

**SOMALIA
RAPID RESPONSE
DROUGHT
2023**

23-RR-SOM-58759

George Conway

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

26 March 2024

| Name | Agency |
|-------------------------|--------|
| Evalyn Nyaboke Lwemba | OCHA |
| Patricia Nyimbae Agwaro | OCHA |
| Erupe, Selina (FAOSO) | FAO |
| Madete, Pauline (FAOSO) | FAO |
| Memon, Aneel (FAOSO) | FAO |
| Njuguna, Esther (FAOSO) | FAO |
| Yollande Kenne Maffo | UNHCR |
| Mohamed Ali Abdi | UNHCR |
| Alinoor Aden Mohamed | UNHCR |
| Abdikafi ABDULLAHI | WFP |
| Nicolienne OUDWATER | WFP |
| SSENTAMU, Simon Kaddu | WHO |
| HASSAN, Aweis Olow | WHO |
| LASU, Gladys Kiden | WHO |
| MOGAKA, Dan | WHO |

AAR outcomes key takeaways from the AAR included:

Key results/findings

- CERF Funding assisted in setting the stage for response to El Nino - with additional resources mobilized. The engagement of local partners assisted in reviewing internal processes and identifying bottlenecks
- Credible data sources were critical in identifying potentially vulnerable communities. Cash support is life-saving when communities are facing shocks as it gives them the freedom to go for what is much-needed
- Convergence of life-saving support within most vulnerable districts - combining health, Food Security, and Nutrition resulted in efficient procurement - allowing to reach more moderate malnourished children than planned.

What could be done differently by all stakeholders to deliver assistance at the right time

- Anticipatory Action – multi-sectoral focus
- Improve information sharing and coordination amongst partners
- Improve coordination across clusters to ensure convergence of life-saving assistance

What could be done differently to improve the next allocations (by agencies, OCHA, CERF, others)

- Expand lifesaving assistance up to 9 months. Improve delivery conditions within agencies and ensure effective coordination on who does what and how
- Adequate early warning messages

- Coordination with the government is key.
- Adopt area-based coordination to facilitate improved communication to deliver planned activities.
- Clarifying to what extent collaboration with government - line ministries is considered localization
- Greater consultation across sectors during prioritization and allocation of funding envelope

Lessons learnt/what can be applied in the next allocation

- Coordination with other agencies and adoption of early warning messaging to prepare communities.
- Increase focus and targeting in rural and underserved locations
- Clear vulnerability targeting and prioritization criteria
- Convergence multisector response
- The use of CERF resources for conditional cash assistance activities not only satisfies communities immediate food needs but also empowers them to build valuable assets
- Strengthen community feedback and accountability mechanisms

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 initially at the HCT on April 12, 2023. Local authorities were also informed about this allocation and its complementarity with the SHF Standard Allocation, which focused on drought. However, the final report was not shared with the HCT as it was finalized during the Easter and Ramadan holidays. The HC will decide when to share it pending the HCT agenda.

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 shared with the recipient agencies, who confirmed that the reports were reviewed internally by their respective management before submission. The involvement of IPs and government counterparts during monitoring missions and directly during implementation ensured their awareness of activities. The final version of the report has been shared with the agencies, who were to share the outcomes with their respective partners and government counterparts. Additionally, the agencies also actively participated in the after-action review, and the key takeaways have been highlighted above.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Following the failure of the 2021 *Deyr* rains and 2022 *Gu* rains, Somalia witnessed an alarming increase in acute malnutrition and mortality levels, driven by severe hunger and exacerbated by cholera and malaria outbreaks. Although famine was averted in 2022, the humanitarian situation remained extremely alarming. Between April and June 2023, some 6.5 million people were expected to face high levels of acute food insecurity (IPC Phase 3 or above), including approximately 1.9 million people in Emergency (IPC Phase 4) and 223,000 in Catastrophe (IPC Phase 5). Despite the ongoing delivery of humanitarian food assistance, levels of acute food insecurity across Somalia remained high, with approximately 5 million people experiencing crisis or worse (IPC Phase 3 or higher) outcomes between January and March 2023, including 1.4 million in Emergency (IPC Phase 4) and 96 000 people in Catastrophe (IPC Phase 5).

This CERF allocation had a dual purpose. Firstly, to help mitigate the impact of the expected sixth below average rainy season and prevent famine by scaling up immediate relief efforts to people severely impacted by food insecurity. Secondly, to minimize displacements and reduce associated protection risks by extending emergency assistance to rural and difficult to access drought hot spot locations. The grant disbursed in May 2023 thus strategically targeted four regions - Banadir, Bay, Middle Shabelle and lower Shabelle where the threat of famine remained credible extended time critical services to locations with people in IPC 3 and above to mitigate movement into highly congested settlements in urban areas. Importantly, its complementarity with an SHF allocation of \$25 million enabled the use of each fund's comparative advantages to support priority needs in communities worst affected by the drought. Further, this \$25 million grant spurred an additional \$8.5 million in bilateral contributions to participating agencies leading to more comprehensive coverage of priority needs.

The interventions reached **587,850** individuals, surpassing the initial target of 329,541. Notably, more than half of the beneficiaries reached were women and girls, and **65,251** people living with disabilities – collectively among those most at risk of protection violations. The receipt of this grant at a time when funding was limited contributed to an improved protection environment and ensured the safety and overall wellbeing of the affected communities. The cash transfers were critical in meeting households needs mitigating the adoption of negative coping mechanisms. Moreover, the CERF fund allowed strengthening of coordination between government authorities, United Nations, and Non-governmental organizations.

CERF's Added Value:

Participating agencies in the CERF After Action Review appreciated the added value of the CERF grant in:

- Contributing to joint action and programming fostering coordination across all sectors
- Bridging funding gaps thereby enabling the coverage of needs beyond those in agency budgets and facilitating more comprehensive coverage of affected people
- Cushioning many households that were already in IPC4+ against adopting negative coping strategies for the period duration of support
Supporting time-critical response to identified priority needs due to the rapid disbursement of funds at a time when other donor contributions were slow.

The CERF grant enabled **FAO** to support approximately 66,966 individuals from 11,161 households to meet their most critical needs at the village level. Using mobile money platforms, FAO successfully provided unconditional cash transfers to 59,220 individuals from 9,870 households in the Bay region. The cash transfers were provided for four months (7,912 households, 3,366 female-headed households, and 4,546 male-headed households) and five months (1,958 households, 783 female-headed households, and 1,175 male-headed households), and each household received USD 90 per month in line with the set 80% Minimum Expenditure Basket (MEB). Additionally, FAO provided conditional cash support to 7,788 individuals from 1,298 households in Baydhaba and Buur Hakaba in the Bay Region. This support was provided for three months, amounting to a total disbursement of USD 257,337 during the reporting period.

CERF funding allowed **WFP** to aid drought-affected people in the Bay, Banadir, and Lower Shabelle regions by linking critical humanitarian assistance to broader livelihoods programs on prevention and resilience that addressed the root causes of food insecurity. WFP provided life-saving assistance to the most vulnerable populations in IPC 3 and 4 through unconditional cash assistance, while also building the resilience of households through the restoration of productive assets and training and restoring their food income and livelihood sources. Under its nutrition response, WFP assisted moderately malnourished children under the age of 5 years in areas with extreme nutrition gaps and an increased risk of mortality, preventing their progress to severe acute malnutrition (SAM), which had a higher risk of death.

Through the CERF funding, **WHO** was able to work with the Federal and State Ministries of Health to provide essential, integrated, life-saving primary healthcare services in Banadir, Bay, Lower Shabelle, and Middle Shabelle regions from June to November 2023. Activities included strengthening the stabilization centers for malnutrition treatment, community-based surveillance for timely epidemic detection, and outreach health service delivery to far-reach areas. This included outpatient consultations, nutrition screening, malnutrition support, and immunizations. The primary beneficiaries of these interventions were children under the age of five and pregnant or lactating women, particularly those targeted for nutrition and immunization support.

The CERF grant enabled the **UNICEF** Education Sector to leverage an additional \$2M in funding from Education Cannot Wait (ECW), to expand the Education Drought Response Programme as part of the Education humanitarian response. The support included a package of emergency support, including construction or rehabilitation of gender-sensitive WASH facilities, the provision of clean drinking water, learning materials, and support to teachers as well as to Community Education Committees (CEC) who worked with communities to emphasize the importance of Education. Similarly, UNICEF's Nutrition Sector was able to leverage other funds from UNICEF German Natcom as well as the Bureau for Humanitarian Assistance (BHA) to mobilize High Energy Biscuits as well as expand the screening of children for acute malnutrition and nutrition counselling to pregnant women and caregivers of young children in other needed areas. In addition, the CERF funds enabled UNICEF to strengthen nutrition programs in the drought-affected districts in coordination with the Federal and State Ministry of Health, and with support from Implementing Partners Action Against Hunger (Banadir), International Mercy Corps UK in Jowhar, Physicians Across Continent in Afgoye and Umbrella for Relief and Rehabilitation Organization in Qansaxdheere. Between the period of July-December 2023, 281,850 children of 6-59 months (Boys 128,170, Girls 153,680) were screened for Severe Acute Malnutrition, and 238,992 pregnant women and breastfeeding mothers received nutrition/infant and young child feeding counselling.

Through the CERF grant, **UNHCR** and its partners implemented its Integrated Protection Assistance targeting food insecure populations in Bay and Banadir reaching 165,000 individuals. Women, men, girls, and boys of diverse backgrounds in these locations were provided with adequate access to basic services and were actively involved in community-based activities. Cash Based Intervention (for NFIs and multipurpose cash grants) were distributed through mobile phones considering the gravity of the needs and

access to the local market enhanced the overall food security of the most vulnerable through protection. All the above-mentioned activities contributed to improved protection environment, addressed negative coping mechanisms, and ensured safety and overall wellbeing of the affected communities

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

Yes

Partially

No

The cash modality enabled FAO to undertake fast and efficient delivery of unrestricted mobile cash in a safe and dignified manner. UNHCR was able to deliver fast and timely assistance, such as cash grants (multipurpose) and NFI in the form of cash supported 42,000 vulnerable individuals, including persons with disabilities, minority clans, elderly, and female-headed households among others. UNICEF was able to place orders of High Energy Biscuits (HEB) for children using CERF funds. For the Education component, CERF funds allowed UNICEF to continue and expand the provision of education to drought-affected children in the target districts. Additionally, CERF funds enabled WFP to provide a sufficient and timely response in food assistance and nutrition treatment. The flexibility of CERF funds enabled WFP to purchase commodities from its GCMF (Global Commodity Management Facility), which were already prepositioned in the region, allowing for faster delivery. Similarly, WHO was able to quickly utilize stocks of supplies from its warehouse and from the regional Dubai Hub once funds were available, which expedited access to life-saving commodities and the much-needed assistance to address the emergency needs arising from displacement due to drought in the period. Moreover, quick deployment of community outreach teams ensured that zero-dose children received timely vaccines as soon as they encountered the healthcare provision points, either through referrals by the community healthcare workers or through the outreach teams in the respective communities.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The CERF funds enabled FAO to improve households purchasing power through the provision of unconditional cash support ensuring most households were able to navigate through the drought without adopting extreme negative coping strategies such as missing out on all meals, involuntary migration leading to family separation, and selling off assets. The funds enabled UNHCR to reach 42,000 individuals with timely cash for NFIs and multipurpose cash support at their place of displacement to support them in their urgent and pressing needs. Protection assistance, specially specialized protection assistance was provided to the most needed of vulnerable people. The CERF funds allowed the UNICEF nutrition program to immediately place orders for High Energy Biscuits, which were critically needed for children during drought. Other programs including nutrition counselling for caregivers and screening of children for acute malnutrition (using complementary funds) were also achieved in a timely fashion. Additionally, Without the funds from CERF and matching contributions from Education Can't Wait (ECW) this programme would not have reached as many children with protective education services. The CERF grant was essential to time-critical needs and enabled WFP to reach drought-affected people through life-saving assistance and nutrition support, while also building their resilience through livelihood activities. With CERF funding, WHO availed the required medical kits leading to an AWD cure rate of over 91.2 % with a similar situation occurring with cholera response. Timely interventions with teams and supplies made available through the CERF grant were critical to manage cases and increase chances of survival. This contributed to the case fatality rate being maintained below 1%, which was within globally acceptable standards.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

CERF funds enhanced coordination with FAO and other stakeholders holding a unified voice, prioritization of districts which was the epicentre of the drought was jointly done under the guidance of OCHA and the Inter-Cluster Coordination Unit (ICCU), and the most critical needs mapped out across livelihood zones. Through collective effort, targeting ensured no households received multiple assistance or agencies overlapped activities in each geographical location. UNHCR was able to coordinate the responses of its interventions through cluster coordination meetings held at national and sub-national levels to coordinate response in the affected locations. Information regarding the assistance and package provided by UNHCR was disseminated and coordinated with other

stakeholders including government counterparts in the target locations. UNICEF was able to hold a series of coordination meetings with the World Food Program and other implementing partners who were implementing similar programs in CERF districts. This helped in developing the distribution plan avoiding duplication. For education, the CERF funds facilitated the improved coordination of education activities with the Education cluster and the UNICEF Drought Response programme supported through the co-funding from Education Cannot Wait (ECW). The education sector was able to coordinate education activities, increase coverage, and reduce duplication in target districts. Under this CERF funding, WFP closely coordinated with FAO to deliver assistance and created synergies with different programmes, including food and cash assistance, nutrition, and livelihood support. WHO's collaborative engagement was enhanced with partners working under the Somalia Humanitarian Fund, in particular, the multi-sectoral or inter-cluster coordination of Health, WASH and Nutrition in responding to disease burden had impacts of drought and food insecurity. Furthermore, with the Camp Coordination and Camp Management (CCCM) Cluster, there was a CCCM site-level monthly meeting coordinated by AYUUB – a local NGO partner, to ensure that partners were well updated on the immediate gaps and needs in the IDP camps and partners were therefore able to calibrate their response and serve the most at risk and in need.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF funding was instrumental in leveraging resource mobilization. Upon receipt of funds from CERF, FAO donors were compelled to step up funding to support households under the Drought Response Plan in 2023 hence CERF funding allowed FAO to enhance service and aid delivery to the neediest households adversely affected by drought in Somalia through the cash grants. UNHCR displacement reports and alerts which were produced improved advocacy on humanitarian needs and protection concerns of the displaced population as well as informed displacement trends were used to solicit funding from other actors. UNICEF Education sector was able to leverage an additional 2M from Education Cannot Wait, to expand the Education Drought Response Programme. For Nutrition, with the approval of CERF funds, an additional 1M funds were mobilized from Germany Committee UNICEF for 22,653 cartons of HEB and the Bureau for Humanitarian Assistance (BHA) for 6,200 cartons. CERF funding to WFP triggered an indication of the scale and resources required to provide relief support to people affected by the drought in the targeted locations. However, for recovery and longer-term assistance, funding requirements and needs were persisting. WHO was able to source resources from BHA/USAID, the Government of Japan, ECHO, WHO Contingency Fund for Emergency, totalling USD 5.5 million, dedicating collectively to the health interventions during protracted drought, despite significant gaps remaining. WHO also acknowledges the follow-up funding support from CERF received last year for anticipatory actions in responding to El Nino and its impact, which supported WHO and MOH respond to the dire needs following the heavy rains of October to December with the upsurges in cases of Cholera

Considerations of the ERC's Underfunded Priority Areas¹:

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

The CERF grant in its planning and implementation considered the under-funded priorities. (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.

Given that during drought, women and girls' vulnerability increases, considerable focus was given to them through targeted activities that addressed their priority needs and reduced their vulnerabilities. Projects addressed some underfunded areas through the implementation of activities that focused on children, women, girls, and indirectly persons with disability.

FAO ensured targeting criteria put a cap on the maximum number of each gender to be considered for assistance. At least 40 per cent of the beneficiary caseload was dedicated to female-headed households enforced through the letters of agreement signed with partners. UNHCR's protection project mainstreaming across other sectoral interventions enabled an inclusive, safe, and non-discriminatory response. The cash grants (multipurpose) and NFI in the form of cash supported 42,000 vulnerable individuals, including persons with disabilities, minority clans, elderly, and female-headed households among others UNICEF through CERF funding (in combination with support from ECW) provided support for 30,000 children to access education. Besides protecting children, education was an essential service in building sustainable, resilient communities and contributing to a stable society. The support from the CERF was therefore supporting education, as well as reducing exposure to gender-based violence for girls. WFP targeted the most vulnerable people and mainstreamed gender considerations to meet the unique needs of women, men, boys, and girls including those from marginalized groups such as people living with disabilities and minorities. With CERF funding support to nutrition, WFP reached 3,960 malnourished children living with a disability. WHO ensured that when selecting and profiling the community health workers (CHWs) together with the MoH, women from the communities were prioritized and empowered in their roles. During the outreach efforts for service delivery, the needs of women, girls, mothers, and children were given priority at service delivery points. 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.

Table 1: Allocation Overview (US\$)

| | |
|---|----------------------|
| Total amount required for the humanitarian response | 1,448,444,588 |
| CERF | 18,000,000 |
| Country-Based Pooled Fund (if applicable) | 25,000,000 |
| Other (bilateral/multilateral) | 8,500,000 |
| Total funding received for the humanitarian response (by source above) | 51,500,000 |

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

| Agency | Project Code | Sector/Cluster | Amount |
|--------------|---------------|---------------------------------|-------------------|
| FAO | 23-RR-FAO-017 | Food Security - Agriculture | 5,000,000 |
| UNHCR | 23-RR-HCR-017 | Protection | 3,000,000 |
| UNICEF | 23-RR-CEF-029 | Nutrition | 1,500,000 |
| UNICEF | 23-RR-CEF-029 | Education | 1,000,000 |
| WFP | 23-RR-WFP-023 | Food Security - Food Assistance | 3,015,000 |
| WFP | 23-RR-WFP-023 | Nutrition | 1,485,000 |
| WHO | 23-RR-WHO-022 | Health | 3,000,000 |
| Total | | | 18,000,000 |

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

| | |
|--|-------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 15,659,745 |
| Funds sub-granted to government partners* | 15,000 |
| Funds sub-granted to international NGO partners* | 843,134 |
| Funds sub-granted to national NGO partners* | 1,482,121 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 0 |
| Total funds transferred to implementing partners (IP)* | 2,340,255 |
| Total | 18,000,000 |

* 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:

Prolonged and extreme conditions are continuing to exacerbate needs. Between April and June 2023, some 6.6 million people were expected to face high levels of acute food insecurity (IPC phase 3 or above), including approximately 1.85 million people in Emergency (IPC phase 4) and 40,400 in Catastrophe (IPC phase 5). Prolonged and extreme conditions are continuing to exacerbate needs and protection risks, including for the most vulnerable. The three-year drought, food prices and insecurity have led to high levels of malnutrition, displacement, disease outbreaks, and devastating effects on education.

At the time of this allocation, the latest Food Security and Nutrition analysis alert released in February 2023, showed concrete indications that famine remained credible through at least June 2023 in agropastoral areas of Buurhakaba district of Bay Region and among the displaced populations in Baidoa and Mogadishu. The levels of acute food insecurity and malnutrition in Somalia remained high through June 2023 with approximately 6.6 million (39 percent of the total population) projected to face IPC Phase 3 or worse outcomes and in need of urgent humanitarian assistance despite the decline in the risk of Famine. This number included nearly 40,400 people in Catastrophe (IPC Phase 5) and 1.85 million people in emergency (IPC Phase 4). The high level of needs was driven by the impacts of an unprecedented consecutive three-year drought and high food prices, exacerbated by concurrent conflict/insecurity and disease outbreaks. Approximately 1.8 million children under five were likely to face acute malnutrition from January to December 2023, including over 477,700 who were projected to be severely malnourished. Through 2023, it was estimated that 478,000 children would require treatment for severe wasting. Malnutrition rates were at unacceptable high levels particularly in Banadir, Baidoa, Afgooye and Jowhar.

Operational Use of the CERF Allocation and Results:

Emergency Relief Coordinator (ERC) Martin Griffiths has allocated \$18 million from the Central Emergency Response Fund to support life-saving assistance. This funding enables UN agencies to address food insecurity by scaling up immediate relief efforts to address critical gaps for people severely impacted by the drought in key IDP settlements, particularly in Banadir which hosts 353,200 people in IPC 4 and Bay 326,330 in IPC 4 and 5). The funding also helps mitigating displacements and reducing associated protection risk through extending life-saving assistance for recovery to drought hot spot locations, particularly in rural areas including newly liberated areas. This funding enables UN agencies and partners 329,540 people, including 73,068 women, 71,565 men, 423,414 children, and including 55,774 people with disabilities.

In response to the deteriorating drought situation, CERF released \$18 million in May 2023 from its Rapid response window for drought response. This funding provided lifesaving assistance to 587,850 people including 237,053 women, 16,748 men, 177,776 girls and 156,273 boys including 65,251 people with disabilities through, food security, nutrition, protection, Health, and education sector support.

FAO successfully provided unconditional cash transfers to 59,220 individuals from 9,870 households in the Bay region, using mobile money platforms. The cash transfers were provided for a period of four (7,912 households-3366 female-headed and 4,546 male-headed households) and five (1,958 households-783 female-headed and 1,175 male-headed households) months with each household receiving USD 90 per month in line with the set 80% MEB. So far, a total of USD 3,729,469 has been distributed, which represents 109% of the overall budget allocated for unconditional cash support. Out of the total number of households 9,870, 4,149 were female headed by females, while 5,721 were male-headed households.

UNHCR provided a protection response targeting 165,000 people [42,772 women 41,532 men, 40,767 girls, and 39,929 boys] in Banadir (Kaxda, Danyelle) and Bay (Baidoa, Burhakaba, Bardale). Sector Specific Cash grants or vouchers for Protective Shelter and Non-Food Items (NFIs) to forcibly displaced persons in project locations reaching a total of 2,000 households selected through vulnerability assessment and profiling of food insecure populations in the project target areas. Additionally, UNHCR provided cash grants (Multipurpose Cash Assistance) to the affected population of 7,000 households in Bay and Banadir regions covering the different locations in the targeted project locations.

UNICEF provided 32,249 drought-displaced children (15,716 girls) with access to 104 learning in schools and temporary learning spaces across 12 drought-affected districts of Somalia. Similarly, 281,850 children of 6-59 months (Boys 128,170, Girls 153,680) were screened for Severe Acute Malnutrition, and 238,992 pregnant women and breastfeeding mothers have received nutrition/infant and young child feeding counselling.

WFP provided food assistance to a total of 25,614 beneficiaries who received conditional and unconditional cash support for a period of six months in Bay region (Burhakaba and Baidoa). In Burhakaba, WFP provided unconditional emergency food assistance to 18,000 beneficiaries affected by the drought. Beneficiaries received cash-based transfers (CBT) through food vouchers, which they redeemed at WFP's contracted retailers to purchase various food commodities. Furthermore, WFP also provided conditional transfers to a total of 7,614 beneficiaries to build livelihoods through food assistance for assets (FFA) and food assistance for training (FFT) activities. In Burhakaba, conditional cash transfers were provided to a total of 2,016 beneficiaries, while in Baidoa WFP assisted 5,598 beneficiaries of which 3,000 received food assistance for training activities and 2,598 participated in food assistance for asset creation activities. Additionally, WFP also utilized this CERF contribution to provide nutrition treatment to 49,500 severely malnourished children under the age of five years, distributing 297 MT of Lipid-based Nutrient Supplements in districts with high malnutrition rates. The districts covered under this grant were Baidoa (26,017), Burhakaba (7,663), Afgoye (9,340), and Kahda (6,480). During the implementation period, WFP reached more beneficiaries than planned due to the reduced price of the nutrition commodity (LNS-LQ) at the time of purchase. This cost reduction enabled WFP to purchase an additional 10 MT of LNS – LQ and reach an additional 1,503 children under five. This increased coverage ensured that more malnourished children received treatment to support their recovery. The ability to leverage cost savings and expand the reach of the nutrition program demonstrates effective resource management and maximized reach. During the reporting period, the MAM recovery rate was 97% due to a comprehensive approach of combining treatment with Specialised Nutritious Food, with social behaviour change communication, community mobilization, and capacity strengthening of nutrition staff at health facilities and implementing partners.

WHO reached 108,067 direct beneficiaries. Through primary healthcare consultations, WHO and its partners conducted 95,836 outpatient consultations. The project screened 17,667 under five years. Out of the screened children, 6,761 children under 5 with severe acute malnutrition were admitted to WHO-supported stabilization centres, of which 6178 were cured (cure rate of 91.2%). During the same period, 12,231 children under the age of one year received full vaccinations against vaccine-preventable diseases. Additionally, 12,332 pregnant, lactating, and women of childbearing age were immunized against Tetanus Diphtheria 2 (TD2). The surge in the number of

People Directly Reached:

Overall estimate

Given the convergence in some geographical locations of the interventions and to avoid duplication, the geographic scope for each project/cluster was mapped to clearly visualise the coverage. There were common locations meaning that people targeted could have benefited from a suite of services. UNICEF Nutrition figures were considered more representative as they had the widest coverage and hence it was likely that beneficiaries targeted by other clusters also benefited from Nutrition services. Added to the nutrition figures were FAO food security numbers due the different target groups in hard-to-reach rural areas being Agro-Pastoral and pastoral communities. Hence arriving at the overall estimate of 587,850 which is more than the planned target. The combined programming created by service availability enabled agencies to assist more people in the drought affected areas.

Sector estimate

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

People Indirectly Reached:

It is estimated that a total of approximately 602,093 people indirectly benefited from this CERF grant.

FAO through its intervention reached indirect beneficiaries with approximately 6,000 individuals from 1,000 pastoral households being able to water their animals from rehabilitated infrastructure. In addition, traders in the local market benefitted from the intervention as there was a multiplier effect from the cash injected into the market by beneficiaries and in some instances regeneration of local businesses (stimulating demand) that had been affected by low demand for basic commodities.

UNHCR estimates that a total of 125,500 individuals indirectly benefited from the different services that were provided to food-insecure households in Bay and Banadir regions during the project implementation.

UNICEF estimates 238,992 indirect nutrition beneficiaries and 30,000 community members who benefited indirectly from mobilization and awareness.

WFP overall, under this CERF contribution, a total of 3000 beneficiaries (500 households) benefitted from relief and nutrition projects. For food security, an estimated 2400 beneficiaries (400 households), including community members, retailers, farmers, financial providers, and local transport providers benefitted from both the established water structures and the economic impacts of the cash-based transfers. Similarly, under the nutrition project, around 100 households, including vendors, local transporters or suppliers indirectly benefitted from the project activities.

WHO estimated that indirect beneficiaries reached by community health workers for health promotion and awareness raising against disease prevention was 195,601 people during CERF implementation.

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

| Sector/Cluster | Planned | | | | | Reached | | | | |
|---------------------------------|---------|--------|--------|--------|---------|---------|--------|---------|---------|---------|
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Education | 5,000 | 5,000 | 0 | 0 | 10,000 | 114 | 231 | 15,716 | 16,533 | 32,594 |
| Food Security - Agriculture | 16,740 | 16,865 | 13,753 | 14,874 | 62,232 | 18,023 | 18,158 | 14,810 | 16,017 | 67,008 |
| Food Security - Food Assistance | 9,670 | 9,670 | 3,396 | 3,396 | 26,132 | 6,094 | 6,042 | 6,616 | 6,862 | 25,614 |
| Health | 17,078 | 18,000 | 28,615 | 28,615 | 92,308 | 20,611 | 21,723 | 31,199 | 34,534 | 108,067 |
| Nutrition | 150,000 | 0 | 86,878 | 81,119 | 317,997 | 238,992 | 0 | 177,935 | 153,415 | 570,342 |
| Protection | 34,230 | 31,680 | 51,480 | 47,520 | 164,910 | 42,772 | 41,532 | 40,767 | 39,929 | 165,000 |

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

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

| Category | Planned | Reached |
|-----------------------------|----------------|----------------|
| Refugees | 0 | 0 |
| Returnees | 0 | 0 |
| Internally displaced people | 131,817 | 235,140 |
| Host communities | 197,724 | 352,710 |
| Other affected people | 0 | 0 |
| Total | 329,541 | 587,850 |

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

| Sex & Age | Table 6: Total Number of People Directly Assisted with CERF Funding* | | Number of people with disabilities (PwD) out of the total | |
|--------------|--|----------------|---|---------------|
| | Planned | Reached | Planned | Reached |
| Women | 73,068 | 237,053 | 18,482 | 21,862 |
| Men | 71,565 | 16,748 | 10,119 | 9,967 |
| Girls | 93,874 | 177,776 | 14,023 | 17,057 |
| Boys | 91,034 | 156,273 | 13,150 | 16,365 |
| Total | 329,541 | 587,850 | 55,774 | 65,251 |

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-017

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | FAO | Country: | Somalia |
| Sector/cluster: | Food Security - Agriculture | CERF project code: | 23-RR-FAO-017 |
| Project title: | Emergency drought response to Pastoral and Agro-Pastoral households in Baydhaba and Burhakaba districts of Bay region | | |
| Start date: | 01/06/2023 | End date: | 30/11/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 247,700,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 15,749,913 |
| | Amount received from CERF: | | US\$ 5,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 73,036 |
| | Government Partners | | US\$ 15,000 |
| | International NGOs | | US\$ [Fill in] |
| | National NGOs | | US\$ 58,036 |
| Red Cross/Crescent Organisation | | US\$ [Fill in] | |

2. Project Results Summary/Overall Performance

Project Objective:

To provide immediate access to basic household needs and contribute to the rehabilitation of productive community assets for restoring food production. FAO managed to reach a total of 67, 008 individuals (Output 1: 59,220 and Output 2: 7788) from 11,168 households.

| Activity | Planned | | Achieved | | Achieved Segregated by Gender | |
|--------------|---------------|---------------|---------------|---------------|-------------------------------|--------------|
| | Individuals | Households | Individuals | Households | Female | Male |
| Output1 | 53,286 | 8,881 | 59,220 | 9,870 | 4,149 | 5,721 |
| Output 2 | 8,946 | 1,491 | 7,788 | 1,298 | 788 | 510 |
| Total | 62,232 | 10,372 | 67,008 | 11,168 | 4,937 | 6,231 |

Output 1: 53,286 individuals will benefit from monthly Unconditional Cash Transfers (UCT) for four to five months.

FAO has successfully provided unconditional cash transfers to 59,220 individuals from 9,870 households in the Bay region, using mobile money platforms. The cash transfers were provided for a period of four (7,912 households-3366 female-headed and 4,546 male-headed households) and five (1,958 households-783 female-headed and 1,175 male-headed households) months with each household receiving USD 90 per month in line with the set 80% MEB. So far, a total of USD3,729,469 has been distributed, which represents 109% of the overall budget allocated for unconditional cash support. Out of the total number of households 9, 870, 4,149 were female headed by females, while 5,721 were male-headed households.

Output 2: 8,946 drought-affected individuals receive immediate income from cash-for-work (CFW) activities to rehabilitate productive assets to resume home food production for consumption and sale of surplus.

FAO has successfully provided conditional cash support to 7,788 individuals from 1,298 households in Baydhaba and Buurhakaba in the Bay Region. This support was given for a duration of three months, amounting to a total disbursement of USD 257,337 during the reporting period. Among the households reached, 788 were headed by females, while 510 were headed by males. Additionally, 37 foremen and 1,261 workers were engaged in the rehabilitation of seven (7) water catchments.

However, 193 households (1 in Baydhaba and 192 in Buurhakaba) were unable to receive cash transfers. This was due to their failure to participate in three rounds of voice verifications, despite extensive efforts from FAO and the government to mobilize them throughout the project's duration.

3. Changes and Amendments

No changes were made, activities were executed according to plan in Bay region as per the original plan

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Food Security - Agriculture | | | | | | | | | |
|--|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Returnees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Internally displaced people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Host communities | 16,740 | 16,865 | 13,753 | 14,874 | 62,232 | 18,023 | 18,158 | 14,810 | 16,017 | 67,008 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Total | 16,740 | 16,865 | 13,753 | 14,874 | 62,232 | 18,023 | 18,158 | 14,810 | 16,017 | 67,008 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 3,423 | 3,422 | 0 | 0 | 6,845 | 3,683 | 3,682 | 0 | 0 | 7,365 |

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

5. People Indirectly Targeted by the Project

Through cash transfers, FAO has successfully delivered immediate assistance to 11,168 households (767,008 individuals) identified as the beneficiaries during the project period and the long-term advantages that the rehabilitation of water catchments brings to the whole community. By restoring these catchments, the community was able to store water for animal consumption, which has a positive impact on the productivity of the animals. This increased productivity leads to greater milk and meat production, benefiting the community. Also, the restoration of water catchments promoted a sense of ownership and responsibility within the community. The community ensured that these long-term benefits were sustained over time by maintaining the infrastructure as well as safeguarding the investment made through support for the community's livelihoods.

Cash transfers provided immediate assistance to households under Output 1 and Output 2 through rehabilitation of water catchments hence generating long-lasting benefits for the community ensuring both short-term relief and long-term sustainability for the community.

6. CERF Results Framework

| | | | | |
|--|---|---------------|-----------------|--|
| Project objective | To provide immediate access to basic household needs and contribute to the rehabilitation of productive community assets for restoring food production. | | | |
| Output 1 | 53,286 individuals will benefit from monthly Unconditional Cash Transfers (UCT) for four to five months. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Food Security - Agriculture | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Cash.2a Number of people receiving sector-specific unconditional cash transfers | 53,286 | 59, 220 | FMM data available Disbursement reports Invoices Call centre results for pre and post verification. |
| Indicator 1.2 | Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD | 3,691,260 | 3, 729,469 | FMM data available Disbursement reports Invoices Call centre results for pre and post verification. Interim and final narrative reports from the implementing partners |
| Indicator 1.3 | FS.3 Average reduced Coping Strategies Index (rCSI) | 8 | 5 | Gu 2023 Crop Yield Assessment. |

| Explanation of output and indicators variance: | | FAO managed to reach more household under output 1 than planned as some resources meant for output 2 were not fully as some. A total of 193 households of the total 1,491 did not take part in cash for work activities. |
|---|--|--|
| Activities | Description | Implemented by |
| Activity 1.1 | Establish Letter of Agreement (LOA) with the Ministry of Agriculture and Irrigation for providing emergency extension services and technical support | FAO collaborated with the Ministry of Agriculture and Irrigation throughout the entire project lifecycle to oversee the rehabilitation of water catchments. Knowledge sharing played a pivotal role in the success of FAO's initiatives, with FAO actively encouraging the government to conduct trainings and community follow-ups in areas where infrastructures have been rehabilitated. This approach ensures the continued functionality and sustainability of the assets for the foreseeable future. |
| Activity 1.2 | Contract with radio stations for awareness programme on community sensitization | FAO engaged a local radio station as a complementary means of creating community awareness on the intervention. The radio awareness messages elaborated on the nature of intervention, rationale, duration of the project and beneficiary package. In addition, the FAO hotline number was publicised to ensure communities are aware of the complaint and feedback mechanism available at their disposal. |
| Activity 1.3 | Verification of 53,286 beneficiaries to be supported with UCT | <p>FAO engaged with the call centre to verify pre-existing households in the database to ensure rapid support. In addition, FAO used the two-way short message service (SMS) to gather feedback on the impact drought had on the household to ensure only eligible households qualified for support. Data from the call center and two-way SMS was triangulated against the sim card ownership; this was a final step to ensure the beneficiaries selected were the legit owners of the phone numbers in the FAO database. In addition, to ensure the support would reach the HH phone numbers were checked to ensure they are active, and beneficiaries can access the mobile wallet upon distribution of support.</p> <p>The screening was done against the below criteria:</p> <ul style="list-style-type: none"> • Residing in either Baydhaba or Buurhakaba District • Were farmers and or pastoralists in the district and had lost their crops and or animals to drought. • Those with no harvest or who had lost animals due to drought, people were considered for immediate cash assistance as the household did not have food reserves. • Were not recipients of any aid in the last three months (this meant that households were not under any intervention and needed urgent aid); e. Had not been targeted for any aid. <p>A total of 9 870 beneficiary households (4 149 female and 5 721 males headed) households were selected upon closure of the verification exercise.</p> |

| | | |
|--------------|---|---|
| Activity 1.4 | Cash disbursement to beneficiaries through mobile money | <p>FAO managed to reach 59 220 individuals from 9 870 households (4 149 female-headed while 5 721 households were male) with unconditional cash support in Bay Region (Baydhaba and Buurhakaba District). FAO exceeded the planned figure with an additional 989 households. This was made possible by cost savings accrued as indicated below.</p> <p>Through mobile money, FAO was able to disburse USD 3 729 469 of the planned USD 3 691 260. The overachievement by approximately 1.1 % was because of 193 households not being able to be reached under output 2.</p> |
| Activity 1.5 | Post distribution and follow up monitoring and provision of technical support | <p>FAO Monitoring, Evaluation, and Learning unit conducted a Post Distribution Monitoring (PDM) assessment. The main objectives of the PDM assessment were to assess the effectiveness of the cash payment process and beneficiaries' satisfaction levels on both cash assistance and rehabilitated community infrastructure. Specifically, it examined beneficiaries' targeting and selection criteria, verified the rehabilitated community and their status, and assessed beneficiaries' satisfaction levels regarding the quality, quantity, and timeliness of the support provided.</p> <ul style="list-style-type: none"> • Almost all (99.4%) had been registered by various NGOs, while 0.4% (two beneficiaries mentioned FAO and 0.2% clarified that they had been registered by the government. None of the beneficiaries (100%) reported they had paid any registration fee or tax after receiving their payment. • Most survey participants (83.3%) perceived the selection process as inclusive. However, 16.7% claimed awareness of individuals meeting FAO selection criteria but being excluded from assistance. The primary reason for exclusion varied, with respondents indicating that limited slots for beneficiaries (69.9%) were the most common factor, followed by unavailability during registration (18.1%). • There was a high sense of belief that the rehabilitation of the various infrastructures would not only improve the community but also enhance their livelihoods as indicated by 95.2% of the respondents. Four out of every five (84.9%) beneficiaries further confirmed that the assistance provided was also appropriate for their needs and those of the various community members. |

| | | | | |
|--|--|---------------|-----------------|-------------------------------|
| Output 2 | 8,946 drought-affected individuals receive immediate income from Cash for Work (CFW) activities to rehabilitate productive assets to resume home food production for consumption and sale of surplus | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Food Security - Agriculture | | | |
| Indicators | Description | Target | Achieved | Source of verification |

| | | | | |
|---------------|---|---------|---------|--|
| Indicator 2.1 | Cash.3a Number of people receiving conditional cash transfers-cash for work | 8,946 | 7,788 | Call center Implementing partner report Third party and field monitor report. |
| Indicator 2.2 | Cash.3b Total value of conditional cash transfers distributed in USD | 295,546 | 257,337 | Call center Implementing partner report Third party and field monitor report |
| Indicator 2.3 | Number of productive assets rehabilitated | 5 | 7 | Interim reports, GPs enabled photos. |

Explanation of output and indicators variance: FAO reached 7788 individuals from 1298 households (788 female and 510 male headed) under this output. FAO was unable to reach 1,158 individuals from 193 households to engage in Cash for work activities. This was due to displacement of families in the community where FAO worked limiting the verification of households. Verification of households is a mandatory requirement, based on the inability of FAO to verify the households, funds for the 1,158 individuals from 193 households was pooled together to more households reached with unconditional cash under output 1.

| Activities | Description | Implemented by |
|--------------|--|--|
| Activity 2.1 | Consultation with communities in Baydhaba and Buurhabaka districts for identification and planning of suitable work sites and prioritize the productive assets | <p>FAO engaged two implementing partners in Baydhaba and Buurhakaba District to support in activity implementation. The implementing partners were.</p> <ul style="list-style-type: none"> • Sustainable Development Solutions (SDS) • STS International Solidarity <p>Through collaborative efforts between the ministry the implementing partner and communities Visits and participatory meetings were then held with the communities in the selected villages for the purposes of identifying the infrastructures to be implemented in each village. The village communities proposed the different types of infrastructures and activities that are most beneficial to the communities in their village. Through discussion with FAO and Ministry staff, the communities selected the activities that were considered for implementation.</p> |
| Activity 2.2 | Procurement of Rehabilitation tools and materials | <p>The rehabilitation and maintenance of infrastructures through CFW require the use of simple technology and basic ordinary hand tools, including shovels, digging holes, pickaxes, and wheelbarrows. The budget for procuring these tools was incorporated into each partner's Letter of Agreement (LOA) with FAO. Upon the signature of the LOA, each partner assumed the responsibility of procuring and delivering the required set of rehabilitation tools to all target villages before the commencement of implementation. This proactive measure ensured that the tools were readily available for use at the project's outset.</p> |

| | | |
|--------------|---|--|
| Activity 2.3 | Development of weekly rehabilitation work plans | The development of weekly rehabilitation work plans involved a comprehensive approach. FAO CFW engineers conducted technical reviews before, during, and after the rehabilitation process. For each bi-weekly period, a detailed work plan was created to provide guidance to all implementing partners regarding the necessary excavations. Each beneficiary was required to This meticulous planning ensured that the overall excavation target was achieved over the three-month duration of the project. The excavation target was attained after three months of work. |
| Activity 2.4 | Distribution of FAO's CFW interventions | Beneficiaries in each district participated in excavation works under the supervision of FAO's implementing partners. At the conclusion of each bi-weekly period, each partner submitted a detailed report to FAO, accompanied by GPS-enabled photographs for thorough review. FAO carefully examined each report to ensure compliance and the achievement of the required monthly workload. Following confirmation and approval by FAO, beneficiaries received monthly cash transfers as a reward for the successful completion of their assigned tasks. |
| Activity 2.5 | Training for water management committees and nutrition champions | After rehabilitation, both members of the water management committee and beneficiaries underwent training focused on the utilization, maintenance, and management of the restored infrastructures by FAO and NGOs. The formation of 14 water management committees was a strategic measure to ensure the sustainability of rehabilitated infrastructures. This initiative cultivated an understanding of the importance of proper management, operation, and routine maintenance for enhanced water and sanitation facilities. A total of 18 nutrition champions were successfully trained. |
| Activity 2.6 | Follow up monitoring of rehabilitated structures and provision of technical support with MoAI | Throughout the project implementation, FAO, implementing partners, and Ministry staff conducted supervisory missions to the implementation sites. The purpose was to verify that the rehabilitation adhered to the planned specifications and that all proposed dimensions were achieved in accordance with the workplan. This proactive monitoring approach ensured the quality and accuracy of the rehabilitation work on the water catchments. Moreover, it facilitated the provision of necessary technical support from the Ministry post-completion of rehabilitation works across all sites. In addition, it has ensured the swift and efficient resolution of any issues that may arise during follow-up maintenance actions by MoAI. These collaborative efforts ensure the continued success and sustainability of the rehabilitated structures. |
| Activity 2.7 | Communication, advocacy, and visibility activities | Human interest story added below. |

7. Effective Programming

a. Accountability to Affected People (AAP)²:

Bay Region and in particular Baydhaba and Buurhakaba Districts were severely impacted by the drought for the better part of 2023. Due to protracted drought, many households were left destitute due to seasonal crop failure, and economic disruption due to conflict in Ukraine where most wheat comes from as well as other essential commodities and fuel. FAO engaged the community through one-on-one community sessions where feedback was collected on the most critical needs and the best form of assistance. In addition, benefiting communities/households were equipped with the FAO hotline number to share feedback on activity implementation, any challenges being faced and progress. FAO prioritized Accountability to Affected Populations (AAP) by implementing and utilizing strong complaint/feedback mechanisms. This included pre-disbursement SMS notifications, beneficiary verifications, call center actions after each cash disbursement, and transparent reporting through bi-weekly progress reports submitted by partners, complete with GPS-enabled photos. Additionally, scheduled Third-Party Monitoring (TPM) visits were conducted. This comprehensive approach ensured that beneficiaries were well-informed, engaged, and had effective channels for providing feedback, reinforcing FAO's commitment to AAP.

b. AAP Feedback and Complaint Mechanisms:

FAO has a robust system to ensure beneficiaries and or communities share feedback in the safest way possible. The FAO hotline number has been made available through radio advertisements, bulk short text messages (SMS), print media, and in one-on-one community mobilization sessions. Communities (direct and indirect beneficiaries) can call FAO's hotline number to share feedback on activities in their localities with issues ranging from general inquiries, missing and or delayed entitlement, targeting, etc. Under this award, FAO received a total of 35 calls through the hotline number, each entry was input into the Complaints, compliance, and feedback mechanism system (CoCo) platform for follow-up by the Programme team. Of the calls received one individual requested for support and or to be registered to take part in FAO interventions, and 34 calls were made to follow up on delayed entitlement. All beneficiaries received feedback with those whose payment was delayed receiving their entitlement after successful verification.

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

FAO has been deeply committed to preventing sexual exploitation and abuse (PSEA) by consistently incorporating gender-sensitive approaches at every stage of the project cycle and actively engaging with local communities. In collaboration with our partners, we distributed informative flyers on PSEA to raise awareness and educate the community about the importance of preventing sexual exploitation and abuse. To further support this educational effort, FAO also provided a dedicated hotline number that community members can use to express their concerns, give feedback, or report any instances of misconduct.

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

Through these measures, FAO aims to create an environment that prioritizes the safety and well-being of all community members, and to demonstrate our unwavering commitment to preventing sexual exploitation and abuse.

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

To promote the active involvement of women in FAO's activities, the organization has implemented meticulous selection criteria for identifying vulnerable households. Through this process, FAO ensures that the interventions reach the most impoverished and resource-constrained households. Furthermore, to ensure inclusivity, FAO has also introduced categorical targeting alongside vulnerability criteria. As a result of these measures, approximately 40% of the households participating in any FAO activities are led by women. This demonstrates FAO's commitment to gender equality and its efforts to empower women in agricultural and rural development.

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

e. People with disabilities (PwD):

FAO prioritizes inclusivity by ensuring that at least 5% of the beneficiaries are people living with disabilities. Poor resource/ vulnerable households with people living with disability are given priority under categorical and community-based targeting.

f. Protection:

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

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|---|
| Yes, CVA is the sole intervention in the CERF project | Yes, CVA is the sole intervention in the CERF project | 67,008 |

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.

All beneficiaries confirmed receiving six cash payments. The amounts varied based on their participation in either the cash-for-work or unconditional cash transfer programs, as well as the frequency of payments received. The funds received were predominantly used to address immediate household needs, including the purchase of food items, settling debts, and obtaining necessary goods. On average, the payments received by beneficiaries covered 4.1 weeks of food expenses. Despite the consensus among most respondents that the monetary assistance was insufficient, given the average household size ranging from 7 to 8 members, there was a notable improvement in daily meals. In contrast to the past, where households reported consuming only one or two meals a day, most respondents shared that they now managed to have more than two meals daily.

FAO adopted CVA as the best modality to assist households affected by drought in Bay regions Baydhaba and Buurhakaba District. The conditional and unconditional cash support was provided through mobile platforms, which enabled households to receive assistance in a discreet, safe, and dignified manner. Through CVA each household was able to make an independent decision on their most critical needs which were not limited to food, water, and medicine during the project implementation 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 |
|--|--------------------------------|----------------------|---------------------------------|--------------|
| Unconditional cash | 59,220 | US\$ 3,729,469 | Food Security - Food Assistance | Unrestricted |

| | | | | |
|---------------|-----------|----------------------|---------------------------------|-----------------|
| Cash for work | 7,788 | US\$ 257,337 | Food Security - Food Assistance | Unrestricted |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--|--|
| <p><u>In Somalia, CERF funding fights food insecurity. As part of the project's visibility, the comms unit published a joint impact story on the OCHA pulled funds website, highlighting how the project is supporting beneficiaries in Somalia by enabling them to meet their basic needs. The link to the story can be found in the table above.</u></p> | <p>https://pooledfunds.impact.unocha.org/stories/in-somalia-cerf-funding-fights-food-insecurity</p> |

Emergency drought response to Pastoral & Agro-Pastoral households in Baydhaba and Burhakaba districts

OSRO/SOM/018/CHA

Funded by Italian UN CERF

Human Interest Story

Human Interest Story



Shukri Hassan Ali (pictured above) lives with her family in Buulo Holla, Baidoa district, Somalia. The mother of five is among the rural agropastoral communities who benefitted from the recent supportive cash plus emergency activity implemented by FAO and funded by UN CERF under the project, 'Emergency Livelihood Support for drought-affected rural populations in Somalia.'

The 2021-2023 drought in Somalia has had a huge impact on the lives of many rural communities. The devastating drought wiped out many animals, leaving the pastoralists with weak and sick herds who needed extra care. Crops were not spared, either and farmers could not grow anything for five consecutive seasons. This made lives hard for the rural pastoral communities in most parts of Somalia. Shukri's family is one of them.

“The drought had a huge effect on my family and our monthly income was even less than USD 20. But I was registered in the FAO programme and received range cubes for my animals and cash to help us get our basic needs,” said Shukri.

Through the project, Shukri has already received two months' worth of cash payments totalling USD 90 and anticipates three more monthly payments. These pending payments will further boost her income. Shukri is among the most vulnerable households affected by drought in Buulo Holla Village and the support has uplifted her family during a difficult period, enabling her to meet basic needs.

The project's primary components include the distribution of Rangeland Cubes and pastoralist training in Baydhaba District, Bay Region, along with unconditional cash assistance. Rangeland Cubes offer a means to support livestock during dry seasons, providing a critical lifeline for families like Shukri's. Shukri, a mother of five without a stable income, along with her husband, who also benefits from unconditional cash assistance, has utilized this support to purchase food and access essential healthcare for their ailing child. Furthermore, their family owns a small number of livestock—6 goats and 2 cows—and holds a 1.2-hectare farm, which is collectively owned. Unfortunately, they lost more than 5 cows due to the prolonged drought. “Even though we lost some of our animals during the drought, I am grateful we have received this support, and hopefully, the remaining animals will multiply when we receive the rains,” she remarked. “Without FAO's assistance, we wouldn't be able to safeguard these remaining animals,” Shukri added.

[Insert]

[Insert]

3.2 Project Report 23-RR-HCR-017

| 1. Project Information | | | |
|---------------------------------|--|--|--|
| Agency: | UNHCR | Country: | Somalia |
| Sector/cluster: | Protection | CERF project code: | 23-RR-HCR-017 |
| Project title: | Integrated Protection Assistance targeting Food Insecure Populations in Bay and Benadir. | | |
| Start date: | 15/05/2023 | End date: | 14/11/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 13,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 500,000 |
| | Amount received from CERF: | | US\$ 3,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 1,120,865 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 470,865 |
| National NGOs | | US\$ 650,000 | |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

Throughout this project implementation of this integrated project, UNHCR and the implementing partners – SWDC, NRC and HIJRA provided an integrated protection response targeting 165,000 people [42,772 women 41,532 men ,40,767 girls and 39,929 boys] in Benadir (Kaxda, Danyelle) and Bay (Baidoa, Burhakaba, Bardale) through (1) Systematic inclusion of individuals most at risk and marginalized from drought response thereby enhancing the overall food security of the most vulnerable through protection assessments, identification and referrals; (2) New arrival protection monitoring, counselling and identification of protection and specific needs with ensuing emergency protection response as well as integrated response with protective shelter and core relief for stronger protection outcomes; and (3) Enhancing protection mainstreaming across other sectoral interventions to enable an inclusive, safe and the project activity was conducted and aligned with the joint principles for targeting assistance to meet the basic needs of whom we serve. The following activities were achieved in the Bay region (Baydhaba, Buurhakaba, Bardaale) and Banadir regions (Kaxda, Deynille) during the period of the report:-.

- UNHCR staff provided active support to SWDC and NRC partners in the field, ensuring effective management of registration and profiling of affected persons. They were trained and equipped with the necessary skills to carry out these tasks efficiently. 42,000 individuals registered were supported with cash grants (multipurpose) and NFI in the form of cash which was directly implemented by UNHCR.
- UNHCR provided Sector Specific Cash grants or vouchers for Protective Shelter and Non-Food Items (NFIs) to forcibly displaced persons in project locations reaching a total of 2,000 households selected through vulnerability assessment and profiling of food insecure populations in the project target areas.

- UNHCR provided cash grants (Multipurpose Cash Assistance) to affected population of 7,000 households in Bay and Banadir regions covering the different locations in the targeted project locations.
- UNHCR through its partners undertook IDPs and vulnerable host communities profiling and registration prior the provision of assistance to the displaced persons. This ensured accurate and comprehensive data collection, enabling a better understanding of the target population's needs and vulnerabilities.
- Through cluster collaboration & coordination, assessments were conducted. With the affected population receiving their tailored services, this includes individual protection assistance provided to 4,751 individuals, all protection and tri-cluster partners were provided with key messaging on protection risks, existing referral pathways, and response interventions. Throughout this provision of tailored protection assistance, affected persons were provided with mental health and psycho-social services and counselling during verification and registration, the households who were identified for assistance all benefited from the psycho-social services that were done by both SWDC and NRC working with UNHCR. This information sharing fostered a coordinated approach among stakeholders and facilitated effective protection-focused targeting. Vulnerability screening and assessment of persons with protection risks for targeting support to the most vulnerable persons.
- Close to 115,000 individuals accessed psycho-social support on individual and group counselling in protection help desks in all the locations by our partners as well counselling by community mobilizers and social workers in Bay and Banadir regions.
- During this project implementation, UNHCR through its implementing partners trained 185 frontline health workers in both Bay and Banadir to take part in protection mainstreaming and sensitization of other clusters and give feedback to other clusters. At the end of the project UNHCR through its monitoring partner conducted post-distribution monitoring for the beneficiaries who received the NFI in the form of cash and Multipurpose cash assistance and 2 PDMS were successfully conducted.

3. Changes and Amendments

None

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection | | | | | | | | | |
|--|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Returnees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Internally displaced people | 17,160 | 15,840 | 25,740 | 23,760 | 82,500 | 21,386 | 20,766 | 20,384 | 19,964 | 82,500 |
| Host communities | 17,160 | 15,840 | 25,740 | 23,760 | 82,500 | 21,386 | 20,766 | 20,383 | 19,965 | 82,500 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Total | 34,320 | 31,680 | 51,480 | 47,520 | 165,000 | 42,772 | 41,532 | 40,767 | 39,929 | 165,000 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 3,000 | 3,000 | 3,500 | 3,500 | 13,000 | 3,370 | 3,272 | 3,212 | 3,146 | 13,000 |

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

5. People Indirectly Targeted by the Project

UNHCR estimates that a total of 125,500 individuals indirectly benefited from the different services that were provided to food insecure households in Bay and Banadir regions during the project implementation.

6. CERF Results Framework

| | | | | |
|--|---|-----------------------|-----------------|-------------------------------|
| Project objective | Provide integrated protection response and enhance food security of the most vulnerable | | | |
| Output 1 | Sector Specific Cash grants or voucher for Protective Shelter and Non-Food Items (NFIs) provided | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Cash.3a Number of people receiving conditional cash transfers. (Protective shelter and NFI) | 12,000 | 12,000 | Payment lists |
| Indicator 1.2 | Cash.3b Total value of conditional cash transfers distributed in USD (Protective shelter and NFIs) | 200,000 | 200,000 | payment lists |
| Indicator 1.3 | # of Post Distribution Monitoring (PDM) exercises conducted for Protective shelter and NFI Cash assistance | 1 | 1 | partner reports |
| Explanation of output and indicators variance: | | No variance | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Finalisation of the contractual engagement between UNHCR and the Financial Services Provider/ Mobile Money Supplier. | UNHCR and Hormuud | | |
| Activity 1.2 | Distribution of the Sector Specific Cash assistance to the selected 12,000 beneficiaries (representatives of vulnerable households) | UNHCR | | |
| Activity 1.3 | Post-distribution Monitoring | HIJRA | | |
| Output 2 | Cash grants or vouchers (multi-purpose) provided | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | Cash.1a Number of people receiving multi-purpose cash | 30,000 | 30,000 | Payment lists |
| Indicator 2.2 | Cash.1b Total value of multi-purpose cash distributed in USD | 600,000 | 600,000 | Payment lists |

| | | | | |
|---|--|-----------------------|---|----------------|
| Indicator 2.3 | # of PDM conducted for MPC assistance | 1 | 1 | Partner report |
| Explanation of output and indicators variance: | | No variance | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | Integrated protection response delivery at HH-level with protective shelter: Multi-Purpose Cash assistance-MPCA (Cash for food+shelter). | UNHCR | | |
| Activity 2.2 | Post-distribution Monitoring | HIJRA | | |

Output 3 Food Insecure Populations receiving tailored protection assistance

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

| | | | | |
|---|--|---------------|-----------------|-------------------------------|
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | # of people at risk of exclusion identified, assessed, and referred to appropriate clusters for support (mainly FSL Cluster) | 5,000 | 5,000 | Partners reports |
| Indicator 3.2 | # of persons benefiting from Emergency protection assistance provided | 2,500 | 2,500 | Partner Beneficiary lists |
| Indicator 3.3 | H.9 Number of people provided with mental health and/or psycho-social support services | 115,315 | 115,315 | partner reports |
| Indicator 3.4 | Cash. 1a Number of people receiving multi-purpose cash | 2,500 | 2, 500 | Partner beneficiary lists |
| Indicator 3.5 | Cash. 1b Total value of multi-purpose cash distributed in USD | 25,000 | 25,000 | partner beneficiary Lists |
| Explanation of output and indicators variance: | | No variance | | |

| | | |
|-------------------|---|-----------------------|
| Activities | Description | Implemented by |
| Activity 3.1 | Protection referrals to food security providers for inclusion of excluded individuals/HH to mitigate targeting exclusion error. | SWDC & NRC |
| Activity 3.2 | Provision of emergency protection assistance (where feasible and suitable via MPCA) - For 2,500 Vulnerable Households | SWDC & NRC |
| Activity 3.3 | Strengthen and set up protection desks: To provide protection counselling and identification of needs for new arrivals reaching a target of about 115,315 Individuals with the counselling services (in Kaxda, Deyniile etc). | SWDC & NRC |

Output 4 Inter-agency coordination strengthened

| | | | | |
|---|---|------------------------------|--|------------------------|
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Sector/cluster | Protection | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 4.1 | # of frontline aid workers trained | 185 | 185 | Partner reports |
| Explanation of output and indicators variance: | | No variance | | |
| Activities | Description | Implemented by | | |
| Activity 4.1 | Multi-sectoral protection mainstreaming training and sensitization of other Cluster responders. | SWDC & NRC | | |
| Activity 4.2 | Protection monitoring feedback to other Clusters. | SWDC & NRC | | |

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education, and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁴:

UNHCR and its partners ensured that the program implementation process was accountable and transparent. Through the existing feedback and complaint mechanism which include existing hotlines of UNHCR, as well as partner hotlines, UNHCR recorded and actioned on expressions of satisfaction or dissatisfaction about the project by beneficiaries.

UNHCR adheres to monitoring and evaluation standards and believes in the full participation of beneficiaries throughout the implementation of the project. The beneficiaries were involved in targeting, and partners utilised their local knowledge and expertise to identify vulnerable IDP households and/or review selection, beneficiary liaison of both elected and unelected members of the community, beneficiary representative, community communication forums, monitoring of project implementation to ensure transparency, and management and/or monitoring of supply and quality of services.

b. AAP Feedback and Complaint Mechanisms:

AAP feedback and mechanisms were established in all areas of intervention throughout project implementation. UNHCR and partner hotlines were provided during the project kick-off and implementation so that the affected communities could channel complaints to UNHCR and the local partners. Displaced persons were informed that services provided are free of charge and they shouldn't give anything in exchange for the services provided by UNHCR and partners. 30 members within the established community-based structures in Bay regions were taken through awareness of the complaint and feedback mechanism. They also participated in PSEA awareness sessions to ensure they understood the zero tolerance to PSEA as a guiding principle.

³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

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

The CERF response has adhered to the principles of Prevention of Sexual Exploitation and Abuse (PSEA) in the area of project intervention including Burhakaba, Buurdere, Baidoa, Kaxda and Deynille. Partners completed the PSEA assessment as part of the checklist required during project implementation. UNHCR and the partners ensured that the displaced person's confidentiality was safeguarded and protected. Complain and feedback mechanisms were put in place and partners and UNHCR protection staff were trained on PSEA. 30 members within the established community-based structures participated in the awareness training to ensure the population is aware of the UN standards of conduct and the do no harm. Any complaints and issues arising were handled in strict confidentiality and follow-up and tracking system was put in place.

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

The project targeted the most vulnerable persons, including minority groups, vulnerable women, and girls, and ensured that protection was addressed throughout the project's implementation. A protection risk assessment was conducted in both regions to understand the community structures, their vulnerability, the exclusions, and the services available. This baseline informed the project's implementation.

e. People with disabilities (PwD):

People with disabilities and families with people with special needs are one of the key primary targets when it comes to UNHCR vulnerability criteria; in particular, the project ensured that people with disabilities were targeted and assisted. During vulnerability assessment, PwDs were rated highly on the weighting scale of selection. They were also identified at the Protection Information desk for quick referrals and were also included in the number of most vulnerable persons referred to clusters for support.

f. Protection:

To guarantee that a clear picture of the needs on the ground was well understood and the required assistance was given, UNHCR, through its protection partner, implemented protection activities that were prioritized in the CERF proposal. The protection partners carried out the protection risk assessment. The assessment gathered data regarding the various community vulnerabilities, the population risks of the food insecure populations, and the community structures. The assessment captured available services in different sectors for ease of referral. Vulnerability assessments were conducted to ensure that the affected persons and those at risk were supported. The necessary protection services, including psychosocial support, referrals, individual protection assistance, protection trainings, etc., were undertaken throughout the project implementation so that the insecure food communities at risk are supported. Those identified were either assisted through this protection intervention or referred through the existing referral pathways for timely assistance.

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 | 42,000 |

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

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

UNHCR has distributed cash assistance to beneficiaries identified through vulnerability assessment tools in both the Bay and Banadir regions. In Bay region covering (Baidoa, Bardale and Burhakaba) and as well Banadir regions covering (Kahda and Danyele).

| 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 |
| 2.1 | 30,000 | US\$ 600,000 | Protection | Restricted |
| 1.2 | 12,000 | US\$ 200,000 | Protection | Restricted |
| 3.5 | 25,000 | US\$ 250,000 | Multi-Purpose Cash | Unrestricted |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--|--|
| <i>UNHCR IMU Flash Dashbord</i> | <u>UNHCR Somalia PRMN Internal Displacements June 2023.pdf</u> |
| [Insert] | [Insert] |
| [Insert] | [Insert] |

3.3 Project Report 23-RR-CEF-029

| 1. Project Information | | | |
|---------------------------------|--|--|--|
| Agency: | UNICEF | Country: | Somalia |
| Sector/cluster: | Nutrition Education | CERF project code: | 23-RR-CEF-029 |
| Project title: | Scale up of malnutrition preventative services and access to safe and protective education for drought affected children and women | | |
| Start date: | 07/06/2023 | End date: | 06/12/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 2,500,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 0 |
| | Amount received from CERF: | | US\$ 2,500,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 531,088 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 0 |
| | National NGOs | | US\$ 531,088 |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

UNICEF Education programming is responding to the ongoing emergency in the central south of Somalia by providing 32,249 drought-displaced children (15,716 girls) with access to 104 learning in schools and temporary learning spaces across 12 drought-affected districts in the Federal Member States (FMS) of Somalia. The overachievement is due to the programme supporting out-of-school displaced children, combining the support provided by CERF and Education Cannot Wait, which has allowed the expansion of services to reach more children. This component of the Education in Emergencies (EiE) programme is focused on teaching the Accelerated Basic Education (ABE) level one curriculum and bringing learning to children in sites of displacement. The support includes a package of emergency support, including construction or rehabilitation of gender-sensitive WASH facilities, the provision of clean drinking water, and learning materials, and support to teachers as well as to Community Education Committees (CEC) who work with communities to emphasize the importance of Education. To improve the quality of teaching, teachers have been provided with a competency-based teacher training package, aiming to improve classroom performance and capacity to assess learning with due consideration of inclusion and basic child protection measures, and MHPSS. UNICEF partners trained 357 teachers (114 female) during the project period. The overachievement is due to the combination of results from ECW and CERF funds, as such reaching more children in the combined programme.

Similarly, the CERF funds have helped UNICEF to strengthen nutrition programs in the drought affected CERF districts in coordination with Federal and State Ministry of Health, and with support from Implementing Partners Action Against Hunger (Banadir), International Mercy Corps UK in Jowhar, Physicians Across Continent in Afgoye and Umbrella for Relief and Rehabilitation Organization in Qansax

Dheere. Between the period of July-December 2023, 281,850 children of 6-59 months (Boys 128,170, Girls 153,680) were screened for Severe Acute Malnutrition, and 238,992 pregnant women and breastfeeding mothers have received nutrition/infant and young child feeding counselling, which has more than 100% achievement for these indicators. Of the 60,000 cartons of High Energy Biscuits planned to be distributed among 120,000 children under CERF, only 4,606 cartons procured through complementary funding were distributed mainly at Banadir. For remaining 55,394 cartons of High Energy Biscuits procured through CERF, unfortunately the distribution has not started yet; the order was placed immediately after the receipt of funds in mid-2023, of which 19,656 cartons were loaded and dispatched by suppliers awaiting delivery in Somalia and the remaining 35,738 cartons are awaiting loading and dispatch by the supplier. 100% of funding received under CERF SM230366 has been committed for HEB.

3. Changes and Amendments

The UNICEF funds received by CERF are supporting the ongoing Education Drought Response programme a multi-donor programme supported by other donors. The programme was being delivered by a combination of UNICEF, the Ministry of Education and Higher Education (MoECHE), Federal State Ministries of Education government partners, and implementing partners, with the goal of reaching as many internally displaced children as possible with quality education and support entry point for the delivery of other activities such as WASH and child protection. The support for CERF is part of the broader Drought Response Programme supported and co-funded by Education Cannot Wait (ECW), because of this co-funding UNICEF has been able to achieve more than was originally stated in the project plan and reach more children with the provision of education. This is visible in the over-achievement in programme indicators.

Challenges for Nutrition Program: The delay in procurement of High Energy Biscuit (HEB) is mainly due two reasons i) competing needs and priority globally and limited suppliers for the huge demand exacerbated by the unfortunate situation in Ukraine, Gaza and Yemen and the failure of suppliers to fulfil their commitment ii) In the context of Post Distribution Aid Distribution of essential nutrition supplies in Somalia in 2023, raising serious concern for agencies including UNICEF who are providing live-saving nutrition supplies during this period of humanitarian crisis.

Corrective Actions Taken: The HEB pipeline has been on track now. UNICEF is taking important actions against misuse of nutrition supplies, which includes reducing per-children allocation and buffer for RuTF, strengthening monitoring and market scans, improving accountability mechanisms in reporting for loss, restricting nutrition supplies only to the partners having signed partnership, sensitizing communities on against sale of nutrition supplies, Call to partners through nutrition cluster, UReports and bulk sms on diversion of nutrition supplies, supply reconciliation, capacity building of partners etc. RUTF RuTF misuse and leakage survey 2023 completed recently has helped to identify and quantify the sources of RUTF RuTF 'loss', 'leakage', and 'misuse', and to seek the reasons behind these occurring at the different levels of the supply chain. UNICEF is engaging Federal and State Government to halt the sale of life-saving nutrition supplies in markets. Currently, UNICEF is piloting a digitizing the registration and distribution system to minimize PDAD at the level of OTPs and communities. With all these mechanism in place, we hope that we will be able to prevent or minimize the misuse of HEB once the distribution starts.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Education | | | | | | | | | |
|-----------------------------|--------------|--------------|----------|----------|---------------|------------------|------------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Returnees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Internally displaced people | 4,000 | 4,000 | 0 | 0 | 8,000 | 0 | 0 | 9,117 | 9,340 | 18,457 |
| Host communities | 1,000 | 1,000 | 0 | 0 | 2,000 | 114 | 231 | 6,599 | 7,193 | 14,137 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Total | 5,000 | 5,000 | 0 | 0 | 10,000 | [Fill in] | [Fill in] | 15,716 | 16,533 | 32,249 |

People with disabilities (PwD) out of the total

| | | | | | | | | | | |
|--|-----|-----|---|---|-------|-----------|-----------|-----------|-----------|-----------|
| | 500 | 500 | 0 | 0 | 1,000 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
|--|-----|-----|---|---|-------|-----------|-----------|-----------|-----------|-----------|

| Sector/cluster | Nutrition | | | | | | | | | |
|-----------------------------|----------------|----------|---------------|---------------|----------------|----------------|-----------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Returnees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Internally displaced people | 120,000 | 0 | 50,000 | 45,000 | 215,000 | 191,194 | 0 | 122,944 | 102,536 | 416,674 |
| Host communities | 30,000 | 0 | 12,400 | 12,600 | 55,000 | 47,798 | 0 | 30,736 | 25,634 | 104,168 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Total | 150,000 | 0 | 62,400 | 57,600 | 270,000 | 238,992 | 0 | 153680 | 128170 | 520,842 |

People with disabilities (PwD) out of the total

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

| | | | | | | | | | | |
|--|-------|---|-------|-------|--------|--------|---|-------|-------|--------|
| | 8,500 | 0 | 4,116 | 3,320 | 15,936 | 11,950 | 0 | 7,684 | 6,409 | 26,043 |
|--|-------|---|-------|-------|--------|--------|---|-------|-------|--------|

* 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

Education

Community Mobilization and Awareness: The roll out of the programme emphasized the critical role of community mobilization and awareness campaigns in promoting education and enrollment of learners. Partners reported that community mobilization campaigns effectively raise awareness about children's rights and have led to improved school attendance. In addition, regular supervision of schools alongside Community Education Committees (CECs) helps partners sustain the quality of learning and teaching. Through engaging CECs in the overall programme delivered there is a greater sense of ownership and inclusivity within the community as mobilizing communities and fostering a collective sense of responsibility towards education is crucial for increasing enrolment and retention rates. The programme therefore is indirectly increasing awareness of the importance of education to the entire community not just those parents of children who should be encouraged to enrol their children in school.

Nutrition

Although total funding received from CERF has been mobilized for High Energy Biscuits, the complementary activities undertaken through other funds have helped raising nutrition awareness among the other caregivers, household members including fathers. The counselling on breastfeeding, timely initiation and frequency of complementary feeding, dietary diversity and locally available healthy diets is expected to improve the overall dietary quality of the household members. The integrated nutrition sites, Outpatient Therapeutic Centres and Mobile clinics have helped decentralizing and expanding the nutrition services to the most disadvantaged groups and communities.

6. CERF Results Framework

| | | | | |
|--|---|---------------|---|--|
| Project objective | Provision of preventative nutrition services to children under 5, pregnant and breastfeeding women who are internally displaced persons (IDPs), and poor host communities in drought-affected/ high global acute malnutrition (GAM) prevalence districts in south and central Somalia. Expanded access to safe education through reduction of barriers for (re)enrollment to formal and non-formal education of drought and displacement affected children. | | | |
| Output 1 | A total of 120,000 children (62,400 girls, 57,600 boys) under five years of age in drought affected districts receive and consume additional food intake (high energy biscuits (HEB)) for prevention of wasting. | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Nutrition | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of cartons of High Energy Biscuits (HEB) procured | 60,000 | 4,606 procured/distributed. 55,394 Order placed, but not received yet | Somalia Nutrition Reporting Platform (ONA) |
| Indicator 1.2 | Number of children under five (52% girls and 48% boys) reached with High Energy Biscuits (HEB) | 120,000 | 9,212 | Somalia Nutrition Reporting Platform (ONA) |
| Indicator 1.3 | N.4 Number of people screened for acute malnutrition children under five (52% girls and 48% boys) | 120,000 | 281,850 (Boys, 128170, 44.5%, Girls 153680, 54.5%) | Somalia Nutrition Reporting Platform (ONA) |

| | | |
|---|--|--|
| Explanation of output and indicators variance: | | The increase in number of recipients for screening for malnutrition is due to underestimation of targets and for repeated uptake of this services by children. |
| Activities | Description | Implemented by |
| Activity 1.1 | Procure 60,000 cartons of High Energy Biscuits (HEB) using UNICEF Long Term Agreement (LTA) | 4,606 cartons procured/distributed. 55,394 cartons - Order placed by UNICEF supply division to relevant suppliers through their global LTA, but the HEB supplies are still in pipeline and have not been delivered in Somalia as of reporting period received yet |
| Activity 1.2 | Distribution of 60,000 cartons of High Energy Biscuits (HEB) to reach 120,000 children under five in drought-affected districts in South and Central Somalia | 4,606 9,212 cartons reaching 9212 children and were distributed by partners Action Against Hunger in Banadir, the remaining distribution will start once the HEB in pipeline will be received in Somalia. |
| Activity 1.3 | Screening 120,000 children for malnutrition at least once and referral for appropriate treatment (TSFP, OTP and Stabilization Care (SC)) | Total of 281,850 children were screened for malnutrition at least once and referred for appropriate treatment. Among them 128,170 are boys i.e. 44.5% and 153680 girls i.e. 54.5%) – Implementing Partners Action Against Hunger (Banadir), International Mercy Corps UK in Jowhar, Physicians Across Continent in Afgoye and Umbrella for Relief and Rehabilitation Organization in Qansax Dheere. |

Output 2 Caregivers of children, including pregnant and lactating women (PLW), in drought affected districts are counselled on Infant and Young Child Feeding (IYCF).

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

Sector/cluster Education

| Indicators | Description | Target | Achieved | Source of verification |
|-------------------|--|---------------|---|--|
| Indicator 2.1 | N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies | 150,000 | 238,992 caregivers received nutrition awareness sessions/counselling on maternal, infant and young child feeding in emergencies | Somalia Nutrition Reporting Platform (ONA) |

Explanation of output and indicators variance: The increase in number of recipients for receiving nutrition awareness and counselling session on maternal infant and young child feeding is due to underestimation of targets and for repeated uptake of this services (which is not captured by the reporting system)

| Activities | Description | Implemented by |
|-------------------|---|--|
| Activity 2.1 | Conduct IYCF counselling using individual and group sessions for 150,000 pregnant and breastfeeding women | 238,992 caregivers received nutrition awareness sessions/counselling on maternal, infant and young child feeding in emergencies – Implementing Partners Action Against Hunger (Banadir), International Mercy Corps UK in Jowhar, Physicians Across Continent in Afgoye and Umbrella for Relief and Rehabilitation Organization in Qansax Dheere. |

Output 3 Increased access to safe learning spaces which provide a conducive learning environment

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

| | | | | |
|---|--|---------------|-----------------|--|
| Sector/cluster | Education | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Ed.1 Number of children accessing formal or non-formal education | 10,000 | 32,249 | Etools partner monthly reporting and programmatic visits |
| Indicator 3.2 | Ed.2 Number of temporary learning spaces established and/or rehabilitated | 60 | 104 | Etools partner monthly reporting and programmatic visits |
| Indicator 3.3 | Ed.3 Number of people (children) accessing teaching, learning and/or recreational materials | 10,000 | 27,489 | Etools partner monthly reporting and programmatic visits |
| Explanation of output and indicators variance: | The overachievement is due to the programme supporting out-of-school displaced children, combining the support provided by CERF and Education Cannot Wait, which has allowed the expansion of services to reach more children. | | | |

| | | |
|-------------------|---|--|
| Activities | Description | Implemented by |
| Activity 3.1 | Rehabilitation of classrooms and construction of temporary learning space (TLS), including gender sensitive WASH facilities | SHABELLE EDUCATION UMBRELLA, HIRAN REGIONAL EDUCATION COMMITTEE. AYUUB NGO, AFRICA EDUCATIONAL TRUST, BAY REGIONAL EDUCATION COMMITTEE, FORMAL EDUCATION NETWORK FOR PRIVATE SCHOOLS |
| Activity 3.2 | Distribution of teaching and learning materials | SHABELLE EDUCATION UMBRELLA, HIRAN REGIONAL EDUCATION COMMITTEE. AYUUB NGO, AFRICA EDUCATIONAL TRUST, BAY REGIONAL EDUCATION COMMITTEE, FORMAL EDUCATION NETWORK FOR PRIVATE SCHOOLS |
| Activity 3.3 | Provision of safe drinking water to learning spaces | SHABELLE EDUCATION UMBRELLA, HIRAN REGIONAL EDUCATION COMMITTEE. AYUUB NGO, AFRICA EDUCATIONAL TRUST, BAY REGIONAL EDUCATION COMMITTEE, FORMAL EDUCATION NETWORK FOR PRIVATE SCHOOLS |

Output 4 Protective, quality learning is ensured for children affected by drought and displacement, including integrated education -child protection programming

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

| | | | | |
|-----------------------|---|---------------|-----------------|--|
| Sector/cluster | Education | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 4.1 | Ed.4 Number of teachers receiving training on basic pedagogical skills, | 250 | 345 | Etools partner monthly reporting and programmatic visits |

| | | | | |
|---|--|--|--|--|
| | psycho-social skills and/or life-saving skills | | | |
| Explanation of output and indicators variance: | | The overachievement is due to the programme supporting out-of-school displaced children, combining the support provided by CERF and Education Cannot Wait, which has allowed the expansion of services to reach more children. | | |
| Activities | Description | Implemented by | | |
| Activity 4.1 | Teachers complete competency-based teacher training package including inclusion and basic child protection measures | SHABELLE EDUCATION UMBRELLA, HIRAN REGIONAL EDUCATION COMMITTEE. AYUUB NGO, AFRICA EDUCATIONAL TRUST, BAY REGIONAL EDUCATION COMMITTEE, FORMAL EDUCATION NETWORK FOR PRIVATE SCHOOLS | | |
| Activity 4.2 | Targeted enrolment campaigns through community mobilization in new IDP sites will be encourage the enrolment and retention of children | SHABELLE EDUCATION UMBRELLA, HIRAN REGIONAL EDUCATION COMMITTEE. AYUUB NGO, AFRICA EDUCATIONAL TRUST, BAY REGIONAL EDUCATION COMMITTEE, FORMAL EDUCATION NETWORK FOR PRIVATE SCHOOLS | | |

7. Effective Programming

a. Accountability to Affected People (AAP)⁵:

UNICEF prioritizes community involvement in the Humanitarian Program Cycle and strategic planning processes, at a country level and by establishing appropriate management systems to solicit, hear, and act upon the voices and priorities of affected people in a coordinated manner, by engaging communities in the design, implementation, and monitoring phases. This participatory approach utilized various modalities, including social mobilization, focus groups, enrolment, and retention campaigns. Partners organized school-based community engagement campaigns, actively involving diverse stakeholders such as parents, Qu'anic school teachers, Community Education Committees (CECs), community leaders, district education officials, and formal women and youth groups associations. These approaches ensure a comprehensive and inclusive collaboration with the communities, promoting transparency, and fostering a sense of accountability to the affected people.

b. AAP Feedback and Complaint Mechanisms:

UNICEF education and nutrition partners adopt agency mechanisms that feed into and support collective and participatory approaches that inform and listen to communities, address feedback, and lead to corrective action. This includes establishing and supporting the implementation of appropriate mechanisms for reporting and handling of Sexual Exploitation and Abuse (SEA)--related complaints. Furthermore, our partners ensure to plan, design, and manage protection and assistance programmes that are responsive to the diversity and expressed views of affected communities. AAP and PSEA-related results at the agency and collective level, including through standards such as the Core Humanitarian Standard and the Minimum Operating Standards on PSEA; the Best Practice Guide to establish Inter-Agency Community-Based Complaint Mechanisms (CBCM) and its accompanying Standard Operating Procedures.

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

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](#).

UNICEF education partners adopt agency mechanisms that feed into and support collective and participatory approaches that inform and listen to communities, address feedback and lead to corrective action. This includes establishing and supporting the implementation of appropriate mechanisms for reporting and handling of Sexual Exploitation and Abuse (SEA)-related complaints. Furthermore, our partners ensure to plan, design, and manage protection and assistance programmes that are responsive to the diversity and expressed views of affected communities. AAP and PSEA related results at the agency and collective level, including through standards such as the Core Humanitarian Standard and the Minimum Operating Standards on PSEA; the Best Practice Guide to establish Inter-Agency Community-Based Complaint Mechanisms (CBCM) and its accompanying Standard Operating Procedures.

Furthermore, Nutrition program has ensured PSEA clause in their partnership agreement of all implementing partners – including the partners implementing nutrition program in the CERF districts.

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

The intervention strategy adopted approaches to address gender needs and ensure the consideration and mainstreaming of gender in all components to ensure equal access for girls and create gender-responsive learning environments. All education mobilization campaigns sensitize CEC members and religious leaders on gender, and disability and inclusion, enhancing awareness on risks and vulnerabilities to GBV at community and school level and improving mitigation through school child protection plans and disability-focused enrolment campaigns. The provision of gender-responsive MHPSS and survivor-centred support through trained teachers supports girls and boys facing issues, including those related to school-related GBV and discriminatory gender norms. Girls' safety, dignity and privacy is promoted by providing critical services including gender-segregated and lockable latrines, accessible water points and dignity kits. All, enrolment will be tracked and disaggregated by sex, age, disability status, and displacement status, assessing if the program is benefitting those facing multiple levels of exclusion.

e. People with disabilities (PwD):

The project mainstreamed disability inclusion across all components to increase community and parental awareness of disability inclusion, difficulties physical accessibility of schools and teacher capacity on inclusive education and children with special needs. All infrastructure improvements and furniture will consider the needs of children with mobility and/or vision-related disabilities and consideration given to the accessibility of selected sites. The project will use the Washington Group child functioning set of questions to collect data, thus allowing for disaggregation by type and level of disability.

Nutrition program has also ensured mainstreaming disability across all programs – including ensuring their access to screening, referrals and treatment of malnutrition, their caregivers receiving IYCF counselling and raising awareness through community health and nutrition workers.

f. Protection:

If parents can see their children learning in a safe and protective environment and appreciate the value of education, they are more likely to keep their children in school. The programme ensures a protective learning environment and ensure there is access to psychosocial support to children in line with the Education cluster's integrated Education-Child Protection response framework (2019). This ensures integrated learning approaches and promote cross-sectoral programming for gender sensitive and equitable learning environments. Teachers are equipped on recognition and support of student wellbeing and identification of children who may require specialized MHPSS and the prevention of Gender-Based Violence (GBV) in and around schools. Partners as part of this programme has also support teacher and schools on the awareness of child protection pathways, conduct a mapping of Child Protection and GBV referral services, and ensure focal referral focal points in each learning site.

g. Education:

Education was taken into consideration throughout the project activities The children enrolled as part of this programme followed the Accelerated Basic Education (ABE level one curriculum), a government accredited non-formal education programme. Approximately 90 per cent of these out of school children had never been to school, while the remaining 10 per cent had attended school at some stage in the two preceding years but had left and not returned. The ABE programme is recognized by the Ministry of Education, Culture and Higher Education as a formal equivalency to primary education and was initially designed to target over aged out of school children who could not integrate into their age level primary grade equivalent.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

| Title | Weblink |
|----------|----------|
| [Insert] | [Insert] |
| [Insert] | [Insert] |
| [Insert] | [Insert] |

3.4 Project Report 23-RR-WFP-023

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | WFP | Country: | Somalia |
| Sector/cluster: | Food Security - Food Assistance Nutrition | CERF project code: | 23-RR-WFP-023 |
| Project title: | Integrated food security and nutrition response to avert famine and support drought recovery in Somalia | | |
| Start date: | 01/06/2023 | End date: | 30/11/2023 |
| Project revisions: | No-cost extension <input checked="" type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 1,074,430,219 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 227,006,918 |
| | Amount received from CERF: | | US\$ 4,500,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 392,846 |
| | Government Partners | | US\$ 0 |
| | International NGOs | | US\$ 149,849 |
| | National NGOs | | US\$ 242,997 |
| Red Cross/Crescent Organisation | | US\$ 0 | |

2. Project Results Summary/Overall Performance

With this CERF contribution, WFP provided food assistance to a total of 25,614 beneficiaries who received conditional and unconditional cash support for a period of six months in Bay region (Burhakaba and Baidoa). In Burhakaba, WFP provided unconditional emergency food assistance to 18,000 beneficiaries affected by the drought. Beneficiaries received cash-based transfers (CBT) through food vouchers, which they redeemed at WFP's contracted retailers to purchase various food commodities. For relief assistance under this CERF contribution, WFP reached the planned caseload of beneficiaries, and no specific challenges were encountered during the reporting period.

Furthermore, WFP also provided conditional transfers to a total of 7,614 beneficiaries to build livelihoods through food assistance for assets (FFA) and food assistance for training (FFT) activities. In Burhakaba, conditional cash transfers were provided to a total of 2,016 beneficiaries, while in Baidoa WFP assisted 5,598 beneficiaries of which 3,000 received food assistance for training activities and 2,598 participated in food assistance for asset creation activities. In exchange for cash transfers, beneficiaries were involved in the creation of community assets. Seven water banks were created on the outskirts of Baidoa and Burhakaba, mitigating water scarcity and reducing the distance for water retrieval. These water banks were integrated into crop cultivation, with communities identifying suitable sites and receiving agricultural guidance. In Burhakaba, 20,640 square meters of land were readied for crop cultivation while in Baidoa, 14,570 square meters were prepared. Various crops such as cowpea, Sudan grass, sweet pepper, tomato, onion, salad, and spinach were cultivated, leading to improved nutrition, economic stability, and diversified community diets, showcasing the project's tangible contributions to community welfare and agricultural practices. A total of 400 beneficiaries could not be cleared to receive assistance as

they were already enrolled and benefitting from other WFP programme activities. In Baidoa, 3,000 beneficiaries including youth, women, marginalized groups, and internally displaced persons (IDPs), received conditional cash transfers while attending food assistance for training. Training courses aimed at enhancing employability and covered activities such as tie and dye, shoe making, carpentry, tailoring, and mobile repairing. The programme was coordinated together with the Ministry of Labour and Social Affairs (MoLSA) and district authorities and saw 1,860 males and 1,140 females successfully completing the training. FFT addressed the immediate food needs of vulnerable populations while providing employable skills, illustrating the project's synergy by connecting emergency relief with livelihood activities.

WFP also utilized this CERF contribution to provide nutrition treatment to 49,500 severely malnourished children under the age of five years, distributing 297 MT of Lipid-based Nutrient Supplements in districts with high malnutrition rates. The districts covered under this grant are Baidoa (26,017), Burhakaba (7,663), Afgoye (9,340) and Kahda (6,480). During the implementation period, WFP reached more beneficiaries than planned due to the reduced price of the nutrition commodity (LNS-LQ) at time of purchase. This cost reduction enabled WFP to purchase additional 10 MT of LNS – LQ and reach additional 1,503 children under five. This increased coverage ensured that more malnourished children received treatment to support their recovery. The ability to leverage cost savings and expand the reach of the nutrition program demonstrates effective resource management and maximizing reach. During the reporting period, the MAM recovery rate was 97% due to a comprehensive approach of combining treatment with Specialised Nutritious Food, with social behaviour change communication, community mobilization, and capacity strengthening of nutrition staff at health facilities and implementing partners.

3. Changes and Amendments

During the reporting period, CERF granted WFP a three months no-cost extension, until 29 February 2024 under this CERF grant. Due to supply chain challenges for nutrition stock and extended community engagement lead times under livelihood activities, WFP could not implement the planned activities within the indicated grant duration period (30 November 2023). With the revised project end date, for nutrition activities, the full balance has been dispatched to Cooperating Partners and beneficiary target caseload was reached. For livelihoods, a total of 400 beneficiaries could not be cleared to receive relief assistance as they were already enrolled and benefitting from other WFP programme activities.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Nutrition | | | | | | | | | |
|--|-----------|----------|---------------|---------------|---------------|------------------|------------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Returnees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Internally displaced people | 0 | 0 | 7,343 | 7,056 | 14,399 | [Fill in] | [Fill in] | 16,979 | 17,672 | 34,651 |
| Host communities | 0 | 0 | 17,135 | 16,463 | 33,598 | [Fill in] | [Fill in] | 7,277 | 7,574 | 14,851 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Total | 0 | 0 | 24,478 | 23,519 | 47,997 | [Fill in] | [Fill in] | 24,256 | 25,246 | 49,502 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 1,958 | 1,881 | 3,839 | [Fill in] | [Fill in] | 1,940 | 2,020 | 3,960 |

| Sector/cluster | Food Security - Food Assistance | | | | | | | | | |
|--|---------------------------------|--------------|--------------|--------------|---------------|--------------|--------------|--------------|--------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 12 | 12 | 13 | 14 | 52 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 43 | 43 | 47 | 50 | 183 |
| Internally displaced people | 1,045 | 1,045 | 523 | 523 | 3,136 | 1,332 | 1,321 | 1,444 | 1,523 | 5,620 |
| Host communities | 8,625 | 8,625 | 2,875 | 2,875 | 23,000 | 4,707 | 4,666 | 5,112 | 5,275 | 19,760 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Total | 9,670 | 9,670 | 3,398 | 3,398 | 26,136 | 6,094 | 6,042 | 6,616 | 6,862 | 25,614 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |

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

| | | | | | | | | | | |
|--|-----|-----|-----|-----|--------------|-----|-----|-----|-----|-----|
| | 497 | 497 | 157 | 157 | 1,308 | N/A | N/A | N/A | N/A | N/A |
|--|-----|-----|-----|-----|--------------|-----|-----|-----|-----|-----|

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

5. People Indirectly Targeted by the Project

Overall, under this CERF contribution, a total of 3000 beneficiaries (500 households) benefitted from relief and nutrition projects. For food security, an estimated 2400 beneficiaries (400 households), including community members, retailers, farmers, financial providers, and local transport providers benefitted from both the established water structures and the economic impacts of the cash-based transfers. Similarly, under the nutrition project, around 100 households, including vendors, local transporters or suppliers indirectly benefitted from the project activities.

6. CERF Results Framework

Project objective Provide food security and nutrition support to the most vulnerable and drought-affected households to address food consumption gaps and support drought recovery

Output 1 Provision of unconditional food assistance to 18,000 beneficiaries (3,000 households) food insecure people.

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

Sector/cluster Food Security - Food Assistance

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|-----------|-----------|---|
| Indicator 1.1 | FS.5a Percentage of households with an acceptable food consumption score | 58 | 48 | PDM (Nov 2023) <small>*General outcome report across the whole country - no specific PDM was made for this grant</small> |
| Indicator 1.2 | FS.3 Average reduced Coping Strategies Index (rCSI) | 10.4 | 11.4% | PDM (Nov 2023) |
| Indicator 1.3 | Cash.4a Number of people receiving unconditional vouchers | 18,000 | 18,000 | WFP SCOPE |
| Indicator 1.4 | Cash.4b Total value of unconditional vouchers distributed in USD | 1,620,000 | 1,620,000 | WFP SCOPE |

Explanation of output and indicators variance: Under Indicator 1.1, a number of factors have contributed to the low FSC, including: i) increased food prices in Bay region that had a direct impact on the quantity of food that beneficiaries can purchase, and ii) El-Nino floods, which damaged key livelihoods sources.

| Activities | Description | Implemented by |
|--------------|--|--|
| Activity 1.1 | Community consultation/mobilization on selection criteria, targeting approach, duration, and project related information. | World Vision International (Cooperating Partner) |
| Activity 1.2 | Biometric registration and enrolment conducted by capturing beneficiary photos and fingerprints and uploading the information onto SCOPE platform and issuance of E-voucher cards. | World Vision International (Cooperating Partner) |
| Activity 1.3 | Top and redemption of beneficiary transfers which will be facilitated through the SCOPE platform. | World Vision International (Cooperating Partner) |
| Activity 1.4 | Beneficiaries purchase food commodities of their choice from retailers after biometrically authenticating their SCOPE cards. | World Vision International (Cooperating Partner) |

Output 2 Community water structures are established and rehabilitated

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

Sector/cluster Food Security - Food Assistance

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|---------|----------|-------------------------|
| Indicator 2.1 | FS.5a Percentage of households with acceptable food consumption score (FCS) | 58 | 57 | PDM (Nov 2023) |
| Indicator 2.2 | FS.3 Average reduced Coping Strategies Index (rCSI) | 10.4 | 11.4 | PDM (Nov 2023) |
| Indicator 2.3 | Percentage of the population in targeted communities reporting benefits from an enhanced livelihood asset base | 60 | 92.1 | PDM (Nov 2023) |
| Indicator 2.4 | Cash.3a Number of people receiving conditional cash transfers | 8,135 | 7,614 | SCOPE redemption report |
| Indicator 2.5 | Cash.3b Total value of conditional cash transfers distributed in USD | 732,173 | 694,493 | SCOPE redemption report |

Explanation of output and indicators variance:

WFP overachieved percentage of population in targeted communities reporting benefits from an enhanced livelihood asset base due to successful completion of water structures which contributed to creation of beneficiaries' livelihoods assets.

WFP underachieved number of people receiving conditional cash transfers due to multiple registrations of beneficiaries. A total of about 400 beneficiaries could not be cleared to receive assistance as they were already enrolled and benefitting from other WFP programme activities.

| Activities | Description | Implemented by |
|--------------|---|-----------------------------|
| Activity 2.1 | Community consultation through community based participatory approach to draw their action plans and identify key community water structures to be rehabilitated | GREDO (Cooperating Partner) |
| Activity 2.2 | Construction and rehabilitation of community water structures, small scale through food for asset approach | GREDO (Cooperating Partner) |
| Activity 2.3 | Top and redemption of beneficiary transfers which will be facilitated through the SCOPE platform. Beneficiaries will redeem their food vouchers using WFP contracted retailers. | GREDO (Cooperating Partner) |

Output 3 Improved knowledge and skills of communities on water management/harvesting and conflict mitigation and resolution measures.

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

Sector/cluster Food Security - Food Assistance

| Indicators | Description | Target | Achieved | Source of verification |
|---|---|-----------------------------|----------|------------------------|
| Indicator 3.1 | Number of water management committees trained on water management and conflict resolution measures | 4 | 4 | CP reports |
| Explanation of output and indicators variance: | | N/A | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Provision of training to water management committees: water committees will be formed and trained on hygiene, water management, record keeping, conflict resolution/mitigation measures, basic financial management and bye laws. This will improve sustainability of the project | GREDO (Cooperating Partner) | | |

Output 4 Creation of sustainable income-generating activities for displacement-affected people, especially women and youth, is supported through Food Assistance for Training (FFT)

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

Sector/cluster Food Security - Food Assistance

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|--------|----------|------------------------|
| Indicator 4.1 | Number of people receiving vocational skills training. | 3000 | 3000 | SCOPE |
| Indicator 4.2 | FS.5a Percentage of households with acceptable food consumption score (FCS) | 58 | 15.5 | PDM (Nov 2023) |
| Indicator 4.3 | FS.3 Average reduced Coping Strategies Index (rCSI) | 10.4 | 11.4 | PDM (Nov 2023) |

Explanation of output and indicators variance: Percentage of households with acceptable FCS was lower than targeted due to mass displacement of people due to flooding and continued impact of drought.

| Activities | Description | Implemented by |
|--------------|---|-----------------------------|
| Activity 4.1 | Consultation with the local authorities and communities to discuss on the project objective, duration, type of training proposed, selection criteria, coverage and intended impact of the project | GREDO (Cooperating Partner) |
| Activity 4.2 | Selection and registration of beneficiaries using WFP SCOPE system | GREDO (Cooperating Partner) |
| Activity 4.3 | Vocational skills training to 3000 beneficiaries | GREDO (Cooperating Partner) |
| Activity 4.4 | Top and redemption of beneficiary transfers which will be facilitated through the SCOPE platform, beneficiaries will redeem their entitlement via WFP contracted retailers | GREDO (Cooperating Partner) |

Output 5 Nutrition: Provision of nutrition treatment activities to 37,462 children under the age of 5 years

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 5.1 | FN.1b Quantity of food assistance distributed in MT (Lipid-based Nutrient Supplements –large Quantity (specialized nutritious foods) procured and distributed (MT) | 287.992 | 297 m | COMET, MODA and LESS dispatch report |
| Indicator 5.2 | N.2a Number of people admitted in MAM treatment programme (children under 5 years) | 47,997 | 49,500 | COMET, MODA and LESS dispatch report |
| Indicator 5.3 | N.2b Percentage of people who were admitted for MAM treatment who recovered (MAM recovery rate) | 80 | 97 | MODA |

Explanation of output and indicators variance:

During the implementation period, WFP reached more beneficiaries than planned due to the reduced price of the nutrition commodity (LNS-LQ) at time of purchase. This cost reduction enabled WFP to purchase additional 10 MT of LNS – LQ and reach additional 1,503 children under five. This increased coverage ensured that more vulnerable children received the essential nutrients they needed to prevent and treat undernutrition.

MAM recovery rate was 97%, reflecting the effectiveness of a comprehensive approach supporting recovery of individuals affected by MAM, including the provision of specialized nutritious food, targeted behaviour change communication, community mobilization, and capacity building of nutrition staff.

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 5.1 | Amendment of Field Level Agreements with existing cooperating partners | WFP |
| Activity 5.2 | Procurement, transport, storage, and handling of specialized nutritious foods | WFP |
| Activity 5.3 | Delivery of nutrition supplies to the Cooperating Partners | WFP |
| Activity 5.4 | Screening of children under 5 years and registration of malnourished children | Deegroor Medical Organization (DMO), Save the Children International, Burhakaba Town Section Committee (BSTC), Somali Young Doctors Association (SOYDA) and WARDI relief and Development Initiative (Cooperating Partners) |
| Activity 5.5 | Distribution of specialized nutritious food for children under 5 years | Deegroor Medical Organization (DMO), Save the Children International, Burhakaba Town Section Committee (BSTC), Somali Young Doctors Association (SOYDA) and WARDI relief and Development Initiative (Cooperating Partners) |
| Activity 5.6 | Monitoring and reporting on admissions, treatment, and cure rates | Deegroor Medical Organization (DMO), Save the Children International, Burhakaba Town Section Committee (BSTC), Somali Young Doctors Association (SOYDA) and WARDI relief and Development Initiative (Cooperating Partners) |

7. Effective Programming

a. Accountability to Affected People (AAP)⁶:

WFP endeavours to ensure that the people affected by crises are at the centre of every humanitarian intervention. WFP uses data collected by the FSNAU (Food Security and Nutrition Analysis Unit) Integrated Phase Classification (IPC) and geographically targets areas with IPC 3 and above. WFP then holds consultative meetings with local authorities and community leaders in the identification of affected villages. Community engagement begins through structured community meetings within the community to further understand community needs, aspirations, and preferences particularly on information and preferred communication channels and community feedback mechanisms. The community inputs and views are used in designing information systems and community feedback mechanism. WFP further mobilizes and sensitizes communities on key programme information including their rights to free assistance and the WFP Call Centre numbers. Post distribution monitoring happens twice a year and involves those receiving assistance through structured focus group discussions

b. AAP Feedback and Complaint Mechanisms:

WFP operates a Call centre with toll free numbers and recently introduced short codes 3100 and 3200. Community sensitization on the Call Centre Numbers begins after the villages are selected. Key messages on how to raise concerns are developed and the short codes printed on posters in bright colours for easy visibility. Communities are informed that the numbers would also be printed behind the scope cards after scope registration. The communities are assured of confidentiality for sensitive cases. The Call Centre receives calls from across the country and those already receiving assistance are asked to identify themselves through the projects being implemented. Cases are categorised as elevated risk, moderate and low. Cases are escalated based on their categories and closed after the complainants confirm satisfaction.

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

WFP has put in place a robust mechanism for Sexual Exploitation and Abuse allegations management. The allegations are received through anonymous letters, incident reports, emails, the call center, and regular monitoring. The allegations are then channelled through well trained country-level PSEA focal points, and this is escalated to WFP Investigation Office at Headquarters through the Office of Inspections and Investigations (OIGI). Feedback of investigations is communicated directly to the complainant and senior management. WFP provides regular training on gender-based violence and prevention of sexual exploitation and abuse for its staff as well as those of Cooperating Partners. Also, all contracts with service providers include relevant PSEA clauses.

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

WFP employs gender sensitive beneficiary targeting in all its projects and prioritizes women headed households. Community consultations are carried out with men and women separately as a key step in planning activities and to ensure that women's voices are heard in the design and delivery of assistance. WFP ensures that both men and women participate in all project activities and that women are represented in project committees and contribute to decision-making processes. Given the gender inequality present in Somalia and the vulnerability of women and girls, priority will be given to female-headed households during selection.

e. People with disabilities (PwD):

WFP has put in place SOPs that give priority to persons with disabilities (PwD). Cooperating Partners receive regular sensitization on the importance of inclusivity to ensure PwD are not left out during targeting. Other mechanisms employed included ensuring registration and top-ups swerve PwD first to ensure health conditions of men, women and children with disabilities is not compromised.

⁶ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

The use of CBT and SCOPE cards allows people to access their entitlement at locations most convenient to them. WFP also has a robust CFM through which any member of the community can report any issue affecting them. WFP also consults communities and engages them in key processes such as targeting and selection of beneficiaries to minimize exclusion and strengthen accountability. Key messaging on beneficiary's right to entitlements, zero tolerance to GBV and available redress mechanisms accompanies all communications to persons of concern. Staff and partners have been trained on the four principles of protection mainstreaming in activities applied through each program activity, including prioritizing safety and dignity and avoid causing harm; meaningful access; accountability; and participation and empowerment.

g. Education:

N/A

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

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|---|
| Yes, CVA is a component of the CERF project | Yes, CVA is a component of the CERF project | 25,614 |

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 beneficiaries received food vouchers from WFP contracted retailers, allowing them to obtain a variety of nutrition-dense food commodities. This not only improved the functioning of the market but also provided the beneficiaries with the flexibility to choose the food items they preferred.

Parameters of the used CVA modality:

| Specified CVA activity (incl. activity # from results framework above) | Number of people receiving CVA | Value of cash (US\$) | Sector/cluster | Restriction |
|--|--------------------------------|----------------------|---------------------------------|-----------------|
| Food vouchers | 7,614 | US\$ 694,493 | Food Security - Food Assistance | Restricted |
| Food vouchers | 18,000 | US\$ 1,620,000 | Food Security - Food Assistance | Unrestricted |
| [Fill in] | [Fill in] | US\$ [insert amount] | Choose an item. | Choose an item. |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-------|---|
| Tweet | https://twitter.com/WFPSomalia/status/1648930341594202112 |
| Tweet | https://twitter.com/WFPSomalia/status/1528258355247972354 |
| Tweet | https://twitter.com/WFPSomalia/status/1601841903242199040 |

3.5 Project Report 23-RR-WHO-022

| 1. Project Information | | | |
|---------------------------------|--|--|--|
| Agency: | WHO | Country: | Somalia |
| Sector/cluster: | Health | CERF project code: | 23-RR-WHO-022 |
| Project title: | Rapid response to mitigate the negative impact of protracted drought on health in Banadir, Bay, Lower Shabelle and Middle Shabelle regions | | |
| Start date: | 01/06/2023 | End date: | 30/11/2023 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 35,106,825 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 3,795,806 |
| | Amount received from CERF: | | US\$ 3,000,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 222,420 |
| | Government Partners | | US\$ [Fill in] |
| | International NGOs | | US\$ 222,420 |
| | National NGOs | | US\$ [Fill in] |
| Red Cross/Crescent Organisation | | US\$ [Fill in] | |

2. Project Results Summary/Overall Performance

The WHO country office for Somalia efficiently utilised the underfunded emergencies grant from Central Emergency Response Fund (CERF) to enable the Federal and State ministries of health to provide essential lifesaving integrated primary healthcare services including stabilization centers, undertake community-based surveillance (CBS) for timely epidemic detection, and carryout drought response activities in the targeted districts in Banadir, Bay, Lower Shabelle, and Middle Shabelle regions. The project interventions were carried out between June and November 2023.

The WHO country office with its partners (Action Against Hunger (AAH) helped overachieve the initial targets by employing outreach and outdoor consultations in the target districts. During the reporting period, WHO and its partners managed to reach 117.1% of the total direct beneficiaries, providing integrated emergency health services to more beneficiaries than initially planned (reached 108,067 direct beneficiaries as compared to 92,308 initially targeted).

In terms of primary healthcare consultations, the WHO and its partners conducted 95,836 outpatient consultations, reaching 100.01% of the targeted 92,308 consultations. The project screened 17,667 under five years children as compared to the 16,615 targeted thus recording an over-achievement of 106.3%. Out of the screened children, 6,761 children under 5 with severe acute malnutrition were admitted to WHO-supported stabilization centers, of which 6178 were cured (cure rate of 91.2%). During the same period, 12,231 children under the age of one year received full vaccinations against vaccine-preventable diseases, surpassing the target of 8,306 (147.3%).

Additionally, 12,332 pregnant, lactating, and women of childbearing age were immunized against Tetanus Diphtheria 2 (TD2). The surge in number of beneficiaries is recorded partially due to increased influx of internally displaced populations, primarily due to climatic shocks and insecurity and by undertaking the outreach activities to generate demand for health services in the target districts.

3. Changes and Amendments

All the proposed activities under this intervention were successfully carried out across the target districts as per approved work plan. However, to foster sustainability and strengthen local capacities, the WHO country office in consultation with the Federal Ministry of Health engaged a partner which eventually proved beneficial as it helped to maximise the outreach and access to most vulnerable and some of the hard-to-reach areas in the target districts.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Health | | | | | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Returnees | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Internally displaced people | 6,028 | 6,353 | 10,099 | 10,099 | 32,579 | 7,275 | 7,667 | 11,054 | 12,188 | 38,184 |
| Host communities | 11,050 | 11,647 | 18,516 | 18,516 | 59,729 | 13,335 | 14,056 | 20,145 | 22,346 | 69,882 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | [Fill in] | [Fill in] | [Fill in] | [Fill in] | [Fill in] |
| Total | 17,078 | 18,000 | 28,615 | 28,615 | 92,308 | 20,6110 | 21,723 | 31,199 | 34,534 | 108,066 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 2,562 | 2,700 | 4,292 | 4,292 | 13,846 | 2,859 | 3,013 | 4,221 | 4,790 | 14,883 |

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

5. People Indirectly Targeted by the Project

The WHO country office and its partners reached out to 108,067 (117.1% of the targeted) direct beneficiaries in Banadir, Bay, Lower Shabelle and Middle Shabelle regions including health care consultations and childhood vaccinations. This over achievement can be attributed to the mobilization and demand creation by using the services of community health workers and partners and deploying outreach teams in the target districts. Additionally, the inter cluster coordination arrangements with camp coordination and camp management cluster partners in collaboration with local partners implementing projects under Somalia Humanitarian Fund contributed to identification and referral of underserved populations in the target areas. As for indirect beneficiaries reached by community health workers for health promotion and awareness raising against disease prevention was 195,601 people during CERF implementation.

6. CERF Results Framework

| | | | | | |
|--|---|--|-----------------|--|--|
| Project objective | Continue drought interventions to mitigate the negative impacts of the drought in Somalia and provide life-saving health and nutrition interventions in the four regions most affected and in need (Banadir, Bay, Lower and Middle Shabelle). | | | | |
| Output 1 | Where facility-based health services are not available, essential primary health care (PHC) is provided through the deployment of outreach teams to ensure the equity and accessibility of the health and nutrition services. | | | | |
| Was the planned output changed through a reprogramming after the application stage? | | | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| Sector/cluster | Health | | | | |
| Indicators | Description | Target | Achieved | Source of verification | |
| Indicator 1.1 | H.8 Number of primary healthcare consultations provided | 92,308 | 95,836 | WHO's drought dashboard, Partnership Activity reports | |
| Indicator 1.2 | H.4 Number of people vaccinated | 8,306 | 12,231 | WHO's drought dashboard, DHIS2 | |
| Indicator 1.3 | N.4 Number of people screened for acute malnutrition | 16,615 | 17,667 | WHO's drought dashboard. Community Outreach team reports | |
| Indicator 1.4 | N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies | 2,769 | 2,933 | WHO's drought dashboard | |
| Indicator 1.5 | H.10 Number of people referred to higher level and/or specialized health services | 923 | 1,025 | WHO drought dashboard and DHIS2 reports | |
| Explanation of output and indicators variance: | | <p>The over-performance recorded in all indicators was due to ongoing activities relating to a cholera outbreak in drought-affected districts. The compounding effects of internal displacements due to El-Nino heavy rains resulting in flash floods also contributed to increased demand for critical health services.</p> <p>1.1: The difference was due to a higher demand from the communities than estimated, leading to more persons eventually utilizing the outreach team</p> | | | |

services that were set up in collaboration with MOH and AAH. Hence, it shows a higher outpatient consultation than original target.

1.2: An increase of awareness amongst people in the communities on the threats of disease outbreaks on vaccine preventable diseases (VPDs) and disease preventions through vaccination delivered by community health workers, has contributed to an increased demand for the services, especially amongst displaced persons who had zero dose children.

1.3: Factors, including, pre-deployment orientation/training, assess to Mid Upper Arm Circumference (MUAC) tapes, ensured that all outreach teams and community health workers had the tools to screen for malnutrition. With high turnout at outreach sites and home visits, a higher score was achieved.

1.4: The use of majority of female community health workers (CHWs) and emphasis on the maternal and child health during the pre-employment training of CHWs, played an important role in reaching out to households and engaging pregnant and lactating mothers on infant and young child feeding

1.5: Within the period, outbreak of diarrhoea was notified in Southwest, Afgoye and Banadir, Deynile, leading to increased referrals to Cholera treatment centers from the community interventions. Additionally, the integration of mental health services, with increased awareness and reduced stigma also saw referrals for specialized mental health services.

| Activities | Description | Implemented by |
|--------------|--|---|
| Activity 1.1 | Deploy medical outreach teams to the most affected operational zones to provide PHC services including consultation and referral. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 1.2 | Immunize unvaccinated and under-immunized children under five and pregnant women. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 1.3 | Conduct malnutrition screening for children under five and PLWs and refer the severe cases to stabilization centres. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 1.4 | Provide antenatal care services to pregnant mothers, and infant and young child feeding to PLWs, and strengthen the referral to BEmONC/ CEmONC facilities. | WHO, Action Against Hunger and Federal and State Ministries of health |

Output 2 Needed and qualified health and nutrition services are provided in the health facilities through a variety of facilities support that ensures alignment with the Essential Public Health Services (EPHS).

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 | H.1a Number of emergency health kits delivered to healthcare facilities | 6 | 6 | WHO Activity reports, Operation Support and Logistics reports |
| Indicator 2.2 | N.3a Number of people admitted to SAM treatment programme (therapeutic feeding) | 941 | 1,012 | Stabilization Centre (SC) activity reports, WHO's drought dashboard |
| Indicator 2.3 | N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate) | 85 | 91.2 | Stabilization Centre (SC) activity reports |

| | | | | |
|---------------|--|-----|-----|-------------------------|
| Indicator 2.4 | H.7 Number of functional health facilities supported | 6 | 6 | Health facility records |
| Indicator 2.5 | H.9 Number of people provided with mental health and/or psycho-social support services | 100 | 113 | Hospital records |

Explanation of output and indicators variance: The project achieved all planned outputs due to the timely replenishment of 36 modules of IEHK kits, paediatric SAM kits, and other medical supplies. This helped restore community trust and with increased outreach activities and noticeably increased number of referrals from the target areas
2.2: There were multiple reasons. First, within the period, acute malnutrition levels remained high. The on-the-job supervision for CHWs and outreach teams improved the quality of care for health and nutrition services. Second, the support of PED Sam kits to the health centers ensured that quality services were being delivered. Third, the caregivers were more willing to take up referral advise and see their children managed at the stabilization centres, especially with the re-activation of the Denynile stabilization centre within the period.

| Activities | Description | Implemented by |
|--------------|---|---|
| Activity 2.1 | Support health facilities and nutrition stabilization centres with essential medical medicines and supplies including SAM kits, IEHK. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 2.2 | Integrate MPHSS services into primary health care delivered through the health facilities in the targeted areas. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 2.3 | Monitor and oversee the quality of services provided at the health facilities. | WHO, Action Against Hunger and Federal and State Ministries of health |

Output 3 Disease surveillance and early action are strengthened to prepare for outbreaks through community-based surveillance and laboratory support.

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 | H.5 Percentage of public health alerts generated through community-based and/or health-surveillance or alert systems investigated within 24 hours | 90 | 93 | Epidemiology bulletins, IDSRs reports and WHO's Dashboard |
| Indicator 3.2 | H.1a Number of emergency health kits delivered to healthcare facilities | 36 | 36 | WHO Activity reports, Operation Support and Logistics reports |
| Indicator 3.3 | H.7 Number of functional health facilities supported | 6 | 6 | WHO Activity reports |

Explanation of output and indicators variance: The outputs were delivered as planned. Surveillance systems were enhanced with deployment of community health workers and rapid response teams. An increased supportive supervision and monitoring led to timely investigation of public health alerts.

| Activities | Description | Implemented by |
|------------|-------------|----------------|
|------------|-------------|----------------|

| | | |
|--------------|--|---|
| Activity 3.1 | Deploy CHWs in the intervention districts to conduct community-based surveillance. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 3.2 | Replenish rapid diagnostic test kits and other laboratory supplies. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 3.3 | Support the supervision and on-job training of IDSR to health facilities for strengthening early action. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 3.4 | Collect, compile and generate surveillance information products for evidence-based decision making for early action. | WHO, Action Against Hunger and Federal and State Ministries of health |
| Activity 3.5 | Develop, adopt and disseminate content RCCE using various instruments including CHWs. | WHO, Action Against Hunger and Federal and State Ministries of health |

7. Effective Programming

a. Accountability to Affected People (AAP)⁷:

Project design and planning

This project was developed by the technical teams of WHO in consultation with the Federal Ministry of Health (FMOH), state health ministries, and community representatives at the district and community levels. WHO supported the health authorities in identifying the districts that were most affected by drought, helped develop activities, and set performance indicators using the historical disease surveillance records, and field assessment mission reports produced jointly in collaboration with health cluster partners and sister agencies of United Nations (UN). WHO and MoH used the data from the camp coordination and camp management cluster and UN-OCHA to select the districts that were most affected by drought. WHO also used IOM tracking reports to monitor the movement of the population in and out of drought-affected areas, while weekly and monthly reports from UN-OCHA were used to estimate the population groups that were most affected by drought. Federal MoH and state-level health authorities, as well as representatives of the communities affected by drought, were engaged by WHO to collect contextual information regarding the community needs and activities to be implemented. Throughout the design and planning of this CERF-funded project, WHO Somalia consulted with local and national authorities to ensure that all aspects of the intervention accounted for local needs and priorities and empowered local authorities and frontline responders. This comprehensive designing and implementation approach helped the project team to plan and implement community-specific interventions which resulted in benefiting more than expected population in the select districts.

Implementation of the Project

WHO field staff in collaboration with the state-based public health emergency officers, surveillance officers, district polio officers, health cluster partners, and technical officers from the 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, supportive supervision and job training, selection, and deployment of community health workers (CHWs), deployment of rapid response teams (RRTs), and distribution of the medical supplies. Supportive supervision 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 (RRTs) in a timely and efficient manner as per the standard operating procedures

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](#).

Monitoring and Evaluation

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

b. AAP Feedback and Complaint Mechanisms:

WHO adopted a comprehensive feedback and complaint mechanism approach to ensure quality service delivery as well as accountability to the beneficiaries. Throughout the project's implementation, WHO facilitated the health cluster meetings at the field level to collect any feedback or complaints from the health cluster partners. Additionally, the 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 bondages with the communities but also helped improve the trust relations between the partners and the communities. These health cluster meetings were coordinated by WHO on a monthly basis. Thirdly, the WHO Somalia country office website, social media (e.g., Twitter, Instagram), emails, and telephone numbers provide all the beneficiaries an opportunity to report any feedback or complaints anonymously and 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 that 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 the 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 the local language. Awareness was created for 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 training related to the prevention of sexual exploitation and abuse and are aware of what to do should such an incident arise.

Comprehensive implementing partner (IP) assessment reports were used to support decisions on partnerships. Moreover, all health workers involved with project implementation participated in trainings and awareness-raising sessions related to PSEA and what actions must be undertaken during any such incident. In these respects, WHO continues raising awareness about PSEA during Health Cluster and subnational reproductive working group meetings. As part of this project, no formal SEA complaints were reported.

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

During the planning, implementation, and monitoring phases, WHO stressed the specific needs of women, girls, and minority groups. WHO conducted an orientation workshop for its staff on the inclusion of gender-based violence (GBV) in health programming and importance of empowering and protecting women and girls as part of this project. Women were prioritized for selection as CHWs and

empowered in their roles. Similarly, the needs of women, girls, and gender minorities were given priority at service delivery points. Additionally, the specific needs of women, girls, and gender minorities have been mainstreamed through all field orientations that WHO conducted as part of the project. In this respect, it was ensured during training 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 were continuously adjusted to meet their needs. Through these efforts, WHO and partners fostered a safe and supportive environment that promoted the overall well-being and empowerment of women, girls, and ethnic minority groups. It is important to note that during the project period, no survivors of gender-based violence were identified. This underscores the need to remain vigilant and continue efforts to prevent and respond to GBV, while also recognizing the importance of creating an environment where survivors feel safe to come forward and seek support. WHO remains committed to addressing GBV and ensuring the safety and well-being of all individuals it serves and through the Health Cluster and partners will undertake a GBV services mapping assessment to understand any barriers in this regard.

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 address their specific needs, the implementing partners included a representative from the People Living with Disabilities community in the health facility committee, ensuring their voices were heard and their requirements considered. 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 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 PwDs. 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 in the targeted districts. This included internally displaced persons (IDPs), people living with disability (PwDs), and vulnerable populations.

Recognizing the importance of effective implementation, WHO and its partners provided job orientation to staff members. This orientation encompassed protection and safeguarding measures, ensuring that staff were equipped with the necessary knowledge and skills to address and mitigate protection concerns. Staff members were also sensitized on the significance of engaging with beneficiaries and informed about the available Complaints and Feedback Mechanism (CRM) channels. The comprehensive training provided to staff played a crucial role in promoting protection mainstreaming. It empowered staff members, who came in direct contact with beneficiaries, to effectively handle/ refer complaints and feedback from beneficiaries, fostering an environment of accountability and continuous improvement.

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 areas of complementarity, collaboration and referral pathways are clarified.

g. Education:

WHO ensured to provide and promote education to the communities and the partner staff on healthy living, water, and sanitation hygiene (WASH), protection of women and vulnerable groups, and immunization for children. WHO arranged multiple capacity-building sessions for health workers, community health workers, surveillance officers, and emergency officers in MoH. The targeted people received health promotion messages on the prevention of epidemic-prone diseases linked to drought. Community health workers (CHWs) were oriented on detection and reporting alerts of epidemic-prone diseases using Online Data Kits (ODK) home-based treatment of commonest causes of morbidity among under-five children and screening and referral of severe cases of malnutrition identified in the community to the nearest health centres.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | No | Not applicable |

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

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

[Fill in]

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--|---|
| CERF support safeguards lives of 95.9% of children at WHO-Supported stabilization centres in Somalia | https://www.emro.who.int/somalia/news/cerf-support-safeguards-lives-of-959-of-children-at-who-supported-stabilization-centres-in-somalia.html |
| From desperation to triumph: saving the lives of children with severely acute malnutrition in fragile settings | https://www.emro.who.int/somalia/news/from-desperation-to-triumph-saving-the-lives-of-children-with-severely-acute-malnutrition-in-fragile-settings.html |
| @WHOSom & @UNCERF initiative has helped to equip & staff the stabilization centres at Kismayo | https://twitter.com/WHOSom/status/1757659514499736062 |

130 CHWs deployed in the affected communities also helped screen 33 767 children

<https://twitter.com/WHOSom/status/1757660635251241170>

Within two weeks of her admission and continued medical treatment, she started feeding without the aid of a tube

<https://twitter.com/WHOSom/status/1729031281328181546>



The CERF grant enabled WHO Somalia to support Ministry of Health to set up outreach camps in 6 drought-affected districts between June-November 2023. Photo Credits: WHO Som/Ali Mustaf



Under the CERF funded project, WHO Somalia deployed community health workers to raise awareness and detect and refer for treatment severely malnourished children from across drought affected districts. Photo Credits: WHO Som/Ismail Taxta

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Cluster/Sector | Agency | Partner Type | Total CERF Funds Transferred to Partner US\$ |
|--------------------------|-----------------------|---------------|---------------------|---|
| 23-RR-FAO-017 | Agriculture | FAO | GOV | \$15,000 |
| 23-RR-FAO-017 | Agriculture | FAO | NNGO | \$33,857 |
| 23-RR-FAO-017 | Agriculture | FAO | NNGO | \$24,179 |
| 23-RR-HCR-017 | Protection | OHCHR | NNGO | \$650,000 |
| 23-RR-HCR-017 | Protection | OHCHR | INGO | \$450,000 |
| 23-RR-HCR-017 | Protection | OHCHR | INGO | \$20,865 |
| 23-RR-CEF-029 | Education | UNICEF | NNGO | \$184,375 |
| 23-RR-CEF-029 | Education | UNICEF | NNGO | \$59,443 |
| 23-RR-CEF-029 | Education | UNICEF | NNGO | \$184,352 |
| 23-RR-CEF-029 | Education | UNICEF | NNGO | \$102,918 |
| 23-RR-WFP-023 | Food Assistance | WFP | INGO | \$81,000 |
| 23-RR-WFP-023 | Nutrition | WFP | NNGO | \$122,572 |
| 23-RR-WFP-023 | Nutrition | WFP | NNGO | \$30,701 |
| 23-RR-WFP-023 | Nutrition | WFP | INGO | \$68,849 |
| 23-RR-WFP-023 | Nutrition | WFP | NNGO | \$29,276 |
| 23-RR-WFP-023 | Nutrition | WFP | NNGO | \$24,752 |
| 23-RR-WFP-023 | Food Assistance | WFP | NNGO | \$35,696 |
| 23-RR-WHO-022 | Health | WHO | INGO | \$222,420 |