CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

SOMALIA
RAPID RESPONSE
DROUGHT
2022

22-RR-SOM-55116

George Conway
Resident/Humanitarian Coordinator a.i.

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

Please indicate when the After-Action Review (AAR) was conducted and who participated. 31 May 2023

Name	Agency
Fatou Jammeh	WFP-UNHAS
Dek Farah	WFP
Anja Cengic	UNICEF
Zephenia Gomora	UNICEF
Nelly Kasina	UNICEF
Milcah Langat	UNICEF
Madinur Saidiaihemaiti	WHO
Dan Mogaka	WHO
Gladys Lasu	WHO
Sentamu Simon Kaddu	WHO
Saeed Ahmed	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 in various donor meetings. Local authorities have also been informed about this allocation and its complementarity with the SHF to provide a comprehensive response to the drought.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)? Yes ☒ No ☐

The report was circulated to recipient agencies who confirmed that the reports were reviewed internally by management before submission The involvement of IPs and government counterparts during monitoring missions and directly during implementation ensured their awareness of results.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

In 2022, Somalia was on the brink of famine. The dire situation was underscored by the increase in the number of people in need of humanitarian assistance and protection, which surged from 5.9 million in 2021 to a staggering 7.8 million in 2022, encompassing nearly half of the country's population. This alarming trend has been attributed to consecutive failed rainy seasons, resulting in poor-to-failed harvests, a significant loss of agricultural income for farmers, and the depletion of livestock among pastoralists. Consequently, food security and nutrition outcomes worsened, pushing vulnerable communities to the brink of starvation. The multifaceted causes of food insecurity and malnutrition in Somalia extended beyond persistent drought and scarcity of rainfall. A sharp increase in food prices, ongoing conflict and insecurity, and disease outbreaks exacerbated the already dire situation, leading to increased displacements of people from rural areas to urban internal displaced persons (IDP) settlements. As a result of these compounding shocks, many rural households faced widening food consumption gaps, and the erosion of their livelihoods limited their coping capacity.

This CERF allocation was vital in effectively addressing critical aspects of the drought response in Somalia. It capitalized on previous achievements in combating the impact of the drought, particularly in locations at risk of famine. By bolstering life-saving interventions, this grant ensured close collaboration with affected communities and local authorities, thereby optimizing the effects of the response. The grant, disbursed in August 2022, aimed to address the worsening impact of the drought on communities at high risk of famine in Banadir, Hiran, Lower Juba, Mudug, and Southwest State (Bay and Bakool). Notably, the interventions reached **369,199** individuals directly affected by the drought, predominantly those classified under emergency (IPC 4) and catastrophe/famine (IPC 5). Beyond its immediate impact, this grant served as a catalyst for time-bound actions aimed at saving lives and preserving livelihoods. Its implementation significantly contributed to the prevention of famine, ultimately contributing to reduced mortality and morbidity rates.

CERF's Added Value:

During the after-action review, recipient agencies conveyed that this CERF grant was critical in providing an effective, timely, and coordinated response. It fast-tracked assistance to communities at risk of famine through emergency health, nutrition, GBV, and WASH services. Through supporting the logistics clusters, it also ensured the transportation of humanitarian personnel and essential life-saving supplies to communities in hard-to-reach locations.

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

Yes ☒ Partially ☐ No ☐

The CERF grant enabled agencies to deliver timely humanitarian responses to drought-affected communities. The quick disbursement of CERF funding ensured the timely procurement of emergency medical supplies and enabled the quick deployment of community health outreach teams to conduct vaccination campaigns, create awareness of health services, treat minor ailments, and ensure referrals. Additionally, this CERF grant was instrumental in reaching drought-affected people in a timely and effective fashion with emergency WASH interventions, including access to safe water supply through water trucking and water vouchers, rehabilitation of non-functional water sources, and family-shared gender-segregated latrines. The nutrition intervention reached children and women in 15 districts with malnutrition prevention and treatment services and ensured children received high-energy biscuits as a complementary commodity to prevent malnutrition while their caregivers were counselled for appropriate infant and young child feeding (IYCF). Children were screened for malnutrition, and those that were identified to have malnutrition were referred for treatment either to OTPs for severely wasted children without complications or to SCs for severely wasted children with complications. Support for the logistics cluster ensured

fast delivery of assistance by facilitating access and ensuring urgent relief supplies reach difficult-to-access locations. WASH interventions, particularly those implemented by IOM, were fast-tracked and finalized prior to the project end date.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

The CERF enabled IOM to respond to the increasing risks of waterborne diseases, including acute watery diarrhea (AWD) and cholera cases reported by the Ministry of Health, by diverting the construction of 120 latrines from Kismayo (as initially planned) to Galkayo, where an urgent and timely response was required. The CERF grant also enabled UNICEF and its partners to quickly address the rising cases of AWD and cholera and strengthen the prevention of malnutrition among affected communities. The support increased the scope of malnutrition prevention from just counseling to the provision of food supplements. WHO was equally able to respond to the critical needs of drought-affected communities and cut down the preventable morbidity and mortality rates amongst the drought-affected populations through the mitigation of the likelihood of disease outbreaks, especially measles, pneumonia, and cholera/acute diarrhea. Through the CERF grant, UNFPA provided life-saving interventions, including clinical care for GBV survivors, cash vouchers to cushion the most vulnerable beneficiaries, safe spaces to help with psychosocial support, and one-stop centers to support multisectoral case management, which in turn were critical aspects in preventing more harm to survivors at a time of heightened protection concerns and the need for services. Finally, CERF funds enabled UNHAS to transport humanitarian personnel and light or urgent cargo to regions across the country, including drought-affected areas, in a timely manner for partners to implement critical response activities in isolated and drought-affected communities.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The CERF strategy was closely coordinated with agencies through the Humanitarian Country Team as well as the Clusters, ensuring that the activities implemented under the programs were well coordinated and closely aligned with the highest WASH priorities and needs in the country. This model also ensured that no duplication of support for affected communities occurred. WFP coordinated closely with humanitarian partners to ensure that interventions were aligned and to avoid geographical overlap. UNHAS supported the entire humanitarian community through the transportation of humanitarian personnel, while the Logistics Cluster supported the airlifting of cargo. Additionally, WHO provided technical support to Public Health Emergency Operations Centers (PHEOCs) in the target states and in the Banadir region. In so doing, they boosted coordination and collaboration amongst health and the other three life-saving cluster partners, avoided duplication of efforts, and maximized the impact of health outreach activities, especially in the underserved areas. Finally, UNFPA, during mentoring and training sessions, disseminated service mapping information to facilitate humanitarian actors' participation in the sessions.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

The CERF funding was instrumental in leveraging resource mobilization. CERF funding facilitated the production of WHO's epidemiological reports, which were shared with donors and partners to strengthen advocacy for drought response activities. Additionally, through the WHO website, donors were informed on the progress of implementation of response activities, the impact of health interventions in reducing mortality and pushing back the risk of famine, and the epidemiological situation of measles and cholera. Supplementing this vital support from CERF were contributions from ECHO, FCDO, CFE (internal to WHO), and FIND, amounting to approximately US $4.9 million, enabling the WHO to reach the people most in need during this reporting period. CERF funding and prioritization highlighted the need for resources for UNHAS and the logistics cluster, particularly when faced with a historic drought and humanitarian crisis. This recognition supported advocacy with bilateral donors and other pooled funds on the need to fund these critical

services. With the continued support from CERF, UNICEF reached more locations and mobilized additional resources for areas not initially targeted by the grant. UNICEF received additional funds from BHA and FCDO, which went a long way toward scaling up the WASH response to communities facing famine.

Considerations of the ERC's Underfunded Priority Areas[1]:

The CERF projects responded to the different needs of children, women, girls, and indirectly, people with disabilities. The provision of WASH services was instrumental in reaching women and girls through safe water supply, water trucking, and water vouchers, including the construction and rehabilitation of family-shared, gender-segregated latrines in IDP camps and health and nutrition centers. People with disabilities were indirectly targeted by these services. Aspects of protection were also addressed through the UNFPA project, which contributed to strengthening and scaling up access to life-saving quality, confidential, safe, and timely GBV specialized services to women and girls through building the capacity of frontline staff and the provision of cash support to GBV survivors to mitigate negative coping mechanisms. UNICEF reached children and women with malnutrition prevention and treatment services, such as high-energy biscuits as a complementary commodity to prevent malnutrition, while their caregivers were counseled for appropriate infant and young child feeding (IYCF). WHO reached large numbers of women and girls and responded to gender-based violence and other reproductive needs due to the proximity of health services equipped with essential drugs.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**230,317,658**
CERF	9,999,804
Country-Based Pooled Fund (if applicable)	29,500,000
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	**39,499,804**

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-RR-IOM-024	Water, Sanitation and Hygiene	1,500,000
UNFPA	22-RR-FPA-036	Protection - Gender-Based Violence	1,499,801
UNICEF	22-RR-CEF-060	Water, Sanitation and Hygiene	1,500,001
UNICEF	22-RR-CEF-060	Nutrition	1,500,001
WFP	22-RR-WFP-055	Common Services - Logistics	1,000,001
WHO	22-RR-WHO-034	Health	3,000,000
Total			**9,999,804**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**8,512,307**
Funds sub-granted to government partners*	606,681
Funds sub-granted to international NGO partners*	0
Funds sub-granted to national NGO partners*	880,817
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**1,487,497**
Total	**9,999,804**

* 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:

At the time of this allocation, Somalia was facing its fifth consecutive failed rainy season. This indicated that the humanitarian situation had reached a critical tipping point. Catastrophic levels of food insecurity had been declared for the first time since 2017, with 213,000 people in famine-like conditions and half the population (7.8 million people) being acutely food insecure. Since 2021, over 1 million people have been displaced due to drought, and an estimated 1.5 million children under age 5 face acute malnutrition. This includes 86,400 children who will require emergency nutrition treatment to survive. In response to Somalia's hunger crisis, the IASC principals activated the humanitarian system-wide scale-up protocols for six months to mobilize the operational capacities and resources needed to match the scale, complexity, and urgency of this crisis, in coordination with national and local partners, with the goal of averting looming famine. Nearly 50 percent of the population, or 7.1 million people, were facing crisis-level food insecurity or worse through September 2022. Of those, 213,000 people were facing catastrophic hunger and starvation. Four regions—Bakool, Bay, Gedo, and Mudug—were most affected, and urgent humanitarian assistance was required to prevent further suffering.

Operational Use of the CERF Allocation and Results:

- In response to the deteriorating drought, CERF released $10 million in August 2022 from its rapid response window for drought response. This funding provided life-saving assistance to369,199 people, including 141,452 women, 54,127 men, 88,588 girls, and 85,032 boys, including 104,832people with disabilities through health, nutrition, protection, WASH, and logistics support.

- IOM provided 60,540 beneficiaries (21,189 girls, 18,162 boys, 12,108 women, and 9,081 men) with access to water through water trucking and the rehabilitation of four existing boreholes. In addition, 240 latrines were constructed, and 9,000 hygiene kits were distributed to vulnerable households. A total of 50 hygiene promoters were trained and reached 60,540 beneficiaries with hygiene promotion messages.

- UNICEF reached 309,711 nutrition beneficiaries (143,150 women, 88,196 girls under five years, and 78,365 boys under the age of five years) with high-energy biscuits procured and distributed to 12,560 children 6 to 59 months (6,209 girls and 6,351 boys). In addition, 116,135 children under five (61,132 girls and 55,003 boys) were screened for malnutrition; 37,866 children under five (20,855 girls and 17,011 boys) were treated for SAM; and 143,140 pregnant and lactating women were counseled for IYCF. Additionally, UNICEF reached 61,531 people with WASH interventions such as safe water supply through water trucking and water vouchers for a period of 60 days to IDP camps, health and nutrition centers, rehabilitation works for water sources that were non-functional, which involved pipeline extensions, and the construction of water kiosks in various places. Hygiene kit distribution alongside hygiene promotion messages was also carried out in all the target areas, mainly focusing on safe water handling, appropriate sanitation, and the construction of family-shared and gender-segregated latrines.

- UNFPA provided 22,486 beneficiaries with GBV and SRH services; 1,561 vulnerable women and girls, including survivors of GBV, also accessed PSS and case management. 600 beneficiaries were identified by caseworkers and benefited from cash assistance. 74 health and caseworkers received orientation and were deployed with UNFPA's implementing partners. Referral mechanisms were updated and disseminated to a total of 1,868 beneficiaries, including women, men, boys, and girls, based on real-time service availability. Additionally, UNFPA, through the implementing partners for the project, procured and distributed 13,255 dignity kits and 6,000 menstrual hygiene kits to vulnerable women and girls.

- WHO reached 277,888 beneficiaries with essential medical equipment, medicines, and supplies to support 57 health facilities in targeted areas to deliver essential healthcare, including support to 7 polymerase chain reaction (PCR) laboratories with

essential laboratory items that include reagents and sample kits for timely detection of epidemic-prone diseases and plan a timely response accordingly. Additionally, WHO-supported 2,325 community health workers (CHWs) reached out to 1.6 million people in targeted districts with key health promotion and preventive messages, besides developing an operational bridge between the communities and the public health facilities, initiating home-based treatment of children suffering from acute watery diarrhoea (AWD), and vaccinating zero-dose or missed-out children in the underserved areas.

People Directly Reached:

Given the convergence in some geographical locations of the interventions and to avoid duplication, the geographic scope for each project or cluster was mapped to clearly visualize the coverage. The mapped geographical coverage of each project and beneficiary target numbers helped determine the number of people directly targeted by CERF. Given that health had the widest coverage and provided medical services with essential drugs to beneficiaries (277,888), this was examined and found to be more representative, as it is likely that the beneficiaries visiting the health facilities have also been reached with WASH services; hence, WASH numbers were not considered. The overall number to be targeted also factors in nutrition and protection beneficiaries due to the specific groups targeted. All protection beneficiaries were considered, and nutrition beneficiaries, which included children treated for malnutrition in two locations where health beneficiaries are not targeted, were added. This brings the overall estimate to **369,199** people.

People Indirectly Reached:

Approximately 4,949,000 people 116,135 children and 25,000 livestock have indirectly benefited from this CERF grant. WHO estimated that approximately 4,900,000 indirect beneficiaries were reached with health interventions. UNICEF reached an estimated 45,000 people through emergency water supplies, rehabilitation of water supply systems, and hygiene promotions, including 116,135 children who were screened for malnutrition. UNFPA estimated that up to 4000 people were reached as indirect beneficiaries with the protection services. An estimated 25,000 livestock benefited from the rehabilitated strategic water sources as indirect beneficiaries of the project.

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

	Planned					Reached				
Sector/Cluster	**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**
Health	72,137	75,804	46,461	50,129	**244,531**	81,977	86,145	52,796	56,967	**277,885**
Nutrition	135,000	0	63,365	51,845	**250,210**	143,150	0	88,196	78,365	**309,711**
Protection - Gender-Based Violence	10,261	1,780	9,090	1,330	**22,461**	10,580	1,132	10,211	563	**22,486**
Water, Sanitation and Hygiene	30,570	26,921	31,925	30,584	**120,000**	31,152	27,459	32,393	31,067	**122,071**

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

Category	Planned	Reached
Refugees	0	0
Returnees	0	0
Internally displaced people	189,916	147,680
Host communities	170,242	221,519
Other affected people	0	0
Total	**360,158**	**369,199**

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	134,341	141,452	20,127	34,205
Men	75,804	54,127	9,842	26,576
Girls	79,749	88,588	11,366	21,533
Boys	70,264	85,032	10,477	22,518
Total	**360,158**	**369,199**	**51,812**	**104,832**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-IOM-024

1. Project Information

Agency:	IOM	**Country:**	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	**CERF project code:**	22-RR-IOM-024
Project title:	Emergency drought response through provision of integrated water, sanitation and hygiene promotion (WASH) services		
Start date:	12/09/2022	**End date:**	11/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency:	**US$ 25,700,000**
Total funding received for agency's sector response to current emergency:	**US$ 11,250,011**
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

Through this CERF Rapid Response project, IOM responded to the drought in Somalia through the provision of water, sanitation, and hygiene promotion (WASH) service. IOM reached 60,540 individuals (21,189 girls, 18,162 boys, 12,108 women, 9,081 men) with access to water through water trucking and the rehabilitation of four existing boreholes. In addition, 240 latrines were constructed, and 9,000 hygiene kits were distributed to vulnerable households. Additionally, a total of 50 hygiene promoters were trained and reached 60,540 individuals with hygiene promotion messages.

Emergency water trucking was provided to 9,540 households (HHs), i.e., 57,240 individuals for 4 weeks from the target population living in drought-affected communities in Banadir, Galkayo and Kismayo. As an exit strategy to emergency water trucking, strategic water sources were rehabilitated, which included two boreholes in Banadir and two in Galkayo districts, benefiting a total of 10,090 HHs (60,540 individuals) with sustainable water supply.

To increase access to improved sanitation, IOM constructed 240 household latrines with handwashing facilities: 120 in Kismayo and 120 in Galkayo. The initial plan was to construct all the 240 latrines in Kismayo; however, 120 latrines were diverted to Galkayo following

request from the cluster/HCT due to the dire need of sanitation facilities among the internally displaced persons (IDPs) in that district (see annexed email approval). 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 7,200 individuals (2,520 girls, 2,160 boys, 1,440 women, and 1,080 men) benefited from this activity. IOM further distributed 9,000 hygiene kits to vulnerable HHs consisting of 54,000 individuals (18,900 girls, 16,200 boys, 10,800 women, and 8,100 men). 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.

IOM trained 50 hygiene promoters throughout all project locations, which included 25 men and 25 women. Beneficiaries participated in the delivery of hygiene promotion sessions and helped identify hygiene gaps in their individual settlements through the water committee members. The actions to promote good hygiene focused on preserving water sources, treating unprotected water sources to prevent disease outbreaks, handwashing at crucial times, cleaning and maintaining latrines, and environmental hygiene practices like solid waste management. These messages were delivered to all 60,540 individuals (21,189 girls, 18,162 boys, 12,108 women, 9,081 men) reached by the services under this project.

3. Changes and Amendments

During the reporting period, WASH Cluster reports indicated that the latrine availability to users' ratio in IDP settlements in Galkayo had reached emergency levels, with the number of latrines available for IDP households reaching below 1:50, which is considered extreme emergency standard ratio. As a result of this shortage of latrines, it was reported that people in IDP settlements, especially children, were resorting to open defecation, increasing the risks of waterborne diseases, and an increase in the number of Acute Watery Diarrhoea (AWD)/cholera cases being reported by the Ministry of Health. IDP sites in Galkayo were therefore identified by the WASH Cluster as a priority area for sanitation support by WASH partners.

Considering the above, the WASH cluster/Humanitarian Country Team requested IOM to divert the construction of 120 latrines from Kismayo (as initially planned) to Galkayo due to the dire humanitarian needs. This was approved by the WASH Cluster and implemented as requested. The change was within the CERF allowed reprogramming as it did not change the scope, objective, and overall agreed locations under the project, and had no implication on the budget.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	**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	8,400	6,300	14,700	12,600	**42,000**	8,476	6,357	14,832	12,713	**42,378**
Host communities	3,600	2,700	6,300	5,400	**18,000**	3,632	2,724	6,357	5,449	**18,162**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**12,000**	**9,000**	**21,000**	**18,000**	**60,000**	**12,108**	**9,081**	**21,189**	**18,162**	**60,540**
People with disabilities (PwD) out of the total										
	120	90	210	180	**600**	90	127	105	98	**420**

* 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 25,000 livestock benefited from the rehabilitated strategic water sources as indirect beneficiaries of the project.

6. CERF Results Framework

Project objective	Improved access to clean water, sanitation and hygiene promotion services for communities affected by drought living in Banadir, Galkayo and Kismayo
Output 1	60,000 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	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	60,000	60,540	Beneficiaries lists and field reports
Indicator 1.2	WS.15 Number of communal water points (e.g., wells, boreholes, water taps stand, systems) constructed and/or rehabilitated	4	4 (2 in Banadir, 2 in Galkayo)	Engineer reports, field photos
Explanation of output and indicators variance:		Indicators were achieved as planned, no notable variation recorded.		

Activities	**Description**	**Implemented by**
Activity 1.1	Emergency water supply through voucher system	IOM
Activity 1.2	Rehabilitation/upgrading 4 boreholes	IOM
Activity 1.3	Registration and monitoring of beneficiaries accessing water from water sources	IOM

Output 2	7,200 drought-affected individuals including children and women in affected areas have 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 ☒ No ☐

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities	7,200	7,200	Beneficiaries' lists, field photos and reports
Indicator 2.2	WS.14 Number of household sanitation facilities (e.g., latrines) and/or household bathing facilities constructed or rehabilitated	240	240 (120 in Galkayo, 120 in Kismayo)	Engineer reports, field photos
Explanation of output and indicators variance:		Both indicators were fully achieved, however 120 latrines were re-allocated from Kismayo to Galkayo based on the sanitation gaps recorded in the IDP		

	sites. This followed a request from HCT through the WASH Cluster as per annexed email and as explained above in Section 3.

Activities	Description	Implemented by
Activity 2.1	Construction of 240 latrines with handwashing stations	IOM
Activity 2.2	Registration and allocation of latrines	IOM
Activity 2.3	Training of households on latrine maintenance	IOM

Output 3	9,000 vulnerable HHs (54,000 people) are provided hygiene kits including menstrual hygiene supplies
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 3.1	WS.16a Number of people receiving critical WASH supplies (e.g. WASH/hygiene kits)"?	54,000	54,000	Beneficiaries' lists, field photos and reports
Indicator 3.2	WS.16b Number of WASH/hygiene kits distributed	9,000	9,000	Beneficiaries' lists, field photos
Indicator 3.3	Number of post-distribution monitoring assessments conducted	2	2	Reports
Explanation of output and indicators variance:		Indicators were achieved as planned, no notable variation recorded.		

Activities	Description	Implemented by
Activity 3.1	Procurement of hygiene kits	IOM
Activity 3.2	Distribution of hygiene kits	IOM
Activity 3.3	Post-distribution monitoring assessments	IOM

Output 4	60,000 people demonstrate improved hygiene practices through gap tailored hygiene promotion activities
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 4.1	CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (key hygiene promotional messages)(21,000 girls, 18,000 boys, 12,000 women, 9,000 men)	60,000	60,540	Field reports, activity photos
Indicator 4.2	CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (hygiene and sanitation promoters) at least 50% female	50	50	Photos, reports

Explanation of output and indicators variance:	On Indicator 4.1, the availability of WASH services (mass hygiene promotion sessions) 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	Train hygiene promotors	IOM
Activity 4.2	Conduct hygiene awareness campaigns	IOM

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas[2] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[3]:

In line with IOM policy, all beneficiaries (women, men, girls, and boys) were equally engaged in all the activities of the project, including 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. To capture the needs and feedback of the community, IOM conducted community consultations and post distribution monitoring (PDM) surveys among beneficiaries who received hygiene kits, as well as interviews with local authorities and Ministry of Water officials as proxy representatives. While ongoing monitoring and evaluation activities cover multiple projects and locations, results are currently being analysed and will be available at a later stage.

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

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

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

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

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

In line with the Protection Principles, IOM's team considered all measures that reduce possible risks of violence, especially for those with particular 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 increase easier access to hygiene supplies.

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 were planned and sensitised among all stakeholders. Similarly, safeguards were put in place during the beneficiary selection and registration phases. Inclusion of women and girls in the consultation process was ensured and seeking consent for data collection was upheld throughout 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 needs-based 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.

CVA was not considered because there were no commercial water vendors in these locations, due to while IOM hired trucks instead 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$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
CERF Anticipatory Action	https://twitter.com/IOM_Somalia/status/1608360079341895681?s=20
CERF Anticipatory Action	https://twitter.com/IOM_Somalia/status/1572856072901197824?s=20
CERF Anticipatory Action	https://www.youtube.com/watch?v=EeEi8qu6fZI
IOM supports finding sustainable & affordable solutions to provide water to communities at risk.	https://twitter.com/IOM_Somalia/status/1506238609262792709
Somalia Drought Response March 2023	https://somalia.iom.int/sites/g/files/tmzbdl1041/files/documents/2023-05/march-2023-drought-response-2023.pdf
Somalia Drought Response February 2023	https://somalia.iom.int/sites/g/files/tmzbdl1041/files/documents/2023-04/somalia-drought-response-february-2023.pdf
Somalia Drought Response January 2023	https://somalia.iom.int/sites/g/files/tmzbdl1041/files/documents/2023-04/somalia-drought-response-january-2023.pdf
Somalia Drought Response November 2022	https://somalia.iom.int/sites/g/files/tmzbdl1041/files/documents/IOM%20November%202022%20Drought%20Response.pdf

3.2 Project Report 22-RR-FPA-036

1. Project Information

Agency:	UNFPA	**Country:**	Somalia
Sector/cluster:	Protection - Gender-Based Violence	**CERF project code:**	22-RR-FPA-036
Project title:	Improving access to life-saving quality and confidential GBV services to women and girls in drought-impacted locations of Kahda, Daynile, Baidoa, Galkacyo, Beletweyne and Kismayo		
Start date:	09/09/2022	**End date:**	08/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 39,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 500,000**
Amount received from CERF:	**US$ 1,499,801**
Total CERF funds sub-granted to implementing partners:	**US$ 683,400**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 683,400
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

UNFPA through local implementing partners supported the deployment of health workers to provide GBV / SRH services to 2,273 beneficiaries. The beneficiaries include survivors of GBV accessing CMR as well as women and girls in need of reproductive health services. A total number of 1,561 vulnerable women and girls including survivors of GBV also accessed PSS and case management. 600 beneficiaries were identified by caseworkers and benefitted from cash assistance through case management up to the total amount of US$ 30,000. 74 health and caseworkers received orientation and were deployed with UNFPA implementing partners.

Under Output 2,116 Psycho-social counsellors were provided refresher training. As a result, they provided culturally sensitive and age-responsive group PSS to 2,450 beneficiaries through the WGSS.

Under Output 3, referral mechanisms for the 6 districts (Kahda, Daynile, Baidoa, Galkacyo, Beletweyne, and Kismayo) were updated and disseminated to a total of 1,868 beneficiaries community women, men, boys, and girls on real-time service availability.

Under output 4, UNFPA through the implementing partners for the project procured and distributed 13,255 to vulnerable women and girls (consisting of 7,255 dignity kits and 6,000 menstrual hygiene kits).

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	4,561	1,000	4,990	780	**11,331**	4,820	900	5,225	365	**11,310**
Host communities	5,700	780	4,100	550	**11,130**	5,760	232	4,986	198	**11,176**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**10,261**	**1,780**	**9,090**	**1,330**	**22,461**	**10,580**	**1,132**	**10,211**	**563**	**22,486**
People with disabilities (PwD) out of the total										
	2,000	1,000	1,400	800	**5,200**	1,900	116	481	55	**2,552**

* 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 of up to 4000 persons were reached as indirect beneficiaries. This is represented as follows -
Approximately 480 service providers which included caseworkers and PSS workers from the six (6) partner National NGOs, and staff supporting PSS activities were oriented and deployed to provide survivor-centered services to vulnerable women and girls.
Other indirect beneficiaries included IDP community members and women committees at camp levels who benefited from mobilization sessions to disseminate referral pathways. 3000 posters / IEC materials were distributed by community gatekeepers such as women and other key influential community leaders who were major entry points in the dissemination of updated referral pathways.
Information shared with FSC, Heath, and WASH cluster focal points of coordination forums were accessed by over 520 members cumulatively who have benefited from orientations on PSEA and GBV guiding principles to mitigate the possibility of putting survivors at risk with the implementation of project activities.

6. CERF Results Framework

Project objective	Improving access to quality life-saving, confidential and timely specialized GBV services to vulnerable women and girls including GBV survivors
Output 1	Women and girls (including GBV survivors, women living with disabilities, and women from minority clans) have greater access to post-rape services, specialized case management, and treatment for physical injuries as a result of IPV in GBV one-stop centers and associated health facilities in camps and host communities

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	SP.5 Number of people receiving GBV and/or SRH medical assistance	2,500	2,273	Partner report / Monitoring Visit report / GBV IMS analysis
Indicator 1.2	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	1,514	1,561	Partner case management reports
Indicator 1.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	600	600	List of beneficiaries
Indicator 1.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	30,000	30,000	Payment vouchers
Indicator 1.5	# of health and case management managers oriented and deployed to provide post rape services and treat physical injuries from IPV for women and girls disaggregated by location, gender and age group.	70	74	Activity reports and list of participants
Explanation of output and indicators variance:		Up to 90% of the target for beneficiaries receiving GBV and/or SRH medical assistance were reached accounting for 2,273 out of the target of 2,500 due to challenge relating to negative perceptions / stigma in the community which still foster the hesitation for women and girls to access SRH in Somalia in general, despite community awareness mobilization, sex and reproductive health remains a sensitive topic in most communities.		

Activities	Description	Implemented by
Activity 1.1	Conduct orientation for health and case workers to provide survivor centered CMR services to GBV survivors	UNFPA
Activity 1.2	Mobilize health workers and case management workers to undertake provision of CMR services and specialized case management to GBV survivors	NoFYL, OSPAD, TIDES, READO, SEDHURO, SBACO
Activity 1.3	Provision of CMR services and specialized case management to women and girls including GBV survivors	NoFYL, OSPAD, TIDES, READO, SEDHURO, SBACO

Output 2	Women and girls have accessed age and culturally appropriate psychosocial one-on-one and group counselling and support
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of PSS counsellors who receive orientation and are deployed to provide services in camps and host communities disaggregated by location, gender, and age group.	100	116	Training reports and Monitoring reports
Indicator 2.2	H.9 Number of people provided with mental health and/or psycho-social support services	2,500	2,450	Registers at the WGSS
Explanation of output and indicators variance:		The CERF IPs managed to orient 116 PSS counselors and deployed them to provide mental health and/or psycho-social support services, on the other hand, The number of people reached with MHPSS and PSS were at 98% (of the target) which is considered close to the target with no major indicator variance.		

Activities	Description	Implemented by
Activity 2.1	Organize orientation and deploy PSS workers to provide services	UNFPA
Activity 2.2	Mobilize PSS workers and support the provision of age and survivor centred PSS	NoFYL, OSPAD, TIDES, READO, SEDHURO, SBACO

Output 3	Updated referral pathways are available to women and girls to guide access to GBV services
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Protection - Gender-Based Violence

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated	6	6	IP presence in Service maps / 5W and infographics
Indicator 3.2	# of Social mobilizers trained and mobilized to disseminate the referral	30	30	Training report

	pathways disaggregated by location, gender and age group.			
Indicator 3.3	# of women, men, boys and girls reached with messages on the availability of referral pathways in project sites	1,892	1,868	Beneficiaries list
Explanation of output and indicators variance:		99% of the target was reached. The difference of the 24 is accounted for by the staff of the partner organisation also present at during the implementation period to ensure effective management and for quality assurance in select sessions during the project period.		

Activities	**Description**	**Implemented by**
Activity 3.1	Undertake updating of referral pathways	NoFYL
Activity 3.2	Organize and conduct orientation session for 30 social mobilizers to disseminate referral pathways	NoFYL
Activity 3.3	Conduct community mobilization sessions to disseminate the updated referral pathways using the 30 social mobilizers	NoFYL

Output 4	Women and girls have accessed dignity and menstrual hygiene kits for dignity protection			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	SP.1b Number of people receiving menstrual hygiene management kits and/or dignity kits(7,255 by DKs, and 6,000 by MHKs)	13,255	13,255	Distribution list
Explanation of output and indicators variance:		Target met without variance		

Activities	**Description**	**Implemented by**
Activity 4.1	Procure dignity kits and menstrual hygiene kits	UNFPA
Activity 4.2	Support orientation sessions to distribute dignity and menstrual hygiene Kits	UNFPA

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 areas[4] 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.**

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

a. Accountability to Affected People (AAP) [5]:

The crisis-affected people were involved in the design, implementation, and monitoring of the project through formal and informal pre-consultations on the needs of stakeholders. In addition, the project utilized the findings of the multi-sectoral and joint assessments on GBV that revealed the needs and gaps of the humanitarian response.

Discussions with stakeholders which included service providers, adolescent groups, and male survivors, enabled target on focus areas with dire gaps for service provision and identified shelter provisioning as a major gap for service provision for the Somalia response. Implementation took advantage of the participation of local people and target beneficiaries to advise on strategies that work to adapt for the delivery of programme components.

Consultations on the contents of dignity kits to meet specific contexts and needs were done with women and girls including desk reviews of previous feedback for PDM on the kits. Implementation included onsite monitoring. Beneficiaries from different project locations were requested to provide information on the client beneficiary satisfaction forms to help guide any form of strategy or approach re-definition. Community mobilization, age, culturally sensitive, and participatory approaches were taken into consideration to mobilize participation in the implementation and monitoring of the project. The project implementation and monitoring included all target beneficiaries; adult women, adolescent girls, as well as men and boys to influence.

b. AAP Feedback and Complaint Mechanisms:

All the implementing partners provided target beneficiaries with CFM information to ensure feedback and complaints were accessible. Beneficiaries were informed of the avenues for complaints and feedback during preparatory project activities and community mobilization activities. Messages on non-payment for material assistance that was delivered and disseminated among communities in advance of distribution. Target beneficiaries received the name and contact of focal persons to report to for each of the implementing organizations and the IPs were expected to inform the target beneficiaries of timelines for action and receipt of feedback for complaints. Implementing partners have also implemented a tool for collecting beneficiary satisfaction feedback, developed by UNFPA.

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

UNFPA uses IASC-prescribed templates (the Interagency PSEA task force conducted training on PSEA on the IASC Harmonized Assessment Tool for Implementing Partners, Partners were already assessed and had internal policies with annex reporting tools/protocols for action) to record SEA complaints and the UNFPA PSEA focal point from the forum of the PSEA task force trained IPs (including NoFYL, OSPAD, TIDES, READO, SEDHURO, SBACO) in recording and handling SEA complaints. To effectively handle SEA complaints and ensure aspects of confidentiality, and accessibility, UNFPA complaint handling is guided by the victim assistance protocol. UNFPA at the HQ level has established a hotline phone number and email which is accessible to selected trained investigators who follow up on the allegations with the victim directly or through the in-country established mechanisms. UNFPA in Somalia has a trained PSEA focal point who is an active member of the HCT taskforce

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

In recognizing women and girls are particularly vulnerable to the severe drought in Somalia due to displacements, historical marginalization, and subordination of women in Somalia. The status of women contributes to the perception of the value and importance of maintaining and protecting their dignity and promoting their safety in the IDP camps and host communities. The project as focused on providing services that will promote the protection and dignity of women and girls in a manner that enables them to continue to undertake their roles to support their families and themselves. The services that the project supported contributed to the healing and recovery of women and girls from events of violence using the survivor-centered approach that allowed the survivor to direct the process of service provision and in that way empower her to regain self-esteem and control of her life. The project was designed on the premise of enabling vulnerable women and girls from marginalized and minority groups to access GBV services to facilitate recovery from violence at a personal and/or collective level and advocated for their inclusion.

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

e. People with disabilities (PwD):

The project implementation ensured it incorporated the principle of inclusion and non-exclusion. It sought to involve women and girls living with disabilities (PwD) as beneficiaries. Implementing partners have demonstrated expertise in understanding and applying the principle of inclusion. Women and girls living with disabilities were identified as targets for the project and implementing partners undertook measures that ensured PwD participation and improved their capacity to overcome barriers that impede their access to SRH services as no one should be left behind. The Project reached 2252 individuals which is equivalent to 10% of the overall beneficiaries reached and out of this, 9% are women and girls living with disabilities (PwD). Inclusion of PLWD is a key strategy for access, however, due to lack of investment in equipment for the disabled posed challenges for the beneficiaries in need of specialized care. For example, to increase the number of participants in WGSS, there is a need to invest in mobility equipment to maintain participation (or else lead to the beneficiary being brought physically by one more person to help them around) Due to the above challenges UNFPA managed to support 50% of the targeted PLWD.

f. Protection:

Project priorities implemented has utilized the do-no-harm approach, Leave No One Behind (LNOB) and the GBV survivor-centered approaches. It considered the safety and security of all beneficiaries and ensured that implementing partners understood and applied the principles of non-discrimination, safety, respect, and confidentiality (including supporting capacity building on the related topic). Transportation / referrals were made available 24/7 to pregnant and lactating women to access services during day and night to avoid any delays or fear of any existing threats. Distribution points for Dignity & Menstrual Hygiene Kits were assigned to secure places that did not affect the safety of women beneficiaries.

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	600

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

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

Cash assistance integrated through case management was provided to GBV survivors who had been assessed by cash committees of implementing partners as qualified for cash assistance to meet basic needs and mitigate the impact of GBV. Caseworkers were linked to cash working group actors to enable them to provide guidance during the development of vulnerability criteria with reference to UNFPA Integrating Cash Assistance into GBV Case Management. Protection of data and information of beneficiaries was done using a non-identifiable coding system of the GBV case management system as cash was provided on case-by-cases and on need basis

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Cash assistance integrated through case management	600	US$ 30,000	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Ifrah's Story: A Tale of Survival, Dignity and Hope in Somalia	https://somalia.unfpa.org/en/news/ifrahs-story-tale-survival-dignity-and-hope-somalia
Restoring Dignity: Helping Women and Girls Affected by Drought and GBV in Somalia	https://somalia.unfpa.org/en/news/restoring-dignity-helping-women-and-girls-affected-drought-and-gbv-somalia
SRH and GBV Outreach programme in Beletweyne	https://twitter.com/SBACONGO1/status/1602923492827353088
Distribution of dignity kits to drought survivors in Beletweyne	https://twitter.com/SBACONGO1/status/1594232610435334144
Distribution of dignity kits to drought survivors in Beletweyne	https://twitter.com/SBACONGO1/status/1590913299960713216
Distribution of dignity kits to drought survivors in IDP camps and safe spaces in Beletweyne	https://twitter.com/SBACONGO1/status/1588781591605960704
Distribution of dignity kits to drought survivors in IDP camps in Beletweyne	https://twitter.com/SBACONGO1/status/1586229334406180864
SRH and GBV Outreach programme for drought affected communities in Beletweyne	https://twitter.com/SBACONGO1/status/1584805483424387072
SRH and GBV Outreach programme for drought affected communities in Beletweyne	https://twitter.com/SBACONGO1/status/1583698653839257602
Distribution of dignity kits to women & girls in Deynille and outreach in safe spaces	https://twitter.com/NoFYLSOM/status/1592797377160957953
Distribution of dignity kits to women & girls in Alle Suge Camp, Mogadishu	https://twitter.com/NoFYLSOM/status/1591331666337091585
Distribution of menstrual hygiene kits in Barwaqo IDP Stop Centre in Baidoa	https://twitter.com/reado_org/status/1593876230696230913
Distribution of menstrual hygiene kits in Barwaqo IDP Stop Centre in Baidoa	https://twitter.com/reado_org/status/1587335699774476288
Distribution of dignity kits in Nasrudin IDP Camp, Kismayo	https://twitter.com/sedhuro/status/1587369655152386049
Distribution of menstrual hygiene kits to drought-affected women and girls in Galad, Xidig, Samadon, and Carmala IDP camps in Kaxda district, Mogadishu	https://twitter.com/ospad_somalia/status/1609515043011313666
Awareness-raising campaigns on GBV Prevention and Response in IDP camps in Kaxda district, Mogadishu	https://twitter.com/ospad_somalia/status/1582350745177059330

SRH and GBV Outreach programme in Beletweyne	https://www.facebook.com/sbacongo/photos/a.543201029117469/5436660636438126/
Distribution of dignity kits to drought survivors in Beletweyne	https://www.facebook.com/sbacongo/posts/5418513864919470
Distribution of dignity kits to drought survivors in IDP camps and safe spaces in Beletweyne	https://www.facebook.com/sbacongo/photos/a.543201029117469/5359321557505368/
Distribution of dignity kits to drought survivors in Beletweyne	https://www.facebook.com/sbacongo/posts/5333244816779709
Distribution of dignity kits to drought survivors in IDP camps and safe spaces in Beletweyne	https://www.facebook.com/sbacongo/posts/5316755125095345
Distribution of dignity kits to women & girls in Alle Suge Camp, Mogadishu	https://www.facebook.com/nofyl2014/posts/3347498778835278
Distribution of dignity kits in Nasrudin IDP Camp, Kismayo	https://www.facebook.com/permalink.php?story_fbid=921749389210503&id=119438556108261

3.3 Project Report 22-RR-CEF-060

1. Project Information

Agency:	UNICEF	**Country:**	Somalia
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	22-RR-CEF-060
Project title:	Emergency WASH and nutrition (preventative and curative) services for drought-affected children and families		
Start date:	12/09/2022	**End date:**	11/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 104,991,725**
Total funding received for agency's sector response to current emergency:	**US$ 78,165,505**
Amount received from CERF:	**US$ 3,000,002**
Total CERF funds sub-granted to implementing partners:	**US$ 804,097**
Government Partners	US$ 606,681
International NGOs	US$ 0
National NGOs	US$ 197,417
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

WASH: With the support of this CERF funding, UNICEF and partners have reached a total of 61,531 drought-affected people in Banadir, Baidoa and Beletweyne with emergency WASH interventions. Key among the interventions include ensuring safe water supply reached the most vulnerable people. Access to water was done through water trucking and water vouchers for a period of 60 days to IDP camps and health and nutrition centres in Baidoa, Tieglow and Burhakaba, Rehabilitation works were done for the water sources that were non-functional and this involved pipeline extensions in Baidoa and the construction of water kiosks in various places. Hygiene kits distribution alongside hygiene promotion messages was also carried out in all the target areas mainly focusing on safe water handling and appropriate sanitation; and the construction of family-shared and gender-segregated latrines.

NUTRITION: Through this CERF grant, nutrition services were provided to a total of 309,711 people comprising 143,150 women, 88,196 girls under five years, and 78,365 boys under the age of five years in the 15 targeted districts between October 2022 and March 2023. A total of 40,000 cartons of high-energy biscuits were procured and by the end of March 2023, distribution has been done to 12,560 children 6 to 59 months (6,209 girls and 6,351 boys). In addition, 116,135 children under-fives (61,132 girls and 55,003 boys) were screened for malnutrition; 37,866 children under-fives (20,855 girls and 17,011 boys) were treated for SAM; and 143,140 pregnant and lactating women counselled for IYCF.

3. Changes and Amendments

There were no significant amendments and modifications during the project period.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	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	48,000	0	28,515	23,330	**99,845**	50,103	0	40,869	37,428	**128,400**
Host communities	87,000	0	34,850	28,515	**150,365**	93,047	0	47,327	40,937	**181,311**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**135,000**	**0**	**63,365**	**51,845**	**250,210**	**143,150**	**0**	**88,196**	**78,365**	**309,711**
People with disabilities (PwD) out of the total										
	9,450	0	4,400	3,600	**17,450**	5,600	0	4,867	4,200	**14,667**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	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	12,380	11,948	7,283	8,389	**40,000**	12,696	12,253	7,469	8,603	**41,021**
Host communities	6,190	5,973	3,642	4,195	**20,000**	6,348	6,125	3,735	4,302	**20,510**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**18,570**	**17,921**	**10,925**	**12,584**	**60,000**	**19,044**	**18,378**	**11,204**	**12,905**	**61,531**
People with disabilities (PwD) out of the total										
	2,786	2,688	1,639	1,887	**9,000**	2,857	2,758	1,681	1,935	**9,231**

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

5. People Indirectly Targeted by the Project

As a result of extreme drought conditions, more people benefited from the WASH interventions in all the targeted locations. The estimated displacements into IDP camps in South-West, Banadir and Hirshabelle regions indirectly reached another 45,000 people through the emergency water supply, rehabilitation of water supply systems and hygiene promotion. More people than targeted were reached by the nutrition services. The results of the drought and insecurities caused more people that targeted to be reached with the nutrition services. A total of 116,135 children were screened for malnutrition, more than the targeted 115,000 children. As a result, more children were treated for wasting both with and without complications.

6. CERF Results Framework

Project objective	Provision of emergency preventative and curative nutrition services to children under 5 and pregnant and lactating women as well as emergency WASH response activities to drought-affected populations in Somalia
Output 1	A total of 79,210 children (43,565 girls, 35,645 boys) under five years of age in drought affected districts receive and consume additional food intake (high energy biscuits HEB) for prevention of acute malnutrition.

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	Number of cartons of High Energy Biscuits High Energy Biscuits procured	39,605	40,000	UNICEF Supply
Indicator 1.2	Number of children under five girls, boys reached with High Energy Biscuits HEB	79,210	12,560 (6,209 girls and 6,351 boys reached)	KOBO online system
Indicator 1.3	N.4 Number of people screened for acute malnutrition	115,210	116,135 children under-fives (61,132 girls and 55,003 boys) were screened	ONA online system

Explanation of output and indicators variance:	More cartons of HEB were procured, taking advantage of the price on the day of procurement. The distribution of HEB started very late because of a long time between procurement and the actual delivery of HEB into the country. Distribution of the procured HEB will continue in the targeted districts until all children are reached as planned. The number of children reached with HEB is still far low than the targeted number because of the late delivery of the HEB. HEB took more than 5 months after procurement to be delivered in country. Thus, HEB distribution will continue even after March 2023 and all the targeted children will benefit as anticipated. More children were screened for malnutrition. This could be explained by the influx of people in IDP settlements because of the drought and conflict related displacements

Activities	**Description**	**Implemented by**
Activity 1.1	Procure 39,605 cartons of High Energy Biscuits HEB using UNICEF LTA	UNICEF LTA
Activity 1.2	Distribution of 39,605 cartons reach 79,210 children under five in drought of High Energy Biscuits HEB to reach 79,210 children under five in drought affected districts in South and central Somalia	Nutrition multiyear PD partners in 15 districts District, Partner Baydhaba DMO Burhakaba BTSC Hudur MARDO

		Rabdhure ACF Wajid (Bakol) ACF Afgoye PAC Kuntuwarey Neways Marka (Lower Shabelle) AYUUB Buluburte Mercy USA Belet Weyn(Hiran) WARDI Ceelbur KAAH Dhusamareb (Galgadud), KAAH Galkavyo SCI Hobyo(Mudug) and, SAF- UK Banadir region ALIGHT, CISP, SORRDO, Mercy USA, WARDI,
Activity 1.3	Screening 115,211 children for malnutrition at least once and referral for appropriate treatment. Children with SAM complication will be referred to stabilization centre for further treatment and care.	Nutrition multiyear PD partners in 15 districts District, Partner Baydhaba DMO Burhakaba BTSC Hudur MARDO Rabdhure ACF Wajid (Bakol) ACF Afgoye PAC Kuntuwarey Neways Marka (Lower Shabelle) AYUUB Buluburte Mercy USA Belet Weyn(Hiran) WARDI Ceelbur KAAH Dhusamareb (Galgadud), KAAH Galkavyo SCI Hobyo(Mudug) and, SAF- UK Banadir region ALIGHT, CISP, SORRDO, Mercy USA, WARDI,

Output 2	36,000 Children (19,800 girls and 16,200 boys) affected by severe acute malnutrition (SAM) with complications receive lifesaving nutrition treatment.

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	Number of cartons of therapeutic milk (F100, F75) procured Target (F-100: 1513 cartons)Target (F-75: 4751 cartons)	6,264	1,513 cartons of F100 therapeutic milk, 4,751 cartons of F75 therapeutic milk as well as 49 cartons of Resomal were procured	UNICEF Supply
Indicator 2.2	N.3 Number of people admitted to SAM treatment programme 36,000 children (19,800 girls, 16,200)	36,000	37,866 children (20,855 girls and 17,011 boys) were treated for SAM	ONA online system
Explanation of output and indicators variance:		All output indicators were achieved as expected.		

Activities	Description	Implemented by
Activity 2.1	Procurement of therapeutic milk (F100, F75) using UNICEF LTA	UNICEF LTA
Activity 2.2	Treatment of 36,000 children (19,800 girls, 16,200) with SAM complication by providing lifesaving therapeutic milk in the stabilization centers (SC).	Nutrition multiyear PD partners in 15 districts District, Partner Baydhaba DMO Burhakaba BTSC Hudur MARDO Rabdhure ACF Wajid (Bakol) ACF Afgoye PAC Kuntuwarey Neways Marka (Lower Shabelle) AYUUB Buluburte Mercy USA Belet Weyn(Hiran) WARDI Ceelbur KAAH Dhusamareb (Galgadud), KAAH Galkavyo SCI Hobyo(Mudug) and, SAF- UK Banadir region ALIGHT, CISP, SORRDO, Mercy USA, WARDI

Output 3	Caregivers including pregnant and lactating women (PLW) of children engaged dialogue on optimal IYCF in drought affected districts.

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

Sector/cluster	Nutrition

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies	135,000	143,150 PLW were reached with individual IYCF counselling	ONA

Explanation of output and indicators variance:	More PLWs were reached in the targeted districts. The use of Community Health Workers both at community and health facility levels helped in reaching out to more mothers.

Activities	Description	Implemented by
Activity 3.1	Conduct IYCF counselling using individual and group sessions for 135,000 pregnant and lactating women through IERT teams	Nutrition multiyear PD partners in 15 districts District, Partner Baydhaba DMO Burhakaba BTSC Hudur MARDO Rabdhure ACF Wajid (Bakol) ACF Afgoye PAC Kuntuwarey Neways Marka (Lower Shabelle) AYUUB Buluburte Mercy USA Belet Weyn(Hiran) WARDI Ceelbur KAAH Dhusamareb (Galgadud), KAAH

		Galkavyo SCI Hobyo(Mudug) and, SAF- UK Banadir region ALIGHT, CISP, SORRDO, Mercy USA, WARDI,

Output 4	60,000 people reached with emergency water supply for drinking and personal hygiene.

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	WS.6 Number of people accessing enough safe water as per agreed sector/cluster coordination standards and norms	60,000	61,531	UNICEF eTools, WASH cluster 4Ws
Indicator 4.2	WS.15 Number of communal water points (wells, boreholes, water taps stand, systems) constructed and/or rehabilitated	10	12	[UNICEF eTools, WASH cluster 4Ws]
Indicator 4.3	Cash.5a Number of people receiving conditional vouchers	20,000	20,434	UNICEF eTools, WASH cluster 4Ws
Indicator 4.4	Cash.5b Total value of conditional vouchers distributed in USD	150,000	150,000	UNICEF eTools, WASH cluster 4Ws]
Explanation of output and indicators variance:		water provision through trucking/water vouchers and the construction/rehabilitation of water systems ensured a reach to 61,531 people thereby meeting the planned target.		

Activities	**Description**	**Implemented by**
Activity 4.1	Provision of temporary safe water supply through water trucking for 60,000 people for between 45-60 days (7.5l per person per day).	BTSC – 10,434 (Buur Hakaba) SWS MoEWR – 28,000 (Baidoa) SWS MoEWR – 5,067 (Tieglo) HIRSHABELLE MoEWR - 18,000
Activity 4.2	Emergency rehabilitation and repairs to 10 high-yielding strategic water sources in drought affected population.	HIRSHABELLE MoEWR– completed the repair and quick-fix of 2 strategic boreholes, providing safe drinking water for and estimated 17,000 people in Jowhar (9,000 people) and Adan Yabal (8,000 people). SWS MoEWR - 2, (Horseed and hawlwadaag in Baidoa the Ministry is constructing pipeline extension and 10 water kiosks in these two villages of Baidoa town Horseed and Halwadag, 5 in each site, in Howl-wadag the target is 32,560 beneficiaries, while horsed is 18351 BTSC – 2

Output 5	9,000 people reached with improved sanitation in drought affected IDP settlements

Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**

Indicator 5.1	WS.13 Number of communal sanitation facilities and/or communal bathing facilities constructed or rehabilitated	300	300	UNICEF eTools, WASH cluster 4Ws
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 5.1	Construction of 300 gender-segregated emergency latrines with functional handwashing facilities	BTSC - 20 WARDI – 230 SOPHPA- 50

Output 6	60,000 people reached with emergency hygiene kit distribution and hygiene promotion in drought-affected areas.
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Water, Sanitation and Hygiene

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 6.1	WS.16a Number of people receiving critical WASH hygiene kits	60,000	61,984	WASH Cluster RSH Tracker
Indicator 6.2	WS.16b Number of WASH hygiene kits distributed	10,000	10.330	WASH Cluster RSH Tracker
Indicator 6.3	WS.17 Number of people receiving WASH/hygiene messaging.	60,000	61,984	WASH Cluster RSH Tracker
Explanation of output and indicators variance:		No significant deviation		

Activities	**Description**	**Implemented by**
Activity 6.1	Procurement, transportation, delivery and distribution of emergency WASH hygiene kits for 10,000 households (60,000 people) including water treatment tablets to drought-affected populations. Hygiene kit distribution and hygiene promotion (including training and deployment of hygiene promoters) using multiple communication channels and materials. GRRN - $15,000 for 15,000 people in Baydhaba WARDI - $30,000 for 30,000 people in Beletweyne SOPHPA - $15,000 for 15,000 people in Banadir	GRRN – 18,844 SOPHPA – 17,000 (through LRDO, PAH, NASDO and IMC) WARDI - 26, 200(Mercy USA, DRC)
Activity 6.2	Train and deploy 60 hygiene promoters.	60 Sophpa (25, GRRN (25) WARDI (10)
Activity 6.3	Hygiene promotion conducted through house-to-house visits, popular media and targeted trainings.	GRRN, SOPHPA, LRDO, PAH, NASDO, IMC, WARDI, MERCY, USA

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 areas[6] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[7]:

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

b. AAP Feedback and Complaint Mechanisms:

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

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

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

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

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

f. Protection:

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

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

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

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

g. Education:

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	[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 cash voucher system is also a strategically applied methodology in WASH program intervention. In this regard, the WASH program has used in-kind water vouchers with a volume of water allocated for the household for the duration of water trucking during the entire program period.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
0	0	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	• ttps://twitter.com/unicefsomalia/status/1608146764820881408 • https://twitter.com/unicefsomalia/status/1596768952310722561 • https://twitter.com/unicefsomalia/status/1576943484216684545 https://www.facebook.com/UnicefSomalia/posts/pfbid0JNWXVHkDFg3e9hyQrbJzcL71WWHQtggZsH1GGRZmU2AiyDMMFCdpmg4TMFY64Myzl • https://www.facebook.com/UnicefSomalia/posts/pfbid02P61FN321RQbGMc3JLoSpS7g7p2uzPkGypa8PrKGjn66CwF1b2qdw4yW3Pom5ssewl • https://twitter.com/unicefsomalia/status/1562847717214146563 • https://twitter.com/unicefsomalia/status/1559193685270695936 https://twitter.com/unicefsomalia/status/1628314967366672384

Facebook	• https://www.facebook.com/UnicefSomalia/videos/594114882499103/ https://www.facebook.com/UnicefSomalia/videos/830273025014562/
Instagram	• https://www.instagram.com/p/ChsLsDZAmAX/ • https://www.instagram.com/p/CjQeuyUuOnu/ • https://www.instagram.com/p/CmuDty1rOt_/ • https://www.instagram.com/p/CldN9qcM7Qj/ • https://www.instagram.com/reel/Cm6d96MJrtI/ •
Website articles	https://www.unicef.org/somalia/stories/clean-water-relieves-stress-drought-stricken-families-somalia

3.4 Project Report 22-RR-WFP-055

1. Project Information

Agency:	WFP	**Country:**	Somalia
Sector/cluster:	Common Services - Logistics	**CERF project code:**	22-RR-WFP-055
Project title:	Enabling access to drought-affected and hard-to-reach areas in Somalia through UNHAS and Logistics Cluster services.		
Start date:	01/09/2022	**End date:**	28/02/2023
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 25,625,933**
Total funding received for agency's sector response to current emergency:	**US$ 500,000**
Amount received from CERF:	**US$ 1,000,001**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP implemented logistics-related services through the UN Humanitarian Air Service (air passenger and cargo services) and the Logistics Cluster (logistics common services). Between 1 September and 30 November 2022, UNHAS transported **6,335** passengers and **78.26 MT** of urgent/light cargo, providing access to **69** user organizations across **14** regular destinations and **11** ad-hoc locations. UNHAS continued to support OCHA-led interagency assessment and monitoring missions through dedicated flights, transporting **108** passengers to **5** drought-affected and critical areas. Access to these dedicated flights greatly improved the ability of humanitarian partners to monitor their programmes and respond to the growing need on the ground.

Furthermore, during the reporting period, UNHAS conducted two medical evacuations from Mogadishu to Nairobi. In the reporting period, no security evacuations were requested. In addition, UNHAS provided regular transport services in hard-to-reach areas in Somalia, including drought-affected regions of Jubaland (Badera, Buurdubo, Doolow, Garbaharey, Luuq, and Wajid), Southwest State (Mogadishu, Hudur, and Baidoa), GalMudug (Galkayo), Somaliland (Hargeisa), and parts of Puntland (Garowe and Bossaso). In addition, UNHAS provided dedicated flights upon request to support the drought response in Afmadow, Beletwien, BuuloBurti, BuurHakaba, Dinsor, Dobley, El Berde, Jalalaqsi, Kismayo, Mahas, and Quansadere.

The Logistics Cluster mobilized WFP-contracted air assets (both fixed-wing managed by WFP and external contractors with adequate capacity) as well as other means of transport including a helicopter to support the humanitarian community with timely cargo transport to key locations and hard-to-reach areas. Where feasible, the Logistics Cluster facilitated the provision of road transportation for relief

items on behalf of partners. This also took the form of shunting/handling services to support necessary emergency airlifts as well as the movement of cargo to/from key warehouses and hubs. The Logistics Cluster sought CERF funding to support partners responding to vulnerable populations residing in crisis-affected locations and over the duration of the project, the Logistics Cluster facilitated the transportation of **451 MT** of relief items – including WASH supplies and NFI items - via air and road, on behalf of **7** organizations to **11** locations. These locations were identified by partners as being the most critical in terms of delivery of non-food items / urgent humanitarian cargo. These requests for transportation were fulfilled on a free-to-user basis and 100 percent of requests submitted were fulfilled during the project duration.

3. Changes and Amendments

UNHAS experienced a significant increase in passenger numbers due to the scale up of activities for the drought response. By November 30th, UNHAS had transported 6,335 passengers, exceeding the planned 3,000 passenger number. The increased demand for transportation was driven by the need for increased access to critical locations, including drought-affected areas. The significant increase in passengers compensated for lower-than-expected cargo movement.

For the Logistics Cluster, given the dynamic changes of key locations and the time pressure for delivery of life-saving supplies, assessments were carried out daily to enable the Logistics Cluster to be operationally flexible and inclusive in its approach. In order to maximize the cost-effectiveness of common services and enable delivery to hotspots arising from existing shocks, the Logistics Cluster adopted a flexible approach to ensure that the most suitable transport modality was used to reach demand points thus alternating between road and air transport depending on the situation.

In addition to this, for this grant as per CERF guidelines, WFP requested a budget revision specifically to move budget lines across categories to align with WFP's internal financial reporting. This was approved by CERF.

4. Number of People Directly Assisted with CERF Funding*

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

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

5. People Indirectly Targeted by the Project

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

6. CERF Results Framework

Project objective	To support and strengthen the humanitarian and development communities' ability to reach drought-affected populations and deliver critical relief items across Somalia through UNHAS and Logistics Services
Output 1	Humanitarian personnel and cargo safely access drought and hard-to-reach areas by air

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

Sector/cluster	Common Services - Logistics			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	CS.4 Total number of passengers transported	3,000	6,335	UNHAS Performance Management Tool
Indicator 1.2	CS.2 Total weight of cargo transported by air in MT(Depending on the number of passengers the metric tonnes for cargo may increase.)	300	78.26 MT	UNHAS Performance Management Tool
Explanation of output and indicators variance:		UNHAS experienced a significant increase in passenger numbers due to the scale-up of activities for the drought response, resulting in an overachievement of the targeted plan. The significant increase in passenger numbers compensated for the low cargo movement anticipated.		

Activities	**Description**	**Implemented by**
Activity 1.1	Regular passenger and cargo flights	UNHAS
Activity 1.2	OCHA-led interagency assessment and monitoring of flights	UNHAS

Output 2	Respond to security relocations and medical evacuation duly requested

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

Sector/cluster	Common Services - Logistics			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	CS.9 Percentage of service requests that have been completed	100	100%	UNHAS Performance Management Tool
Explanation of output and indicators variance:		N/A		

Activities	**Description**	**Implemented by**
Activity 2.1	Security relocations and medical evacuation flights	UNHAS

Output 3	Provide timely access to common services tailored to other cluster requirements using the most appropriate transport mode and storage capacity available.

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

Sector/cluster	Common Services - Logistics			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	CS.9 Percentage of service requests that have been completed	95	100	Service Market Place
Indicator 3.2	CS.2 Total weight of cargo transported by land, sea or air in MT per project	255	451	Service Market Place
Explanation of output and indicators variance:		The Logistics Cluster managed to respond to 100 percent of the requests made for cargo movements. Based on gained efficiencies arising from maximisation of space utilisation through co-loads and lower transport cost through contractors, the Cluster exceed the target by 151 MT.		

Activities	**Description**	**Implemented by**
Activity 3.1	Provision of air, road and sea transport support to the humanitarian community	The Logistics Cluster
Activity 3.2	Provision of storage in key hubs	N/A
Activity 3.3	Provision of handling services	The Logistics Cluster

Output 4	Support the scaling up of immediate response to mitigate the humanitarian impact of floods through the joint management of logistics efforts and information management.

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

Sector/cluster	Common Services - Logistics			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	Number of organisations supported by the Logistics Cluster	30	30	The Logistics Cluster Website
Indicator 4.2	Number of information management products produced	6	78	The Logistics Cluster Website
Explanation of output and indicators variance:		In response to the ongoing drought and scale up efforts, the Logistics Cluster exceeded the target of information management products by 18 products published on the Logistics Cluster website.		

Activities	**Description**	**Implemented by**
Activity 4.1	Provision of information management support to enable common services to be provided on an efficient and timely manner.	The Logistics Cluster

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 areas[8] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[9]:

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

b. AAP Feedback and Complaint Mechanisms:

The Logistics Cluster and UNHAS's end-user is the humanitarian community and not beneficiaries. To gain feedback on the Logistics Cluster services provided, partners completed a User Feedback Survey in February 2023. In addition, users can submit questions and complaints through the Service Marketplace and the Logistics Cluster service email. The overall feedback was significantly positive.
To gauge the needs of its users, UNHAS implemented a user group meeting during the grant implementation period. The feedback received from the meeting was consolidated into two satisfaction surveys in November 2022 - the Passenger Satisfaction Survey and the Provision of Access Satisfaction Survey. The overall feedback received was positive, with users expressing satisfaction with the services received throughout 2022. As a result, UNHAS achieved a cumulative satisfaction rate of 95%.

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

In principle this should be N/A as the Logistics Cluster and UNHAS's end users are humanitarian partners, however, all contracts with logistics service providers included relevant PSEA clauses.

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

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

e. People with disabilities (PwD):

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

f. Protection:

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

g. Education:

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

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

Planned	Achieved	Total number of people receiving cash assistance:
No	No	N/A

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

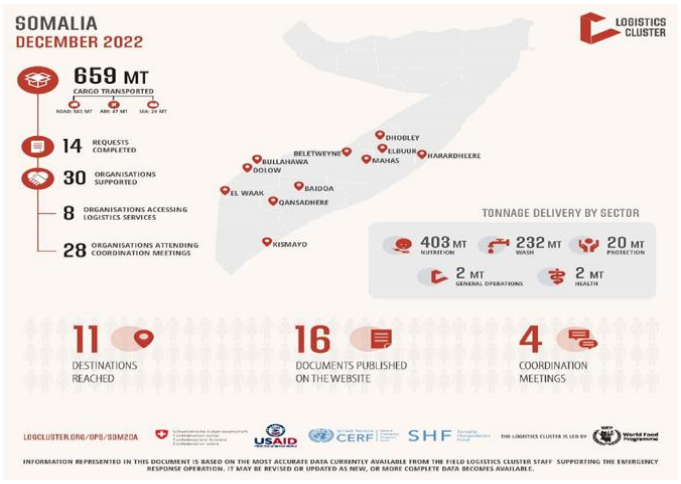
If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
0	0	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Social media	https://twitter.com/WFPSomalia/status/1646020067094671360 https://twitter.com/WFPSomalia/status/1640345091050020865 https://twitter.com/WFPSomalia/status/1601841903242199040
IEC on UNHAS aircraft & Logistics Cluster Infographic	
	

3.5 Project Report 22-RR-WHO-034

1. Project Information

Agency:	WHO	**Country:**	Somalia
Sector/cluster:	Health	**CERF project code:**	22-RR-WHO-034
Project title:	Rapid Response to mitigate the negative impact of drought in Southwest, Galmudug, Hirshabelle, Jubaland states, and Banadir region		
Start date:	14/09/2022	**End date:**	13/03/2023
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency:	**US$ 35,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 4,200,000**
Amount received from CERF:	**US$ 3,000,000**
Total CERF funds sub-granted to implementing partners:	**US$ 0**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 0
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Since September 2022 to March 2023, WHO has used the Central Emergency Response Fund (CERF) as a catalyst to spearhead integrated health response in 31 worst drought-affected districts spread across Southwest, Galmudug, Hirshabelle, Jubaland States, and Banadir region. The project has helped reach directly to 277,888 vulnerable people with emergency healthcare services which include 52,333 in the newly liberated areas.

The project has also enabled WHO to procure and distribute essential medical equipment, medicines, and supplies to support 57 health facilities in targeted areas to deliver essential healthcare including support to 7 Polymerase Chain Reaction (PCR) laboratories with essential laboratory items that include reagents and sample kits for timely detection of epidemic prone diseases and plan a timely response accordingly. Additionally, WHO-supported 2,325 community health workers (CHWs) reached out to 1.6 million people in targeted districts with key health promotion and preventive messages, besides developing an operational bridge between the communities and the public health facilities, initiating home-based treatment of children suffering from acute watery diarrhoea (AWD) and vaccinating zero-dose or missed out children in the underserved areas. Currently, Somalia is experiencing multiple emergencies with rising incidence of diseases. To meet the growing demand from the target districts, WHO has scaled up its emergency drought response operations, yet the demand is outstripping the supplies and services.

3. Changes and Amendments

Though, there were no changes or amendments to the project deliverables, due to rapidly worsening drought situation across Somalia, influx of beneficiaries of the target districts has increased which is three-times more than the originally projected for. This has put extra stress on resources of WHO. At the current scale and scope of the humanitarian crises in the country, WHO is making efforts to mobilise additional resources to keep up with the growing demand of health services.

Due to the impacts of five consecutive seasons of below-average to poor rainfall, a likely sixth season of below-average rainfall from April to June 2023, and high food prices, exacerbated by conflict/insecurity and disease outbreaks is likely to result in deteriorating health and acute malnutrition conditions across Somalia. Despite the coordinated efforts to sustain humanitarian assistance, in the projected period, the confirmed funding levels for humanitarian health assistance remain inadequate to avert deteriorating health and nutrition conditions for the most vulnerable populations. Already, surveillance data is indicating that the number of suspected and confirmed case of cholera are more than those observed in the previous two years in the same period. WHO continues to provide technical and operational support in the management and control of spread of the cholera and measles outbreaks in the target districts, but influx of refugees continues to pose operational and logistical challenges.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	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	42,135	44,277	27,138	29,280	**142,830**	47,883	50,317	30,837	33,274	**162,311**
Host communities	30,002	31,527	19,323	20,849	**101,701**	34,094	35,828	21,959	23,693	**115,574**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**72,137**	**75,804**	**46,461**	**50,129**	**244,531**	**81,977**	**86,145**	**52,796**	**56,967**	**277,885**
People with disabilities (PwD) out of the total										
	5,771	6,064	3,717	4,010	**19,562**	7,571	7,955	4,876	5,260	**25,662**

* 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

Between September 2022 to March 2023, WHO-supported 2,325 community health workers (CHWs) managed to reach out to 1,609,413 people in the 31 target districts with key preventive health messages besides generating increased demand for vaccination and connecting local communities with the nearby health facilities. It is perceived that the indirect beneficiaries reached are three times the actual number of people reached by community health workers, thus an estimated 4.9 million people have benefited from the health interventions indirectly.

6. CERF Results Framework

Project objective	To increase access to primary health care services and integrated outreach services, and contribute to the reduction in morbidity and mortality attributed to disease outbreaks in drought-affected areas
Output 1	Integrated primary health care services provided in health facilities, integrated outreaches (including vaccination campaigns, reproductive health services, and micronutrient supplementation), and community-level provision of essential medical supplies

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.8 Number of primary healthcare consultations provided	244,531	262, 324	WHO drought dashboard.
Indicator 1.2	Number of people receiving treatment for commonest causes of morbidity and mortality including cholera	122,265	164,551	WHO drought dashboard.
Indicator 1.3	H.4 Number of people vaccinated (children below 5 years vaccinated against measles and other childhood vaccines in targeted districts through integrated outreach services)	26,409	42,285	WHO drought dashboard.
Indicator 1.4	H.1a Number of emergency health kits delivered to healthcare facilities (total number includes cholera kits, and paediatric kits for management of cases of severe acute malnutrition with complications)	30	57	WHO Activity report
Explanation of output and indicators variance:		All the indicators were achieved as per planning targets and in some instances slightly surpassed the targets. Due to additional influx of population into the target districts thereby increasing caseloads		

Activities	**Description**	**Implemented by**
Activity 1.1	Scale up and maintain the provision of essential primary health care and treatment to drought-affected communities in primary and secondary health facilities in collaboration with MOH, UNICEF, IOM, and WFP	WHO supported the Ministry of Health (MoH) to ensure that quality primary health care services are provided at 281 health facilities and additionally at the outreach posts.
Activity 1.2	Deployment of health workers in health facilities and community health workers in communities to provide	WHO-supported 1,110 community health workers were deployed in the target districts which helped not only to

	home-based care for water-borne diseases (including acute diarrhea) and referral of severe cases to health facilities	raise awareness but support community-based surveillance.
Activity 1.3	Deploy additional health workers to conduct outreach sessions to provide integrated primary health care services (including vaccinations) to displaced communities in collaboration with MOH, UNICEF and IOM	WHO in collaboration with the MOH deployed additional healthcare workers in the target districts to manage the excessive workload.
Activity 1.4	Support health facilities with medical supplies (including cholera kits, emergency interagency kits, laboratory kits) to provide primary health care and emergency medical services to target populations	WHO in collaboration with the MoH and other health-cluster partners assessed, procured, and distributed medical supplies including cholera kits, emergency interagency kits, laboratory kits across 31 target districts. WHO procured and distributed 57 kits.

Output 2	Timely detection and response to alerts of epidemic-prone diseases and other public health risks within 48 hours of notification is strengthened through enhanced coordination of integrated disease surveillance and response activities
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of disease alerts generated through community-based surveillance and EWARN surveillance system and investigated within 48 hours of reporting	2400	2,655	Epi-bulletins, WHO Dashboard
Indicator 2.2	H.6 Proportion of functional health facilities sharing timely reports (through EWARN)	200	281	Drought Dashboard.
Indicator 2.3	Number of state-based Emergency Operational Centres (EOCs) functional with airtime and other IT support to coordinate the implementation of drought-related response activities	3	3	Drought Dashboard
Indicator 2.4	Number of integrated supportive supervision and monitoring visits conducted in targeted districts	12	14	Activity report
Explanation of output and indicators variance:		Slightly higher achievements above the targets were due to disease outbreaks (measles and cholera) that occurred in the drought affected districts. EWARN has been transitioned to IDSRS by the MoH.		

Activities	**Description**	**Implemented by**
Activity 2.1	Deploy district-based rapid response teams to investigate and verify alerts reported within 48 hours from health facilities and communities	WHO in collaboration with the MoH deployed 31 rapid response teams (RRTs) to ensure that all generated alerts, both from the communities and the health facilities, are investigated and verified within 48 hours.
Activity 2.2	Provide operational support (airtime and internet services) to health facilities for timely reporting of alerts	WHO supported all the CHWs and RRTs who are linked to health facilities with the airtime and internet services.

Activity 2.3	Provide operational support for Emergency Operations Centers (Kismayo, Baidoa and Dhusamareb) to coordinate response to drought-related activities	WHO provided operational cost for Emergency Operations Centers (Kismayo, Baidoa and Dhusamareb) to coordinate response to drought-related activities.
Activity 2.4	Conduct joint supportive supervision and monitoring visits to health facilities and communities	WHO/MOH collaborated to provide integrated supportive supervision

Output 3	Nutrition screening, micronutrient supplementation, and nutrition promotion activities strengthened for the timely management of severe cases of malnutrition with medical complications
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	N.3b Percentage of people who were admitted for SAM treatment in stabilization facilities who recovered	70	85	SC Activity report.
Indicator 3.2	N.4 Number of people screened for acute malnutrition (children under 5 years screened and referred to and referred to stabilization facilities)	26,409	33,244	SC Activity report, Outreach teams report.
Indicator 3.3	N.5 Number of children aged below 5 years receiving vitamins and/or micronutrient supplements	26,409	33,527	SC Activity report, Dashboard, Outreach team reports
Indicator 3.4	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies	53,000	66,522	SC Activity report. CHW reports, ODK reports
Explanation of output and indicators variance:		Over-performance recorded in all indicators due to ongoing expanded nutrition interventions and increase in the SAM cases reported.		

Activities	**Description**	**Implemented by**
Activity 3.1	Support stabilization facilities with technical, operational support including essential paediatric kits and micronutrient supplements for the management of complicated cases of Severe Acute Malnutrition	WHO supported the MoH to provide quality healthcare services at designated stabilization centres by providing essential medical supplies including paediatric kits and micronutrient supplements for management of complicated cases of severe acute malnutrition (SAM).
Activity 3.2	Deployment of additional health workers to support the implementation of nutrition activities in drought-affected districts	WHO deployed additional healthcare workers in the target districts to manage the excessive workload.
Activity 3.3	Conduct health promotion activities in drought-affected communities to increase awareness on maternal, infant, and young child feeding in emergencies	WHO in collaboration with MOH deployed community health workers (CHWs) within the target districts to raise awareness about maternal health, infant, and young child feeding (IYCF).

Output 4	Risk communication, community engagement, and health promotion for preventing epidemics are enhanced among drought-affected communities
Was the planned output changed through a reprogramming after the application stage?	Yes ☐ No ☒
Sector/cluster	Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of community health workers deployed for risk communication and awareness-raising activities	1,090	1,110	Drought Dashboard
Indicator 4.2	Number of men, women, boys, and girls reached with key messages for the prevention and control of epidemic diseases	244,531	255,242	Drought Dashboard
Indicator 4.3	Number of risk communication booklets printed and distributed to health facilities	1,090	1,210	Drought Dashboard
Explanation of output and indicators variance:		Outputs were slightly surpassed with maximisation of inputs available to WHO and MoH		

Activities	Description	Implemented by
Activity 4.1	Deploy community health workers on health promotion and diseases prevention messaging	WHO in collaboration with MOH deployed 1,110 CHWs across the target districts to raise awareness, develop an operational referral system, and generate alerts for epidemic prone diseases to help health authorities respond in a timely and qualitative manner.
Activity 4.2	Conduct community engagement sessions, including alongside women's groups, using available channels of communication with risk specific messages	WHO-supported CHWs conducted several rounds of face-to-face consultations with the community elders, faith leaders, women, and youth leaders. House to house awareness creation was also implemented.
Activity 4.3	Update, translate, print and disseminate risk communication materials to different communities in target districts.	WHO in consultation with the MoH printed material for dissemination amongst target 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 areas[10] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)[11]:

Project design and planning

This project was developed by the technical teams of WHO in consultation with 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, and through field assessment mission reports conducted jointly in collaboration

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

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

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. Female community health workers (CHWs) have been deployed to ensure that women and girls have access to gender-sensitive health services and information. WHO has also been coordinating with UNFPA to establish a referral system for gender-based violence and pregnant and lactating women facing complications. WHO has expanded its cooperation with UNFPA as well and has submitted two joint proposals focused on the drought response and resilience building.

Through collaboration between the M&E, project management and implementing teams, WHO has initiated a robust team to consolidate gender-disaggregated data to the extent possible, to understand which populations are reached and the impact of the programme. This not only sheds light on the complex realities of the differing and interdependent roles but also provides vital information for developing more comprehensive, efficient, and relevant response and recovery strategies, in addition to formulating more effective policies. The Gender Focal Point in WHO Somalia is involved with supporting project planning and implementation to better guide effective gender integration into activities. Gender has been integrated into relevant trainings (e.g. PRSEAH – see below) for staff across M&E, resource mobilization and programmes and the Gender Focal Point will continue to work closely with these teams to promote gender mainstreaming.

Health care workers involved in the implementation of this project have been trained on gender-based violence (GBV), provision of emergency medical care and referrals of survivors of GBV to health facilities. Healthcare workers, including CHWs and outreach teams, have also received training on the importance of ensuring the provision of equal access to all persons (including people with a disability and marginalized communities/clans) across all activities. WHO always works to ensure that health is not politicized and is made available equally to all, in addition to promoting health as being a bridge for peace. Through risk communication and community engagement, these and other critical health messages about the need for all persons to be able to equally access healthcare services are always included and mechanisms put in place to ensure that services are provided. During planning activities, the specific needs of women are being considered and gender balance is sought in implementation to all extents possible, which the WHO Gender Focal Point is closely supporting, working closely with the M&E and programme management team. This initiative will continue to be expanded and developed.

Cases of sexual exploitation, abuse and harassment (SEAH) are reported through systems that are confidential and handled by WHO established systems. EMRO region continues to report next cases and action is being taken. Details are available at: https://www.who.int/initiatives/preventing-and-responding-to-sexual-exploitation-abuse-and-harassment/seah-dashboard.

A PRSEAH Technical Officer was recruited in late 2022. A comprehensive capacity building framework and training action plan has been developed based on a stakeholder analyses exercise caried out within Somalia country office. In December and early 2023, training was commenced at the central level. A training of trainers was delivered in late February in Mogadishu, for focal points from the states and Mogadishu. The second phase will focus on training for partners and government. As part of the workplan for 2023, WHO is targeting communities through different outreach activities, common feedback mechanism (CFM); for services and for sensitive reporting.

Next steps:

1. Carry out a community consultation exercise to decide on preferred channels of communication as part of the CFM planning process.
2. Continue to provide support to PSEAH focal points within state hubs, deliver inductions for staff and provide updates and facilitate short discussion in each national monthly health cluster meeting with a focus on certain themes in close partnership with UN PSEA Network or a partner

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), outreach teams, rapid response teams (RRTs) and distribution of the medical supplies. Supportive supervisions and continued mentoring helped CHWs detect

and report alerts of epidemic prone diseases 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. 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. 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 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.

Monitoring and Evaluation

Monitoring was carried out jointly by WHO field teams, state Ministry of Health (MoH) and district health authorities. 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). 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 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 organization of 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 held monthly. Thirdly, WHO Somalia country office's website, social media (e.g., Twitter, Instagram) accounts, emails and 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 minorities have been given priority at service delivery points. Additionally, the specific needs of women, girls and 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 healthcare 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$)	**Sector/cluster**	**Restriction**
0	0	US$ 0	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
WHO media stories	• https://www.emro.who.int/somalia/news/who-helps-somalia-establish-a-functional-medical-supply-chain-as-part-of-resilience-building-for-health-system.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 • 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	• https://www.emro.who.int/images/stories/somalia/Health-Emergency-Programme-February-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Health-Emergency-Programme-January-2023.pdf?ua=1 • 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	• Epidemiological bulletin Week 10-11 of 2023, 6-19 March 2023 • Epidemiological bulletin Week 8-9 of 2023, 20 February-5 March 2023 • Epidemiological bulletin Week 6-7 of 2023, 6-19 February 2023 • Epidemiological bulletin Week 4-5 of 2023, 23 January-5 February 2023 • Epidemiological bulletin Week 2-3 of 2023, 9-22 January 2023 • Epidemiological bulletin Week 1 of 2023, 26 December 2022-8 January 2023 • Epidemiological bulletin Weeks 50-51, 12-25 December 2022 • Epidemiological bulletin Weeks 48-49, 28 November-11 December 2022 • Epidemiological bulletin Weeks 46-47, 17-27 November 2022

	• Epidemiological bulletin Weeks 44-45, 31 October-13 November 2022 • Epidemiological bulletin Weeks 42-43, 17-30 October 2022 • Epidemiological bulletin Weeks 40-41, 3-16 October 2022 • Epidemiological bulletin Weeks 38-39, 19 September-2 October 2022 • Epidemiological bulletin Weeks 36-37, 5 September-19 September 2022
Cholera situation reports	• https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-11-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-10-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-9-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-8-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-7-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-6-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-5-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-4-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-3-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-2-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-1-2023.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-52.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-51.pdf?ua=1 • https://www.emro.who.int/images/stories/somalia/Cholera-infographic-week-50.pdf?ua=1 • http://www.emro.who.int/somalia/information-resources/acute-watery-diarrhoeacholera-situation-reports.htm

Activities in Pictures:

A health worker supported by WHO inoculating a child in a nomadic settlement during the integrated immunization campaign in Hobyo district of Galmudug state. Credit: WHOSomalia

WHO-supported Vaccination team at a camp for internally displaced persons (IDP) in Puntland State during the nationwide integrated immunization campaign. Credit: WHOSomalia

Healthcare workers supported by WHO at o makeshift vaccination centre at an internally displaced people in Banadir region. Credit: WHOSomalia

A zero-dose child at Raama Cadey camp for internally displaced people in Baidoa, was vaccinated against measles, polio and pneumonia by a WHO-supported outreach team. Credit WHOSomalia

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-FPA-036	Gender-Based Violence	UNFPA	NNGO	$ 112,400
22-RR-FPA-036	Gender-Based Violence	UNFPA	NNGO	$ 112,400
22-RR-FPA-036	Gender-Based Violence	UNFPA	NNGO	$ 112,400
22-RR-FPA-036	Gender-Based Violence	UNFPA	NNGO	$ 141,400
22-RR-FPA-036	Gender-Based Violence	UNFPA	NNGO	$ 102,400
22-RR-FPA-036	Gender-Based Violence	UNFPA	NNGO	$ 102,400
22-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	NNGO	$ 181,955
22-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	GOV	$ 416,788
22-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	GOV	$ 72,493
22-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	GOV	$ 117,400
22-RR-CEF-060	Water, Sanitation and Hygiene	UNICEF	NNGO	$ 15,462