

**SOMALIA
RAPID RESPONSE
DROUGHT
2022**

22-RR-SOM-52744

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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.

1 March 2023

Name	Agency
Karen Smith	OCHA
Afifa Ismail	OCHA
Evalyn Nyaboke Lwemba	OCHA
LECCA Giulia	IOM
Hassan SANEY	WFP
Abdikafi ABDULLAHI	WFP
Dek FARAH	WFP
Solomon Mwangi Ngari	UNHCR
Victor Kinyanjui	UNICEF
Fatou JAMMEH	WFP
BANGURA, Sulaiman	WHO
MOHAMUD, Yusuf Elmi	WHO
AHMED, Saeed	WHO
SSENTAMU, Simon Kaddu	WHO
MASHRUR AHMED, Mirza	WHO
MOGAKA, Dan	WHO
ABDI, Abdulkadir	WHO

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 was discussed in various forums - the HC presented it to the humanitarian community and mentioned it in 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

The report was circulated to recipient agencies. Government counterparts' involvement during monitoring missions and implementation ensured their awareness of results.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The prolonged drought had serious impact on the food security situation in Somalia. In early 2022, an estimated 4.8 million people (31 per cent of the total population) were experiencing crisis or worse outcomes (IPC 3 or higher). The situation was expected to worsen between April to June 2022, when more than 6 million people (39 per cent of the total population) were projected to be in IPC 3 or worse. By December nearly 50 per cent of the population in Somalia – 7.8 million people- were affected by the worsening drought including 5.6 million people who were experiencing Crisis or worse outcomes.

The CERF grant, released in May 2022, was vital in scaling up response to the, at a time when the needs had far exceeded the funding levels – the 2022 Humanitarian Response Plan (HRP) was only 5 per cent funded. This timely grant enabled humanitarian partners reach 896,231 people most in need with food assistance, health, nutrition, protection, and WASH interventions thereby prevented further loss of lives and livelihoods while they continued to advocate for additional resources to complement on-going activities.

CERF's Added Value:

During the After-Action Review (AAR) discussions, participants unanimously noted that the timeliness of this allocation was vital in reducing the impact of the drought and near famine conditions. They conveyed that CERF was the first source of funding to come to the aid of communities in regions such as Bakool. It fast-tracked assistance to drought impacted population when almost no funding was mobilised for the response.

The CERF grant enabled WFP provide cash and food assistance to enable households purchase critical food essentials while also stimulating the local economy. The allocation also supported nutrition activities including treatment of moderate acute malnutrition for children under five years and pregnant and lactating women. UNHCR scaled up protection monitoring, identification, and profiling of extremely vulnerable persons with specific needs (persons with disabilities, minority clans, elderly, and other groups with heightened protection risks). Life-saving protection activities including provision of multipurpose emergency protection cash grants was provided; multi-sectoral referrals and response mechanisms were improved to ensure access to specialized basic services; psychological first aid and psychosocial counselling was delivered to drought affected population and IDP families at risk of eviction were supported through preventive engagements such as negotiations with land owner to secure alternative land with five year land tenure agreements. UNICEF and IOM provided life-saving WASH support, including emergency water supply, rehabilitated/upgraded strategic communal water sources to ensure sustainable water supply, constructed shared sanitation facilities and distributed hygiene kits. WHO provided essential lifesaving primary healthcare services including epidemic detection. Most importantly, the distribution of essential medical lifesaving equipment's, medicines and supplies to health facilities was timely to avert, "excess" morbidities and mortality attributed to epidemic prone diseases.

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

Yes

Partially

No

All participants during the AAR strongly agreed that this allocation injected funding where there was limited resources towards ongoing life-saving support. Thanks to the timely support from CERF, WFP was able to immediately ensure the quick delivery of food and nutrition assistance to underserved and food insecure populations as well as transport essential cargo to rural communities in hard to reach areas. Similarly, UNHCR ensured fast and timely cash support to vulnerable population, which 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. Additionally, the CERF enabled IOM and UNICEF deliver WASH services particularly provision of safe water and WHO responded to the public health emergencies. These interventions helped reduce suffering and brought relief to the worst drought affected communities.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The CERF funds enabled agencies meet critical needs of drought affected communities through timely scale-up of humanitarian assistance and support to those most in need. The CERF enabled UNHCR to respond to time-critical needs of eviction prevention. Similarly, 20 monitoring visits were conducted that resulted in pre-emptive actions that prevented secondary displacements through evictions. Furthermore, population movement alerts specifying the most pressing needs of the displaced population were shared with the humanitarian partners for timely delivery of assistance. UNICEF was able to offer early and time-critical response through emergency water supply, provision of emergency WASH supplies and sanitation services. Additionally, the grant was timely and critical to minimize disease mortality during active AWD/Cholera outbreak. Similarly, the CERF grant enabled IOM to fast-track activities like water trucking that saved lives and came at a critical time of the emergency. WHO was able to respond to the high risks of cholera and acute diarrhoea outbreaks which was critical need considering the acute water shortages in all the locations targeted by this grant.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funds enhanced coordination with all stakeholders including the government and local authorities at the national and subnational levels. WFP coordinated with the humanitarian community through established mechanisms including the food and nutrition clusters, as well as bilaterally to avoid duplication of efforts. Additionally, WFP coordinated with other partners in the integration of programs in hard-to-reach areas to ensure maximum impact. UNHCR and project partners coordinated with authorities to identify and respond to persons at-risk of eviction and other vulnerable groups with services or emergency protection cash assistance. The project also helped to improve targeted/multi-sectoral referral and response mechanisms to ensure access to specialized basic services. UNICEF and IOM worked closely to clearly identify the priority locations and assign each agency areas of coverage to avoid overlaps. WHO supported the coordination of implementation of drought response interventions through community dialogues, feedback mechanism that strengthening coordination with the targeted communities. All agencies closely worked with government authorities including line ministries.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF grant was symbolic in amplifying the drought situation in Somalia and the need for immediate response. UNHCR was able to improve advocacy on humanitarian needs and protection concerns of the displaced population as well as information on displacement trends which triggered mobilization of resources by other actors. UNICEF was able to galvanize additional resources, re-programming and modification requests provided by other key UNICEF donors including BHA, ECHO, FCDO, SIDA, Government of Japan, amongst others. CERF funds helped IOM mobilise additional support to the worsening drought in Somalia. WHO was able to strengthen advocacy for additional funding for drought response activities from the CERF interventions. Through the WHO website, donors were informed on the progress of implementation of response activities, impact of interventions for disease control and epidemiological situation of measles and cholera. This in turn supported resource mobilisation efforts for the crisis.

Considerations of the ERC's Underfunded Priority Areas¹:

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

IOM ensured that women and girls were specifically targeted during interventions and that gender-based violence (GBV) preventive measures were considered. People with disabilities were indirectly targeted. WHO promoted women education through Community health workers who disseminated key messages on reproductive health services including family planning and child spacing, supplementation with micronutrients for pregnant women. The WHO teams were trained on identification and referral of GBV cases. UNICEF considered the WASH needs of the different community members including women and girls when designing sanitation facilities. They also provided menstrual hygiene sets. UNHCR's protection monitoring project facilitated the identification and profiling of extremely vulnerable persons with specific needs targeting persons with disabilities, minority clans, elderly, and other groups with heightened protection risks amongst other activities. Protection was mainstreamed across interventions under this grant.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	561,359,093
CERF	14,000,043
Country-Based Pooled Fund (if applicable)	19,600,000
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	33,600,043

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
IOM	22-RR-IOM-016	Water, Sanitation and Hygiene	1,750,011
UNHCR	22-RR-HCR-018	Protection	500,000
UNICEF	22-RR-CEF-034	Water, Sanitation and Hygiene	1,750,032
WFP	22-RR-WFP-030	Food Security - Food Assistance	7,140,000
WFP	22-RR-WFP-030	Nutrition	850,000
WFP	22-RR-WFP-030	Common Services - Humanitarian Air Services	510,000
WHO	22-RR-WHO-021	Health	1,500,000
Total			14,000,043

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

Total funds implemented directly by UN agencies including procurement of relief goods	12,175,315
Funds sub-granted to government partners*	285,747
Funds sub-granted to international NGO partners*	686,717
Funds sub-granted to national NGO partners*	852,265
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,824,728
Total	14,000,043

* 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:

The Somalia humanitarian situation has critically deteriorated since December 2020 due to prolonged drought conditions. At the time of this allocation, six areas were projected to face the risk of famine (IPC 5) if the April to June Gu rainy season fails, and food prices continue to rise. The consecutive failed rainy seasons had repeatedly wiped-out crop harvests and caused livestock deaths due to lack of water and pasture. This deprived pastoral and agricultural communities of their only source of income and displaced many. At least, 90 per cent of the water sources across Somalia had dried up. The number of people affected by drought had risen from 4.9 million in March to about 6.1 million in April. The magnitude and severity of acute food insecurity and malnutrition across had increased. In April, More than 6 million people (39 percent of the total population) were facing severe to near complete food shortages (IPC phase 3, crisis or higher) through to June. Critical acute malnutrition levels of GAM about 15 percent were reported in 45 out of the 74 districts. By December 2022, the country had experienced five consecutive failed rainy seasons, resulting in mass displacements, severe water shortages, and a devastating food crisis that worsened the plight of the then 8.3 million drought affected people.

Operational Use of the CERF Allocation and Results:

- In response to the deteriorating drought, CERF released \$14 million in May 2022 from its Rapid response window for drought response. This funding provided lifesaving assistance to 896,231 people including 195,945 women, 133,749 men, 301,028 girls and 265,508 boys including 50,061 people with disabilities through food security, health, nutrition, protection, Wash and logistics support.
- IOM provided 92,400 beneficiaries (32,340 girls, 27,720 boys, 18,480 women, 13,860 men) with access to water through water trucking and the rehabilitation of 2 existing boreholes and 14 shallow wells. In addition, 600 latrines were constructed, and 4,000 hygiene kits were distributed to vulnerable households. A total of 50 hygiene promoters were trained and reached 92,400 beneficiaries with hygiene promotion messages.
- UNICEF reached 93,989 people, providing emergency WASH services in Banadir and Bay regions. The communities targeted received water trucking services; 10 communal water points and 200 surface water sources including shallow wells were constructed/rehabilitated particularly in AWD/Cholera hotspots were rehabilitated and gender segregated emergency sanitation facilities were constructed. Household water treatment activities were also carried out along with intensified hygiene promotion activities.
- UNHCR reached 25,060 vulnerable IDPs by building on the existing protection monitoring networks, such as the Protection and Return Monitoring Network (PRMN) and Somalia Protection Monitoring System (SPMS). The funds facilitated the identification and profiling of extremely vulnerable persons with specific needs (persons with disabilities, minority clans, elderly, and other groups with heightened protection risks); provision of multipurpose emergency protection cash grants to 1,246 persons; 500 packages of devices were distributed to persons with disabilities, minority clans, elderly and other groups with heightened protection risks; improved targeted/multi-sectoral referral and response mechanisms to ensure access to specialized basic services including psychosocial counselling to drought affected population; supported 2,500 persons at risk of eviction and provided counselling and legal assistance to 500 households.
- WFP supported 18,087 households (108,522 beneficiaries) in the drought-affected regions of Banadir, Bay, and Mudug regions with cash and food assistance. This enabled households to purchase critical food essentials while also stimulating the local economy. Similarly, WFP treated 68,111 moderately malnourished children aged between 6-59 months, alongside 29,849

pregnant and lactating women and girls (PLWGs), thus preventing them from wasting and ultimately saving lives. Finally, WFP transported 8,334 passengers through UNHAS, as well as 257 MT of food.

- WHO was able to provide public health services to a total of 724,525. In addition, WHO procured and distributed essential medical lifesaving equipment, medicines, and supplies to 57 health facilities in target areas including support to 7 laboratories with essential laboratory items.
- WFP maintained and expanded its services by adding three more routes which in turn increased the number of chartered flight and opened access to drought priority locations thereby reaching areas humanitarians were not able to reach before.

People Directly Reached:

Overall estimate

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. Health figures were considered as they had the widest coverage and hence it was likely that beneficiaries targeted by other clusters also benefited from Health services. Added to the health figures were nutrition numbers in 1 location not covered by health were added, food security in three locations not covered by any other cluster and WASH figures (UNICEF and IOM) in 5 locations not targeted by Health hence arriving at the overall estimate of 896,231 which is more than the planned target. The pull factor created by service availability enabled agencies to assist more people in the drought affected areas.

Sector estimate

To determine the persons reached by category, all sectors' specific categories were examined to avoid double counting. The numbers of reached persons from the project reports were adopted for Health, Nutrition, Food security and Protection. Since WASH targeted different location or catchment areas, beneficiaries for IOM and UNICEF were added.

People Indirectly Reached:

Approximately 335,463 people and 15,000 livestock have indirectly benefited from this CERF grant. UNHCR estimates that approximately 5,500 indirect beneficiaries may be reached through dissemination of information materials. UNICEF reached an estimated 20,000 people beyond those initially targeted through emergency water provision, the rehabilitated water sources and hygiene promotion that was carried out. WHO reached 309,413 people in the 31 target districts with key preventive messages besides generating increased demand for vaccination and connecting local communities with the nearby health facilities. WFP estimated total number of households who indirectly benefited as 550. More specifically, this includes WFP-contracted retailers who provide food to beneficiaries, local transport providers, farmers and businesses, and financial service providers, among others. An estimated 15,000 livestock benefited from the rehabilitated strategic water sources as indirect beneficiaries of the IOM project.

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 - Humanitarian Air Services	0	0	0	0	0	0	0	0	0	0
Food Security - Food Assistance	41,316	41,315	13,048	13,046	108,725	41,238	41,238	13,023	13,023	108,522
Health	0	0	120,862	120,862	241,724	126,690	90,961	271,988	234,886	724,525
Nutrition	21,853	0	21,949	21,087	64,889	29,849	0	34,737	33,374	97,960
Protection	4,405	4,060	8,241	8,294	25,000	13,783	7,518	2,506	1,253	25,060
Water, Sanitation and Hygiene	34,900	28,200	55,900	51,000	170,000	38,218	30,778	61,477	55,916	186,389

* 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	2,483	2,351
Returnees	570	695
Internally displaced people	190,488	225,741
Host communities	343,204	667,444
Other affected people	0	0
Total	536,745	896,231

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

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	93,855	164,908	6,557	13,441
Men	67,386	121,743	4,965	9,819
Girls	201,495	318,782	6,954	13,663
Boys	174,009	290,802	6,705	13,138
Total	536,745	896,231	25,181	50,061

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-IOM-016

1. Project Information			
Agency:	IOM	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	22-RR-IOM-016
Project title:	Emergency drought response through provision of integrated water, sanitation and hygiene promotion (WASH) services in Somalia		
Start date:	02/06/2022	End date:	01/12/2022
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\$ 9,500,000
	Amount received from CERF:		US\$ 1,750,011
	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 Rapid Response project, IOM provided 92,400 beneficiaries (32,340 girls, 27,720 boys, 18,480 women, 13,860 men) with access to water through water trucking and the rehabilitation of 2 existing boreholes and 14 shallow wells. In addition, 600 latrines were constructed, and 4,000 hygiene kits were distributed to vulnerable households. A total of 50 hygiene promoters were trained and reached 92,400 beneficiaries with hygiene promotion messages.

Emergency water trucking was conducted over four weeks to the above population living in drought affected communities in Kaxda, Daynille, Xudur and Wajid districts. As an exit strategy to the emergency water trucking, strategic water sources were rehabilitated, which included 2 boreholes in Kaxda and Daynille district as well as 14 shallow wells in Xudur and Wajid district (7 each).

To provide access to sanitation, IOM constructed 600 household latrines with handwashing facilities: 200 in Kaxda, 200 in Daynille, 100 in Wajid, and 100 in Xudur. During the allocation of the latrines, priority was given to newly displaced families, those with special needs such as disabilities and female-headed households (HHs). A total of 18,000 individuals (9,360 female and 8,640 male) benefited from this activity. IOM further distributed 4,000 hygiene kits to vulnerable HHs consisting of 24,000 individuals (12,480 females and 11,520

males). The hygiene kits contained 2.7kg of bar soap, 360 water treatment tablets, a 20-litre jerry can, a 5-litre bucket and 2 packs of sanitary pads. In addition, the families were trained by hygiene promoters on the safe use of water purification tablets and the importance of cleaning water storage containers.

Furthermore, IOM trained 30 hygiene promoters (15 female, 15 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 92,400 individuals (32,340 girls, 27,720 boys, 18,480 women, 13,860 men) reached by the project received these messages.

3. Changes and Amendments

There was minor change in Xudur and Wajid, where local authorities requested to change borehole rehabilitation with the rehabilitation of shallow wells, seven per location based on the gap at the implementation time of project. This was approved by the WASH Cluster and implemented as requested. The change was within the CERF allowed reprogramming as it does not change the scope, objective, or geographical area, and had no implication on the budget. Additionally, IOM reached 12,000 additional beneficiaries for water trucking as anticipated as the availability of services attracted more people.

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	12,500	9,375	21,875	18,750	62,500	14,414	10,811	25,225	21,622	72,072
Host communities	3,500	2,625	6,125	5,250	17,500	4,066	3,049	7,115	6,098	20,328
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	16,000	12,000	28,000	24,000	80,000	18,480	13,860	32,340	27,720	92,400
People with disabilities (PwD) out of the total										
	300	225	525	450	1,500	158	241	336	315	1,050

* 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 15,000 livestock benefited from the rehabilitated strategic water sources as indirect beneficiaries of the project.

6. CERF Results Framework

Project objective Provide improved access to clean water, sanitation and hygiene for communities affected by drought in Kaxda, Daynille, Xudur and Wajid districts

Output 1 80,000 individuals have 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 No

Sector/cluster Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of people who received temporary water supply through water voucher system. 50% of target beneficiaries will be reached by the end of the 2nd week and 100% by the 4th week)	80,000	92,400	Beneficiaries lists and field reports
Indicator 1.2	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or Rehabilitated (Rehabilitation of the two first will be completed by the 12th week while the two others will do the next 12 weeks)	4	16	Engineer reports, field photos
Indicator 1.3	WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (people among the host community and internally displaced people (IDPs) by end of the project cycle	80,000	92,400	Beneficiaries lists and field reports

Explanation of output and indicators variance: Indicator 1.1 There was slight overreach of the target as result of pull factor created by service availability. Indicator 1.3: As explained in the narrative rehabilitations of 2 boreholes in two locations (Xudur, Wajid) were reprogrammed to rehabilitation of 14 shallow wells, 7 in each location.

Activities	Description	Implemented by
Activity 1.1	Emergency water supply through voucher system	IOM
Activity 1.2	Rehabilitation and upgrading of water sources	IOM
Activity 1.3	Registration and monitoring of beneficiaries accessing water temporary and sustainable water,	IOM

Output 2 18,000 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

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 2.1	Number of people who report using a safe, dignified, and functional sanitation facility with functional handwashing facility.	18,000	18,000	Beneficiaries' lists, field photos and reports
Indicator 2.2	WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated	600	600	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	Registration and allocation of latrines to beneficiaries	IOM		
Activity 2.2	Construction of latrines as per cluster standards	IOM		

Output 3 4,000 vulnerable households have access to hygiene kits including menstrual hygiene supplies

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 3.1	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)	24,000	24,000	Beneficiaries' lists, field photos and reports
Indicator 3.2	WS.16b Number of WASH/hygiene kits distributed	4,000	4,000	Beneficiaries' lists, field photos
Explanation of output and indicators variance:		Indicators were achieved as planned, no notable variation		
Activities	Description	Implemented by		
Activity 3.1	Procurement and distribution of hygiene kits	IOM		
Activity 3.2	Identification and registration of beneficiaries	IOM		
Activity 3.3	Post-distribution monitoring assessment	IOM		

Output 4 80,000 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	WS.17 Number of people receiving WASH/hygiene messaging. 50% to	80,000 people (28,000 girls; 24,000 boys;	92,400	Field reports, activity photos

	be reached by the end of the 12th week and 100% by the 22nd week	16,000 women; 12,000 men)		
Indicator 4.2	CC.1 Number of implementing partner staff receiving training to support programme implementation (hygiene and sanitation promoters)	30	30	Photos, reports
Explanation of output and indicators variance:		4.1. The availability of WASH services was a pull factor which led to an increase in the number of people reached through WASH services, including hygiene messages.		
Activities	Description	Implemented by		
Activity 4.1	Training of 50 hygiene promoters	IOM		
Activity 4.2	Hygiene promotion sessions at the HH level	IOM		

7. Effective Programming

a. Accountability to Affected People (AAP)²:

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 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 (50% female) 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 post distribution monitoring (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.

² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

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

In line with the Protection Principles, IOM's 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 training on the inclusion of disability as part of a larger vulnerability-based beneficiary selection criteria. PwD were given priority for service 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 no harm" was upheld. At the design level, confidentiality, anonymity, and data protection for all beneficiaries was 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
No	N/A	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Stories from the field	Refer to this Link
Water trucking report Hudur	Refer to this Link

3.2 Project Report 22-RR-HCR-018

1. Project Information

Agency:	UNHCR	Country:	Somalia
Sector/cluster:	Protection	CERF project code:	22-RR-HCR-018
Project title:	Provision of protection and specialised protection assistance to drought affected populations (vulnerable IDPs and host communities) in Banadir, Southwest States and Mudug.		
Start date:	02/06/2022	End date:	01/12/2022
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\$ 3,500,000
Total funding received for agency's sector response to current emergency:	US\$ 1,500,018
Amount received from CERF:	US\$ 500,000
Total CERF funds sub-granted to implementing partners:	US\$ 419,505
Government Partners	US\$ 0
International NGOs	US\$ 419,505
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

With support from CERF funding, UNHCR through its implementing partner, Norwegian Refugee Council (NRC), reached a total of 25,060 individuals through the planned activities and interventions.

UNHCR through NRC produced 10 protection monitoring reports, conducted awareness-raising and messaging on prevention and access to services benefiting 25,000 Individuals, provision of protection training for 57 Protection and Return Monitoring Network (PRMN) monitors, identification and referral of 2,500 persons for specialized protection services, provision of emergency protection assistance cash transfers to 1,246 persons, and 500 packages of devices to persons with disabilities, minority clans, elderly, and other groups with heightened protection risks. In addition, 2,500 person who were at risk of evictions were identified, 10 local advocacy sessions against forced evictions were conducted, 20 monitoring missions undertaken in eviction prone areas. Furthermore, PRMN partners carried out 2 vulnerability assessments, facilitated 2 dissemination workshops for the outcome of PRMN at the state level, and provided information, counselling, and legal assistance to 500 households, while referring an additional 420 protection cases to access specialized services.

3. Changes and Amendments

There were no changes or amendments.

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	3,524	3,248	6,593	6,635	20,000	11,026	6,014	2,005	1,002	20,047
Host communities	881	812	1,648	1,659	5,000	2,757	1,504	501	251	5,013
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	4,405	4,060	8,241	8,294	25,000	13,783	7,518	2,506	1,253	25,060
People with disabilities (PwD) out of the total										
	264	244	494	498	1,500	697	380	127	63	1,267

* 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

Various channels of dissemination of the information materials were planned, making it difficult to estimate the potential reach in terms of number of people reached indirectly. UNHCR however estimates that approximately 5,500 indirect beneficiaries may be reached.

6. CERF Results Framework

Project objective Ensure safe, dignified, equitable and meaningful access to humanitarian assistance, resources, and specialized services/assistance in communities to prevent and respond to the effects of drought.

Output 1 Proportion of Persons of Concern experiencing protection risks, specific needs, rights violations are identified and monitored through enhanced protection monitoring.

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 1.1	Number of project partnership agreements signed elaborating protection monitoring, vulnerability screening and profiling, (1 partnership agreements)	1	One project partnership agreement was signed elaborating improving and expansion of protection monitoring, and vulnerability screening to increase access to protection services and referrals.	Signed Project Partnership Agreement (PPA).
Indicator 1.2	PG.1 Number of human rights and/or protection monitoring missions, analyses and/or reports that inform the humanitarian response. (1 report to be produced monthly and adhoc flash alerts to be produced and disseminated to humanitarian stakeholders when deemed necessary)	30	UNHCR and Protection and Monitoring Network (PRMN) partners undertook monitoring activities that contributed to the improvement of protection incidents and drought population movement monitoring. 30 protection monitoring missions, analyses, and reports were completed and shared with humanitarian partners operational in Somalia. Timely population movement alerts and reports coupled with protection incident monitoring improved drought situation awareness and analysis. It also enhanced information	Flash, alerts, flash reports, field mission reports, PRMN incident reports, Protection cluster briefings etc.

			sharing among IMWG, UN-OCHA, UNHCR, and donors.	
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) (25,000 cases)	25,000	In total, 25,000 individuals (including 15,020 females) received information on eviction prevention, targeted/ multi-sectoral referral and response mechanisms to ensure better access to basic services provided by specialized actors, medical, legal, material, and psychosocial assistance. This addressed the challenges of lack/limited information services on services available and referral pathways.	Photos, and key Messages during sessions.

Explanation of output and indicators variance: No variance to report on.

Activities	Description	Implemented by
Activity 1.1	Revise the partnership implementation agreement between UNHCR/ Norwegian Refugee Council. One Partnership agreement signed with NRC stipulating the implementation of 6 protection monitoring reports.	UNHCR and NRC
Activity 1.2	Conduct identification and profiling of vulnerable persons with specific needs with specific target on persons with disabilities, minority clans, elderly, and other groups with heightened protection risks	UNHCR and NRC
Activity 1.3	Provide targeted/multi-sectoral referral and response mechanisms to ensure better access to basic services provided by specialized actors medical, legal, material, and psychosocial assistance to 25,000 people requiring urgent live-saving support	UNHCR and NRC
Activity 1.4	Undertake 3 refresher Protection trainings targeting 50 PRMN protection monitors. (Benadir, Galmudug and Southwest Regions)	UNHCR and NRC

Output 2 Specialized assistance provided to identified persons with specific needs, targeting persons with disabilities, minority clans, elderly, and other groups with heightened protection risks

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

Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	Number of persons identified and referred for specialised protection services	2,500	In addition to efforts to enhance referral systems through information and awareness sessions, a network of protection monitors in the project areas expanded protection monitoring outreach identifying and referring protection cases to GBV and child protection AoR members as well as PRMN network for cash and material support. In total, 2,500 individuals (including 80% females) facing protection risk were identified and referred to service providers.	Referral report
Indicator 2.2	Cash.2a Number of people receiving sector-specific unconditional cash transfers	1,000	In total, 1,000 individuals (including 78% female) facing protection risks were identified and benefited from unconditional cash assistance to overcome their protection needs. The project targeted persons with specific needs to be provided with emergency protection assistance to aid their access to basic services such as legal, psychosocial, medical services and protection needs. 940 individuals (including 733 females) were supported in locations in South Central while 60 individuals (including 47 females) were supported in Jariban and Galkayo.	Beneficiary list
Indicator 2.3	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	100,000	100,000	Beneficiary list

Indicator 2.4	Number of identified persons with specific needs provided with specialised assistance with defined packages and/or targeted protection kits.	500	A joint beneficiary mapping and identification were conducted jointly with UNHCR, National Commission for Refugees and IDPs (NCRI), Galmudug IDPs, and the Refugee commission, and health actors in the field to identify 500 individuals benefiting from assistive devices. In Total 643 (351 females) persons with disability were supported across project locations. Among the 643 persons, 100 people were reached in Puntland and 543 in South Central regions.	Distribution list of persons identified
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Explanation of output and indicators variance: No variance to report on.

Activities	Description	Implemented by
Activity 2.1	Revise the partnership implementation agreement between UNHCR/ Hijra. One Partnership agreement signed with Hijra defining onsite and post distribution monitoring in 3 locations. Conduct onsite and post distribution monitoring of protection assistance activities	UNHCR, Hijra
Activity 2.2	Provision of Emergency Protection Assistance (EPA) through cash transfers to identified individuals and HHs.	UNHCR, NRC
Activity 2.3	Register identified and provided defined packages and targeted kits to persons with disabilities, minority clans, elderly, and other groups with heightened protection risks	UNHCR, NRC in coordination with National Commission for Refugees and IDPs (NCRI)

Output 3 Enhanced advocacy, monitoring and recording of forced evictions including with inter-agency coordination.

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	2500	2,500 individuals (including 60% female) were identified at risk of evictions in IDP sites at risk of forced evictions in Baidoa and Mogadishu. The	Eviction tracker

			individuals were protected from forced evictions through preventive engagements such as negotiations with landowners to secure alternative land with five-year land tenure agreements in place.	
Indicator 3.2	Number of advocacy sessions conducted locally against forced eviction and/or the threat of forced eviction	10	Ten advocacy sessions were conducted benefiting 250 individuals (including 156 females) in Baidoa and Mogadishu. The sessions focused on local eviction prevention actions, access to land advocacy sessions with the local authority, and access to tenure.	Advocacy session report
Indicator 3.3	Number of monitoring/assessment missions undertaken in eviction prone areas/ locations	20	Twenty field-level monitoring missions were conducted targeting drought-displaced sites facing eviction threats; 8 in Baidoa and 4 in Galkayo, and 8 in Mogadishu to map eviction-prone sites and engage in pre-emptive actions aiming to avert incidents of forced evictions causing secondary displacement.	Field visit report

Explanation of output and indicators variance: No variance to report on.

Activities	Description	Implemented by
Activity 3.1	Surveillance will help to inform and monitor progress of targeted interventions to help those most affected.	UNHCR, NRC, in coordination with Galmudug Commission for refugees and IDPs (GCRI), Southwest State Commission for Refugees and IDPs (SWSCRI)
Activity 3.2	Conduct advocacy session with relevant stakeholders against forced evictions	UNHCR, NRC, in coordination with Galmudug Commission for refugees and IDPs (GCRI), Southwest State Commission for Refugees and IDPs (SWSCRI)
Activity 3.3	Provide Information, Counselling, and legal aid (ICLA) will also be provided to approximately 500 persons within the two regions of this intervention.	UNHCR, NRC, in coordination with Galmudug Commission for refugees and IDPs (GCRI), Southwest State Commission for Refugees and IDPs (SWSCRI)

7. Effective Programming

a. Accountability to Affected People (AAP)³:

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

b. AAP Feedback and Complaint Mechanisms:

As part of UNHCR's commitment to ensure that communities were meaningfully and continuously engaged in decisions that directly impact their lives (in line with Accountability to Affected Population approach and UNHCR Policy on Age, Gender, and Diversity), UNHCR and 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 inception and community engagements, the communities were informed of the communication channels available which included: - confidential emails systems, use of available hotlines and complaints boxes, etc. Local project monitors and NRC protection staff were also available as another layer of prompt response at field level.

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

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

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:

65% of the total beneficiaries were women and girls. 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

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

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 Protection partners, including UNHCR and NRC, to address protection challenge affecting women and girls.

e. People with disabilities (PwD):

The project design and implementation had a component focusing on identifying Persons with Disabilities (PSD) for inclusion – mainly by identifying their needs and referring them to immediate support and assistance. 1,267 persons with disabilities were identified during the project. The needs of persons with disabilities were analysed and immediate referral services provided including access to medical treatment. UNHCR and PRMN partners conducted community sessions about rights of PWDs, to promote their social integration, acceptance within the community and reduce stigma against PWDs. The monitors and PRMN network also referred persons with disability to benefit from emergency protection cash assistance following those who meet the eligibility criteria. During community engagement, community leaders and community focal point collaborated to identify PWDs.

f. Protection:

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

g. Education:

NTR

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project	1,000

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 CVA 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-domestic violence and physical assault, followed by Female Genital Mutilation and child abandonment, were the most prevalent violations reported.

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	1,000	US\$ 100,000	Protection	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
PRMN Online Displacement Dashboard	http://prmn-somalia.unhcr.org/
Monthly Displacement Dashboards	https://data2.unhcr.org/en/documents/details/89574
Flash Reports	Email dissemination through UNHCR lead clusters

3.3 Project Report 22-RR-CEF-034

1. Project Information			
Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	22-RR-CEF-034
Project title:	Provision of emergency WASH services to drought and disease affected communities in Banadir and Bay regions of South-Central Somalia		
Start date:	15/05/2022	End date:	14/11/2022
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\$ 33,174,441
	Total funding received for agency's sector response to current emergency:		US\$ 12,810,305
	Amount received from CERF:		US\$ 1,750,032
	Total CERF funds sub-granted to implementing partners:		US\$ 921,062
	Government Partners		US\$ 285,747
	International NGOs		US\$ 0
	National NGOs		US\$ 635,315
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The conditions in IDP settlements have previously been dire leading to public health challenges, including AWD/Cholera outbreaks. Through this CERF support, UNICEF and its partners were able to reach 93,989 drought affected populations and provide them with life-saving WASH services in Banadir and Bay regions. The support initiatives included providing emergency water trucking services, water access through vouchers, rehabilitation of shallow wells, chlorination of water sources and ensuring household water treatment. The support also ensured the construction of emergency shared latrines, scale up of the delivery of key hygiene promotion messages and the distribution of essential hygiene kits in the drought affected areas

3. Changes and Amendments

There has been no major changes or amendments to the interventions during the project duration.

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	14,700	12,600	21,700	21,000	70,000	15,352	13,158	22,662	21,929	73,101
Host communities	4,200	3,600	6,200	6,000	20,000	4,386	3,760	6,475	6,267	20,888
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	18,900	16,200	27,900	27,000	90,000	19,738	16,918	29,137	28,196	93,989
People with disabilities (PWD) out of the total										
	2,835	2,430	4,185	4,050	13,500	2,960	2,538	4,371	4,229	14,098

* 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

With the humanitarian situation deteriorating at an alarming rate due to drought, the interventions carried through this project have benefitted well over 20,000 people beyond those initially targeted through emergency water provision, the rehabilitated water sources and hygiene promotion that was carried out.

6. CERF Results Framework

Project objective 90,000 drought and AWD/Cholera affected populations receive life-saving WASH services in Southwest State and Banadir Region in Central South Somalia

Output 1 90,000 drought and AWD/Cholera affected people reached with emergency water supply through water trucking or vouchers, shallow well disinfection and household water treatment

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 (emergency)	90,000	93, 989	WASH Cluster 4W matrix, UNICEF e-tools
Indicator 1.2	Number of people who have received water treatment supplies and can demonstrate appropriate utilisation	90,000	93,989	WASH Cluster 4W matrix, UNICEF e-tools
Indicator 1.3	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stands, systems) constructed and/or rehabilitated	50,000	10 water points	WASH Cluster 4W matrix, UNICEF e-tools
Indicator 1.4	Cash.4a Number of people receiving unconditional vouchers	30,000	40,000	WASH Cluster 4W matrix, UNICEF e-tools
Indicator 1.5	Cash.4b Total value of unconditional vouchers distributed in USD	141,000	147,249	WASH Cluster 4W matrix, UNICEF e-tools

Explanation of output and indicators variance: The slight increase in over-achieving the target results is attributed to increased outreach efforts were intensified as part of the current drought response for the output. Indicator 1.3 had an erroneous target for the number of waterpoints constructed/rehabilitated and the achievement gives the actual number constructed serving about 50,000 people. The use of the water voucher system was increased as it allowed for targeted emergency water supply as compared to blanket distribution and is an appropriate intervention in a situation of increased caseload.

Activities	Description	Implemented by
Activity 1.1	Emergency water supply through water trucking	Ministry of Energy and Water Resources Southwest State (MoEWR-SWS); Golweyne Relief and Rehabilitation (GRRN);

		Somali Public Health Professional Association (SOPHPA)
Activity 1.2	Distribution of water treatment chemicals for safe drinking water	ACF, SWS, GRRN, PAH, IRDO, GREDO, DMO, NRC, SWS MoEWR]
Activity 1.3	Rehabilitation and upgrade of 10 existing strategic water sources and shallow wells with solar systems	Ministry of Energy and Water Resources Southwest State (MoEWR-SWS); Somali Public Health Professional Association (SOPHPA)
Activity 1.4	De-watering, disinfection, and rehabilitation of 200 surface water sources and shallow wells in AWD/Cholera hotspots	Golweyne Relief and Rehabilitation (GRRN); Somali Public Health Professional Association (SOPHPA)

Output 2 22,500 drought and AWD/Cholera affected people supported with new emergency shared family latrines

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 2.1	WS.14 Number of household sanitation facilities (latrines) and/or household bathing facilities constructed or rehabilitated	22,500	22,583	WASH Cluster 4W matrix, UNICEF e-tools
Explanation of output and indicators variance:		No major variance		
Activities	Description	Implemented by		
Activity 2.1	Construction of emergency shared family latrines to drought-affected population	Golweyne Relief and Rehabilitation NGO. Somali Public Health Professional Association		

Output 3 90,000 drought-affected people reached with hygiene kits and 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 3.1	WS.16a Number of people receiving critical WASH supplies (WASH hygiene kits)	90,000	93,989	UNICEF Supplies report, WASH cluster RSH distribution lists
Indicator 3.2	WS.16b Number of WASH/hygiene kits distributed	15,000	15,664	WASH cluster RSH distribution lists
Indicator 3.3	WS.17 Number of people receiving WASH/hygiene messaging	90,000	93,989	WASH cluster RSH distribution lists
Explanation of output and indicators variance:		The funding from CERF was supplemented by BHA funds to the same locations and this allowed UNICEF to reach slightly more beneficiaries due to economies of scale		
Activities	Description	Implemented by		
Activity 3.1	Procurement and distribution of emergency WASH hygiene kits	UNICEF procured emergency WASH supplies (hygiene kits) and dispatched them to Regional Supply Hubs		

		managed by GRRN (Bay) and SOPHPA (Banadir), who distributed and used them with WASH Cluster partners ACF, CWW, DMO, GREDO, GRRN, IMC, IRDO, NASDO, New Ways, NRC, PAH, RCCN, READO, SWS MoEWR and MoH
Activity 3.2	Hygiene promotion targeting hand washing with soap and use of latrines	ACF, CWW, DMO, GREDO, GRRN, IMC, IRDO, NASDO, New Ways, NRC, PAH, RCCN, READO, SWS MoEWR and MoH

7. Effective Programming

a. Accountability to Affected People (AAP)⁴:

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 continuously 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. In addition, information gathered through the WASH Cluster, implementing partners, and local leaders became useful in ensuring the needy populations were 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, implementing organizations held meetings with the local community to provide information about its principles & objectives. The discussions focused on the nature of interventions to be undertaken, explaining the role of the community during project implementation and clarifications on coverage. Communities were sensitized on the expected behaviour of program staff and the principles that the organization adheres to during project implementation. Various channels of engagement were discussed, including how feedback and complaints will be directed and actions addressed. During the period of the project, UNICEF initiated the engagement of Third-Party Monitors (TPMs) who provided periodic online reports to assess the reach, impact and effectiveness of the interventions. Through these diverse channels, it was anticipated that reports would be shared upon which feedback and corrective actions would be followed-up where needed.

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 interventions. In this regard, latrines structures were 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 considerations were made of minority communities living in the target locations to ensure that they

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](#).

did not get excluded during the provision of the WASH services. Overall, the WASH program provides that the WASH beneficiaries get 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, as part of its commitment 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 that it strategically planned the WASH intervention to ensure that the water facilities and latrines constructed were to consider and provide accessibility to persons with disabilities. These were based on actual presence of PwD within the communities in need of WASH facilities such as latrines and modifications were made to address their special needs.

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 ensured that gender and protection mainstreaming are 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 had already been operationally defined and indicated in its project log frame. Furthermore, the broader community from the targeted project locations were consulted and they actively participated in the entire project planning and implementation process.

g. Education:

The project has indirectly contributed to sustaining education activities in emergency-affected locations and providing water to the areas affected by the drought in their settlements. The fund has benefited the WASH in schools' program by increasing access to safe water supply, distributing MHM kits for teenage girls, including schoolgirls whilst offering opportunities for community engagement in AWD/Cholera hotspots during school hygiene promotion sessions. It has therefore contributed 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 in-kind voucher system is also a strategically applied methodology in WASH program intervention for targeted distribution of emergency water supply. In this regard, the WASH program has used in-kind water vouchers with the 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 water voucher provision.

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
Water trucking through vouchers	40,000	US\$ 147,249	Water, Sanitation and Hygiene	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/unicefsomalia/status/1543546013755088897 https://twitter.com/unicefsomalia/status/1561989893093482497 https://twitter.com/unicefsomalia/status/1596768952310722561 https://twitter.com/search?q=from%3Aunicefsomalia%20UNCERF&src=typed_query&f=live
Facebook	https://www.facebook.com/UnicefSomalia/photos/a.381266395279957/7412898852116641/?type=3

3.4 Project Report 22-RR-WFP-030

1. Project Information			
Agency:	WFP	Country:	Somalia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	22-RR-WFP-030
	Nutrition Common Services - Humanitarian Air Services		
Project title:	WFP Integrated Response to Prevent Famine in Bay, Banadir and Mudug regions of Somalia.		
Start date:	01/05/2022	End date:	31/10/2022
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\$ 497,182,000
	Total funding received for agency's sector response to current emergency:		US\$ 40,250,000
	Amount received from CERF:		US\$ 8,500,000
	Total CERF funds sub-granted to implementing partners:		US\$ 484,161
	Government Partners		US\$ 0
	International NGOs		US\$ 267,212
National NGOs		US\$ 216,949	
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Thanks to this CERF contribution, WFP reached 108,522 beneficiaries (18,087 households) in the drought-affected regions of Banadir (7420 HHs), Bay (4553 HHs), and Mudug (6114 HHs) regions with cash and food assistance, compared to 108,725 beneficiaries (18,121 HHs) targeted. Additionally, 68,111 children between 6-59 months who were moderately malnourished were treated, as well as 29,849 Pregnant and Lactating Mothers and Girls (PLWGs). This represents an overachievement compared to 43,036 children and 21,853 PLWGs planned targets as a result of the decrease in transportation costs which meant more specialised nutritious food commodities procured. On top of this, WFP through UNHAS provided transportation services to 8,334 passengers, while at the same time, 257 MT of food was transported by air. On the whole, these efforts were critical in averting the projected famine in Somalia.

In terms of outcomes, there is slight deterioration of the food consumption score with the percentage of households having acceptable food security reducing from 55% to 41.7%. Similarly, the average reduced coping strategy index increased from 9 to 12.7. This highlights that while needs increased during the project implementation period because of the failure of Gu (April-July), and Deyr (October-December) seasons, CERF funds were critical in averting significant deterioration of the situation, and thus the projected famine was averted through reduced morbidity and mortality rates.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Common Services - Humanitarian Air Services									
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

Sector/cluster	Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	219	0	219	211	649	299	0	347	333	979
Returnees	219	0	219	211	649	299	0	347	333	979
Internally displaced people	6,556	0	6,584	6,326	19,466	8954	0	10421	10012	29387
Host communities	14,860	0	14,925	14,339	44,124	20296	0	23622	22696	66615
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	21,854	0	21,947	21,087	64,888	29,849	0	34,737	33,374	97,959
People with disabilities (PwD) out of the total										

* 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.

	1,092	0	1,098	1,055	3,245	1491	0	1738	1670	4899
Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	826	826	261	261	2,174	825	825	260	260	2,170
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	4,958	4,958	1,566	1,565	13,047	4949	4949	1563	1563	13024
Host communities	35,532	35,531	11,221	11,220	93,504	35465	11199	11199	35465	93328
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	41,316	41,315	13,048	13,046	108,725	41239	16973	13022	37288	108522
People with disabilities (PwD) out of the total										
	2,066	2,066	652	652	5,436	2062	2062	651	651	5426

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

5. People Indirectly Targeted by the Project

Overall, an estimated 550 households indirectly benefited from the project. This includes WFP-contracted retailers who provide food to food voucher beneficiaries, local transport providers, farmers and businesses, and financial service providers, among others.

6. CERF Results Framework

Project objective	Provide food security support to the most vulnerable and drought affected households to address food consumption gaps.
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Output 1	Provision of unconditional food assistance to 103,871 beneficiaries (17,312 HHs) food insecure people.
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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	Food Security - Food Assistance			
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Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Percentage of households with an acceptable food consumption score	55%	41.7%	Outcome Monitoring – November 2022
Indicator 1.2	Average reduced Coping Strategies Index (rCSI)	9	12.7	Outcome Monitoring – November 2022
Indicator 1.3	Cash.4a Number of people receiving unconditional vouchers (E-vouchers)	108,725	108,522	CBT transfer reports, Dec. 2022
Indicator 1.4	Cash.4b Total value of unconditional vouchers distributed in USD (E-vouchers)	3,743,239	3,735,690	CBT transfer reports – Dec. 2022
Indicator 1.5	Number of project sites monitored	5 sites will be monitored every month	5	PDM reports

Explanation of output and indicators variance:	<p>For indicator 1.2, the average reduced coping strategies index (rCSI) measures the coping strategies adopted by households considering food shortages and this is based on the outcome surveys conducted by WFP. The slight increase highlights that households are opting to negative coping mechanisms because of the failure of five consecutive rainy seasons in Somalia.</p> <p>On indicator 1.4, there was a slight increase in the associated cost of providing food vouchers such as the cost of SCOPE cards and ribbons, and this explains the underachievement in the achieved value for indicator 1.4.]</p>
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Activities	Description	Implemented by
Activity 1.1	Community consultation on project implementation and targeting criteria. Beneficiary targeting and identification. Biometric registration and enrolment of beneficiaries through capturing beneficiary photos and fingerprints and uploading information into the SCOPE platform and thereafter issuing E-voucher cards.	<p>Cooperating Partners: Community Development Initiative (CDI), Daryel Poverty Alleviation (DPA), Somali Vision Development Group (SVDG), WARDI, SOS, Horn International Relief and Development Organization (HIRDO), Concern Worldwide, Mercy USA, World Vision International (WVI), Save the Children International (SCI).</p> <p>Cooperating partners implemented the community engagement, selection, and registration of beneficiaries through WFP SCOPE platform.</p>

Activity 1.2	Beneficiary transfers and redemptions are facilitated through the WFP SCOPE platform. Beneficiaries purchase food commodities of their choice from retailers after biometric authentication of their SCOPE cards.	WFP contracted retailers in all the project target areas facilitated beneficiary redemption of their entitlements from their SCOPE cards. All beneficiaries successfully received their entitlements.
Activity 1.3	Routine monitoring (both physical and remote including post distribution monitoring) ensures 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 WFP checklists.	WFP monitored 5 sites every month for a period of 5 months to ensure that proper processes are followed, and the right intended beneficiaries receive assistance. On top of this, third-party monitoring was also done. Generally, no significant issues were reported, and the project was implemented in line with the terms of the agreement and best practices.

Output 2 Provide life-saving treatment to malnourished children under 5 years and Pregnant and Lactating Women

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

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	FN.1b Quantity of food assistance distributed in MT (Lipid-based Nutrient Supplements –large Quantity (specialized nutritious foods) procured and distributed (MT)	387.32	427.259	WFP Internal Logistics and supply chain report (GCMF)
Indicator 2.2	N.4 Number of people screened for acute malnutrition (children under 5 years and PLWs)	110,000	166,062	WFP CPs reports
Indicator 2.3	N.2a Number of people admitted in MAM treatment programme (children under 5 years)	43,036	68,111	WFP CPs reports
Indicator 2.4	FN.1b Quantity of food assistance distributed in MT (Super Cereal Plus (specialized nutritious foods) procured and distributed (MT)	393.35	447.733	WFP Internal Logistics and supply chain report (GCMF)
Indicator 2.5	N.2a Number of people admitted in MAM treatment programme PLWs	21,853	29849	WFP CPs reports
Indicator 2.6	N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate)- 75% (sphere standards)	75%	96.65%	WFP CPs reports
Explanation of output and indicators variance:		WFP procured more commodities (Lipid-based Nutrient Supplements –large Quantity, and Super Cereal Plus) than planned because of the decrease in the transportation cost. As such, this explains the overachievement in the number of children and PLWGs who were admitted for MAM treatment		
Activities	Description	Implemented by		
Activity 2.1	Amendment of Field Level Agreements with existing cooperating partners	WFP amended Field Level Agreements with its existing cooperating partners including Community Development Initiative (CDI), Daryel Poverty Alleviation (DPA), Somali Vision Development Group (SVDG), WARDI, SOS, Horn		

		International Relief and Development Organization (HIRDO), Concern Worldwide, Mercy USA, World Vision International (WVI), Save the Children International (SCI)
Activity 2.2	Procurement, transport, storage, and handling of specialized nutritious foods	WFP: WFP procured a total of 427.26 MT of Lipid Nutrient Supplement Paste Large Quantity (LNS-LQ), and 447.73 MT of Super Cereal Plus (CSB++)
Activity 2.3	Delivery of nutrition supplies to the Cooperating Partners	WFP delivered a total of 427.26 MT of Lipid Nutrient Supplement Paste Large Quantity (LNS-LQ), and 447.73 MT of Super Cereal Plus (CSB++)
Activity 2.4	Screening of children under 5 years and registration of malnourished children	Cooperating Partners undertook screening and registration of malnourished children under 5 years
Activity 2.5	Screening and registration of malnourished PLW	Cooperating Partners undertook screening and registration of malnourished PLWs
Activity 2.6	Distribution of specialized nutritious food for children under 5 years and malnourished PLW	Cooperating Partners distributed specialized nutritious food to malnourished children under 5 years and PLWs
Activity 2.7	Monitoring and reporting on admissions, treatment, and cure rates	Cooperating Partners took charge of reporting on admissions, treatment, and cure rates. At the same time, WFP regularly monitored distribution points to ensure the project is on track,

Output 3 Humanitarian personnel and cargo safely access hard-to-reach areas by air

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

Sector/cluster Common Services - Humanitarian Air Services

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	CS.4 Total Number of passengers transported	5000	8334	UNHAS Performance Management Tool.
Indicator 3.2	CS.2 Total weight of cargo transported by air in MT	490	257.20	UNHAS Performance Management Tool

Explanation of output and indicators variance:

With the corporate scale-up up, UNHAS experienced an increase in passenger figures to access drought-affected locations, with more than planned passengers transported. Additionally, as shown in the data, UNHAS experienced an increase in passenger numbers due to the scale-up in activities for the drought response, resulting in an overachievement of the planned passenger numbers. The significant increase in passenger numbers compensated for a lower cargo movement.

At the same time, since UNHAS services is demand driven cargo figures, have fluctuated with more than 50% being transported from June to October 2022, and thus this explains the underachievement.

Activities	Description	Implemented by
Activity 3.1	Regular passenger and cargo flights	UNHAS
Activity 3.2	OCHA-led interagency assessment and monitoring of flights	UNHAS
Activity 3.3	Security relocations flights and medical evacuation	UNHAS

7. Effective Programming

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

WFP Somalia endeavours to promote accountability and integrity of its assistance by investing in AAP. This investment includes the hiring of a dedicated AAP staff in areas offices who supports the integration of AAP in programming. In addition, cooperating partners (CPs) engage with local authorities before engaging with local community leaders. Communities are informed about the programme, including duration and selection criteria. Also, WFP shares the call centre numbers as an alternative channel for raising concerns. In terms of selection, the list of the selected beneficiaries is made publicly available for verification and eventual validation for registration in SCOPE and subsequent provision of SCOPE cards with call centre numbers inscribed behind them. On top of this, WFP is engaging minority rights and advocacy agencies to improve the inclusion of more vulnerable communities with minority affiliations. The same initiative includes engaging with the organizations of persons with disability.

b. AAP Feedback and Complaint Mechanisms:

WFP Somalia has a centralized complaints and feedback mechanism (CFM) for receiving and managing questions, complaints, and feedback, about WFP's interventions. 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. Based on the received information and feedback, the case management process helps in improving WFP's programming. Moreover, it allows WFP to gather information from primary stakeholders about the quality and effectiveness of WFP's assistance, and to identify potential problems and improve performance by responding to them. During the implementation period, the case management system recorded over 930 cases accounting for both feedbacks received through the hotline and issues identified through field monitoring under relief activity and supporting TSFP beneficiaries from project areas.

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

WFP has put in place a robust mechanism for Sexual Exploitation and Abuse allegations management. The allegations are received through anonymous letters, incident reports, emails, the call centre, and regular monitoring. The allegations are then channelled through well trained country-level PSEA points, and this is escalated to WFP Investigation Office at Headquarters through the Office of Inspections and investigations (OIGI). Feedback of investigations is communicated directly to the complainant and senior management. For the reporting period, WFP provided in-depth training on gender-based violence and prevention of sexual exploitation and abuse for its call

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](#).

centre operators. Also, all contracts with service providers include relevant PSEA clauses. Cooperating partners and internal staff have extensively been trained on protection mainstreaming and PSEA and staff cooperating partners role and responsibility on community awareness raising.

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

Gender inequality and discriminatory socio-cultural attitudes that lead to poor care practices were identified to be among the main causes of malnutrition in Somalia. Restrictive customary beliefs inhibit the adoption of healthy practices such as exclusive breastfeeding. With this CERF contribution, Children, and pregnant and lactating women and girls (PLWGs) were targeted for nutrition treatment. As for relief assistance, through community engagement beneficiary households were selected and priority was given to women and women-headed households. In addition, WFP commissioned two studies to gather qualitative data on the needs of women beneficiaries receiving cash, particularly focusing on digital financial inclusion and economic empowerment. The Gender analysis of Digital Financial Inclusion and Women’s Economic Empowerment pointed to the fact that Somali women want financial independence to provide for their families with notable shifts in gender roles and responsibilities within Somali households.

e. People with disabilities (PwD):

One of the SOPs employed by WFP during targeting was priority to be accorded to persons with disabilities (PwD). Cooperating Partners conducted sensitization on the importance of inclusivity to ensure PwD 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 allows people to access their entitlement at locations most convenient to them. WFP also has a robust CFM through which any member of the community can report any issue affecting them. WFP also consults communities and engages them in key processes such as targeting and selection of beneficiaries to minimize exclusion and strengthen accountability. Key messaging on beneficiary’s right to entitlements, zero tolerance to GBV and available redress mechanisms accompanies all communications to persons of concern. Staff and partners have been trained on the four principles of protection mainstreaming in activities applied through each program activity, including prioritizing safety and dignity and avoid causing harm; meaningful access; accountability; and participation and empowerment

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	108552

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.

For this CERF grant, WFP provided cash and food vouchers through its information management system platform SCOPE. The following process was followed during the project as far as cash and voucher assistance is concerned:



- Mobilization and sensitization: this were 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 the beneficiaries, and they 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.
- For vouchers, 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	108,552	US\$ 3,735,690	Multi-Purpose Cash	Restricted

9. Visibility of CERF-funded Activities

Title	Weblink
	https://twitter.com/WFPSomalia/status/1601841903242199040
	https://twitter.com/WFPSomalia/status/1528258355247972354

3.5 Project Report 22-RR-WHO-021

1. Project Information			
Agency:	WHO	Country:	Somalia
Sector/cluster:	Health	CERF project code:	22-RR-WHO-021
Project title:	Response to the epidemic prone disease outbreak and mitigation through integrated primary health and nutrition services including immunization in Mudug		
Start date:	02/06/2022	End date:	01/12/2022
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\$ 2,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,000,000
	Amount received from CERF:		US\$ 1,500,000
	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

This CERF funding continued to enable the provision of essential lifesaving primary healthcare services, community-based surveillance (CBS) for timely epidemic detection, and drought response activities in the targeted 31 drought-affected districts across the country due to a visible surge in disease outbreaks and number of people requiring emergency health assistance. The funds have been a catalyst in spearheading health interventions reaching 724,525 with emergency health care services. In addition, through these funds, WHO has procured and distributed essential medical lifesaving equipment, medicines, and supplies to 57 health facilities in target areas including support to 7 laboratories with essential laboratory items. As a result of implementing these timely interventions in response to drought, "excess" morbidities and mortality attributed to epidemic prone diseases were averted.

Currently, the country is experiencing multiple and rising disease outbreaks of cholera, measles, malaria, and dengue fever for the past 6 months. WHO country office has utilized all the project funds for procurement of emergency medical supplies and equipment to help public health laboratories and outreach services to keep a check on morbidity and mortalities in the target districts. To meet the growing demand from the target districts, WHO has utilized its available internal stocks as well to strengthen multisectoral collaboration, yet the demand is growing. CERF funding has come in handy as an enabler for WHO and its partners to meet the health demands among the communities besides strengthening the health cluster coordination including streamlining of emergency health services.

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. Through the support WHO was able to further expand and mobilize resources to reach more.

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	0	0	15,796	15,796	31,592	16,558	11,888	35,547	30,698	94,691
Host communities	0	0	105,066	105,066	210,132	110,132	79,073	236,441	204,188	629,834
Other affected people	0	0	0	0	0	0	0	0	0	
Total	0	0	120,862	120,862	241,724	126,690	90,961	271,988	234,886	724,525
People with disabilities (PwD) out of the total										
	0	0	9,669	9,669	19,338	6,073	4,598	6,440	6,210	23,321

* 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

WHO-supported community health workers (CHWs) managed to reach out to 309,413 people in the 31 target districts with key preventive messages besides generating increased demand for vaccination and connecting local communities with the nearby health facilities. It is perceived that the indirect recipients reached are three times the actual number of people reached by CHWs as each person informing 3 or more people on the health services, they received at the health facilities or through the outreach teams, thus an estimated one million people have benefited from the health interventions indirectly.

6. CERF Results Framework

Project objective To improve the implementation of integrated essential primary health care outreach services and help reduce morbidity and mortality of epidemic-prone diseases in priority districts

Output 1 Integrated outreaches for Measles and vitamin A supplementation to eligible children conducted in Mudug region

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

Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.4 Number of people vaccinated (children (6 months to 5 years) received measles vaccine_	241,724	242,285	WHO drought dashboard.
Indicator 1.2	N.5 Number of people receiving vitamins and/or micronutrient supplements (children (6 months to 5 years) received Vitamin A supplementation_	241,724	143,527	WHO drought dashboard.
Indicator 1.3	Number of vaccinators and health workers deployed to conduct integrated outreach vaccination and Vitamin A supplementation to eligible children	125	126	WHO drought dashboard.
Indicator 1.4	H.7 Number of functional health facilities supported to maintain cold chain capacity	54	57	WHO Activity Reports
Indicator 1.5	H.4 Number of people vaccinated (children received Penta 3 vaccine (80% of under one year)	35,711	72,155	WHO drought dashboard.
Indicator 1.6	H.8 Number of primary healthcare consultations provided	5,874	7,720	WHO drought dashboard.
Indicator 1.7	Percentage of people express satisfaction on outreach health, nutrition and immunization service. (through exit survey data)	80%	89%	Facility Exit Survey
Explanation of output and indicators variance:	All the indicators overachieved the targets. This is attributed to the CERF Funds supporting WHO efforts to further expand services provision and partnerships including collaborations. Initial 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 and drought affected areas to the targeted districts. Vitamin A supplementation was based on individual child history of having taken vitamin A within last 6 months. A child who was reported to have received Vitamin A in the last 6 months did not receive an additional Vitamin. This variance/indication had not been included in the target at project inception.
Activities	Description	Implemented by
Activity 1.1	Deployment of immunization teams to conduct, measles vaccination and Vitamin A supplementation	WHO, MoH in collaboration with other partners supported the activities for Measles, and vitamin A supplementation.
Activity 1.2	Deployment of integrated health teams (health workers, vaccinators, recorder) to provide basic health and nutrition services including immunization	WHO in collaboration with MoH deployed outreach teams to further expand the services provision.
Activity 1.3	Pre-positioning of vaccines, vitamin A capsules and other health commodities in regional district warehouses	WHO in collaboration with MoH conducted pre-positioning of vaccines, vitamin A capsules and other health commodities in regional district warehouses.
Activity 1.4	Conduct supportive supervision and monitoring visits for outreach teams to ensure quality implementation of measles vaccination and outreach services.	WHO, MoH in collaboration with other partners conducted supervision and monitoring visits for outreach teams to ensure quality implementation of vaccination and outreach services.
Activity 1.5	Cold chain equipment and capacity in health facilities maintained to ensure vaccine potency and safety	WHO in collaboration with MoH ensured that the cold chain equipment and capacity in health facilities are maintained to ensure vaccine potency and safety.

Output 2	Timely detection, investigation, and confirmation of alerts of epidemic prone diseases reported from targeted districts			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	H.5 Percentage of public health alerts generated through community-based and/or health-facility-based surveillance or alert systems investigated within 48 hours	900	2350	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.6 Proportion of functional health facilities sharing timely reports	54	57	Based on Distribution list for medical supplies to states, districts, and health facilities., CHW and RRT dashboard data.
Indicator 2.3	Number of laboratories supported with reagents and kits to diagnose reported alerts of measles (laboratories one each in Bossaso and Galkayo)	2	7	Lab support reports
Explanation of output and indicators variance:		Over-performance recorded in all indicators due to ongoing measles and cholera outbreak in drought affected districts. CHWs produced more alerts and		

		called for a need to further expand the operations to mitigate the ongoing outbreaks.
Activities	Description	Implemented by
Activity 2.1	Deployment of district based rapid response teams to detect, investigate and report epidemic prone disease alerts	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	Conduct detailed case investigation, sample collection, shipment and provision of airtime and internet services to health facilities.	WHO provided 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	Preposition of laboratory reagents and Kits to state-based laboratories for the diagnosis of measles signals and alerts	WHO supported 7 laboratories to respond to the growing needs for timely detection and response to multiple outbreaks. Initially, the target was to support only 2 laboratories.

Output 3	Risk communication, community sensitization and health promotion activities to create demand for measles vaccination and Vitamin A supplementation to eligible children enhanced in Mudug region of Somalia			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of people received key messages for immunization, maternal health, nutrition, home care, disease notification etc.	200,000	309,413	WHO Drought Dashboard
Indicator 3.2	Number of community health workers deployed to conduct community surveillance, sensitization and health promotion activities	238	246	WHO Drought Dashboard
Indicator 3.3	H.7 Number of health facilities supported with Education, Information and Communication (IEC) materials for surveillance, health promotion and treatment protocol.	54	57	Activity reports
Explanation of output and indicators variance:		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. Also 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. The values in indicator 3.1 are the directly supported as reported in verified ODK from CHWs and Outreach teams. There was also influx of IDPs in need of health services leading to injection of additional internal resources to respond to increase awareness hence spike in number.		
Activities	Description	Implemented by		

Activity 3.1	Community health workers deployed to conduct community surveillance, inter-personal communication to educate, and sensitize members on health and nutrition.	WHO and state MoH deployed CHWs to communities that are far from health facilities and at the camps of the internally displaced persons (IDP) to deliver risk communication messages and carryout referral and integrated health services.
Activity 3.2	Review, update, print and distribute IEC materials to health facilities and CHWs	WHO and state MoH coordinated and collaborated to print and distribute information, education, and communication (IEC) material in the target districts.
Activity 3.3	Conduct supportive supervision and monitoring visits to CHWs to ensure right messages are provided to targeted communities	WHO, MoH in collaboration with other partners conducted supervision and monitoring visits to ensure right messages are provided to targeted communities

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 areas⁷ 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)⁸:

Project design and planning

This project was developed by the technical teams of WHO in consultation with the Federal MoH, state health 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 partners of health clusters and sister agencies of United Nations (UN). WHO and MoH 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 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 preparation and assessments, frontline health workers for training, selection and deployment of community health workers (CHWs), deployment of rapid

⁷ 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](#).

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](#).

response teams (RRTs) and distribution of the medical supplies. Supportive supervisions and continued mentoring helped CHWs detect and report alerts of epidemic prone diseases from their communities which were investigated and validated by the district based rapid response teams in a timely and efficient manner as per the standard operating procedures.

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 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 centres 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 prevention of sexual exploitation and abuse (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 country and field 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. 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 and partner 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. To prevent unnecessary disabilities from any resulting trauma event, 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, 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 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:

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. The targeted people 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	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.

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

9. Visibility of CERF-funded Activities

Title	Weblink
WHO media stories	<ul style="list-style-type: none"> • https://www.emro.who.int/somalia/news/who-supports-nationwide-integrated-immunization-campaign-in-the-midst-of-drought-261-million-children-vaccinated-against-measles-and-polio.html • https://www.emro.who.int/somalia/news/echo-and-who-deliver-essential-and-life-saving-medical-supplies-to-meet-emergency-health-needs-of-drought-affected-communities.html • https://www.emro.who.int/somalia/news/teamwork-at-all-levels-of-who-aims-to-save-millions-of-lives-in-the-greater-horn-of-africa.html • http://www.emro.who.int/somalia/news/index.html
Emergency reports	<ul style="list-style-type: none"> • https://www.emro.who.int/images/stories/somalia/Health-Emergency-Programme-December-2022.pdf • https://www.emro.who.int/images/stories/somalia/Health-Emergency-Programme-November-2022_updated.pdf • https://www.emro.who.int/images/stories/somalia/Health-Emergency-Programme-October-2022_updated.pdf • http://www.emro.who.int/somalia/information-resources/situation-reports.html
EPIWATCH for drought affected districts monitoring	<ul style="list-style-type: none"> • https://www.emro.who.int/images/stories/somalia/EPI-Watch-week-50_51.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/EPI-Watch-week-48_49.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/EPI-Watch-week-46_47.pdf?ua=1

- https://www.emro.who.int/images/stories/somalia/EPI-Watch-week-44_45.pdf?ua=1
- <http://www.emro.who.int/somalia/information-resources/weekly-epi-watch.html>
- <https://www.emro.who.int/somalia/news/somalia-calls-for-help-as-18-million-somali-children-under-5-experience-acute-malnutrition-and-health-complications.html?format=html>

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-WFP-030	Food Assistance	WFP	INGO	\$25,734
22-RR-WFP-030	Food Assistance	WFP	NNGO	\$23,286
22-RR-WFP-030	Food Assistance	WFP	INGO	\$46,542
22-RR-WFP-030	Food Assistance	WFP	NNGO	\$20,314
22-RR-WFP-030	Food Assistance	WFP	INGO	\$98,831
22-RR-WFP-030	Food Assistance	WFP	INGO	\$81,583
22-RR-WFP-030	Food Assistance	WFP	NNGO	\$75,964
22-RR-WFP-030	Food Assistance	WFP	NNGO	\$44,067
22-RR-WFP-030	Food Assistance	WFP	INGO	\$14,522
22-RR-WFP-030	Food Assistance	WFP	NNGO	\$53,318
22-RR-HCR-018	Protection	UNHCR	INGO	\$419,505
22-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	NNGO	\$375,105
22-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	NNGO	\$260,210
22-RR-CEF-034	Water, Sanitation and Hygiene	UNICEF	GOV	\$285,747