

**SOMALIA
RAPID RESPONSE
DROUGHT
2022**

22-RR-SOM-51068

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

23/11/2022

	Name	Agency	Cluster
1.	Karen Smith	OCHA	
2.	Afifa Ismail	OCHA	
3.	Evalyn Lwemba	OCHA	
4.	Lilian Kamau	WFP	Food Security
5.	Dek FARAH	WFP	Food Security
6.	Abdikafi ABDULLAHI	WFP	Common services
7.	Nelly Kasina	UNICEF	WASH
8.	Victor Kinyanjui	UNICEF	WASH
9.	Fassou Noramou	UNICEF	WASH
10.	Zephenia Gomora	UNICEF	WASH
11.	Abdirahman Nunow	UNFPA	Protection
12.	EVERS, Claudia	WHO	Health
13.	MUTAAWE, Athanansius Lubogo	WHO	Health

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

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 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.

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:

Somalia continues to face one of its worst droughts in decades following three consecutive failed rainy seasons that are leading to mass displacement, widespread death of livestock and deepening food crisis. At the time of preparation of the CERF proposal, 3.2 million people in 66 out of the country's 74 districts were affected by the drought; of whom 169,000 had abandoned their homes in search of water, food, and pasture. Findings from a country wide rapid needs assessment completed in December 2021 when this grant was under consideration, showed extreme water shortages, lowering of water tables and drying up of most relied on water sources. The spike in water and food prices in most districts in Somalia, was of concern. The assessment found that water prices had doubled while the cost of basic commodities including food had significantly risen above the reach of most families with the price of maize increasing by up to 58 per cent, rice and sugar by up to 30 per cent and vegetable oil by 75 per cent.

This CERF grant announced in late December 2021 and released in January 2022, offered the opportunity to immediately scale up drought response to some 478,311 people most in need thereby minimising their exposure to negative coping mechanism and slowing down the slide towards deterioration. It was also instrumental in providing early response to the drought response plan pegged on the 2022 HRP. CERF building on the gains made through complementing other sources of funds including the Somalia Humanitarian Fund. CERF allowed for increased geographical coverage at a time when more districts were facing severe drought conditions. It helped the HCT signal the severity of the drought and mobilise funding towards the drought response plan. Collaboration and coordination with humanitarian partners and government was strengthened, especially at regional level. CERF funding resulted in additional resources from in-country donors

CERF's Added Value:

This CERF grant released in January, was among the first source of funds to ensure early scale up of time-critical response, build on the gains made in 2021 and reduce suffering mostly caused by acute water shortages. It led to early and fast delivery of assistance to drought affected people during Somalia's harshest and driest season (January to March) and to people recovering from multiple shocks including the worst desert livestock infestation in years and COVID-19.

With CERF's support agencies provided water through water trucking and rehabilitation or construction of boreholes and shallow wells. Vulnerable populations were cushioned from the drought through provision of unconditional cash transfers. Critical needs pregnant mothers, women and girls were addressed through timely delivery of life-saving sexual and reproductive health services including using mobile outreach teams to help pregnant mothers access health care. Emergency obstetric and newborn care (EmONC) was also provided. Additionally, the CERF allocation strengthened and scaled up protection monitoring, provided immediate medical and transportation needs of GBV survivors and supported victims with legal aid and counselling services. It created a protective environment by providing emergency shelter kits to the displaced. The grant enabled the production and dissemination of displacement flash reports and alerts to humanitarian actors thereby improving advocacy on humanitarian needs and protection concerns of the displaced population as well as inform about displacement trends. This provided additional evidence and data necessary to enhance resource mobilisation efforts. Furthermore, the allocation provided persons with disabilities (PwDs) with assistive devices (hearing aids, crutches, wheelchairs) helping them overcome physical challenges while enhancing their ability to access life-saving services.

CERF funds supported coordination at state and district level. It helped strengthen agencies relationships with line ministries and local authorities. By being among the first source of support to the HRP and DRP it helped leverage additional funds to the worsening drought crisis. Support to the logistics clusters opened up access to hard-to-reach areas thereby ensuring essential life-saving supplies reach the farthest and most affected locations. This grant also promoted localisation given that most UN recipient agencies sub-granted local and national organisations.

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

Yes ☒

Partially ☐

No ☐

Agencies reported that CERF funds enabled fast delivery of assistance to people in need. To facilitate fast delivery, WFP and FAO used a flexible modality – unconditional cash transfers - to ensure households meet their immediate food needs and prevent further depletion of their livelihood assets. Additionally, the mobile money transfers led to fast assistance in a safe and dignified manner. Similarly, UNICEF confirmed that the quick turn-around of approvals by the CERF secretariat and early start date ensured that commitments could be undertaken as the needs increased. The support was therefore provided quickly at a time when the needs were greatest. UNHCR confirmed that fast delivery of assistance, especially the cash distributions to the persons of concern (PoCs) were delivered in a timely manner particularly due to their pre-established implementing partners. All projects were completed within the defined timeframe.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

The grant addressed urgent needs in locations with large number of people severely affected by the prolonged drought. The use of cash transfers helped improve the food security situation and helped reduce negative coping mechanisms. Livestock services were timely in preventing increased animal mortality rates, especially for the pastoral communities that rely on livestock keeping as their only or main source of livelihood and a source of nutrition. Provision of water trucking for a limited duration was prioritised to immediately respond to the acute water shortages. UNFPA prioritised mobile sexual and reproductive health services in hard-to-reach areas to pregnant mothers, women of reproductive age and adolescent girls. UNHCR channelled the funds to provision of emergency shelter assistance to meet the critical needs of the most vulnerable persons in a timely manner.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒

Partially ☐

No ☐

CERF funds boosted coordination among agencies thereby ensuring that interventions are aligned and geographical overlaps are avoided. Due to the AWD/cholera outbreak during implementation, partners especially those under CCCM, health, nutrition and WASH clusters had to coordinate the response and ensure timely exchange of information between the different clusters. CERF recipient agencies and sub-granted partners being the first to receive funding played a critical role in strengthening coordination through various platforms including with government ministries and local authorities at the state level. Similarly, FAO coordinated response actions within the food security cluster, as well as through bilateral coordination platforms with government ministries, WFP, UNICEF, and Somalia Cash Working Group. UNFPA as the chairs and co-chairs of the sexual and reproductive health working under health cluster and GBV sub-cluster maximized the coordination of CERF project activities, as well as ongoing efforts partners in a bid to identify gaps in response, ensure that gaps are addressed and referrals to other services is enhanced. IOM closely coordinated between the agencies to ensure that no duplication of support to affected communities occurred.

Did CERF funds help improve resource mobilization from other sources?

Yes ☐

Partially ☒

No ☐

This CERF grant triggered attention for the deteriorating drought conditions in Somalia, which as a result attracted other donors to provide humanitarian support. As a result, FAO, IOM, UNICEF, UNFPA and WFP received additional funding. Moreover, this allocation enabled UNHCR to produce flash reports and alerts to improve advocacy on humanitarian needs and protection concerns of the displaced population as well as inform about displacement trends. This helped highlight the worsening drought and boosted resource mobilisation efforts towards the drought. Similarly, WASH Cluster assessments, updates, trends, and other useful information on the drought situation was also used in resource mobilization efforts with other UNICEF donors. CERF support helped attract additional funding leading to the UNICEF WASH needs for 2022 being funded by over 60 per cent. FAO used the CERF project to advocate for complementary funding from donors, including USAID/ BHA, the World Bank, and the Swedish International Development Cooperation Agency. By showcasing the achievement from CERF funded SRH and GBV activities, UNFPA succeeded in mobilizing internal resources to scale-up response in the drought affected areas.

Considerations of the ERC's Underfunded Priority Areas¹:

The project indirectly addressed three of the four underfunded areas. Through the provision of WASH services (safe drinking water and sanitation facilities) closer to homes, risks that are exposed to women and girls in collecting water from distant water points or sources that are far were minimized. The sanitation facilities also enhanced the dignity of women as they were constructed close to homes, with lockable doors, adequate lighting and were also made friendly to disabled beneficiaries. Support to women and girls was tackled through ensuring that they were specifically targeted during interventions and that GBV preventive measures were considered. The support enabled over 15,000 school-going children to continue with the education through provision of emergency water supply. Disabled people were supported through provision of assistive devices such as hearing aids. People with disabilities and women headed households were given first priority during the targeting of beneficiaries under water trucking. In addition, the trucking sites were deliberately located in areas that were easily accessible by people living with disabilities.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	207,459,030
CERF	17,003,221
Country-Based Pooled Fund (if applicable)	23,000,000
Other (bilateral/multilateral)	174,403,409
Total funding received for the humanitarian response (by source above)	214,406,630

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](#).

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-001	Food Security - Agriculture	2,000,000
IOM	22-RR-IOM-001	Water, Sanitation and Hygiene	4,000,000
UNFPA	22-RR-FPA-001	Health - Sexual and Reproductive Health	425,000
UNFPA	22-RR-FPA-001	Protection - Gender-Based Violence	75,000
UNHCR	22-RR-HCR-001	Shelter and Non-Food Items	1,005,000
UNHCR	22-RR-HCR-001	Protection	495,000
UNICEF	22-RR-CEF-001	Water, Sanitation and Hygiene	4,000,000
WFP	22-RR-WFP-001	Food Security - Food Assistance	2,503,345
WFP	22-RR-WFP-002	Common Services - Logistics	500,000
WHO	22-RR-WHO-001	Health	1,999,876
Total			17,003,221

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

Total funds implemented directly by UN agencies including procurement of relief goods	14,870,708
Funds sub-granted to government partners*	1,398,600
Funds sub-granted to international NGO partners*	81,125
Funds sub-granted to national NGO partners*	652,788
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	2,132,513
Total	17,003,221

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Somalis have endured decades of conflict, recurrent climate shocks and disease outbreaks including the impact of the COVID-19 pandemic. By the end of 2021, drought worsened, making Somalia the worst affected country in the horn of Africa. Most parts of Somalia were facing moderate to severe drought conditional due to three consecutive below average rainy season. With the rainy season in the second quarter of 2022 projected to be below average, Somalia was set to face the longest sequence of poor rains since 1981.

By the end of January 2022 over 4.3 million people were affected by the drought, up from 3.2 million in December 2021, with over 271,000 displaced in search of water, food and pasture. The poor rains during three consecutive seasons resulted in failed crop harvests and widespread water shortages, triggering abnormal livestock migration, decline in livestock production and increased livestock deaths. Water and food prices rose sharply in areas severely affected by the drought. With malnutrition on the rise, health facilities reported increased admissions in children with malnutrition especially in Galmudug, Jubaland, Puntland and South West states.

Extreme water shortages and lack of sanitation and hygiene facilities heightened the risk of disease outbreaks. In areas most affected by the drought such as Galmudug state, authorities estimated that 657,000 people were affected by drought, in Jubaland at least 140,000 were displaced since October 2021 and pastoralist had lost 80 per cent of their cattle. In South West state, the CCCM cluster reported that 18,462 people were displaced in January 2022 from rural areas to towns in Bay and Bakool regions. The prolonged drought led to widespread livestock deaths and a spike in food and water prices.

Operational Use of the CERF Allocation and Results:

In response to the deteriorating drought, CERF released \$17 million in January 2022 from its Rapid Response window for drought mitigation activities. This funding provided lifesaving assistance to 478,311 people, including 143,676 women, 126,609 men, 101,507 girls and 106,520 boys including 59,503 people with disabilities through food security, health, shelter, protection, WASH and logistics support.

- FAO provided unconditional cash support, totalling \$ 1,143,180, to 6,501 drought affected households including 4,033 women headed households, who had either lost crop or livestock. Of the total number of households reached, 4,184 received \$ 40 per month for six months, totalling \$ 240 per household (80 percent of the food Minimum Expenditure Basket [MEB].) while the additional 2,317 beneficiary households received a one-off payment of \$ 60. All cash payments were distributed through mobile money transfers for easy access and to mitigate diversion. 45 000 animals belonging to 1,125 households in the Bay and Bakool were supported with water trucking services for one month.
- IOM provided temporary and sustainable clean and safe water access, drilled five new boreholes and rehabilitated eight existing boreholes. In addition, 28 traditional shallow wells and 800 latrines with handwashing facilities were constructed; 7,500 hygiene kits were distributed to vulnerable households and 100 hygiene promoters were trained. The project reached 176,760 beneficiaries (61,866 girls, 53,028 boys, 35,352 women, 26,514 men).
- UNFPA provided sexual and reproductive health services (SRH) to 23,949 drought affected people most being women and girls. Over 5,000 pregnant women were supported by skilled birth attendants in health centers, 6,466 women with pregnancy complicated emergencies received emergency obstetric care, and mobile outreach teams delivered lifesaving GBV and SRH services, first line response to GBV survivors and referrals to 6,855 beneficiaries.
- UNHCR and its partners provided emergency protection assistance to more than 1000 individuals, trained staff on PRMN data collection; conducted awareness sessions on GBV, PSEA and HLP among others. The project also provided assistive devices (720

elbow crutches, 380 wheelchairs, 1,350 blind canes, 43 under-arm crutches, 2 commode wheelchair) to persons with disabilities. Five standard foldable walkers were issued to elderly people. A total of 24,762 individuals were assisted with emergency shelter kits and non-food items (NFIs).

- WFP assisted 164,946 beneficiaries (27,491 households) with cash transfers (\$ 2,046,770) for 2 months (March and April 2022). The Logistics Cluster facilitated the transportation of 258.57 MT of relief items, such as wash supplies and non-food items, via air and road on behalf of seven organisations to 16 locations.
- WHO was able to provide public health services to a total of 174,817 direct beneficiaries including 18,852 IDPs and 155,946 host communities in 12 drought affected districts. 5,853 children were vaccinated against measles in drought affected districts and severe cases of acute malnutrition with medical complications were treated.

People Directly Reached:

Overall estimate

This grant reached 478,311 people demonstrating the success of the projects which met their objective and targets. Given the convergence in some geographical locations of the interventions and to avoid duplication, the geographic scope for each project/cluster was mapped to clearly visualise the coverage. There were common locations meaning that people targeted could have benefited from a suite of services. WASH figures (IOM and UNICEF) collectively had the widest coverage and hence it was likely that beneficiaries targeted by other clusters also benefited from WASH services particularly provision of water. Next, locations not covered by WASH were identified and beneficiary numbers were proportionally estimated from the clusters that covered them – (WFP food assistance – 3 locations, WHO 4 locations, UNFPA health 2 locations and FAO 2 locations hence arriving at the overall estimate of 478,311.

Sector estimate

To determine the persons reached by category, all sectors' specific categories were examined, and the numbers used for each sector where only one project per sector was implemented. Notably the numbers of targeted persons from the project reports were adopted for Food Assistance, Livelihoods, health, Protection (general protection), Protection (GBV), reproductive health and Shelter/NFI. Since IOM and UNICEF targeted different locations, the number of targeted persons from the project reports were added.

People Indirectly Reached:

Approximately 745,116 people and 45,000 livestock have indirectly benefitted from this CERF grant. FAO reached approximately 234,036 indirect beneficiaries who benefitted from this CERF project due to the multiplier effect of unconditional cash transfers. IOM reached an estimated 45,000 livestock from the rehabilitated strategic water sources. UNFPA and partners reached 6,080 beneficiaries including women, girls, men, and boys benefitted indirectly from project's information and awareness sessions on SRH and GBV services availability and risk mitigation and prevention. UNHCR estimates that approximately 5,000 indirect beneficiaries were reached. For the shelter part, the indirect beneficiaries of the project were business owners and others who benefited from the procurement of shelter materials that are locally available. This will have a positive impact on the local economy. WFP reached indirectly 500,000 people participating in community meetings (sensitization forums) conducted by cooperating partners with social behavioural change communication (SBCC) approaches including 300 food retailers with contractual agreements with WFP across the 9 districts.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Common Services - Logistics	0	0	0	0	0	0	0	0	0	0
Food Security - Agriculture	7,986	7,672	8,312	7,986	31,956	11,435	10,985	11,901	11,435	45,756
Food Security - Food Assistance	79,357	79,358	26,259	26,258	211,232	72,219	72,220	10,253	10,254	164,946
Health	49,127	51,625	31,641	34,139	166,532	51,570	54,194	33,215	35,837	174,816
Health - Sexual and Reproductive Health	20,652	486	2,429	730	24,297	20,357	479	2,394	719	23,949
Protection	7,497	7,203	7,803	7,497	30,000	8,080	6,769	7,931	7,220	30,000
Protection - Gender-Based Violence	586	0	58	0	644	510	0	50	0	560
Shelter and Non-Food Items	3,349	2,526	7,810	5,890	19,575	4,782	3,562	8,704	7,714	24,762
Water, Sanitation and Hygiene	73,161	61,934	118,871	116,174	370,140	72,890	59,660	106,271	117,215	356,036

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

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

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	131,961	157,843
Host communities	324,189	320,469
Other affected people	0	0
Total	456,150	478,312

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	
Sex & Age	Planned	Reached	Planned	Reached
Women	129,052	143,609	12,522	30,234
Men	112,548	126,609	12,118	10,108
Girls	108,479	101,574	8,831	10,578
Boys	106,071	106,520	8,731	8,583
Total	456,150	478,312	42,202	59,503

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-001

1. Project Information			
Agency:	FAO	Country:	Somalia
Sector/cluster:	Food Security - Agriculture	CERF project code:	22-RR-FAO-001
Project title:	Emergency life- saving support to the most drought- affected pastoral and agro-pastoral households in Southwest State of Somalia		
Start date:	25/01/2022	End date:	24/07/2022
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\$ 50,600,000
	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

The Food and Agriculture Organization of the United Nations (FAO), contributed to two separate components: cash programming (Output 1) and livestock assistance (Output 2).

Under Output 1, in order to meet immediate household needs, FAO distributed unconditional cash support, totalling US\$ 1,143,180, to 6,501 drought affected households, of whom 4,033 were headed by women, who had reported either crop or livestock loss. Of the total number of households reached, 4,184 households received US\$ 40 per month for a period of six months, totalling US\$ 240 per household (80 percent of the food Minimum Expenditure Basket [MEB],) while the additional 2,317 beneficiary households received a one-off payment of US\$ 60 (80 percent of the food MEB). All cash payments were distributed through mobile money transfers to mitigate diversion and ensure the intended recipients were reached.

While FAO originally planned to reach 4,200 households located in the two districts of Dinsoor and Baydhaba, a significant sum of funding was saved during the procurement of water bladders under Activity 2.3, which enabled funding to be reallocated towards the end of the project. This enabled FAO to provide cash transfers to an additional 2,317 households in the Baydhaba district, who had also been adversely affected by drought, increasing the overall achievement to 154.78 percent.

Table 1. Cash distribution

District	Planned households	Reached households	US\$ per household	Total cash US\$
Baydhaba (planned)	1,350	1,334	240	320,160
Baydhaba (additional)	0	2,317	60	139,020
Dinsoor (planned)	2,850	2,850	240	684,000
Total	4,200	6,501		1,143,180

Under Output 2, the project has supported 45 000 animals belonging to 1 125 households in the Bay and Bakool regions of Southwest Somalia with one month of water trucking services. Water trucking service delivery for the second month was delayed by insecurity, which is outlined under Section 3. (The remaining provision of services commenced in mid-September is expected to be completed by mid-October 2022.) FAO worked with Water, Sanitation and Hygiene (WASH) Cluster partners in the region to treat the water provided, as it is expected that during severe water shortages, water may also likely be consumed by people.

In addition to water trucking services, the project planned to procure 600 collapsible water bladder tanks with a capacity of 10,000 litres per tank and then delivered to Mogadishu. The tender for the procurement of 600 collapsible water tanks was launched in February 2022. Production and inspection of the water tanks has been completed, and delivery of the water tanks to Mogadishu is expected in October 2022. The water tanks will thereafter be distributed by the Ministry of Livestock Forestry and Range in collaboration with the Southwest Livestock Professional Association (SOWELPA) and placed strategically along migratory routes during the month of November 2022 to support pastoralist communities that are severely affected by the ongoing drought. Delays were encountered due to supply chain disruptions, resulting from COVID 19.

The placing of water tanks along migratory routes will support the water trucking activity in these sites by facilitating the provision of water to pastoralists and their animals as they migrate to pasture areas. This intervention, coupled with other drought response interventions by FAO such as the provision of animal treatment services and the distribution of rangeland cubes, will result in a reduction of livestock mortality rates.

So far, this activity has offered respite to the acute water shortage faced in the areas targeted.

3. Changes and Amendments

As indicated above, there was a significant overachievement of beneficiary households reached under Output 1. Specifically, 2,317 additional households were provided with a one-off cash transfer of US\$ 60 in Baydhaba District. While FAO originally planned to reach 4,200 households located in the two districts of Dinsoor and Baydhaba, a significant sum of funding was saved during the procurement of water bladders under Activity 2.3, which enabled funding to be reallocated towards the end of the project. Of the originally planned beneficiaries to be reached in Baydhaba, there were a small group of 16 households who could not be reached for verification and cash transfer purposes and thus were not served as intended.

Some delays in beneficiary verification for cash transfers were experienced during project implementation. For example, the verification of beneficiaries in Dinsoor was somewhat delayed because a local communications tower was blown up. Due to network outages, beneficiary verification and cash transfer could not be carried out. However, these delays did not interfere with the overall implementation of the project or ability to provide cash transfers to those in need.

Insecurity affected water trucking throughout the project cycle and led to some significant delays. First, water trucking was initially delayed due to insecurity in the areas of implementation and consequently, site selection took longer than previously anticipated. Second, severe security threats emerged in the selected areas in the month following initial site selection, and thus some of the previously selected sites had to be removed and new sites selected, resulting in further delays. Water trucking for the second planned month commenced in mid-September and is expected to be completed by mid-October 2022. It is important to note that through consultative meetings with local authorities, Bay and Bakool regions of Southwest Somalia were identified as the most severely drought affected. Consequently, water trucking was prioritized in these two regions only (and not in Lower Shabelle as originally planned) as Lower Shabelle was not as severely affected by the drought in comparison.

Delays were also experienced in the procurement and delivery of 600 collapsible water bladders due supply chain disruptions, as a result of the COVID-19 pandemic. Delivery of the water tanks to Mogadishu is expected in October 2022. The water tanks will thereafter be distributed by the Ministry of Livestock Forestry and Range in collaboration with SOWELPA to be placed along migratory routes during the month of November 2022.

In terms of monitoring project implementation and impact, it has become increasingly difficult to trace beneficiaries due to the ongoing drought, which is forcing many households in the target areas to migrate. To adapt to these challenges, post-distribution monitoring (PDM) monitoring tools have been redesigned and streamlined, with data collection methods increasingly relying on phone calls and briefer interviews in order to avoid burdening respondents who are already under distress. Despite the challenges, the data collection is now ending, and a report will be ready to be shared upon request starting in October 2022, pending clearance.

For the activities that extended beyond the project end date, all funds were committed prior to the project end date. The purchase order for the water delivery and the M&E were issued before the end of the life of the award. Thus, the funds are eligible and deemed spent. No NCE is required.

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	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	7,986	7,672	8,312	7,986	31,956	11,435	10,985	11,901	11,435	45,756
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,986	7,672	8,312	7,986	31,956	11,435	10,985	11,901	11,435	45,756
People with disabilities (PwD) out of the total										
	1,198	1,198	1,198	1,198	4,792	1,715	1,715	1,716	1,715	6,861

* 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

While FAO did not calculate a precise number of indirect beneficiaries, both activities are expected to have multiplier effects. Indeed, the unconditional cash support is expected to indirectly benefit other people living in the target district areas of Dinsoor and Baydhaba, since cash transfers increase households' purchasing power, enabling money to be injected into local markets. Approximately 234,036 indirect beneficiaries are estimated to have benefitted from this project due to the multiplier effect of unconditional cash transfers.

In addition, by achieving the project's objective to prevent livestock mortality and the deterioration of animal body conditions, project activities are likely to result in an increase in the availability of food in markets, which is a benefit to all in the area from both a food security and nutrition perspective. Finally, livestock support enables beneficiaries to ask for better prices for their livestock, and therefore, livestock keepers may potentially enjoy increased incomes.

6. CERF Results Framework

Project objective To provide immediate access to basic households needs and contribute to the survival of productive livestock during the drought period.

Output 1 25,200 individuals (4,200 households) are provided with lifesaving Unconditional Cash Transfers (UCT) for six months.

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

Sector/cluster				
Food Security - Agriculture				
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	1,008,000	1,143,180 ²	Disbursement reports Form management tools Call Centre Verification results FAO financial report Interim report submitted to the donor.
Indicator 1.2	Cash.2a Number of people benefitting from sector- specific unconditional cash transfers	25,200	39,006	FAO data available in Form Management Tools Call Centre Results Disbursement reports Interim report in the custody of FAO and the donor.
Indicator 1.3	Number of post-distribution monitoring (PDM) exercises conducted by week 15 and week 24	2	0	This is currently ongoing, and the report will be available upon request once it is validated and cleared.
Explanation of output and indicators variance:		<p>As explained above, a significant sum of funds was saved during the procurement process for water bladders under Output 2. This enabled FAO to reallocate the savings and provide cash transfers to an additional 2,317 households in Baydhaba district.</p> <p>The data collection for the PDM activity wasn't completed by week 15, because beneficiary tracing took more time than anticipated. Due to drought, most households in these areas are migrating, and thus finding respondents at home has become more challenging. As a result, the monitoring tools were</p>		

² 3 651 households in Baydhaba were reached with USD 459,180 and 2,850 households in Dinsoor were reached with USD 684,000 during the project duration. A total of USD 1,143,180 was disbursed for the 6,501, households.

		redesigned to factor in elements from both PDM exercises and to consolidate them within a single assessment. The data collection method has also been updated because of the migration dynamic, and it now relies on telephone calls and briefer interviews, so as not to burden the respondents who are under increasing distress. Despite the challenges, the data collection is now ending, and a report will be ready to be shared upon request starting in October 2022, pending clearance.			
Activities	Description	Implemented by			
Activity 1.1	Community mobilization and beneficiary identification and verification of 4,200 households to be supported with UCT. The community mobilization in Baydhaba and Dinsoor districts, and beneficiary identification and verification exercises will be conducted during the first two weeks of the project. A total of 1350 and 2,850 households will be registered in Baidoa and Dinsoor districts respectively, making a total of 4,200 households targeted under this activity.	Food and Agriculture Organization Call Centre and Agriculture Emergency Team FAO selected a total of 6,501 households affected by drought to benefit from unconditional cash support, totaling 39,006 people. Households were screened and listed, and mobilization for the registration was done through various platforms, including bulk text messages and local radio stations. Of the identified and selected households, 4,033 (62 percent) were headed by women, while 2,468 (38 percent) were headed by men. FAO mobilized and identified 2,850 households in Dinsoor and 3,651 households in the Baydhaba districts. The households were screened to ensure they met the following criteria before inclusion in the project: <div><div>a.</div><div>Resided in either Baydhaba or Dinsoor District.</div><div>b.</div><div>Were farmers in the district and had lost their crops as a result of drought;</div><div>c.</div><div>Those who planted crops but did not manage to harvest anything due to poor performance of the rainfall season and the ongoing drought were considered for immediate cash assistance as the household did not have food reserves.</div><div>d.</div><div>Not recipients of any aid in the last three months (this meant that households were not targeted by any other intervention and needed urgent aid); and</div><div>e.</div><div>If they had not been targeted for any aid in previous seasons and were in dire need of assistance.</div></div> All those who met the criteria were selected for the intervention. Of the originally planned beneficiaries to be reached in Baydhaba, there were a small group of 16 households who could not be reached for verification and cash transfer purposes and thus were not served as intended.			
Activity 1.2	Cash disbursement to 1,350 Households in Baydhaba and another 2,850 households in Dinsoor through mobile money. Households will be provided with six months of UCT on a monthly basis during the lean season at 80 percent of the Food MEB. Transfers will be valued at USD 40 per month in Baydhaba and Dinsoor districts respectively. The rounds of cash transfers will be delivered to beneficiaries by weeks 4, 8, 12, 16, 20, and 24.	Food and Agriculture Organization Agriculture Emergency Team through the FAO contracted Financial Service provider Hormuud Telco. FAO released all cash payments to 6,501 households (39,006 people) totalling US\$ 1,143,180 between March and August of 2022. Of the total number of households reached, 4,184 households received US\$ 40 per month for a period of six months, totalling US\$ 240 per household (80 percent of the food Minimum Expenditure Basket [MEB],) while the additional 2,317 beneficiary households received a one-off payment of US\$ 60 (80 percent of the food MEB). All cash payments were distributed through mobile money transfers to mitigate diversion and ensure the intended recipients were reached.			
		District	Number of Villages	Female-headed households	Male-headed households
		Dinsoor	10	1,526	1,324

		Baydhaba	36	2,507	1,144	3,651
		Total Number	46	4,033	2,468	6,501
Activity 1.3	Two Post distribution monitoring (PDMs). Two PDM will be conducted by weeks 15 and 24 of the project. These will monitor the impact of cash transfers in improving the food security of households targeted.	The data collection for the PDM activity wasn't completed by week 15, because beneficiary tracing took more time than anticipated. Due to drought, most households in these areas are migrating, and thus finding respondents at home has become more challenging. As a result, the monitoring tools were redesigned to factor in elements from both PDM exercises and to consolidate them within a single assessment. The data collection method has also been updated because of the migration dynamic, and it now relies on telephone calls and briefer interviews, so as not to burden the respondents who are under increasing distress. Despite the challenges, the data collection is now ending, and a report will be ready to be shared upon request starting in October 2022, pending clearance.				

Output 2 45,000 animals in Bay, Bakool and Lower Shabelle regions (owned by 1,125 households) are provided with water trucking services for two months and benefit from distribution of 600 water bladders for water storage along the main livestock migratory routes

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

Sector/cluster	Food Security - Agriculture			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of animals able to access drinking water along various migratory routes in South West State	45,000	45,000	Monthly partner report
Indicator 2.2	Number of people benefiting from water bladders and trucking	6,750	6,750	Partner reports
Indicator 2.3	Number of livestock PDMs conducted	1	0	The PDM is currently ongoing and the final report can be shared upon request from October 2022, pending clearance.

Explanation of output and indicators variance:

Water has been trucked for a period of one month and the activity is currently ongoing. As explained in Section 3, challenges arose due to insecurity in the implementation areas. In addition, there were also delays in the procurement and delivery of collapsible water tanks due to supply chain disruptions, as a result of COVID 19 control measures and restrictions.

Attempts were made to conduct the PDM at earlier stages in the project. However, due to security challenges and the increasing migration movement of households, it has taken longer than planned. A revision of monitoring tools and data collection methods was completed in order to enable the assessment to continue within the changing context. The PDM is currently being finalized and the final report can be shared upon request from October 2022, pending clearance.

Activities	Description	Implemented by
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Activity 2.1	Identification of partners for water trucking activities. Community mobilization and targeting to identify locations for water trucking. These sub-activities will be conducted in the first four weeks of the project.	Partner identification for water trucking commenced in January 2022. SOWELPA was directly selected based on their capacity to implement the water trucking activities and access the areas of implementation, as SOWELPA has presence all over the Southwest region. Through consultative meetings with local authorities, Bay and Bakool regions of Southwest Somalia were identified as the most severely drought affected. Consequently, water trucking was prioritized in these two regions as Lower Shabelle was not as severely affected by the drought in comparison to Bay and Bakool regions.
Activity 2.2	Water trucking services provided to 1,125 affected households from the 5th week of the project for two months.	Water trucking has been provided to 1,125 households sufficient for 45,000 animals for a period of one month. 10,000 litres were trucked to each of the 20 sites five days a week for a period of one month during the month of July 2022. As explained in Section 3, there were delays in water trucking due to insecurity in the areas of operation which in turn delayed the original site selection, and later also delayed continued trucking in the originally identified sites. As a result, water has been trucked for a period of one month against the planned two months and the remaining water trucking is expected to be completed by mid-October 2022.
Activity 2.3	Procurement and positioning of water bladders in livestock migratory routes from week 1	The tender for the procurement of 600 collapsible water tanks was launched in February 2022. Production and inspection of the water tanks has been completed. Delivery of the water tanks to Mogadishu is expected in October 2022. The water tanks will thereafter be distributed by the Ministry of Livestock Forestry and Range in collaboration with SOWELPA in the month of November 2022. There were some delays in manufacturing water tanks due to COVID 19 restrictions which resulted in a reduced workforce and caused supply chain disruptions.
Activity 2.4	Conduct one livestock activity PDM to understand satisfaction levels of households targeted with water trucking exercise. This will be done on week 15.	Attempts were made to conduct the PDM at earlier stages in the project. However, due to security challenges and the increasing migration movement of households, it has taken longer than planned. A revision of monitoring tools and data collection methods was completed to enable the assessment to continue within the changing context. The PDM is currently being finalized and the final report can be shared upon request from October 2022, pending clearance.

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas³ often lacking appropriate

³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas

consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁴:

FAO has robust measures to curb the diversion of funds. To reduce the risk of fund diversion and insecurity and enhance discretion, FAO distrusted cash through a mobile money operator. FAO also monitored the receipt of cash through a call centre with a successful transfer rate of 100%, where those who were targeted and intended as recipients indeed received the cash transfers as planned. In addition, FAO's call centre conducted systematic call surveys to a sample of beneficiaries, querying on AAP and protection related questions, as well as to field any unfair selection or discrimination of the targeted groups. During the project's implementation, there were no cases reported.

The beneficiary community was involved in project implementation. Beneficiaries were informed of entitlements envisaged under the project, as well as of the project duration and the mechanisms available to them for registering complaints and providing feedback to FAO. In addition, under the water trucking component, beneficiaries were also involved during the selection of the water trucking sites and water trucking schedule planning per location.

b. AAP Feedback and Complaint Mechanisms:

As noted in the above section, FAO has put in place a Complaints, Compliance and Feedback System where beneficiaries are provided with a two-way platform for registering complaints and providing feedback in a confidential manner on project implementation. Awareness regarding the FAO hotline number was raised among the beneficiaries by publicizing it in all community meetings and displaying it in public on banners and posters. After registration and prior to the start of the activity, beneficiaries received a bulk SMS with the FAO hotline number and project entitlement information. FAO monitored the success rate of sharing the hotline number by measuring and tracking who had been reached with the intended messaging through call centre verification. Feedback from beneficiaries on the project was received by a dedicated team at field level, and FAO also employed field monitors and third-party monitors at implementation sites to monitor activities and provide feedback in case of any deviation from standard operating procedures. No cases of fraud or targeting errors were reported during the period

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

The Letters of Agreement issued to and signed by implementing partners clearly indicated FAO's zero tolerance of Sexual Exploitation and Abuse. The implementing partner staff were trained and familiarized with FAO's standards on PSEA and the obligation to uphold the standards. Beneficiaries were also provided with a toll-free number to report any PSEA issues in a confidential manner. FAO has an existing local complaint platform for Sexual Exploitation and Abuse under the FAO call centre. The hotline number is made public in all partners' meetings, and FAO monitors the widespread dissemination of the number via the call centre.

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

FAO has adopted targeting criteria that ensure households head by women are included in activities. In general, a 30 percent minimum of women headed households must be targeted. Under this project, 4,033 (62 percent) of the households reached with unconditional cash transfers were headed by women, while 2,468 (38 percent) were headed by men.

to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

e. People with disabilities (PwD):

Access to assistance and water trucking sites was ensured for people living with disabilities. This was achieved through enhanced community outreach and awareness creation. People with disabilities and women headed households were given first priority during the targeting of beneficiaries under water trucking. In addition, the trucking sites were deliberately located in areas that were easily accessible by people living with disabilities.

f. Protection:

Through various forums, beneficiaries received communication on the project intervention, their entitlements, issues related to protection and available feedback mechanisms, thereby improving their awareness, and building their capacity to channel grievances to FAO regarding deviation, diversion of funds, coercion, taxation, violation of their rights and any other type of abuse. FAO has been able to use feedback to improve on programming, including aspects such as targeting, gender mainstreaming, protection, and beneficiary package changes to suit actual needs on the ground. FAO community mobilization and sensitization was undertaken before the start of each activity and ensured that beneficiaries were involved in project design and planning. As described above, disbursement through mobile money were used to reduce the risk of diversion and attack and protect the safety and security of those receiving funds. Activities were conducted and beneficiaries were engaged with the full knowledge of the national and local authorities and community.

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	39,006

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.

FAO supported drought-affected households in the Dinsoor and Baydhaba districts with unconditional cash transfers to ensure that they have increased purchasing power to meet their household needs, with the most essential being food.

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 1.2	39,006	US\$ 1,143,180	Food Security - Agriculture	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://bit.ly/3wfWZ4S
Twitter	https://bit.ly/3DNukbC
Twitter	https://bit.ly/3LGMm19
Twitter	https://bit.ly/3C54KO6

3.2 Project Report 22-RR-IOM-001

1. Project Information			
Agency:	IOM		Country: Somalia
Sector/cluster:	Water, Sanitation and Hygiene		CERF project code: 22-RR-IOM-001
Project title:	Emergency drought response through provision of integrated water, sanitation and hygiene promotion (WASH) services.		
Start date:	25/01/2022	End date:	24/07/2022
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\$ 180,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,250,000
	Amount received from CERF:		US\$ 4,000,000
	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

Under this CERF RR project, IOM provided 176,760 beneficiaries (61,866 girls, 53,028 boys, 35,352 women, 26,514 men) with temporary and sustainable clean, safe water access, drilled five new boreholes and rehabilitated eight existing boreholes. In addition, 28 traditional shallow wells and 800 latrines were constructed while 7,500 hygiene kits were distributed to vulnerable households. A total of 100 hygiene promoters were trained and reached 176,760 beneficiaries with hygiene promotion messages.

Emergency water trucking was conducted over four weeks to 45,000 individuals (15,750 girls, 13,500 boys, 9,000 women, 6,750 men) living in the settlements of Barwako-2, Hanano 3, Bilan busal & Daresalam (Baydhaba), Xudur IDPs, Hog-dugaag (Cadaado), Qeydar (Dhusamarreb), Xar-Xaar (Gaalkacyo) Bali-cad (Cabudwaaq) and Xaaro (Hoby).

As an exit strategy to the emergency water trucking, several strategic water sources were rehabilitated/constructed. These water points included the construction of five new boreholes (Xaaro, Xar-xaar, Qeydar, Bali-cad, Hog-dugaag villages) and rehabilitation of eight boreholes in the districts of Dhusamarreb (2), Cabudwaaq (2), Wanlaweyn (2), Awdinle (1) and Gaalkacyo (1). In addition, 28 traditional shallow wells were rehabilitated in Xudur (7), Wajid (8) and Baidoa (13), cumulatively 131,760 (46,116 girls, 39,528 boys, 26,352 women, 19,764 men) beneficiaries accessed water from these boreholes and shallow wells.

To provide access to sanitation, IOM constructed 800 household latrines with handwashing facilities: 200 in Baydhaba, 200 in Wanlaweyn, 200 in Gaalkacyo and 200 in Hobyo. During the allocation of the latrines, priority was given to newly displaced families, those with special needs such as disabilities and female headed household (HHs). A total of 24,000 individuals (12,480 female and 11,520 male) benefited from this activity. IOM further distributed 7,500 hygiene kits to vulnerable HHs consisting of 45,000 individuals (23,400 females and 21,600 males). The hygiene kits contained 2.7kg of bar soap, 360 water treatment tablets, a 20-litre jerry can, a five-litre bucket and two packets of sanitary pads. In addition, the families were trained by hygiene promoters on the safe use of the water purification tablets and the importance of cleaning water storage containers. To get feedback from the beneficiaries, post-distribution monitoring (PDM) surveys were conducted in four locations as per the annexed results

Furthermore, IOM trained 100 hygiene promoters (50 female, 50 male) in all project locations. Beneficiaries, through the water committee representatives, were involved in the identification of hygiene gaps in their respective settlements and were included in the delivery of hygiene promotion sessions. The hygiene promotion activities focused on treatment of unprotected water sources to counter disease outbreaks, handwashing at critical times, cleaning and maintaining of latrines, maintenance of water sources and overall environmental hygiene practices like solid waste disposal. All the 176,760 (61,866 girls, 53,028 boys, 35,352 women, 26,514) individuals reached by the project received these messages.

3. Changes and Amendments

There were no substantial amendments, modification, or changes. All activities were implemented as planned and targets largely reached.

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	10,527	7,895	18,422	15,791	52,635	9746	7310	14619	17056	48,731
Host communities	27,501	20,626	48,127	41,251	137,505	25461	19095	38192	44557	127,305
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	38,028	28,521	66,549	57,042	190,140	35,207	26,405	52,811	61,613	176,036
People with disabilities (PwD) out of the total										
	140	120	279	239	778	130	112	259	222	723

* 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

An estimated 45,000 livestock benefited from the rehabilitated strategic water sources as indirect beneficiaries of the project.

6. CERF Results Framework

Project objective	Improved access to clean water, sanitation and hygiene for communities affected by drought in Southwest and Galmudug states of Somalia			
Output 1	190,140 individuals with enhanced access to temporary and sustainable clean, safe water through emergency trucking and water source rehabilitation			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms through water trucking and from rehabilitated water schemes (98,873 females, 91,267 males)	190,140	176,760	Beneficiaries lists and PDM report
Indicator 1.2	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated (Boreholes: New boreholes 5, rehabilitated boreholes 8)	13	13	Engineer reports, field photos
Indicator 1.3	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated (shallow wells)	28	28	Engineer reports, field photos
Explanation of output and indicators variance:		For indicator 1.1, 93% of the targets were reached, the 7% gap was a result of estimated population of the target villages based on the figures received from local authorities during proposal writing. There are no official demographic population figures in Somalia.		
Activities	Description	Implemented by		
Activity 1.1	Emergency water supply through voucher system	IOM		
Activity 1.2	Drilling/construction of 5 new boreholes	IOM		
Activity 1.3	Rehabilitation/upgrading 8 boreholes	IOM		
Activity 1.4	Rehabilitation/upgrading of 25 motorized shallow wells	IOM		
Activity 1.5	Registration and monitoring of beneficiaries accessing water from water sources	IOM		

Output 2	24,000 drought-affected individuals, including children and women in affected areas with improved access to sanitation facilities through the construction and rehabilitation of latrines with handwashing facilities.
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Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene
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Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities) (12,480 female and 11,520 male),	24,000	24,000	Beneficiaries' lists, field photos
Indicator 2.2	WS.13 Number of communal sanitation facilities (e.g., latrines) and/or communal bathing facilities constructed or rehabilitated	800	800	Engineer reports, field photos

Explanation of output and indicators variance: Both indicators were achieved as planned, no notable variation.

Activities	Description	Implemented by
Activity 2.1	Construction of 800 latrines with handwashing stations	IOM
Activity 2.2	Registration and allocation of latrines	IOM
Activity 2.3	Training of households on latrine maintenance	IOM

Output 3	7,500 vulnerable HHs (45,000 people) with access to hygiene kits including menstrual hygiene supplies
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Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.8a Number of people who have received water treatment supplies and can demonstrate appropriate utilisation (23,400 females and 21,600 males)	45,000	45,000	Beneficiaries' lists, PDM reports
Indicator 3.2	WS.16b Number of WASH/hygiene kits distributed	7,500	7,500	Beneficiaries' lists, PDM reports
Indicator 3.3	Number of post-distribution monitoring assessments conducted	4	4	PDM report

Explanation of output and indicators variance: Indicators were achieved as planned, no notable variation

Activities	Description	Implemented by
Activity 3.1	Procurement of hygiene kits	IOM
Activity 3.2	Identification and registration of beneficiaries	IOM
Activity 3.3	Distribution of hygiene kits	IOM
Activity 3.4	Post-distribution monitoring assessments	IOM

Output 4	190,140 people with improved hygiene practices through gap tailored hygiene promotion activities			
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 4.1	Number of people reached through awareness-raising and/or messaging on prevention and access to services (key hygiene promotional messages)	190,140 people (98,873 females, 91,267 males)	176,760	Beneficiaries lists and PDM report
Indicator 4.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (hygiene and sanitation promoters) at least 50% female	100	100	Photos, reports
Explanation of output and indicators variance:		As mentioned above under indicator 1.1 there was slight variation, 93% of the targets were reached, the 7% gap was as result of estimated population of the target villages based on the figures received from local authorities during proposal writing. There are no official demographic population figures in Somalia		
Activities	Description	Implemented by		
Activity 4.1	Training of hygiene promoters	IOM		
Activity 4.2	Hygiene promotion sessions	IOM		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁶:

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 the nomination of members of local authorities/the Ministry of Water to act as focal persons for the project. The appointed focal persons travelled with the

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁶ 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](#).

IOM program teams to the villages/activity locations for another briefing and introduction of activities at the village level as well as identifying the exact locations (in the case of the shallow wells) and re-confirm malfunctioning parts (in the case of the boreholes). During the project 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 mechanism that captures community feedback while guaranteeing confidentiality. For this project, community committees held regular weekly meetings chaired by IOM 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 encountered (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 to facilitate more qualitative feedback and ensured anonymity. The PDM surveys among beneficiaries on the hygiene kit distributions 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 also provided an orientation on sexual exploitation and abuse (SEA) and reporting mechanisms (including a toll-free number) to community committees, hygiene promoters and mobilizers.

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

In line with the Protection Principles, IOM team considered all measures that reduce possible risks of violence, especially for those with vulnerabilities. During the assessment, analysis, and planning phase, the team ensured gender equality by incorporating gender-responsive elements and capacity-building needs and the concerns of women and girls were addressed and mainstreamed. Notably, the broader protection factors that exacerbate the risks of GBV in the project setting were assessed, such as unsafe routes to the water points. During community consultations, feedback forums and data collection, equal opportunities were given to women, men, girls, vulnerable members, male and female headed HHs to air their views and all groups were given equal access to services. Finally, specific indicators were incorporated and measured through the final assessment to identify any GBV/security issues experienced during the implementation and to eventually support the referral process in coordination with the Camp Coordination and Camp Management (CCCM) team. Similarly, the team ensured that minority groups received the assistance equally and that the intervention did not exacerbate already existing tensions within the community.

e. People with disabilities (PwD):

Project staff, community committees and hygiene promoters were sensitized through induction meetings and on the job trainings 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 were arranged to prevent unforeseen risks and safeguard their dignity.

f. Protection:

Throughout the project phases, the principle of "do not harm" was upheld. At the design level, confidentiality, anonymity, and data protection for all beneficiaries were planned and introduced to all stakeholders. Similarly, safeguards were put in place during the profiling and registration of the beneficiaries. Inclusion of women and girls in the consultation process, seeking consent for data collection and

visibility materials of subjects was also incorporated in the design of the project. In addition, during the project implementation, the enumerators and hygiene promoters' capacity to identify and respond to GBV and security issues were enhanced through ad-hoc training sessions

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

There are no commercial water vendors in these locations and hence IOM instead hired trucks to supply water.

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				

9. Visibility of CERF-funded Activities

Title	Weblink
In Pictures, Devastation of Drought Felt by Communities in Somalia	In Pictures: Devastation of Drought Felt by Communities in IOM Somalia
We Came here Carrying our Children on our Shoulders	"We Came Here Carrying Our Children on Our Shoulders": Unforgiving Drought Displaces Thousands in Somalia IOM Storyteller

3.3 Project Report 22-RR-FPA-001

1. Project Information			
Agency:	UNFPA	Country:	Somalia
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF project code:	22-RR-FPA-001
Project title:	Provision of lifesaving integrated Sexual and Reproductive Health (SRH) services and information including clinical management of rape for GBV survivors -drought affected women and adolescent girls.		
Start date:	24/01/2022	End date:	23/07/2022
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\$ 6,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,700,000
	Amount received from CERF:		US\$ 500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 341,041
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 341,041
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Upon completion of the CERF project 23,949 drought affected people have been reached with lifesaving services, many of the project beneficiaries were women and girls. Through implementing partners UNFPA delivered lifesaving integrated SRH and GBV services and information. 5,021 pregnant women of the drought affected population were supported by skilled birth attendants (SBA) in the health centers and 6,466 with pregnancy complicated emergencies received emergency obstetric care in the EmONC facilities in the drought affected areas of Bay (Awdinle & Bardaale), Lower Shabelle (Afgoi), Mudug (Galkacyo) and Galgaduud (Dhusomareeb & Adado). Furthermore, integrated SRH & GBV outreach campaigns delivered lifesaving services and referrals 6,855 beneficiaries including men, boys, women and girls and 5,561 have received SRH and GBV promotive and preventive messages during the project lifetime. In this project UNFPA had procured Emergency Reproductive Health (ERH) Kits of 10 ERH Kit 3, 8 ERH Kit 4, 8 ERH Kit 6A, 8 ERH Kit 6B, 4 ERH Kits 11A, 4 ERH Kit 11B & 4 ERH Kit 12

3. Changes and Amendments

There were no changes made during the project implementation.

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	386	0	34	0	420	335	0	30	0	365
Host communities	200	0	24	0	224	174	0	21	0	195
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	586	0	58	0	644	509	0	51	0	560
People with disabilities (PwD) out of the total										
	6	0	3	0	9	4	0	2	0	6

Sector/cluster	Health - Sexual and Reproductive Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,390	127	634	190	6,341	5,313	125	625	188	6,251
Host communities	15,262	359	1,795	539	17,955	15,044	354	1,769	532	17,699
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	20,652	486	2,429	729	24,296	20,357	479	2,394	720	23,950
People with disabilities (PwD) out of the total										
	81	12	15	6	114	58	6	11	3	78

* 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

In this CERF Project, UNFPA and partners reached 6,080 beneficiaries including women, girls, men and boys benefited indirectly from project's information and awareness sessions on SRH and GBV services availability and risk mitigation and prevention.

6. CERF Results Framework

Project objective	Provision of lifesaving integrated Sexual and Reproductive Health (SRH) services and information including clinical management of rape for GBV survivors -drought affected women and adolescent girls.			
Output 1	Provision of lifesaving emergency obstetric and newborn care (EmONC) services for vulnerable women and girls in drought affected regions			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	RH.1 Number of live births assisted by a skilled health personnel	4,827	5,021	The implementing partner reports
Indicator 1.2	H.8 Number of primary healthcare consultations provided (focusing pregnancy related complications and family planning counselling)	6,113	6,466	The implementing partner reports
Indicator 1.3	SP.2a Number of inter-agency emergency reproductive health kits delivered (Number of ERH kits procured)	46	46	The implementing partner reports
Explanation of output and indicators variance:		UNFPA slightly reached above the targets due to increase utilization of EmONC services by the drought affected population		
Activities	Description	Implemented by		
Activity 1.1	Conclusion/adaptation of implementing partner agreements	United National Population Fund (UNFPA)		
Activity 1.2	Support and maintain Emergency obstetric care services (BEmONC) to provide safe deliveries and deal with Emergency Obstetric complications and referrals	Organisation for Somalis'Protection and Development (OSPAD); Salaam Medical Agency (SAMA); Somali Birth Attendants Cooperative Organization (SBACO)		
Activity 1.3	Procurement of lifesaving Emergency Reproductive Health (ERH) Kits	United Nations Population Fund (UNFPA)		

Output 2	Support integrated mobile outreach campaigns that will provide lifesaving Sexual and Reproductive Health (SRH) targeting the hard-to-reach drought-affected locations			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health - Sexual and Reproductive Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of people reached with SRH and GBV services and	8,280	6,855	The implementing partner reports

	information including referrals through mobile outreach campaigns			
Indicator 2.2	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (SRH and GBV)	5,076	5,561	The implementing partner reports
Explanation of output and indicators variance:		There is a variance of the target and achieved with a decrease of reaching target of SRH/GBV services & information despite partners supported by UNFPA were conducting daily outreach campaigns.		
Activities	Description	Implemented by		
Activity 2.1	Conduct 9 integrated SRH mobile outreach campaigns in the drought-affected and hard to reach areas	Organisation for Somalis'Protection and Development (OSPAD); Salaam Medical Agency (SAMA); Somali Birth Attendants Cooperative Organization (SBACO)		
Activity 2.2	Support referral of complicated pregnancies cases to referral facilities including integration of psychosocial support services with provision of modern contraceptives	Organisation for Somalis'Protection and Development (OSPAD); Salaam Medical Agency (SAMA); Somali Birth Attendants Cooperative Organization (SBACO)		
Activity 2.3	Support integrated SRH awareness raising sessions targeting pregnant women and women at reproductive age	Organisation for Somalis'Protection and Development (OSPAD); Salaam Medical Agency (SAMA); Somali Birth Attendants Cooperative Organization (SBACO)		

Output 3	Ensure the provision of Clinical Management of Rape (CMR) and Care for GBV survivors in the EmONC facilities			
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	PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.)	644	560	The implementing partner reports
Explanation of output and indicators variance:		During the project, 560 survivors had received clients centred GBV services after reaching out with awareness and information of the availability of confidential GBV services		
Activities	Description	Implemented by		
Activity 3.1	Integration of the CMR services in EmONC facilities	Organisation for Somalis'Protection and Development (OSPAD); Salaam Medical Agency (SAMA); Somali Birth Attendants Cooperative Organization (SBACO)		
Activity 3.2	Support health and case managers to provide lifesaving GBV services including first line response to GBV survivors	United Nations Populations Fund (UNFPA)		

7. Effective Programming

a. Accountability to Affected People (AAP)⁷:

In the planning phase of the CERF project, UNFPA and its partners conducted pre-consultations on needs that informed project design through formal and informal consultations with stakeholders. Discussions with stakeholders which included service providers, women at reproductive age and adolescent groups enabled the targeting of focus areas with dire gaps for service provision in SRH and GBV. Implementation took the advantage of participation of local people and target beneficiaries to advise on strategies that work to adopt for the delivery of programme components. Beneficiaries from different locations of the project had been requested to provide information on the client beneficiary satisfaction forms to help guide any form of strategy or approach re-definition. Community mobilization, age and culturally sensitive and participatory approaches had been the main strategies to mobilize participation in implementation and monitoring of project. This CERF project implementation and monitoring included adult women, adolescent girls, boys, and men target beneficiaries.

b. AAP Feedback and Complaint Mechanisms:

Beneficiaries have been informed of the avenues for complaints and feedback during preparatory project activities and community mobilization activities. Target beneficiaries have the opportunity to/can report any grievances through implementing partners' feedback and complaints mechanisms. Target beneficiaries has received the name and contact of focal persons to report to for each of the implementing organizations and they were also informed that the target beneficiaries timelines for action and receipt of feedback for complaints. Messages on non-payment for material assistance have been delivered with the support of this project will be disseminated among communities in advance of distribution.

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

In all the projects of UNFPA including this project UNFPA uses IASC-prescribed templates to record SEA complaints and the UNFPA PSEA focal point from the forum of PSEA task force has trained IPs in recording and handling 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. UNFPA in Somalia has a trained PSEA focal point who is an active member of the HCT taskforce.

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

As the project addresses sexual and reproductive health, the project majorly addresses women, girls, and gender-based violence. And it is evident that during humanitarian crisis and particularly the widespread of droughts in Somalia, women and girls are become more vulnerable and lack of proper SRH services during a woman's pregnancy can have a negative impact on the health outcomes of both the mother and the unborn child. As we report the end of the CERF project implementation, the project had improved access of vulnerable women and girls to adequate SRH services including referrals for complicated pregnancies which has addressed the pressing needs of the drought-affected population in the targeted location. The project has also improved access to confidential and compassionate clinical management of rape services integrated in the EmoNC facilities to the sexual assault survivors to prevent and manage the life-threatening consequences of the assault.

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

e. People with disabilities (PwD):

Inclusion and non-exclusion principles have been at the centre and front of the implementation of this project of CERF. Women and girls living with disabilities (PwD) including target beneficiaries were actively sought for and the Implementing partners have demonstrated expertise on understanding and applying the principle of inclusion. During the lifetime of this project women and girls living with disabilities were identified and were part of the beneficiaries and the implementing partners undertook measures that ensured the participation, of the PwD and overcome barriers that impede PwD access to SRH services as no one should be left behind.

f. Protection:

UNFPA as the lead GBV AoR, which is part of the protection cluster has a huge experience in protection of the affected population. This project had prioritised in implementation by utilizing the do-no-harm approach and the patient/client-centered approaches. We have also considered the safety and security of all beneficiaries and informed, as well as ensured that implementing partners have understood and had applied the principles of non-discrimination, safety, respect, and confidentiality. We (UNFPA) have also ensured that vulnerable women and girls have been treated with dignity and given the choice to decide among the available sexual and reproductive services with their full consent. Transportation / referrals were made available 24/7 to pregnant and lactating women to access services during day and night to avoid any delays or fear of any existing threats.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	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.

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

9. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
Lifesaving SRH Services supported by CERF	https://twitter.com/SBACONGO1/status/1582023859372322817?s=20&t=tRP1FdeYmB0zS15VcQJyyQ

3.4 Project Report 22-RR-HCR-001

1. Project Information			
Agency:	UNHCR	Country:	Somalia
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	22-RR-HCR-001
Project title:	Provision of Protection, Emergency Shelter and Non-Food Items interventions benefiting drought affected populations (IDPs and vulnerable host communities) in Galmudug and Southwest States		
Start date:	01/01/2022	End date:	30/06/2022
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\$ 1,000,018
	Amount received from CERF:		US\$ 1,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 795,356
	Government Partners		US\$ 0
	International NGOs		US\$ 464,306
	National NGOs		US\$ 331,050
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF funds, UNHCR was able to address critical needs in Protection and Shelter for the drought response in target project locations in Galmudug and southwest states between January and June 2022.

During project implementation, UNHCR and its partners provided emergency protection assistance to more than 1000 individuals, referred for specialized services through the existing inter-agency referral mechanisms; conducted interviews and FGDs, trained staff in PRMN data collection; conducted awareness sessions on issues such as GBV, PSEA and HLP among others, reaching 30,000 individuals. In addition, the project identified and provided assistive devices to persons with disabilities identified during the screening.

The project assisted a total of 24,762 individuals with life-saving emergency shelter kits and non-food items (NFIs) assistance.

3. Changes and Amendments

There was a slight adjustment to the original plan as the on the ground context required slightly more ESK than the NFI based on the needs of the targeted population. As the need for emergency shelter kits (ESKs) was higher than initially estimated during project proposal, the number of ESK and its equivalent cash distributed by UNHCR was 2,450, i.e., 100 more than the planned figure of 2,350. This was

made possible through the readjustment of NFI figure and reducing it by 200 NFI kits to accommodate the 100 ESK. The variance did not change or affect the overall budget. As the adjustment was within budget and entailed slight changes in number this was not communicated.

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	4,047	3,853	4,148	4,047	16,095	4,520	3,930	4,244	3,880	16,574
Host communities	3,450	3,350	3,655	3,450	13,905	3,560	2,839	3,687	3,340	13,426
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,497	7,203	7,803	7,497	30,000	8,080	6,769	7,931	7,220	30,000
People with disabilities (PwD) out of the total										
	645	600	650	605	2,500	1,200	650	422	228	2,500

Sector/cluster	Shelter and Non-Food Items									
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	3,349	2,526	7,810	5,890	19,575	4,782	3,562	8,704	7,714	24,762
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	3,349	2,526	7,810	5,890	19,575	4,782	3,562	8,704	7,714	24,762
People with disabilities (PwD) out of the total										
	502	379	1,172	883	2,936	724	560	1,181	1,277	3,742

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

5. People Indirectly Targeted by the Project

For the protection component of the project, UNHCR estimates that approximately 5,000 indirect beneficiaries were reached.

For the shelter part, the indirect beneficiaries of the project were business owners and others who benefited from the procurement of shelter materials that are locally available. This will have a positive impact on the local economy.

6. CERF Results Framework

Project objective	Ensure safe, dignified, equitable and meaningful access to humanitarian assistance, resources and essential services in communities to prevent and respond to the effects of drought.			
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	# Project partnership agreements signed elaborating Protection monitoring reports and displacement flash reports to be produced and disseminated to humanitarian actors for response (1 report to be produced monthly and adhoc flash alerts as and when deemed necessary)	6	11 flash reports and alerts were produced to improve advocacy on humanitarian needs and protection concerns of the displaced population as well as inform about displacement trends. (Project partnership agreement was signed with NRC)	Project partnership agreement Flash alerts and reports disseminated
Indicator 1.2	# of interviews and focus group discussions conducted with key informants by age, gender, diversity and community background (6 interviews per monitor per month); (approx..9 interviews conducted per week) (4 focus group discussions (FGD))	216	Protection Return Monitoring Network (PRMN) monitors, comprised of UNHCR and NRC staff, conducted a total of 324 key informant interviews (KIIs) and focus group discussions (FGDs) with IDPs, returnees and Host communities impacted by the worsening drought in South-West State (SWS) and Galmudug. In order to minimize unintentional bias, the participants were selected using two main criteria- random sampling and active role within the community. In Galmudug, 216 KIIs and FGDs were	Interviews KII and FGD forms/data.

			<p>conducted across the 11 districts which were worst affected by drought between March and June 2022. A total of 1,080 individuals participated the exercise, and 810 (75%) were females.</p> <p>In SWS, 108 KIIs and FGDs across in 5 districts of Bay and Bakool regions (Baidoa, Berdaale, Dinsoor, Elberde and Hudur districts) were conducted from March to June 2022 were conducted. Female constituted 58% (96 individuals) of the 166 total individuals that took part in the exercise.</p>	
Indicator 1.3	Number of people reached through awareness-raising and/or messaging on prevention and access to services (protection cases provided with information on services available/referral)(30,000 cases)	30,000	<p>In order to address challenges on housing, land and property (HLP) rights, remedies and entitlements, eviction prevention messages, counselling and referral pathways, provision of legal aid services, field monitors conducted awareness raising and messaging, reaching 30,000 individuals (more than 50% were females), 15,000 each in SWS and Galmudug. Awareness raising campaign was coordinated with local authorities, partners, and various sub-national level coordination platforms such as gender-based violence (GBV) working group in Galmudug and SWS. The exercise included community outreach and structured information sessions.</p> <p>In Galmudug, IDP settlements in 11 districts were targeted, whereas in SWS, awareness raising,</p>	Photos, and key Messages during sessions

			and information campaign concentrated in IDP settlements with newly displaced IDPs from areas of Bay and Bakool regions.	
Indicator 1.4	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (protection monitors trained on protection) (Two weekly sessions are tentatively planned to take place during weeks 4,8,12,16, and 20)	5	Paralegals and protection monitors participated in five (5) virtual and in-person training sessions, one on Prevention of Sexual Exploitation and Abuse (PSEA) and four on integrated protection covering data collection techniques, GBV, and Child Protection. The trainings were mandatory for new monitors.	Trained monitors participating in SPMS data collection

Explanation of output and indicators variance:

There are no major variances to draw explanation for.

Activities	Description	Implemented by
Activity 1.1	Revise the partnership implementation agreements with partner; UNHCR/ Norwegian Refugee Council 1 Partnership agreement signed with NRC stipulating the implementation of 6 protection monitoring reports.	UNHCR and Norwegian Refugee Council (NRC)
Activity 1.2	Monitor key protection concerns ¹ in areas targeted through 216 interviews (6 interviews per monitor per month) and 4 focus group discussions with community members)	UNHCR/ NRC/PRMN monitors
Activity 1.3	Undertake 5 refresher Protection trainings ² targeting 50 PRMN protection monitors. (Galmudug only as SWS was covered by previous allocation)	UNHCR/ NRC/PRMN partners

Output 2

Direct assistance provided to identified persons with specific needs

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of persons with specific needs identified and registered	2500	In close collaboration with the Ministry of Gender, Human Rights and Women, state-level commissions for refugees and IDPs, district-level local authorities, and partners, 2,500 individuals with specific needs were registered across Galmudug and SWS. 981 females and 1,519 males, who needed various assistive devices were identified in Galmudug and SWS. In Galmudug alone, a total of	Beneficiary list

			<p>1,500 beneficiaries were supported (641 females and 859 males).</p> <p>In SWS, 1,000 persons with specific needs (340 females and 660 males) were identified and registered. The beneficiaries include 543 IDPs, 356 Host communities and 101 Returnees. 7% of the total persons with specific needs were children, most of who needed wheelchairs and elbow crutches.</p>	
Indicator 2.2	# of identified persons with specific needs provided with direct assistance in form of assistive devices (hearing aids, crutches, wheelchairs)	2500	<p>A total of 2,500 identified persons with specific needs (981 females and 1,519 males) received various assistive devices in Galmudug and SWS. NRC procured the necessary assistive devices required to meet the needs of the identified individuals. The following items were distributed among beneficiaries- 720 elbow crutches, 380 wheelchairs, 1,350 blind canes, 43 under-arm crutches, 2 commode wheelchair and 5 standard foldable walkers for elderly people.</p> <p>A total of 1,500 beneficiaries (641 females and 859 males) were supported in Galmudug, whereas 1,000 individuals (340 females and 660 males) received assistance in SWS.</p> <p>Representatives of Baidoa Districts Administration, had participated in the launching of the distribution of assistive devices.</p>	Beneficiary list
Indicator 2.3	# of identified persons with specific needs provided with emergency protection assistance to aid their access to basic services such as legal, psychosocial and medical services.	1000	<p>During the project period, a total of 1,073 individuals (88% females) across the targeted locations were identified. From the total beneficiaries, 298 individuals were persons living with disability. Domestic violence, physical assault, Female Genital Mutilation, and child abandonment were the most prevalent violations reported. As a standard procedure, follow-ups were carried out by project focal points, protection monitors, and PRMN partners.</p> <p>Identified persons with specific needs were provided with cash assistance – the majority to cover</p>	Beneficiary list

			costs related to transportation, medical bills, use for protection emergency needs, aid their access to basic services such as legal, psychosocial and medical services.	
Indicator 2.4	Cash.2a Number of people receiving sector-specific unconditional cash transfers	1,000	1,073 vulnerable individuals (88% females) received protection specific unconditional cash transfers, primarily to cover costs related to transportation, medical bills, and access to services such as legal, psychosocial, and medical. 350 individuals (322 females) were supported in Galmudug while 723 individuals (625 females) in SWS.	Beneficiary list
Indicator 2.5	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	100,000	100,000 USD	Beneficiary list

Explanation of output and indicators variance: There are no major variances to draw explanation for.

Activities	Description	Implemented by
Activity 2.1	Undertake vulnerability assessment and identify persons with specific needs in need of support	UNHCR/ Norwegian Refugee Council/PRMN partners
Activity 2.2	Register identified and provided assistance for persons with specific needs in need of support by location, gender, age and diversity elements	UNHCR/ Norwegian Refugee Council
Activity 2.3	Procure and distribute assistive devices based on the outcomes of the identified needs of persons with specific needs	UNHCR/ Norwegian Refugee Council
Activity 2.4	Provide emergency protection assistance to persons identified	UNHCR/ Norwegian Refugee Council. Cash payments through AMAL Bank.

Output 3 Forced evictions are monitored, recorded, and advocated against

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 3.1	# number of individuals at risk of eviction	30,000	Through awareness raising and messaging 30,000 individuals at risk of eviction were reached, 15,000 individuals each in Galmudug and SWS. The identification was led through field monitors, who visited the IDP sites in	Eviction portal/ Monitoring data

			coordination with authorities, community leaders, and partners who provide the protection services.	
Indicator 3.2	PH.2 Number of advocacy sessions conducted locally against forced eviction and/or the threat of forced eviction	10	<p>In Galmudug and SWS, 10 advocacy sessions against forced evictions were conducted. They brought various stakeholders in the states together, from the IDPs, local authorities, and partners responding to drought. The discussions focussed on housing, land, and property rights as well as entitlements and the participants shared suggestions on how best to mitigate and prevent forced evictions. 245 individuals (133 males and 112 females) participated in the sessions, and majority of IDPs participating in the sessions were impacted directly or indirectly by forced evictions.</p> <p>Five sessions were conducted in Galmudug, reaching 100 (55 females) people while another 5 advocacy sessions were conducted in Baidoa with the participation of 145 (88 males and 57 females) participants from the land commission of Baidoa municipality, some village leaders, students, religious leaders, business owners, IDPs, returnees, host community, and landlords who provided</p>	Beneficiary lists

			residence to newly displaced people.	
Indicator 3.3	# number of monitoring/assessment missions undertaken in eviction prone areas/ locations	20	During the project duration, 20 monitoring/assessment missions were undertaken in eviction prone areas/ locations in Galmudug and SWS. In SWS, 10 field missions/assessments were conducted in Baidoa. The assessments were conducted in densely populated sites hosting recently displaced families, including Boodan cluster and Hanano, ADC, Towfiq, and Al-furqan zones. Baidoa had more than 572 IDP settlements before the drought and during the field assessments, field monitors found 78 new IDP settlements that were established from January to June 2022. More than 4,644 HHs (approximately 27,870 individuals) live in these 78 new IDPs sites and are located in four main villages of Baidoa (Berdaale, Horsed, H/Wadaag and Isha).	Field Visit reports
Indicator 3.4	# households provided with information, Counselling and legal aid (ICLA)	500	During the project period, 704 drought-affected individuals were provided with information, legal assistance, and specialized counselling services. The IDP Community Dispute Resolution (CDR) committees, in collaboration with NRC-paralegals and ICLA staff identified HLP cases. The CDR committees were able	Beneficiary list/ICLA database

			<p>to resolve HLP cases on their own as NRC had strengthened their capacities on CDR/HLP, using funds from previous CERF projects. The overall number of people receiving assistance increased due to the involvement of the CDRs and paralegals.</p> <p>From the total IDPs reached with ICLA, 304 individuals were from Galmudug, while 400 were from Boodan cluster in Baidoa, where the IDPs lived in five new IDP sites including, Qaydar-ade, Wanyama-Gubey 1, Wanyama-Gubey 2, Sumadle, and War-rajiin. Majority of the cases involved breach of oral agreements over (which resulted in forced eviction threats and risks) boundary and encroachment issues, ownership disputes, use of scarce resources, and use of latrines. Majority of IDPs had no tenure agreements, but after legal counselling, they have now valid written agreement of 5 years.</p>	
Explanation of output and indicators variance:		<p>There are no major variances to draw explanation for.</p> <p>However, the project also managed to reach more individuals (704) through information, counselling, and legal aid (ICLA) activities against the planned target of 500. This was because additional needs were identified on the ground which were covered by internal resource contribution from UNHCR and did not change CERF allocated budget.</p>		
Activities	Description	Implemented by		
Activity 3.1	Surveillance will help to inform and monitor progress of targeted interventions to help those most affected.	UNHCR and NRC		
Activity 3.2	Conduct advocacy session with relevant stakeholders against forced evictions	UNHCR and NRC		

Activity 3.3	Monitoring /assessment missions undertaken jointly with government and other protection partners	UNHCR and NRC
Activity 3.4	Provide Information, Counselling, and legal aid (ICLA) will also be provided to approximately 500 persons within the two regions of this intervention.	UNHCR and NRC

Output 4	Emergency Shelter provided
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Was the planned output changed through a reprogramming after the application stage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
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Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	SN.1a Number of people benefitting from in-kind shelter assistance	2,350	8,100	PDM Reports, Beneficiary list, & beneficiary registration list, minutes
Indicator 4.2	SN.1b Number of in-kind shelter kits distributed	2,350	1,350	Completion reports, photos, PDM reports, On-site Midyear PMC02 Reports, signed Beneficiary list, & beneficiary registration list, minutes

Explanation of output and indicators variance:	In addition to the above 1,350 emergency shelter kits (ESKs) distributed in-kind in Baidoa, another 1,100 ESKs were distributed through cash modality in Galmudug (reported under Output 5- indicators 5.3 and 5.4). As the need for ESK was higher than initially estimated, the number ESK and its equivalent cash distributed by UNHCR was 2,450, i.e., 100 more than the planned figure of 2,350. This was made possible through the re-prioritisation of 200 NFI kits. The unit of measurement for reported achievement for indicator 4.1 is individuals (whereas the target figure was for households)
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Activities	Description	Implemented by
Activity 4.1	Procurement/ Replenishment of Emergency Shelter Kits	AVORD in Southwest State
Activity 4.2	Distribution of Emergency shelter kits	AVORD in Southwest State. Cash transfers in Galmudug were facilitated through UNHCR's arrangement with AMAL Bank.
Activity 4.3	Post Distribution Monitoring	HIJRA

Output 5	Non-food items provided
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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	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	SN.2a Number of people benefitting from in-kind NFI assistance	2,000	10,661	Completion reports, photos, PDM reports, On-site Midyear PMC02

				Reports, signed Beneficiary list, & beneficiary registration list, minutes.
Indicator 5.2	SN.2b Number of in-kind NFI kits distributed	2,000	1,800	Completion reports, photos, PDM reports, On-site Midyear PMC02 Reports, signed Beneficiary list, & beneficiary registration list, minutes.
Indicator 5.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	4,230	6,001	Beneficiary Registration List, PDM reports, Completion Reports.
Indicator 5.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	150,165	234,300	PDM Reports,
Explanation of output and indicators variance:		<p>All NFI were provided in kind. However, the cash component above (indicator 5.4) was representative of the number of ESKs (1,100 households) distributed in Galmudug through cash disbursements of USD 213 per HH as per the Shelter Cluster Guidelines.</p> <p>The 200 NFI variance covered the equivalent of 100 additional ESK which were need based on the needs on the ground.</p> <p>The target number under indicator 5.1 was expressed as households, whereas the achieved number represents individuals.</p>		
Activities	Description	Implemented by		
Activity 5.1	Procurement/ Replenishment of NFI kits	UNHCR		
Activity 5.2	Distribution of NFI Kits	AVORD in Southwest State, NRC in Galmudug		
Activity 5.3	Post Distribution Monitoring	HIJRA		

7. Effective Programming

a. Accountability to Affected People (AAP)⁸:

During the project inception sessions, different communities including vulnerable people from minority clan groups, people with disabilities (PwD), and different government institutions including line ministries, and municipalities, were invited to participate and contribute to project design and implementation. The local communities were involved at field level project implementation actions throughout the project. The PRMN focal points leveraged congenial working relation with local authorities, government agencies, and other officials who were key stakeholders during the project delivery. 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:

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](#).

As a part of UNHCR's commitment to ensure that communities are 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 NRC shared the toll-free line [UNHCR- 306 (Galkayo); +252 616002255 (Mogadishu) 308 (NRC)] to IDPs to receive complaints and feedback from the community. Moreover, during the project inception and community engagements at various phases of the project cycle, the communities were informed and encouraged to use available communication channels - confidential emails systems, hotlines, and complaints boxes. Local project monitors, UNHCR, and NRC protection staff were also available to receive complaints or provide feedback at the field as well as country level.

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

As first step, project staff, monitors, and collaborating stakeholders received training, exchanged information, and were made to sign the 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 through email or hotline numbers).

Feedback and Complaint Mechanisms, including complaint boxes were placed in strategic locations especially in areas commonly visited by persons of concern such as distribution sites, community centers, 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 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 (PwD) for inclusion – mainly by identifying their needs and referring them to immediate support and assistance, including access to medical treatment. 2,500 (65% females) PwD were identified during the project, in collaboration with state-level commissions for refugees and IDPs, district-level local authorities, partners. UNHCR and PRMN partners also 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 points collaborated to identify PWDs.

f. Protection:

The project consulted communities and do no harm principles were upheld throughout the implementation of the project. Engagement with community structures to enhance the protection of women and girls, while ensuring that Age Gender Diversity (AGD) principles of programming, was mainstreamed. The interviews and access to services considered all age-groups, and genders with their diversities. Apart from the AGD guiding principles, 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	7,074

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 majority of the CVA for Protection was used to cover costs related to transportation, medical bills, use for protection emergency needs, aid their access to basic services such as legal, psychosocial, and medical services. The Protection assistance was provided to the most vulnerable households- for example GBV survivors, survivors of Female Genital Mutilation, and abandoned child. Whereas the CVA for shelter was used to provide emergency shelter kits.

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
Cash.2a Number of people receiving sector-specific unconditional cash transfers	7,074	US\$ 334,300	Protection and Shelter	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 1-11;	Email dissemination through UNHCR lead clusters

3.5 Project Report 22-RR-CEF-001

1. Project Information			
Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	22-RR-CEF-001
Project title:	Emergency WASH interventions to drought-affected population in Central South Somalia		
Start date:	06/01/2022	End date:	05/07/2022
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\$ 17,900,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,000,000
	Amount received from CERF:		US\$ 4,000,000
	Total CERF funds sub-granted to implementing partners:		US\$ 1,997,425
	Government Partners		US\$ 1,398,600
	International NGOs		US\$ 0
	National NGOs		US\$ 598,825
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

In summary, with the funding received from CERF, UNICEF and partners have reached a total of 180,000 (100%) drought-affected people (37,683 women, 33,255 men, 53,460 girls and 55,602 boys) in the targeted districts of Jubaland and Southwest State of Central South Somalia with access to safe water supply (7.5l/person/day) through water trucking for a period of six weeks, representing 100 per cent of the target. The same beneficiaries also got reached by hygiene kits distribution and hygiene promotion messages mainly focusing on safe water handling, appropriate sanitation and COVID-19 prevention.

To reduce vulnerability to WASH service gaps and strengthen the overall preparedness for drought, CERF funds are critically supported and completed the construction of 400 family-shared and gender-segregated latrines, 200 in Galmudung, 100 in Wajid, and 100 in Baidoa districts. The funding has also supported the drilling of six new boreholes, rehabilitation of 20 strategic boreholes, and construction and rehabilitation of 400 household latrines in the drought-affected target locations. Furthermore, 20 rehabilitated additional latrines, which are disability-friendly and gender-segregated latrines accessible to people with disability, and 25-health care facilities and nutrition centres got provided with institutional WASH services. To enhance community hygiene promotion and messaging, 200 community hygiene promoters got trained and deployed in the target project locations.

3. Changes and Amendments

There has not been any major amendments and modifications are observed during the WASH program implementation throughout the project period.

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	21,080	20,048	31,393	35,479	108,000	24,493	21,948	34,749	36,141	117,331
Host communities	14,053	13,365	20,929	23,653	72,000	13,190	11,307	18,711	19,461	62,669
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	35,133	33,413	52,322	59,132	180,000	37,683	33,255	53,460	55,602	180,000
People with disabilities (PwD) out of the total										
	2,957	2,616	1,670	1,757	9,000	1,884	1,662	2,673	2,780	8,999

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

5. People Indirectly Targeted by the Project

As a result of extreme drought conditions from late 2021, the number of people who needed emergency WASH support in 2022 increased significantly. The estimated displacements into IDP camps in Galmudug and SWS indirectly reached another 50,000 people through the emergency water supply, rehabilitation of water supply systems and hygiene promotion.

6. CERF Results Framework

Project objective 180,000 drought-affected populations receive life-saving WASH services in Somalia

Output 1 180,000 people reached with emergency water supply for drinking and personal hygiene.

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms	180,000	180,000	Field monitoring reports, Partner reports, and UNICEF reports
Indicator 1.2	WS.4 Number of children accessing a sufficient quantity of safe water in learning facilities and safe spaces	15,000	15,750	Field monitoring reports, Partner reports, and UNICEF reports
Indicator 1.3	Cash.4a Number of people receiving unconditional vouchers (Emergency water trucking)	40,000	40,000	Field monitoring reports, Partner reports, and Water trucking recording sheet
Indicator 1.4	Cash.4b Total value of unconditional vouchers distributed in USD (Emergency water trucking)	200,000	200,000	Partner reports, and Water trucking recording sheet

Explanation of output and indicators variance: There is no significantly observed difference of the plan and achieved targets

Activities	Description	Implemented by
Activity 1.1	Provision of temporary safe water supply through water trucking for 180,000 people for between 30-45 days (7.5l per person per day).	Ministry of Energy & Water Resources Southwest and Galmudug State, Samawada Rehabilitation and Development Organization (SAREDO).
Activity 1.2	Emergency drilling and equipping of 5 new boreholes in drought-affected districts across Central South Somalia	Ministry of Energy & Water Resources, Southwest (3) and Galmudug State (2),
Activity 1.3	Emergency rehabilitation and repairs to 20 strategic water sources in drought affected population.	Ministry of Energy & Water Resources, Southwest and Galmudug State.
Activity 1.4	Support 25 health care facilities/nutrition centers to provide emergency water supply	Golweyne Relief and Rehabilitation (GRRN)

Output 2 12,000 people reached with improved sanitation in drought affected IDP settlements.

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities	12,000	12,500	Field monitoring reports, Partner reports, and UNICEF reports
Indicator 2.2	WS.1 Number of latrines constructed or rehabilitated that are fitted with lighting solutions outside and inside	400	400	Field monitoring reports, Partner reports, and UNICEF reports
Indicator 2.3	WS.2 Number of latrines constructed or rehabilitated that are accessible to persons with disabilities	20	20	Field monitoring reports, Partner reports, and UNICEF reports
Indicator 2.4	WS.3 Number of latrines structures constructed or rehabilitated that offer privacy for women and girls	240	240	Field monitoring reports, Partner reports, and UNICEF reports
Explanation of output and indicators variance:		The slight over-achievement on Activity 2.1 is due to increased caseload in the IDP settlements that led to more people sharing the emergency sanitation facilities. The number of facilities remained the same		
Activities	Description	Implemented by		
Activity 2.1	Construction of 400 gender-segregated emergency latrines with functional handwashing facilities	Golweyne Relief and Rehabilitation (GRRN)		
Activity 2.2	Construction of 20 disability-friendly and gender-segregated emergency latrines	GRRN		
Activity 2.3	Construction of 240 emergency latrines provided with adequate lighting and lockable for use by women and girls.	GRRN		

Output 3	180,000 people reached with emergency hygiene kit distribution and hygiene promotion in drought-affected areas.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.11 Number of people demonstrating safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials	180,000	180,000	Field monitoring reports, Partner reports, and UNICEF reports
Indicator 3.2	WS.8b Number of people who have received water treatment supplies and can demonstrate appropriate utilization	180,000	180,000	Field monitoring reports, Partner reports, and UNICEF reports
Explanation of output and indicators variance:		There are no variances observed of the planned and achieved targets		

Activities	Description	Implemented by
Activity 3.1	Procurement, transportation, delivery and distribution of emergency WASH hygiene kits for 30,000 households (180,000 people) including water treatment tablets to drought-affected populations.	Ministry of Energy & Water Resources South West and Galmudug State, SAREDO, and GRRN.
Activity 3.2	Train and deploy 200 hygiene promoters	Ministry of Health South West State, SAREDO and GRRN.
Activity 3.3	Hygiene promotion conducted through house-to-house visits, popular media and targeted trainings	Ministry of Health South West State, SAREDO and GRRN

7. Effective Programming

a. Accountability to Affected People (AAP)⁹:

Accountability to the Affected Population is one of the fundamental principles while operating and delivering humanitarian WASH interventions. In this regard, WASH Cluster encourages Accountability to Affected Populations (AAP) feedback through monitoring and evaluation processes which are in place. UNICEF engaged with partners to ensure that the affected communities get involved in all phases of the program cycles, assessment, registration, verification, distribution, and post-distribution monitoring exercises. Information gathered through the WASH Cluster, implementing partners, and local leaders became used to ensuring the needy populations got served. To engage with affected populations, UNICEF and partners put forth efforts to involve women and women groups to ensure that women's needs and concerns were considered during planning or monitoring assessments and responses.

b. AAP Feedback and Complaint Mechanisms:

During the project's inception phase, before the project commenced, implementing organizations held meetings with the local community to provide information about its principles. Discussions on the nature of interventions to get undertaken, explaining the role of the community during project implementation and clarifications on what the project will and cannot cover. Communities got sensitized to the expected behaviour of program staff and the principles the organization adheres to during project implementation.

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

UNICEF has zero tolerance for SEA-related abuse; firm and appropriate action gets taken where it occurs. The implementing partner for UNICEF signs a commitment as part of the project agreement that they will also ensure that any of their staff will commit no SEA-related offence. During this project implementation, no SEA-related offences got reported.

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

Gender issues were one of the key strategies and elements of the WASH intervention; in this regard, latrines structures get constructed to offer privacy and protection for women and girls. By working with key stakeholders, including local authorities, leaders, implementing partners and the WASH Cluster, due consideration got made to minority communities living in the target locations to ensure that they did not get excluded during the provision of the WASH services. Overall, the WASH program provides that the WASH beneficiaries get

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

targeted, tracked, and reported based on the actual beneficiaries, reached without affecting the existing gender segregation in the target community by correctly tracing women, men, girls and boys.

e. People with disabilities (PwD):

UNICEF commits to comply with every child and with the principle of Core Commitment for Children (CCC) in Humanitarian action. The project has duly and critically mainstreamed People with Disabilities in such that it strategically planned the WASH intervention & accordingly ensures that the water facilities and latrines constructed are to consider and provide accessibility to persons with disabilities.

f. Protection:

This project ensured that disability, age, and gender never constrain all people's ability to access emergency WASH services. Community participation and consultation in project planning and implementation were made possible; women and girls actively engaged and participated in the site selection for water sources and latrines and mainly on the location of the sustainable water sources. UNICEF has consistently provided that gender and protection mainstreaming get included in all implementing partner program documents, including log frame development, indicators, and the project cycle.

The WASH program clearly articulated and mainstreamed gender protection issues while implementing WASH activities, as it has already been operationally defined and indicated in its project log frame. Furthermore, the broader community from the targeted project locations have been actively participated and consulted in the entire project planning and implementation process.

g. Education:

The project design contributes to sustaining education activities in emergency-affected locations and providing water to the areas affected by the drought in their settlements. The fund has greatly benefited the WASH in a school program in emergency-affected locations by increasing access to safe water supply and distributing MHM hygiene kits for girls, including schoolgirls from drought-affected areas. In addition, the MHM kits will also get distributed to adolescent girls, some of whom are in schools in affected target locations, contributing to maintaining girls in schools

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	40,000

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.

The cash voucher system is also a strategically applied methodology in WASH program intervention. In this regard, the WASH program has used in-kind water vouchers with a volume of water allocated for the household for the duration of water trucking during the entire program period. Forty thousand (40,000) people got reached with safe and sufficient water using the emergency water voucher provision

Parameters of the used CVA modality:

Specified CVA activity	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
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(incl. activity # from results framework above)				
Activity 1.1: Provision of temporary safe water supply through water trucking for 180,000 people for between 30-45 days (7.5l per person per day).	40,000	250,000	Water, Sanitation and Hygiene	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Facebook	https://www.facebook.com/UnicefSomalia/photos/a.381266395279957/7412898852116641/?type=3 https://www.facebook.com/UnicefSomalia/photos/a.381266395279957/6951158311624033/?type=3 https://www.facebook.com/UnicefSomalia/posts/pfbid02uBxUhQTdDShg9qg6qvnusCynxG3t5sN6BfrKntRFsfhhic1mrBqBTJRwWzL8DvZnl
Instagram	https://www.instagram.com/p/CdU5KKyO-De/ https://www.instagram.com/p/CY83y5kMeUJ/ https://www.instagram.com/p/CfjG_zutPDV/
Twitter	https://twitter.com/unicefsomalia/status/1559193685270695936 https://twitter.com/unicefsomalia/status/1543546013755088897 https://twitter.com/unicefsomalia/status/1523543451190849536 https://twitter.com/unicefsomalia/status/1503279996302987265 https://twitter.com/unicefsomalia/status/1496455249867030541 https://twitter.com/unicefsomalia/status/1489980894903476227 https://twitter.com/unicefsomalia/status/1484134035395956740 https://twitter.com/unicefsomalia/status/1483937476532215808

3.6 Project Report 22-RR-WFP-001

1. Project Information			
Agency:	WFP	Country:	Somalia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-RR-WFP-001
Project title:	WFP Relief Response to Drought Affected Population in Bay, Bakool, Galgaduud and Mudug regions of Somalia.		
Start date:	01/01/2022	End date:	30/06/2022
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\$ 25,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 10,000,000
	Amount received from CERF:		US\$ 2,503,345
	Total CERF funds sub-granted to implementing partners:		US\$ 135,089
	Government Partners		US\$ 0
	International NGOs		US\$ 81,125
	National NGOs		US\$ 53,964
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP assisted 164,946 beneficiaries (27,491 households) with cash transfers (USD 2,046,770) for 2 months (March and April 2022). Compared with the target figures (211,232), fewer people are reached because WFP supported some of the beneficiaries for two months though the grant was programmed to support for one month, in order to cushion targeted beneficiaries against drought shocks. Beneficiaries from 9 districts were assisted, namely: Wajid, Baidoa, Berdale, Qansaxdheere, Dinsor, Dhuusamareb, Galkacayo, Hobyo and Hudur of Bakool, Bay, Galmudug and Mudug regions.

There has been an improvement in beneficiaries' access to food. 56.5% of the total beneficiaries had an acceptable food consumption score, compared with 54% at baseline. The average rCSI was 17.9 compared with 10.4 at baseline, which implies that households have been using more consumption based coping mechanisms to cope with the decreased food access. This can be attributed to a variety of challenges including inflation, shifting local economic landscape, and diminishing resilience capacities within households.

3. Changes and Amendments

Over the reporting period, the humanitarian situation in Somalia has deteriorated as a result of the drought, with a risk of famine in the country. In a situation not seen in more than 40 years, Somalia is witnessing a historic dry run, with an expected fifth failed rainy season. Humanitarian relief assistance enabled vulnerable households to access life-saving food assistance averting the negative effects and

impacts of worsening drought conditions across many regions of Somalia. This said, levels of acute food insecurity across Somalia remain high and will further deteriorate if food assistance is not sustained.

To cushion beneficiaries against prevailing drought condition, WFP used CERF funds (same amount of funds as in the proposal) to provide assistance to some of the beneficiaries for two months instead of one month (as in the proposal).

4. Number of People Directly Assisted with CERF Funding*

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	9,191	9,191	3,940	3,939	26,261	7,177	7,177	3,076	3,077	20,507
Host communities	70,166	70,167	22,319	22,319	184,971	54,834	54,835	17,332	17,335	144,336
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	79,357	79,358	26,259	26,258	211,232	62,012	20,408	20,412	62,012	164,843
People with disabilities (PwD) out of the total										
	3,063	3,063	1,312	1,312	8,750	2,309	2,309	990	990	6,598

* 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

Approximately 500,000 people participated in community meetings (sensitization forums) conducted by cooperating partners with social behavioural change communication (SBCC) approaches. Through these meetings, communities were made more aware of the importance of dietary diversification, meal planning as well as budgeting issues. They were also informed about WFP and the cooperating partners, rights to information, participation, free and non-discriminatory assistance, and the existing community feedback mechanisms including hot lines to report fraud, aid diversion, exploitation of any nature including sexual abuse and referral pathway for gender-based violence.

In addition, through CERF funds, 300 food retailers with contractual agreements with WFP across the 9 districts were able to supply essential food commodities to registered households

6. CERF Results Framework

Project objective	Provide food security support to the most vulnerable and drought affected households to address food consumption gaps.			
Output 1	Provision of unconditional food assistance to 211,232 beneficiaries (35,205 HHs) food insecure people.			
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 - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Cash.4a Number of people receiving unconditional food vouchers (E-vouchers) (35,205 HH)	211,232	164,946	Cash-based transfer (CBT) reports-Dec 2021
Indicator 1.2	Cash.4b Total value of unconditional food vouchers distributed in USD (E-vouchers)	2,048,150	2,046,770	CBT transfer reports-Dec 2021
Indicator 1.3	Number of project sites monitored	9	9 districts monitored	PDM reports
Explanation of output and indicators variance:		For Indicator 1.1, it was initially planned that some of the targeted beneficiaries were to receive assistance for one month, but at the implementation stage, WFP supported them with two-month transfer. This was necessary to cushion them against prevailing drought condition. WFP used the same amount of funding as planned in the proposal, to provide assistance for two consecutive months, WFP had to reduce the caseload. For indicator 1.2, the target value incorporated the cost of SCOPE cards and ribbons, while the achieved value excluded this amount (and only included the value transferred to the beneficiary).		
Activities	Description	Implemented by		
Activity 1.1	Community consultation on project implementation and targeting criteriaBeneficiary targeting and identificationBiometric registration and enrolment of beneficiaries conducted by capturing beneficiary photos and fingerprints and uploading the information into SCOPE platform and thereafter issuance of E-voucher cards. Locations, targeted number of households and	Cooperating Partners: WVI, DHO, CDI, SVDG, DRRDO, PDA and MARDO A total of 27,491 households were successfully registered into SCOPE platform (WFP's digital transfer management system) and cleared after deduplication analysis to receive assistance as follows: Wajid (1,100 households), Baidoa		

	duration of this activity is as follows: Wajid (818 HHs), Hudur (1,246 HHs), Baidoa (16,088 HHs), Dinsor (705 HHs), Qansahdhere (127 HHs), Dhuusamarreeb (9,137 HHs), Galkayo (1,904 HH), Hobyo (3,334 HHs) and Xaradhere (1,846 HHs).	(12,000 households), Qansaxdheere (2,389 households), Dinsor (1,836 households), Dhuusaamareb (1,480 households), Galkacayo (4,078 households), Hobyo (2,175 households) and Hudur (2,483 households).
Activity 1.2	Beneficiary transfers and redemptions facilitated through WFP SCOPE platform. Project location, targeted number of households and duration for this rapid response activity is as follows: Wajid (818 HHs), Hudur (1,246 HHs), Baidoa (16,088 HHs), Dinsor (705 HHs), Qansahdhere (127 HHs), Dhuusamarreeb (9,137 HHs), Galkayo (1,904 HH), Hobyo (3,334 HHs) and Xaradhere (1,847 HHs).	Cooperating Partners: WVI, DHO, CDI, SVDG, DRRDO, PDA and MARDO WFP worked with 7 Cooperating Partners to process cash transfer assistance to 27,491 households (164,946 beneficiaries) as follows: Wajid (1,100 households), Baidoa (12,000 households), Qansaxdheere (2,389 households), Dinsor (1,836 households), Dhuusaamareb (1,480 households), Galkacayo (4,078 households), Hobyo (2,175 households) and Hudur (2,483 households).
Activity 1.3	A total of 211,232 beneficiaries purchase food commodities of their choice from retailers after biometric authentication of their SCOPE cards for 1 month (January 2022).	Beneficiaries used e-vouchers to purchase essential food commodities from retailers after biometrically authenticating their SCOPE cards.
Activity 1.4	Routine monitoring (both physical and remote including post distribution monitoring) to ensure the effective and efficient delivery of project resources to beneficiaries in a dignified manner. WFP field monitors and contracted/third party monitors will conduct routine process monitoring based on checklists developed by WFP.	Monitoring was done across the 9 sites to ensure if the targeted households received their entitlements to purchase food commodities. Monitoring visits conducted for two months

7. Effective Programming

a. Accountability to Affected People (AAP)¹⁰:

WFP worked closely with partners for stronger collective outcomes on protection and accountability to affected people. This included sharing project information during consultative meetings with community leaders and communities. Communities were made aware of the targeting criteria and targeting process, the right to free assistance and to report cases of fraud, exploitation, and abuse through the hotline numbers. They are also made aware of project duration and the number of households being targeted. Additionally, Information, Education and Communication (IEC) materials used at the community level and posters pinned at strategic locations for social behavioural change communication purposes. Process monitoring was conducted in all phases of activity implementation as a control for adherence to project requirements, prevention of potential diversion of resources, avoiding safety risks and ensuring beneficiaries' satisfaction. Results from corporate indicators on safe and dignified access to assistance show that nearly all WFP beneficiaries received assistance without any protection challenges.

b. AAP Feedback and Complaint Mechanisms:

WFP used its complaint and feedback mechanism (CFM) platform, which tracks complaints, resolution time, and feedback to the complainant. This through CFM process makes use of a WFP hotline and complaints are registered, redress recorded, reported and

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 provided to the complainants that the issue has been resolved. WFP's cooperating partners supported in monitoring, addressing any protection incidents or concerns and referral requirements/guidelines of WFP.

During the implementation period, WFP recorded over 1,440 cases, accounting for both feedbacks received through the hotline (1382 cases, 96 percent) and issues identified through field monitoring (58 cases, 4 percent). Cases are categorized into four risk levels: high, medium, low and residual. Based on those risk levels, standard operating procedures define the process flow and levels of responsibilities for case handling and closure within the organization. Among the 1,400 cases, 1361 cases (97 percent) were categorized as "residual risk", as they relate to beneficiaries' queries regarding project implementation processes and cash entitlements, while 39 cases (3 percent) were reported as complaints from call centre and field issues and went through follow up procedures.

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

During the implementation period no reports of alleged SEA were received in different platforms established by WFP, namely: anonymous letters, incident reports, emails, the call centre and regular monitoring. WFP has provided in-depth training on gender-based violence and prevention of sexual exploitation and abuse for its call centre operators. All contracts with service providers include relevant PSEA clauses. Beneficiaries were sensitized on their rights during targeting and top up period to ensure that they are protected.

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

WFP employed gender sensitive beneficiary targeting in all its projects and prioritized women-headed households. Community consultations were carried out with men and women separately as a key step in planning activities and to ensure that women's voices are heard in the design and delivery of assistance.

e. People with disabilities (PwD):

One of the SOPs employed by WFP during targeting was priority to be accorded to persons living with disabilities (PLWD). Cooperating Partners conducted sensitization on the importance of inclusivity to ensure PLWD are not left out during targeting. Other mechanisms employed included ensuring registration and top-ups was serving them first to ensure health conditions of men, women and children with disabilities is not compromised.

f. Protection:

The use of CBT and SCOPE cards allowed people to access their entitlement at locations most convenient to them. WFP used its robust complaint and feedback mechanism process to ensure that any beneficiary could report issues affecting them for timely assistance. WFP consulted communities and engaged them during targeting and selection of beneficiaries to minimize exclusion and strengthen accountability.

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	164,946 beneficiaries

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 transfers were delivered through SCOPE. Under this CERF grant, beneficiaries receive cash-based transfers through e-vouchers following the process below:

- Mobilization and sensitization: this was facilitated by WFP's cooperating partners, and beneficiaries were informed about their entitlements and dietary needs.
- Distribution and redemption: Through the SCOPE platform, cash transfers were made to beneficiary SCOPE cards and beneficiaries were informed of their entitlement. This information was disseminated through cooperating partners and by SMS and voice messages to beneficiary phone numbers collected during biometric registration
- Beneficiaries redeemed their entitlements at WFP's contracted retailers where they can buy food commodities of their choice.

WFP worked closely with the Government of Somalia and other partners to map out areas where the national safety net, and other relief interventions were being implemented to ensure there was no duplication of 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
Unconditional Cash Transfers	164,946	US\$ 2,046,770	Food Security - Food Assistance	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Somalia Country Brief June 2022	WFP Somalia Country Brief, June 2022 - Somalia ReliefWeb
Somalia Country Brief May 2022	WFP Somalia Country Brief, May 2022 - Somalia ReliefWeb
Somalia Country Brief April 2022	WFP Somalia Country Brief, April 2022 - Somalia ReliefWeb
Somalia Country Brief March 2022	WFP Somalia Country Brief, March 2022 - Somalia ReliefWeb
Somalia Country Brief February 2022	WFP Somalia Country Brief, February 2022 - Somalia ReliefWeb
Somalia Country Brief January 2022	WFP Somalia Country Brief, January 2022 - Somalia ReliefWeb
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1544915391100633089
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1498932777621852161
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1503693274745294848

Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1514224543161856010
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1519957068110872576
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1535864725678039040
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1536605104475865094
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1537345986066059265
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1514555564243619843
Food insecurity and advocacy tweet	https://twitter.com/WFPSomalia/status/1517094704805990405

3.7 Project Report 22-RR-WFP-002

1. Project Information			
Agency:	WFP		Country: Somalia
Sector/cluster:	Common Services - Logistics		CERF project code: 22-RR-WFP-002
Project title:	Provision of common logistics services to drought-affected areas in Somalia		
Start date:	01/01/2022	End date:	30/06/2022
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\$ 5,813,030
	Total funding received for agency's sector response to current emergency:		US\$ 500,000
	Amount received from CERF:		US\$ 500,000
	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 this CERF grant, WFP Somalia implemented logistics-related services under the mandate of Logistics Cluster (logistics common services). The Logistics Cluster mobilized WFP-contracted air assets (both fixed-wing managed by WFP and external contractors with adequate capacity) as well as other means of transport to support the humanitarian community with timely cargo transport to key locations. Where feasible, the Logistics Cluster facilitated the provision of road transportation for relief items on behalf of partners, taking the form of shunting/handling services to support necessary emergency airlifts as well as the movement of cargo to/from key warehouses and hubs. The Logistics Cluster sought CERF funding to support partners responding to the needs of vulnerable populations residing in shock-affected locations.

Over the duration of the project, the Logistics Cluster facilitated the transportation of 258.57 MT of relief items, such as wash supplies and non-food items, via air and road, on behalf of seven organisations to 16 locations. These locations were identified by partners as being the most critical in terms of delivery of non-food items / urgent humanitarian cargo. These requests for transportation were fulfilled on a free-to-user basis and 100 percent of requests submitted were fulfilled during the project duration.

3. Changes and Amendments

Given the dynamic changes of key locations and the time-pressure for delivery of life-saving supplies, assessments were carried out on a daily basis to enable the Logistics Cluster to be operationally flexible and inclusive. In order to maximize the cost-effectiveness of common services and enable delivery to hotspots arising from existing shocks, the Logistics Cluster adopted a flexible approach to factor

the most suitable transport modality to reach demand points thus intercalating between road and air transport whenever the situation allowed.

4. Number of People Directly Assisted with CERF Funding*

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

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

5. People Indirectly Targeted by the Project

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

6. CERF Results Framework

Project objective	Provide logistics capacity augmentation to humanitarian organizations responding to the drought.			
Output 1	Provide timely access to common services tailored to other cluster requirements using the most appropriate transport mode and storage capacity available.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Common Services - Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	CS.2 Total weight of cargo transported by land, sea or air in MT	255.7	258.57	Service Marketplace
Indicator 1.2	Percentage of cargo delivered vs. requested amount	100%	100%	Service Marketplace
Explanation of output and indicators variance:				
Activities	Description	Implemented by		
Activity 1.1	Provision of air, road and sea transport support to the humanitarian community	The Logistics Cluster responds to the requests of humanitarian partners – the amount of cargo transported is based on demand for these services by the humanitarian community. Positively, 100% of requests for cargo movement were fulfilled and the tonnage target was exceeded due to gained efficiencies arising from maximisation of space utilisation through co-loads and lower transport cost through contractors.		
Activity 1.2	Provision of storage in key hubs	No requests for storage on a free to user basis were made		

Output 2	Support the scaling up of immediate response for the joint management of logistics efforts and information management.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Common Services - Logistics			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of organisations supported by the Logistics Cluster	30	35	Service Market place/Logistics Cluster Website Meeting Minutes
Indicator 2.2	Number of information management products produced	6	37	Logistics Cluster Website
Indicator 2.3	CS.5 Percentage of users reported satisfied with services provided	85%	85.7%	Logistics Cluster End of Year Survey

Explanation of output and indicators variance:		<p>2.1 The Logistics Cluster supported 35 organisations due to increased partner demand to transport supplies to hard-to-reach locations (as a result of insecurity, damage to key travel routes and drought).</p> <p>2.2 The types of regular information management products increased to include additional assessments, fuel reports, updates to the sea transport schedule etc.</p>
Activities	Description	Implemented by
Activity 2.1	Provision of information management support to enable common services to be provided on an efficient and timely manner.	The Logistics Cluster supported 35 organisations in transporting commodities to hard-to-reach locations.
Activity 2.2	Provision of information management support to enable common services to be provided on an efficient and timely manner	The Logistics Cluster produced and shared 37 information products such as situation updates, access maps and warehouse assessments with partners. Additionally, the Cluster organized and held 12 coordination meetings and shared the meeting minutes on the Cluster website.

7. Effective Programming

a. Accountability to Affected People (AAP)¹¹:

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

b. AAP Feedback and Complaint Mechanisms:

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

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

The Logistics Cluster's end users are humanitarian partners. However, all contracts with logistics service providers included relevant PSEA clauses.

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

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

e. People with disabilities (PwD):

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

f. Protection:

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

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

g. Education:

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

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

Planned	Achieved	Total number of people receiving cash assistance:
No	No	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.

N/A

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				

9. Visibility of CERF-funded Activities

Title	Weblink
Logistics Cluster Semi-Annual Overview -January to April 2022	Somalia - Logistics Cluster Operations - Semi-Annual Overview - January-April 2022, 9 May 2022 Logistics Cluster Website (logcluster.org)

3.8 Project Report 22-RR-WHO-001

1. Project Information			
Agency:	WHO	Country:	Somalia
Sector/cluster:	Health	CERF project code:	22-RR-WHO-001
Project title:	Rapid response to and mitigation of public health risks in drought-affected districts of Galmudug, and Southwest State		
Start date:	28/01/2022	End date:	27/07/2022
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\$ 10,146,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,999,876
	Amount received from CERF:		US\$ 1,999,876
	Total CERF funds sub-granted to implementing partners:		US\$ 0.00
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	
2. Project Results Summary/Overall Performance			

Through this CERF funding, WHO in coordination with the federal and state ministries of health implemented emergency rapid response actions aimed at preventing and mitigating public health risks of drought in 12 select-districts of Galmudug and Southwest. The target was internally displaced populations and vulnerable host communities who were at risk of facing the adverse public health consequences of drought. Through the implementation of rapid response activities that included provision of integrated primary health care services, disease surveillance, outbreak detection, investigation, response and treatment to severely malnourished children with medical complications admitted in nutrition stabilization centres, the project reached a total of 174,817 direct beneficiaries including 18,852 IDPs and 155,964 host communities. Due to the continued displacement of the people attributed to drought, the project managed to over-achieve some of the targets which represent an increase of 7654 beneficiaries (4.6%) compared to planned number of targeted beneficiaries (166,533). Out of the total of beneficiaries reached 35,837 were girls and 33,215 boys, 51,570 women and 54,194 men.

The 210 Community Health Workers (CHWs) who were deployed along with other local health workers in the target districts detected a total of 1743 disease alerts-- 45% more than the target of 1200 -- by using the early warning, alert and response network (EWARN) system. These disease alerts were investigated and validated by district based rapid response teams within 48 hours of notification. The project helped to equip 70 health facilities in drought affected districts with medical supplies that were used to provide health care services to drought affected communities. WHO supported 62 technical officers from federal ministry of health and state based MoH to conduct monthly supervision visits and monitor the quality of public health interventions. The 210 community health workers also visited households and reached to 587,646 household members with disease preventive messages which represents a fourfold increase

compared to the target. The CHWs were provided with 70 pocketbooks and other health promotional materials which were used to educate communities on disease prevention and health protection. Two public health emergency operations centers were supported with operational costs and airtime to strengthen the coordination of drought related response activities in Dhusemareb (Galmudug State) and Baidoa in Southwest state. WHO supported the vaccination of 5853 children against measles in drought affected districts and treatment of severe cases of acute malnutrition with medical complications. As a result of implementing these timely interventions in response to drought, “excess” morbidities and mortality attributed to epidemic prone diseases were averted.

3. Changes and Amendments

There were no changes or amendment to report under this project, All the proposed activities under this intervention were successfully carried out across the target districts.

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	5,297	5,568	3,412	3,682	17,959	5,561	5,845	3,582	3,565	18,553
Host communities	43,829	46,058	28,229	30,457	148,573	46,010	48,349	29,633	31,972	155,964
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	49,126	51,626	31,641	34,139	166,532	51,570	54,194	33,215	35,837	174,817
People with disabilities (PwD) out of the total										
	3,930	4,130	2,531	2,731	13,322	3,626	4,336	2,657	2,367	12,986

* 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 210 community health workers also visited households and reached to 587,646 household members with disease preventive messages which represents a fourfold increase compared to the target. The CHWs were provided with 70 pocketbooks and other health promotional materials which were used to educate communities on disease prevention and health protection. Two public health emergency operations centers were supported with operational costs and airtime to strengthen the coordination of drought related response activities in Dhusemareb (Galmudug State) and Baidoa in Southwest state. WHO supported the vaccination of 5853 children against measles in drought affected districts and treatment of severe cases of acute malnutrition with medical complications. As a result of implementing these timely interventions in response to drought, “excess” morbidities and mortality attributed to epidemic prone diseases were averted.

6. CERF Results Framework

Project objective	To strengthen the provision of integrated essential primary health care services in health facilities and contribute to a reduction in preventable morbidity and mortality			
Output 1	Integrated primary health care services are provided in health facilities, including targeted vaccination campaigns, reproductive health services and treatment of communicable diseases associated with drought, and the provision of medical supplies is 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 1.1	H.8 Number of primary healthcare consultations provided	166,533	174,817	WHO drought dashboard.
Indicator 1.2	Number of people receiving primary health care services through collaboration with UNICEF, UNFPA and other partners	166,533	174,817	WHO drought dashboard.
Indicator 1.3	Number of children below 5 years benefitting from SAM treatment kits	5830	5172	Monthly Stabilization Centre admission data.
Indicator 1.4	H.4 Number of people vaccinated (children below 5 years vaccinated against measles and other childhood vaccines in targeted districts through integrated outreach services)	5830	9,553	WHO drought dashboard.
Indicator 1.5	Number of emergency health kits, as well as severe acute malnutrition (SAM), trauma and cholera kits delivered to health facilities (in tonnes)	20	20	WHO procurement and distribution report.
Explanation of output and indicators variance:		Over-performance recorded under indicator 1.1: Target for beneficiaries was set based on previous attendance for services at primary health care level. During implementation, there were a lot of movement from conflict areas affected by drought to the targeted districts. Under-performance recorded under indicator 1.3: Three (3) districts in Southwest state are yet to submit complete admission data for severe acute malnutrition due to some local administrative reasons. WHO is following up		

	with them to collect and update the data sets as soon as possible. The under performance in this indicator is due to the missing report from some of the stabilization centres, not due to decline in the admission trend to stabilization centres, in fact the nutrition situation continued to deteriorate and admission both to outpatient therapeutic program (OTP) and stabilization center (SC) is showing an increasing trend since the drought situation declared. Over-performance recorded under indicator 1.4: Migration of people from inaccessible communities to targeted districts, we observed increased number of children vaccinated with antigens which included 9,553 administrated doses of Measles (6,282 MCV1 and 3,217 MCV2) and other antigens; PENT1: 6432, PENT3: 3,788, IPV1: 3523, IPV2:3673, OPV1:7,891, OPV2: 5,090, OPV3:4282, ORS:3,513 and VITA:13,006.
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Activities	Description	Implemented by
Activity 1.1	Strengthen and maintain the provision of essential primary health care and treatment to drought-affected communities in primary and secondary health facilities in collaboration with MOH, UNICEF and UNFPA	WHO, MoH in collaboration with other partners supported primary and secondary health facilities on essential medical supplies.
Activity 1.2	Deploy community health workers to provide essential nutrition interventions and screening for children below 5 years in the communities in collaboration with MOH, UNICEF and UNFPA	WHO, MoH in collaboration with other partners supported primary and secondary health facilities through capacity building for the detection and proper management of malnutrition amongst vulnerable population.
Activity 1.3	Deploy additional health workers to conduct outreach sessions to provide integrated primary health care services to displaced communities in collaboration with MOH, UNICEF and UNFPA	210 community health workers who visited households and educated 587,646 with disease preventive messages which represents a fourfold increase compared to the targeted populations The CHWs were provided with 70 pocketbooks and guidelines that they used to educate communities on disease prevention.
Activity 1.4	Support health facilities with medical supplies (including cholera kits, emergency interagency kits, kits for the management of severe acute malnutrition with complications, laboratory kits) to provide primary health care and emergency medical services to target populations	WHO procured and donated emergency medical supplies to Southwest and Galmudug states ministries of health and helped them distribute to the target districts by developing a distribution plan based on need of the health facilities.

Output 2	Timely detection and response to alerts of epidemic-prone diseases and other public health risks within 48 hours of notification is strengthened through enhanced coordination of integrated disease surveillance and response activities
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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	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of disease alerts detected, investigated and responded to within 48 hours of notification from health facilities and communities	1200	1743	Laboratory data is collected and placed in the line-list spreadsheets by state ministry of health (MoH) and reported to the Federal ministry of Health (MoH).

Indicator 2.2	H.7 Number of functional health facilities supported (health facilities supported to report alerts of communicable diseases detected in drought affected communities)	70	70	Distribution list for medical supplies to states, districts, and health facilities., CHW and RRT dashboard data.
Indicator 2.3	Number of state-based Emergency Operational Centres (EOCs) functional with airtime and other IT support to coordinate the implementation of drought-related response activities	2	2	Distribution list for equipment to set-up EOCs.
Indicator 2.4	Number of integrated supportive supervision and monitoring visits conducted in targeted districts	8	62	Supervision reports were collected for joint supervisions and RRT supervisions.

Explanation of output and indicators variance:

Over-performance recorded under indicator 2.1: Due to ongoing measles and cholera outbreak in a drought affected, CHWs produced more alerts than projected (2905), and RRTs were able to verify and investigate 1743 of these alerts within 48 hours, which helped to minimize morbidity and death in the project districts. The EWARN system was also re-activated to help sustain the efforts.

Over-performance recorded under indicator 2.4: Due to increased activity both at the primary health care centres and the number of alerts generated by CHWs and investigated by RRTs, increased supportive supervision was carried out to ensure quality of data collection, services, and improved coordination between various partners.

Activities	Description	Implemented by
Activity 2.1	Deploy district based rapid response teams to investigate and verify alerts reported within 48 hours from health facilities and communities	WHO deployed district based rapid response teams (RRTs) who investigated and verified alerts of epidemic prone diseases reported by CHWs and health facilities through early warning alert and response network (EWARN).
Activity 2.2	Provide operational support (airtime and internet services) to health facilities for timely reporting of alerts	WHO provide internet bundles to health facilities focal persons that was used to submit daily and weekly reports in EWARN using a mobile application.
Activity 2.3	Provide operational support for Emergency Operations Centers (Baidoa and Dhusamareb) to coordinate response to drought related activities	WHO and MoH are still in the process of setting-up all the components of EOC in these two states to ensure their full functionality.
Activity 2.4	Conduct joint supportive supervision and monitoring visits to health facilities and communities	During the reporting period, WHO collaborated with the state and federal ministries of health (MoH) to conduct 62 supportive supervisions (2 joint supportive supervisions by the WHO and MoH, 60 supervisory visits by RRTs) throughout 12 districts.

Output 3

Risk communication, community engagement and health promotion for preventing epidemics are enhanced among drought-affected communities

Was the planned output changed through a reprogramming after the application stage?

Yes ☐

No ☒

Sector/cluster

Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of risk communication materials printed and distributed to health facilities	70	210	Distribution plan of printed materials at district level.
Indicator 3.2	Number of community health workers deployed for risk communication and awareness raising activities	210	210	Names, location, and contacts of CHWs deployed collected during the orientation.
Indicator 3.3	Number of men, women, boys and girls reached with key messages for the prevention and control of epidemic diseases.	166,533	587,646	Drought response electron in reporting through dashboard.
Explanation of output and indicators variance:		<p>Over-performance recorded under indicator 3.1: Due to increased demand for community engagement, and turnover of the local staff, there was a need to print and distribute information, education and communication (IEC) material in the target districts.</p> <p>Over-performance recorded under indicator 3.3: CHWs were able to reach more people than targeted, because of a prolonged drought and continued movement of people from inaccessible areas to the project-supported districts.</p>		
Activities	Description	Implemented by		
Activity 3.1	Update, translate, print and disseminate risk communication materials to different communities in target districts.	Community case definitions for epidemic prone diseases with risk communication messages were printed and distributed to 210 CHWs as a reference tool. Additional IEC materials with clear illustrations for CHWs and community people are still under development.		
Activity 3.2	Deploy community health workers on health promotion and diseases prevention messaging	WHO and state MoH deployed CHWs to communities that are far from health facilities and the internally displaced persons (IDP) camps to deliver risk communication messages and carryout referral and integrated health services.		
Activity 3.3	Conduct community engagement sessions, including alongside women's groups, using available channels of communication with risk specific messages.	Community mobilisers delivered door-to-door risk communication messages on epidemic prone diseases and community engagement to stakeholders.		

7. Effective Programming

a. Accountability to Affected People (AAP)¹²:

Project design and planning

This project was developed by the technical teams of WHO in consultation with the Federal MoH, ministries and community representatives at district and community level. WHO supported the health authorities to identify the districts that were most affected by drought, developed activities and set performance indicators using the historical disease surveillance records, field assessment mission reports conducted jointly in collaboration with clusters and UN agencies. WHO used the data from camp coordination cluster and UNOCHA to select the districts that were most affected by drought. WHO also used IOM tracking reports to monitor the movement of population in and out of

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](#).

drought-affected areas, while weekly and monthly reports from UNOCHA were used to estimate the population groups that were most affected by drought. Federal MoH and state level health authorities, as well as representatives of the communities affected by drought, were engaged by WHO to collect contextual information regarding the community needs and activities to be implemented. Throughout the design and planning of this CERF-funded project, WHO Somalia consulted with local and national authorities to ensure that all aspects of the intervention accounted for local needs and priorities and empowered local authorities and frontline responders. This comprehensive designing and implementation approach helped the project team to plan and implement community-specific interventions which resulted in benefiting more than expected population in the select districts.

Implementation of the Project

WHO field staff in collaborations with the state-based public health emergency officers, surveillance officers, district polio officers, health cluster partners and technical officers from ministry of health participated actively in the implementation of key health activities throughout the project cycle. State health authorities were actively involved in Identifying and selecting the health facilities for assessments, frontline health workers to be trained, selection and deployment of community health workers (CHWs), deployment of rapid response teams (RRTs) and distribution of the medical supplies. Supportive supervisions and continued mentoring helped CHWs detect and report alerts of epidemic prone diseases in their communities which were investigated and validated by the district based rapid response teams in a timely and efficient manner as per the training manuals.

Monitoring and Evaluation

Monitoring was carried out jointly by WHO field teams, state ministry of health (MoH) and district health authorities. To improve the quality of health service delivery, WHO ensured that the frontline health workers were trained using standard training materials that were translated in the local language. Standard tools were developed and used to measure the knowledge gained by the trainees before they were deployed in the field. Reference materials were given to all trainees as a ready-reference-guide to help them carryout the routine data collection and data entry activities. In each of the states, public health emergency officers in coordination with the state and district polio teams monitored the deployment of the community health workers and district based rapid response teams. The performance of the CHWs for community-based activities was measured against set targets and key performance indicators (KPIs). WHO supported the re-activation of early warning alert and response network (EWARN) system that was used by health facilities in drought-affected districts to detect and report alerts of epidemic prone diseases on a daily and weekly basis. The severity of diseases was monitored using threshold levels in the system through calculation of case fatality ratio (CFR), attack rates (AR) and incidence rates (IR). These were measured against established disease thresholds to detect any deviations from expected normal levels. WHO published weekly epidemiological reports that were used by health partners to implement public health activities. The essential medicines and medical supplies for the management of water and vector borne diseases were provided by WHO to the federal MoH for distribution to local health facilities by developing a distribution plan. The total number of people seeking care in the health facilities in drought-affected districts as well as cholera cases treated in different treatment centers were used as a proxy for the utilization of medicines and supplies provided.

b. AAP Feedback and Complaint Mechanisms:

WHO adopted a comprehensive feedback and complaint mechanism approach to ensure quality service delivery as well as accountability to the beneficiaries. Throughout the project's implementation, WHO facilitated the health cluster meetings at the field level to collect any feedback or complaints from the health cluster partners. Additionally, WHO ensured to collect feedback and suggestions or complaints directly from the community representatives, elders and especially women and physically challenged persons during its supportive supervision visits in the field. This helped to not only create bondage with the communities but also helped improve the trust relations between the partners and the communities. These health cluster meetings were coordinated by WHO on a monthly basis. Thirdly, WHO Somalia country office website, social media (e.g., Twitter, Instagram), emails and through telephone provide all the beneficiaries an opportunity to report any feedback or complaints directly to the 24/7 supervised channels for kickstarting an immediate response to any such reported incidents from any part of the country. 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 respond to such situations, should they arise, and report 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 an orientation workshop 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 out to 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 facilities as well as at the community level, on the inclusion of activities that help increase access to health services to PwDs. WHO procured and distributed medical supplies that are important to provide care for people with injuries that could potentially lead to disability. Through this project support, 8 trauma kits have been procured and handed over to the state MoH and were distributed to health facilities to provide medical care to injured people. Through the health care services provision, the project has reached a total of 13,323 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 vulnerable communities. All staff, including field staff at all levels, are expected to adhere to these standards. Throughout the project design, WHO aimed to provide quality integrated primary health services to all drought affected persons targeted districts. This included internally displaced persons (IDPs), people living with disability (PwDs) 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:

Despite the education sector not being linked directly to the project, WHO ensured to provide and promote educating the communities and the partner staff on healthy living, water and sanitation hygiene (WASH), protection of women and vulnerable groups and immunization for children. WHO arranged multiple capacity building sessions for health workers, community health workers, surveillance officers and emergency officers in MoH. In total, 587,646 people in targeted districts received health promotion messages on the prevention of epidemic prone diseases linked to drought. Community health workers (CHWs) were trained on detection and reporting alerts of epidemic prone diseases using Online Data Kits (ODK) home-based treatment of commonest causes of morbidity among under-five children and screening and referral of severe cases of malnutrition identified in the community to the nearest health centres.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	[Fill in]

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

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

The focus of this project was health response and did not involve cash and voucher assistance to beneficiaries, that's why CVA was not opted for this project.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
WHO media stories	http://www.emro.who.int/somalia/news/index.html
Emergency reports	http://www.emro.who.int/somalia/information-resources/situation-reports.html
Cholera situation reports	http://www.emro.who.int/somalia/information-resources/acute-watery-diarrhoeacholera-situation-reports.htm
EPIWATCH for drought affected districts monitoring	http://www.emro.who.int/somalia/information-resources/weekly-epi-watch.html
Drought Response stories	http://www.emro.who.int/somalia/priority-areas/drought-response.html

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-CEF-001	Water, Sanitation and Hygiene	UNICEF	GOV	\$714,136
22-RR-CEF-001	Water, Sanitation and Hygiene	UNICEF	GOV	\$607,241
22-RR-CEF-001	Water, Sanitation and Hygiene	UNICEF	GOV	\$77,223
22-RR-CEF-001	Water, Sanitation and Hygiene	UNICEF	NNGO	\$344,229
22-RR-CEF-001	Water, Sanitation and Hygiene	UNICEF	NNGO	\$243,844
22-RR-CEF-001	Water, Sanitation and Hygiene	UNICEF	NNGO	\$10,752
22-RR-WFP-001	Food Assistance	WFP	NNGO	\$1,808
22-RR-WFP-001	Food Assistance	WFP	NNGO	\$9,074
22-RR-WFP-001	Food Assistance	WFP	NNGO	\$6,127
22-RR-WFP-001	Food Assistance	WFP	NNGO	\$16,539
22-RR-WFP-001	Food Assistance	WFP	INGO	\$81,125
22-RR-WFP-001	Food Assistance	WFP	NNGO	\$11,053
22-RR-WFP-001	Food Assistance	WFP	NNGO	\$9,362
22-RR-FPA-001	Sexual and Reproductive Health	UNFPA	NNGO	\$144,122
22-RR-FPA-001	Sexual and Reproductive Health	UNFPA	NNGO	\$83,240
22-RR-FPA-001	Sexual and Reproductive Health	UNFPA	NNGO	\$113,681
22-RR-HCR-001	Protection	UNHCR	INGO	\$464,306
22-RR-HCR-001	Shelter and Non-Food Items	UNHCR	NNGO	\$331,050