

**SOMALIA
RAPID RESPONSE
FLOOD
2023**

23-RR-SOM-61671

George Conway

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

The report was shared with recipient agencies who confirmed that the reports were reviewed internally by respective management before

Reporting Process and Consultation Summary:

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

24 July 2024

Participants list: OCHA, FAO, IOM, UNICEF, UNHCR, WFP, WHO, OCHA HQ Consultant.

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 report was shared with the Humanitarian Country Team for review and input. Prior to this, the HC and OCHA informed the humanitarian community including donors and local authorities about this allocation and its complementarity with the SHF to provide a comprehensive response to the floods.

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

submission. The involvement of IPs and government counterparts in monitoring missions ensured their awareness of the activities.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

Somalia grapples with escalating climate challenges, including floods, prolonged droughts and tropical storms, despite its minimal contribution to global greenhouse gas emissions. According to Food and Agriculture Organization (FAO) Somalia Water and Land Information Management (SWALIM) Deyr 2023 Climate Outlook, (5 September 2023), SWALIM anticipated a major flood event of a magnitude that statistically was likely only once in 100 years. In October to December 2023, above-average rainfall was predicted in the Horn of Africa, with expectations for Somalia rivers overflowing and flash flooding across the country. It was projected that about 1.2 million people would be affected and the situation would lead to loss of life, mass displacement, and destruction of infrastructure and livelihoods. Further, it was predicted that the floods would result in increased acute food insecurity and contamination of water sources leading to a spike in acute watery diarrhoea/ cholera outbreak. The number of people in IPC3 and 4 was expected to increase to 4.3 million, or 25% of the population. The 1 million people in IPC4 were anticipated to be primarily concentrated along the rivers.

Unlike previous CERF grants, this was a contingency allocation in preparation for the El-Nino response. The grant disbursed in November 2023 was instrumental in enabling the agencies to kick-start timely responses to save lives in target locations. In these areas, communities in low-lying regions were already experiencing deteriorating health conditions. Additionally, it was anticipated that the grant would catalyze the mobilization of other funding from different donors. The prioritization was linked with the Emergency Preparedness and Response Plan (EPRP), a subset of the Humanitarian Response Plan. The EPRP also aligned with the Somalia Disaster Management Agency (SoDMA) anticipatory action framework for flooding. This allocation used a component of the draft “action” trigger of the draft framework for flood-specific anticipatory action in Somalia that partners in Somalia were developing at the time under the leadership of the SoDMA and with the technical support of the World Food Programme: According to the draft AA framework, the “action” trigger would be reached when the river discharge level at key gauging stations along the Juba and Shabelle rivers reaches the pre-defined “high risk” level. The data source was the Flood Risk and Response Information Management System of FAO’s SWALIM:

<http://frims.faoswalim.org/rivers/levels>. The projects were prepared and shared with the CERF for review in advance. Once the “high risk” level was reached the CERF secretariat requested approval from the ERC and funds were immediately disbursed.

The interventions reached **396,452** individuals including women and girls adversely affected by the floods and exposed to protection risks as well as people with disabilities. The grant targeted three densely populated riverine areas that are highly prone to floods and cholera outbreaks: Belet Weyne, Jowhar, and Baardheere along the Shabelle and Juba rivers as well as Kismayo just off the Juba River, these locations were also expected to host thousands of flood-displaced people. The CERF grant also complemented the SHF allocation of \$15million for El-Nino, which covered three of the locations targeted by CERF and additional flood-risk areas along the two rivers. Both allocations focused on food security, water and sanitation, health and shelter and a joint kick-off meeting was held on 9 November.

CERF's Added Value:

The CERF grant enabled FAO to reach flood-affected households with critical food assistance through unconditional cash support, helping them meet their immediate needs. The unconditional cash support improved household purchasing power and reduced destitution. Expenditures mainly focused on food items, with smaller portions allocated to debts, medical expenses, clothing, and shoes. Agro-pastoralists also benefited from animal treatment activities, which not only improved the health of their livestock but also boosted overall production and productivity. Additionally, the Agro-pastoralist communities received training on vector surveillance and control measures. The households that received animal treatment reported improved overall body condition of the treated livestock, with noticeable improvements including better skin and body conditions and increased milk production. Moreover, beneficiaries also reported that the treatment support was relevant and timely due to the prevalence of livestock diseases at that time.

WFP delivered life-saving assistance to flood affected people in Bardheere, Beledweyn, and Jowhar districts. A total of 41,760 people (6,960 households) received cash-based transfers (CBT) through food vouchers across the three districts for a period of two months. WFP's assistance was essential to support the immediate food needs of the beneficiaries, strengthening their food security, while boosting local economies and strengthening markets.

IOM provided access to water to a total of 38,528 beneficiaries (13,480 girls, 11,563 boys, 7,706 women, and 5,779 men) through water trucking and rehabilitation/ construction of 10 communal water points. In addition, 500 latrines were constructed, and 4,000 hygiene kits were distributed to vulnerable households among the same beneficiaries. A total of 10 hygiene promoters were recruited and trained on the job, reaching 38,528 beneficiaries with hygiene promotion messages. Moreover, to improve the sanitation status and provide integrated WASH services, 500 HHs (15,000 individuals) were provided with emergency household (HH) latrines while an additional 4000HHs (24,000 individuals) received hygiene kits. These were among the beneficiaries that were provided access to water. The hygiene kits contained 2.7kg of bar soap, 360 water treatment tablets, a 20-litre jerry can, a 10-litre bucket, and 2 packets of sanitary pads. In addition, the families were trained by hygiene promoters on effective water treatment using the provided water purification tablets, cleaning of water containers, prevention of Acute Watery Diarrhoea (AWD), and maintenance of water sources among other hygiene promotion messages.

The funds from CERF played a key role in the provision of life-saving emergency WASH services to flood-affected people in Jowhar and Beletweyne. **UNICEF** and its partners provided safe water to 45,000 people (20,000 in Jowhar and 25,000 in Beletweyne) through water trucking and water vouchers in which 7.5 litres of water per person per day was provided for a period of 45 days. Emergency water disinfection, rehabilitation, upgrading and chlorination of shallow water sources was also done in 146 communal water points in the two areas as part of the efforts to reduce AWD/cholera infections and ensure a longer-term supply of safe water. Out of these, 46 water points further benefited from the replacement of non-functioning water pumps and solar panels. Additionally, provision of emergency sanitation facilities was also done in the IDP/flood evacuation sites in which a total of 600 gender-segregated latrines were constructed in a manner that could withstand the flooding of these areas. Hygiene promotion messaging was intensified amongst the displaced community members and conducted alongside the distribution of hygiene kits through the regional supply hubs in the two districts. Hygiene kits distribution and hygiene promotion reached 61,900 flood-affected people.

Through the CERF funding, **UNHCR** and its partners responded to 10,800 HH/ 64,800 flood-affected individuals with emergency Shelters and Non-Food Item (NFIs) activities in the targeted locations. Additionally, protection mainstreaming, including prioritizing safety and dignity, accountability to affected populations, inclusive participation, and empowerment, ensured the protection of all affected persons and at-risk individuals. Moreover, distribution of 1,800 Emergency Shelter Kits and 7,200 NFIs provided displaced individuals with essential items for shelter, cooking, and hygiene, improving the overall safety, dignity, and well-being. Non-Food Items in form of cash, was also provided to address the critical immediate needs of flood displaced communities. The cash was distributed to a total of 1,800 Households (10,800 individuals) through mobile money taking into account their needs and access to the local markets. The above-mentioned activities contributed to improved protection environments, coping mechanisms, safety and dignity, and overall well-being of the affected communities.

WHO in conjunction with the Federal and State ministries of health provided essential, integrated, life-saving primary healthcare services in Jowhar, Beletweyne, Kismayo and Bhadheere districts. WHO surpassed its initial targets, reaching 396,452 direct beneficiaries compared to the initially planned 332,793. The activities were implemented through provision of essential health services

via outreach and facility-based approach, strengthened surveillance, and nutrition support with medical interventions for children under 5 with severe acute malnutrition. These activities, complementing with the work of other agencies, especially WFP for food security, UNICEF for WASH and non-medical case of malnutrition management, eventually covering different aspects of needs. CERF support has been especially fundamental in controlling the spread of cholera and providing timely response to the outbreak caused by floods.

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

Yes

Partially

No

To ensure prompt delivery of assistance before the heavy rains and floods, recipient agencies were encouraged to choose early start dates. Although none selected an early start, the CERF grant still provided much-needed assistance, despite some delays from some agencies. The quick disbursement of CERF funds enabled UNICEF to provide seamless emergency WASH Services to flood-affected communities in target locations. CERF funds enabled WFP to ensure that families received the necessary support to cope with the immediate aftermath of the disaster, helping them stabilize and recover more effectively from the impacts of the crisis. WHO provided primary health care and essential health services, strengthened surveillance, and provided medical interventions for children under 5 with severe acute malnutrition among other activities.

FAO, IOM, and UNHCR started their assistance in February. The reasons for delays included the disruption of shipping routes making it difficult for cargo vessels to safely reach Somalia and the challenge of identifying the most vulnerable beneficiaries across three locations. Despite the delays, agencies were able to finalise all the interventions within the time frame of the project. An interim update was provided to the CERF on 1 April (after the interim report) to provide a status update, which demonstrated project activities were on track. During the After-Action Review (AAR), it was mentioned that the heavy rains and floods made some roads to hard-to-access target locations impassable, which consequently delayed project implementation.

In the AAR it was also recommended that in future contingency allocations, CERF consider incorporating/triangulating additional data, such as trends of cholera cases or a spike in cholera cases, which could serve as an effective trigger for timely action. This approach would enable a quicker response to emerging health threats, potentially curbing the spread of AWD/Cholera more effectively.

In the AAR, one agency highlighted the need for more time to prepare proposals to enable thorough assessments, which would ensure the collection of accurate project data. This would allow for precise targeting of the number of beneficiaries from the onset and result in faster delivery of assistance. Additionally, participants felt that increased efforts in preparedness and better mobilization of resources before the release of CERF funds would have expedited project delivery. It was also conveyed that a finalized multisectoral anticipatory action framework for floods may have facilitated a quicker delivery of assistance.

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

CERF funding to FAO provided the much-needed resources to support flood-affected households in rural and hard-to-reach areas with unconditional cash support through electronic cash transfer, allowing households to meet their most critical post-flood needs. In addition, animal treatment protected the livelihoods of (Agro) pastoralists, improving animal body condition and increasing milk production at the household level. UNHCR was able to prioritize time-critical needs such as the construction of 1,800 improved emergency shelters in Bardhere, as well as the distribution of 7,200 non-food items (NFIs) in Beledweyne and Kismayu. As the flood waters led to the contamination of water points and the destruction of sanitation facilities, the timely arrival of CERF funds to UNICEF ensured the fast provision of safe water and other emergency WASH services. WFP provided critical assistance in a timely manner, although an earlier release of funding would have been even more efficient. It could have been more efficient if the CERF funding had been planned and released in conjunction with climate prediction patterns over the previous 3- 4 months. The time between the trigger activation and the occurrence of the floods was short, highlighting the need for proactive planning and resource mapping months in advance. Humanitarian partners could conduct contingency beneficiary identification/ registration ahead of flood events, ensuring that, should the risk

materialize, beneficiaries can receive the much-needed response within 48 hours. This approach requires the support of various stakeholders, including humanitarian partners, CERF, Government counterparts, and the target communities. The CERF grant enabled WHO to respond to the most critical needs of flood-affected beneficiaries such as strengthening the 1) surveillance from reporting, investigation, and testing and 2) response with treatment kits and increased case management capacity of both health facilities and MoH. IOM was able to fast-track timely start of activities, such as water trucking, saved lives, and came at a critical time of the emergency when floods were at critical levels with no availability of clean and safe water.

In the After-Action Review, it was mentioned that while the CERF grant offered essential support, an earlier release may have been more effective in controlling the surge in AWD/Cholera cases. By the time the funds were received, the disease had already spread to additional locations, underscoring the need for more timely action. Further, when the funds were released, it was already extremely difficult to reach some hard-to-access areas.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Improved coordination amongst the humanitarian community was made possible by the need for agencies to map flood hotspots, determine the types of interventions required, and identify responsible parties. Cash, Protection, Food Security, and WASH working groups collaborated to alleviate human suffering during floods and support the early recovery of households afterward. FAO worked closely with district and village authorities to ensure the project's objectives were well-received and to prevent any conflict related to the targeting processes and distribution of assistance. The target communities received training on vector surveillance and data collection, with district and local authorities present. Additionally, community mobilization and sensitization activities were conducted to ensure animals received treatment from the Southwest Livestock Professional Association (SOWELPA) at the village level. With CERF funding, UNHCR was able to coordinate the flood response using its active cluster role in Protection and shelter to coordinate response in national and sub-national levels meetings in the affected locations. Information regarding the assistance and package to be provided by UNHCR was disseminated and coordinated with other stakeholders including government counterparts, clusters, and local communities in the target locations. UNICEF prioritization of the WASH response needs assessments, implementation, coordination, monitoring, and evaluation amongst the implementing partners was undertaken under the overall leadership of the WASH Cluster. This leadership was continued throughout the project implementation with regular reviews and reporting coordinated centrally. Before the allocation of the funds, a discussion was held with IOM to identify the priority locations and assign each agency areas of coverage to avoid overlaps. WHO was able to coordinate with all CERF-funded agencies which created a common framework of objectives and actions in the same area by targeting people with different needs. CERF has improved coordination among the humanitarian community, including the World Food Programme (WFP). It enhanced collaboration, and information sharing, supported coordination mechanisms, and allowed complementarity of information and activity among the actors.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF envelope catalysed resource mobilization. Its well-coordinated approach of allocating funds to various themes and specific geographical locations based on data attracted significant interest from other donors. FAO received additional funds from donors such as SIDA, Canada, and Norway to support flood-affected households. Approximately USD 4,500,000 was received for anticipatory action to support flood-affected households in Hiraan, Middle Shabelle, Gedo, and Lower Juba Regions of Somalia. These funds were allocated under the food security objectives: Objective 1 focused on improving the availability and access to food, achieved through unconditional cash transfers. Objective 2 aimed to increase local food production and availability through urgent, time-sensitive interventions, providing essential livelihood inputs and animal treatment. The UNHCR displacement reports and alerts produced improved advocacy on humanitarian needs and protection concerns of the displaced population and provided information about displacement trends and gaps which were circulated with the humanitarian community for further fundraising. Consequently, UNHCR received an additional \$1 million from the Japan Emergency Grant Aid owing to this catalytic fund from the CERF. The CERF funds enabled UNICEF to mobilize \$840,000 BHA funds for Jowhar and Belet Weyne to support emergency response that will assist in longer-term climate resilient solutions in the target areas. CERF resources significantly contributed to the overall humanitarian action,

complementing efforts from various funding sources. This collaboration enabled a more comprehensive and effective response to the crisis, ensuring that critical needs were met and enhancing the impact of the combined relief efforts. With initial support from CERF WHO began implementation efforts and continued to mobilize resources to fill the remaining gaps, particularly given the increase in cholera cases that led to outbreaks in the south-west and Hirshabelle, which culminated in additional resources of \$720,000 being secured from the Government of Japan and WHO Contingency Fund for Emergency. In addition, WHO repurposed some of its existing resources, including \$250,000 provided by the USAID Bureau of Humanitarian Affairs (BHA) in response to the floods.

Considerations of the ERC's Underfunded Priority Areas¹:

In its planning and implementation, this grant addressed under-funded priorities by focusing on flood-affected women and girls who are particularly vulnerable during crises. Consequently, significant attention was given to them through targeted activities designed to address their priority needs and reduce their vulnerabilities. The activities also targeted persons with disabilities to alleviate their suffering.

The youth, pregnant and lactating mothers, the elderly, and the physically challenged received unconditional cash assistance together with livelihood inputs to support their entry into production and capacity building for increased agricultural and livestock productivity. During the selection of households for unconditional cash assistance, the **FAO** prioritized individuals requiring critical support rather than focusing on their assets or primary livelihood activities. FAO carried out an awareness campaign on protection from sexual exploitation and abuse and prevention from post-aid diversion through the local radio station and bulk text and voice messages. This ensured all beneficiaries under the programme were fully aware of different forms of exploitation as well as the existing FAO grievances redress mechanism. The awareness sessions did not only support the FAO beneficiaries but also the communities where they reside as radio stations with a wider listenership were used to run the campaigns. Additionally, animal treatment was offered to all households that met the FAO's criteria, benefiting men, women, older people, minority clans, and people with disabilities without discrimination.

The CERF allocation to **UNHCR** was utilized to deliver assistance to 64,800 individuals including vulnerable groups – persons with disabilities, minority clans, aged, and women and girls. In designing its response, UNHCR ensured that an assessment of different gendered vulnerabilities of men, women, boys, and girls was undertaken, to ensure that those at heightened risk of violence can receive care, including support for all survivors. Furthermore, UNHCR supported, through targeted action, women's and girls' protection, participation and empowerment. Special attention was given to women and girls due to their documented greater vulnerabilities to GBV, the overarching discrimination they experience, and their lack of safe and equitable access to humanitarian assistance.

WFP's CASH-based transfers ensured that women, men, girls, and boys in the targeted communities and households had equal and adequate access to cash-based transfers (CBT), allowing them to purchase food of their choice from local markets., Registration sites were safe, and beneficiaries had ample access to WFP's complaints and feedback mechanisms to voice their concerns.

IOM's WASH services reached women and girls through the provision of safe water supply including the construction and repair of community latrines, and gender segregation in IDP camps. The project activities also involved women and girls living with disabilities (PwD) as beneficiaries including ensuring their active participation in project activities. IOM prioritized PwD for service delivery at water-fetching points, and distribution of hygiene kits to prevent unforeseen risks and safeguard their dignity. Protection messaging related to

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 prevention of sexual abuse and exploitation (PSEA), GBV, referral pathways for protection services and complaints mechanisms were actively promoted and disseminated by hygiene promoters and field staff.

WHO together with the Ministry of Health at the National and State levels was able to implement actions to safeguard women's, girls' and persons with disabilities' basic rights to health which included 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, mother, 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. To address the specific needs of people living with disabilities, WHO included a representative from the People Living with Disabilities community in the health facility committee, ensuring their voices were heard and their requirements considered. Further, WHO had a zero-tolerance policy for sexual exploitation and abuse and dedicated a coordinator to lead the training programme and activities WHO workforce, implementing partners including MoH, suppliers and affiliated workforce including community health workers. Additionally, WHO is also strengthening and mobilizing resources for activities and services on the clinical management of rape which is under WHO's mandate.

Through CERF funding **UNICEF** supported the distribution of Hygiene kits that included 10,316 menstrual kits to women and girls. Additionally, through the grant, UNICEF contributed to women's mobility and participation in education and economic activities which further contributes to mitigation of GBV risks. Similarly, out of the 600 gender-segregated latrines directly constructed about 90 latrines were disability friendly.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	237,475,555
CERF	10,000,009
Country-Based Pooled Fund (if applicable)	15,000,000
Other (bilateral/multilateral)	7,310,000
Total funding received for the humanitarian response (by source above)	32,310,009

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

Agency	Project Code	Sector/Cluster	Amount
FAO	23-RR-FAO-032	Food Security - Food Assistance	1,375,000
IOM	23-RR-IOM-035	Water, Sanitation and Hygiene	1,200,000
UNHCR	23-RR-HCR-033	Shelter and Non-Food Items	2,000,000
UNICEF	23-RR-CEF-056	Water, Sanitation and Hygiene	1,800,009
WFP	23-RR-WFP-050	Food Security - Food Assistance	1,375,000
WHO	23-RR-WHO-042	Health	2,250,000
Total			10,000,009

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

Total funds implemented directly by UN agencies including procurement of relief goods	8,046,874
Funds sub-granted to government partners*	195,000
Funds sub-granted to international NGO partners*	80,379
Funds sub-granted to national NGO partners*	1,677,756
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	1,953,135
Total	10,000,009

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The CERF grant, released in November 2023, was vital in scaling up early preparations to kick start timely response to save lives in target locations where communities in low-lying areas were already facing deteriorating health conditions and catalysed mobilization of other funding from different donors. This timely grant enabled humanitarian partners to reach **396,452** people most in need with food security, health, nutrition, and WASH interventions and thereby prevented further loss of lives and livelihoods while they continued to advocate for additional resources to complement CERF activities.

Operational Use of the CERF Allocation and Results:

In response to the anticipated El Nino floods, CERF released \$10 million in November 2023 from its Rapid response window for flood response. This funding provided lifesaving assistance to **396,452** people including **89,989** women, **91,112** men, **107,535** girls and **107,816** boys including **39,546** people with disabilities through food assistance, WASH, Shelter and NFI and health support.

- **FAO** reached 21,192 individuals from 3,532 households (2,453 were female-headed households while 1,079 were male-headed households) with unconditional cash support for three months. 136 (64 females and 72 males) participated in capacity building and the creation of awareness on vector identification, control, and treatment. Additionally, Animal treatment was offered by the Southwest Livestock Professional Association (SOWELPA) benefitting 38,862 individuals from 6,477 households (4,033 (62%) being female-headed households and 2,444 (37.3) male-headed households).
- Through this CERF grant, **IOM** provided access to water to a total of 38,528 beneficiaries (13,480 girls, 11,563 boys, 7,706 women, and 5,779 men) through water trucking and rehabilitation/ construction of 10 communal water points. In addition, 500 latrines were constructed, and 4,000 hygiene kits were distributed to vulnerable households among the same beneficiaries. A total of 10 hygiene promoters were recruited and trained on the job, reaching 38,528 beneficiaries with hygiene promotion messages.

Emergency water trucking was conducted for 30 days to communities living in villages affected by the flooding. To improve the sanitation status and provide integrated WASH services, 500 HHs (15,000 individuals) were provided with emergency HH latrines while an additional 4000HHs (24,000 individuals) received hygiene kits that contained 2.7kg of bar soap, 360 water treatment tablets, a 20-litre jerry can, a 10-litre bucket and 2 packets of sanitary pads. In addition, the families were trained by hygiene promoters on effective treatment of water using the provided water purification tablets, cleaning of water containers to prevent Acute Watery Diarrhoea (AWD), and maintenance of water sources among other hygiene promotion messages.

- **UNHCR** and its partner (African Volunteer for Relief and Development) have supported 64,800 beneficiaries [17,820 women; 14,580 men; 17,820 girls and 14,580 boys] throughout the project. These included Distribution of 7,200 NFI kits to 43,200

beneficiaries (11,880 women; 9,720 men; 11,880 girls and 9,720 boys) in Kismayu and Beledweyne to meet the essential needs of affected households. Provided 10,800 individuals (2,970 women; 2,430 men; 2,970 girls and 2,430 boys) with NFI assistance in the form of cash to empower them to purchase necessary items and support local markets during the El Niño response. Constructed 1,800 improved, flood-resistant, and elevated emergency shelters in Bardhere, providing secure housing for 10,800 beneficiaries (2,970 women; 2,430 men; 2,970 girls and 2,430 boys).

- **WFP** provided life-saving assistance to flood affected people in Bardheere, Beledweyn, and Jowhar districts. A total of 41,760 people (6,960 households) received cash-based transfers (CBT) through food vouchers across the three districts for a period of two months. The project supported 8,978 internally displaced people, including 2,131 women, 2,106 men, 2,313 girls, and 2,428 boys. The project also supported 32,872 individuals from poor host communities in its target locations, comprising 7,784 women, 7,689 men, 8,443 girls, and 8,866 boys.
- **WHO** reached a total of 396,452 persons with various interventions through the provision of high-quality integrated primary health care services in Jowhar, Beletweyne, Kismayo and Bhadheere districts all geared towards protecting vulnerable communities from health emergencies resulting from the effects of the El Niño phenomenon. These interventions included 298,544 outpatient consultations, 12,134 persons provided with mental health and/or psychosocial support, and 12,786 persons were treated for acute watery diarrhea (including cholera). The grant also supported strengthened disease surveillance and the investigation and response to disease outbreaks and alerts within the project areas which facilitated the investigation of 82 per cent of public health alerts generated within the communities, 89 per cent of health facilities reported surveillance data timely and 100 health facilities were supported. Capacity was strengthened for the provision of clinical management for 5,342 children with severe acute malnutrition with medical communications admitted to stabilization facilities of which 97 per cent recovered. 3,231 persons also received micronutrient supplementation and 14,856 persons received information on appropriate maternal and young child feeding practices.
- **UNICEF** and its partners provided safe water to 45,000 (14,985 Women, 14,716 Men, 7,739 Girls, and 7,560 Boys) people (20,000 in Jowhar and 25,000 (14,985 Women, 14,716 Men, 7,739 Girls and 7,560 boys) in Beletweyne) through water trucking and water vouchers in which 7.5 litres of water per person per day was provided for 45 days. Emergency water disinfection, rehabilitation, upgrading and chlorination of shallow water sources was also carried out in Jowhar and Beletweyne as part of the efforts to reduce AWD/cholera infections and ensure a longer-term supply of safe water. A total number of 146 communal water points benefited from this, out of which 46 water points further benefited from the replacement of non-functioning water pumps and solar panels. Additionally, provision of emergency sanitation facilities was also done in the IDP/flood evacuation sites in which a total of 600 gender-segregated latrines were constructed in a manner that could withstand the flooding. Hygiene promotion messaging was also intensified amongst the displaced community members and conducted alongside the distribution of hygiene kits through the regional supply hubs in the two districts. Hygiene kits distribution and hygiene promotion reached 61,900 (20,613 Women, 20,242 Men, 10,646 Girls and 10,399 Boys) flood-affected people.

People Directly Reached:

Overall estimate

To determine the overall estimate of people directly reached through this grant, we examined the geographical target locations and types of interventions. The projects generally targeted the same areas, except for Food Assistance, which did not cover Kismayu. To avoid overlaps and double counting, the health figure of 396,452 was found to be more representative and was therefore used.

Sector estimate

All sectors' specific categories were examined. For sectors with one project (Shelter and Health), the number of people reached per sector was used. The figures for the two WASH projects (UNICEF and IOM) were combined since they target different geographical areas. Similarly, because FAO and WFP focused on different target groups, the beneficiaries reached by each were added together to arrive at the sector estimate.

People Indirectly Reached:

It is estimated that a total of approximately 872,743 people indirectly benefited from this CERF grant.

FAO approximates that a total of 180,135 people were indirectly reached through community awareness on vector identification and control, capacity building for community champions, etc

UNHCR estimates that there were about 5,000 persons who indirectly benefited from the project mainly entrepreneurs and others from the labour market (primarily unskilled) required for the construction and distribution processes, as well as the procurement of emergency shelter materials and NFI items that are locally available.

WFP approximates that 90,000 people benefited indirectly from the project through the dedicated community sensitization sessions on the impact of floods and flood preparedness measures within targeted communities. These included community members, retailers, farmers, financial providers, and local transport providers who benefitted from both the established water structures and the economic impacts of the cash-based transfers.

Approximately 25,000 people were reached indirectly mainly through UNICEF emergency water supply and hygiene messaging activities due to the intensified promotion activities to reduce AWD/Cholera infections

WHO estimates that 572,608 persons who live within the project areas such as the displaced persons and other vulnerable populations in the districts indirectly benefited from an enhanced disease surveillance system and the capacity to detect other adverse public health events and initiate prompt responses. These same population also had access to improved primary health care services including access to mental health services which otherwise would not have been available.

Although 10,000 livestock were initially targeted to indirectly benefit from the water provision, IOM observed that due to abundance of rainwater this was not achieved. In addition, the team did not report any inward migration of indirect beneficiaries, as the El Niño rains made roads impassable to project locations.

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

Sector/Cluster	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
FOOD SECURITY - FOOD ASSISTANCE	16,019	16,624	13,601	14,206	60,450	25,829	26,310	24,268	25,407	101,814
HEALTH	52,916	55,204	88,671	89,243	286,034	89,989	91,111	107,536	107,816	396,452
SHELTER AND NON-FOOD ITEMS	17,820	14,580	17,820	14,580	64,800	17,820	14,580	17,820	14,580	64,800
WATER, SANITATION AND HYGIENE	27,980	25,620	24,320	22,080	100,000	28,319	26,021	24,126	21,962	101,428

* 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	78,000	118,936
Host communities	194,829	198,226
Other affected people	60,450	79,290
Total	333,279	396,452

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

Sex & Age	Total Number of People Directly Assisted with CERF Funding*		Number of people with disabilities (PwD) out of the total	
	Planned	Reached	Planned	Reached
Women	61,656	89,989	8,647	10,120
Men	64,323	91,112	8,806	10,262
Girls	103,316	107,535	8,188	9,520
Boys	103,984	107,816	8,262	9,644
Total	333,279	396,452	33,903	39,546

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 23-RR-FAO-032

1. Project Information			
Agency:	FAO	Country:	Somalia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-FAO-032
Project title:	Anticipating and Responding to El Niño, a multi-sectoral Early Warning and Livelihood Response Project (REACT)		
Start date:	01/11/2023	End date:	30/04/2024
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\$ 11,800,000
	Total funding received for agency's sector response to current emergency:		US\$ 6,500,000
	Amount received from CERF:		US\$ 1,375,000
	Total CERF funds sub-granted to implementing partners:		US\$ 264,780
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 264,780
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Output 1: Households benefit from monthly unconditional cash transfers for a period of three months.

Through this funding, FAO successfully verified and distributed unconditional cash support to 3,532 households (21,192 individuals) from three districts that were adversely affected by floods. A total of USD 837,000 was distributed through mobile money platforms to the 3,532 rural and hard-to-reach households. Of the total caseload, 69.5% (2,453) were female-headed while 30.5% (1,079) were male-headed households. 3,176 households from Jowhar and Baardheere received three months of cash transfer at a rate of USD 80, while 356 households in Beledweyne received three months of distribution at USD 70.

Output 2: Livestock rearing households (camel, cattle, sheep, goats) benefit from animal treatment (vector control) and scaled up of awareness of risks associated with vector borne disease, surrounding communities in flood risk areas benefit from reduced disease incidence:

FAO contracted a livestock professional association, Southwest Livestock Professional Association-SOWELPA, to provide animal treatment, vector surveillance, and control in Kismayo and Bardheere Districts of the Lower-Juba and Gedo regions. The activity aimed

at protecting assets, enhancing animal health, and sustaining milk production for poor resource households in rural and hard-to-reach areas at the peak of enhanced rains (super El Nino).

Procurement and Distribution of Veterinary Equipment: Assorted veterinary equipment was procured and handed to SOWELPA for veterinary treatment at two project sites in Kismayo and Bardheere Districts of the Lower-Juba and Gedo regions.

FAO planned to reach 320,000 animals belonging to 6,400 households with animal treatment. To date, FAO has reached 320,972 animals (101%) belonging to 6,477 households (38,862 individuals) with veterinary treatment. Animals treated included sheep, goats, cattle, and camels for vectors and internal parasites. In addition, 53,774 animals of various species received supplementary treatments. This included treatment against bacterial infections and malnutrition. Of the total beneficiaries reached (6,477 households, approximately 38,862 individuals), 4,033 were females, and 2,444 male-headed households.

FAO engaged 136 participants (64 females and 72 males) through capacity building and creating awareness on vector identification, control and treatment. These participants also supported in cascading the information on disease surveillance and vector control to the rest of the communities. 3,000 leaflets were distributed in the first four weeks of the operation through the implementing partner SOWELPA. The leaflets contained information on recognizing and managing vector-borne diseases. 284 Disease surveillance forms were collected and will be analysed for early warning systems and future intervention of the common diseases.

3. Changes and Amendments

Not applicable. No changes were made during the project implementation period.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0		0
Returnees	0	0	0	0	0	0	0	0		0
Internally displaced people	0	0	0	0	0	0	0	0		0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	16,019	16,624	13,601	14,206	60,450	15,914	16,515	13,512	14,113	60,054
Total	16,019	16,624	13,601	14,206	60,450	15,914	16,515	13,512	14,113	60,054
People with disabilities (PwD) out of the total										
	2,403	2,494	2,040	2,131	9,068	2,387	2,478	2,027	2,117	9,009

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

5. People Indirectly Targeted by the Project

Approximately 3,675 households for an estimated 22,050 direct individuals receiving cash support; 2) Animal treatment for approximately 320,000 heads of animals (camel, cattle, sheep, and goat) equivalent to 6,400 households in Jubaland as well as scaling up vector surveillance. Vector surveillance training and data collection was conducted by FAO in close collaboration with the Ministry of Livestock, Forestry and Range (MoLFR) of Jubaland to build the capacity of communities for vector-borne disease surveillance and control. Public awareness campaigns were scaled up and complemented by the distribution of other awareness creation materials, such as leaflets and brochures, enhancing community knowledge on recognition, control, and management of vector-borne infections. Qualified technical personnel from implementing partners also conducted illness surveillance and awareness missions because most vector-borne infections represented a zoonotic risk.

6. CERF Results Framework

Project objective To provide life-saving cash, livelihood and early warning support to flood risk households

Output 1 Households benefit from monthly unconditional cash transfers for a period of three months

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 beneficiaries with an acceptable food consumption score	56%	56.5%	Cash Impact Assessment.
Indicator 1.2	FS.3 Average reduced Coping Strategies Index (rCSI)	7.5	9	Cash Impact Assessment.
Indicator 1.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	22,050	21,192	Beneficiary information management system (repository) Disbursement reports
Indicator 1.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	853,740	837,000	Disbursement reports Post-distribution call centre reports Impact assessment report

Explanation of output and indicators variance:

FAO planned to reach 3,675 households (22,050 individuals) in three districts with three (3) months of unconditional cash at 80% minimum expenditure basket. 1,500 households from Beledweyne, 1,175 from Jowhar, and 1,000 from Baardheere to be reached with USD 70 (Beledweyne) and USD 80 (Jowhar and Baardheere) per month and a total spread across three months. However, when FAO carried out beneficiary verification based on flood hotspots, Gedo Region, Baardheere District, had more households in need of support than Beledweyne and Jowhar hence the over achievement.

Due to the increasing needs in Baardheere, FAO reached a total of 2,765 households in Baardheere against the plan of 1,500 at a monthly rate of USD 80 for three months, with each household getting a total of USD 240. The higher number of people reached in Baardheere, a district with higher MEB resulted in a lower households reached cumulatively. (the MEB difference between the two districts, Belet-Weyne and Baardheere per month was USD 10)

Activities	Description	Implemented by
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Activity 1.1	Identification and verification of 3,675 households (22,050 individuals) through biometrics	<p>Beneficiary identification and screening were done at three different levels by FAO through the FAO call centre, and demographic data from the database was checked for accuracy and validity. This verification included the name of each beneficiary, the validity and ownership of the phone number, the district and village of residence, and if the households have been affected by floods. The second verification stage was through a two-way short text message and confirming the same details. The final stage was data triangulation to ensure households were not receiving multiple assistance before the commencement of cash disbursement. Each beneficiary was uniquely identified in the FAO database using biodata collected at the point of registration as well as mobile money operator verification at the village level (photo-to-photo verification)</p> <p>FAO screened and successfully verified 3,532 households (21,216 individuals) through the call centre, two-way SMS, and data triangulation with the financial service providers. Of the households successfully verified, 69.5% (2,453) were female, while 30.5% (1,079) were male-headed households as per the below table.</p> <table border="1" data-bbox="488 653 1401 905"> <thead> <tr> <th>Region</th> <th>District</th> <th>Planned</th> <th>HH Verified</th> <th>Female-Headed Households</th> <th>Male-Headed Households</th> </tr> </thead> <tbody> <tr> <td>Hiraan</td> <td>Belet Weyne</td> <td>1,500</td> <td>356</td> <td>220</td> <td>136</td> </tr> <tr> <td>Middle Shabelle</td> <td>Jowhar</td> <td>1,175</td> <td>411</td> <td>219</td> <td>192</td> </tr> <tr> <td>Gedo</td> <td>Baardheere</td> <td>1,000</td> <td>2,765</td> <td>2,014</td> <td>751</td> </tr> <tr> <td></td> <td></td> <td>3,675</td> <td>3,532</td> <td>2,453</td> <td>1,079</td> </tr> </tbody> </table>	Region	District	Planned	HH Verified	Female-Headed Households	Male-Headed Households	Hiraan	Belet Weyne	1,500	356	220	136	Middle Shabelle	Jowhar	1,175	411	219	192	Gedo	Baardheere	1,000	2,765	2,014	751			3,675	3,532	2,453	1,079										
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		3,675	3,532	2,453	1,079																																					
Activity 1.2	Cash disbursement to beneficiaries through mobile money	<p>FAO through contracted mobile money operators. A total of USD 837,000 was successfully disbursed to all the verified households through mobile money platforms. Each household received three months of cash support at the most critical time when floods had disrupted seasonal activities. The cash distributed was critical in ensuring households meet their immediate and most critical needs.</p> <table border="1" data-bbox="488 1066 1500 1346"> <thead> <tr> <th>Region</th> <th>District</th> <th>Number of HH</th> <th>Household Reached</th> <th>Female-Headed Households</th> <th>Male-Headed Households</th> <th>Unit Rate</th> <th>Amount Disbursed (USD)</th> </tr> </thead> <tbody> <tr> <td>Hiraan</td> <td>Belet Weyne</td> <td>1,500</td> <td>356</td> <td>220</td> <td>136</td> <td>70</td> <td>74,760</td> </tr> <tr> <td>Middle Shabelle</td> <td>Jowhar</td> <td>1,175</td> <td>411</td> <td>219</td> <td>192</td> <td>80</td> <td>98,640</td> </tr> <tr> <td>Gedo</td> <td>Baardheere</td> <td>1,000</td> <td>2,765</td> <td>2014</td> <td>751</td> <td>80</td> <td>663,600</td> </tr> <tr> <td></td> <td></td> <td>3,675</td> <td>3,532</td> <td>2,453</td> <td>1,079</td> <td></td> <td>837,000</td> </tr> </tbody> </table>	Region	District	Number of HH	Household Reached	Female-Headed Households	Male-Headed Households	Unit Rate	Amount Disbursed (USD)	Hiraan	Belet Weyne	1,500	356	220	136	70	74,760	Middle Shabelle	Jowhar	1,175	411	219	192	80	98,640	Gedo	Baardheere	1,000	2,765	2014	751	80	663,600			3,675	3,532	2,453	1,079		837,000
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Gedo	Baardheere	1,000	2,765	2014	751	80	663,600																																			
		3,675	3,532	2,453	1,079		837,000																																			
Activity 1.3	Post distribution and impact assessment	<p>Third-party monitor</p> <p>FAO conducted a post-distribution impact assessment through the third-party monitor based on the unconditional cash distributed to households in riverine areas of Hiraan, Middle Shabelle, and Gedo regions.</p>																																								
Activity 1.4	Project monitoring and reporting	<p>FAO continuously monitored the progress of unconditional cash payments through the call center, two-way bulk SMS, disbursement reports, and invoice reviews to ensure timely cash delivery. In addition, the FAO engaged the third-party monitor to interrogate the FAO processes and interventions, including their timelines.</p> <p>Generally, all the households appreciated the modality of implementation (unconditional cash transfers) as the activities came in at a very critical time</p>																																								

Output 2	Livestock-rearing households (camel, cattle, sheep, goats) benefit from animal treatment (vector control) and scaled awareness of risks associated with vector-borne disease, surrounding communities in flood-risk areas benefit from reduced disease incidence
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Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Food Assistance				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 2.1	% of target animals with improved body conditions	70%	77%	Livestock Post Distribution Monitoring Household Survey.	
Indicator 2.2	Ag.2 Number of animals vaccinated, dewormed and/or treated	320,000	320,972	Implementing partner report FAO beneficiary data repository Post distribution monitoring results	
Indicator 2.3	Number of awareness materials printed and distributed by FAO (leaflets)	3,000	3,000	Implementing partner report Delivery order Purchase order for procurement	
Explanation of output and indicators variance:	Not much deviation				
Activities	Description	Implemented by			
Activity 2.1	Identification and Selection of an implementing partner	Food and Agriculture Organisation (FAO) FAO selected the Southwest Livestock Professional Association (SOWELPA), an accredited professional association specializing in animal treatment. FAO selected the implementing partner due to their capacity to conduct animal treatment, disease surveillance, and capacity building of communities, with FAO offering technical backstopping. Activities were implemented through a letter of agreement (LoA) for ten weeks (10) or two and a half months (2.5).			
Activity 2.2	Procurement of veterinary equipment	Southwest Livestock Professional Association (SOWELPA) <ul style="list-style-type: none"> The implementing partner, SOWELPA, sourced veterinary equipment and drugs from its network of Agro-dealers/agro-vets in Somalia. This network mobilized veterinary drugs and vector control inputs for large-scale livestock treatment and vector control intervention. By purchasing drugs from local pharmacies, SOWELPA promotes a sustainable, private-sector-led strategy for vector control and veterinary extension services. This approach aims to support and enhance the businesses of local veterinary pharmacies, aligning with SOWELPA's mandate to improve health service delivery for vulnerable pastoralists in its operational areas. The items procured locally included Oxytetracycline 20% injection Ivermectin 1% Injection Multivitamins Injection Bayticol pour Albendazole 10% 			
Activity 2.3	Treatment of 320,000 heads of animals	Southwest Livestock Professional Association (SOWELPA) and Food and Agriculture Organisation (FAO) SOWELPA management and its technical Quality Assurance and Quality Control teams validated the quality of the veterinary drugs and other agro inputs at project sites. <u>Animals Treated:</u>			

320,972 (101%) heads of different species of animals were given mandatory treatments, benefiting 6,477 (2,444 males and 4,033 females) Households, and in addition, 53,774 heads of different species of animals were given supplementary treatments.

Awareness creation and vector control:

136 households (72 males and 64 females) participated in awareness creation sessions for vector control and treatment activities. In addition, 3,000 leaflets were distributed in the first five weeks of the operation to complement the information passed down through awareness sessions.



Activity 2.4	Production and dissemination of awareness creation materials	<p>Southwest Livestock Professional Association (SOWELPA) and Food and Agriculture Organisation (FAO)</p> <p>FAO initiated the procurement process to produce awareness materials. A total of 3,000 leaflets were successfully produced under the guidance of FAO and handed over to SOWELPA for distribution to the beneficiaries. It is important to note that the awareness creation materials were in the local dialect, with illustrations included for ease of interpretation by communities.</p>
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Activity 2.5	Post distribution and Impact assessment (post animal treatment)	<p>Southwest Livestock Professional Association (SOWELPA) and Food and Agriculture Organisation (FAO)</p> <p>FAO conducted a post-distribution assessment among households receiving animal treatment under this award to ascertain the timeliness of the intervention, impact, and opportunities within the community. The assessment confirmed that FAO, through SOWELPA, managed to treat shoats, cattle, and camels.</p> <p>In every ten people interviewed, at least eight (77%) reported improved overall body condition of the treated livestock. The improvement in general skin and body conditions and increased milk production of the livestock were noticeable changes. Further, beneficiaries reported the treatment support was relevant and timely due to the prevalence of livestock diseases when the campaign began.</p> <p>Based on this, it is evident that the exercise safeguarded the livelihood assets of agro-pastoral and pastoral households in Somalia.</p>

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 areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

FAO carried out two critical activities to assist flood-affected households, aiming to protect their livelihoods and assets. Cash support emerged as the most preferred modality among these communities, as widespread flooding prevented households from engaging in critical livelihood activities such as cash-for-work programs and crop production. Those on the verge of displacement required cash to purchase food, water, and medicine from the market during the lean period.

During the flood, pastoral (Agro) communities relied equally on animal treatment, awareness campaigns, and surveillance to safeguard their herds. This campaign was crucial, especially considering the heightened risk of zoonotic diseases like Rift Valley Fever. The Food and Agriculture Organization (FAO) recognized the significance of these activities and facilitated animal treatment through the Livestock Professional Association known as SOWELPA. SOWELPA is equipped with the necessary expertise in the implementation of animal treatment. They utilized their network of suppliers to procure veterinary drugs locally, ensuring timely treatment of animals. Additionally, they managed the disposal of pharmaceutical waste further supporting the health and welfare of the community's livestock.

b. AAP Feedback and Complaint Mechanisms:

FAO has a robust system to ensure beneficiaries and communities share feedback in the safest way possible. The FAO hotline number has been made available through one-on-one awareness sessions, local radio stations with a wide listenership, bulk short text messages (SMS), and print media (banners and pamphlets). Communities (direct and indirect beneficiaries) can call FAO's hotline number to share feedback on activities in their community, including general inquiries, missing and or delayed entitlement, targeting, etc. Under this award, FAO received 21 calls through the hotline number. Each entry was input into the Compliance, complaints, and Feedback System Control (CoCo) platform for follow-up by the Programme team. Of the calls received one individual requested support and to be registered to take part in FAO interventions. All 21 calls were made to follow up on delayed entitlement and feedback was shared on the next steps, including activation of the lines, and ensuring the mobile network operator captures the correct beneficiary details. All beneficiaries received feedback, with those whose payment was delayed receiving their entitlement after successful verification. Below is a table with the number of calls received per district and the gender breakdown of those who reached FAO.

District	Total Number of Cases	Female	% Female	Male	%Male
Baardheere	10	8	80.0	2	20.0
Belet Weyne	4	2	50.0	2	50.0
Jowhar	7	4	57.1	3	42.9
Total	21	14	66.7	7	33.3

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, including those in Agency. In collaboration with our partners, we distributed informative flyers on PSEA to raise awareness and educate the community about the importance of

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

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

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 misconduct.

The Letters of Agreement issued to and signed by implementing partners 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 confidentially. 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. FAO ensures that the interventions reach the most impoverished and resource-constrained households through this process. Furthermore, FAO has also introduced categorical targeting alongside vulnerability criteria to ensure inclusivity. As a result of these measures, approximately 40% of the households participating in any FAO activities are led by women. This measure demonstrates FAO's commitment to gender equality and its efforts to empower women in agricultural and rural development.



e. People with disabilities (PwD):

FAO prioritized 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:

FAO has implemented measures to ensure protection during the project cycle. The FAO is cognizant of the socio-cultural practices in Somalia. Considering this, programme design has ensured equal participation of men and women in its intervention. FAO has an elaborate targeting criterion that ensures the most vulnerable households safely receive assistance regardless of gender. In addition, training is done at the community level, considering both genders and separate group discussions to ensure all voices are heard. This arrangement was made to ensure the assistance does not cause more harm to communities and households

g. Education:

FAO considered capacity building as part of the main activity delivered to the households receiving assistance. SOWELPA carried out awareness sessions to ensure households are fully aware of the potential impact of floods on animal health (livelihood assets). Through

these sessions, communities were equipped with knowledge and skills to detect some of the diseases in livestock, ways of containing sick animals, and prevention measures to be taken during the period.

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	3,532 households (21,192 individuals)

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

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

FAO adopted Cash and voucher assistance for the intervention as the most suitable, secure, and rapid way of remittance support to flood-affected households in remote villages of Jowhar, Beledweyne, and Baardheere Districts in South Central Somalia.

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 support	3,532 households (21,192 individuals)	US\$ 837,000	Food Security - Agriculture	Unrestricted
0	0	US\$ [insert amount]	Choose an item.	Choose an item.
0	0	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink

Human Interest Story:

FAO in livestock treatment intervention.

In the riverine districts of Jubaland, floods have always been a challenge. While they bring much-needed water to the arid land, they also carry the danger of vector-borne diseases, threatening the livestock that many agro-pastoral households rely on for survival. Recognizing this threat, a critical project funded by FAO stepped in to protect these vital assets and secure the livelihoods of the local communities.



The project focused on treating and controlling vectors in two key riverine districts. This intervention was no small feat; it involved treating 320,972 animals, including camels, cattle, sheep, and goats. These animals belong to approximately 6,477 agro-pastoral households, whose livelihoods are deeply intertwined with the well-being of their livestock. For these families, healthy livestock means not just food on the table but also a crucial source of income by selling their animals.

The core objective of this intervention was to safeguard the livestock assets against the diseases that often follow floods. By doing so, the

project aimed to protect the livelihoods of agro-pastoral and pastoral communities that predominantly depend on their animals for family nutritional needs and income.



Latitude: 2.35123
 Longitude: 42.268127
 Elevation: 104.59±20 m
 Accuracy: 3.0 m
 Time: 21-03-2024 07:11
 Note: gumarka xanay

A key component of the project was raising public awareness. 3,000 awareness materials, such as leaflets, were distributed throughout the communities to achieve this. These leaflets played a vital role in sensitizing the public about vector-borne infections. They provided crucial information on recognizing, controlling, and managing these infections, especially focusing on the zoonotic risks that emerge in flood scenarios.

The community's knowledge about these diseases was significantly enhanced through these efforts. The leaflets facilitated vital

information sharing, particularly at the critical livestock-human interface, where the risk of disease transmission is high.

FAO played a pivotal role in protecting essential livelihood assets by ensuring access to veterinary services, specifically vector control measures. This intervention not only minimized the outbreak of livestock diseases but also helped control diseases at the livestock-human interface. Consequently, it improved household food security, nutrition, and income, providing a lifeline to many families in the riverine districts of Jubaland.

As the community members now tend to their healthier herds, they are reminded of the importance of preparedness and proactive measures in combating the threats posed by floods. Thanks to the timely intervention by FAO, these agro-pastoral households can continue to thrive, sustaining their families and contributing to the broader resilience of their communities.

3.2 Project Report 23-RR-IOM-035

1. Project Information			
Agency:	IOM	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	23-RR-IOM-035
Project title:	Emergency floods response through provision of integrated water, sanitation and hygiene promotion (WASH) services in Somalia		
Start date:	09/11/2023	End date:	08/05/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 6,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 1,200,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, IOM provided access to water to a total of 38,528 beneficiaries (13,480 girls, 11,563 boys, 7,706 women, and 5,779 men) through water trucking and rehabilitation/ construction of 10 communal water points. In addition, 500 latrines were constructed, and 4,000 hygiene kits distributed to vulnerable households among the same beneficiaries. A total of 10 hygiene promoters were recruited and trained on the job, reaching 38,528 beneficiaries with hygiene promotion messages.

Emergency water trucking was conducted for 30 days to communities living in villages affected by the flooding. The villages include: Suubaan Salaam, Al-Kheyr, Biyo Gaduud, Gabanow, Likoley, Jifweyn, Jeeriley, Wanyama Gedow, Yaqa birta, Berkada sharifada, Qarsa, Bilicsan, Madino, Injuni, Towfiq and Aborrow. To improve the sanitation status and provide integrated WASH services, 500 HHs (15,000 individuals) were provided with emergency HH latrines while an additional 4000HHs (24,000 individuals) received hygiene kits. These are among the beneficiaries that were provided access to water. The hygiene kits contained 2.7kg of bar soap, 360 water treatment tablets, a 20-litre jerry can, a 10-litre bucket and 2 packets of sanitary pads. In addition, the families were trained by hygiene promoters on effective treatment of water using the provided water purification tablets, cleaning of water containers, prevention of Acute Watery Diarrhoea (AWD) and maintenance of water sources among other hygiene promotion messages. Beneficiaries, through the WASH committee representatives, were involved in identifying hygiene gaps in their respective settlements and were included in the delivery of hygiene promotion sessions. The WASH committee was further involved in identifying vulnerable HHs that were provided with HKs and construction/rehabilitation of latrines.

3. Changes and Amendments

All the outputs and indicators were achieved as planned despite slight underachievement (96% achieved) in the overall target population; however, implementation was done in Kismayo district (Lower Juba region) where most displacements happened, and humanitarian need was dire. This done following requests from local authorities and in consultation with communities. Kismayo is one of the project locations.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	5,600	4,200	9,800	8,400	28,000	5,394	4,046	9,439	8,091	26,970
Host communities	2,400	1,800	4,200	3,600	12,000	2,312	1,734	4,045	3,467	11,558
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	8,000	6,000	14,000	12,000	40,000	7,706	5,780	13,484	11,558	38,528
People with disabilities (PwD) out of the total										
	120	140	60	80	400	106	123	53	70	352

* 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

Although 10,000 livestock were initially targeted to indirectly benefit from water provision, this was not observed due to the abundance of rainwater. In addition, the team did not report any inward migration of indirect beneficiaries, as the El Niño rains made roads impassable to project locations.

6. CERF Results Framework

Project objective	Provide life-saving support to flood-affected communities through the provision of integrated WASH services in Baardhere and Kismayo districts			
Output 1	40,000 individuals have enhanced access to temporary and sustainable clean, safe water through emergency trucking and water source rehabilitation			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard	40,000	38,528	Distribution lists, photos, field reports
Indicator 1.2	WS.15 Number of communal water points (e.g., wells, boreholes, water tap stands, systems) constructed and/or rehabilitated	10	10	Field report, facility photos
Explanation of output and indicators variance:		Indicator 1.1: The indicator was slightly underachieved 96%, this is because the target was based on estimated figure while achievement is actual population reached.		
Activities	Description	Implemented by		
Activity 1.1	Registration of beneficiaries for emergency water supply	IOM		
Activity 1.2	Emergency water supply to 30,000 individuals through blanket system in]	IOM		
Activity 1.3	Rehabilitation and upgrading of water sources	IOM		

Output 2	15,000 flood-affected individuals have improved access to sanitation facilities through the construction and rehabilitation of latrines with handwashing facilities.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.14 Number of household sanitation facilities (e.g., latrines) and/or household bathing facilities constructed or rehabilitated	500	500	Field report, facility photos

Indicator 2.2	WS.9a Percentage of people who report using a safe, dignified and functional sanitation facility with functional handwashing facility (with soap/cleaning agent and water)	85	100	Field reports
Explanation of output and indicators variance:		This output and indicators were 100% achieved, no variance		
Activities	Description	Implemented by		
Activity 2.1	Construction of 500 latrines with handwashing stations	IOM		
Activity 2.2	Registration and allocation of latrines	IOM		
Activity 2.3	Training of households on latrine maintenance	IOM		

Output 3 40,000 people demonstrate improved hygiene practices through hygiene promotion activities

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.19 Percentage of households that can demonstrate effective treatment of their water to meet the recognized standards for water quality	85%	100%	Field reports, photos
Indicator 3.2	WS.20 Percentage of people with improved knowledge that demonstrate safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials.	85%	100%	Field reports,
Explanation of output and indicators variance:		All indicators achieved, no variance		
Activities	Description	Implemented by		
Activity 3.1	On the job training of hygiene promoters	IOM		
Activity 3.2	Conduct hygiene promotion activities	IOM		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

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

a. Accountability to Affected People (AAP)⁵:

In line with IOM policy, all beneficiaries were given equal opportunity to actively participate in the activities of the project from planning, implementation, and monitoring. During the planning/design phase, IOM dispatched program teams directly to the districts to meet with the local authorities and line ministry officials for briefing, during mobilization activities, this was well communicated to the community in advance to maintain peace and order during distributions. Local authorities and the community were also consulted to identify the distribution points that are accessible, secure, and safe for all. During the project implementation, a team of water committees doubling as hygiene promoters were recruited and trained to oversee and support activities. The committee was also responsible for supporting the program team to collect beneficiaries' feedback and identify vulnerable members. Regarding concerns or complaints, IOM set up a feedback desk to address key needs and specific gaps in service delivery.

b. AAP Feedback and Complaint Mechanisms:

IOM has a well-structured feedback mechanism that captures community feedback while guaranteeing confidentiality. For this project, community committees held regular weekly meetings chaired by IOM at project sites together with the contractors to monitor the progress of the water sources' rehabilitation and to capture community perception of the quality of work and variations encountered. Volunteer community mobilizers (50% female) were recruited during hygiene promotion and conducted door-to-door consultations and interviews to collect complaints and feedback in person. This approach allowed face-to-face interaction to ensure anonymity. As proxy representatives of the communities, interviews with local authorities/Ministry of Water officials were also used to provide more information.

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

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

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

IOM's team considered all measures that reduce possible risks of violence, especially for those with vulnerabilities. During the assessment, analysis, and planning phase, the team ensured gender equality by incorporating and mainstreaming gender-responsive elements. Notably, the broader protection factors that exacerbate the risks of gender-based violence (GBV) in the project setting were assessed, such as unsafe routes to the water points. Specific indicators were incorporated and measured through the final assessment to identify any GBV/security issues experienced during the implementation and to eventually support the referral process.

e. People with disabilities (PwD):

Project staff, community committees, and hygiene promoters were sensitized through induction meetings and on-the-job training about inclusion of PwD as part of a larger vulnerability-based beneficiary selection criteria. Persons with Disability (PwD) were given priority for service delivery at water-fetching points, feedback forums, and data collection times.

f. Protection:

Throughout the project phases, the principle of "do no harm" was upheld. At the design level, measures to ensure confidentiality, anonymity, and data protection for all beneficiaries were planned and introduced to all stakeholders. Inclusion of women and girls in the consultation process, seeking consent for data collection and visibility materials of subjects was also incorporated in the design of the project. During the project implementation, the enumerators and hygiene promoters' capacities to identify and respond to GBV and security issues were enhanced through ad-hoc training sessions.

g. Education:

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](#).

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

CVA was not planned as part of IOM's approved project. There are no commercial water vendors in these locations and hence IOM will instead hire trucks to supply water."

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Success stories	CERF Success Story.pdf
[Insert]	[Insert]
[Insert]	[Insert]

3.3 Project Report 23-RR-HCR-033

1. Project Information

Agency:	UNHCR	Country:	Somalia
Sector/cluster:	Shelter and Non-Food Items	CERF project code:	23-RR-HCR-033
Project title:	El Nino response through distribution of Emergency Shelter and Non-Food Item Kits		
Start date:	09/11/2023	End date:	08/07/2024
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\$ 15,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 2,000,000
	Total CERF funds sub-granted to implementing partners:	US\$ 562,962
	Government Partners	US\$ 0
	International NGOs	US\$ 30,000
	National NGOs	US\$ 532,962
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

Throughout the project implementation, UNHCR and the implementing partners – African Volunteers for Relief and Development Volunteers and Humanitarian Initiative Just Relief Aid provided El Nino preparedness and response through the distribution of Emergency Shelter and Non-Food Item Kits, specifically: -

- Conducted IDP profiling and enrolment prior to the provision of assistance to the displaced persons. This ensured accurate and comprehensive data collection, enabling a better understanding of the target population's gravity of needs and vulnerabilities which enhanced accountability to the affected population.
- Improved emergency shelter kits (ESK) in Bardhere with more resistant and elevated concrete floors, to 1,800 households (10,800 individuals). The fundamental purpose of this intervention was to mitigate the effects of flooding by alleviating the suffering of the most vulnerable groups, including women, children, the elderly, and persons with special needs (PSN) and disabilities, who had lost shelter and other household items due to the floods.
- 7,200 non-food items kits were distributed to 43,200 vulnerable beneficiaries in the project's sites, in Kismayu and Beletweyne. The NFIs helped to provide a sense of normalcy and dignity for people who lost most of their essential items because of the floods and meet their basic needs in the aftermath of the El Nino.
- UNHCR provided non-food items in the form of cash to 1,800 households (10,800 individuals) in Jowhar.
- Throughout the project implementation period, UNHCR and African Volunteer for Relief and Development were able to reach 64,800 beneficiaries with both non-food items in kind and cash, and Emergency shelters.

- As part of the accountability and ensuring effective programme management, UNHCR through its third-party monitoring partner (Humanitarian Initiative Relief Just Aid (HIJRA)) conducted 2 post distribution monitoring exercises in targeted locations.

3. Changes and Amendments

UNHCR officially requested a no-cost extension of 2 months for this RR action. Despite putting efforts in Bardere and Belet Weyne to complete the planned activities, the heavy rains that started in early April negatively impacted the completion of the project in the various project sites.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Shelter and Non-Food Items									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	8,910	7,290	8,910	7,290	32,400	8,910	7,290	8,910	7,290	32,400
Host communities	8,910	7,290	8,910	7,290	32,400	8,910	7,290	8,910	7,290	32,400
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	17,820	14,580	17,820	14,580	64,800	17,820	14,580	17,820	14,580	64,800
People with disabilities (PwD) out of the total										
	500	500	500	500	2,000	500	500	500	500	2,000

* 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 there were more than 7,000 persons who indirectly benefited from the project mainly entrepreneurs and others from the labour market (primarily unskilled) required for the construction and distribution processes, as well as the procurement of emergency shelter materials and NFI items that are locally available

6. CERF Results Framework

Project objective Ensure Safe and dignified Provision of Emergency Shelter and NFI support to people affected by El Nino

Output 1 Emergency Shelter Provided

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.1a Number of people receiving in-kind shelter assistance	10,800	10,800	distribution list, partner distribution report
Indicator 1.2	SN.1b Number of in-kind shelter kits distributed	1,800	1,800	distribution list, partner distribution report
Indicator 1.3	# of PDMs conducted for Shelter Assistance	2	2	partner report

Explanation of output and indicators variance: N/A

Activities	Description	Implemented by
Activity 1.1	Assessment, Identification, and registration of beneficiaries for Emergency shelter assistance for 1,800 Households.	UNHCR, AVORD
Activity 1.2	Construction of Improved Emergency Shelters and distribution of constructed shelters to beneficiaries targeting 1, 800 HHs	AVORD
Activity 1.3	On-site Monitoring for shelter Constructions interventions target: 2	UNHCR
Activity 1.4	Post Distribution Monitoring for shelter interventions	HIJRA

Output 2 Core relief Items Provided

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	SN.2a Number of people receiving in-kind NFI assistance	43,200	43,200	distribution list, partner distribution report

Indicator 2.2	SN.2b Number of in-kind NFI kits distributed	7,200	7,200	distribution list, partner distribution report
Indicator 2.3	# of PDMs conducted for NFI distribution	1	1	Partner report
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 2.1	Procurement of 7, 200 NFIs and Plastic Sheets.	UNHCR		
Activity 2.2	Assessment, Identification, registration, and Distribution of NFI kits in-kind assistance with additional plastic sheets to 7,200 HHs	UNHCR, AVORD		
Activity 2.3	On-site Monitoring for shelter and NFI interventions	UNHCR		
Activity 2.4	Post Distribution Monitoring for shelter and NFI interventions	HIJRA		

Output 3	Cash grants or vouchers (CRIs) provided			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Cash.4a Number of people receiving unconditional vouchers (NFIs in cash)	10,800	10,800	Distribution list
Indicator 3.2	Cash.4b Total value of unconditional vouchers distributed in USD	180,000	180,000	Distribution list
Indicator 3.3	# of PDMs conducted for NFI cash assistance	1	1	1
Explanation of output and indicators variance:		N/A		
Activities	Description	Implemented by		
Activity 3.1	Assessment, Identification, and registration of beneficiaries for Emergency shelter assistance for 1,800 Households.	UNHCR, AVORD		
Activity 3.2	Distribution of NFI kits in cash targeting 1,800 HHs with the NFI cash assistance.	UNHCR		
Activity 3.3	Post Distribution Monitoring for the NFI cash assistance	HIJRA		

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 areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁷:

UNHCR and its partners are committed to ensuring that the programme implementation process is accountable and transparent. The partners use their own feedback and complaint mechanism to record and act on expressions of satisfaction or dissatisfaction about the proposed project by beneficiaries. In addition, UNHCR uses its existing hotlines and other channels including the recently established Inter-agency Complaint and Feedback Mechanisms (ICFM) to record and address any complaints or suggestions from the 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 used local knowledge to identify vulnerable IDP households in liaison with the community leaders, beneficiary representatives, available community communication forums, and monitoring of project implementation.

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 can channel complaints to UNHCR and the partners. Displaced persons were informed that services provided are free of charge and they shouldn't give anything in exchange of the services provided by UNHCR and its partners.

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

During the period of project implementation, all partners implementing the CERF allocation adhered to the principles of Prevention of Sexual Exploitation and Abuse (PSEA) in the area of project intervention. UNHCR-funded partners completed the PSEA assessment as part of the checklist required during project implementation. UNHCR and the two funded partners ensured that the displaced person's confidentiality was safeguarded and protected. Complaint and feedback mechanisms were put in place and UNHCR protection staff who were trained on PSEA supported the funded partners in ensuring that PSEA Principles are strictly followed. Any complaints and issues arising were handled in strict confidentiality and a 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. It addressed the need for urgent action and comprehensive response plans to safeguard the rights and well-being of women and girls amidst the El Niño crisis. This includes ensuring the distribution of emergency shelter and non-food item kits in a gender-responsive manner that prioritizes the specific needs and vulnerabilities of women, girls, and sexual and gender minorities.

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, both the shelter and protection of the project ensure that people with disabilities are targeted and

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

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

assisted. During vulnerability assessment, PWDs were rated highly on the weighting scale of selection. Through this project, a total of 2,000 persons with disabilities were supported.

f. Protection:

The project "El Nino response through distribution of Emergency Shelter and Non-Food Item Kits" effectively mainstreamed protection by incorporating gender-sensitive, culturally appropriate, and community-based distribution methods. The integrated protection outcomes achieved included improved shelter and safety, increased dignity and privacy, reduced vulnerability, and improved access to basic needs.

g. Education:

Not applicable

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	10,800

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 provided non-food items in the form of cash to 1,800 households (10,800 individuals) in Jowhar

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
Indicator 3.1	10,800	US\$ 108,000	Shelter and Non-Food Items	Restricted
[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
UNHCR Somalia PRMN Displacement and Protection - Region Level Dashboard January 2024	UNHCR Somalia PRMN Displacement and Protection Region Level Dashboards - January 2024 (1).pdf
[Insert]	[Insert]
[Insert]	[Insert]

3.4 Project Report 23-RR-CEF-056

1. Project Information

Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Water, Sanitation and Hygiene	CERF project code:	23-RR-CEF-056
Project title:	El Nino response project to support 60,000 people in Hirshabelle State of Central South Region of Somalia.		
Start date:	09/11/2023	End date:	08/05/2024
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\$ 9,264,326
	Total funding received for agency's sector response to current emergency:	US\$ 780,000
	Amount received from CERF:	US\$ 1,800,009
	Total CERF funds sub-granted to implementing partners:	US\$ 1,045,014
	Government Partners	US\$ 850,014
	International NGOs	US\$ 0
National NGOs	US\$ 345,939	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

The funds from CERF have been instrumental in providing life-saving emergency WASH support to the communities that were affected by heavy flooding that came about because of the El Nino rains that affected much of Somalia in 2023. As an immediate response UNICEF and its partners provided safe water to 45,000 people (20,000 in Jowhar and 25,000 in Beletweyne) through water trucking and water vouchers in which 7.5 litres of water per person per day was provided for a period of 45 days. Emergency water disinfection, rehabilitation, upgrading and chlorination of shallow water sources was also carried out in Jowhar and Beletweyne as part of the efforts to reduce AWD/cholera infections and ensure a longer-term supply of safe water. A total number of 146 communal water points benefited from this, out of which 46 water points further benefited from the replacement of non-functioning water pumps and solar panels.

The provision of emergency sanitation facilities was also done in the IDP/flood evacuation sites in which a total of 600 gender segregated latrines were constructed in a manner that could withstand the flooding of these areas. Hygiene promotion messaging was also intensified amongst the displaced community members, carried out alongside the distribution of hygiene kits that done through the regional supply hubs in the two districts. Hygiene kits distribution and hygiene promotion reached 61,900 flood affected people.

3. Changes and Amendments

There have been no significant changes or amendments to the interventions during the project period.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	16,650	16,350	8,600	8,400	50,000	17,177	16,868	8,872	8,666	51,583
Host communities	3,330	3,270	1,720	1,680	10,000	3,436	3,374	1,774	1,733	10,317
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	19,980	19,620	10,320	10,080	60,000	20,613	20,242	10,646	10,399	61,900
People with disabilities (PwD) out of the total										
	2,997	2,943	1,548	1,512	9,000	3,092	3,036	1,597	1,560	9,285

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

5. People Indirectly Targeted by the Project

Approximately 25,000 people were reached indirectly mainly through emergency water supply and hygiene messaging activities due to the intensified promotion activities to reduce AWD/Cholera infections

6. CERF Results Framework

Project objective	To support 60,000 people with WASH emergency response interventions during a projected El Nino emergency.			
Output 1	30,000 people reached with emergency water supply through household water treatment and/or trucking of safe drinking water.			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard.	30,000	45,000	Implementing partner reports (weekly +Monthly)
Indicator 1.2	WS.15 Number of communal water points (e.g. wells, boreholes, water taps stand, systems) constructed and/or rehabilitated	200	146	Implementing partner reports (weekly +Monthly)
Explanation of output and indicators variance:		<p>Indicator 1.1 : Due to improved rainfall, the unit cost of water trucking was slightly lower, allowing UNICEF to reach more people than initially planned.</p> <p>Indicator 1.2: UNICEF employed a multipronged approach to emergency repair of flooded affected water points. In addition to emergency repairs and disinfection of all 146 water points, some 46 high-production water points benefited from the replacement of nonfunctioning water pumps and solar panels, which are costlier than the planned emergency disinfection and repair of affected water points. The higher costs of installation of these pumps and solar panels contributed to missing the overall 200-water points target.</p>		
Activities	Description	Implemented by		
Activity 1.1	Emergency supply of clean safe water access by water trucking or vouchers for 45 days to reach 30,000 people.	MINISTRY OF WATER AND ENERGY HIRSHABELLE		
Activity 1.2	Rehabilitate, upgrade, protecting, cleaning or disinfection of 200 water facilities.	WARDI, INTERSOM		

Output 2	60,000 people supported with emergency sanitation, including environmental sanitation, interventions			
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	WS.13 Number of communal sanitation facilities (e.g. latrines) and/or communal bathing facilities constructed or rehabilitated	700	600	Implementing partner reports (weekly +Monthly)
Indicator 2.2	WS.12 Percentage of people who are utilizing facilities and services to support environmental health as part of WASH programming (e.g., solid waste management and disposal, drainage, vector control activities etc.)	75	75	[Fill in] draft National WASH study

Explanation of output and indicators variance:

Indicator 2.1 : The unit cost for providing new emergency latrines in IDP/flood evacuation sites increased from USD 300 to USD 450, resulting in an inability to reach the target. This increase was due to higher material transportation costs, greater pit depth, and the need for improved designs to withstand flooding.

Indicator 2.2: The Hygiene promotion activities and messaging included passing on key hygiene messages of handwashing with soap, use of sanitation facilities, water treatment, safe disposal of solid waste reaching 61,900 people. However, a formal survey to determine the actual utilization/practice is yet to be conducted. As such the overall proportion of people cleaning their latrines either Daily or weekly has been used based on the draft National WASH study.

Activities	Description	Implemented by
Activity 2.1	Construction and rehabilitation of 700 emergency flood proof communal latrines in IDP/flood evacuation sites	WARDI, INTERSOM
Activity 2.2	Provision of sandbags and sanitation tools for clearing waterways and flood protection around WASH facilities	WARDI, INTERSOM

Output 3 60,000 people reached with WASH hygiene kits and hygiene promotion activities

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	WS.16a Number of people receiving critical WASH supplies (e.g., WASH/hygiene kits)	30,000	61,900	WASH Cluster 4W matrix
Indicator 3.2	WS.16b Number of WASH/hygiene kits distributed	10,000	10,316	INSIGHT
Indicator 3.3	WS.17 Number of people receiving WASH/hygiene messaging	60,000	61,900	WASH Cluster 4W matrix

Explanation of output and indicators variance:

Indicator 3.1. While the achievement is in line with the respective activity 3.1, the target seems to have been wrongly indicated as 30,000 as opposed to 60,000. The 10,316 Hygiene kits procured using CERF funds were distributed to 10,316 HH with each HH estimated to have 6 individuals and hence reaching 61,900 people.

		Indicator 3.2 – During implementation, and a slightly higher number of HHs were identified to be in need of Hygiene kits and hygiene promotion services. As a result, more hygiene kits were released from the respective regional supply Hubs. The difference in the quantities was absorbed by UNICEF's internal resources as WASH cluster partners who distributed the kits.
Activities	Description	Implemented by
Activity 3.1	Distribute critical WASH hygiene kits for 60,000 people	WARDI, INTERSOM, IMC,NRC,WVI,DRC,SYPD,LARDO,SCI,YEELO,AFDAN,HWD-Family,ACF,Kaalo, Dhaah Foundation,
Activity 3.2	Procure and transport 10,000 hygiene kits to supply hubs	UNICEF
Activity 3.3	Conduct hygiene promotion and sensitization campaigns on El Nino, disease outbreaks by 60 hygiene promoters and by using local media.	WARDI, INTERSOM, UNICEF, IMC,NRC,WVI,DRC,SYPD,LARDO,SCI,YEELO,AFDAN,HWD-Family,ACF,Kaalo, Dhaah Foundation,

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 areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

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

b. AAP Feedback and Complaint Mechanisms:

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

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

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

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

UNICEF has zero tolerance for SEA-related abuse; firm and appropriate action gets taken where it occurs. The implementing partner for UNICEF signs a commitment as part of the project agreement that they will also ensure that none of their staff will commit SEA-related offenses. PSEA training is provided to all CP partner staff, volunteers, and vendors supporting the programme. UNICEF partners are supported to develop procedures to ensure safe and confidential reporting of concerns and incidents related to PSEA and child safeguarding. During this project implementation, no SEA-related offences were reported.

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

Gender issues were one of the key strategies and elements of the WASH intervention; in this regard, latrine structures were constructed to offer privacy and protection for women and girls. By working with key stakeholders, including local authorities, leaders, implementing partners, and the WASH Cluster, due consideration was made to minority communities living in the target locations to ensure that they did not get excluded during the provision of the WASH services. Overall, the WASH program ensures that the WASH beneficiaries get targeted, tracked, and reported based on the actual beneficiaries, reached without affecting the existing gender segregation in the target community by correctly tracing women, men, girls, and boys.

e. People with disabilities (PwD):

The project has duly and critically mainstreamed People with Disabilities in such that it strategically planned the project intervention & accordingly ensured that the facilities constructed are to consider and provide accessibility to persons with disabilities through the provision of ramps and metal support structures for people with physical disabilities.

f. Protection:

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

g. Education:

While during project design the project had considered the possibility of using educational institutions hosting displaced households as centres/locations for hygiene promotion, the actual hygiene promotion sessions did not take place at educational institutions. Instead, the hygiene promotion activities were conducted at Communities or health facilities treating AWD/Cholera patients. Hygiene promotion at community and health facilities was prioritized to avoid interruption of ongoing learning programmes in schools.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	The project used in-kind water vouchers rather than actual cash in the provision of water through water trucks. A total of 45,000 people received the water vouchers.

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.

UNICEF did not plan the use of MPC in the approved project due to the extensive nature of the projected El Nino, it is likely to affect a significant proportion of the community and the services will not need a voucher system. “

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

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

Title	Weblink
[Insert]	[Insert]
[Insert]	[Insert]
[Insert]	[Insert]

3.5 Project Report 23-RR-WFP-050

1. Project Information

Agency:	WFP	Country:	Somalia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	23-RR-WFP-050
Project title:	WFP relief response to flood-affected population		
Start date:	09/11/2023	End date:	08/05/2024
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\$ 24,000,000
	Total funding received for agency's sector response to current emergency:	US\$ 0
	Amount received from CERF:	US\$ 1,375,000
	Total CERF funds sub-granted to implementing partners:	US\$ 80,379
	Government Partners	US\$ 0
	International NGOs	US\$ 80,000
National NGOs	US\$ 0	
Red Cross/Crescent Organisation	US\$ 0	

2. Project Results Summary/Overall Performance

With funding from CERF, WFP provided critical lifesaving food assistance to flood-affected people in Bardheere, Beledweyn, and Jowhar districts. The project delivered unconditional cash assistance, through food vouchers, to vulnerable households, mitigating against the negative impact of the floods. This intervention formed part of WFP's broader response to floods in the targeted locations. A total of 41,760 people (6,960 households) received transfers totalling USD 1,060,415 across the three districts, for a period of two months. Based on the Minimum Expenditure Basket (MEB) rate, households in Jowhar and Bardheere districts received a monthly transfer of USD 80, while households in Beledweyn district received a monthly transfer of USD 70.

Beneficiaries received cash-based transfers (CBT) through food vouchers, which they redeemed at WFP's contracted retailers to purchase various food commodities. This food assistance helped support the immediate food needs of beneficiaries, strengthening their food security, while also boosting local economies and strengthening markets. The project was designed to facilitate a hybrid modality of Mobile money(MM) transfers and vouchers. However, due to the emergency nature of the floods, we had limited time to process MM transfers with third-party Financial Service Providers (FSPs). The urgency nature of the response required rapid response measures, prompting WFP to prioritize vouchers over MM. Overall, the project yielded positive outcomes, with a demonstrated increase in acceptable food consumption scores amongst the assisted population.

3. Changes and Amendments

WFP Somalia achieved 99 percent of the project target, with a minor discrepancy between the planned and actual figures. This slight difference is attributed to the allocation of 2 percent of the planned transfer for special financial reporting purposes. The reallocation was in accordance with the agreement made with the Central Emergency Response Fund (CERF). With the introduction of assurance measures to counter post-delivery aid diversion, the completion of the community engagement, targeting, and beneficiary registration processes took longer than planned but did not impact the overall delivery of assistance. These measures were critical to ensure that the right people receive the assistance they need, safely, in full and without interference.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	3,982	4,002	1,251	1,269	10,504	2,131	2,106	2,313	2,428	8,978
Host communities	11,975	11,984	3,781	3,771	31,511	7,784	7,689	8,443	8,866	32,782
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	15,957	15,986	5,032	5,040	42,015	9,915	9,795	10,756	11,294	41,760
People with disabilities (PwD) out of the total										
	354	371	83	83	891	1,487	1,469	1,076	1,129	5,161

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

5. People Indirectly Targeted by the Project

In addition to the 41,760 direct beneficiaries who received food vouchers, an estimated 90,000 people benefited indirectly from the project. WFP conducted dedicated community sensitization sessions on the impact of floods and flood preparedness measures within targeted communities. These sessions empowered communities, thereby strengthening their resilience against floods. WFP's engagement with local contracted retailers not only supported their businesses but also strengthened the local economy and provided increased market opportunities. Additionally, the porters and other individuals employed by the retailers benefited from employment opportunities related to the provision of cash-based transfers. Local staff working from the cooperating partners in Belet Weyen, Jowhar, and Baardheere districts also benefitted from employment and capacity strengthening from working with WFP staff. This network of indirect beneficiaries played a crucial role in supporting the broader community, through their provision of essential services and goods. Their involvement underscores the significant economic and social impact of WFP operations beyond the primary target group.

6. CERF Results Framework

Project objective	Provide food security support to the most vulnerable and flood-affected households to address food consumption gaps.				
Output 1	42,015 beneficiaries (7,003 HHs) receive food security support for a period of two 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 - Food Assistance				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Cash.4a Number of people receiving unconditional vouchers	42,015	42,015	SCOPE Data	
Indicator 1.2	Cash.4b Total value of unconditional vouchers distributed in USD	1,062,540	1,062,540	SCOPE data	
Indicator 1.3	FS.5a Percentage of households with acceptable food consumption score (FCS) \geq 56.9%	56.9	\geq 56.9%	Outcome Monitoring Survey June 2024	
Indicator 1.4	FS.3 Average reduced Coping Strategies Index (rCSI) $<$ 10.0	10.0	$<$ 10.0	Outcome Monitoring Survey June 2024	
Explanation of output and indicators variance:		<p>Indicator 1.1: 41,760 out of 42,015 planned beneficiaries received support, representing 99.3% of the planned transfer. \$2,225 was utilized for special financial reporting as agreed with the Central Emergency Response Fund, causing the slight shortfall.</p> <p>Indicator 1.2: 1,060,415 out of 1,062,540 planned transfers have been delivered representing 99.8% of the planned: \$2,225 was utilized for special financial reporting as agreed with the Central Emergency Response Fund, causing the slight shortfall.</p> <p>Indicator 1.3: The project targeted a food consumption score above 56.9 and achieved 67.4. This is attributed to the timely delivery of project transfers to target beneficiaries that intervened in the food needs.</p>			
Activities	Description	Implemented by			

Activity 1.1	Targeting and Biometric registration and enrolment were conducted by capturing beneficiary photos and fingerprints uploading the information onto the SCOPE platform and issuance of E-voucher cards. Locations, targeted number of households, and duration for this activity are as follows. Beletweyne (15,555 beneficiaries), Jowhar (12,810 beneficiaries), and Bardhere (13,650 beneficiaries) for 2 months.	WFP and its cooperating partners: COOPI - Cooperazione Internazionale, Polish Humanitarian Action, and Norwegian Church Aid
Activity 1.2	Beneficiary mobile money transfers and e-voucher redemptions are facilitated through the WFP SCOPE platform. Project location, the targeted number of households, and duration for this rapid response activity are as follows: Beletweyne (15,555 beneficiaries), Jowhar (12,810 beneficiaries), and Bardhere (13,650 beneficiaries) for 2 months.	WFP and its local contracted retailers
Activity 1.3	Beneficiaries' mobile money transfer through FSPs and purchase food commodities of their choice from retailers after biometrically authenticating their SCOPE cards. Locations, targeted number of households, and duration for this activity are as follows. Beletweyne (15,555 beneficiaries), Jowhar (12,810 beneficiaries) and Bardhere (13,650 beneficiaries) for 2 months.	WFP and its local contracted retailers

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 areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹¹:

WFP endeavours to ensure that the people affected by crises are at the centre of every humanitarian intervention. Targeting for this project was conducted using a community-based approach to improve quality and transparency. As part of this approach, committees consisting of representatives from various population groups, including minorities and marginalized communities, were formed, and played a crucial role in the selection and mobilization of beneficiaries, ensuring a fair and inclusive process. WFP organized community sensitization sessions, where beneficiaries were informed of their entitlements, the project's duration, and other key information. This helped foster a sense of responsibility and involvement within the community, as they become active participants in the programme.

In addition, WFP conducted monthly process monitoring to gather insights directly from project beneficiaries. Through this monitoring, the effectiveness of the program has been assessed, key challenges have been identified, and the perspectives and needs of the communities have been understood and integrated into the project design. It also provided a platform for stakeholders to voice their complaints and

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

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

concerns, enabling prompt corrective actions to be taken. Beneficiaries were given the opportunity to provide feedback on their satisfaction levels, ensuring their voices were heard and their needs were met.

b. AAP Feedback and Complaint Mechanisms:

WFP Somalia operates the largest Community Feedback Mechanism (CFM)/Grievance redress system in Somalia with a dedicated unit and staff. WFP Somalia has a safe, accessible, and responsive community feedback and response mechanism in place to allow affected communities to raise concerns, grievances, seek information, request for assistance and provide feedback. The CFM operates at the local level (nationwide coverage), with a 360-degree monitoring and reporting process in place. WFP has a dedicated call centre which enables confidential reporting and complaint registration from the field. Complaints and feedback related to this project were tracked, with timely updates provided to the complainants. The complaints were classified based on risk levels and managed using a specialized online case management software. These channels allowed community members to share their feedback, report issues, and suggest improvements related to the project. Additionally, WFP utilized enhanced radio messaging and beneficiary sensitization to promote awareness of hotline numbers and entitlements. These feedback mechanisms were effective in ensuring that the project remained responsive to the needs and concerns of the beneficiaries.

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

The WFP Community Feedback Mechanism (CFM), comprising of a toll-free helpline and help desks, provides a safe, confidential and accountable system that records, follows up and provides support to victims of SEA. As part of the communication plan, WFP's call centre number was advertised at all distribution points so that potential users/beneficiaries were aware of its existence and were familiar with the process for submitting complaints. Through community engagement, beneficiaries were also informed of the CFM and SEA principles and guidelines. All WFP Call centre operators are well-trained in handling sensitive, high-risk and confidential cases. GBV/SEA/SH cases are usually escalated to the Risk Management unit or Country office GBV/SEA Focal point or escalated directly to the Office of Investigation. The SEA case, once registered, is a high-risk and priority case only accessible to helpline staff and the most senior of WFP management at the Area Office and the Country Office. The case log immediately triggers an investigation and immediate support to the victims and as per our protocols, SEA cases due to their sensitive nature must be closed off as soon as possible and remedial appropriate action is taken. Reports of sexual exploitation and sexual harassment are referred to WFP Protection from Sexual Exploitation and Abuse focal points. WFP will furthermore ensure that the loop is closed once the complainants confirm their satisfaction.

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

WFP employed gender-sensitive beneficiary targeting in this project and prioritized women-headed households for assistance. Community consultations were carried out with men and women separately as a key step in planning activities and to ensure that women's voices were heard in the design and delivery of assistance. WFP ensured that both men and women participated in all project activities and that women were represented in project committees and contributed to decision-making processes. The provision of cash-based transfers also promotes gender equality and has a long-standing impact on the power dynamics and social relations between men and women both at household and societal levels.

e. People with disabilities (PwD):

The project targeted the most vulnerable and marginalized groups, including persons living with disabilities and communities with minority affiliations. WFP's targeting criteria prioritizes people with disabilities and affirmatively considered households with disabled heads and members as priority for assistance. The selection criteria were effectively communicated to the community in advance of assistance and guided the community committees in the targeting and selection process. Inclusion of people with disabilities in the targeting committees is also a requirement, to ensure their interests are represented. The use of CBT through vouchers gave people with disabilities and other vulnerable groups the flexibility to redeem their entitlements in locations of their choice and at the time of their choice.

f. Protection:

The project was designed through a conflict-sensitive lens and adopted “do no harm” and “leave no one behind” principles to effectively guide the targeting and implementation of the activities. The use of CBT and SCOPE cards enabled people to access their entitlement at locations most convenient to them. WFP and its cooperating partners worked with community leaders and other opinion leaders to identify at-risk groups living within the community and ensure their inclusion. WFP also consulted communities and engaged 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 accompanied all communications to persons of concern. WFP staff and cooperating partners were trained on the four principles of protection mainstreaming, including prioritizing safety and dignity, meaningful access; accountability; and participation and empowerment.

g. Education:

Not relevant for this project.

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 the sole intervention in the CERF project	41,760

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 purchase a variety of healthy food commodities. This not only improved beneficiary food security, but also benefitted the broader community through boosting local economies and strengthening markets.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Cash and Voucher (Activity 1.1 – 1.3)	41,760	US\$ 1,060,415	Food Security - Food Assistance	Unrestricted
0	0	US\$ [insert amount]	Choose an item.	Choose an item.
0	0	US\$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

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

3.6 Project Report 23-RR-WHO-042

1. Project Information			
Agency:	WHO	Country:	Somalia
Sector/cluster:	Health	CERF project code:	23-RR-WHO-042
Project title:	Scaling up the implementation of integrated primary health care services to anticipate and mitigate the negative health impact of anticipated El Niño		
Start date:	10/11/2023	End date:	09/05/2024
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,200,000
	Total funding received for agency's sector response to current emergency:		US\$ 3,301,157
	Amount received from CERF:		US\$ 2,250,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

This CERF grant supported WHO reached a total of 396,452 persons with various interventions through the provision of high quality integrated primary health care services in Jowhar, Beletweyne, Kismayo and Bhadheere districts all geared towards protecting vulnerable communities from health emergencies resulting from the effects of the El Niño phenomenon. These interventions included 298,544 outpatient consultations, 12,134 persons provided with mental health and/or psychosocial support, and 12,786 persons were treated for acute watery diarrhoea (including cholera). The grant also supported strengthened disease surveillance and the investigation and response to disease outbreaks and alerts within the project areas which facilitated the investigation of 82% of public health alerts generated within the communities, 89% of health facilities reported surveillance data timely and 100 health facilities were supported. Capacity was strengthened for the provision of clinical management for 5,342 children with severe acute malnutrition with medical communications admitted to stabilization facilities of which 97% recovered. 3,231 persons also received micronutrient supplementation and 14,856 persons received information on appropriate maternal and young child feeding practices.

The project ensured improved access to essential primary health care services and facilitated a swift response to a large cholera outbreak providing reasonable control thereby preventing a large outbreak within a congested urban setting thereby preventing excessive avoidable morbidity and mortality.

3. Changes and Amendments

No changes or modifications were implemented.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	10,398	10,847	17,424	17,536	56,205	18,716	19,525	31,363	31,565	101,169
Host communities	60,397	60,397	60,397	60,397	241,588	64,021	64,021	64,021	64,021	256,083
Other affected people	6,475	6,755	10,850	10,920	35,000	7,252	7,566	12,152	12,230	39,200
Total	77,270	77,999	88,671	88,853	332,793	89,989	91,111	107,536	107,816	396,452
People with disabilities (PwD) out of the total										
	2,389	2,491	4,013	4,013	12,906	2,532	2,640	4,254	4,254	13,680

* 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 strategy employed by WHO for this project, which entails collaborating with the Ministries of Health and strengthening their capacity ensures that residual capacities are retained to serve 572,608 persons who live within the project areas. The displaced persons and other vulnerable population in the districts have benefit from an enhanced disease surveillance system and the capacity to detect other adverse public health events and also initiate prompt responses. These same population also have access to improved primary health care services including access to mental health services which otherwise would not have been available.

6. CERF Results Framework

Project objective	To provide anticipatory actions and protect vulnerable communities from health emergencies resulting from El Niño through the provision of high-quality integrated primary health care services in Jowhar, Beletweyne, Kismayo and Bhadheere districts			
Output 1	Improved access to primary health care services among vulnerable communities affected by El Niño in Beletweyne, Jowhar, Kismayo and Bhadheere.			
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	286,034	298,544	ODK Data collected on Heal care consultations
Indicator 1.2	H.11 Number of people receiving treatment for Acute Watery Diarrhoea including cholera	120,00	12,786	ODK Data Collected on Cholera
Indicator 1.3	H.1a Number of emergency health kits (including cholera kits) delivered to healthcare facilities	24	24	OSL records and Procurement Data
Indicator 1.4	H.10 Number of people referred to higher-level and/or specialized health services	14,301	14,986	ODK report on Referrals done
Indicator 1.5	H.9 Number of people provided with mental health and/or psycho-social support services	11,442	12,134	Health Facility Report on Data for Mental health Support
Explanation of output and indicators variance:		The achievement was slightly above the target due to expanded support to outreaches and Facilities, which led to more people being reached		
Activities	Description	Implemented by		
Activity 1.1	Deploy 25 outreach teams (nurses, social mobiliser, vaccinator and nutritionist) to deliver integrated primary health care services in vulnerable communities.	WHO and MOH		
Activity 1.2	Deploy trained frontline health workers to provide standard clinical care and support to severe cases of cholera in treatment facilities and mild cases in the community.	WHO and MOH		

Activity 1.3	Replenish and preposition of essential emergency medical supplies in health facilities located in El Niño affected communities.	WHO and MOH
Activity 1.4	Support referral of severe cases of water and vector borne diseases for advanced care and support.	WHO and MOH
Activity 1.5	Provide mental health and psychosocial support (MPHSS) to the affected populations.	WHO and MOH

Output 2 Water and Vector borne disease outbreaks in communities affected by El Niño detected, investigated, and validated.

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.6 proportion of functional health facilities sharing timely reports	100	89	Health facility Reports
Indicator 2.2	H.5 Percentage of public health alerts generated through community and health facility-based surveillance systems within 24 hours of notification	80	82	RRT Reports
Indicator 2.3	H.7 Number of functional health facilities supported	100	100	Facility list
Explanation of output and indicators variance:	Indicator 2.1 was slightly underachieved due to some of health facilities initially targeted were heavily affected by the flooding and paused functioning for some period, and they couldn't report or reported late, which led to reduced timely reporting rate.			

Activities	Description	Implemented by
Activity 2.1	Provide operational support (including airtime and internet services) to health facilities for timely submission of reports using IDSR tracker and DHIS-2.	WHO and MOH
Activity 2.2	Deploy community health workers among vulnerable communities to detect and report alerts of water and vector borne diseases.	WHO and MOH
Activity 2.3	Deploy four district based rapid response teams to investigate alerts and initiate response activities.	WHO and MOH
Activity 2.4	Print and distribute ICE materials required for creating community awareness for the control of water and vector borne diseases in vulnerable communities.	WHO and MOH

Output 3 Improved nutrition services and clinical management for the severe cases of malnutrition suffering from medical communications admitted to stabilization facilities in El Niño affected communities.

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

Sector/cluster	Health
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Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	N.3a Number of people admitted to SAM treatment programme (therapeutic feeding)	5,150	5,342	ODK Report
Indicator 3.2	N.3b. Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	96	97	ODK Report
Indicator 3.3	N.5 Number of people receiving vitamin and or micronutrient supplementation	2,861	3,231	ODK Report
Indicator 3.4	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies	143,00	14,856	ODK Report
Explanation of output and indicators variance:		Targets achieved in slightly increased margin due to the expanded support by outreach teams		

Activities	Description	Implemented by
Activity 3.1	Replenish emergency paediatric kits for the management of SAM with medical complications.	WHO and MOH
Activity 3.2	Deploy trained frontline health workers in stabilization facilities to support management and care for admitted cases of SAM-MC.	WHO and MOH
Activity 3.3	Provide Vitamin and micronutrient supplementation to the vulnerable.	WHO and MOH
Activity 3.4	Deploy 130 CHWs to conduct community sensitization on maternal, infant, and young child feeding in emergencies.	WHO and MOH

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 areas¹² 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)¹³:

¹² 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](#).

¹³ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

WHO implemented a people-centred approach to achieve better outcomes and improve accountability by placing affected populations at the centre of decision-making and response to promote meaningful access, safety and dignity to meet needs, reduce those needs, and increase resilience. The community sensitisation sessions for orientation for health messages were conducted through community leaders whose opinions were sought in the implementation of the project to ensure context-appropriate interventions. Community health workers that were deployed were also selected from the affected communities to ensure acceptability and improve community resilience. IEC materials were pretested with the members of the community to ensure suitability before being deployed to the wider community.

b. AAP Feedback and Complaint Mechanisms:

The communities were sensitised to report any dissatisfactions with the services provided during service outreaches. The Health Cluster and partner networks were employed. CHWs and MoH were sensitized to bring forward complaints to the sub-national Health Cluster Coordinators or at the Cluster meetings. No complaints were received.

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

WHO has a zero-tolerance on Sexual Exploitation and Abuse as stipulated in the Sexual Exploitation and Abuse policy and ensured that PSEA training was conducted for Ministry of Health staff as well as WHO staff in the field. A WHO Somalia PSEA Coordinator is responsible to monitor the compliance to the organisational policy. The PSEA coordinator is also in the process of training CHWs and state-level MoH staff in this regard. During the implementation of this project, orientation sessions were conducted for community health workers and WHO collaborated with the UN PSEA network to ensure feedback mechanisms from the community.

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

WHO Somalia embedded gender equality criteria into its project planning, and final beneficiary figures are disaggregated by age and gender to identify and/or respond to any gender barriers/gaps that arose during project implementation. Most of the nutrition and health services at the community level were delivered by female community healthcare workers. This enabled some of the gender barriers to be addressed and improved access to care. The WHO gender focal point was involved in the project implementation to guide effective gender integration. Additionally, WHO partnered with UN agencies and other organizations to maximize the coverage for women and girls.

e. People with disabilities (PwD):

Health workers were oriented on the importance of improving access for people with disabilities to health care and other public health services. Through risk communication and community engagement activities, health messages about the special needs of people with disabilities were included in interventions, and mechanisms were put in place to monitor that services for people with disabilities are effectively rendered.

f. Protection:

Healthcare workers at medical outreach teams and health facilities as well as at the community level were oriented on the importance of prevention of GBV, the provision of emergency GBV medical care, and referral linkages of survivors of GBV to health facilities as protection measures under this project. The training on GBV was incorporated into the planned training for health workers in target districts.

g. Education:

Not applicable

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
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No

Choose an item.

[Fill in]

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

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

WHO did not plan the use of CVA in the approved project. This project does not include CVA, owing to the nature of the activities proposed focusing on health services and they conventionally are not cash and voucher-based activities. However, in the future, WHO might be able to explore the model of integrated conditional case/voucher-based health services support in the future.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
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 https://reliefweb.int/report/somalia/desperation-triumph-saving-lives-children-severely-acute-malnutrition-fragile-settings
WHO and Action Against Hunger provide life-saving health and nutrition services in drought-affected regions of Somalia	https://www.emro.who.int/somalia/news/who-and-action-against-hunger-provide-life-saving-health-and-nutrition-services-in-drought-affected-regions-of-somalia.html https://www.emro.who.int/somalia/news/index/Page-1.html https://x.com/WHOSom/status/1800467537093861717
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 https://reliefweb.int/report/somalia/desperation-triumph-saving-lives-children-severely-acute-malnutrition-fragile-settings

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-032	Food Assistance	FAO	NNGO	\$264,780
23-RR-HCR-033	Shelter and Non-Food Items	UNHCR	NNGO	\$532,962
23-RR-HCR-033	Shelter and Non-Food Items	UNHCR	NNGO	\$30,000
23-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	GOV	\$195,000
23-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	NNGO	\$345,939
23-RR-CEF-056	Water, Sanitation and Hygiene	UNICEF	NNGO	\$504,075
23-RR-WFP-050	Food Assistance	WFP	INGO	\$29,144
23-RR-WFP-050	Food Assistance	WFP	INGO	\$32,825
23-RR-WFP-050	Food Assistance	WFP	INGO	\$18,410