

SOMALIA ANTICIPATORY ACTION DROUGHT 2021

21-RR-SOM-47081

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

7 March 2022

Programme staff from concerned agencies, senior management and CERF focal points in respective agencies participated in the review.

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 ☐

The CERF allocation has been discussed in various forums- the HC presented it to the humanitarian community during the launch of the 2022 HRP and in various donor meetings. Local authorities have also been informed about this allocation and its complementarity with the SHF to provide a comprehensive response to the drought. The report will be circulated to recipient agencies.

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 conveyed that the reports were reviewed internally by management before submission to OCHA. The involvement of IPs and government counterparts during monitoring missions and directly during implementation ensured their awareness of results

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator

In 2021, as Somalia was facing increasing needs and diminishing resources, the CERF grant played a vital role in helping mitigate the impact of multiple shocks. It was released amid calls for urgent action to address the impact of the worsening drought emergency in Somalia and was coupled with a CERF Rapid Response (RR) grant. The RR CERF grant, on one hand, signalled to the humanitarian community the need for immediate response and aimed to jump start responses in the hardest hit areas that were still waiting for relief, while extensive resource mobilization efforts were ongoing at all levels. On the other hand, the Anticipatory Action (AA) grant built on the success of the 2020 pilot and was in response to alarming drought conditions that were rapidly spreading in parts of Somalia and the AA framework triggers that had been reached.

Setting a precedent, this double CERF allocation for Somalia allowed the RR grant to provide immediate assistance to those currently facing crisis while the AA grant complemented the response by reaching those at risk of sliding into crisis. This innovative approach to CERF allocations was strategically designed to address recurrent climate shocks through short- and longer-term integrated interventions

This CERF anticipatory action played a vital role in helping mitigate the impact of multiple threats to 661,166 Somalis in 2021. The allocation raised awareness of the added value of anticipatory action and encouraged early action against the compounding effects of poor rainfall, Desert Locust infestation, conflict, and the socioeconomic impacts of the COVID-19 pandemic. It came at a time when about half of the country had begun facing extreme water shortages and funding was at a record low with the HRP severely underfunded at only 9.7 per cent. Collectively, **these funds helped prevent 600,000 people from sliding into emergency phase.**

CERF's Added Value

CERF funding led to a fast delivery of assistance to drought affected communities and provided a buffer to reduce the impact of the worsening drought, enabled communities protect their livelihoods assets and helped reduced further suffering.

Agencies successfully completed their projects. Collectively, they reached more people than planned, in a quick and more efficient way. Most importantly, the grant enabled agencies to provide water to 130,500 people through construction and rehabilitation of water infrastructure; agriculture and livestock input to 37,000 farmers and pastoralist and cash transfers to over 110,000 people to help met basic food needs and address protection risks. In addition, this action provided other essential services among them, distribution of hygiene kits, provision of dignity kits to more than 10,000 women and adolescent girls; ensured treatment of malnutrition and stemmed the spread of communicable diseases including availing medical supplies. The grant offered dignified response to 124,614 people with disabilities.

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

Yes ☒

Partially ☐

No ☐

The timely release of this grant allowed for swift procurement of critical nutrition supplies, essential medicines, and vaccines, which led to the scaling up of facility based and mobile health serves in priority districts. To ensure fast delivery of services UNICEF activated its contingency contracts to provide much needed emergency healthcare in priority districts. This grant also contributed to the use of available lifesaving supplies while enabling replenishment.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

This anticipatory action facilitated immediate support in areas where UN agencies were lacking funds to respond in anticipation of worsening drought conditions. Most importantly, the allocation was instrumental in addressing water shortages while providing an opportunity for durable solutions such as drilling and rehabilitation of boreholes, hence ensuring a lasting solution to the water crisis for the areas targeted.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

Improvement in coordination amongst the humanitarian community was reported notably with the Ministry of Women's Development and Family Affairs in Puntland and Ministry of Health. Key WASH interventions were implemented through government ministries or departments further enhancing collaboration with line ministries. This grant fostered inter cluster coordination. For instance, UNFPA, worked closely with the food security cluster and cash working group in executing the cash and voucher assistance to GBV survivors. In implementing the CERF health component, UNICEF had to work with other WASH and nutrition programs to ensure beneficiaries stayed healthy by having access to safe drinking water, hygiene materials and nutritional supplies. However, there is scope for improvement of coordination at the local and national level including regular coordination between recipient agencies, coordination between humanitarian and development actors and with local authorities.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐

Partially ☒

No ☐

This grant, combined with the rapid response, being the first sources of the funding for 2021, helped raise awareness on the deteriorating drought conditions which in turn encouraged other donors to scale up response. Furthermore, the analysis from the CERF prioritisation exercise provided a baseline for agencies to engage other donors to mobilise resources. While the funding data at our disposal does not distinguish anticipatory action from other types of humanitarian funding, CERF through early and timely response, catalysed additional funding for the drought. As of 6 April, when the AA application was made, the HRP funding was 9.7 per cent funded with \$102.8 million in donor contributions. By 11 July, funding increased to \$281.5 million representing 26 per cent of \$1.09 billion required

Considerations of the ERC's Underfunded Priority Areas¹

The CERF grant helped address all the four chronically underfunded priorities both directly and indirectly in varying degree. Recognising that **women and girls** are disproportionately at risk of death in humanitarian emergencies, all the projects mostly supported women and girls. Nutrition interventions addressed the specific needs of pregnant and lactating women through various healthcare and nutrition activities including provision of micronutrient supplements and specialised nutritious foods for Pregnant and Lactating Women. Safe spaces were provided, where nurses attended to mothers who needed psychosocial support. Additionally, WASH projects focused on addressing the specific needs of women and adolescent girls by including menstrual hygiene kits in their standard hygiene package. By improving access to water supply close to settlements and homes, WASH interventions reduced the risks of gender violence associated with long distance travels in search of water. Women were also empowered through health education, cash and voucher assistance including cash support to GBV survivors and adolescent girls who also received dignity kits. About 91 per cent of the principal recipients for cash assistance under the UNHCR project were women. Through this grant, 53 per cent (349,953) of the total people reached were women and girls.

Provision of basic social services is a **protection** matter and as such has been addressed through all the projects supported by this grant. For instance, UNICEF and IOM's WASH projects through ensuring access to water supply contributed to mitigating gender-based violence and protection through mainstreaming of activities. FAO's animal health component particularly treatment of small ruminants contributes to protecting the main assets of poor households thus addressing social protection. Similarly, the cash assistance satisfies essential needs and protect targeted groups from resorting to harmful coping mechanisms such as survival sex, child labour and early marriages. This allocation specifically funded GBV and child protection activities. In anticipation of severe drought, communities were empowered to provide psychosocial support, identify protection needs and support unaccompanied and separated children. Adolescents were provided with skills that would mitigate the impact of drought on their social and economic wellbeing, and that of their immediate families.

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](#).

While there was no specific project exclusively targeting **people with disabilities**, collectively, 125,457 persons with disabilities (PwD) directly benefited from the seven projects (Food Assistance, Livelihoods, Health, Nutrition, Protection and WASH) under this grant. UNHCR's piloted an innovative tool to map disability types and assess the difficulties they faced in accessing humanitarian assistance. This enabled them to analyse their needs and ensure immediate referral services including access to medical treatment. Community sessions were conducted to promote social integration, acceptance and reduce stigma against PwD. To safeguard the dignity of PwDs, IOM pre-identified PwDs and delivered hygiene kits to their homes. PwDs were also given priority at water fetching points. Both UNICEF and IOM WASH activities, ensured that site selection for the water points rehabilitated and equipped with hand pumps would be easily accessible by people living with disabilities. FAO's Cash Plus selection committee included people with disabilities. The safety of the beneficiaries during cash transfers was ensured through transfers using mobile money operators - a platform that enhances beneficiary safety including those living with disabilities.

Key challenges preventing the advancement of underfunded priorities include

- Lack of funding: Protection and Education remain underfunded. In 2021 Protection received a quarter of its HRP requirement while Education was only 20 per cent funded.
- Inadequate data on people with disabilities including limited disability disaggregated data resulting in some interventions unintentionally leaving out PwDs from their target groups.
- Limited knowledge on disability programming: WFP conducted a rapid disability assessment of its programme which revealed several areas for improvement including further awareness creation among communities, partners, and local authorities on disability inclusion, diversifying communication formats to cater for people with various impairments, stronger inclusion of people with disabilities in community consultations and further strengthening of the rights-based approach in WFP's disability programming.
- Under-reporting of GBV cases due to a culture of silence surrounding the issue hampers advocacy and resource mobilisation efforts. However, as information on issues affecting women and girls, such as GBV, grows over time, it provides a platform for increasing response efforts.
- Lack of GBV health services, insecurity and poor humanitarian access in some locations prevents response. Furthermore, health care practitioners feel powerless to intervene because health care workers (HCWs) are not trained to recognize and handle GBV.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	528,772,306
CERF	35,001,302
Country-Based Pooled Fund (if applicable) ²	46,300,000
Other (bilateral/multilateral)	219,819,707
Total funding received for the humanitarian response (by source above)	301,121,009

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

Agency	Project Code	Sector/Cluster	Amount
FAO	21-RR-FAO-008	Food Security - Agriculture	3,000,000
IOM	21-RR-IOM-006	Water, Sanitation and Hygiene	2,250,135
UNFPA	21-RR-FPA-007	Protection - Gender-Based Violence	750,000
UNHCR	21-RR-HCR-007	Protection	500,018

² The Somalia Humanitarian Fund allocated \$13.3 million in March 2021 and \$26 million in July 2021 to respond to drought

UNICEF	21-RR-CEF-012	Water, Sanitation and Hygiene	2,255,552
UNICEF	21-RR-CEF-012	Health	984,241
UNICEF	21-RR-CEF-012	Nutrition	492,120
UNICEF	21-RR-CEF-012	Protection - Child Protection	369,090
WFP	21-RR-WFP-008	Food Security - Food Assistance	4,366,058
WFP	21-RR-WFP-008	Nutrition	3,034,041
WHO	21-RR-WHO-010	Health	2,000,000
Total			20,001,256

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

Total funds implemented directly by UN agencies including procurement of relief goods	14,611,423
Funds sub-granted to government partners*	444,782
Funds sub-granted to international NGO partners*	2,305,477
Funds sub-granted to national NGO partners*	2,622,746
Funds sub-granted to Red Cross/Red Crescent partners*	16,828
Total funds transferred to implementing partners (IP)*³	5,389,833
Total	20,001,256

* 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.

³ Amounts exclude WHO figures yet to be submitted

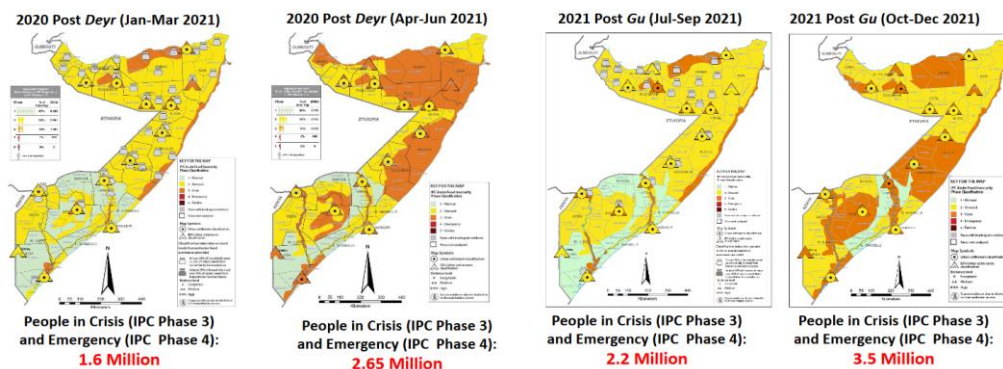
2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation

In 2021 the combined impact of consecutive dry seasons, severe water shortage and rising food prices resulted in increased poverty, widespread displacements, and food insecurity, making Somalia the most severely drought affected country in the Horn of Africa. A spike in conflict and insecurity, exacerbated the humanitarian situation forcing hundreds of thousands of people to flee their homes. The poor 2020 Deyr rainy season (Oct-Dec) and forecasts of poor or below average April to June (Gu) rains and beyond led food security experts to predict that up to 2.65 million Somalis (21.5 per cent of the population) could face crisis or worse levels of food insecurity, including 400,000 likely to face emergency levels (3.2 per cent) between April and June 2021 – reaching the trigger thresholds for the AA framework.

According to FSNAU and FEWSNET 2021 post-Gu assessment published in September 2021 cumulative Gu rainfall was below the 40-year average across much of the country. 2.2 million people were estimated to be facing acute food insecurity between July and September.

Large scale livestock migration was reported, rural populations were experiencing multiple declines in food and income sources, poor pastoral households were expected to face moderate to large food consumption gaps through late 2021 due to poor milk availability, limited number of saleable animals and increased indebtedness related to upsurge in food and water prices. Nearly 3.5 million people were predicted to face acute food insecurity (IPC 3) or worse outcomes between October and December 2021 with 1.2 million children likely to be acutely malnourished, in the absence of humanitarian assistance.



Operational Use of the CERF Allocation and Results

On 16 April 2021, the Emergency Relief Coordinator allocated \$20 million for anticipatory action against drought to deliver more effective, timely and dignified humanitarian assistance to vulnerable communities in anticipation of a severe drought crisis. The combined impact of locusts, COVID 19, floods and conflict had severely eroded the coping capacity of Somalis. Consecutive failed rainy sessions exacerbated the situation which resulted in devastating water shortages and loss of pasture and livestock. Food insecurity projections showed a significant deterioration warranting the activation of the anticipatory mechanism to avoid the worst impact of the drought. The Somalia Humanitarian Country Team and clusters prioritised a comprehensive package of assistance, consisting of food assistance, livelihood support, water and sanitation, health, nutrition, and protection assistance. This second activation of the anticipatory action pilot allowed UN agencies to respond in a timely manner and subsequently reach more beneficiaries than initially targeted.

Key achievements included:

- Provision of clean water to 130,500 drought affected people through rehabilitation or construction of 28 boreholes and repair of 12 shallow wells.
- Screening of 518,005 children for malnutrition and giving micronutrient supplements to 47,814 children under five years. Over 36,000 children under two years received lipid based nutrient supplement (specialised nutritious food).
- Provision of micronutrient supplements to 35,119 pregnancy and lactating women (PLW) to circumvent increased cases of acute malnutrition and excess mortality. Provision of 680 MT of super cereal plus to 17,183 PLWs.
- Prevention of public health risks to 163,266 people through deployment of 11 Rapid Response Teams for early disease detection and control; procurement of essential medical supplies and equipment and training of 100 health workers on management of epidemic-prone diseases, surveillance, infection control, water quality surveillance etc.
- Vaccination of 33,750 children against measles and 8,600 infants against polio.
- Agricultural support through distribution of seeds and tools with cash to 15,000 farmers.
- Livestock assistance with cash to 22,000 farmers. This included vaccination of 37,000 small ruminants (goats and sheep) and supply of supplementary feed blocks and milk storage containers.
- Cash transfers to 110,298 drought affected people to meet food needs and to 1260 people particularly women to help address protection challenges and risks.
- Vocational training and provision of start-up kits to 140 adolescent boys and girls
- Provision of menstrual hygiene and dignity kits to more than 10,000 women and girls with 880 of them receiving cash.
- Strengthening resilience to protection risks through creation of 15 community-based child protection committees, training of 72 frontline workers on child protection and referral mechanisms and protection monitoring.

Together, the UN agencies and their partners targeted 661,166 people, (57,392 men, 85,772 women, 264,181 girls and 253,821 boys) including 125,457 people with disabilities.

People Directly Reached

Overall estimate

A two-step process was used to determine the overall estimate of the number of people directly reached. Firstly, the geographical scope for each cluster was mapped to avoid double counting in locations where people targeted could have benefited from a suite of services. Secondly, beneficiary figures were prorated per district and for each district the numbers of the project with the highest beneficiary count were used. The figures for the districts were then added together.

Estimate per sector

Health: WHO beneficiary figures were used to estimate numbers reached by cluster as it is likely that the UNICEF beneficiaries were also reached through WHO activities such as outbreak control and provision of medicine. WHO's project reached more adults and children compared to UNICEF's. It also includes proportionate beneficiary figures to account for five districts targeted only by UNICEF.

Nutrition: Figures from UNICEF were used to estimate the total number reached by the cluster as it is likely that the beneficiaries from WFP project also received UNICEF supplements.

WASH: UNICEF beneficiary figures were used to estimate numbers reached by the cluster as UNICEF's project targeted the same locations as IOM and an additional four districts

Food security, Livelihoods and Protection including GBV, and Child Protection only had one project. The numbers of targeted persons from the project reports were therefore used

Estimation of persons with disabilities: The number was simply summed from the project report.

People Indirectly Reached

The CERF AA indirectly benefited about 1 million drought affected people. These include 40,000 farmers and pastoralists who benefited from FAO interventions, 552,894 people reached indirectly through mass health education campaigns targeted by WHO and 214,790 who participated in various campaigns including World Breastfeeding week (1-7 August) conducted through UNICEF's multisector project. Furthermore, 236,960 were indirectly reached by WFP .

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
Food Security - Agriculture	6,200	6,200	12,400	12,400	37,200	10,186	10,185	8,254	8,575	37,200
Food Security - Food Assistance	26,242	26,242	23,270	23,270	99,024	29,230	29,230	25,919	25,919	110,298
Health	67,720	66,768	58,059	57,176	249,723	52,210	52,331	44,261	43,543	192,345⁴
Nutrition	50,000	0	58,500	56,500	165,000	85,772	0	264,181	253,821	603,774⁵
Protection	9,497	9,203	9,803	9,497	38,000	12,450	10,630	7,774	7,220	38,074
Protection - Child Protection	5,500	4,000	8,000	7,500	25,000	3,920	3,180	6,532	8,828	22,460
Protection - Gender-Based Violence	20,322	4,646	2,323	1,742	29,033	6,215	27,187	2,331	3,108	38,841⁶
Water, Sanitation and Hygiene	29,730	23,940	47,100	44,230	145,000	38,271	36,714	32,486	30,929	138,400

⁴ Difference in reached compared to targeted: at application stage it was expected that WHO and UNICEF beneficiaries would be different and therefore project beneficiaries were added together. In reality, in most districts beneficiaries are likely to have received (complementary) assistance from both WHO and UNICEF. The lower number represents efforts to avoid double counting.

⁵ Difference in reached compared to targeted: More community health workers and mothers were trained to do MUAC screening, and every opportunity was used to do screening including during outreach and vaccination campaigns leading to the increase in the number of children screened. Therefore, the number of children screened increased by 350%. More women were reached with micronutrient supplements because in addition to meeting the women at health facilities, eligible women were reached during outreach sessions.

⁶ Difference in reached compared to targeted: The GBV prevention and mitigation messages delivered in the form of flyers, posters and other community awareness raising strategies. This has enhanced information availability, hence increasing number of people reached in all project locations.

* 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	110
Returnees	0	1,018
Internally displaced people	124,355	155,597
Host communities	172,306	481,798
Other affected people	48,360	22,643
Total	345,021	661,166

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

Table 6: Total Number of People Directly Assisted with CERF Funding*			Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Sex & Age	Planned	Reached		
Women	94,343	85,772	14,151	27,857
Men	54,529	57,392	8,179	14,439
Girls	104,860	264,181	15,729	43,459
Boys	91,289	253,821	13,693	39,702
Total	345,021	661,166	51,752	125,457

Lessons learned

TABLE 7: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestions for follow-up/improvement
Early action is instrumental in mitigating the worst impact of the drought before it hit and reducing human suffering. It allowed agencies procure and deliver essential supplies in good time. It provided an opportunity for actors to secure proactive response.	Maintain focus on anticipatory action and scale it up particularly for slow-on set emergencies.
Proper planning and sharing of information among partners are key to ensure effective response.	More time needed for proposal preparation to better plan, share information among agencies/clusters and submit quality proposals.

TABLE 8: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestions for follow-up/improvement	Responsible entity
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Early funding fosters planning and preparedness which helps reduce poor humanitarian outcomes	Continued advocacy with donors for early contributions to ensure timely response based on information on anticipated crisis	HCT
Coordination with the government and within clusters contributed to the successful delivery of response.	Cluster and involvement of counterparts in coordination should continue to be encouraged not only at the planning phase but during implementation to ensure optimal response to the extent possible.	Clusters
Government engagement during the inception sessions improved coordination	Incorporate discussion sessions and joint field visits when designing the project to enable more government involvement	Implementing partners, UNHCR
Complementarity with other funding and projects particularly for Protection projects is important to increase response capacity on referrals.	Mapping of projects and using existing tools such as 3Ws. Mapping of all Protection projects and regular updates to strengthen complementarity in response.	Cluster/UNHCR/Implementing partners
Adoption of the e-voucher and mobile money platforms to delivery beneficiary package reduced commute time for beneficiaries.	Continued advocacy for use of cash and voucher assistance where feasible not only to meet basic needs but to also reduce GBV risks within the context of natural disasters and conflict.	Clusters, HCT
Community capacity building initiatives builds local response capacity and improves quality of response	Financial resources should be directed towards building the capacity of community members, local authorities, and NGO staff to better identify needs, risks, support in response and strengthen feedback and complaints systems	Humanitarian community

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-FAO-008

1. Project Information			
Agency:	FAO	Country:	Somalia
Sector/cluster:	Food Security - Agriculture	CERF project code:	21-RR-FAO-008
Project title:	"Emergency Livelihood Support for drought-affected rural populations in Somalia"		
Start date:	15/04/2021	End date:	14/10/2021
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\$ 116,400,000
	Total funding received for agency's sector response to current emergency:		US\$ 32,880,000
	Amount received from CERF:		US\$ 3,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 304,719
	Government Partners		US\$ 57,281
	International NGOs		US\$ 0
	National NGOs		US\$ 247,438
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

The Food and Agriculture Organization of the United Nations (FAO), through this CERF grant, contributed to two separate components: Agriculture support through Cash Plus programming (Output 1) and Livestock assistance through Cash Plus programming (Output 2).

Under Output 1, FAO registered 2,500 households (15 000 individuals) in Dollow (riverine livelihood zone) and Kismayu (Agro pastoral Livelihood zone) District, Jubaland state in South Central Somalia under FAO's Cash Plus Agriculture programming. Through the FAO e-voucher scheme, FAO reached all (2,500) registered households with quality agriculture inputs. A total of 50 M/T of maize, 30 M/T of mung bean, 25 M/T of cowpea, 600 Kgs of assorted vegetables, 250 M/T of urea fertilizer, 75,000 storage bags and 5,000 handheld tools were distributed as inputs under this project. FAO also successfully verified 2,490 of these households to disburse a total of USD 562,815 to beneficiaries through mobile money operators. The ten (10) households not reached with cash disbursements were removed from the intervention as they were unavailable for Mobile Money Verification (MMO) verification during the project period. A total of 1,500 riverine households in Dollow (of the 2,500 registered households in total) received 18 irrigation hours each. Approximately 27,000 irrigation hours have been offered through cash provided to beneficiaries to purchase pump fuel in the riverine villages. Additionally, 250 lead farmers and 250 nutrition champions have been trained under the project on Nutrition and Good Agricultural Practices (GAP).

Content of training under output 1 (indicator 1.1):

GAP training topics included: Crop Production Techniques, Land preparation, nursery establishment, transplanting, watering, crop scouting, pest and disease control, weeding and harvesting and the production and management of cowpeas, sorghum/maize and assorted vegetables.

Integrated Pest Management training included information about common grain and vegetable pests and diseases in Somalia and how to combat or manage these pests and diseases using environmentally friendly, socially acceptable and sustainable practices.

Water use and management training included the following topics: water requirements, irrigation methods and infrastructure, best irrigation times and best practices.

Post-harvest handling practices for grains and vegetable training included: the prevention of storage losses, preservation and value adding. Farmers were trained on how to prolong the shelf life of cereals, pulse, and vegetables through proper handling, curing, processing and storage.

Fertilizer training topics included: proper application, fertilizer uses, fertilizer types and good practices for optimum fertilizer efficacy. The training also included emerging agricultural techniques and practices.

Nutrition training topics included: the importance of the livelihood package and its contribution to household food security, nutritional and economic advantages; feeding the family (including the development of a seasonal calendar and meal planning); Food safety and Water Sanitation and Hygiene (WASH) and cooking demonstrations based on the seasonal calendar- using food available at the time of training.

Under Output 2 of FAO's portion of this grant (Livestock support), 3,700 beneficiaries from separate households (approximately 22,200 individuals in total) – 1,850 in the Laasqoraay district of the Sanaag region and 1,850 in the Eyl district of the Nugaal region - were targeted with cash and a livelihood support package between June 2021 and October 2021. In Laasqoray district, the 1,850 beneficiaries were registered, verified, and supported with cash transfers amounting to approximately USD 370,000.00 over a period of three months. In Eyl district, the 1,850 beneficiaries were registered, verified and supported with cash amounting to approximately USD 481,000.00. In addition to cash disbursements, all 3 700 beneficiaries were supported with the livelihood support package that included a 10-litre milk storage container per household, 10 Kgs of supplementary feed blocks and veterinary support for their livestock. Beneficiaries were also trained on the utilization of the inputs provided focusing on milk hygiene and livestock nutrition.

3. Changes and Amendments

FAO planned to provide supplemental irrigation support to 1,500 households in Doolow through FAO's e- voucher scheme modality. This was to involve contracting locally registered pump owners, who under the supervision of the contracted NGO, would serve between 30-40 households, each receiving six (6) hours of irrigation per cycle and a total of three (3) cycles per cropping calendar. After community consultations and prior to irrigation activity inception, it was found that most farmers in Doolow district with proximity to each other were in possession of small irrigation pumps, which they shared to irrigate their farms on rotational basis. These pumps were either procured jointly by farmers or donated by local and international organizations such as FAO, which eased the cost burden of renting pumps to irrigate farms through project funding. As such, FAO modified the irrigation modality to provide the beneficiaries with two cash disbursements to facilitate farmers purchasing the fuel and irrigating their own farms, thus cutting down the cost of renting the service from middlemen (pump owners) and maximizing the benefits of the cash. NGO foremen supervised the activity to ensure that the irrigation activities were conducted as planned. There were no budget revisions under FAO's portion of this grant during project implementation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
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	5	5	4	4	18
Internally displaced people	1,860	1,860	3,720	3,720	11,160	1,518	1,518	1,230	1,278	5,544
Host communities	4,340	4,340	8,680	8,680	26,040	1,940	1,940	1,573	1,633	7,086
Other affected people ⁷	0	0	0	0	0	6,723	6,722	5,447	5,660	24,552
Total	6,200	6,200	12,400	12,400	37,200	10,186	10,185	8,254	8,575	37,200
People with disabilities (PwD) out of the total										
	310	310	620	620	1,860	124	719	0	0	843

⁷ 100% of those under the category 'Other Affected People' identified as 'residents', which does not fall within the table

* 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 grant, FAO estimates that 18,000 indirect beneficiaries benefited from project activities under Output 1 (Agriculture support) through the provision of quality agriculture inputs and unconditional cash. In addition, farming communities received informational training sessions through local radio stations with a wide listenership. The topics covered were Crop Production Techniques:

- Land preparation, nursery establishment, transplanting, watering, crop scouting, pest, and disease control, weeding and harvesting, and production and management of cowpeas, sorghum/maize and assorted vegetables.
- Integrated Pest Management: Information about common grain and vegetable pests and diseases in Somalia and how to combat or manage these pests and diseases using environmentally friendly, socially acceptable, and sustainable practices.
- Water use and management: Irrigation, water requirements, irrigation methods and infrastructure, best irrigation times and practices.
- Post-harvest handling practices for grains and vegetables: prevention of storage losses, preservation and value add. Farmers were trained on how to prolong the shelf life of cereals, pulse, and vegetables through proper handling, curing, processing and storage.
- Fertilizer application, fertilizer use, types, and good practices for optimum fertilizer efficacy; and
- Emerging agricultural techniques and practices.

The beneficiaries also received nutrition training at household and community levels within the same period. Topics covered included:

- Importance of the livelihood package (contribution to household food security and nutritional and economic advantage).
- Feeding the family (including the development of a seasonal calendar and meal planning).
- Food safety and Water Sanitation and Hygiene (WASH).
- Cooking demonstrations based on the seasonal calendar (using food available at the time of training).
- Gender mainstreaming and nutrition.

Under Output 2, approximately 22,200 indirect beneficiaries are estimated to have benefitted from project activities at the household level, as each household is estimated to have approximately six household members.

6. CERF Results Framework

Project objective	To provide emergency cash and livelihood support to enable 6,200 rural households at risk of severe drought to meet their basic needs as well as providing sustained access to nutritious food sources by boosting production and protecting livelihood assets.			
Output 1	Provision of cash transfers and agriculture livelihood support to 2,500 drought affected households (15,000 people) in Kismayo and Dollow districts, Lower Juba and Gedo region			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of lead farmers and nutrition champions to receive GAP and Nutrition training	250 lead farmers and 250 Nutrition champions Intermediary: 50 lead farmers and 50 nutrition champion <i>Intermediary: 50 lead farmers and 50 nutrition champions trained (wk 1 of June)</i>	Between the first week of June 2021, and the last week of July a total of 250 lead farmers were trained by implementing partner agronomists in Kismayu and Doolow District. During the same period, 250 nutrition champions were trained by implementing partners	FAOs call centre verification results NGO final narrative report and training photos in FAOs repository. Household data submitted through the open data kit (ODK).

		<i>Final: 250 lead farmers and 250 nutrition champions trained (wk 4 of July)</i>	<p>in Dollow and Kismayu Districts</p> <p>All beneficiaries in Doolow and Kismayu District have also benefited from training through radio programs; good agricultural practices (GAP) and nutrition training sessions were aired weekly from the first week of June through to July 2021. Each session was repeated once during the same period to enhance acquisition of knowledge among farming households.</p>	<p>Training reports from implementing partners.</p> <p>Annex 12, 9B and 9C submitted by the implementing partners.</p>
Indicator 1.2	Ag.1 Number of people benefiting from agricultural inputs (items/packages/kits) (agricultural farming package)	<p>Approximately 15,000 people (2,500 HHs including (750 Female-headed and 1,750 Male HHs)</p> <p><i>Intermediary target: 3,750 people (500 HH)s (wk 2 May)</i></p> <p><i>Final target: 15,000 (2,500 HHs)(wk 4 May)</i></p>	<p>By week 4 of May 2021, FAO registered and reached a total 15,000 individuals (2,500 HHs). During this period, all households were registered and reached with inputs from Cash Plus Agriculture activities as planned.</p> <p>Of the 2,500 HHs registered and reached, 1,104 (44.16%) were female headed households and 1,396 (55.85%) were male headed households in Dollow and Kismayu District.</p>	<p>Form Management Tool (FMT) data household registration forms.</p> <p>E-voucher and related reports available in the FMT.</p> <p>Biometric Money (BIMO) review records.</p> <p>FAO Call Centre verification reports.</p> <p>Implementing partner interim and final narrative reports.</p>
Indicator 1.3	Number of people (disaggregated by sex) receiving cash transfer.	<p>Approximately 15,000 people (2,500 HH (750 Female and 1,750 Male HHs)</p> <p><i>Intermediary: 2,500 HHs received first month cash transfer (wk 2 July)</i></p> <p><i>Final: 2,500 HHs received three monthly cash transfer (wk 4 Aug)</i></p>	<p>FAO registered and reached a total 2,490 HHs with Unconditional Cash Transfer support (44.16% female and 55.85% male in Dollow and Kismayu districts).</p> <p>(by mid-June, 1,478 HH had been supported with cash transfers)</p>	<p>Form Management Tool (FMT) data household registration forms.</p> <p>FAO Call Centre verification reports.</p> <p>Implementing partner interim and final narrative reports.</p>
Indicator 1.4	Total farming area to receive irrigation	1,500 hectares	1,500 households received three cycles of	Form Management Tool (FMT) data

		<p><i>Intermediary: 1,500 hectares received 1st cycle of irrigation (wk 3 July)</i></p> <p><i>Final: 1,500 hectares received 3 cycles of irrigation (wk 4 Aug)</i></p>	<p>irrigation hours (6 hours each), and a total of 27,000 irrigation hours were provided. Approximately 1,500 Ha were irrigated during the crop production cycle.</p>	<p>household registration forms.</p> <p>E-voucher and related reports available in the FMT.</p> <p>Biometric Money (BIMO) review records.</p> <p>FAO Call Centre verification reports.</p> <p>Implementing partner interim and final narrative reports.</p>
Indicator 1.5	Number of Post Distribution monitoring and Crop Yield Assessments	<p>2 assessments</p> <p>Intermediary: 1 (wk 4 July) Final: 2 (wk 4 Sept)</p>	<p>2 assessments were conducted – the Gu Post Distribution Monitoring (PDM) assessment and the Gu 2021 Crop Yield Assessment. PDM data was collected and shared with FAO, and a sample of 172 beneficiaries were reached by the implementing partner. This reflected approx. 17% of the total 2,500 beneficiaries within targeted villages. The gender representation of the sampled 172 beneficiaries were 62.8% female (108) and 37.2% male (64).</p> <p>Gu post distribution monitoring completed during the second week of June 2021 and second week of July 2021. Data analysis is ongoing, and a draft report is expected to be completed in March.</p> <p>FAO conducted the Gu 2021 Crop Yield Assessment in August of 2021. The assessment covered 2,118 households across five regions and 11 districts, of which 79% were</p>	<p>Post distribution assessment data available in the open data kit (ODK)</p> <p>Agriculture Emergency <i>Gu</i> 2021 Post Distribution report.</p> <p>FAO Somalia Monitoring and Evaluation (M&E) <i>Gu</i> 2021 post distribution report.</p> <p>Final narrative report from implementing partners</p>

			project beneficiaries assisted during the <i>Gu</i> 2021 season while 24% were non-beneficiaries.	
Indicator 1.6	30% increase in crop yield at household level	<p>Approximately 15,000 people (2,500 HHs) have 30% increased yield.</p> <p><i>Final: 2,500 HHs have increased their crop yield by 30% (wk 4 Sept) – intermediate indicator N/A</i></p>	<p>According to the Crop Yield assessment <i>Gu</i> 2021, project beneficiaries targeted with the activity harvested an average of 1.21 tons/ha of cereal compared to 0.98 tons/ha harvested by non-beneficiaries. This represents a 23% higher yield for project beneficiaries.</p> <p>There was an overall decline (of approximately 0.71 tons/Ha for both maize and sorghum) in yield for both beneficiaries and control groups in comparison to data from <i>Gu</i> 2020. This may be attributed to the below average <i>Gu</i> 2021 rains which affected crop production per unit area.</p>	Gu 2021 Crop Yield Assessment

Explanation of output and indicators variance:

Indicator 1.3: The ten (10) households not reached with cash disbursements were removed from the intervention, as they were unavailable for Mobile Money Operator (MMO) verification during the project period.

Indicator 1.6: Lateness in seed distribution and erratic *Gu* Rainfall affected the crop yield more so in the rainfed areas.

Activities	Description	Implemented by
Activity 1.1	Beneficiary mobilization, sensitization and registration of 2,500 HHs (1,000 HHs in Dollow and 1,500 HHs in Kismayo at village level)	Gedo Women Development Organization (GEWDO) Support International Rescue (SIR Foundation)
Activity 1.2	Training of 250 Lead Farmers and 250 Nutrition Champions on good agricultural practises (GAP) and nutrition across all districts	Gedo Women Development Organization (GEWDO) Support International Rescue (SIR Foundation) Local radio stations
Activity 1.3	Distribution of vouchers for inputs and their redemption by 1,000 HHs in Kismayo and 1,500 HHs in Dollow district (Each beneficiary will receive 20Kg maize, 10Kg cowpea, 12Kg mung bean and 240g of assorted vegetables Seeds, 2 pieces of hand tools, 30 pieces of hermetic storage bags & 100 Kg urea Fertilizer)	Gedo Women Development Organization (GEWDO) Support International Rescue (SIR Foundation)

Activity 1.4	Verification of 1,000 HHs in Kismayo and 1,500 HHs in Dollow district and cash transfers (Each beneficiary to receive 3 monthly cash payments of an average USD 75 per month)	FAO contracted a financial service provider (Hormuud) with the assistance of Implementing Partner National Non-Governmental Organizations (NGO). Gedo Women Development Organization (GEWDO) Support International Rescue (SIR Foundation) Implementing Partner NGOs assisted with beneficiary mobilization and sensitization in readiness for verification at village established points. Gedo Women Development Organization (GEWDO) Support International Rescue (SIR Foundation)
Activity 1.5	Provision of Irrigation services to 1,500 HHs in Dollow only in pump irrigation areas. (1,500 hectares of riverine farmland to receive 3 cycles of irrigation- total of 18 hours)	Beneficiaries facilitated the procurement of services under the supervision of Implementing Partner Local Non-Governmental Organizations (NGO). Gedo Women Development Organization (GEWDO) Support International Rescue (SIR Foundation)
Activity 1.6	Facilitation of the Post Distribution monitoring and Crop Yield Assessments	FAO, through third party monitoring (TPM) at the end of the Gu 2021 cropping season

Output 2	Provision of cash transfers and emergency livestock support for drought-affected pastoralist households in Eyl and Laasqoray districts of Nugal and Sanaag regions.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of pre-implementation meetings at district and Village level	2 meetings at district level and 6 meetings at village level <i>Intermediary target dates: 8 meetings (wk 1 May)</i> <i>Final target dates: 8 meetings (wk 1 June)</i>	During the first week of May 2021, FAO conducted two district level meetings in Dollow and Kismayu with the district authority. During the second week of May 2021, 13 meetings were held at the village level during community mobilization and sensitization as well as the establishment of village selection committees In Lasqooray and Eyl districts, two consultation meetings occurred at the district level and six community engagement meetings occurred at the village level in each district during the month of June 2021.	Implementing Partner interim reports FAO Call Centre verification reports.

Indicator 2.2	Number of pastoral households trained on proper utilization of inputs and nutrition	<p>11,100 people (1,850 HHs including 925 female-headed and 925 male-headed HHs)</p> <p><i>Intermediary target dates: 2,220 people trained (wk 1 July)</i></p> <p><i>Final target dates: 11,100 people trained (wk 1 Aug)</i></p>	Training on the utilization of livelihood support inputs and nutrition began in Lasgooray and Eyl district during the second week of July 2021 and completed during the first week of October 2021. A total of 1 850 households were fully trained on milk hygiene and livestock nutrition.	<p>Implementing Partner interim reports</p> <p>FAO Call Centre verification reports.</p>
Indicator 2.3	Number of households and people (disaggregated by sex) supported with livestock package	<p>22,200 people (2500HHs including 1750 female-headed and 1750 Male-headed HHs)</p> <p><i>Intermediary target: 4,440 people (wk 1 July)</i></p> <p><i>Final target:22,200 people (wk 2 Aug)</i></p>	<p>Livelihood support inputs were delivered to the field before project implementation as strategic stock for emerging need. Beneficiaries began receiving inputs during the second week of August 2021, and distribution was completed on the first week of October 2021 in both Laasgoray and Eyl districts where a total of 3 700 households were assisted (22 000 individuals).</p>	<p>Verified delivery orders from the supplier.</p> <p>Visual verification and confirmation by field-based staff</p>
Indicator 2.4	Ag.2 Number of animals vaccinated, dewormed and/or treated(FAO will only provide deworming services)	<p>37 000 small ruminants (goat/sheep)</p> <p><i>Intermediary target dates: 7,400 small ruminants dewormed (wk 2 July)</i></p> <p><i>Final target dates: 37,000 small ruminants dewormed (wk 4 Aug)</i></p>	Veterinary inputs for the treatment of 37,000 small ruminants were procured and delivered to the field during the second week of August 2021. The registration and verification processes of beneficiaries commenced from the first week of July 2021 until the third week of August 2021, leading to treatment start during the second week of August - completed by the final week of October 2021.	<p>Verified delivery orders from the supplier.</p> <p>Visual verification and confirmation by field-based staff</p> <p>Partner final report</p> <p>FAO Call Centre verification</p>
Indicator 2.5	Number of people (disaggregated by sex) receiving cash transfers.	22,200 people (3,700HHs including 1,850 female-	Beneficiary registration and verification in Laasqoray district was	Form Management Tool (FMT) data household registration forms.

		<p>headed and and 1,8500 male-headed hh</p> <p><i>Intermediary target dates: 22,200 people first month cash transfer (wk 3 July)</i></p> <p><i>Final target dates: 22,200 people three months cash transfer (wk 2 Sept)</i></p>	<p>completed during the first week of August 2021 and beneficiaries began receiving cash transfers during the third week of August 2021. Cash delivery in Laasqoray was completed during the first week of October 2021. Eyl district cash distribution took place from the second week of September 2021 to the second week of October 2021.</p> <p>In total, 3,700 HH were supported with cash transfers over three months, completing on the second week of October 2021.</p>	<p>E-voucher and related reports available in the FMT.</p> <p>Biometric Money (BIMO) review records.</p> <p>FAO Call Centre verification reports.</p> <p>Mobile money operator reports</p>
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Explanation of output and indicators variance:

Indicators 2.2 and 2.3: Challenges were faced at the beginning of implementation in Eyl District where, due to compliance and due diligence standards, no implementing partner was immediately available as anticipated to implement Livestock activities. This resulted in slight delays to implementation.

Indicator 2.4: There were slight delays in the procurement and delivery of veterinary supplies to the field. Verification exercises also took longer than anticipated as some project beneficiaries migrated in search of pasture.

Indicator 2.5: The Mobile Money Operator (MMO) verification exercise took longer than anticipated as some beneficiaries had migrated in search of pasture, creating a slight delay.

Activities	Description	Implemented by
Activity 2.1	Procurement and prepositioning of livestock inputs (dewormers and drenching guns), partner identification, contracting and training, community mobilization and sensitization at district and village level and beneficiary registration.	FAO: Procurement and positioning of livestock inputs. NNGO Partner: Himilo Organization For Development (HOD) in Eyl Agency for Relief and Development (ARD) in Laasqoray
Activity 2.2	Training of 1,850 households on proper utilization of the inputs and nutrition (925 beneficiaries in Eyl district and 925 beneficiaries in Laasqoray district).	Implementing NNGO Partner: Himilo Organization For Development (HOD) in Eyl Agency for Relief and Development (ARD) in Laasqoray
Activity 2.3	Distribution of livestock inputs (supplementary feed blocks, mazzicans) to 3,750 HHs (1,850 HHs in Eyl district and 1,850 HHs in Laasqoray district)	Implementing NNGO Partner: Himilo Organization For Development (HOD) in Eyl Agency for Relief and Development (ARD) in Laasqoray
Activity 2.4	Deworming of 37 000 small ruminants (goat/sheep)	Implementing NNGO Partner: Himilo Organization For Development (HOD) in Eyl Agency for Relief and Development (ARD) in Laasqoray
Activity 2.5	Distribution of E- Vouchers for cash payments and 3 months of cash transfer by the mobile money operator to	Implementing Partner Golis, a mobile money operator, acted as the main financial service provider in the district.

	3,750 HHs (1,850 HHs in Eyl district and 1,850 HHs in Laaqoray district). An estimate USD 70 per month per beneficiary will be transferred.	
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7. Effective Programming

a. Accountability to Affected People (AAP)⁸

Agriculture Component

FAO reached communities through sensitization and mobilization efforts prior to implementation, as well as bulk SMS to the mobile phones of registered beneficiaries, and via the Call Centre. Project activities and beneficiary selection criteria were laid out for community review before identification was conducted. Through village selection committees and selected households, beneficiary packages and services were delivered according to the original timeline. Irrigation activity in the Gedo region is limited to a group of share croppers and the modality was modified to meet the needs of beneficiaries. Irrigation hours were provided on a needs-basis primarily relative to evapotranspiration. Cash Voucher Assistance was adopted as the most suitable modality to effectively address beneficiaries' various needs.

Livestock Component

FAO provided participation channels to the affected community during project implementation. The details of the project were conveyed to the community leaders and beneficiary communities for transparency and participation purposes. Beneficiary selection was done through a community consultative process where the community, under the guidance of community elders, selected beneficiaries

b. AAP Feedback and Complaint Mechanisms:

FAO has put in place a robust beneficiary feedback system where beneficiaries were provided with a two-way platform for beneficiary complaints and feedback. Specifically, awareness about FAO hotline number is raised among the beneficiaries by publicizing it in all community meetings and displaying it on tools such as banners and posters. In addition, the hotline number was also shared with beneficiaries through bulk messaging where beneficiaries' entitlement as well as the hotline number was shared. FAO monitored the success rate of sharing the hotline number through call centre verification. Feedback from beneficiaries on the project was received by a dedicated team at the field level, recorded, channelled to the project staff implementing the project at FAO and feedback was equally provided to the beneficiaries by the call centre staff. Confidentiality is key as beneficiary data is not shared when follow up is made on various cases. The line is active during working hours and calls made after are attended to the next day ensuring all grievances and or feedback is captured and followed up on to solution before case closure.

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

Grievances linked to sexual exploitation and abuse are channelled through the FAO hotline and or feedback and grievance number which is handled by a team of well-trained individuals. Cases of SEA are systematically referred to FAO's Office of Inspector General for further investigation into the matters, while the immediate support to victims are handled by the FAO Somalia compliance team by providing contact details of referral NGOs and clinics for support.

FAO Somalia has several actions to prevent SEA, by targeting staff (mandatory trainings), Implementing Partners (systematic training before activities starts), beneficiaries (awareness, hotline, key PSEA/AAP radio messages, etc); as well as activities designed to avoid placing beneficiaries subject to SEA (no travelling of long distances, registration at village level, receipt of inputs at village, cash transfer to mobile, etc), FAO Somalia put maximum efforts to ensure the safety of affected households; and under this project no cases arose during the implementation period.

⁸ 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](#).

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

Cash Plus is a programme designed with special consideration to female headed households, pregnant and lactating mothers, and women with malnourished children under the age of five whose livelihoods are dependent on crop production. The targeting criteria was set at a minimum of 30% of women who should be engaged in the activities as direct beneficiaries. FAO put in place measures to ensure the verification of this data. Additionally, through community mobilization and sensitization efforts, as well as bulk SMS, beneficiaries are enlightened on their received package and a hotline number is shared for any feedback and/or grievances on gender-based violence (GBV) resulting from activities. There were no cases reported during project implementation period.

e. People with disabilities (PwD):

Under this project, special considerations were given to vulnerable households who had special needs members in the household. Of those individuals with disabilities, most were indirectly supported through the primary beneficiary. Additionally, FAO put in place measures that help to ensure no harm as service providers (including implementing partners, agro dealers, mobile money agents and pump owners) reach out to beneficiaries in their villages of residence.

The Cash Plus selection criteria also targeted people living with disabilities within the beneficiary community ensuring their inclusion in the decision-making process. The safety of the beneficiaries during cash transfers was ensured through transfers using mobile money operators - a more platform that enhances beneficiary safety including those living with disabilities.

f. Protection:

FAO works with service providers including Non-Governmental Organizations (NGO), local agro-dealers and mobile money operators who have increased access to beneficiaries in hard-to-reach villages within Somalia. This ensures that the beneficiaries do not have to move from their villages to access inputs and cash, reducing the risks faced by beneficiaries. Mobile money transfers were adopted to reduce the risk of diversion and attack of beneficiaries during transfer. This modality also reduces the risk of beneficiary exposure to COVID-19. FAO monitored the receipt of cash and inputs by beneficiaries through the call centre with a successful transfer rate of 100%.

g. Education:

FAO adopted mobilization and sensitization efforts at each stage of activity implementation to ensure that interventions meet the minimum acceptable social standards while alleviating tension – keeping beneficiaries aware at all times of project activities. Other modes of communication to enhance beneficiary knowledge, such as the use of bulk SMS and radio awareness campaigns, led to successful communication with beneficiaries regarding their entitlements and rules that govern their engagement. Cash Plus beneficiaries were trained on the utilization of the livelihoods support inputs provided. The trainings also provided opportunities to educate beneficiaries on key areas such as milk hygiene, livestock nutrition and household nutrition to improve the household nutritional status.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	37,000

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.

Cash + Ag beneficiaries received their unconditional cash support through mobile money after successful verification. A total of USD 562,815. Households in the two districts received three tranches of cash payment spread across three months at a rate of USD 75 for Dollow while those in Kismayu received USD 70. The cash was used to help ensure households met their immediate food needs (nutritious food) during the lean period. In addition, households were supported so as to be in a position to purchase other emerging needs such as water.

Unconditional cash transfers to Livestock beneficiaries were made to the beneficiaries through the mobile money platform to ensure flexibility in the use of cash. Beneficiaries in Eyl District were entitled to USD 80 while those in Lasqooray District received USD 80 for each month. An additional USD 20 was allocated to all beneficiaries during the first payment to cater for purchase of a mobile phone for ease in transacting payments. A total of USD 851,000 was transferred to these beneficiaries over a period of three months.

According to FAO's *Gu 2021 Crop Yield and Livelihood Support Impact Assessment Report*, his cash was primarily spent on food at the beginning of the cropping calendar/season. However, beneficiaries were able to diversify their cash usage to meet other non-food household needs such as school fees, debt repayments, medical fees and clothing in addition to their food needs as the season advanced. While food topped the expenditure priority list for both first and last payments (three months apart), the general spending shift from food to more non-food items indicated a better possibility of higher resilience. For example, most smallholder credit is sourced from family and friends so the growth (compared to *Gu 2020*) in proportion using cash received to pay loans could indicate progress in building absorptive capacity via bonding social capital (credit) and access to cash.

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
Provision of cash transfers and support to 2 500 drought affected households (15000 people) in Kismayo and Dollow districts, Lower Juba and Gedo region]	2,490	US\$ 562,815	Food Security - Agriculture	Unrestricted
Provision agriculture livelihood support to 2 500 drought affected households (15000 people) in Kismayo and Dollow districts, Lower Juba and Gedo region]	2,500	US\$ 663,500	Food Security - Agriculture	Unrestricted
Monthly cash transfers (cash plus livestock) to 11 100 persons in Eyl and 11 100 persons Laasqoray	22,200	US\$ 851,000	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Fighting against drought-induced hunger: FAO provides rural households in Somalia with cash livestock and agricultural support	https://bit.ly/3lo5zTs
Somalia Supporting rural households with cash, livestock and agricultural inputs (1)	https://bit.ly/3sFLssX
Somalia Supporting rural households with cash, livestock and agricultural inputs (2)	https://bit.ly/3uJ1kgH

Tweet	https://bit.ly/3gjt1s
Tweet	https://bit.ly/3gg5AvF
Human interest story/video story on Twitter	https://bit.ly/3uF3LRi

10. Project evaluation

No evaluation is planned for this project by FAO. M&E has conducted an impact evaluation for the inputs distributed and the report has been finalized and circulated within the program team.

3.2 Project Report 21-RR-IOM-006

1. Project Information				
Agency:	IOM		Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene		CERF project code:	21-RR-IOM-006
Project title:	Anticipatory Action on Water, Sanitation and Hygiene (WASH) to prevent and reduce human suffering, through provision of clean safe water and hygiene promotion services			
Start date:	05/05/2021		End date:	04/11/2021
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\$ 8,000,000
	Total funding received for agency's sector response to current emergency:			US\$ 1,400,000
	Amount received from CERF:			US\$ 2,250,135
	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

Under this CERF AA project, IOM successfully implemented Water, Sanitation and Hygiene activities targeting locations that were expected to be affected by the drought. The activities included: 1) rehabilitation of 10 existing strategic boreholes and drilling of 2 new boreholes. 2) construction of motorized shallow wells and 3) prevention of Acute Watery Diarrhoea (AWD) /COVID-19 through integrated hygiene promotion activities.

Through the intervention, a total of **98,150 people** (52,750 females, 45,400 males) received access to clean, safe water and preventative hygiene services for communities living in Afmadow, Dollow, Gaalkacyo, Ceerigaabo and Buhoodle districts. These districts were at risk of drought shocks and as a result contracting water related diseases. Rehabilitation of existing boreholes, through installation of new submersible pumps, raiser pipes, genset and solar systems, was done for 10 boreholes. Additionally, infrastructure improvements were made, including construction of water storage tanks, distribution/water fetching kiosks and animal troughs, while caretaker/genset rooms were fully rehabilitated or constructed where required. Two new boreholes (in Ceerigabo and Gaalkayo) were successfully drilled and handed over to the community. Through these rehabilitation and drilling activities of boreholes, the project successfully enhanced access to sustainable clean and safe water for **56,000 individuals** (30,200 female and 25,800 male) and their livestock.

In addition, IOM fully rehabilitated and upgraded 10 communal strategic motorized shallow wells in Dollow (5) and Afmadow (5). The wells were excavated deeper, walls were reinforced with dip-lining concrete rings and aprons to protect against future collapse and contamination and to allow good recharge during the rainy season so that abstraction lasts longer during dry periods. Rehabilitation works also included provision of water kiosks, separate animal troughs as well as complete solar systems and elevated water storage tanks. Through rehabilitation and motorizing of shallow wells, IOM reached **22,150 individuals** (11,200 female and 10,950 male) with clean and safe water.

Lastly, IOM, in close collaboration with active WASH cluster partners and the health authorities in the project location areas, conducted intensive anticipatory preventive actions such as prepositioning of hygiene kits (inclusive of menstrual hygiene supplies), community sensitization campaigns and treatment of unprotected water sources to counter disease outbreaks. Overall, **3000 households** benefited from hygiene kits containing 2.7kg bar soap, 360 water treatment tablets, 20 litres jerry can, 50 litres bucket and 2 packets of sanitary pads. To support the hygiene promotion campaigns, IOM recruited and trained 190 (95 female and 95 male) community hygiene promoters who undertook a gap-based approach to hygiene promotion whereby activities were preceded by Knowledge Attitude and Practices (KAP) household assessments to identify common risk practices, target groups and the preferred channel of communication while systematically including the recommended preventive measures for water-borne diseases and COVID-19. A total of **22,150** individuals (11,200 females and 10,950 males) were supported through hygiene promotion household visits.

3. Changes and Amendments.

There were no major amendment, modification, or changes. An increased number of beneficiaries were supported due to the humanitarian aid acting as a pull factor and more people benefitting from accessible water sources

4. Number of People Directly Assisted with CERF Funding*

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	2,880	2,160	5,040	4,320	14,400	4,050	5,350	7,150	5,600	22,150
Host communities	4,320	3,240	7,560	6,480	21,600	5,000	3,250	6,350	5,400	20,000
Other affected people	7,200	5,400	12,600	10,800	36,000	12,000	11,500	18,200	14,300	56,000
Total	14,400	10,800	25,200	21,600	72,000	21,050	20,100	31,700	25,300	98,150⁹
People with disabilities (PwD) out of the total										
	144	108	252	216	720	120	92	110	134	456

⁹ The increased actual beneficiaries reached was a due to more people coming for services as result of displacement and pull factor by the humanitarian intervention. Most of these beneficiaries figures come from increased hygiene promotion activities by the teams to prevent outbreak of AWDs. To cater for the increased numbers within the available budget, water users committees were requested to increase the watering/pumping times and harmoniously accommodate new arrivals.

* 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

A total of 8,150 individuals (1,358 households) are reported as indirect beneficiaries of the project activities. As mentioned above, these people were beneficiaries from neighbouring communities who were able to receive support through the intervention as well.

6. CERF Results Framework

Project objective	Improved access to sustainable clean water and good hygiene practise through anticipatory action in Sanaag, Togdheer, Mudug, Gedo and Lower Juba regions.			
Output 1	52,000 individuals with sustained access to clean safe water through rehabilitation/upgrading and drilling of new boreholes			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Boreholes rehabilitated/upgraded.	5 boreholes by the end of the week 12 and the remaining 5 boreholes by week 24	All the 10 boreholes were rehabilitated and completed by week 20 of the project implementation (end of September 2021)	Procurement documents, field weekly activity progress updates, Engineer's report on work certification and completion, field activity photos
Indicator 1.2	Number of new boreholes drilled	2 boreholes by the end of the fifth month with completed water infrastructure	The 2 boreholes were successful drilled. The complete water infrastructure was finalized within the expected timeframe	Procurement documents, field weekly activity progress updates, Engineer's report on work certification and completion, field activity photos
Indicator 1.3	Number of people assisted with access to sustained clean water through boreholes (new and rehabilitated)	52,000 people (28,600 females, 23,400 males) 30 % by the end of the fourth month	56,000 individuals (30,200 females, 25,800 males) had access to sustained clean safe water through boreholes rehabilitated / upgraded and newly drilled ones	Weekly field updates, monthly project 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. An increase in the number beneficiaries reached was seen in indicator 1.3 which is because of pull factor due to availability of services.		
Activities	Description	Implemented by		
Activity 1.1	Contracting of contractors	IOM		
Activity 1.2	Procurements of equipment	IOM		

Activity 1.3	Rehabilitation and upgrading of strategic boreholes, pumps and pipe replacements, construction of water storage tanks, animal trough, water kiosks	IOM
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Output 2	20,000 individuals with sustained access to clean safe water through rehabilitation/upgrading of motorized shallow wells
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Water, Sanitation and Hygiene			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of motorized wells rehabilitated/upgraded	5, completed by the end of week 8 and remaining 5 motorized wells by the end of week 18	Effectively rehabilitated and upgraded 10 strategic communal motorized wells within the expected project timeline	Procurement documents, field weekly updates, engineer's technical reports on work certification and completion reports, activity progress photos
Indicator 2.2	Number of people assisted with access to sustained clean water through shallow wells rehabilitation/upgrading	20,000 people (11,000 females, 9,000 males) by end of week 12	22,150 individuals (11,200 female and 10,950 male) have sustained access to clean safe water through rehabilitated /upgraded of motorized shallow wells	Weekly field updates, monthly project reports and field photos

Explanation of output and indicators variance:	Marginal increase of beneficiaries was observed in indicator 2.2 which was likely due to pull factor of availability of water sources			
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Activities	Description	Implemented by
Activity 2.1	Construction and upgrade of motorized wells in Dollow and Afmadow districts	IOM
Activity 2.2	Selecting or refresher training of water committees (50% Women) one for each shallow well	IOM

Output 3	20,000 individuals have access to hygiene kits and improved hygiene practices
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Water, Sanitation and Hygiene			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of individuals receiving hygiene kits through direct distribution	20,000 (11,000 Females, 9,000 Males) 50% by end of the 6th week and 100% by the 8th week	22,150 individuals (11,200 females and 10,950 males) received standardised hygiene kits through direct distributions	Procurement documents, field weekly updates, distribution lists, distribution reports and field activity photos

			(by end of July, kits transported to distribution sites and pending distribution along with water rehabilitation completion)	
Indicator 3.2	Number of people receiving direct hygiene promotion through household visit or through participating in a group session	20,000 (11,000 Females, 9,000 Males) 50% by the 3rd month and 100% by the 5th month	22,150 individuals (11,200 females and 10,950 males) received standardised hygiene kits through direct distributions (12,180 people by end of July = end of 3 rd month)	Weekly field updates, post distribution reports, field activity progress reports and photos
Explanation of output and indicators variance:		Marginal increase in both indicators observed		
Activities	Description	Implemented by		
Activity 3.1	Procurement of hygiene kits	IOM		
Activity 3.2	Recruitment of trained hygiene promoters	IOM		
Activity 3.3	Conduct hygiene promotion sessions	IOM		

7. Effective Programming

a. Accountability to Affected People (AAP) ¹⁰:

In line with IOM policy, all beneficiaries (women, men, girls and boys) were given equal opportunity to actively participate in all the activities of the project from planning, implementation and monitoring. During the planning/design phase, IOM dispatched program teams directly to the districts to meet with the local authorities and line ministry officials for briefing, endorsement of activities and nominate members of local authorities/ministry of water who would act as focal persons for the project. Then the appointed focal persons travelled with IOM program teams to the villages/activity locations for another briefing and introduction of activities at village level as well as identifying the exact locations (in the case for shallow wells) and re-confirm malfunctioning parts (in the case of the boreholes). During the implementation, a team of water committees doubling as hygiene promoters were recruited and trained to oversee and support activities. The committee was also responsible to support the program team to collect beneficiaries' feedback and identify vulnerable members of the community for service inclusion

b. AAP Feedback and Complaint Mechanisms

IOM has a well-structured multi-faceted feedback mechanisms that capture community feedback while guaranteeing confidentiality. For this project, community committees held regular weekly meetings chaired by IOM monitors at project sites together with the contractors to monitor the progress of the water sources' rehabilitation and to capture community perception of the quality of work and variations (if any). After work was completed, committees further gathered feedback from the beneficiaries. Volunteer community mobilizers recruited during hygiene promotion conducted door-to-door consultations and interviews to collect complaints and feedback in person. This approach allowed face to face interaction (although taking COVID-19 prevention measures into consideration) to facilitate more qualitative

¹⁰ 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](#).

feedback and ensured anonymity. Post-Distribution Monitoring (PDM) surveys of hygiene kits and interviews with local authorities/ministry of water officials as proxy representatives of the communities were also used to capture the community's needs and challenges.

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

PSEA training is mandatory for all IOM staff and a PSEA clause is included in all IOM contracts with service providers, vendors and project implementing partners. IOM provided orientation on Sexual Exploitation and Abuse (SEA) and reporting mechanisms (including toll-free number) to community committees, hygiene promoters and mobilizers.

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 by incorporating gender-responsive elements and capacity building needs and concerns of women and girls were addressed and mainstreamed. During community consultations, feedback forums and data collection equal opportunity were given to women, men, girls, vulnerable members, male and female headed HHs to air their views and given equal access to services.

e. People with disabilities (PwD):

Project staff, community committees and hygiene promoters were sensitized on the inclusion of disability as part of a larger vulnerability-based beneficiary selection criteria. PwD were given priority for services delivery at water fetching points, feedback forums and data collection times. During the distribution of hygiene kits, PwD were pre-identified and home deliveries arranged to prevent unforeseen risks and safeguard their dignities.

f. Protection:

Throughout the project phases, the principle of do not harm was upheld. At the design level, confidentiality, anonymity and data protection of all beneficiaries was planned and introduced to all stakeholders. Inclusion of women and girls in the consultation process, seeking consents for data collection and visibility materials of subjects was also incorporated in the design of the project.

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.	N/A

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.

It was not possible to provide water through cash or vouchers. Well/borehole rehabilitation and construction was the most sustainable and impactful option.

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
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.

N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.
N/A	N/A	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
In Somalia, over 7 million people don't have access to clean and safe water	https://twitter.com/IOM_Somalia/status/1442787239612796931
Distribution of hygiene kits	https://twitter.com/IOM_Somalia/status/1461606744908615685

10. Project evaluation

No evaluation is planned for this project

3.3 Project Report 21-RR-FPA-007

1. Project Information			
Agency:	UNFPA	Country:	Somalia
Sector/cluster:	Protection - Gender-Based Violence	CERF project code:	21-RR-FPA-007
Project title:	Gender-Based Violence (GBV) risk mitigation and strengthening of women's and girls' access to GBV services and Menstrual Hygiene Management (MHM)		
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\$ 16,400,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,148,000
	Amount received from CERF:		US\$ 750,000
	Total CERF funds sub-granted to implementing partners:		US\$ 248,050
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 248,050
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

UNFPA Somalia has successfully implemented the CERF AA grant. Implementation of the CERF AA grant was in Garbahaarey (Gedo); Kismayo (Lower Juba); Ceel Afweyn (Sanaag), Belet Wyne (Hiran) and Bandarbayla (Bari) and reached a total of 38,841 beneficiaries mainly women and adolescent girls. Among the total reached, 880 women and adolescent girls have received a cash and voucher assistance USD 50 per month for 3 months in all project locations. 5,152 dignity kits and 5,000 menstrual hygiene kits were procured and distributed to more than 10,000 women and adolescent girls. Also GBV prevention and mitigation messages delivered in the form of flyers, posters and other community awareness raising strategies and reached more than 22,000 beneficiaries across all project locations. Specific target distribution included female headed households and divorced women. The focus on adolescent girls was deliberately targeted to provide an opportunity to meet their most direct and basic needs and to provide some form of financial empowerment for young adolescent girls who already were fulfilling the roles of primary bread winners due to loss of one or both parents. The project has increased access to information and education for women and girls with knowledge and practical tools to mitigate pain, make informed choices and empowered them to manage menstruation in a hygienic manner. MHM education and information sharing was critical and instrumental to improve MHM practices, while it can also be a vehicle to reduce the stigma around menstruation and to tackle some of the gender misconception-discrimination at the root of it and ultimately promote positive shifts.

The implementation of the project activities started immediately as of when UNFPA received funds. UNFPA was able to disburse funds to the implementing partners within the first two weeks. Orientation sessions took place with the implementing partners about the project's activities, targets and roles and responsibilities. For cash assistance, implementing partners have received relevant guidance and orientation to implement a survivor centered approach and do no more harm principle in providing these services. The procurement of dignity kits and menstrual hygiene kits under this grant was procured locally taking advantage of UNFPA's Fast Track Procedures which allows for faster and more decentralized procurement practices. During the reporting period, UNFPA completed the procurement process of these kits and started the distribution process to reach the target beneficiaries.

3. Changes and Amendments

This project is part of the ongoing evaluation launched by CERF/OCHA and will be completed soon.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
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	14,022	3,331	1,856	1,333	20,542	4,456	18,759	1,783	2,483	27,481
Host communities	6,300	1,315	467	409	8,491	1,759	8,428	548	625	11,360
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	20,322	4,646	2,323	1,742	29,033	6,215	27,187	2,331	3,108	38,841¹¹
People with disabilities (PwD) out of the total										
	800	100	500	100	1,500	1,021	302	784	276	2,383

¹¹ The GBV prevention and mitigation messages delivered in the form of flyers, posters and other community awareness raising strategies. This has enhanced information availability, hence increasing number of people reached in all project locations.

* 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

About 12,500 beneficiaries including women, girls, men and boys benefited indirectly from project's community sessions on GBV risk mitigation and prevention, cash and voucher assistance and information and awareness sessions on GBV prevention messages.

6. CERF Results Framework

Project objective	The capacity of vulnerable women and girls improved to adopt and cope with GBV risks in drought situations			
Output 1	Women and adolescent girls have greater access cash/voucher assistance for material and basic needs			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women and girls who accessed cash and voucher assistance within the project scope of work monthly	Target 880 (293 by week 8; additional 293 by week 12; additional 294 by week 16)	880 (880 reached by end of July)	CVA distribution reports, implementing partner reports,
Indicator 1.2	Number of conducted preparatory community consultations to inform targeting and delivery	Target 50 sessions in all locations (30 sessions by week 7)	50 sessions (36 sessions by end of July)	Project reports, implementing partner reports,
Explanation of output and indicators variance:		No variance observed		
Activities	Description	Implemented by		
Activity 1.1	Hire implementing partners	UNFPA		
Activity 1.2	Develop criteria for targeting of vulnerable women and girls for cash assistance and undertake orientation for service providers	UNFPA, SLNMA, SBACO, TAAKULO and SEDHURO		
Activity 1.3	Conduct beneficiary registration	SLNMA, SBACO, TAAKULO and SEDHURO		
Activity 1.4	Conduct 10 community sessions of 40 persons per location Garbahaarey; Kismayo; Ceel Afweyn, Belet Wyne and Bandarbayla (Bari), to enlighten on the purpose for CVA to pre-empt and mitigate risks of violence. Each meeting is planned for 2 hours.	SLNMA, SBACO, TAAKULO and SEDHURO		
Activity 1.5	Provide USD50 per person unconditional per month @150USD for 3 months for 880 women cash and vouchers assistance to vulnerable women and girls for material and basic food and health needs in Garbahaarey; Kismayo; Ceel Afweyn Belet Wyne and Bandarbayla (Bari)	SLNMA, SBACO, TAAKULO and SEDHURO		
Output 2	Dignity kits and menstrual hygiene kits have been procured and distributed to vulnerable women and adolescent girls			

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits (dignity kits DK)	5,152 (2,500 by week 12; 5,152 by 30 September)	5152 (2,500 reached by mid-July, i.e. week 10)	DK distribution reports, Implementing partner reports.
Indicator 2.2	SP.1b Number of people benefiting from menstrual hygiene management kits and/or dignity kits (menstrual hygiene kits MHK)	5,000 (2,500 by week 12; 5,000 by 30 September)	5,000 (2,500 reached by mid-July, i.e. week 10)	MHM kits distribution reports, implementing partner reports
Indicator 2.3	Number of awareness sessions conducted for women and girls	75 sessions in all locations (35 by week 14; 75 by mid-September)	75 sessions (53 by early July, i.e. week 9)	Project reports, implementing partner reports
Explanation of output and indicators variance:		No variance observed		
Activities	Description	Implemented by		
Activity 2.1	Procurement of dignity kits	UNFPA		
Activity 2.2	Distribution of dignity kits to affected people	SLNMA, SBACO, TAAKULO and SEDHURO		
Activity 2.3	Procurement and distribution of menstrual hygiene (MHM) kits	UNFPA		
Activity 2.4	Distribution of MHM kits to affected people	SLNMA, SBACO, TAAKULO and SEDHURO		
Activity 2.5	Conduct 75 menstrual hygiene awareness sessions for women and girls in Garbahaarey; Kismayo; Ceel Afweyn Belet Wyne and Bandarbayla (Bari) @15 per location and @40 target beneficiaries per session	SLNMA, SBACO, TAAKULO and SEDHURO		

Output 3	Conduct GBV awareness raising activities on prevention and mitigation of GBV risks for women and girls during drought and mitigation strategies			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of persons reached through the GBV awareness raising activities (disaggregated by sex and age)	Target 18,000# beneficiaries reached with GBV prevention by week 10 is 6,500# beneficiaries reached	22,408	Implementing partner reports, Project reports
Explanation of output and indicators variance:		The GBV prevention and mitigation messages delivered in the form of flyers, posters and other community awareness raising strategies. This has enhanced information availability, hence increasing number of people reached in all project locations.		
Activities	Description		Implemented by	

Activity 3.1	Conduct 5 GBV awareness raising activities on prevention and mitigation of GBV risks for women and girls during drought and mitigation strategies in Garbahaarey; Kismayo; Ceel Afweyn Belet Wyne and Bandarbayla (Bari)	SLNMA, SBACO, TAAKULO and SEDHURO
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7. Effective Programming

a. Accountability to Affected People (AAP) ¹²:

Pre-consultations on needs with critical stakeholders including service providers and adolescent groups informed the design of the project. Consultations on the contents of dignity kits to meet specific contexts and needs took place. Community mobilization, age and culturally sensitive participatory approaches were the main strategies to mobilize participation in implementation and monitoring of the project. Also, through the community consultation sessions, the committee members were actively engaged during the beneficiary selection process for the cash and voucher assistance. Project implementation and monitoring involved adult women, adolescent girls, boys and men target beneficiaries to ensure participation.

b. AAP Feedback and Complaint Mechanisms:

Beneficiaries were informed of the avenues for complaints and feedback during preparatory project activities and community mobilization activities. Messages on non-payment for material assistance that will be delivered with the support of this project was disseminated among communities in advance of distribution. Target beneficiaries received the name and contact of focal persons to report to for each of the implementing organization. Target beneficiaries were informed on time-lines for action and complaints were acknowledged and feedback provided. Implementing partners were also able to implement a tool for collecting beneficiary satisfaction feedback developed by UNFPA.

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

UNFPA trained its partners in recording and handling SEA complaints using IASC prescribed template to record SEA complaints. To effectively handle SEA complaints and 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.

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

This project has contributed to gender equality and women's empowerment because it essentially aimed to empower women and adolescent girls and mitigate GBV risks that may be exacerbated by drought event. It contributed to their economic empowerment through the cash and voucher assistance and provided them the potential to exercise some control over their safety and security. It has provided them with material assistance such as dignity and menstrual hygiene kits to improve their menstrual health, dignity and safety. For adolescent girls especially, menstrual hygiene kits assured personal dignity, security and freedom to continue to attend schools without interruption.

e. People with disabilities (PwD):

Throughout the project cycle, UNFPA and partners implemented the principle of inclusion and non-exclusion. The project involved women and girls living with disabilities as principal target beneficiaries. Implementing partners demonstrated expertise on understanding and applying the principle of inclusion. Cash and voucher assistance component of the project targeted women and adolescent girls living with disabilities as primary recipients because they are at higher risk of GBV. The project also included sessions on ensuring access to humanitarian assistance in orientation sessions for implementing partners and planned community engagement sessions of the project.

f. Protection:

¹² 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](#).

The project was the first GBV project to provide direct cash intervention to meet GBV and related needs. It was important to address the needs of women which could prevent GBV; interrogate the assumption that cash assistance may lead to increased intimate partner violence and assess the effect on women's autonomy. A rapid assessment conducted with beneficiaries' post-project revealed that women and girls' recipients of cash were able to apply cash to meet both personal and family immediate needs. In addition, the cash assistance reduced stress in families and improved relations.

g. Education:

Educating young women and adolescents on the practice of menstrual hygiene was a component of this project. Beneficiaries have had access to information and knowledge with practical tools to mitigate pain, make informed choices and empowers them to manage menstruation in a hygienic manner. MHM education and information sharing was critical and instrumental to improve MHM practices, while also be a vehicle to reduce the stigma around menstruation and to tackle some of the gender misconception-discrimination at the root of it and ultimately promote positive shifts.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	880

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.

Implementation of the CERF AA grant was in 5 regions Bandarbayla (Bari region), Ceel Afweyn (Sanaag region), Kismayo and Garbaharay (Jubaland); and Galgadug (Galmudug) for a total of 880 women and adolescent girls. Specific target distribution included female headed households and divorced women. The focus on adolescent girls was deliberately targeted to provide an opportunity to meet their most direct and basic needs and also to provide some form of financial empowerment for young adolescent girls who already were fulfilling the roles of primary bread winners due to loss livelihoods and or of one or both parents.

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
Activity 1.5: Provide cash and vouchers assistance to vulnerable women and girls and monitor utilization	880	132,000	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Good menstrual hygiene keeps girls in school.	https://somalia.unfpa.org/en/news/good-menstrual-hygiene-keeps-girls-school-period
Dignifying women and girls amidst humanitarian emergencies	https://somalia.unfpa.org/en/news/dignifying-women-and-girls-amidst-humanitarian-emergencies

10. Project evaluation

This project is part of the ongoing evaluation launched by CERF/OCHA and will be completed soon. But UNFPA Somalia has conducted an evaluation on the impact of the cash and voucher assistance within the GBV risk mitigation and women empowerment in the context of drought. Please check the following link for the report

<https://somalia.unfpa.org/en/publications/gbv-learning-brief-cash-assistance-mitigation-gender-based-violence-somalia>

3.4 Project Report 21-RR-HCR-007

1. Project Information			
Agency:	UNHCR	Country:	Somalia
Sector/cluster:	Protection	CERF project code:	21-RR-HCR-007
Project title:	Protection Monitoring for corrective response management		
Start date:	15/04/2021	End date:	14/10/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 1,400,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 500,018
	Total CERF funds sub-granted to implementing partners:		US\$ 403,520
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 403,520
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The project directly benefited 38,074 (20,224 females) displaced people in accessible districts of both the Southwest State and Jubaland regions, namely: -Southwest State: Bakool (Ceel Barde, Rab Dhuure, Tayeeglow, Waajid, Xudur,) Bay (Baydhaba, Buur Hakaba, Diinsoor, Qansax Dheere); and Jubaland: Lower Juba (Afmadow, Badhaadhe, Jamaame, Kismaayo), Middle Juba (Bu'aale, Jilib, Saakow). Ninety-six (96) protection monitors from the network of thirty-two (32) local NGOs were deployed in IDP and host community settlements, urban canters, and their outskirts. The project complemented existing protection networks to strengthen protection monitoring including the PRMN and SPMS monitoring systems to increase identification, monitoring, documentation and dissemination of protection risks, violations of persons living with disabilities rights, referral of survivors of sexual and gender-based violence (SGBV) and responding to the needs of persons facing various human rights violations and older persons at risk.

3. Changes and Amendments

No changes during project implementation.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection									
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	4,797	4,603	4,898	4,797	19,095	6,550	5,980	3,960	3,820	20,310
Host communities	4,700	4,600	4,905	4,700	18,905	5,900	4,650	3,814	3,400	17,764
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	9,497	9,203	9,803	9,497	38,000	1,2450	1,0630	7,774	7,220	38,074
People with disabilities (PwD) out of the total										
	1,145	1,100	1,150	1,105	4,500	1,008	1,304	650	1,350	4,312

* 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

Overall project direct beneficiary reached is 38,074 (20,224 females). However, due to the use of various channels of dissemination of the information materials, the indirect estimate of potential beneficiaries reached is challenging. Nevertheless, 33,050 persons were indirectly reached. The indirect beneficiaries are the family members of the i) beneficiaries of the emergency protection assistance (1,260*5=6,300); ii) beneficiaries of the referral assistance (1,038*5=5,190); beneficiaries of the specific assistance provided to persons living with disabilities (4,312*5=21,560).

6. CERF Results Framework

Project objective	Ensure safe, dignified, equitable and meaningful access to humanitarian assistance, resources and essential services in communities to mitigate the anticipated impact of shocks			
Output 1	Protection concerns and trends in communities affected by humanitarian shocks identified and reported to relevant partners			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of interviews and focus group discussions conducted with key informants by age, gender, diversity and community background	420 interviews (6 interviews per monitor per month); (approx..17 interviews conducted per week) 9 focus group discussions (FGD) 3 by week 3 of May, 3FGD by week 2 of June and 3 FGD by week 4 of July	Protection monitoring entailed the conduct of one-to-one interviews and focus group discussions with key informants. In order to minimize unintentional bias, the key informants were selected using two main criteria: random sampling and active role within the community. In total, the protection monitoring team conducted 833 (520 females) one-to-one interviews and 124 focus group discussions across the 24 districts during the project period. Females constituted 64% (or 520 individuals) of the 833 key informants who participated in the data collection exercise. The FGDs were conducted by field monitors as part of their routine field visits and community engagement activities. The increased outreach and community engagement has enabled to conduct more FGDs during the field visits.	Interviews KII and FGD forms.
Indicator 1.2	# of protection monitoring reports produced and disseminated	6 reports (1 report to be produced monthly) (1 report to be produced by week 4 of every month)	During the project period, 6 static displacement dashboards, 6 interactive dashboards, and 13 Flash Reports were produced/disseminated. The Project contributed to both primary and secondary data of protection and population monitoring of the Protection and Return Network (PRMN). Information from independent monitors filled the gap of information verification and contributed to flash reports and alerts.	Reports
Indicator 1.3	# Of protection cases provided with information	38,000 cases (1583 cases provided with information on	Humanitarian organizations chair and co-chair the operations of the GBV sub cluster in AA project locations, except for Somaliland, where	Photos, and key Messages

	on services available/referral	services available/referral on weekly bases)	government agencies lead the coordination forums. Nonetheless, referral systems are relatively functional in most AA operational areas. Members of the GBV sub cluster are the most active. An important factor limiting the functioning of these systems is the lack of adequate information about the service. To address this gap, the project targeted and reached 35,545 individuals through information dissemination with aggregate of 1,583 individuals provided with information on services available on weekly bases. This figure represents 94% achievement against the planned target of 38,000. The campaigns, carried out across the 24 districts in collaboration with GBV partners, sought to raise awareness about the availability of referral services and ways to access them. The exercise included community outreach, structured information sessions and radio programmes.	during sessions
Indicator 1.4	# Refresher protection trainings targeting protection monitors undertaken	10 sessions (10 sessions conducted by week 2 of May)	AA focal points, paralegals and protection monitors participated in 10 technical capacity development trainings and on job sessions that were either conducted virtually and face to face: two Protection from Sexual Exploitation and Abuse (PSEA) training events and 8 integrated protection covering data collection techniques, GBV and Child Protection. Out of 74 total participants, females represented 37% or 27 individuals. For some it was the first time participating in such a condensed and integrated format, the majority (including the new monitors) had participated in trainings covering similar protection topics. Apart from the new monitors for whom attendance was mandatory, other participants were selected based on availability bearing in mind that the rest will participate in subsequent trainings. Most of the training events took place in late May and early June due to a week or two delays experienced during the inception phase. The project monitors recruitments and government inception meetings resulted the delays in rolling out monitor trainings.	Training's report, photos and other administrative documents
Indicator 1.5	# pre-start up presentation sessions with government officials and other relevant stakeholders undertaken	3 sessions (3 session conducted by week 3 of May)	Three pre-start up project sessions conducted. Official project launch events took place in Southcentral, Puntland, Jubaland and Somaliland. The Jubaland and Southcentral teams held a virtual event, while an in-person event took place in Puntland, observing social distancing and other Covid-19 protocols. The project launch event in Somaliland was repeatedly postponed due to the unavailability of government counterparts and other relevant	Trainings report, photos and other administrative documents

			<p>stakeholders since the proposed plan was week 3 of May, nevertheless the sessions were planned first week of May and were successfully conducted in late May. However, other parallel work of the project including monitor recruitments continued as planned. The unavailability of government counterparts was due to focus on elections in Somaliland. However, in the absence of a formal launch event, the AA team in Somaliland sought opportunities during coordination forums and presented the project. This approach prompted series of side-line meetings with interested parties, including the GBV and Child Protection working groups. In situations where community stakeholders could not participate in the launch events, AA project teams held separate community meetings at the field level. In general, reactions to the AA project were positive from both government and humanitarian stakeholders. Stakeholders did not raise any issues requiring specific follow-up actions. However, the project launch events invited key line ministries and local authorities including district/municipality representatives, regional Ministry of Women and Human Rights (MWHR), women police officers, Somaliland national IDPs and refugees agency, other government officials and humanitarian organizations to present project deliverable and discuss collaboration of the project implantation.</p>	
Indicator 1.6	# of Persons with Disabilities (PSD) identified, assisted and/or referred to specialised service providers	4,500 persons (187 cases identified per week)	<p>Disability monitoring is an aspect of Protection that is generally still in its infancy in Somalia. Therefore, as a pilot under this project, the first step undertaken by the project team was to develop a customized data collection tool. The tool seemed to map disability types and assess whether disabled persons are facing any form of difficulties accessing humanitarian assistance or are being subjected to other forms of protection violations, i.e. discrimination, exclusion and violence. In addition, the design of the form makes it possible to collect data about other vulnerabilities in addition to being disabled. A total of 4,012 (1,658 females) persons were identified and documented. Somaliland accounts for the highest caseload 1,323 (603F) in part due to the increased outreach seconded by Southcentral 1013 (197 females) concentration of IDPs, followed by Puntland 936 (655 F), and then Jubaland (203 F). Of this number, 783 extremely vulnerable individuals were provided emergency protection assistance as further described under Activity</p>	Referral list of Persons with Disabilities (PSD) identified.

			2.2. The support varied slightly, depending on the level of vulnerability observed and assessed The case identification is affected by population movements and monitors go to the IDP sites to identify persons with disability. In the event of no new arrivals, cases of persons with disability reporting is low. The case load per week is 176 persons.	
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Explanation of output and indicators variance:	<ul style="list-style-type: none"> 420 interviews were planned while 833 (520 females) were reached. The FGDs also increased. The FGDs were conducted by field monitors as part of their routine field visits and community engagement activities therefore, no costs were incurred during the sessions. The increased outreach and community engagement has enabled us to reach more people during the field visits. In this case it has been confirmed that the field monitors were able to make more field visits than originally proposed, the increased field visits translated to more FGDs during the implementation period. 38,000 cases (1,583 cases) were planned to receive information on services available while 35,545 persons were reached. The variance is due to delay of monitor recruitment who were conducting information services. 4,500 persons (187 cases identified per week) per week while 4,012 (1,658 females) were reached. The variance is a result of limitation of project coverage. Expanding target locations could help identify more persons with disability.
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Activities	Description	Implemented by
Activity 1.1	Revise the partnership implementation agreements with partner	Project partnership agreements signed elaborating Protection monitoring reports and displacement flash reports to be produced and disseminated to humanitarian actors for response. UNHCR/ Norwegian Refugee Council
Activity 1.2	Monitor key protection concerns in areas targeted by anticipatory actions through 420 interviews (6 interviews per monitor per month) and 9 focus group discussions with community members (3 focus group discussions on a bimonthly basis)	UNHCR/ Norwegian Refugee Council/PRMN partners
Activity 1.3	Produce monthly protection monitoring reports - once every month	UNHCR/ Norwegian Refugee Council
Activity 1.4	Provide information on/referral to relevant services and assistance to 38,000 people requiring urgent live-saving support	UNHCR/ Norwegian Refugee Council/PRMN partners
Activity 1.5	Undertake 10 refresher Protection trainings targeting 102 PRMN protection monitors.	Norwegian Refugee Council
Activity 1.6	Inform the relevant Government ministries on the project through 3 pre-start up presentation sessions	Norwegian Refugee Council
Activity 1.7	Identification and assistance/referral through assessment and analysis of 4,500 Persons with Disabilities (PSD)	UNHCR/ Norwegian Refugee Council/PRMN partners

Output 2 Emergency Protection support provided to known survivors

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

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# protection cases reported through the PRMN network that require support to access basic services	1,000 (approx. 41 cases reported per week)	In addition to efforts to enhance referral systems through information and awareness as described under Activity 1.2, the project also leveraged the PRMN network to expand referral coverage. The operational synergy with PRMN was also intended to increase the likelihood of referred cases receiving assistance or additional specialized support, given the Network's existing partnership and collaboration with GBV partners and health facilities. Ultimately, the AA project referred 1038 cases (682 females) to PRMN partners, other humanitarian organizations and health facilities across all 24 districts during the period under review. On average 40 cases were referred per week.	Referral lists
Indicator 2.2	# persons receiving emergency protection assistance to access basic services	200 (33 persons provided emergency protection assistance by week 4 of every month)	The rollout of emergency protection assistance experienced a slight delay due to a corresponding delay in recruitment and deployment at the project inception. The delays were occasioned by delayed recruitment and deployment of monitors and inception meetings with government which had to extend beyond the dates that were originally planned. However, 1382 beneficiaries (91% female) were provided cash assistance – the majority to cover costs related to transportation and medical bills, of these 198 were persons living with disability. Domestic violence and physical assault, followed by Female Genital Mutilation and child abandonment, were the most prevalent violation reported. The amount of cash assistance provided to beneficiaries varied and depended on the severity of the violation.	Beneficiary list
Indicator 2.3	# of cases referred and substantive follow-up support provided	1000 (approx. 41 cases referred per week)	In addition to the emergency cash assistance, project teams provided additional follow-up support to 690 (500 females) cases including supported beneficiaries and other non-severe referrals that did not receive cash assistance out of the 1038 cases (682 females) referred to PRMN partners, other humanitarian organizations and health facilities. On average 30 cases were supported per week. As a standard procedure, follow-ups were carried out by	Referral lists

			AA focal points, protection monitors, and PRMN partners. Protection monitors are required to report on case follow-ups activities covering aspects such as whether i) follow-up is still ongoing or concluded for each case supported, ii) additional support was provided as a result of the follow-up, or iii) whether additional specialised support is needed. In addition, emergency protection assistance beneficiaries residing within the catchment of other active UNHCR projects will be prioritized for additional support.	
Explanation of output and indicators variance:		200 (33 persons provided emergency protection assistance by week 4 of every month) 1260 beneficiaries (91% female) were provided cash assistance. This is attributed to increase of outreach, referral and huge needs at the target locations.		
Activities	Description	Implemented by		
Activity 2.1	Identification of 1,000 cases through the trained network 32 local NGO partners consisting of 96 monitors and 6 independent monitors	UNHCR and NRC		
Activity 2.2	Provision of \$ 50 emergency protection cash support targeting 200 identified survivors as and when they are identified to aid their access to basic services	UNHCR and NRC		
Activity 2.3	Advocate within the pool of service providers for secondary/tertiary service, including legal, medical, psychosocial and material support targeting the 1,000 survivors identified	UNHCR and NRC		

7. Effective Programming

a. Accountability to Affected People (AAP) ¹³:

During the project inception sessions different communities were invited including vulnerable people from minority groups, People with disabilities (PwD), and different government institutions including line ministries, and municipalities participate project inception sessions. The local communities were involved at field level project implementation actions throughout the project. The PRMN focal points leveraged congenial working relations of local authorities, government agencies and other officials who were part of the key stakeholders involved in the project delivery. Provision of information services coverage expanded to reach more hard-to-reach areas local communities with the inclusion of targeting minority clans and locations PRMN project recorded spike in protection incidents. With regards to protection monitoring activities and given the sensitive and confidential information collected by the monitors, involvement of the communities was strictly limited to information sharing on prevention and response to gender-based violence.

b. AAP Feedback and Complaint Mechanisms:

As part of UNHCR's commitment to ensure that communities were meaningfully and continuously engaged in decisions that directly impact their lives (in line with Accountability to Affected Population approach and UNHCR Policy on Age, Gender, and Diversity), UNHCR and

¹³ 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](#).

(NRC) shared the available Complaints, Response and Feedback Mechanism (CRFM), i.e. toll-free line (308) that was available and already in place at NRC offices, and whose contact was provided to IDPs and IDP leaders.

Moreover, during the inception and community engagements, the communities were informed of the communication channels available which included: - confidential emails systems, use of available hotlines and complaints boxes, etc. Local project monitors and NRC protection staff were also available as another layer of prompt response at field level.

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

As first step, project staff, monitors and collaborating stakeholders were trained, information provided and were made to sign code of conduct on Sexual Exploitation and Abuse (SEA). It is worthwhile to note that UNHCR and NRC has established well-functioning internal complaints procedures to facilitate staff, and persons of concern to report incidents of Sexual Exploitation and Abuse (SEA). Moreover, the PRMN monitors, and partners were also trained and informed on mandatory reporting practices, responsibility to report incidents of Sexual Exploitation and Abuse and were routinely reminded of their personal accountability both in and outside the office. During information sessions and KII, PSEA key messages were integrated. Example of message included i) All aid is free. No sexual or other favour can be requested in exchange of assistance and ii) Beneficiaries were urged to report any unacceptable behaviour to any NGO or UN staff (or email or hotline number).

Complaint mechanisms including complaint boxes were placed in strategic locations especially in areas commonly visited by persons of concern such as the registration sites, community canters and reception/ counselling areas. Names and responsibilities of the PSEA focal points and back-up arrangements were regularly updated and shared with all staff with the encouragement to raise concerns relating to misconduct.

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

53% of the of the total beneficiaries were female. Protection of women, girls as well as minorities remained a priority area of focus during the project implementation. Vulnerable persons of concerns and those at risks of abuse, violence and exploitation were safely identified through PRMN network and timely followed up, referred to specialized service providers to address their individual protect needs. PRMN reports were reviewed to identify specific protection risks early to enable UNHCR and NRC address protection challenge affecting women and girls.

e. People with disabilities (PwD):

The project design and implementation had a component focusing on identifying Persons with Disabilities (PSD) for inclusion – mainly by identifying their needs and referring them to immediate support and assistance. 4,012 (1658 females) persons with disabilities were identified during the project. The needs of persons with disabilities were analysed and immediate referral services provided including access to medical treatment.

UNHCR and PRMN partners conducted community sessions about rights of PWDs, to promote their social integration, acceptance within the community and reduce stigma against PWDs. The monitors and PRMN network also referred persons with disability to benefit from emergency protection cash assistance following those who meet the eligibility criteria. During community engagement, community leaders and community focal point collaborated to identify PWDs.

f. Protection:

The project consulted communities on the best time to conduct interviews, ensured do no harm principles were upheld throughout the implementation of the project and engaged with community structures to enhance the protection of women and girls, while ensuring that AGDM principles of programming were mainstreamed. The interviews and access to services considered all age-groups, and genders with their diversities. Apart from the guiding principles of Age, Gender and Diversity, community-based approaches ensuring grass root partnerships and cooperation aided identification of specific protection risks for early response.

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:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	1,382 persons

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.

The cash was used by beneficiaries to address protection challenges and risks. The cash support sought to provide a means for the survivors to access emergency services and other specialized support services. The type of cases/violations supported through this assistance include persons exposed to physical assault, survivors of sexual and gender based domestic violence, survivors of rape and female genital mutilation and survivors of child abandonment and persons with heightened vulnerability to protection threats and risks including elderly and vulnerable women. Majority of these cases however required further secondary medical care, legal assistance, and specialized psychosocial support therefore, most cases were referred to other service providers within the existing referral system including at interagency level.

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
Activity 2.2 Provision of \$ 50 emergency protection cash support	1,382	US\$ 69,100	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
PRMN Online Displacement Dashboard	https://bit.ly/3J5bzQr
Monthly Displacement Dashboards	https://data2.unhcr.org/en/documents/details/89574
Flash Reports number 3 to 15	Email dissemination through UNHCR lead clusters

10. Project evaluation

No evaluation is planned for this project by UNHCR.

3.5 Project Report 21-RR-CEF-012

1. Project Information			
Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene Health Nutrition Protection - Child Protection	CERF project code:	21-RR-CEF-012
Project title:	Provision of safe water, critical nutrition services, child protection support, and immunization and emergency health care in drought-affected districts.		
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\$ 33,393,484
	Total funding received for agency's sector response to current emergency:		US\$ 4,500,476
	Amount received from CERF:		US\$ 4,101,004
	Total CERF funds sub-granted to implementing partners:		US\$ 836,930
	Government Partners		US\$ 387,501
	International NGOs		US\$ 154,009
	National NGOs		US\$ 295,420
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Nutrition - UNICEF and partners provided screening to 518,005 children under five years (253,821 boys and 264,181 girls) and referred 21,833 children (11,571 girls and 10,262 boys), bought nutrition supplies (micronutrient powders) that benefited 47,814 children 6 to 23 months, and micronutrient supplements that reached 35,119 pregnant and lactating women; supported counselling of 85,772 primary caregivers of young children; and provided training to 120 community health workers and 187 frontline aid workers on maternal, infant and young child feeding.

Health - a total of 93,062 beneficiaries (17,560 children-five, 5,820 pregnant and lactating women and an additional) were reached with healthcare provision and health education and promotion. 49,330 people were reached with key health and hygiene messages. Through this intervention, elevated risk of acute watery diarrhoea (AWD), cholera, and measles outbreaks in target areas were reduced, contributing to the prevention of excess mortality, morbidities, and long-term consequences including disabilities. By disseminating lifesaving health messages, the intervention supported behavioural changes in target communities to reduce the risk of preventable infectious diseases

WASH - Through the engagement of the PWDA in Puntland and MoWRD in Somaliland, the drilling of seven boreholes in Puntland (3) and Somaliland (4) were completed. This enabled 54,500 people to access safe drinking water. The works included the drilling of new boreholes, construction of storage tanks, distribution systems, service rooms and fencing of the sites. Rehabilitation of 9 strategic

boreholes (benefitting 20,000 people) including provision of equipment located in three regions of Sool, Sanaag, Buhoodle (Somaliland); Bari and Mudug (Puntland). In the Central South Regions, rehabilitation of two shallow wells and one borehole were accomplished that enabled 5,800 people to access safe water. Rehabilitation works where one borehole water system with an estimated 4,000 people benefitting. The works included the repair of an 11 KW submersible pump, replacement of borehole riser pipes and rehabilitating of the elevated water tank (25m³). Through the engagement of the MoH in Somaliland and local WASH Cluster Partners in Central South Somalia, 10,650 hygiene kits were distributed across drought-affected areas of Sool, Sanaag, Buhoodle (Somaliland), Garbaharey, Beletweyne, Beletwayne, Afmadow and Kismayo in the CSR. This enabled 63,900 emergency-affected people to be reached with critical supplies that included water treatment tablets, soap and water containers.

Child Protection - empowerment of 22,460 people (6532 girls, 8828 boys, 3180 men and 3920 women) with skills and knowledge to counter the social-economic shocks of drought. At least 12 community-based committees were set up and 72 members (32 men 40 women) trained on child protection in emergencies including prevention of GBV, child marriage, family separation and how to provide psychological first aid to children in distress. 60 adolescents (28 boys 32 girls) received vocational training to enable social and economic stability and build resilience during drought.

3. Changes and Amendments

The increased humanitarian needs caused by the drought currently affecting most parts of Somalia made UNICEF nutrition partners increase the screening for early identification and referral of malnutrition cases. This saw the use of mother MUAC initiative in the targeted districts and caused an increase in the number of children under five years screened for malnutrition from May to October 2021. Although the engagement of the CSO partners took a few days into the project, all partners managed to reach their targets (surpassing targets on some indicators). Operational costs for one partner, Mercy USA was not released due the partner operating under another grant in the same target areas. However, supplies procured from the CERF grant were released to the partner to ensure outreach services complimented the health facilities ensuring access to hard-to-reach and outlying areas. Due to the increased needs on the extreme drought and acute water shortage across the target locations with a competitive bidding process leading to favourable prices, UNICEF managed to drill 7 new boreholes against a planned 6. In addition, due to the extreme drought situation, one borehole was rehabilitated in Central South Somalia instead of a planned shallow well rehabilitation. While these changes did not affect the budget, more beneficiaries were reached with the additional facilities. The project timeframe was too short for comprehensive skills training of 80 adolescents. This prompted UNICEF to have one take-in of 60 adolescents.

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	6,800	6,700	7,700	7,300	28,500	7,980	6,930	8,005	7,450	30,365
Host communities	17,200	16,500	14,600	13,900	62,200	17,849	14,560	15,608	14,680	62,697
Other affected people	250	200	250	200	900	0	0	0	0	0
Total	24,250	23,400	22,550	21,400	91,600	25,829	21,490	23,613	22,130	93,062
People with disabilities (PWD) out of the total										
	3,641	3,499	3,375	3,242	13,757	2,665	480	2,890	2,986	9,021

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	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	10,000	0	11,700	11,300	33,000	14,582	0	44,911	43,150	102,643
Host communities	40,000	0	46,800	45,200	132,000	71,190	0	219,270	210,671	501,131
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	50,000	0	58,500	56,500	165,000	85,772	0	264,181	253,821	603,774
People with disabilities (PWD) out of the total										
	7,500	0	8,775	8,475	24,750	8,300	0	26,330	22,428	57,058

* 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.

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	17,670	16,951	14,999	14,280	63,900
Host communities	7,980	6,840	11,400	11,780	38,000	20,601	19,763	17,487	16,649	74,500
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	15,330	13,140	21,900	22,630	73,000	38,271	36,714	32,486	30,929	138,400
People with disabilities (PwD) out of the total										
	2,300	1,971	3,285	3,395	10,951	5,741	5,507	4,873	4,639	20,760

Sector/cluster	Protection - Child Protection									
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	4,015	2,920	5,840	5,475	18,250	2469	1971	4115	5562	14117
Host communities	1,485	1,080	2,160	2,025	6,750	1451	1209	2417	3266	8343
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	5,500	4,000	8,000	7,500	25,000	3920	3180	6532	8822	22,460
People with disabilities (PwD) out of the total										
	50	50	75	75	250	32	28	43	82	185

* 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 World Breastfeeding Week campaign (1-7 August) commemorations ensured that the communities were reached with key messages on maternal, infant, and young child feeding. This reached about 123,000 people from the community and demand for services was increased because of these awareness campaigns.
- An estimated 49,330 people were reached with key health and hygiene messages. By disseminating lifesaving health messages, the intervention supported behavioural changes in target communities to reduce the risk of preventable infectious diseases.
- Through hygiene promotion conducted through house-to-house visits, public broadcasts and trainings in the target locations, it is estimated that another 20,000 people were reached indirectly.
- Child Protection services reached 22,460 people in the target communities. However, an additional estimated 14,000 people were indirectly reached through CP awareness raising conducted by members of the community-based child protection committees (CBCPC).

6. CERF Results Framework

Project objective	To provide safe water, critical nutrition services, child protection support, and immunization and emergency health care to drought-affected Somalis.			
Output 1	43,750 children benefited from mobile and outreach campaigns on immunization and related services			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.4 Number of people vaccinated (children under 1 year who received Polio3 vaccines)	8,300 (by 31 Oct) (Intermediate: 4,150 by 20th August 2021)	8,600 (4,347 by end July)	HMIS/DHIS2
Indicator 1.2	H.4 Number of people vaccinated (children under 5 years who received measles vaccines)	43,750 (By 31st Oct) (Intermediate: 22,000 by 20th August 2021)	33,750 (5,009 by end July)	HMIS/DHIS2
Explanation of output and indicators variance:		Fewer children under-five were vaccinated (33,750 against 43,750). This was due to the changes made in the measles supplementary immunization plan which was moved to Q1 in 2022 rather than in October as planned.		
Activities	Description	Implemented by		
Activity 1.1	Conclusion/adaptation of MOUs/Program Documents with implementing partners	HDC, MERCY USA, TROCAIRE, WARDI, WRRS		
Activity 1.2	Provision of immunization and key health services through mobile outreach teams (operations)	HDC, MERCY USA, TROCAIRE, WARDI, WRRS		
Activity 1.3	Distribution of essential drugs and supplies to health facilitates for service provision including vaccines	HDC, MERCY USA, TROCAIRE, WARDI, WRRS		
Output 2	47,250 people reached with lifesaving health messages through household visits			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with key health and hygiene messages	47,250 (By 31st Oct) (Intermediate: 23,800 by 20th August)	49,330 (18,500 by end July)	HMIS/Partner Reporting
Explanation of output and indicators variance:		The slight increase in over-achieving the target results is attributed to increased outreach efforts were increased as part of the drought response.		
Activities	Description	Implemented by		
Activity 2.1	House to house visit by community mobilizers to increase awareness and demand for service utilization and healthy behavioural change through the distribution of IEC materials and other risk communication and community engagement platforms	HDC, MERCY USA, TROCAIRE, WARDI, WRRS		

Output 3	Key health supplies and vaccines procured in preparation for health emergencies			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of polio 3 vaccines procured	19,131 (by 15 Sept) (Intermediate: Purchase Orders raised/Shipment initiated by 31st July)	19,131 (supplies received by end July)	Procurement plan/supply report
Indicator 3.2	Number of measles vaccines procured	14,404 (by 15 Sept) (Intermediate: Purchase Orders raised/Shipment initiated by 31st July)	14,404 (supplies received by end July)	Procurement plan/supply report
Indicator 3.3	Number of 5mls syringe procured	144 (by 15 Sept) (Intermediate: Purchase Orders raised/Shipment initiated by 31st July)	144 (supplies received by end July)	Procurement plan/supply report
Indicator 3.4	Number of 0.05 mls syringe procured	1,152 (by 15 Sept) (Intermediate: Purchase Orders raised/Shipment initiated by 31st July)	1,152 (supplies received by end July)	Procurement plan/supply report
Indicator 3.5	Number of safety boxes procured	46 (by 15 Sept) (Intermediate: Purchase Orders raised/Shipment initiated by 31st July)	46 (supplies received by end July)	Procurement plan/supply report
Indicator 3.6	H.1a Number of emergency health kits delivered to healthcare facilities	202 (by 15 Sept)	202	Procurement plan/supply report

		(Intermediate: Purchase Orders raised/Shipment initiated by 31st July)	(supplies received by end July)	
Indicator 3.7	Number of acute watery diarrhea kits procured	204 (by 15 Sept) (Intermediate: Purchase Orders raised/Shipment initiated by 31st July)	204 (supplies received by end July)	Procurement plan/supply report
Explanation of output and indicators variance:		All supplies order were based on the actual numbers indicated in the CERF proposal. No variance was available in the procurement plan.		
Activities	Description	Implemented by		
Activity 3.1	Procurement of vaccines, IEHKs, AWD kits, and related devices.	UNICEF		

Output 4	Strengthen resilience to child protection risks resulting from drought, famine, locusts and COVID19			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Child Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	# of child protection committees set up in Bandarbayla, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle, Belet Weyne	15 CPCs in total (intermediate: 7 CPCs by week 4 = end of May; 8 more CPCs by week 8 = end of June)	12 child protection committees were set up to support child protection referral and case management at community level (4 CPCs by end June)	Sitreps & monthly progress reports
Indicator 4.2	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (# of committee members trained on child protection risks and referral mechanism during drought, nature disasters and disease outbreaks in Bandarbayla, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle, Belet Weyne)	300 people (200 men, 100 women). (intermediate: 150 people trained by 4th Week of May and 150 people trained by end Sept)	72 members (32 men and 40 women) (39 by end of June)	Implementing partner progress reports
Indicator 4.3	# of people reached by trained committee members with prevention of child separation, child recruitment, child marriage, child labour, child trafficking messages in Bandarbayla, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle, Belet Weyne	25,000 people (7,500 boys, 8000 girls 4,000 men, 5,500 women). (intermediate: 5,000 by 1st wk of June; 5,000 by 1 st wk July; 10,000 by 4 th wk July; 5,000 by 4 th wk August)	22,400 (8800 boys, 6500 girls, 3920 women and 3180 men) (1,600 by end of June)	Implementing partner progress reports

Explanation of output and indicators variance:		Variance in frontline workers trained is attributed to limited number of agencies and staff in the affected communities. Awareness raising conducted by trained committee members reached an estimated 90 percent of the target in the affected communities, while 80 percent of planned community child protection committees were successfully set up.
Activities	Description	Implemented by
Activity 4.1	Conclusion/adaptation of MOUs with implementing partners	UNICEF
Activity 4.2	Identify/set up 15 child protection committees in Bandarbaya (1), Hobyo (1), Jariban (2), Eyl (2), Ceerigaabo (3), Xudun (2), Buuhoodle (2), Belet Weyne (2) and review community referral mechanisms in high risk communities	Horn Vision, TASS and SHILCON
Activity 4.3	Conduct 10 training sessions for 300 child protection committee members (200 men, 100 women) to identify and respond to child protection risks, and referral mechanisms during drought, disease outbreaks and conflict in Bandarbaya, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle, Belet Weyne	Horn Vision, TASS and SHILCON
Activity 4.4	Conduct awareness raising activities for 25,000 people on risks faced by children during drought, famine, locust invasion, COVID19 and how to mitigate them in Bandarbaya, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle, Belet Weyne	Horn Vision, TASS and SHILCON

Output 5	Adolescent boys and girls have occupational skills that promote resilience and positive coping during drought			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Child protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	# of adolescent boys and girls who have completed vocational training and have acquired occupational skills	80 children (40 boys, 40 girls) - by 3 week of September 2021.	140 adolescent boys ¹⁴	Progress reports
Indicator 5.2	# of children who receive start-up kits on completion of vocational training.	80 children (40 boys, 40 girls) 80 children receive start up kits by 4th Week of September	140 adolescent boys	Progress reports
Explanation of output and indicators variance:		140 adolescents identified during the implementation period constituted the main cohort for vocational training. The group was selected from survivors of gender-based violence and children formerly associated with armed groups and forces; the number reached was determined by the need and nature of training. Start-up kits will be provided after graduation in April 2022.		
Activities	Description		Implemented by	

¹⁴ In mid-2021 80 boys graduated from the programme and since that date a new 60 boys have been enrolled and graduated from the programme.

Activity 5.1	Identify 80 vulnerable adolescent boys and girls (40boys 40 girls) in Bandarbayla, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle, Belet Weyne to benefit from a 5 month's vocational training programme	OWDAFA
Activity 5.2	Provide vocational training (plumbing, dressmaking, electrical wiring, and beauty), to 80 adolescent boys and girls (40boys 40 girls) from Bandarbayla, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle, Belet Weyne	OWDAFA
Activity 5.3	Provide vocational training starter kits to 80 adolescent boys(40) and girls (40) from Bandarbayla, Hobyo, Jariban, Eyl, Ceerigaabo, Xudun, Buuhoodle and Belet Weyne graduating from vocational schools,	OWDAFA

Output 6	49,000 people benefit from the provision of sustainable access to safe water Health			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	WASH			
Indicators	Description	Target	Achieved	Source of verification
Indicator 6.1	# of strategic borehole drilled	3 boreholes by 31st July	3 boreholes were completed in Puntland. (by end July, work ongoing at 3 sites)	UNICEF Monitoring Reports, MoWRD Reports, PWDA Reports
Indicator 6.2	# of strategic borehole drilled	6 boreholes by 30th September	7 boreholes were completed in Puntland (3) and Somaliland (4) (by end July, work at 4 sites in Somaliland ongoing)	UNICEF Monitoring Reports, MoWRD Reports, PWDA Reports
Indicator 6.3	# of strategic borehole rehabilitated	9 boreholes by 30th September	9 were rehabilitated in Puntland (3) and Somaliland (6). (by end July, ongoing in 6 sites while mobilization completed in 3 sites)	Jubaland MoEWR, Puntland PWDA and MoWRD in Somaliland
Indicator 6.4	# of shallow wells upgraded	3 shallow wells by 30th September	3 water sources were rehabilitated in Central South Somalia (by end July, tendering in process)	SWS MoEWR, UNICEF Monitoring Reports
Explanation of output and indicators variance:		Due to the increased needs on the extreme drought and acute water shortage across the target locations with a competitive bidding process leading to favourable prices		

Activities	Description	Implemented by
Activity 6.1	Conclusion/adaptation of agreements with IPs/contractors	UNICEF and Government Ministries
Activity 6.2	Drilling of boreholes and construction of water distribution points including water storage facilities to reach 24,500 people	PWDA in Puntland, Somaliland MoWRD, private contractors
Activity 6.3	Rehabilitation or upgrade of 9 existing strategically located boreholes to reach 18,500 people	PWDA in Puntland, Somaliland MoWRD
Activity 6.4	Rehabilitation, upgrading or construction of 3 shallow wells to reach 6,000 people	Jubaland MoEWR

Output 7	60,000 people in AWD/Cholera hot spot locations reached with distribution of hygiene kits and HHWTS products and AWD/cholera prevention messages
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	WASH			
Indicators	Description	Target	Achieved	Source of verification
Indicator 7.1	# of people reached with key hygiene messages focusing on cholera prevention including hand washing with soap and safe water handling	60,000 people by 30th September 2021	63,900 people (17,670 girls, 16,951 boys, 14,999 women and 14,280 men were reached) (25,000 by early October in Somaliland)	UNICEF Reports, Somaliland MoH, WASH Cluster Monitoring Reports
Indicator 7.2	# of people reached with critical WASH hygiene kits (including soap and HHWTS products)	60,000 people by 30th September 2021	63,900 people (17,670 girls, 16,951 boys, 14,999 women and 14,280 men were reached) (25,000 by early October in Somaliland)	UNICEF Reports, Somaliland MoH, WASH Cluster Distribution Reports
Indicator 7.3	# of hygiene kits distributed	5,000 kits by 31st July 2021	10,650 hygiene kits were distributed. (4,000 kits by early October in Somaliland)	UNICEF Reports, Somaliland MoH, WASH Cluster Distribution Reports
Explanation of output and indicators variance:		Increased needs because of extreme drought and favourable transportation costs.		

Activities	Description	Implemented by
Activity 7.1	Procurement and transportation of 10,000 hygiene kits	UNICEF and LTA holders
Activity 7.2	Distribution of 10,000 hygiene kits including HHWTS products for AWD/Cholera prevention.	WASH Cluster Partners -Trocaire, GHF, WASDA, SomaliAid.

Output 8	Children particularly the most vulnerable benefit from micronutrient supplements and screening for early detection and prevention of acute malnutrition
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 8.1	N.4 Number of people screened for acute malnutrition (boys and girls screened and referred)	115,000 children (58,650 girls, 56,350 boys) (50% of target should be reached by midpoint)	A total of 518,005 children [253,821 boys and 264,181 girls] reached (183,283 by end of June)	ONA and partner reports
Indicator 8.2	N.5 Number of people receiving vitamins and/or micronutrient supplements (children receiving micronutrient powder)	45,000 children (23,000 girls, 22,000 boys) (50% of target should be reached by midpoint)	47,814 children [55,516 boys and 25,298 girls] reached by end of October 2021 (7,814 by end of June)	ONA
Explanation of output and indicators variance:		The target for screening for malnutrition (children 0 to 59 months) and micronutrient supplementation (children 6 to 23 months) were reached during the implementation period. A lot more children were screened because of the use of mother MUAC in targeted districts. The increase is attributed to more community health workers and mothers that were trained to do MUAC screening. The program also used every opportunity to do screening including during outreach and vaccination campaigns. The result is attributed to the use of multiple platforms to reach the children.		
Activities	Description	Implemented by		
Activity 8.1	Conclusion/adaptation of implementing partner agreements.	UNICEF.		
Activity 8.2	Screening of 115,000 children (58,650 girls, 56,350 boys) and referral for appropriate supplement program	DMO, BTSC, AUD Vision, SAF UK, Action Against Hunger USA		
Activity 8.3	Distribution of micronutrient powder for 45,000 children (23,000 girls, 22,000 boys) to fill the micronutrient gaps and prevent anaemia	DMO, BTSC, AUD Vision, SAF UK, Action Against Hunger USA		

Output 9	Pregnant women, lactating mothers and male caregivers benefit from integrated package of prevention services to improve maternal and child nutrition outcomes.
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Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 9.1	N.5 Number of people receiving vitamins and/or micronutrient supplements (pregnant and lactating women receiving micronutrient supplementation)	30,000 (50% of target should be reached by midpoint)	35,119 pregnant and lactating women received micronutrient supplements	ONA and partner reports

			(21,757 by end June)	
Indicator 9.2	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies (pregnant and lactating women, male caregivers)	50,000 (50% of target should be reached by midpoint)	85,772 primary caregivers of young children (including pregnant and lactating women, and male caregivers) were counselled for IYCF (Infant Young Child Feeding) (26,598 by end June)	ONA and partner reports
Indicator 9.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (Community Health Workers (CHWs) trained on the newly developed harmonized CHW training manual)	100 (by end of 4th month)	120 frontline workers trained	ONA and training reports
Indicator 9.4	CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (nutrition and health workers trained on maternal, infant, young child and adolescent nutrition (MIYCAN) counselling and support using the Basic Nutrition Service Package)	100 (by end of 4th month)	187 frontline health and nutrition workers trained on maternal, infant, young child, and adolescent nutrition counselling.	ONA and partner reports
Indicator 9.5	Number of social and behaviour change communication (SBCC) activities for positive MIYCAN practices completed	4 (20% of target should be reached by midpoint as it will take some time to develop the package of m	4 activities reaching 123,000 people from the community in targeted districts with nutrition messages	Partner reports
Indicator 9.6	Number of implementing partners who have delivered PSEA training for staff	4 (100% of target should be reached by the end of month two)	4 (4 by end June)	Partner reports in UNPP (United National Partner Portal)

Explanation of output and indicators variance:

All indicators were adequately achieved in all project locations. Intensified SBCC activities helped to create demand for services and more pregnant and lactating women were reached during the implementation period. (Intensification of the SBCC activities was possible as a result of more Community Health Workers that were trained in the project locations and one of the activities they supported was demand creation and advocacy for services among different groups. Strengthening the community platforms for delivering nutrition services was one key achievement of the CERF support in the project areas.). Trainings of frontline health and nutrition workers was made possible because of the relaxation of the Covid-19 protocols.

Activities	Description	Implemented by
Activity 9.1	Procurement of micronutrient supplementation for 30,000 pregnant and lactating women	Procurement was done by UNICEF. A total of 5400 packs of 1000 tablets were purchased to target 30,000 pregnant

		women at 180 tablets each. The extra 5,000 women reached benefited from supplies from other sources.
Activity 9.2	Distribution of micronutrient supplementation to 30,000 pregnant and lactating women prevent anaemia	Micronutrient supplements were distributed to CSO partners DMO, BTSC, AUD Vision, SAF UK, Action Against Hunger USA, and they distributed these to PLW (Pregnant and Lactating Women) in their areas of implementation
Activity 9.3	Conduct individual or group IYCF-E counselling sessions for 50,000 pregnant women and lactating mothers including male caregivers.	IYCF counselling was done by all the engaged CSO partners at facility and community level. DMO, BTSC, AUD Vision, SAF UK, Action Against Hunger USA
Activity 9.4	Train 100 Community Health Workers (CHWs) on the newly developed harmonized CHW training manual	Training was done by government (Ministry of Health Hirshabelle and Puntland), UNICEF and CSO partners
Activity 9.5	Train 100 nutrition and health workers on maternal, infant, young child and adolescent nutrition (MIYCAN) counselling and support using the comprehensive package	Training was done by government (Ministry of Health Puntland), UNICEF and CSO partners
Activity 9.6	Support social and behaviour change communication (SBCC) activities for positive MIYCAN practices	Government, UNICEF and CSO partners. Activities intensified during the commemoration of the world breastfeeding week reaching more people

7. Effective Programming

a. Accountability to Affected People (AAP) ¹⁵:

Continuous engagement with the community representatives through meetings and supervision visits ensures that service provision is continuously monitored, with a complaints and feedback mechanism established by the implementing partners. Nutrition community workers were engaged and trained to ensure they use participatory methodologies to enhance community participation and engagement during implementation of the interventions in the targeted districts. For WASH, significant amount of the interventions on new water sources and rehabilitations were undertaken through engagement with government ministries or departments, beneficiaries, and the local authorities. Child protection project set up 12 CBCPCs responsible for monitoring, reporting, responding, and making child protection referrals, while at the same time playing the role of a protection warning system. The training empowered members to raise awareness on issues impacting children and providing feedback to implementing partners through meetings and group discussions. In the health interventions, to ensure accountability, CERF supported projects ensured the use of already existing community governance structures such as facility and district health committees.

b. AAP Feedback and Complaint Mechanisms:

Field office monitoring visits to programme implementation sites provide a feedback mechanism from the community level. 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. Community-based child protection committee members were central in the provision of feedback on the quality of services. UNICEF field officers ensured implementing agency focal points interact frequently with the communities to facilitate the flow of information, receive feedback and respond to any concerns. Key WASH interventions were implemented through government ministries or departments and this decentralised approach enhances accountability with regular and continuous engagement at local level. To promote feedback, each health facility provided a suggestion box at the entrance or at the triage

¹⁵ 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](#).

point where patients could share their concerns. For older patients, a community mobilization officer could be approached for support with strict confidentiality.

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

The CSO partners identified to support the project have been assessed and rated for their PSEA capacity. Where gaps are 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:

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. The WASH standard hygiene kits that are distributed considers the needs of adolescent girls and women through the provision of menstrual hygiene items included in the package. For WASH, improved access to water supply close to the settlements or homes addresses risks of gender violence associated with long distance travels by women and girls, who are the main family members involved in water collection for the households. At least 47 per cent of people reached with child protection services were women (3920) and girls (6532). 32 adolescent girls below the age of 18 benefitted from vocational training aimed at building their resiliency during drought and mitigating the impact of lost livelihoods on their wellbeing. The programme put special emphasis on adolescent girls due to the high risk of child marriage, sexual exploitation and abuse and GBV.

e. People with disabilities (PwD):

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 program. Child protection services ensured children living with disabilities are included in all its activities and their special needs are put into consideration. The WASH beneficiaries are estimated to be 15% of the population based on World Bank estimates and special provisions are made at water points to allow access through construction of ramps. Health services catered for disabled patients, both at facility and outreach levels. An estimated 9,000 patients with disabilities were served.

f. Protection:

Provision of basic social services to children and women is a protection matter as we are ensuring that they received their basic nutritional, WASH and child protection needs. And location of nutrition, Health & WASH facilities for access take into consideration protection issues where women must walk to receive services, and this is decided by community members. Furthermore, protection of the population is an overarching principle since improved access to water supply at local level addresses protection risks associated with long distance travels by women and girls, who are the main family members involved in water collection for the households.

g. Education:

In UNICEF supported health facilities and communities, community awareness on the importance of proper feeding of children and women is emphasized and these messages are given to the whole community during programme implementation and is included in the plan. Health education and promotion was provided at facilities and by the outreach teams ensuring communities were sensitized and uptake of health services increased.

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.	0

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.

The planned interventions in the proposal document were not designed for CVA

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
N/A	N/A	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Drought in Somalia	https://twitter.com/unicefsomalia/status/1489980894903476227?s=20&t=7etV5aeH54HUVcmclpKEUw
Drought in Somalia	https://twitter.com/unicefsomalia/status/1488029430429667331?s=20&t=7etV5aeH54HUVcmclpKEUw
Drought in Somalia	https://twitter.com/unicefsomalia/status/1484134035395956740?s=20&t=7etV5aeH54HUVcmclpKEUw

10. Project evaluation

No evaluation conducted. This project is part of the ongoing evaluation launched by CERF/OCHA and will be completed soon

3.6 Project Report 21-RR-WFP-008

1. Project Information			
Agency:	WFP	Country:	Somalia
Sector/cluster:	Food Security - Food Assistance Nutrition	CERF project code:	21-RR-WFP-008
Project title:	Life-saving activities to protect the nutrition and food security situation of vulnerable people in anticipation of a severe drought shock.		
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\$ 549,262,150
	Total funding received for agency's sector response to current emergency:		US\$ 178,891,231
	Amount received from CERF:		US\$ 7,400,099
	Total CERF funds sub-granted to implementing partners:		US\$ 3,596,614
	Government Partners		US\$ 0
	International NGOs		US\$ 1,747,948
	National NGOs		US\$ 1,831,838
	Red Cross/Crescent Organisation		US\$ 16,828

2. Project Results Summary/Overall Performance

With this contribution, WFP provided food and nutrition assistance to a total of 165,608 people located in various regions of the country including Bari, Mudug, Sanaag, Sool, Hiran, Lower Juba, Gedo and Togdheer.

Food Security: This contribution from CERF was earmarked to provide food assistance through unconditional cash transfers to 99,024 vulnerable people for three months. Through this grant, WFP and its implementing partners provided food assistance to **110,298** beneficiaries through unconditional cash transfers totalling to US\$ 3,469,920. WFP was able to reach more beneficiaries than planned with fewer resources due to lower MEB (Minimum Expenditure Basket) rates in the targeted regions. WFP provided capacity strengthening of Implementing Partners through training on targeting and beneficiaries' registration and provision of equipment to ensure beneficiary registration/enrolment and verification was effectively conducted. Monitoring of activities was carried out involving a total of 60 sites and results showed that eligible households (HHs) were able to receive their right entitlements to aid in meeting food and nutrition needs.

Nutrition: Through this grant from CERF, WFP and its implementing partners reached **55,310** people including 36,160 children between 6-23 months and 19,150 Pregnant and Lactating Women (PLW) with preventive nutrition programme interventions in the targeted districts. Caregivers of children under 2 years and PLWs mothers received health and nutrition education in addition to specialized nutritious foods. The social behaviour change communication included Infant Young Child Feeding practices, improved hygiene practices and the importance of exclusive breastfeeding for infants below 6 months. All the implementing partners were trained on programme delivery – systematic MUAC screening and referral, admission and discharge criteria and follow up of beneficiaries enrolled in the programme.

3. Changes and Amendments

WFP normally buys nutritious commodities from GCMF hubs in the region. While WFP was able to procure the maximum amount of Lipid-based Nutrient Supplement (LNS cq Plumpy'Doz) as outlined in the funding proposal, due to significant shortfalls of CSB++ in its global

commodity management facilities resulting from unavailability of this commodity on the global market, WFP was not able to buy sufficient stocks of this commodity to the level indicated in the funding proposal. Therefore, out of the 19,150 targeted PLWs, 1,967 PLWs were supported using funds from other donors in the month of October, noting that 11.8mts of CSB++ was short purchased.

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	50	0	30	30	110	50	0	30	30	110
Returnees	400	0	300	300	1,000	400	0	300	300	1,000
Internally displaced people	6,700	0	6,500	6,500	19,700	6,700	0	6,500	6,500	19,700
Host communities	12,000	0	11,250	11,250	34,500	12,000	0	11,250	11,250	34,500
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	19,150	0	18,080	18,080	55,310	19,150	0	18,080	18,080	55,310
People with disabilities (PwD) out of the total										
	2,873	0	2,712	2,712	8,297	2,873	0	2,712	2,712	8,297

Sector/cluster	Food Security - Food Assistance									
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	3,668	3,668	3,252	3,252	13,840	4,093	4,093	3,628	3,628	15,442
Host communities	22,574	22,574	20,018	20,018	85,184	25,137	25,137	22,291	22,291	94,856
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	26,242	26,242	23,270	23,270	99,024	29,320	29,320	25,919	25,919	110,298
People with disabilities (PwD) out of the total										
	2,328	2,328	2,064	2,064	8,784	2,601	2,601	2,307	2,307	9,816

* 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

Food Security: An estimated 20,000 people indirectly benefitted from this contribution from CERF, including retailers and their households from where beneficiaries accessed food commodities using their e-vouchers.

Nutrition: During the CERF programme funding duration, a total of 36,160 households indirectly benefitted from their caregivers' improved knowledge of improved WASH and IYCF practices and health seeking behaviour. PLWs coming for antenatal and postnatal services and caregivers who brought their children to the health centres for growth monitoring, vaccination and deworming were targeted with social behaviour communication messages on Infant and Young Child Feeding (IYCF) practices, nutrition practices during pregnancy and lactation, schedule of vaccinations, supplementations and de-worming, sanitation and hygiene and health care seeking practices.

6. CERF Results Framework

Project objective	Provide Food and Nutrition support to the most vulnerable in anticipation of a severe drought shock and protect their livelihoods.			
Output 1	Provision of unconditional food assistance to 99,024 food insecure people			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.4a Number of people benefitting from unconditional vouchers(unconditional E-vouchers).	99,024 beneficiaries (16,504 HHs)Week 8: 99,024 beneficiariesWeek 12: 99,024 beneficiariesWeek 16: 9	A total of 110,298 beneficiaries were reached through unconditional cash transfers (e-vouchers). Beneficiaries were targeted in Sanaag Sool, Togdeer, Lower-Juba and Gedo regions (108,468 by end June)	SCOPE data
Indicator 1.2	Cash.4b Total value of unconditional vouchers distributed in USD (E-vouchers)	USD \$3,469,920Week 8: \$1,156,640Week 12: \$1,156,640Week 16: \$1,156,640	\$3,469,920 in transfer values have been completed. With this amount, WFP has delivered assistance to 110,298 beneficiaries (18,383 HHs) for 3 months. (\$2,885,380 by end June)	SCOPE data
Indicator 1.3	Number of project sites monitored	20 active project sites monitored per month (different sites visited every month)Intermediary: 20 si	A total of 60 sites were visited in the month of May June and July. In the month of May 13 sites were visited, 27	monthly physical site monitoring, Post Distribution Monitoring (PDMs)

			sites in June and 20 in July 2021.	
Explanation of output and indicators variance:		The higher number of beneficiaries reached compared to the planned (110,298 reached vs 99,024) was due to using the actual MEB values for each region, which changed from 100% to 80% in May and June resulting in savings that were used to reach more beneficiaries.		
Activities	Description	Implemented by		
Activity 1.1	Biometric registration and enrolment by capturing beneficiary photos and fingerprints and uploading the information onto SCOPE platform and issuance of E-voucher cards. Locations, targeted number of households and duration for this activity is as follows: Lasqoray /Badhan (3,804 HHs), Taleh (1,230 Hhs) Hudun (590 HHs), Burco (7,230 Hhs), Kismayo (2,000 HHs), Badhadhe (1,000 HHs), B/Hawo (650 HHs) in Sanag, Sool, Togdger, L/Juba & Gedo regions for 1 months.	Action Aid International (AAI), Social Environmental Agency (SEA), World Vision International (WVI), Social Empowerment Rehabilitation & Development Organization (SERDO), Global Relief and Development Organization (GRDO)		
Activity 1.2	Transfer and redemption through SCOPE. Locations, targeted number of households and duration for this activity is as follows: Lasqoray /Badhan (3,804 HHs), Taleh (1,230 Hhs) Hudun (590 HHs), Burco (7,230 Hhs), Kismayo (2,000 HHs), Badhadhe (1,000 HHs), B/Hawo (650 HHs) in Sanag, Sool, Togdger, L/Juba & Gedo regions for 3 months.	The transfers and the redemptions through SCOPE were supported by WFP SCOPE transfer management team. In the field, the coordination was undertaken by Action Aid International (AAI), Social Environmental Agency (SEA), World Vision International (WVI), Social Empowerment Rehabilitation & Development Organization (SERDO) and Global Relief and Development Organization (GRDO)		
Activity 1.3	Beneficiaries receive food commodities of their choice from retailers after biometrically authenticating their SCOPE cards. Locations, targeted number of households and duration for this activity is as follows: Lasqoray /Badhan (3,804 HHs), Taleh (1,230 Hhs) Hudun (590 HHs), Burco (7,230 Hhs), Kismayo (2,000 HHs), Badhadhe (1,000 HHs), B/Hawo (650 HHs) in Sanag, Sool, Togdger, L/Juba & Gedo regions for 3 months.	WFP appointed retailers		
Activity 1.4	Process monitoring and reporting. Locations, targeted number of households and duration for this activity is as follows: Lasqoray /Badhan (3,804 HHs), Taleh (1,230 Hhs) Hudun (590 HHs), Burco (7,230 Hhs), Kismayo (2,000 HHs), Badhadhe (1,000 HHs), B/Hawo (650 HHs) in Sanag, Sool, Togdger, L/Juba & Gedo regions for 3 months.	WFP Monitoring and evaluation team supported by third party monitors		

Output 2	Nutrition: Provision of nutrition preventive activities to 36,160 children under 2 years			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	FN.1b Quantity of food assistance distributed in MT (Lipid-based	326.21 MT of Lipid-based Nutrient Supplement –	WFP purchased 326,17MT of Lipid-	WFP Pipeline reports

	Nutrient Supplements – Medium Quantity (specialized nutritious foods) procured and distributed (MT)	Medium Quantity (specialized nutritious foods) procured Approx. 13.59MT distributed every week for 6 months	based Nutrient Supplement – Medium Quantity (314MT purchased by end June; 12.86 MT distributed every week, by end June)	
Indicator 2.2	FN.1a Number of people receiving food (children 6-23 months receiving specialized nutritious food)	18,080 girls and 18,080 boys supported in the prevention program every month for six months (by end	18,080 girls and 18,080 boys were supported in the prevention programme (19,390 girls and 14,904 boys reached every week, by end June)	Nutrition database
Indicator 2.3	Number of men and women receiving health and nutrition messaging.	36,160 caregivers of children enrolled and 19,150 pregnant and lactating mothers by the end of Septe	36,160 caregivers of children 6-23 months and 19,150 pregnant and lactating mothers enrolled received health and nutrition education. (34,294 caregivers and 17,544 PLW by end June)	Nutrition database

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 2.1	Concluding agreements with implementing partners	WFP
Activity 2.2	Procurement, transport, storage and handling of specialized nutritious foods	WFP
Activity 2.3	Delivery of nutrition supplies to the cooperating partners	WFP
Activity 2.4	Screening of children under 2	Implementing Partner
Activity 2.5	Registration of children under 2	Implementing Partner
Activity 2.6	Distribution of specialized nutritious foods to children U2	Implementing Partner

Output 3 Nutrition: Provision of nutrition preventive activities to 19,150 pregnant and lactating mothers

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	FN.1b Quantity of food assistance distributed in MT (Supercereal plus)	691.56 MT of CSB++ procured. 28.82MT distributed every week691.56 MT of super	680MT of Super CSB++ purchased from Global	WFP Pipeline reports

		cereal plus (specialized nutritious foods) procured Approximately 345.78 MT of specialized nutritious food distributed in the first 12 weeks and 691.56 MT of specialized nutritious food by the end of the project which is 24 weeks.	Commodity Management Facility. (26.32MT distributed every week, by end July/week 12 = 315.84MT)	
Indicator 3.2	FN.1a Number of people receiving food (pregnant and lactating mothers receiving specialized nutritious foods)	19,150 pregnant and lactating mothers enrolled in the prevention program Approximately 4,787 pregnant and lactating women attending distributions for the first two weeks; Approximately 4,788 pregnant and lactating women attending distribution for the last two weeks)	19,150 PLW were enrolled in the prevention programme (17,544 enrolled by end June; 4,386 PLW for first 2 weeks)	Nutrition database
Indicator 3.3	Number of women receiving health and nutrition messaging.	19,150 pregnant and lactating mothers	19,150 PLW received health and nutrition messaging (17,544 by end June)	Nutrition database

Explanation of output and indicators variance:

Indicator 3.1: In the last month of the grant October 2021, 11.8 MT of CSB++ was not available for PLWs in the targeted districts. Therefore, 1,967 out of 19,150 PLW were supported using funds from other donors in the month of October, noting that 11.8mts of CSB++ was not procured due to global supply shortfalls.

Activities	Description	Implemented by
Activity 3.1	Concluding agreements with implementing partners	WFP
Activity 3.2	Procurement of specialized nutritious foods	WFP
Activity 3.3	Delivery of nutrition supplies to the partners	WFP
Activity 3.4	Screening of pregnant and lactating women	Implementing Partners
Activity 3.5	Registration Pregnant and Lactating Women (PLWs) into the nutrition prevention program	Implementing Partners
Activity 3.6	Distribution of specialized nutritious foods to pregnant and lactating women	Implementing Partners
Activity 3.7	Provision of health education and behavior change communication messages to mothers enrolled in the program	Implementing Partners

7. Effective Programming

a. Accountability to Affected People (AAP) ¹⁶:

WFP and its implementing partner ensured the participation of the targeted communities, the local Ministry of Health, community and religious leaders, women, and youth leaders, and socially minority groups including IDP from the start of the intervention and throughout the project period. The community was informed of the programme and the targeted group, the ration, and the duration of the programme. Mothers/caretakers who brought the children were informed of the child's progress or pregnancy progress. WFP and partners systematically monitored the activities and conducted supply chain monitoring for quality assurance through third party monitors to ensure the right users of the intended supplies were distributed. Continuous feedback from the community on running the program was incorporated in all the aspect of monitoring.

b. AAP Feedback and Complaint Mechanisms:

WFP conducted monthly random physical monitoring, engaging its monitors in locations where access permits and third-party monitors in locations where access is limited for WFP staff. Both WFP and third-party monitors use monitoring checklists developed by WFP in line with corporate M&E guidelines, adapted with local context of the intervention, to develop an understanding of WFP performance in terms of processes, outputs, and outcomes. During monitoring missions, beneficiaries and the communities are provided opportunities to provide feedback with regards to the food and services delivered, i.e., their entitlement etc. In addition, WFP has in place a call centre which serves as another avenue through which beneficiaries can directly contact WFP in case of any questions, feedback and/or complaints. WFP also used this facility to provide feedback to beneficiaries on the action taken with regards to their complaints. WFP also uses alternate monitoring through the call centre to crosscheck information collected through physical monitoring for programme improvement.

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

WFP Somalia has a complaints and feedback mechanism (CFM) that handles complaints and feedback from all stakeholders involved in the assistance process. Reports of SEA can be made through the Somalia-based toll-free hotline, directly (face to face) to WFP monitoring staff and cooperating partner staff at programme implementation sites, through telephone calls and email or short messaging to WFP offices. WFP and its partners ensured safety and dignity of the women, girls, boys, and men were respected and provided throughout the programme. PSEA is also explicitly incorporated in the field level agreements.

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

In the prevention of deterioration of nutritional status, WFP adapted to different needs of women girls and, boys throughout the implementation of the prevention programme. In the clinics, WFP and partners have safe spaces where nurses attend to mothers who need psychosocial support. The nutrition prevention package included social behaviour change and communication were mothers were imparted with knowledge on care and feeding practices of children or for pregnant and lactating mothers. Men who accompanied women to the antenatal clinics received tailored SBCC on how to support their wives during pregnancy, support with hard work, encourage intake of multiple micronutrient supplements, and monthly visits to the health centres for progress review. Children and mothers were enrolled in health centres that were safe to walk to and return home. Beneficiaries can access nutrition services any working day of the week.

e. People with disabilities (PwD):

The health centres are fitted with waiting areas that have shades where beneficiaries wait to be served. Beneficiaries with disabilities are given the priority and are not required to line up for services. Community health workers do household follow-up of these beneficiaries for SBCC and discuss any nutrition and health challenges they may have. In the project period, WFP held discussions with Humanity Inclusion (HI) on ways to strengthen disability inclusion in WFP programming. Following this, WFP and HI conducted a rapid disability assessment

¹⁶ 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](#).

of the relief programme in December 2021. The assessment highlighted several areas for improvement including further awareness creation among communities, partners, and local authorities on disability inclusion, diversifying communication formats to cater for people with various impairments, stronger inclusion of people with disabilities in community consultations and further strengthening of the rights-based approach in WFP's disability programming.

f. Protection:

WFP and its partners provided assistance based on the identified needs and ensured the health and nutrition facilities were safely accessible to the targeted beneficiaries for assistance. Overall, WFP deployed safe and flexible delivery modalities and distribution measures for both in-kind and cash assistance, including the use of SCOPE for beneficiary data management. Health and nutrition facilities ensured protective measures were put in place that conformed to the current COVID 19 safety guidelines. Measures put in place-entailed provision of hand sanitizers, disinfecting agents, thermometers, and personal protective equipment's (PPEs) such as face masks and gloves for staff while handling the patients, applying social distance at all point of contact and discontinuation of group education sessions at the clinics.

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:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	110,298

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.

Sensitization is conducted by implementing partner on the use of vouchers. Beneficiaries use vouchers to procure food commodities of their choice from retailers in the local markets. This has a knock-on-effect on the local economy through improved market functionality and strengthening livelihoods and resilience of the local population.

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
Food Assistance	110,298	US\$ 3,469,920	Food Security - Food Assistance	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Social media post – donor visibility	https://twitter.com/WFPSomalia/status/1344683398263091203?s=20&t=cRTI-o8fkkyB3UQw9hqDdQ

Social media post – donor visibility	https://twitter.com/WFPSomalia/status/1461235481589465088?s=20&t=vtgyvXTkXaojXGdAU3mygg
Social media post – nutrition interventions & links to longer-term resilience	https://twitter.com/WFPSomalia/status/1420272811097174018?s=20&t=vtgyvXTkXaojXGdAU3mygg

10. Project evaluation

Food Security: WFP does not conduct an evaluation for specific projects whose duration is less than 6 months. However, WFP carries out post project monitoring for all emergency projects to track the progress and outcomes of food security at the community and targeted household level. In the last quarter of 2021, WFP Somalia conducted post-distribution monitoring (PDM) assessment for its relief food assistance intervention aimed at establishing the food security situation of households after they received assistance. Results from this assessment found that more than half of the households (54 percent) had an acceptable food consumption score, which was up from late 2020, but remained stable compared to the baseline value from 2019. The results also showed that beneficiary households had greater levels of acceptable FCS than non-beneficiaries (62 percent and 41 percent respectively), an indication of effectiveness of WFP food assistance inducing food consumption gaps among poor households in Somalia. Most households did not apply any coping strategies or used low-level strategies, which shows a positive reduction from 2019. The average reduced coping strategy reduced to 10.4 in late 2021, down from 11.1 in 2020 and still lower than the baseline of 15.8 established in 2019.

Nutrition: Assessment results from a post-distribution monitoring conducted at the end of 2021 revealed a positive trend in terms of improvements in nutrition outcomes, with progressive improvement in children consuming minimum acceptable diet (MAD) from 9% at the baseline survey in 2019 to 36% in 2021 survey. Children were fed a variety of nutrient-dense foods, including vitamin A-rich foods, protein-rich foods, and iron-rich foods. The improvement is partly attributed to the comprehensive WFP nutrition program, which includes the provision of specialized nutritional foods as well as nutrition-sensitive social behavior change communication. There was also a gradual improvement in the of PLW who achieved the minimum diet diversity (MDD) threshold in the crisis response focus area, similar to MAD, from 32% at the baseline survey in 2019 to 54% in 2021 survey.

3.7 Project Report 21-RR-WHO-010

1. Project Information			
Agency:	WHO	Country:	Somalia
Sector/cluster:	Health	CERF project code:	21-RR-WHO-010
Project title:	Prevention and Mitigation of public health risks of drought in Somaliland, Galmudug, Hirshabelle, Jubaland and Puntland		
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\$ 2,000,000
	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	

2. Project Results Summary/Overall Performance

Through the CERF funding, implemented between 7 May and 6 November 2021, WHO in coordination with the Ministry of Health (MOH) implemented an emergency anticipatory action response aimed at preventing and mitigating public health risks of drought in 11 selected districts of Somaliland, Galmudug, Hirshabelle Jubaland and Puntland targeting internally displaced populations and host communities anticipated to be at risk of exposure to health consequences of drought. Through anticipatory preventive public health measures, including surveillance, outbreak detection, investigation and response as well as the provision of primary health care services and treatment to severely malnourished children admitted in nutrition stabilization centres, the project has reached a total of 163,266 direct beneficiaries (69,635 IDPs and 93,631 host communities), which represents an increase of 5,257 beneficiaries (3.3%) compared to planned number of targeted beneficiaries (158,009) and could be due to the continued displacement of the people owing to the effects of drought. Out of the total of beneficiaries reached, 42,309 were children (21,358 girls and 20,951 boys), 25,238 women and 26,083 men from host communities, while 31,201 children (15,524 girls and 15,677 boys) and 18,901 women and 19,533 men were IDPs.

1110 (825 male and 285 female) health care workers (HCWs), including nurses, clinicians, community health workers (CHWs) and rapid response teams (RRTs) received refresher trainings on surveillance of epidemic-prone diseases, outbreak investigation and confirmation, integrated management of childhood diseases (including pneumonia, malaria, and diarrhoea), treatment of severe acute malnutrition (SAM) with medical complications, risk communication and community engagement and water quality surveillance and testing. Overall, this helped strengthen prevention and mitigation response activities at health facility as well as community levels through enhanced surveillance, early detection, investigation and response of outbreaks of epidemic-prone diseases as well as strengthened essential health service provision and enhanced medical treatment to children with SAM in nutrition stabilization centres.

3. Changes and Amendments

There was no changes or amendment to report under this project, besides a slight delay in the implementation of activities, as 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	18,603	18,603	15,220	15,220	67,646	18901	19533	15524	15677	69635
Host communities	24,841	24,841	20,341	20,340	90,363	25,238	26,083	21,358	20,951	93,631
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	43,444	43,444	35,561	35,560	158,009	44,139	45,616	36,882	36,628	163,266
People with disabilities (PwD) out of the total										
	3,476	3,476	2,845	2,845	12,642	3,372	3,406	2,760	2,788	12,326

* 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

Indirectly, the project has reached 552,894 individuals through mass health education campaigns which focused on the prevention of communicable diseases such as acute watery diarrhoea, cholera, and measles, as well as malnutrition and other critical health issues in targeted district. These activities were carried out by CHWs and RRT.

6. CERF Results Framework

Project objective	To prevent and mitigate the public health risks of drought and limit excess associated deaths and diseases amongst the high-risk populations of 11 targeted districts through anticipatory action to be implemented over a period of six months			
Output 1	Coordination, leadership, and operations support for epidemic preparedness at state, region, and district level improved. Health			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of gender inclusive district RRTs trained, or which have received a refresher training.	Target=11, 5 RRT trained and deployed by May 2021 (week 8), 11 by August (week 15) 2021	11 district RRT trained (6 RRT trained by end July = week 10)	Training report
Indicator 1.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (male and female CHWs trained on integrated management of epidemic prone diseases.)	Target= 120 CHW, 60 CHW trained mid May 2021 (week 6) and 120 trained by end of June (week 12) 2021	120 CHWs trained (42 trained by week 10)	Training report
Indicator 1.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (health workers trained on SAM management)	Target= 100, 50 trained by June (week 7) 2021 and 100 trained by end of August (week 14) 2021	100 Health care workers trained (training preparation completed by end July)	Training report
Indicator 1.4	Number of kits procured and prepositioned (cholera, SAM, sample collection kits).	Target =25 kits distributed, 11 by May 2021 (week 11) and 25 by August (week22) 2021	85 kits distributed including 40 IEHK, 26 cholera, 8 trauma and 11 SAM kits (40 IEHK, 9 cholera kits, 8 trauma kits distributed by week 10/end July)	Distribution report
Explanation of output and indicators variance:		There was no significant variance on outputs and indicators, however WHO prepositioned and distributed more medical supplies (IEHK and cholera kits) to affected districts than originally planned, to respond to the imminent risks of outbreaks.		
Activities	Description		Implemented by	

Activity 1.1	Train district based Rapid Response Team	WHO and MOH
Activity 1.2	Train male and female Health Care Workers (HCW) on integrated management of epidemic prone diseases especially cholera and measles	WHO and MOH
Activity 1.3	Train male and female health care workers on the management of Severe Acute Malnutrition	WHO and MOH
Activity 1.4	Procure and preposition emergency medical supplies in state-based hubs.	WHO and MOH
Activity 1.5	Conduct mapping for emergency associated health risks.	WHO and MOH
Activity 1.6	Conduct regular supervision in health facilities and stabilization centres to assess early warning systems and quality of care.	WHO and MOH

Output 2	Early detection of epidemic-prone diseases and rapid investigation of alerts strengthened.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (HCW received refreshment training on EWARN surveillance including cholera data collection and reporting.)	Target= 120, 60 HCW trained by June 2021 (week 8) and 120 trained by end of August (week 16) 2021	126 HCWs (67 male and 59 female) trained on surveillance and provided support for alert investigation, sample collection and shipment.	Training report
Indicator 2.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (Community Health Workers (CHWs) trained and deployed for integrated community-based surveillance)	Target= 200, 100 CHW trained by May (week 6) 2021 and 200 trained by end of July (week 12) 2021	200 CHWs trained (by end-July, preparations for the trainings completed)	Training report and monthly CHW activity report
Indicator 2.3	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (male and female health care workers and CHWs trained on IPC.)	Target= 200, 100 HCW trained by April 2021 (week 8) and 200 trained by end of June(week16) 2021	200 CHWs trained (42 HCWs trained by July = week 10)	Training report and monthly HCW activity report
Indicator 2.4	Number of district health teams trained on water quality surveillance.	Target= 50, 25 District Health teams by June 2021 (week 5) and 50 by the end of July (week 10) 2021	43 district RRT members trained on water quality surveillance and testing	Training report

			(6 district health teams trained by July/week 10)	
Explanation of output and indicators variance:		43 district RRT members were trained instead of the planned 50 (indicator 2.4). This variance can be explained by the fact that 7 participants from Juba land and Hirsh belle were not able to travel to attend the training due to difficulties linked to accessing remote districts.		
Activities	Description	Implemented by		
Activity 2.1	Train male and female health facility surveillance focal persons on EWARN surveillance, including cholera data collection and reporting.	WHO and MOH		
Activity 2.2	Train and deploy male and female CHWs linked with the health facilities for integrated community-based surveillance	WHO and MOH		
Activity 2.3	Conduct training of male and female health care workers and CHWs on infection prevention and control	WHO and MOH		
Activity 2.4	Conduct training of district health teams on water quality surveillance.	WHO and MOH		
Activity 2.5	Procure and distribute water testing kits.	WHO and MOH		
Activity 2.6	Conduct and disseminate a weekly analysis of epidemiological data, SitReps and infographics for early warning and decision making.	WHO and MOH		

Output 3 Laboratory capacities for testing, detecting, and diagnosing diseases with outbreak potential strengthened, as part of public health emergencies surveillance.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Regional hospital laboratories are assessed.	Target=18, 6 laboratories by May 2021 (week 15) and 18 by the end of July (week 10)2021	18 regional laboratories assessed (preparation completed by week 10)	Assessment report
Indicator 3.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (male and female health workers trained on sample collection, packaging, and shipment.)	Target= 120, 60 HCW trained by June 2021 (week 5) and 120 by the end of July (week 10)2021	120 HCWs trained (30 HCWs by week 10= end-July)	Training report
Indicator 3.3	Number of samples collected and tested for cholera, measles, and other high-risk epidemic diseases	Target=1000, 500 samples collected by May 2021 (week 11) and 1000 samples end of August (week 22)20	A total of 1178 samples were collected: 468 samples from suspected cases of cholera; 415 samples from suspected measles cases and 295	WHO EPI watch bulletin

			from suspected Influenza cases. Samples were sent to the national laboratory for confirmatory testing. (526 samples collected by week 10=end July)	
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Explanation of output and indicators variance: No significant variance

Activities	Description	Implemented by
Activity 3.1	Conduct capacity assessments for laboratory diagnostic capacities at, state and region level	WHO and MOH
Activity 3.2	Train male and female laboratory staff on collection, packaging, shipment, and analysis of biological samples.	WHO and MOH
Activity 3.3	Procure and distribute laboratory equipment and reagents to State and regional laboratories.	WHO and MOH
Activity 3.4	Strengthen mechanisms for the collection and shipment of biological samples within states, regions, and districts, as well as outside of Somalia for further analysis. (Supervision, logistic arrangements, result tracking, communication, etc.)	WHO and MOH

Output 4 Risk communication, community engagement and health promotion for preventing epidemics enhanced.

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 4.1	Number and type of risk communication materials printed and distributed	Target=1000 copies printed and distributed, 50 % by May 2021(week 10) and 100% by August (week 20)20	1000 copies printed and distributed (by week 10=end July, IEC material developed, translated into Somali language and in design stage)	Monthly project report
Indicator 4.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (CHWs trained and deployed for risk communication, and awareness raising activities)	Target=200, 100 CHW by May 2021 (week 6) and 200 trained by the end of July (week 12) 2021	200 CHWs trained	Training report
Indicator 4.3	Number of men, women, boys, and girls reached with key messages for the prevention and control of epidemic diseases.	158,009, 50% by May 2021 (week 11) and 100% by August (week 11) 2021	163,266 (60,623 people reached by week 10=end July)	Monthly/DHIS and EWARN data report

Explanation of output and indicators variance:	There is no major significant difference in the output and indicators. In total the project reached 163,266 individuals which is slightly higher than the initial target. This could be due to continued displacement as the drought was worsening during the project's period.
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Activities	Description	Implemented by
Activity 4.1	Update, translate, print, and disseminate risk communication materials to different communities in target districts.	WHO and MOH
Activity 4.2	Train community health workers on health promotion and diseases prevention messaging	WHO and MOH
Activity 4.3	Conduct community engagement sessions, including alongside women's groups, using available channels of communication with risk specific messages.	WHO and MOH

7. Effective Programming

a. Accountability to Affected People (AAP) ¹⁷:

Project design and planning

This emergency anticipatory intervention commenced during the COVID-19 pandemic, i.e. at a time when community members have been actively engaged in response activities at community level. The project was implemented in eleven districts of Somaliland, Galmudug, Jubaland, Hirshabelle and Puntland. Affected communities were involved in the project planning, implementation, and monitoring cycles of the project. During the planning stage, several joint assessment missions were conducted by health cluster and partners to identify affected communities' health priorities and critical health needs. Local health authorities were also consulted through meetings and bilateral discussions, to identify the priority health interventions aimed at preventing and mitigating health consequences of the drought. Accordingly, affected people and geographical locations were identified through several consultative discussions held by health cluster.

Project Implementation

The project was directly implemented by WHO, in collaboration with ministries of health at federal and state levels and with the involvement of health workers and community health workers who are members of the affected communities. Affected communities were therefore involved during the implementation of the project through risk communication and community engagement activities carried out through the district RRTs and CHWs.

During the implementation of the project, WHO and MOH conducted monthly supervision visits (as possible) to assess the implementation of project activities at health facility and community level as well as through interaction with the beneficiaries. Additionally, affected communities have been involved throughout the implementation of the project, through the identification, training and deployment of CHWs who are members of the affected communities.

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 the Open Data Kit (ODK) for reporting by field staff with Geo-coordinate location also helped ensure accountability of conducted activities. 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 interventions were achieving the intended outcomes

¹⁷ 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](#).

of minimizing health consequences of the floods and associated morbidity and mortality, as well as 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 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 on a weekly basis at the peak of the COVID-19 pandemic, and later bi-weekly. Through Health Cluster partners working on the ground, WHO has been able to gather feedback and complaints regarding the project's implementation, should they arise. Additionally, WHO has its own mechanism by virtue of 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 project, however, no formal complaints were received.

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

WHO demonstrated its commitment to the prevention of sexual exploitation and abuse by training field officers on PSEA and 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 project, no formal SEA complaints were reported.

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

During the planning, implementation, and monitoring phases, WHO stressed the specific needs of women, girls and minority groups. WHO conducted a half-day orientation for its staff on the inclusion of gender-based violence (GBV) in health programming and importance of empowering and protecting women and girls as part of this project. Women were prioritized for selection as CHWs and empowered in their roles. Similarly, the needs of women, girls and gender minorities have been given priority at service delivery points. Additionally, the specific needs of women, girls and gender minorities have been mainstreamed through all refreshment trainings that WHO conducted as part of the project. In this respect, it was ensured during trainings that a proportion of women were included (i.e., 126 women trained out of 200 participants in total). 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 was raised among WHO staff throughout the project implementation at health facility as well as community level, on the inclusion of activities that help increase access to health services to PwD. WHO procured and distributed medical supplies that are important to provide care for people with injuries that could potentially lead to disability. Hence through this project support, 8 trauma kits have been procured and distributed to the state MOH which were further distributed to health facilities to provide medical care to injured people. Through the health care services provision, the project has reached a total of 12,326 people with different forms of disabilities and injuries.

The 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 PwD. 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 framework.

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 vulnerable populations. Confidentiality on 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:

The education sector has not been directly involved with the project, however, there were multiple training sessions for health workers, community health workers, surveillance officers and laboratory technicians as part of capacity building activities on different health related issues. In total, 1110 persons from the target districts including 285 women received training in the following different topics:

- Integrated management of epidemic-prone diseases especially cholera and measles
- Community-based surveillance including risk communication and community engagement, health promotion and diseases prevention.
- Case management of SAM with medical complications
- surveillance, alert detection, investigation, and reporting
- Infection Prevention & Control
- Water quality surveillance
- Sample handling (collection, packaging, shipment, analysis of biological samples)

Trainings are expected to result into skills which will improve quality of health care, surveillance and response to public health diseases as well as risk communication and community engagement

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.	0

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.

The focus of this project was health response, which cannot be replaced through cash and voucher assistance

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
N/A	0	US\$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
EPIWATCH for drought affected districts monitoring	http://www.emro.who.int/somalia/information-resources/weekly-epi-watch.html
Health Emergency Programme Update-Somalia	http://www.emro.who.int/images/stories/somalia/documents/emergency-programme-update-october-2021.pdf
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

10. Project evaluation

During project implementation, WHO Public Health Officers were deployed to affected districts and conducted monitoring and evaluation activities, in coordination with state MOH. In districts where security did not allow visits, WHO national staff followed up on the implementation of the planned activities to ensure they had been carried out. Finally, data was gathered and analysed against planned activities and targets on a rolling basis, to track achievements against the indicators. The overall project implementation had been also monitored and evaluated by the country office project management team which held regular discussions and meetings with field teams to ensure smooth implementation of the activities and achievement of targets.

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\$	Date of First Payment to Implementing Partner	Start Date of CERF Funded Activities By Implementing Partner*
			Extended Name	Acronym					
21-RR-FAO-008	Livelihoods	FAO	AGENCY FOR HUMANITY INITIATIVE ORGANIZATION (AHIO)	AHIO	Yes	NNGO	\$14,858	19-May-21	19-May-21
21-RR-FAO-008	Livelihoods	FAO	AGENCY FOR RELIEF AND DEVELOPMENT (ARD)	ARD	Yes	NNGO	\$81,050	1-Jul-21	1-Jul-21
21-RR-FAO-008	Livelihoods	FAO	BANADIR DEVELOPMENT FOUNDATION (BADEF)	BADEF	Yes	NNGO	\$5,862	19-May-21	19-May-21
21-RR-FAO-008	Livelihoods	FAO	GEDO WOMEN DEVELOPMENT ORGANIZATION (GEWDO)	GEWDO	Yes	NNGO	\$42,200	1-May-21	1-May-21
21-RR-FAO-008	Livelihoods	FAO	Himilo Organization for Development (HOD)	HOD	Yes	NNGO	\$73,914	1-Jun-21	1-Jun-21
21-RR-FAO-008	Livelihoods	FAO	MINISTRY OF AGRICULTURE AND IRRIGATION, HIRSHEBELLE (MOAI)	MOAI	Yes	GOV	\$13,545	1-Jul-21	1-Jul-21
21-RR-FAO-008	Livelihoods	FAO	MINISTRY OF AGRICULTURE JUBALAND		Yes	GOV	\$43,736	1-Jun-21	1-Jun-21
21-RR-FAO-008	Livelihoods	FAO	SUPPORT INTERNATIONAL RESCUE (SIR FOUNDATION)	SIR FOUNDATION	Yes	NNGO	\$23,495	1-Jun-21	1-Jun-21
21-RR-FAO-008	Livelihoods	FAO	VOLUNTEER FOR RELIEF DEVELOPMENT (VRD)	VRD	Yes	NNGO	\$6,059	1-Oct-21	1-Oct-21
21-RR-FPA-007	Gender-Based Violence	UNFPA	Socio Economic development and Human Rights Organization	SEDHURO	No	NNGO	\$99,220	12-May-21	1-May-21
21-RR-FPA-007	Gender-Based Violence	UNFPA	Somali Birth Attendants Cooperative Organization	SBACO	No	NNGO	\$49,610	12-May-21	1-May-21
21-RR-HCR-007	Protection	UNHCR	Norwegian Refugee Council	NRC	Yes	INGO	\$403,520	15/04/2021	15/04/2021
21-RR-CEF-012	Nutrition	UNICEF	Deeg Roor Medical Organisation	DMO	Yes	NNGO	\$21,456	10-Aug-21	1-May-21
21-RR-CEF-012	Nutrition	UNICEF	Burhakaba Town Section Committee	BTSC	Yes	NNGO	\$26,520	26-Jul-21	1-May-21
21-RR-CEF-012	Nutrition	UNICEF	AID Vision	AV	Yes	NNGO	\$51,163	6-Aug-21	1-May-21
21-RR-CEF-012	Nutrition	UNICEF	Skills Active Forward Kenya	SAF UK	Yes	INGO	\$69,504	26-Jul-21	1-May-21
21-RR-CEF-012	Nutrition	UNICEF	Action Against Hunger USA	AAH	Yes	INGO	\$62,300	26-Jul-21	1-May-21
21-RR-CEF-012	Nutrition	UNICEF	Ministry of Health and Social Care - Hirshabelle	MoH	No	GOV	\$8,005	11-Oct-21	1-May-21
21-RR-CEF-012	Nutrition	UNICEF	Ministry of Health Puntland	MoH	No	GOV	\$22,921	5-Oct-21	1-May-21
21-RR-CEF-012	Water, Sanitation and Hygiene	UNICEF	Jubaland State Ministry of Energy and Water Resources	SWS MoEWR	Yes	GOV	\$39,872	28-Oct-21	20-Aug-21
21-RR-CEF-012	Water, Sanitation and Hygiene	UNICEF	Puntland Water Development Agency	PWDA	Yes	GOV	\$69,600	23-Aug-21	1-Jul-21
21-RR-CEF-012	Water, Sanitation and Hygiene	UNICEF	Somaliland Ministry of Water Resources Development	MoWRD	Yes	GOV	\$163,776	12-Oct-21	15-Sep-21
21-RR-CEF-012	Water, Sanitation and Hygiene	UNICEF	Somaliland Ministry of Health	MoH	Yes	GOV	\$6,894	12-Oct-21	4-Sep-21
21-RR-CEF-012	Child Protection	UNICEF	Ministry of Women, Development and Family Affairs	MOWDAFA	Yes	GOV	\$76,433	1-Oct-21	3-May-21
21-RR-CEF-012	Child Protection	UNICEF	SHILCON	SHILCON	Yes	NNGO	\$37,664	15-Aug-21	1-Jun-21
21-RR-CEF-012	Child Protection	UNICEF	Tadamun Social Society	TASS	Yes	NNGO	\$38,601	13-Sep-21	15-Jul-21

21-RR-CEF-012	Child Protection	UNICEF	Tadamun Social Society	TASS	Yes	NNGO	\$38,601	13-Sep-21	15-Jul-21
21-RR-CEF-012	Health	UNICEF	Human Development Concern	HDC	Yes	NNGO	\$21,776	21-Jun-21	1-Jun-21
21-RR-CEF-012	Health	UNICEF	TROCAIRE	TROCAIRE	Yes	INGO	\$22,205	21-Jun-21	1-Jun-21
21-RR-CEF-012	Health	UNICEF	WARDI Relief & Development Initiatives	WARDI	Yes	NNGO	\$44,305	21-Jun-21	1-Jun-21
21-RR-CEF-012	Health	UNICEF	Wamo Relief and Rehabilitation Services	WRRS	Yes	NNGO	\$53,935	21-Jun-21	1-Jun-21
21-RR-WFP-008	Nutrition	WFP	Horn of Africa Aid and Development Organisation	HADO	Yes	NNGO	\$6,419	1-Jun-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Mercy USA for Aid and Development	Mercy USA	Yes	INGO	\$7,618	1-Jun-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Somalia Red Crescent Society Somalia	SRCS	Yes	RedC	\$16,828	1-Jul-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Health Education Agro Pastoral Lial	HEAL	Yes	NNGO	\$14,589	1-Jul-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Skills Active Forward UK	SAF-UK	Yes	INGO	\$1,656	1-Jun-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Development and Empowerment for Humanity	DEH	Yes	NNGO	\$9,727	1-Jun-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Somali Vision Development Group	SVDG	Yes	NNGO	\$23,273	1-Jun-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Somali Vision Development Group	SVDG	Yes	NNGO	\$7,893	1-May-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	WARDI Relief & Development Initiatives	WARDI	Yes	NNGO	\$13,521	1-May-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	WARDI Relief & Development Initiatives	WARDI	Yes	NNGO	\$10,792	1-Jun-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Alight	ALIGHT	Yes	NNGO	\$2,239	1-Jul-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Care Somalia	CARE	Yes	INGO	\$7,354	1-May-21	29-Apr-21
21-RR-WFP-008	Nutrition	WFP	Care Somalia	CARE	Yes	INGO	\$4,745	1-Jun-21	29-Apr-21
21-RR-WFP-008	Food Assistance	WFP	World Vision International	WVI	Yes	INGO	\$126,750	8-Sep-21	1-May-21
21-RR-WFP-008	Food Assistance	WFP	Social Environmental Agency	SEA	Yes	NNGO	\$450,000	11-Oct-21	1-May-21
21-RR-WFP-008	Food Assistance	WFP	Global Relief and Development organization	GRDO	Yes	NNGO	\$186,945	29-Sep-21	1-May-21
21-RR-WFP-008	Food Assistance	WFP	Action Aid International	AAI	Yes	INGO	\$1,599,825	8-Sep-21	1-May-21
21-RR-WFP-008	Food Assistance	WFP	Social Empowerment Rehabilitation Development Organization	SERDO	Yes	NNGO	\$1,106,440	19-Oct-21	1-May-21