by MOH per quarter	2 per quarter? (i.e. 2 between April-June and 2 between July and Oct)	A total of four joint supportive supervision missions conducted by MOH per quarter	Supervision report, photos

Indicator 3.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (service providers trained on the updated IMAM (2018) guidelines based on WHO (2013) recommendations)	50 staff trained in June and July 2021	A total of 52 staff trained on the revised IMAM guideline.	Training report, attendance sheet, photos
Explanation of output and indicators variance:		There was no major changes /variance on the target and achievements. The Joint supervision mission conducted as planned.		
Activities	Description	Implemented by		
Activity 3.1	Conduct joint supportive supervision mission by MOH	Federal Ministry of Health (FMOH), MOH Puntland, MOH Jubbaland , MOH Southwest state.		
Activity 3.2	Conduct training of Health and Nutrition workers on the revised IMAM Guidelines by SMOH	Federal Ministry of Health, MOH Puntland		

Output 4	50,000 drought-affected people have access to adequate and safe water supplyWater, Sanitation and Hygiene			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of people reached with emergency water supply through water trucking using water vouchers	35,000 by 15th July 2021 50,000 by 30th September 2021	62,242 people	Partner's activities report
Explanation of output and indicators variance:		Due to the increased need of demand caused by the draught, the target set is slightly overachieved]		
Activities	Description	Implemented by		
Activity 4.1	Conclusion/adaptation of IP agreements/contracts	Ministry of Energy and Water Resources of Jubaland and Somaliland State		
Activity 4.2	Beneficiary registration	Ministry of Energy and Water Resources of Jubaland and Somaliland State		
Activity 4.3	Water trucking for 50,000 flood-affected people (7.5 L/person/day for 30 days)	Ministry of Energy and Water Resources of Jubaland and Somaliland States		

Output 5	50,000 drought affected people and vulnerable host communities provided with hygiene and sanitation promotion messages and emergency WASH supplies including Menstrual Hygiene Management (MHM) kits.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of drought-affected people provided with WASH hygiene kits	50,000 by 30th September 2021	69,000 people	WASH Cluster distribution reports.

Indicator 5.2	# of drought-affected people reached with key WASH messages through different channels	50,000 by 30th September 2021	54,000 people	Partner's activities report
Indicator 5.3	# of hygiene kits distributed	8,333 by 30th September 2021(6,000 kits by 31st July 2021)	9,250 Kits	WASH Cluster distribution reports.
Explanation of output and indicators variance:		Though there is no significant variance observed on the set target and achievements. Due to the increased number of affected populations, favourable prices for hygiene kits and need of demand caused by the drought in the targeted locations UNICEF & its partners have undertaken and slightly overachieved the pre-planned set targets of the project].		
Activities	Description	Implemented by		
Activity 5.1	Conclusion/adaptation of IP agreements/contracts	UNICEF		
Activity 5.2	Procurement and transportation of 8,333 hygiene kits	UNICEF		
Activity 5.3	Distribution of 8,333 hygiene kits to meet WASH emergency needs for 50,000 people affected by flooding.	WASH Cluster		
Activity 5.4	Training of hygiene promoters and hygiene promotion conducted through different channels in drought affected areas	Ministry of Energy and Water Resources of Jubaland and Somaliland States		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

As part of enhancing the accountability to affected population (AAP) the community WASH committees are selected from the target beneficiary communities in consultation with the local government stakeholders. Thus, they understand their communities, are informed, and participated in the implementation of the WASH interventions. This includes agreeing on the criteria for identification of beneficiaries for the distribution of hygiene kits, the selection of the hygiene promoters for the effective distribution of hygiene kits and community hygiene awareness in the target community. Continuous engagement with the community representatives through meetings, supervision visits ensures that service provision is continuously monitored, with a complaints and feedback mechanism established by the implementing partners. Nutrition community workers have been also engaged from the beginning of the program intervention to ensure community participation and engagement

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

b. AAP Feedback and Complaint Mechanisms:

Through community WASH and nutrition workers, the affected population had immediate access to the programme coordinators and were able to share feedback and complaints on a rolling and open basis. Through field office program monitoring and the third-party monitors, UNICEF also accesses the effectiveness and community participation in the program implementation. Nutrition has feedback mechanisms at the facility levels through use of suggestion boxes, toll free numbers that beneficiaries can call to report any programmatic issues in anonymous way.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

The Civil Society Organization (CSO) partners identified to support the project have been assessed and rated for their PSEA capacity. Where gaps were identified, specific action points are developed to improve the capacity before and during project implementation. The assessment covers the key aspects of PSEA handling such as the organization's commitment to zero tolerance, adequate policies, appropriate HR practices, case handling, including victim support and confidentiality, with specified partner PSEA focal points and their contact details, reporting mechanisms and referral paths. Through these commitments, UNICEF monitors any PSEA cases at community and partner staff level which are received as part of normal reporting schedule. In addition, UNICEF is currently engaged with LTA service providers, contractors, and government counterparts to roll out the PSEA procedures.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

As part of ensuring the gender equality women and girls are appropriately considered and included during project beneficiaries targeting. During the selection and recruitment of community hygiene promoters' women and girls are duly trained to convey key hygiene promotion messages and distribute hygiene kits including Menstrual Hygiene Management (MHM) kits. Furthermore, the identification and selection of space for the provision of WASH services are made in close consultation with women, girls, and considering the peoples with disability and in compliance to ensure the safety and protection of the key principle of gender-based violence. Nutrition services target girls and boys for treatment of severe acute malnutrition and prevention of malnutrition. On awareness creation health and nutrition education are targeted to caregivers who can be men and women. For the prevention of malnutrition, focus is given to pregnant and lactation women for nutrition services.

e. People with disabilities (PwD):

All the WASH project activity implementation the safety and concerns for People with disability (PwD) has been duly considered during the project planning and intervention phase as well. Thus, affirmative actions were also undertaken during the selection and identification of WASH facility regarding improving WASH service on accessibility and protection issues. Hence, an appropriate number of people with disability has been reached]. Nutrition services target all children and women from the community irrespective of their disability status and consideration is given to children who struggle with feeding due to some deformities even when not malnourished and need special care for nutrition to be included in the programme.

f. Protection:

All the WASH project interventions are undertaken as per the SPHERE standard and in compliance with the key protection principles, and indeed, appropriate level of consideration is strictly undertaken for gender sensitive WASH infrastructure construction and in consultation with women, men, girls & boys selected from the targeted community]. Provision of Nutrition services to children and women is a protection matter as we are ensuring that they received their basic nutritional needs. And location of Nutrition facilities for access take into consideration protection issues where women have to walk to receive services, and this is decided by community members.

g. Education:

In Health Facilities and communities, community awareness on the importance of proper feeding of children and women is emphasize and these messages is given to the whole community during programme implementation and is included in the plan.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	https://twitter.com/unicefsomalia/status/1483937476532215808?s=20&t=YKGp5Dm6fC_rtzBNgBsUNw
[Insert]	https://twitter.com/unicefsomalia/status/1484134035395956740?s=20&t=YKGp5Dm6fC_rtzBNgBsUNw
[Insert]	[Insert]

3.4 Project Report 21-RR-WFP-009

1. Project Information			
Agency:	WFP	Country:	Somalia
Sector/cluster:	Common Services - Logistics	CERF project code:	21-RR-WFP-009
Project title:	Provision of passenger and cargo air transport, and logistics services for the humanitarian community		
Start date:	20/04/2021	End date:	19/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,000,045
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF RR grant, WFP implemented logistics-related services under the mandate of UNHAS (air passenger and cargo services) and Logistics Cluster (logistics common services).

UNHAS provided transport services for the humanitarian community to hard-to-reach areas in Somalia, including drought-affected regions of Jubaland (Garbaharey, Luuq and Doolow), Southwest State (Mogadishu, Hudur, and Baidoa), GalMudug (Galkacyo), and parts of Puntland (Garowe and Bosasso). UNHAS also served ad-hoc locations and provided dedicated flights on requests including to Kismayo, Bardera, Afmadow, Hobyo, Abudwak, Buurdubo and Dusamareb, Wajid. Based on the funding covering 142 hours on the DHC8, including fuel and ancillary cost, together with other air assets and resources, UNHAS was able to transport 1,776 passengers and 88.16MT of light/urgent cargo between April 20th to July 20th. During that period, UNHAS facilitated access for 66 partners to 21 regular and ad-hoc locations. UNHAS also conducted one medical evacuation from Doolow to Mogadishu and no security evacuations were requested during the period.

Moreover, the Logistics Cluster mobilised WFP-contracted air assets (both fixed-wing managed by WFP and external contractors with adequate capacity) as well as other means of transport to support the humanitarian community with timely cargo transport to key locations. Where feasible, the Logistics Cluster facilitated the provision of road transportation for relief items on behalf of partners; also taking the form of shunting/handling services to support necessary emergency airlifts as well as the movement of cargo to/from key warehouses and hubs. The Logistics Cluster sought CERF funding to support partners responding to vulnerable populations residing in shock-affected locations and over the duration of the project, the Logistics Cluster facilitated the transportation of 327.13 MT of relief items – such as wash supplies and NFI items - via air and road, on behalf of 10 organisations to 14 locations. These locations were identified by partners as being the most critical in terms of delivery of non-food items / urgent humanitarian cargo. These requests for transportation were fulfilled on a free-to-user basis and 100 percent of requests submitted were fulfilled during the project duration

3. Changes and Amendments

Based on the number of hours covering the DHC8, including fuel and ancillary cost, together with other air assets and resources, UNHAS was able to achieve above the goals of passengers transported of 1776 by the midpoint of the proposal plan because of the increased humanitarian needs at the period. UNHAS supported access to drought affected regions including Jubaland (Garbaharey Kismayo, Afmadow, Luuq, Buurdubo), Southwest State (Mogadishu, Doolow, Hudur, Wajid, Hobyo, Bardera), GalMudug (Galkacyo, Dusamareb, Hobyo), and parts of Puntland (Garowe and Bossaso). Additionally, based on the hours, UNHAS was only able to transport a total of 88.16 MT of light/urgent cargo during this granting period.

For the Logistics Cluster, given the dynamic changes of key locations and the time-pressure for delivery of life saving supplies, assessments were carried out daily to enable the Logistics Cluster to be operational flexible and inclusive in its approach. To maximize the cost-effectiveness of common services and enable delivery to hotspots arising from existing shocks, the Logistics Cluster adopted a flexible approach to factor the most suitable transport modality to reach demand points thus intercalating between road and air transport whenever the situation allowed.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Logistics									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Returnees	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Internally displaced people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Host communities	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Other affected people	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
Total	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]
People with disabilities (PwD) out of the total										
	0	0	0	0	0	[Fill in]	[Fill in]	[Fill in]	[Fill in]	[Fill in]

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

As the Logistics Cluster and UNHAS' end users are humanitarian partners; it is not possible to quantify people who benefitted indirectly from this project.

6. CERF Results Framework

Project objective	To support and strengthen the humanitarian community's ability to reach affected populations and deliver relief items across Somalia.			
Output 1	Humanitarian personnel and cargo safely access hard-to-reach areas by air and facilitate access to a provision of common logistics services to ensure the humanitarian community can reach affected populations			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Common Services - Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CS.4 Number of passengers transported (UNHAS)	- Target: 1354 (based on demands)- 677 transported by week 13 - 1354 transported by week 26	1,776	UNHAS PMT
Indicator 1.2	CS.2 Total weight of cargo transported by land, sea or air in MT (UNHAS)	- Target: 177 MT (based on request received)- 53 MT transported by week 13- 177 MT transported by we	88.16 MT	UNHAS PMT
Indicator 1.3	CS.2 Total weight of cargo transported by land, sea or air in MT (Amount of cargo transported (MT))	-Target:185 MT (based on actual requests received)- 95 MT transported by week 13 - 185 MT transporte	327.13	WFP WINGS
Indicator 1.4	Percentage of transport requests executed (%)	Target: 100% (based on actual requests received)Week 13: 100 % executed (based on actual requests re	100	WFP WINGS
Explanation of output and indicators variance:		Based on the funding covering 142 hours on the DHC8, including fuel and ancillary cost, together with other air assets and resources, UNHAS was able to transport a total of 88.16 MT of light cargo. The Logistics Cluster responds to the requests of humanitarian partners – the amount of cargo transported is based on demand for these services by the humanitarian community. Therefore, while the targets were set as above, the Logistics Cluster significantly managed to respond to 100% of the requests made for cargo movements based on gained efficiencies arising from maximisation of space utilisation through co-loads and lower transport cost through contractors.		
Activities	Description	Implemented by		

Activity 1.1	Regular passenger flights	UNHAS
Activity 1.2	Urgent/essential cargo flights travelling on regular basis	UNHAS
Activity 1.3	Security relocations flights and medical evacuation	UNHAS

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

As the Logistics Cluster and UNHAS' end users are humanitarian partners; it is not possible to quantify accountability to affected populations.

b. AAP Feedback and Complaint Mechanisms:

Through UNHAS appointed focal points and a dedicated customer service individual, humanitarians provided feedback on the services. UNHAS also held two User Group Meetings within the project period wherein users discussed their needs and provided feedback on the existing services. These User Group Meetings were cumulated with the Provision of Access Satisfaction Survey conducted in November 2021. Within this survey, user organizations provided feedback on UNHAS' provision of access; destinations served, flight frequencies provided in 2021. From this survey, UNHAS achieved a user satisfaction rate of 100%.

The Logistics Cluster's end-user is the humanitarian community and not beneficiaries directly. To gain feedback on the Logistics Cluster services provided, partners completed a User Feedback Survey in December 2021 as well as users can submit questions and complaints through the Service Marketplace and cluster service email. The overall feedback was significantly positive.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

As the Logistics Cluster and UNHAS' end users are humanitarian partners; however, all contracts with logistics service providers included relevant PSEA clauses.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

As the Logistics Cluster and UNHAS' end users are humanitarian partners, this section did not apply to this project.

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

e. People with disabilities (PwD):

N/A - As the Logistics Cluster and UNHAS' end users are humanitarian partners.

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]

[Insert]

| [Insert]

3.5 Project Report 21-RR-WHO-011

1. Project Information			
Agency:	WHO	Country:	Somalia
Sector/cluster:	Health	CERF project code:	21-RR-WHO-011
Project title:	Emergency response to public health events related to drought in Somaliland, Jubaland and Puntland states		
Start date:	07/05/2021	End date:	06/11/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,523,215
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ [Fill in]
	Government Partners		US\$ [Fill in]
	International NGOs		US\$ [Fill in]
National NGOs		US\$ [Fill in]	
Red Cross/Crescent Organisation		US\$ [Fill in]	

2. Project Results Summary/Overall Performance

Through this CERF grant, implemented between 7 May and 6 November 2021, WHO in coordination with the Ministry of Health provided an emergency health response to public health events for IDPs and host communities in drought-affected districts of Somaliland, Jubaland and Puntland. A total of 123,181 individuals (27773 girls, 33800 women, 27773 boys and 33835 men) in the 9 drought affected districts from Somaliland, Jubaland and Puntland directly benefited from this project, i.e., 379 beneficiaries more than what had been planned (a 0.3% increase). During the period of implementation, 324 CHWs were trained and deployed to conduct house-to-house active case search and report alerts. They were also responsible to provide risk communication messages on COVID-19 and other epidemic prone disease including measles, cholera, malaria, pneumonia, and acute diarrhoeal diseases. Alerts reported were verified and investigated by 39 districts rapid response teams (RRTs) deployed.

Through the deployment of community health workers, 2527 alerts of epidemic prone diseases including suspected cases of measles, cholera, malaria, and respiratory tract infection were detected and reported. Out of these, district RRTs investigated 607 suspected cholera cases, 699 suspected cases of measles and 380 suspected cases of COVID-19 by collecting samples; 188 turned out to be positive for cholera, 634 was positive for measles, and 172 for COVID-19.

Thanks to CERF's support, deployed RRTs were able to maintain and sustain the monitoring of epidemic prone diseases in addition to their regular reporting through the EWAR application in target districts (Afmadow, Kismayo in Lower Juba, Baardheere, Garbahaare, in Gedo, Jariiban in Mudu, Xudun in Sool, Ceel Afwayne, Ceerigaawo in Sanaag and Buhoodle in Togdheer).

Indirectly, the project has also reached 491,206 individuals through mass health education and risk communication activities on diseases prevention and control of communicable diseases, such as acute water diarrhoea, cholera, measles, pneumonia, and malnutrition as well as other critical public health issues including COVID-19.

3. Changes and Amendments

There were no significant changes to the project or amendment made during the implementation period, besides a slight delay in the implementation of activities, as it was reported in the interim report. By the end of the project period, proposed activities under this intervention were successfully carried out.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	11,178	11,178	9,145	9,145	40,646	11,254	11,203	9,261	9,261	40,979
Host communities	22,593	22,593	18,485	18,485	82,156	22,581	22,597	18,512	18,512	82,202
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	33,771	33,771	27,630	27,630	122,802	33,835	33,800	27,773	27,773	123,181
People with disabilities (PwD) out of the total										
	2,702	2,702	2,210	2,210	9,824	2,730	2,730	2,205	2,205	9,870

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

As part of this project, 491,206 persons living in targeted districts affected by drought benefited from activities, including from out-patient department (OPD) consultations, health education messages communicated by deployed RRTs as well as the prepositions of supplies for epidemic-prone disease. These include people residing in IDP camps, nomads as well as disabled population.

6. CERF Results Framework

Project objective To improve early detection and rapid response to public health events of epidemic potentials associated with drought and reduce excess morbidity and mortality amongst the vulnerable populations of 09 high-risk districts by implementing timely public health interventions over a period of six months.

Output 1 Rapid response to public health events of epidemic concern strengthened.

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of health workers deployed as district based Rapid Response Teams (RRT) in target districts	39 health workers from beginning of the project in month 1 to the end in month 6	39 health workers were trained and deployed in Puntland, Jubaland and Somaliland (27 district RRTs and 12 regional RRTs)	Monthly summary report
Indicator 1.2	Number of samples collected from target districts for investigation and testing in public health laboratories in Somalia	150 samples by the end of month 3 and 400 samples collected and tested by month 6 (week 36) 2021	590 samples (250 samples of cholera, 140 for measles and 200 samples of COVID-19) were collected in the first three months of the project. 1,686 samples (607 of cholera, 699 for measles and 380 of COVID-19) were collected by the end of the project	Monthly summary report CERF_RR

Explanation of output and indicators variance: The total number of samples collected by the end of the project exceeded the target by 150%.

Activities	Description	Implemented by
Activity 1.1	Number of district based Rapid Response Teams (RRT) deployed to respond to public health emergencies occurring in the community and alerts reported in static health care facilities and provide referral services	Ministry of Health, with support from WHO.
Activity 1.2	Proportion of cases investigated from the alerts of diseases by collecting biological samples	MoH and WHO

Output 2 Community response activities and risk communication activities strengthened in target drought affected districts

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of community health workers deployed	780 CHWs from beginning of the project in March 2021 to the end in month 3	324 (42% out of the 780 CHW targeted) were trained and deployed	Monthly reports
Indicator 2.2	Number of people reached with risk communication messages (50% of project overall target)	33,200 by end of month 3 and 66,401 by month 6	37,829 people were reached with risk communication messages in the first 3 months of implementation and a total of 80,788 were reached by the end of the project.	Monthly summary reports CERF_RR (July to October 2021]
Explanation of output and indicators variance:		More beneficiaries than planned were reached through the deployment of CHWs in 9 priority districts (between May and October 2021). The target for the deployment of CHW was not met because CHWs beyond the 324 reported here were deployed under World Bank funding.		

Activities	Description	Implemented by
Activity 2.1	Deploy community health workers for community surveillance, health promotion and referral services to primary health care facilities	WHO/MOH
Activity 2.2	Conduct door to door activities to deliver risk communication messages	WHO

Output 3 Quality of care during health emergencies strengthened at primary health care level and at malnutrition stabilization centers

Was the planned output changed through a reprogramming after the application stage? Yes No

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of supervision visits conducted in health facilities and malnutrition stabilization centers in target locations	4 visits by end of month 3 and 12 visits by end of month 6	A total of 12 visits were conducted during the 6 months period of implementation. District teams conducted at least one supportive supervision session at facility and community levels per month and	Open data kit and supervision reports

			regional/state teams conducted at least one supportive supervision session in districts per month
Explanation of output and indicators variance:		No variation observed during implementation	
Activities	Description	Implemented by	
Activity 3.1	Conduct supportive supervision in health facilities and stabilization centres to assess quality of care and provide on the job training for early warning surveillance and case management of infectious disease outbreaks and management of severe acute malnutrition with medical complications.	WHO and MOH	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

Project design and planning

This emergency project commenced during the COVID-19 pandemic and just after flooding had taken place in districts of Hirshabelle, Southwest state, Jubaland, Somaliland and Puntland. Direct involvement of affected people in the design of the project was unfortunately not possible. However, consultations were undertaken with local and national health authorities. WHO conducted a rapid needs assessment in Jubaland, Hirshabelle, Puntland, Somaliland, and Southwest States, in coordination with UNOCHA to assess the scale of the disaster and identify immediate and long-term priorities. Reports from the Acute water diarrhoea working group were taken into consideration. In addition, WHO field and national staff held consultations with the Ministries of Health at national and state levels to build a consensus on priority interventions and locations.

Project Implementation

The project was directly implemented by WHO in collaboration with ministries of health at federal and state levels. During the implementation of the project, WHO and MOH conducted three monthly supervision visits (as possible) to assess the quality of care and satisfaction of beneficiaries with health services being provided. Interviews with some of the beneficiaries in different states were conducted. Most beneficiaries expressed satisfaction with the work. WHO officers based in targeted flood-affected districts worked

¹⁰ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹¹ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

together with their counterparts at the MOH of federal member states to ensure effective implementation of all planned activities in a timely manner.

Monitoring and evaluation

Regular joint supportive supervision and field monitoring was conducted monthly during the project implementation period. Internal meetings at WHO were held bi-weekly to assess the implementation of the project. The use of Open Data Kit (ODK) for reporting by field staff with Geo-coordinate location also help in accountability of activities conducted. Achievements were also reported in the state-based Public Health Officers weekly reports.

In addition, WHO was continuously monitoring the response situation through weekly state level reports, epidemiological updates generated through EWARN and through the WHO community dashboard. The WHO team analysed the data on some key epidemic-prone diseases submitted through the WHO supported EWARN system to assess whether the interventions were achieving the intended outcomes of minimizing the health consequences of the floods, and associated morbidity and mortality, as well as for improving overall health outcomes of the affected population.

b. AAP Feedback and Complaint Mechanisms:

WHO monitored complaints through different mechanisms throughout the project implementation. At the field level, WHO monitored complaints through regional and subnational Health Cluster meetings as well as through visits to the affected districts whereby WHO staff discussed with elders and beneficiaries. These health cluster meetings were coordinated by WHO and took place weekly at the peak of the COVID-19 pandemic and later bi-weekly. Through Health Cluster partners working on the ground, WHO is able to gather feedback and complaints regarding the project implementation, should they arise. Additionally, WHO has its own mechanism by which complaints can be reported directly to WHO, including via the WHO Somalia country office website, social media (e.g. Twitter, Instagram), emails and through telephone. Any such complaints which are received by WHO are treated with the utmost seriousness, confidentiality and professionalism. As part of this AAP project, however, no formal complaints were received.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WHO demonstrated their commitment to prevention of sexual exploitation and abuse by training field officers on PSEA preparing them to cascade the training to communities and health care workers. The training material was translated into local language.

Awareness was created to all staff in WHO Somalia offices. PSEA focal points were assigned and trained at the country office and sub offices. The focal points oversee monitoring and responding to such situations, should they arise, and reporting through the established mechanism. Additionally, all WHO Somalia national and international staff at the head office and sub offices have completed the mandatory trainings related to prevention of sexual exploitation and abuse and are aware of what to do should such an incident arise. Moreover, all health workers involved with project implementation participated in trainings and awareness-raising sessions related to PSEA and what actions must be undertaken during any such incident. In these respects, WHO continues raising awareness about PSEA during Health Cluster and subnational reproductive working group meetings. As part of this Anticipatory Action Plan project, no formal SEA complaints were reported.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WHO conducted a half-day orientation for its staff on the inclusion of gender-based violence (GBV) in health programming. In addition, the health cluster, through the GBV sub-cluster, conducted capacity development for NGOs and other agencies on inclusion of GBV support during COVID-19 response.

During the planning phase, the state MOH were involved in the implementation and monitoring of activities. In this regard, meetings were conducted to identify the most vulnerable populations, particularly girls and women who should benefit from the AAP project. In this respect, it was ensured during trainings that a proportion of women were included (i.e., 115 women trained out of 363 participants total). WHO also ensured to utilize female community health workers as much as possible for community surveillance.

Gender disaggregated data was maintained for beneficiaries of different activities, while data on the most vulnerable population groups, including IDPs, girls and women, was gathered, analysed, and monitored to ensure services reached most vulnerable groups. Throughout the implementation period, regular Health Cluster meetings and Inter-Cluster meetings were conducted, whereby the needs of vulnerable communities were further discussed, and services continuously adjusted to meet their needs.

e. People with disabilities (PwD):

Awareness has been raised among WHO staff on the inclusion of activities that help increase access to health services amongst 9870 people living with disabilities (PwD). Focal points in the WHO country office have also been appointed to ensure this is followed through and that training and refresher trainings will be conducted to all staff.

The WHO Rapid Response Project benefited all persons regardless of age, gender or whether they were living with a disability. Through the health cluster and in internal meetings, WHO field staff were sensitized to ensure that persons living with disability, women, children and vulnerable populations were identified and had access to the services being provided. Staff conducting supervision are also supposed to work with MOH and communities (through community health care workers) to determine the needs of people living disability. Through regular project implementation meetings, the needs of vulnerable communities were reviewed. This project did not record the number of persons living with disability who benefitted from the Rapid Response project.

f. Protection:

WHO maintains the highest standards of ethics while providing lifesaving health services to communities. All staff, including field staff at all levels, are expected to adhere to these standards. Throughout the project design, WHO aimed to provide health services to all persons at-risk in the identified districts. This included IDPs, people living with disability and the vulnerable populations. Confidentiality of the beneficiaries has been maintained and only disaggregated data has been shared with persons outside the project implementation.

The health cluster, which is coordinated by WHO, works closely with the protection cluster to ensure inclusion of mental health activities in health service delivery.

g. Education:

There were multiple targeted training sessions for different level health workers. As a result of the capacity building trainings, 709 persons from the target districts, including 219 women, received training in the following seven different topics.

1. Integrated management of epidemic-prone diseases especially cholera and measles
2. Case management of SAM with medical complications
3. Event-based surveillance
4. Infection Prevention & Control
5. Water quality surveillance
6. Sample handling (collection, packaging, shipment, analysis of biological samples)
7. Data managers trained in emergency data management

The training is expected to result into skills which will improve quality of health care, surveillance and response to public health events

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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No	Choose an item.	[Fill in]
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If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
COVID-19 Information notes	Available on WHO's website and shared through social media http://www.emro.who.int/somalia/information-resources/information-notes.html
COVID-19 Infographics	Available on WHO's website and shared through social media http://www.emro.who.int/somalia/donors-partners/index.html
Flyer on CERF contributions 2019-20	Shared by email with CERF, to be soon posted on WHO's website

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name		Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$
			Extended Name	Acronym			
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	Federal Ministry of Energy and Water Resources	Federal MoEWR	Yes	GOV	\$193,200
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	South West State Ministry of Energy and Water Resources	SWS MoEWR	Yes	GOV	\$84,038
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	WARDI Relief and Development Initiatives	WARDI	Yes	NNGO	\$4,080
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	Somali Humanitarian Relief Action	SHRA	Yes	NNGO	\$3,280
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	Soma Action International Fund	SAIF	Yes	NNGO	\$3,050
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	Somali Public Health Professional Association	SOPHPA	Yes	NNGO	\$2,630
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	Centre for Peace and Democracy	CPD	Yes	NNGO	\$3,880
21-RR-CEF-013	Water, Sanitation and Hygiene	UNICEF	Golweyne Relief and Rehabilitation Non-Governmental Organization	GRRN	Yes	NNGO	\$2,555
21-RR-CEF-013	Nutrition	UNICEF	ACTION AGAINST	AAH	Yes	INGO	\$50,000
21-RR-CEF-013	Nutrition	UNICEF	DEEG ROOR MEDICAL ORGANIZATION.	DMO	Yes	NNGO	\$42,164
21-RR-CEF-013	Nutrition	UNICEF	NEW WAYS ORGANIZATION	NOW	Yes	NNGO	\$57,190
21-RR-CEF-013	Nutrition	UNICEF	KAAH RELIEF AND DEVELOPMENT	KAAH	Yes	NNGO	\$45,935
21-RR-CEF-013	Nutrition	UNICEF	WARDI Relief and Development Initiatives	WARDI	Yes	NNGO	\$89,896
21-RR-CEF-013	Nutrition	UNICEF	Concern WorldWide	CWW	Yes	INGO	\$53,913
21-RR-CEF-013	Nutrition	UNICEF	State Ministry of Health	SMOH	Yes	GOV	\$251,731
21-RR-CEF-013	Nutrition	UNICEF	State Ministry of Health	SMOH	Yes	GOV	\$151,595
21-RR-FPA-008	Health	UNFPA	Somali and Midwifery and	SLNMA	No	NNGO	\$143,596
21-RR-FPA-008	Health	UNFPA	Action for Relief and	ARD	No	NNGO	\$206,552