



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
SOMALIA
UNDERFUNDED EMERGENCY ROUND II 2014**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Peter de Clercq

REPORTING PROCESS AND CONSULTATION SUMMARY

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

All fund recipient UN agencies and clusters were involved in the discussion for the allocation and strategy of UFE 2015 allocations in August 2015. To inform decision making of the 2015 allocation, agencies discussed activities, results and challenges in implementing the 2014 UFE projects. Inputs were used to inform the allocation process for the 2015 UFE funding.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

Once agencies submitted their draft reports to OCHA, the reports were reviewed and comments and suggestions were made. Agencies reviewed the comments, discussed among their clusters and sent revised versions to OCHA. Since most of the cluster leads are UN agencies, they ensured active participation of clusters in drafting and enriching each of the agency reports.

- c. Was the final version of the RC/HC Report shared for review with in-country stakeholders as recommended in the guidelines (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

YES NO

As described above after review, reports were sent to agencies and clusters for their further review and incorporation of suggested comments. All the agencies made revisions based on the comments or where clarifications were sought they provided same.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$ 933,070,303		
Breakdown of total response funding received by source	Source	Amount
	CERF	19,993,757
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	55,368,901
	OTHER (bilateral/multilateral)	378,537,342
	TOTAL	453,900,000

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 1 September 2014			
Agency	Project code	Cluster/Sector	Amount
UNICEF	14-UFE-CEF-134	Water, Sanitation and Hygiene	2,700,001
UNICEF	14-UFE-CEF-135	Protection	550,009
UNICEF	14-UFE-CEF-136	Nutrition	1,837,500
UNICEF	14-UFE-CEF-137	Health	2,038,819
UNICEF	14-UFE-CEF-138	Education	998,638
UNICEF	14-UFE-CEF-139	Food Aid	1,311,927
FAO	14-UFE-FAO-033	Agriculture	3,505,886
UNFPA	14-UFE-FPA-040	Protection	248,775
UNHCR	14-UFE-HCR-038	Protection	200,090
IOM	14-UFE-IOM-039	Water, Sanitation and Hygiene	799,914
IOM	14-UFE-IOM-040	Agriculture	286,214
WFP	14-UFE-WFP-069	Nutrition	1,162,500
WFP	14-UFE-WFP-070	Food Aid	2,892,179
WHO	14-UFE-WHO-068	Health	1,461,305
TOTAL			19,993,757

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)

Type of implementation modality	Amount
Direct UN agencies/IOM implementation	13,374,839.88
Funds forwarded to NGOs for implementation	6,207,276
Funds forwarded to government partners	411,641
TOTAL	19,993,757

HUMANITARIAN NEEDS

The humanitarian situation in Somalia continued to be alarming throughout 2014. By the time of the CERF submission, an estimated 857,000 people, most of whom internally displaced persons (IDPs), remained in Emergency and Crisis (IPC phase 4 and phase 3) and were in urgent need of life-saving humanitarian assistance. A further 2 million were barely able to meet their food needs. Malnutrition rates in Somalia have remained among the highest in the world, with one in seven children under the age of five, or 203,000 children, estimated to be acutely malnourished, and more than 50,000 at the risk of death. An early warning alert issued by the Food Security and Nutrition Analysis Unit (FSNAU) projected a deterioration in the food security crisis and urged early action to address urgent humanitarian needs including water shortages and increasing malnutrition. The worsening malnutrition was confirmed by nutrition assessments conducted in May/June which showed that the prevalence of acute malnutrition was Critical (Global Acute Malnutrition (GAM) of over 15 per cent) in six out of 12 IDP population settlements surveyed. Among these were Mogadishu, Dhobley and Kismayo in the South region, Dhusamareb in Central and Galkayo and Garowe in the north east. The nutrition crisis was aggravated by the poor health status of the population exemplified by persistent high rates of under-5 and maternal mortality in Somalia which stood at 0.5/10,000 and 1044 per 100,000 live births respectively.

Despite improvements in Somalia's humanitarian situation post 2011, the drivers of the crisis – conflict, climatic variability, lack of basic social services and political instability remained largely unchanged. In March 2014, the Somali National Armed Forces (SNAF) and the Africa Union Mission in Somalia (AMISOM) began a military offensive against Al Shabaab insurgents in six regions of south central Somalia. Although, the operation opened up some key towns for humanitarian agencies, access remained constricted due to the volatile security situation in these towns. The operation also led to the temporary displacement of an estimated 73,000 people. Multisectoral assessments in five newly accessible sites including Xudur, Waajid, Bulo Burto, Maaxas and Warsheik, revealed rising food insecurity due to market failure resulting in high prices (up to 300 percent in some locations); and critical gaps in basic services, necessitating the need for urgent humanitarian assistance.

By August 2014, the 2014 Somalia Humanitarian Response Plan (HRP) remained hugely underfunded, with only \$290 million, constituting 31 per cent, received of the \$933 million requested. Most clusters including the critical lifesaving clusters such as Food Security, Health, Nutrition and WASH had received less than 30 per cent of their requirements while the protection cluster had received less than six per cent of its requirements. Nearly all humanitarian agencies were facing significant resource gaps for 2014 and were unable to meet the needs of affected people in many areas. A significant number of lifesaving water programmes had not been implemented despite a looming water shortage in the coming months, while other sanitation and health programmes were in danger of shutting down due to inadequate funding. The 2014 Mid-year Monitoring Report (MMR) also highlighted the underperformance of clusters against targets set out in the SRP.

Although there has been some degree of humanitarian access in all 18 regions of Somalia, the delivery of essential aid supplies and services remained restricted in most districts of south and central Somalia due to high levels of insecurity. Attacks and threats against aid organizations continued to hamper the delivery of humanitarian assistance to communities, including in Mogadishu. In 2014, 75 violent incidents led to the death of 10 staff and the abduction and arrest of 22 others. Armed groups also made several attempts to loot relief food and disrupt food distributions.

The humanitarian situation in Somalia has not improved in 2015 despite interventions by humanitarian agencies. About 3.2 million people are in need of life-saving food and livelihoods support in Somalia and 1.1 million remain displaced. According to the FSNAU 2015 post *Gu* assessment, compared beginning of the year, the number of people who face food crisis or emergency increased by 17 per cent, from 731,000 to 855,000, while the number of those in stressed situations has stands at at 2.3 million. More than two thirds, or 68

per cent, of the people who are in crisis and emergency are IDPs. About 215,000 children are acutely malnourished, out of which 40,000 risk dying without therapeutic and nutritional assistance. GAM rates were found to be consistently above the emergency threshold of 15 per cent in IDP settlements mainly in central and southern Somalia.

II. FOCUS AREAS AND PRIORITIZATION

Priorities for this US \$20 million CERF allocation were defined based on the prevailing humanitarian needs as identified by assessment reports and the Midyear Monitoring Report that measured progress against targets set in the 2014 SRP. The CERF allocation from the underfunded window focussed on allowing humanitarian agencies to sustain prioritized life-saving programmes with the following objectives:

- Address acute malnutrition (above threshold levels) in IDP settlements in seven urban areas (Mogadishu, Kismayo, Doble, Doolow, Dhuusamarreeb, Garowe and Gaalkacyo).
- Improve food security in areas affected by under performance of the *Gu* rains through livelihood interventions in pastoral, agropastoral and riverine areas in affected districts of Bakool, Hiraan, Middle Shabelle, Lower Shabelle, Gedo, Galgaduud regions of south central and Nugaal, Bari, and Mudug regions of North East. This included addressing critical food needs through emergency food assistance in areas affected by poor rains and the deterioration of market functioning.
- Provide integrated basic services for vulnerable populations in newly accessible areas and areas with limited humanitarian response.
- Improve protective environment among IDPs and other vulnerable groups.

In line with the above objectives, CERF funds were prioritized to address time-critical needs such as ensuring access to food through the delivery of humanitarian food assistance and continuity of safety net programming; provision of livelihood inputs to support agricultural production in the forthcoming *Deyr* rainy season; and addressing the dire malnutrition rates particularly among IDP children in urban settlements and in rural areas. The injection of CERF funds was also aimed at supporting underfunded activities whose programmes were threatened with either closure or significant downsizing due to inadequate funding particularly in health and WASH. Targeted health interventions included supporting response to disease outbreaks such as polio, measles, and AWD/cholera, and the provision of inputs necessary to maintain primary health care services such as drug provision, vaccines, medical supplies, and health worker support. The funds were also used to address critical water shortages and restore WASH systems that had been left unattended due to funding constraints. CERF funds also supported the provision of a protective environment and services to prevent and respond to protection violations, particularly among victims of gender based violence, family separation and children associated with armed forces and groups. In addition CERF funds were allocated to support complementary services such as Education which had suffered the loss of 900 teachers and drop out of 40,000 pupils due to inadequate resources.

In April 2014, the Common Humanitarian Fund (CHF) allocated \$25 million to support the provision of integrated basic services to internally displaced persons and address chronic humanitarian crises including support to community led initiatives to anticipate, mitigate, cope and overcome risks. A further amount of \$30 million was allocated from the reserve strategy in September to complement the CERF allocation to fill critical gaps in response and address emerging needs.

Regions and beneficiaries selected for interventions under this CERF grant were responsive to highest priority humanitarian needs as identified by assessments. The focus was on geographical areas and populations hit by a combination of successive poor rain fall; the military offensive and clan conflict; and where lifesaving services were either limited or facing closure. A total of 16 regions were targeted namely; Galgaduud, Hiran, Bakool, Bay, Gedo, Middle Shabelle, Lower Shabelle, Banadir, Middle Juba and Lower Juba regions of south central; Bari, Nugaal and Mudug of North East, Togdheer of North West and Sool and Sanaag.

An estimated 750,000 people were targeted including vulnerable people in newly accessible areas, IDPs, and populations living in areas where lifesaving programs were threatened with closure or scaled down despite high needs. In line with the "Do No Harm" principle, host populations were also targeted by most interventions.

III. CERF PROCESS

Following the allocation of \$20 million to Somalia from the CERF underfunded window, OCHA on behalf of the Humanitarian Coordinator, outlined a three-step process involving the Inter Cluster Coordination Group (ICCG)¹, the UN Heads of Humanitarian Agencies and the Humanitarian Country Team (HCT) to ensure that the prioritization process was as transparent and consultative as possible. A meeting was convened with the ICCG to share CERF guidelines and outline the proposed prioritization process. The ICWG was requested to fill in a matrix in consultation with their respective UN lead agencies and humanitarian partners to recommend projects and activities for funding. OCHA, as mandated by the CERF guidelines, made recommendations on the ICWG submitted priority projects and presented these to the HOHA/HCT for decision on specific projects and funding envelopes.

The HCT unanimously agreed that the funds would focus on four key objectives that included groups to be targeted and requested for the ICWG to further review the recommended envelopes. Individual cluster level discussions on the prioritization of activities and allocation envelopes were primarily guided by cluster strategies that were outlined during the 2014 CAP with additional reference to gap analysis of critical underfunded activities and underserved areas, and funding status (CHF and bilateral). The Food Security Cluster additionally utilized FSNAU post *Gu*² assessment reports and conducted consultations with field staff and cluster members to obtain real time information on the situation on ground. Thus the projects selected were in line with its cluster objectives of improving household access to food and supporting livelihood interventions to protect livelihoods and reduce vulnerability to shocks.

Based on findings of the FSNAU nutrition assessments in May and June 2014 that highlighted the critical nutrition situation among IDPs, the cluster was able to easily identify gap areas, and recommended complementary interventions based on its strategic objectives of curative and preventive nutrition services for acutely malnourished children, as well as capacity building activities for nutrition partners and community health workers. UNICEF and WFP submitted one project with separate agency budgets as their needs and priorities in the sector were aligned. The Health Cluster prioritized its projects based on its 2014 Cluster Response Plan that resulted from consultative meetings held with cluster members, health working groups, and local health authorities; and gaps identified from monthly gap analysis of information fed into the Health Information database. Given the identification of limited access to quality primary health care (0.27 primary health care (PHC) facilities per 10,000 people instead of 1 facility per 10,000 people) as one of the main causes for preventable deaths, the Health Cluster prioritised the provision of lifesaving basic health services to the most needy, provide basic emergency health services for populations in newly accessible areas and fill critical gaps in the provision of basic comprehensive obstetric care services aimed at contributing to lowering maternal morbidities and mortalities. For the WASH cluster, the main priorities were ensuring sustainable access to safe water and sanitation, and the promotion of good hygiene practices in underfunded settlements where water shortages were expected to worsen due to seasonal droughts. The joint UNICEF and IOM WASH project proposed for this allocation had the dual purpose of strengthening the on-going response to the AWD outbreak through mass sanitation campaigns; and supporting the provision of sustainable safe water in health facilities, schools and in IDP camps in underserved and newly accessible areas. In addition, CERF funds were prioritized to support the establishment and strengthening of management structures for the operation and maintenance of water supply systems.

Addressing protection concerns such as sexual and gender based violence and child protection was a key priority of the humanitarian community in Somalia particularly given the increased population movement and rising cases of conflict-related sexual violence following the military offensive of March 2014. Improving access to quality support for GBV survivors, ensuring inclusive reintegration of children affected by armed conflict and provision of care to unaccompanied and separated children were identified to be priority areas of intervention for the cluster. Education in emergencies continued to be of critical importance and through the UNICEF project the cluster aims to ensure access to education for IDPs and population in newly accessible areas where schools are closed or are at danger of closing. The planned activities included construction of temporary learning spaces, provision of essential school supplies, basic initial emergency training for teachers on psychosocial support and lifesaving message; and training communities on school management and funds mobilisation.

Gender considerations were taken into account during the assessment, planning and design of the interventions under the respective clusters. Consequently, under the different proposals significant consideration was given to the impact of most of the activities on the respective special groups e.g. women, children, boys, girls etc. based on gender specific needs while ensuring equality and equity. Gender-sensitive participation and decision making approaches would also be encouraged during implementation.

¹ Previously referred to as the Inter Cluster Working Group

² Gu refers to the long rainy season in Somalia extending from March to April

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR¹

Total number of individuals affected by the crisis: 2,760,000									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Agriculture	485	107,738	108,223	515	248,930	249,445	1,000	356,668	357,668
Education	9,622	364	9,986	11,223	875	12,098	20,845	1,239	22,084
Food Security	12,430	10,249	22,679	11,773	8,679	20,452	24,203	18,928	43,131
Health	129,553	113,788	243,341	103,710	87,244	190,954	233,263	201,032	434,295
Nutrition	22,567	3,985	26,552	22,589		22,589	45,156	3,985	49,141
Protection	72,269	47,267	119,536	81,064	52,130	133,194	153,333	99,397	252,730
Water, Sanitation and Hygiene	46,655	45,360	92,015	38,951	36,334	75,285	85,606	81,694	167,300

¹Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.

BENEFICIARY ESTIMATION

Beneficiary figures for food and nutrition assistance are mainly based on the findings of FSNAU and other assessments. Nutrition Cluster estimates of the total number of individuals affected by the crisis were based on the FSNAU post Gu 2015 Food Security and Nutrition Assessment caseload projections for children and women affected by severe acute malnutrition (SAM) and moderate acute malnutrition (MAM). Final beneficiary estimates were prorated accordingly, based on the CERF contribution allocated to the Nutrition Cluster partners. In implementing of nutrition interventions, UNICEF and WFP targeted SAM and MAM cases respectively. Within the allocated envelope, it was anticipated that CERF funds would fill critical gaps to ensure continued geographical and case coverage through provision of supply and programme support costs for the treatment of 13,300 severely malnourished children under-5 (out of the global target of 200,000 severely malnourished children in 2014) and 12,077 moderate acute malnutrition (MAM) cases (the MAM cases included 3,985 pregnant and lactating mothers in the Targeted Supplementary Feeding Programme (TSFP) and 8,092 children under the age of 3 (out of the global target of 500,000 MAM cases and 230,000 children under 3 targeted for the Blanket Supplementary Feeding programme (BSFP) in 2014).

For the health cluster, the number of beneficiaries was estimated using data from the Health Management Information System received from the partners. In line with UNICEF's performance based payment system, partners were further required to report their activities and achievements on a regular basis – information from partner reports was also used to estimate the number of beneficiaries reached. Estimates of beneficiaries reached through WHO-implemented interventions include the total consultation numbers at the sentinel sites, total surgical cases attended at the health facilities, and the women who received gynaecological and obstetric consultation from facilities supported by the project funded by CERF.

UNHCR through NRC implemented a Protection and Return Monitoring Network to monitor the movements and protection concerns of populations in strategic locations within Somalia. This project contributed to and impacted a needs-based humanitarian response through information gathered through PRMN, and beneficiaries' had increased access to protection and return assistance. Beneficiaries reached for the community-based reintegration programme were estimated based on data from the Monitoring and Reporting Mechanism implemented through UNICEF support. Since only one national database exists, the risk of double counting is minimal. For GBV and separated and unaccompanied children, the estimates were based on existing information management reports for these two thematic areas. Double counting was avoided through the distribution of roles and responsibilities between agencies, with clear geographical demarcations.

FAO is guided by its post distribution records and form management tools that capture beneficiaries' details during implementation. It also utilized the Food Security and Nutrition Analysis Unit (FSNAU) information to estimate the number of individuals supported through CERF funds which estimates that an average household in Somalia has six individuals.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²			
	Children (below 18)	Adults (above 18)	Total
Female	293,581	328,751	622,332
Male	269,825	434,192	704,017
Total individuals (Female and male)	563,406	762,943	1,326,349

² Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding. This should, as best possible, exclude significant overlaps and double counting between the sectors.

CERF RESULTS

CERF funds enabled UNICEF to address the most critical and urgent WASH needs including the provision of WASH services in IDP settlements, vulnerable communities in underfunded urban and peri-urban settlements benefiting a total of 110,186 people. The funds ensured continued WASH services in IDP settlements where partners were on the brink of ceasing activities due to lack of funding. CERF funds received by IOM have contributed to life-saving needs specially accessing water, sanitation and good hygiene practice to 57,144 IDP settlements, vulnerable communities living in Jowhar, Beledweyne and Bulo Burto. It also contributed to reducing the risk associated with long walking distance to fetch water, especially for women and girls as they are the primary members of household to collect water.

Through the CERF funding, WFP was able to assist vulnerable and poor families improve their food consumption through the provision of cooked foods reaching a total of 23,457 beneficiaries. The planned targets as laid out in the CERF application were reached with only a minimal upward deviation in the number of actual beneficiaries who received cooked meals. IDPs constituted some of the most vulnerable section of Somali society and continued to face deteriorating food security situation due to substantial displacement, sharp increase in cereal prices and reliance on marginal and unreliable livelihood strategies. WFP's intervention resulted in improved access to food and safety nets to IDPs who do not have other means of meeting their daily food needs, and other vulnerable host community members.

WHO health intervention with the funding from CERF enabled timely response to the precarious emergency health situation in Somalia to more than 223,000 most vulnerable conflict affected populations including IDPs and host communities, by increasing access to the emergency health services, referral system for effective trauma management to respond to weapon-related injuries and other essential surgical needs including Emergency Obstetric and Neonatal Care (CEmONC).

Health interventions by UNICEF significantly increased access to timely and quality life-saving health assistance to about 238,000 targeted populations including pregnant women and children under-5 in the newly accessible areas. These interventions focused on the most basic needs of the most vulnerable groups, namely IDPs, women, children and minorities.

CERF funding enabled UNICEF to provide quality treatment services for 15,704 severely malnourished children under-5 (8,166 boys and 7,538 girls) through the procurement, warehousing and distribution of 10,942 cartons of RUTF and an additional 4,762 were reached through the provision of programme implementation costs to implementing partners for nutrition service delivery. The overall treatment outcome indicators for the 15,704 severely malnourished children reached were well within SPHERE standards (average recovery rates achieved were 91.6 per cent and death rates of 0.8 per cent and defaulter rates of 5.4 per cent were also attained). Timely delivery of critical nutrition supplies to implementing partners was enhanced through CERF support for logistical costs including air freight costs for transportation of supplies to inaccessible areas. As of June 2015, the percentage of nutrition centres reporting stocks outs of essential nutrition supplies were 0.5 per cent.

Similarly, WFP ensured the timely provision of essential nutrition supplies and programme operational support costs for the holistic management of acute malnutrition. A total of 12,077 children under the age of 5 suffering from MAM and 3,417 pregnant and lactating women (PLWs) were registered in curative nutrition programmes for the duration of treatment. Furthermore, about 4,440 children under the age of 3 were registered for preventive nutrition programmes for four months. The timely support provided by CERF funding enabled WFP to address critical gaps in the RUSF and Corn Soya Blend (CSB+) and oil supply pipeline. Target amount of 93 MT of supplementary plumpy, 244 MT of oil and 77 MT of CSB+, was procured and distributed within reasonable timing.

CERF funding enabled UNICEF to provide essential lean season cash-based food security support to 19,674 vulnerable individuals, nearly two-thirds of whom were children and over half of whom were female. The total number of programme beneficiaries was slightly higher than the amount proposed in the original request, due to larger household sizes than predicted at the time of application. Process data collected throughout programme implementation has revealed that cash transfers were regularly received by beneficiaries, and were used primarily for the purchase of food and water, with smaller amounts used to repay debt and provide for school and health centre fees.

In the education intervention, CERF funding enabled UNICEF to provide access to education to children in vulnerable displaced communities in Banadir, Bay, Gedo, Lower Shabelle, Middle Shabelle, Lower Juba and Galmudug. The interventions consisted of: establishment of temporary learning spaces (TLS) to provide a safe and protective learning environment; training of teachers in child centred methodologies and psychosocial support; training of Community Education Committees (CEC) in community mobilization, advocacy and school management; establishment of Child-to-Child (CtC) clubs and training of facilitators to support activities of CTCs; and procurement and distribution of essential education supplies.

FAO's interventions resulted in a 23 per cent increase in maize production grown in targeted riverine areas and by 164 per cent for sorghum grown in rained areas; provision of improved agricultural inputs package to 8,050 households, cultivation of 10,050 hectares of land. The treatment of 1.5 million animals against drought-related diseases led to a 30 per cent reduction in livestock morbidity. Similarly, IOM's intervention enabled provision of agricultural inputs to 1,000 households, preparation of 500 hectares of land for farming as well as distribution of 10 kg maize, 7 kg of beans or cowpeas, 10 kg of Sorghum, and 8 kg of sesame seeds - per household.

UNHCR, UNFPA and UNICEF jointly implemented protection interventions with UNHCR focussing on Protection and Return Monitoring Network for displaced population; UNFPA supporting response to sexual violence and other forms of gender-based violence while UNICEF focussing on child protection. UNHCR through NRC enhanced information gathering and reporting, by training 108 field monitors and 36 NGOs on protection and return monitoring, advocacy and tailor made skills through small grants and the provision of 36 laptops to improve reporting. The field monitors attached to the 36 partner NGOs managed to gather and report 1,871 (826 females & 1045 males) protection concerns, movements and incidents. Moreover, a total number of 267 survivors (156 females and 111 males) of protection incidents received assistance. The monitoring results showed that the highest incidents reported were manslaughter (477), physical attack (449), domestic violence 247, and sensitive protection incidents (160) received assistance. These reports were verified, triangulated and reported by Norwegian Refugee Council, a partner NGO, and approved by UNHCR.

UNFPA and its partners, through CERF funding, provided psychological support to 3,000 women and 3,000 gender-based violence survivor girls. Capacity building/training was also provided to 36 (6male and 30 female) medical staff on clinical management of rape to provide safe, ethical and respectful services to survivors of sexual violence/rape, including best practice on ethical and safe patient intake and referral, guiding principles of safety/security, confidentiality, respect and non-discrimination and coordination. 50 post rape treatment kits were procured and made available to service providers. In addition, 5000 dignity kits consisting of sanitary pads, underwear, soap and an item of clothing such as a wrapper were provided to GBV survivors.

Through the CERF funding, UNICEF and its partners reached 100 children associated with armed conflict (24 girls, 76 boys) through the community-based inclusive reintegration programme providing psychosocial support; support to "back-to-school" programmes and vocational training as well as socio-economic reintegration. With regard to victims of GBV, the CERF contribution enabled UNICEF to support 5,755 girls and women with lifesaving interventions which included access to medical care, legal aid and safety and psychosocial services, based on the assessment of their individual needs. UNICEF also supported separated and unaccompanied children through provision of reunification services, provision of alternative care arrangements and supporting communities to prevent the separation of children. A total of 456 separated and unaccompanied children were supported to access case management services, psychosocial support and interim care. In addition UNICEF supported the capacity building of 343 focal points and members of the Child Protection Working group on how to work with separated and unaccompanied children.

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?

YES PARTIALLY NO

CERF funding contributed to the fast delivery of services by increasing access to temporary and sustainable water, sanitation and hygiene for approximately 57,144 beneficiaries living in Jowhar, Beledweyne and Bulo Burto who were displaced by conflicts and floods. In Mogadishu, which suffered an influx of IDPs as a result of conflict, CERF funds enabled timely chlorination of unprotected shallow wells at the peak of the season where Acute Watery Diarrhoea/Cholera is most acute, hence reducing the risk of outbreaks.

CERF funding provided access to resources to enable timely humanitarian support to populations in emergencies. Under WFP's food security activities, the funds enabled 23,457 beneficiaries to meet their food needs and provided a predictable and reliable safety net thus preventing vulnerable people from falling into a state of acute food security.

CERF funds enabled UNICEF to extend partnership agreements with implementing partners, resulting in quick and real-time collection of information on grave violations, timely enrolment of children into the reintegration programme, and timely identification of GBV survivors and separated and unaccompanied children for immediate lifesaving support.

WHO with the funds from CERF grant was able to fill in gaps by ensuring availability of the emergency health services, referral system for effective trauma management and essential surgical care including Emergency Obstetric and Neonatal Care (CEmONC). Interventions under this CERF grant were carried out quickly, as CERF funds increased assurance to the NGO implementing partners to jumpstart the emergency response.

UNICEF and WFP were able to respond in a timely manner to address critical emergency nutrition needs and worsening nutrition situation, thus preventing increased morbidity and mortality associated with acute malnutrition and improvements in the overall nutritional situation of under 5s and pregnant and lactating women. CERF funding also enabled UNICEF and WFP to address critical gaps in the supply pipeline for nutrition commodities and to address gaps in programme implementation costs necessary for a rapid emergency nutrition response in targeted areas.

CERF funding was received towards the start of the post-Deyr lean season, allowing UNICEF for immediate delivery of essential cash-based assistance to vulnerable households. The CERF was well-timed to allow for immediate delivery of assistance to beneficiaries.

CERF funding was timely and helped fill critical gaps in the education cluster. The funding, complemented by CHF funding enabled 20,845 children (46 girls) from affected communities, to access basic emergency education in 129 temporary learning spaces in Banadir, Bay, Gedo, Lower Shabelle, Middle Shabelle, Lower Juba and Galmudug. CERF funds enabled the extension of partnership agreements with implementing partners, resulting in quick and real-time collection of information on grave violations, timely enrolment of children into the reintegration programme, and timely identification of GBV survivors and separated and unaccompanied children for immediate lifesaving support.

b) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

CERF funding responded to time critical needs; however, in terms of the accessibility to deliver supplies, one of the project locations, Bulo Burto, became particularly challenging to access due to heightened security risks. Despite this challenge, the CERF funds helped to respond to timely critical needs of the IDPs stranded at airstrip in Jowhar and Beledweyne town.

CERF funding supported emergency hygiene promotion, including distribution of hygiene kits (household water treatment tablets, water storage containers and soap) to displaced households in Afgooye and Baidoa. In Mogadishu, CERF funding supported time

³ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

critical mass chlorination of over 130 shallow wells at the peak of an Acute Watery Diarrhoea/Cholera outbreak (where 10 people died) hence reducing the risk of waterborne disease outbreak.

CERF funds helped to respond to critical needs as the population that was targeted had been identified as being under Crisis and in urgent need of food assistance. With Somalia recognised as an underfunded emergencies, CERF funding helped WFP to highlight the how critical the needs were in the country and leverage additional funding from donors.

CERF funds enabled UNICEF to establish service centres in the areas of offensive where protection concerns could be addressed. For children associated with armed forces/groups, reintegration services reduced the risk of re-recruitment by armed groups/forces; GBV survivors received immediate medical assistance thus reducing the risk of HIV/AIDs especially for women who suffered rape; the displacement impact was reduced through provision of timely psychosocial support; and separated children were identified and provided with reunification services in a timely manner. Those who could not be reunified were placed in alternative care. The timely provision of support to separated and unaccompanied children reduced further risks of isolation which could make them vulnerable for recruitment by armed groups and forcers.

CERF funds resulted in increased access to timely and quality life-saving health assistance to people targeted by the humanitarian response in the newly accessible areas. CERF funds enabled timely provision of essential medical care, provision of medical supplies and equipment, and Support implementing partners to provide emergency maternal/new-born care and fill gaps in PHC services. In addition, CERF funds enabled partners to fill critical gaps and ensure the continuity of health care for people living in areas with critical health gaps, areas facing the added risk of discontinuation of health services to prevent the deterioration of health indicators.

Considering the large caseload projected from the 2014 post Gu food security and nutrition assessments and the high risk of death associated with untreated acute malnutrition (children with SAM are over nine times more at risk of death and MAM cases are at high risk of deteriorating into SAM if untreated), the prevention and treatment of acute malnutrition was a significant priority for UNICEF, WFP and the Nutrition Cluster. CERF funding enabled UNICEF and WFP to address critical gaps in the supply pipeline for nutrition commodities and also to address gaps in programme implementation costs necessary for a rapid emergency nutrition response in targeted areas.

CERF funds enabled UNICEF to prevent further deterioration of the food security conditions of vulnerable households in Central South Somalia by providing rapid cash transfers during the post-Deyr lean season.

The response through CERF funding complemented by CHF by funding, helped to respond to time critical needs, as it enabled reopening of schools that were closed and schools that were on the brink of closure.

c) Did CERF funds help improve resource mobilization from other sources?

YES PARTIALLY NO

WFP, as a member of the Food Security Cluster and through the CERF process, coordinated with other cluster partners to identify complementary programmes and minimize overlapping activities. CERF funds helped to contribute to access of resources, however with a deteriorating humanitarian and food security situation exacerbated by the military offensive, increased food prices and less than optimal rainfall, the needs in Somalia continue to increase; there is need for greater efforts and advocacy to meet the priority humanitarian needs.

IOM received Japanese Supplementary Budget (JSB) to complement the operations and maintenances of WASH facilities constructed and rehabilitated by the funding from CERF and to implement WASH projects in other locations. IOM also reached out to potential donors for additional funding to sustain the momentum for the WASH interventions carried out through the CERF funding for target communities and continued having dialogue with the potential donors for funding opportunities. The donors that IOM reached out include OFDA (USAID), ECHO, EU and other bilateral countries.

CERF funding enabled the initiation of emergency response activities, with UNICEF having to set aside funds for sustaining the interventions and future follow up. The fact that many of these activities have to continue beyond the first year gives UNICEF an impetus to fundraise for the second phase. In Northwest and Northeast zones, replenishment of supplies for the repair centres for water pumps and generators through CERF funding support, allowed UNICEF to mobilize other resources to provide other capital intensive supplies to ensure efficiency and effectiveness of the repair centres.

CERF funds enabled UNICEF to initiate response to the life savings needs of those displaced in a timely. Following this initial intervention and in line with the UNICEF's Child Protection Online CAP project request, additional funding contribution to respond to the ongoing crisis was received from CIDA, SIDA and OFDA.

CERF funding enabled UNICEF to mobilise other resources to support the emergency interventions; CHF funding complemented efforts to increase access to emergency Primary Health care (PHC) services in the targeted areas and Global Polio Eradication funds were used for cold chain rehabilitation and emergency immunization activities.

CERF funding enabled NGOs subcontracted with WHO to bridge the funding gaps, while looking for more sustainable long term donors. Furthermore funding from CERF complimented WHO core funding to sustain life-serving operations in Somalia.

UNICEF was able to make strong and convincing arguments with the donor community to invest on nutrition and maintain high level treatment outcome indicators. Similarly, CERF funds supported the continuation and expansion of WFP-supported nutrition programmes for which WFP continued to source for more funds and got other grants from the UK and US. Nutrition was cited as a priority intervention in Somalia and the donors generously provided both in-kind products and funds.

CERF funds provided essential complementary support to resources received from other key donors. These funds were an essential part of an integrated, multi-donor programme.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funds enhanced close coordination amongst WASH Cluster partners in carrying out joint assessments, development of joint proposals (IOM + UNICEF) and sharing of information throughout the implementation period. Additionally, the entry of two new partners made possible through CERF funding expanded the number of WASH actors who ensured that the underserved areas were represented in WASH coordination mechanisms.

In order to leverage resources and ensure an effective response, UNICEF worked alongside other protection actors in various working groups and task forces. For instance, reintegration activities were coordinated through the Country Task Force on Monitoring and Reporting of grave violations against children, which draws its membership from UN agencies and NGOs working on protection issues. Furthermore, agencies involved in the implementation of the project increased their participation in the Child Protection Cluster coordination forum both at national and field levels.

The Health Cluster convened several meetings for CERF prioritization. Furthermore, CERF increased interactions among UN agencies and partnerships and coordination between UN agencies, NGO partners and the Ministry of Health. WHO and UNICEF submitted the CERF proposal jointly. UNICEF and WHO, together with health authorities and NGOs, discussed and agreed on the prioritization of activities and implementation of CERF-funded activities to adequately address the critical needs of the affected population. They worked closely with Health Cluster partners, including UN agencies, INGOs and NGOs, and the MoH throughout the project period.

The national and regional nutrition Cluster coordination mechanisms continued to be active throughout the project duration. In order to strengthen the nutrition Cluster coordination function, field coordination was complemented by regular quarterly action review and strategic decision-making meetings at Nairobi level in which critical issues were discussed and key decisions made. This was done to overcome challenges posed by security restrictions in Mogadishu, limiting strategic engagement of all stakeholders in the coordination effort and often slowing down decision-making processes.

Allocations of CERF funds were made based on well-coordinated discussions within the food security Cluster, to ensure a comprehensive response.

Good coordination was achieved through the Education Cluster; CERF and CHF implementing partners were encouraged to work in the same accessible areas to increase impact of the intervention.

CERF processes allow collaboration and negotiations among UN agencies and other national and international non-government agencies. This ensures fair distribution and reduces overlaps.

In order to leverage resources and ensure an effective response, UNICEF worked alongside other protection actors in various working groups and task forces. For instance, reintegration activities were coordinated through the Country Task Force on Monitoring and Reporting of grave violations against children, which draws its membership from UN agencies and NGOs working on protection issues. Furthermore, agencies involved in the implementation of the project increased their participation in the Child Protection Cluster coordination forum both at national and field levels.

e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response

The CERF funding has added value to WFP's programming by availing resources that have helped contribute to the SRP in view of the reduced funding for the critical food and security and humanitarian situation in the country.

Prior to the start of the project, there were huge gaps in the humanitarian response, particularly following displacements as a result of the government-supported AMISOM offensive. Significant population displacement was experienced in Baidoa and Mogadishu IDP camps which were already overcrowded and faced with limited availability of WASH facilities and services. Through timely CERF funding, UNICEF and partners were able to construct WASH facilities and provide WASH services in these camps and thus avert outbreaks of water-borne diseases.

UNICEF and WFP were able to leverage CERF funds to ensure timely access to and utilization of preventative and curative nutrition services. Similarly, CERF funding also contributed to ensuring a continuum of care between facility-based nutrition services and community-based public health services (nutrition, health, WASH) in resilience programming regions such as Bay, Bakool and Gedo, thus contributing to enhanced resilience of vulnerable households and communities. In the resilience programme supported regions and districts, CERF funds were used to support timely provision of facility-based nutrition services, while support from other donors was utilized to support community-based nutrition services that contribute to resilience strengthening of affected communities.

Cash transfers funded by CERF played an important role in complementing other service delivery programmes, including health, nutrition, and education services. Though the funding was largely used to support household food consumption and quality, they also allowed vulnerable households to invest in human development activities that contribute to breaking the cycle of poverty.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Supplies	To respond to time critical needs, the CERF funding mechanism should be flexible to allow for replenishment of contingency stocks already available in country for emergency response. Rehabilitation of water supply systems was delayed awaiting arrival of supplies (pipes/pumps) directly procured by CERF.	CERF
Flexible budgeting	Within the context of Somalia, it is not always possible to identify partners in advance and realistically estimate funding needs. Often, by the time programme implementation starts, partners may no longer be present due to rapidly changing circumstances. Therefore, budget allocation to partners and government should be kept flexible to facilitate smoother programme implementation. Detailed micro-budgeting can become a bottleneck and hinder programme implementation.	CERF

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Availability of funds enabled WFP to meet its objective of assisting people in Crisis	Need for sustained advocacy on humanitarian needs in Somalia to ensure sustained access to food assistance particularly in newly accessible areas, displaced populations and livelihoods investment to help build resiliency	Cluster/HC/Agency
Predictability of funding	To the extent possible, donors should coordinate funding announcements, taking into account predictable periods of significant need (e.g., post- <i>Gu</i> or post- <i>Deyr</i>).	Donor partners
Changing security situation	The evolving security situation in Central South Somalia makes implementation of activities a huge challenge. The Children and Armed Conflict component is most affected as target beneficiaries are viewed as security threats by their communities and by the government. Continuous advocacy is needed to change this perception and have international norms adopted by all stakeholders who come into contact with children associated with armed conflict.	UN agencies
Capacity building for local NGOs	Project implementation reconfirmed that the use of local organizations in Somalia presents the greatest opportunity in attaining positive and sustainable outcomes. Local NGOs have a wide acceptance within the community and hence any investments made through local structures have the buy-in of the community. It is therefore imperative that donors and UN agencies continue to build local NGO capacity.	UN agencies
Involvement of government in protection activities	The Ministry of Defence of the Federal Government of Somalia (FGS) works with UNICEF on the national programme for	

	<p>handover of children who are associated with armed groups and/those that have defected. There are two Action Plans with the government on the cessation of two violations: a) Child recruitment and use and b) Killing and maiming. As part of the implementation modalities, both UNICEF and the Government signed a Standard Operating Procedure (SOP) for the reception and hand-over of children separated from armed group(s) in Somalia.</p> <p>There are also with local authorities for the enhancement of the protection of children affected by the conflict. This is done through awareness and capacity enhancement.</p>	
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VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF IOM		5. CERF grant period:	16.10.14 – 30.06.15 (UNICEF) 15.10.14 – 30.06.15 (IOM)		
2. CERF project code:	14-UFE-CEF-134 14-UFE-IOM-039		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded (Both UNICEF+IOM)		
4. Project title:	Sustained and Expanded Access to Safe Water Supply, Improved Sanitation and Hygiene Practices for Vulnerable Women and Children, including in emergency-affected populations in underserved areas of Somalia					
7. Funding	a. Total project budget:	US\$ 20,099,801 (UNICEF)	d. CERF funds forwarded to implementing partners:			
		\$ 3,925,300 (IOM)				
	b. Total funding received for the project:	\$ 9,799,929 (UNICEF) \$ 1,957,781 (IOM)	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 998,938 (UNICEF)	US\$ 560,160 (IOM)
	c. Amount received from CERF:	US\$ 3,499,915 2,700,001 (UNICEF); 799,914 (IOM)	▪ <i>Government Partners:</i>		US\$ 348,365 (UNICEF)	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age). Both IOM+ UNICEF						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>	52,250	42,750	95,000	46,655	38,951	85,606
<i>Adults (above 18)</i>	27,896	22,824	50,720	45,360	36,334	81,694
Total	80,146	65,574	145,720	92,015	75,285	167,300
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>						
<i>IDPs</i>	25,720		30,944			
<i>Host population</i>						
<i>Other affected people</i>	120,000		136,356			
Total (same as in 8a)	145,720		167,300			

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>UNICEF:</p> <p>The project exceeded the planned beneficiary target. 15,186 more beneficiaries than originally planned were reached, as a result of a change under Activity 5.4, whereby equipping of shallow wells with hand pumps was modified to upgrading of shallow wells with solar powered pumps, reaching more beneficiaries through the high yielding wells with solar pumps. Furthermore, upon completion of Activity 2.3, the nomadic communities in the catchment area also benefited from the rehabilitated strategic water point, thus increasing the number of beneficiaries reached.</p> <p>IOM:</p> <p>The project reached 6,394 more beneficiaries than initially planned. This was attributed to the new arrivals of IDPs in December 2014 and January 2015 after the project implementation began in November 2014.</p>
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CERF Result Framework (UNICEF)			
9. Project objective	To prevent escalation of morbidity and mortality among children under five due to seasonal Acute Watery Diarrhoea in Central South Somalia and the drought prone districts of Puntland and Somaliland, through the provision of WASH services to emergency affected populations and host communities.		
10. Outcome statement	Reduced morbidity and mortality among children under five due to seasonal Acute Watery Diarrhoea (AWD) in Central South Somalia and the AWD high-risk districts of Puntland and Somaliland including drought affected and displaced populations		
11. Outputs			
Output 1	Improved access to sustained safe water to 8,000 drought affected population in Sool, Sanaag and Togdheer		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of additional people with improved access to safe water	8,000 (2,464 women, 2,016 Men and children 3,520)	9,850 (3,034 women, 2,482 men and 4,334 children)
Indicator 1.2	Additional number of school and health facilities accessing sustainable WASH services.	2 Schools and 2 health Facilities	2 schools and 2 health facilities
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of supplies (pipe/pumps) for urgent rehabilitation of strategic water sources in drought affected areas (Urgent)	UNICEF	UNICEF
Activity 1.2	Rehabilitation (including disinfection and re-commissioning) of 4 non-functional strategic BHs to increase access to safe drinking water for drought affected people (Urgent).	TASCO, MoWR	MoWR,
Activity 1.3	Extension of Water Distribution Network to Schools, Communities and Health facilities based on the 4 rehabilitated boreholes in activity 1.2 above.	TASCO, MoWR	SRO
Activity 1.4	Establish temporary sanitation facilities in 2 Schools and 2 Health facilities located in AWD/Cholera prone settlements	TASCO	TASCO

Activity 1.5	Capacity building of water committees operating the rehabilitated 4 boreholes for reliable and sustained access to water.	TASCO, MoWR	MoWR,
Activity 1.6	Procurement of supplies (pipe/pumps) for urgent rehabilitation of strategic water sources in drought affected areas (Urgent)	UNICEF	UNICEF, MOWR
Output 2	Improved access to sustained safe water to 9.000 drought affected population of Bari, Nugaal, and Northern Mudug.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of people with improved access to safe water	9,000 (2,772 women, 2,268 Men and children 3,960)	15,320 (4,719 women, 3,860 men and 6,741 children)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of supplies (pipe/pumps) for urgent rehabilitation of strategic water sources in drought affected areas (Urgent)	UNICEF	UNICEF
Activity 2.2	Rehabilitation (Including upgrading with hand pumps) of 15 Shallow wells to increase access to safe drinking water (Urgent).	SHILCON, PSAWEN	SHILCON
Activity 2.3	Rehabilitation (including disinfection and re-commissioning) of 4 non-functional strategic BHs to increase access to safe drinking water for drought affected people. (Urgent)	SHILCON, PSAWEN	PSAWEN
Activity 2.4	Extension of Water Distribution Network to Schools, Communities and Health facilities based on the 4 rehabilitated boreholes in activity 2.2 above.	SHILCON, PSAWEN	PSAWEN
Activity 2.5	Capacity building of water committees operating the rehabilitated 19 water points for reliable and sustained access to water.	SHILCON, PSAWEN	SHILCON, PSAWEN
Activity 2.6	Replenish supplies for one repair centre for water pumps and generators	UNICEF, PSAWEN	UNICEF, PSAWEN
Output 3	Improved access to safe water and safe hygiene practices to 7,000 people in newly accessible areas of Lower Shabelle in South Central zone		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of people with improved access to safe water	7,000 (3,080 women, 2,520 Men and 4,400 children)	8,882 (2,736 women, 2,238 men and 3,908 children)
Indicator 3.2	Number of people who have participated in interactive hygiene promotion activities	7,000 (3,080 women, 2,520 Men and 4,400 children)	10,776 (3,319 women, 2,716 men and 4,741 children)
Indicator 3.3	Number of people receiving hygiene kits	7,000 (3,850 women, 3,150 Men including children 3,080)	9,216 (2,839 women, 2,322 men and 4,055 children)

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Procurement of WASH supplies (pipe/pumps) and Hygiene kits for emergency rehabilitation and distribution respectively (Urgent)	UNICEF	UNICEF
Activity 3.2	Distribution of WASH hygiene kits and promotion of good hygiene practices (Urgent)	WARDI	WARDI/OXFAM
Activity 3.3	Rehabilitation of 1 non-functional boreholes in newly accessible areas (Urgent)	WARDI	WARDI
Activity 3.4	Rehabilitation/construction of 15 shallow wells in newly accessible areas (Urgent)	WARDI	WARDI
Activity 3.5	Capacity building of water committees managing the rehabilitated 16 water points for reliable and sustained access to water	WARDI	WARDI
Output 4	Temporary access to safe water, basic sanitation facilities provided and good hygiene practices promoted to 10,000 newly displaced people in Baidoa.		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of people with temporary access safe water	10,000 (women 5500 and men 4500 and 4400 children)	9,534 (2,936 women 2,403 men and 4,195 children)
Indicator 4.2	Number of people receiving Hygiene kits	10,000 (women 5500 and men 4500 and 4400 children)	19,875 (6,121 women, 5,009 men and 8,745 children)
Indicator 4.3	Number of people using emergency latrines	10,000 (women 5500 and men 4500 and 4400 children)	10,589 (3,260 women, 2,668 men and 4,661 children)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Procurement of supplies WASH hygiene kits/pumps/latrine slabs for emergency rehabilitation of WASH facilities and hygiene promotion campaigns	UNICEF	UNICEF
Activity 4.2	Distribution of emergency WASH kits to 10,000 newly displaced people	INTERSOS	INTERSOS
Activity 4.3	Hygiene promotion for 10,000 people	INTERSOS	INTERSOS
Activity 4.4	Construction of 10 new shallow wells for IDPs and host communities	INTERSOS	INTERSOS
Activity 4.5	Construction of 200 emergency latrines for IDPs	INTERSOS	INTERSOS
Output 5	Improved access to safe drinking water and safe hygiene practices to 61,000 people (9,000 in Southern Mudug and 52,000 in Mogadishu		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of people with improved access to sustained safe water	24,000 (15,000 Mogadishu; 9,000	29,600 (15,000 Mogadishu; 14,600

		Hobyo/Haradhere) - 7,392 Women, 6,048 Men and 10,560 Children	Hobyo/Haradhere) - 9,117 women, 7,459 men and 13,024 children
Indicator 5.2	Number of people with temporary access safe water	52,000 (16,000 Women, 13,120 Men, and 22,880 Children	52,000 (16,016 women, 13,104 men, and 22,880 children
Indicator 5.3	Additional number of school and MCHs accessing sustainable WASH services.	8 Schools and 5 MCHs	9 schools and 4 MCHs
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of WASH supplies (pipe/pumps for rehabilitation of water points(Urgent)	UNICEF	UNICEF
Activity 5.2	Mass chlorination of 130 Shallow Wells located in Districts receiving influx of IDPs due to AMISOM offensive and with highest rates of Global and Acute Malnutrition (rates) - Karan, Medina-Wadajir, Deynile, Hodan and Waberi. (Urgent)	SOPHPA	SOPHPA
Activity 5.3	Rehabilitation of 5 strategic boreholes based water supply systems including extension of distribution networks to Schools, Health facilities and Communities for increased access to safe drinking water	SOPHPA, CPD	SOPHPA, CPD
Activity 5.4	Rehabilitation/construction of 10 shallow wells in AWD/Cholera prone settlements (3 will be equipped with Solar powered pumps and 7 will with hand pumps) (Urgent)	CPD	CPD
Activity 5.5	Establish temporary Sanitation facilities in 8 Schools and 5 Health facilities located in AWD/Cholera prone settlements	SOPHPA, CPD	SOPHPA
Activity 5.6	Capacity building of water committees managing the rehabilitated 15 water points for reliable and sustained access to water	SOPHPA, CPD	SOPHPA, CPD
Activity 5.7	Procurement of WASH supplies (pipe/pumps for rehabilitation of water points(Urgent)	UNICEF	UNICEF

CERF Result Framework (IOM)	
9. Project objective	To prevent escalation of morbidity and mortality among children under five due to seasonal Acute Watery Diarrhoea in Central South Somalia and the drought prone districts of Puntland and Somaliland, through the provision of WASH services to emergency affected populations and host communities.
10. Outcome statement	15,000 vulnerable community members (5,250 girls, 4,500 boys, 3,000 women and 2,250 men) in Bulo Burto and 10,020 IDPs (3,507 girls, 3,006 boys, 2,004 women and 1,503 men) in Beletweyne and 25,700 in Jowhar including children under five have safe and sustainable access water,

	sanitation and good hygiene practices.		
11. Outputs			
Output 1	25 wells in Bulo Burto (14) and Beletweyne (11) were protected and rehabilitated; 10 water treatment systems were constructed or rehabilitated; piped water systems were constructed in Jowhar, and water supply systems in Beletweyne and Bulo Burto hospitals were restored to be functional.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of persons who have access to sustainable safe water	50,720 (17,752 girls, 15,216 boys, 10,144 women and 7,608 men)	57,114 (19,990 girls, 17,134 boys, 11,423 women and 8,567 men)
Indicator 1.2	Number of water wells rehabilitated and protected	25	25
Indicator 1.3	Number of Water supply systems constructed for the IDPs	1	1
Indicator 1.4	Number of water treatment systems constructed and solar systems installed	10	10
Indicator 1.5	Number of wash committees and technicians trained to manage, sustain and repair shallow wells	25 committees and 50 technicians (40% female and 60% male)	30 committees (120 men/58.5%, 85 women/ 41.5% women) and 20 technicians 100% men)
Indicator 1.6	Number of wash facilities in hospitals restored and improved	1	1
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Rehabilitation and protection of 25 wells (14 in Bulo Burto and 11 in Beletweyne)	TBA	WARDI
Activity 1.2	Construction of water supply system for IDPs in Jowhar	TBA	WOCCA
Activity 1.3	5 new temporary water treatment systems established and installation of solar surface water pump	TBA	WOCCA
Activity 1.4	Rehabilitation and installation of 5 solar systems and 5 existing water treatment system	TBA	WOCCA
Activity 1.5	Rehabilitation of water supply system in Beletweyne hospitals	TBA	WARDI
Activity 1.6	Training of 25 WASH committees to manage constructed and rehabilitated wells (14 in Bulo Burto and 11 in Beletweyne)	TBA	WARDI
Activity 1.7	Training of 50 technicians (2 persons from each location) to repair and maintain the wells	TBA	WOCCA/WARDI
Output 2	10,020 vulnerable and marginalised community members in Bulo Burto, 15,000 IDPs in Beletweyne and 25700 in Jowhar IDPs have access sanitation facilities through of construction of temporary latrines as well as improved sanitation facilities in Beletweyne and Bulo Burto hospitals improved		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of persons who have access to and using sustainable and cultural acceptable latrines	50,720 (17,752 girls, 15216 boys, 10144 women and 7608 men)	48,700 (17,045 girls, 14,610 boys 9,740 women and 7,305 men)
Indicator 2.2	Number of toilets constructed/rehabilitated for Beletweyne and Bulo Burto hospital with hand washing basin and septic tanks	24	24
Indicator 2.3	Number of temporary latrines constructed for the IDPs in Jowhar	60	60
Indicator 2.4	Number of temporary latrines constructed for the IDPs in Beletweyne	250	250
Indicator 2.5	Number of temporary latrines constructed for most vulnerable in Bulo Burto	160	160
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Construction of 250 VIP latrines with septic tanks for desludging and hand washing facilities for the most vulnerable IDPs in Beletweyne	TBA	WARDI
Activity 2.2	Construction of 160 VIP latrines with septic tank for desludging and hand washing facilities most vulnerable in Bulo Burto	TBA	WARDI
Activity 2.3	Construction of 60 VIP latrines with septic tank with hand washing facilities in Jowhar (BoQ is attached)	TBA	WOOCA
Activity 2.4	Rehabilitation of 20 toilets in Beletweyne hospital with septic tanks	TBA	WARDI
Output 3	10,020 community members in Bulo Burto, 15,000 IDPs in Beletweyne and 25,700 in Jowhar have improved knowledge and utilization of good hygiene practice through training, key hygiene promotion and NFI distribution		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of people trained as hygiene promoters	50	100 (51 women and 49 men)
Indicator 3.2	Number of persons who receive key hygiene messages and critical times for hand washing	50,720 (17752 girls, 15216 boys, 10144 women and 7608 men)	50,609 (17,713 girls, 15,183 boys, 10,122 women and 7,591 men)
Indicator 3.3	Number of hygiene kits procured and distributed	50,720 (17752 girls, 15216 boys, 10144 women and 7608 men)	25,020 (8,757 girls, 7,506 boys, 5,004 women and 3,753 men)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Dissemination of key hygiene messages to 15,000 community members in Bulo Burto and 10,020 IDPs in Beletweyne and 25700 in Jowhar through social activities at health centers and schools,	TBA	WARDI/WOOCA

	house-to-house visits, ensuring gender equal participation.		
Activity 3.2	Procurement and distribution of 4170 hygiene kits for 4170 HH (Hygiene kits contains 2 jerry cans (20l), 750g of soap, household water treatment tabs (2 tabs per day, 1 buckets).	TBA	WARDI
Activity 3.3	Dissemination of key hygiene messages to 15,000 community members in Bulo Burto and 10,020 IDPs in Beletweyne and 25700 in Jowhar through social activities at health centers and schools, house-to-house visits, ensuring gender equal participation.	TBA	WARDI/WOCCA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

UNICEF: Output 1 Improved access to sustained safe water to 8,000 drought affected population in Sool, Sanaag and Togdheer

Activity 1.5 Capacity building of water committees operating the rehabilitated 4 boreholes for reliable and sustained access to water.

Implementation of **activity 1.5** was not completed – the contractor selected to carry out the repair works did not have the capacity to undertake the capacity building component, and time constraints were such that the MOWR did not have sufficient time to recruit another contractor. Therefore, at the time of reporting, the committee members had only covered practical training on operation and maintenance of water supply systems. Other aspects such as record keeping, revenue collection and accounting had not been covered. Using other resources UNICEF will follow up to ensure the pending topics are covered.

Output 1-Activities-At the time the CERF grant was approved, TASCO was implementing other WASH activities to full capacity and could not quickly mobilize to implement all the planned CERF activities within the agreed timelines. Instead MOWR took up all the rehabilitation works with an additional partner-SRO - brought on board to complement.

Output 5: Improved access to safe drinking water and safe hygiene practices to 61,000 people (9,000 in Southern Mudug and 52,000 in Mogadishu)

Activity 5.4:Rehabilitation/construction of 10 shallow wells in AWD/Cholera prone settlements (3 will be equipped with Solar powered pumps and 7 will with hand pumps) (Urgent)

During project implementation, the planned equipping of shallow wells with hand pumps was modified to upgrading of shallow wells with solar powered pumps. The reason for the change was the unexpected higher than normal yield of eight shallow wells with potential to reach higher number of beneficiaries if upgraded. In view of this, UNICEF using CERF funds and additional funds from DFID upgraded eight shallow wells with solar powered mini water schemes instead of 10 with hand-pumps, thus reaching more beneficiaries. Out of the eight, four systems benefiting an estimated 8,000 people are attributed to CERF funds.

Activity 5.5: Establish temporary sanitation facilities in 8 schools and 5 Health facilities located in AWD/Cholera prone settlements

It was not possible to extend the water distribution network and establish sanitation facilities at one of the five targeted health facilities, because the health facility was located on higher grounds compared to the water supply scheme. As a result, funds were used to connect water and establish sanitation facilities in an additional school.

IOM:

Output 1: The project provided access to safe and clean water through the construction and rehabilitation of 25 shallow wells in Bulo Burto and Beletweyne, as well as 10 small scale water systems in riverine communities in Jowhar and piped water networks for IDPs in Jowhar, and through the restoration of the water supply system at the Beletweyne hospital. The project exceeded the target beneficiaries by 6,394 persons due to the escalating number of IDPs who arrived in the project areas after the inception of the CERF project. At the Beledweyne hospital, IOM rehabilitated the existing tanks, replaced the piping system and worked on plumbing to ensure water restoration and access. During the review process, it was agreed that the restoration of the water supply system in Bulo Burto hospital would not be budgeted for and hence this activity was removed from the budget.

Output 2: All 494 of the planned latrines across three project locations were rehabilitated. Following the completion of the construction and rehabilitation, each of the implementing partners provided the estimated number of beneficiaries accessing the

latrines through their observations and informal interviews with the beneficiaries. The breakdown of these 48,700 beneficiaries was 10,020 vulnerable and marginalised community members in Bulo Burto, 15,000 IDPs in Beletweyne and 23,680 IDPs in Jowhar. Despite the fully executed rehabilitation of 494 latrines, the project missed the target beneficiaries by 2,020 persons based on the cumulative reported data from the three projects sites. Given the available resources, the number of planned latrines to be constructed or rehabilitated was fewer than the number of latrines needed to meet the minimum standard ratio of 50 persons per one latrine. Future projects will make a note of this experience more accurately project the beneficiary numbers at the time of proposal development.

Output 3: IOM trained 100 hygiene promoters, twice as many as the initial target of 50 and distributed 25,020 hygiene kits, only half of the target. This was due to the emergency CHF funding that the implementing partners, WOCCA, received for the project area in Jowhar, which complemented the CERF funding to support flood-affected communities for hygiene kit distribution. In order to avoid the duplication of activities and the double reporting, it was agreed among IOM, WOCCA and WASH Cluster that the newly received CHF funding would provide hygiene kits to 25,700, roughly 50% of the target beneficiaries under the CERF project. With the redirected resources from these hygiene kits, the project trained 100 hygiene promoters, doubling the original target of 50. The saved cost from the hygiene kits was also used to cover the increased costs of cement for the construction as well as transport costs of the construction materials.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

UNICEF:

UNICEF and partners ensured stakeholder involvement in all stages of project implementation. The communities and local authorities were consulted in planning and provided regular feedback on the progress and satisfactory completion of tasks. Whenever possible, government line ministries were involved in contracting, oversight and project monitoring. The infrastructure constructed complied with WASH Cluster approved standards and designs.

To ensure the project adhered to agreed standards, UNICEF provided regular supportive supervision and monitoring to government partners. Regular information exchange between the implementing partners and UNICEF was ensured through review meetings and monthly partner reports. All facilities constructed with CERF funding were reported under the WASH Cluster information matrix. In areas inaccessible to UNICEF staff, third party monitoring was undertaken to verify completion of activities.

IOM:

Prior to the project implementation, a participatory approach was applied to ensure all stakeholders were informed about the project scope, intended impact, and implementation process. This included consultation with, and involvement of, the local authorities and community members (both IDPs and host communities), and a selection process for implementing partners which ensured accountability to the target communities.

IOM and implementing partners established project implementation committees (PIC) for each location whose roles were to guide the intervention to achieve project goals. The committees consisted of two community members, one IDP elder and one women's group in Jowhar and Beletweyne who worked closely with Project Implementation Management Team (PIMT). The two PIC and PIMAT teams met between once and twice a month to discuss challenges, progress and the outputs of the intervention.

In addition, IOM conducted four monitoring and evaluation missions to project sites, except Bulo Burto town which has been very difficult to access due to security constraints. The reflection and feedback received from the beneficiaries as well as community leaders and authorities reconfirmed that project implementation was done in an appropriate way and that information was readily available to stakeholders.

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF UNFPA UNHCR	5. CERF grant period:	03.10.14 – 30.06.15 (UNICEF) 03.10.14 – 30.06.15 (UNFPA) 09.10.14 – 30.06.15 (UNHCR)			
2. CERF project code:	14-UFE-CEF-135 14-UFE-FPA-040 14-UFE-HCR-038	6. Status of CERF grant:	<input checked="" type="checkbox"/> Concluded (UNHCR) <input checked="" type="checkbox"/> Concluded (UNFPA) <input checked="" type="checkbox"/> Concluded (UNICEF)			
3. Cluster/Sector:	Protection					
4. Project title:	Improving the protection environment among IDPs and other vulnerable groups in Somalia					
7. Funding	a. Total project budget:	UNFPA US\$ 942,800 UNICEF US\$ 9,921,432 UNHCR US\$ 1,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	UNFPA US\$ 700,000 UNICEF US\$ 4,779,340 UNHCR US\$ 998,874	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> UNICEF: \$341,402 			
	c. Amount received from CERF:	UNICEF: 550,009 UNFPA: 248,775	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	32,670	20,060	52,730	72,269	81,064	153,333
Adults (≥ 18)	15,500	6,350	21,850	47,267	52,130	99,397
Total	48,170	26,410	74,580	119,536	133,194	252,730
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	68,000					
Host population	5,580			1,689		
Other affected people	1,000					
Total (same as in 8a)	74,580			6,689		

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Estimated UNHCR beneficiaries significantly increased due to AMISOM offensives, armed conflicts, and forced returns from Saudi Arabia, Yemen crisis, forced evictions, clan clashes and cross border movements in the first half of 2015.</p> <p>UNFPA: The number of adult women (above 18) reached by the project was more than originally planned figures by 500. This is because the programme activities, such as, training and sensitization sessions, could reach out to more beneficiaries with the already-set budget.</p> <p>UNICEF: For Output three and four, there was significant increase in the number of women, girls and boys reached due to the expansion of the network of implementing partners, including the involvement of the affected people and the increased number of people displaced compared to what was earlier envisaged.</p>
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UNHCR: CERF Project Results Framework			
Outcome statement	Situation of displaced population is monitored and protection case is assisted		
Output 1	Monitoring mechanism to collect information on displacement population is established		
Output Indicators	1	Description	Target Reached
Indicator 1.1		Number of protection incidents reported	750 1,871 (826 Females & 1045 Male)
Indicator 1.2		Number of monitors trained	75 108 (36 Female & 72 Male)
Output Activities	1	Description	Implemented by Implemented by (Actual)
Activity 1.1		Training on 25 partner NGOs is conducted	Partner organization Training conducted 36 partner NGOs trained 26 SC (ISHA, IPDO, SCWRW, KYC/KANAVA, IRMAN/HRD, AGROCARE, INTERSOM, KAHRO,SOHRA, SRDO, SSWC, WOCSO, SRCS, IDF, SORDES, KPDO(KISIMA), SAF, SEDHURO, WARRS, CEDA, JF, SODA, SDIO, JCC, CAFDARO) 7 PL (SOSDA, HOPE, SBACO, TASS, HADO, LQC, GDA) and 3SL (VOSOMWO, SOSTA)
Activity 1.2		25 partner NGO collect information on protection violations and population movement	25 partner NGOs Partners collected information on violations and movement. 36 partner NGOs trained 25 SC (ISHA, IPDO, SCWRW, KYC/KANAVA, IRMAN/HRD, AGROCARE, INTERSOM, KAHRO,SOHRA, SRDO, SSWC, WOCSO, SRCS, IDF, SORDES, KPDO(KISIMA), SAF, SEDHURO, WARRS, CEDA, JF, SODA, SDIO, JCC, CAFDARO) 7 PL (SOSDA, HOPE, SBACO, TASS, HADO, LQC, GDA) and 3SL (VOSOMWO, SOSTA)
Activity 1.3		Collected information is verified and triangulated	Partner organization All information was verified and triangulated. 25 SC (ISHA, IPDO, SCWRW, KYC/KANAVA, IRMAN/HRD, AGROCARE, INTERSOM, KAHRO,SOHRA, SRDO, SSWC, WOCSO, SRCS, IDF,

			SORDES, KPDO(KISIMA), SAF, SEDHURO, WARRS, CEDA, JF, SODA, SDIO, JCC, CAFDARO) 7 PL (SOSDA, HOPE, SBACO, TASS, HADO, LQC, GDA) and 3SL (VOSOMWO, SOSTA)
Output 2	Appropriate response to protection case is ensured		
Output Indicators	2	Description	Target Reached
Indicator 2.1		Number of survivors of protection incidents who received assistance	70 267 Survivors (156 females and 111 males)
Output Activities	2	Description	Implemented by Implemented by (Actual)
Activity 2.1		Serious/emergency protection cases are assisted through partners	25 partner NGOs 36 Partner NGos 25 SC (ISHA, IPDO, SCWRW, KYC/KANAVA, IRMAN/HRD, AGROCARE, INTERSOM, KAHRO, SOHRA, SRDO, SSWC, WOCSO, SRCS, IDF, SORDES, KPDO(KISIMA), SAF, SEDHURO, WARRS, CEDA, JF, SODA, SDIO, JCC, CAFDARO) 7 PL (SOSDA, HOPE, SBACO, TASS, HADO, LQC, GDA) and 3SL (VOSOMWO, SOSTA)
Activity 2.2		Protection information is collected and reported to UNHCR	Partner organization Yes , NRC
Output 3	Verified information on displaced population is shared among humanitarian actors		
Output Indicators	3	Description	Target Reached
Indicator 3.1		Number of reports shared	9 Total 18 reports shared (11 weekly displacements, 2 Military offensive weekly, 2 Somalia Refugee and IDP return dashboard and 3 Evictions)
Output Activities	3	Description	Implemented by Implemented by (Actual)
Activity 3.1		Dissemination of information	UNHCR UNHCR

UNFPA:CERF Project Results Framework	
9. Project objective	<ul style="list-style-type: none"> • To strengthen the Protection and Return Monitoring Network and ensure timely reporting of population movements and monitoring and response to incidents of human rights violations and other protection concerns. • To ensure that survivors of GBV, particularly sexual violence, have access to immediate quality care and treatment to save their lives and facilitate long term healing; and to enhance the role of communities including men, women, boys and girls in mobilizing and supporting survivors to access timely and quality services while they carry out life-saving community prevention and risk reduction education and campaigning. • To support the prevention, response and reintegration of children associated with armed conflict and subjected to GBV, and contribute to life-saving interventions through creation of protective environment for conflict-affected children and women in Somalia.
10. Outcome statement	Increased numbers of GBV survivors (disaggregated by age and sex) access to safe and timely access, ethical, and respectful health care and treatment, psychosocial support and protect them from further cruelty.
11. Outputs	

Output 1	8,000 survivors of GBV have safe access to health services and Psychosocial support, in line with the guidelines for the clinical management of rape, and case management services		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of medical staff trained on CMR	12 (8 male and 4 females)	36 (6 male and 30 female)
Indicator 1.2	Number procurement of post rape treatment kits procured	50 kits 3 (post rape treatment kits)	50 kits
Indicator 1.3	Number of GBV survivors from any that received psychosocial support	100% (2,500 women, 500 men, 500 boys and 3,000 girls)	3,000 women and 3,000 girls
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Train 12 male and female medical staff (2 from Lower Shebelle, 6 from middle Shebelle and 4 from Hiraan in health clinics/hospitals on clinical management of rape to provide safe, ethical and respectful services to survivors of sexual violence/rape , including best practices on ethical and safe patient intake and referral, guiding principles of safety/security, confidentiality, respect and non-discrimination, and coordination	The CMR Taskforce (IRC and UNFPA) WARDI in Hiraan, ARD in Middle Shebelle and OSPAD in Lower Shebelle	WARDI in Hiraan, ARD in Middle Shabelle and OSPAD in Lower Shabelle, conducted training for health staff in coordination with CMR Taskforce
Activity 1.2	Procurement of 50 Post rape treatment kits and make available to service providers to dispensation.	UNFPA will procure on behalf of the implementing partners.	UNFPA procured 50 post rape treatment kits
Activity 1.3	Train 12 male and female medical staff (2 from Lower Shebelle, 6 from middle Shebelle and 4 from Hiraan in health clinics/hospitals on clinical management of rape to provide safe, ethical and respectful services to survivors of sexual violence/rape , including best practices on ethical and safe	The CMR Taskforce (IRC and UNFPA) WARDI in Hiraan, ARD in Middle Shebelle and OSPAD in Lower Shebelle	WARDI in Hiraan, ARD in Middle Shabelle and OSPAD in Lower Shabelle, conducted training for health staff in coordination with CMR Taskforce

	patient intake and referral, guiding principles of safety/security, confidentiality, respect and non-discrimination, and coordination		
Output 2	Survivors of GBV have safe access to psychosocial services and community based advocacy and support groups including male networks		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of GBV survivors disaggregated by data receiving professional psychosocial support	100% of all GBV reported cases covering both males and females	3,000 women and 3,000 girls
Indicator 2.2	Number of dignity kits provided to GBV survivors	5,000 dignity kits	5,000 kits
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide individual psychosocial support for survivors through trained	WARDI in Hiraan, ARD in Middle Shabelle and OSPAD in Lower Shabelle with technical support of the Somalia GBV working group	WARDI in Hiraan, ARD in Middle Shabelle and OSPAD in Lower Shabelle, provided psychosocial support to GBV survivors in coordination with Somalia GBV Working Group
Activity 2.2	Make available and distribute 'dignity kits', consisting of sanitary pads, underwear, soap and an item of clothing such as a wrapper	SSWC will supply to all the 3 regions in partnership with WARDI, ARD and OSPAD	SSWC supplied the dignity kits, and WARDI, ARD and OSPAD distributed the kits.
Output 3	Enhanced communities knowledge on GBV-related services are available and how to access them		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Availability of functional referral pathways	One harmonised referral pathway for the 3 regions	Harmonized referral pathway format was developed and adapted for each region (Hiraan, Middle Shabelle and Lower Shabelle)
Indicator 3.2	Number of community groups trained on community response to prevention, risk reduction and mobilization for	30 community members trained in 6 districts of the three regions	72 community members (12 male and 60 female) for 3 regions

	access and utilization of available services	(15 males and 15 females)	
Indicator 3.3	Number of specific sessions held with IDPs on access to service and mitigation measures	3,000 IDPs (60percent girls, 30 percent women and 10 percent of men and boys)	3,500 IDPs reached through 70 sessions
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Develop functional, appropriate referral pathways and disseminate information on referral pathways among service providers and GBV actors	SSWC will supply to all the 3 regions in partnership with WARDI, ARD and OSPAD	SSWC developed the harmonized referral pathway template, with technical support from GBV Working Group. WARDI, ARD and OSPAD adapted it to each location.
Activity 3.2	Provide training sessions for clan, traditional, religious and male and female community leaders and organise sex and age specific focus group discussions with women and men on GBV prevention, risk reduction its consequences and services available for survivors in the 6 districts of the 3 regions	SSWC will supply to all the 3 regions in partnership with WARDI, ARD and OSPAD	WARDI for Hiraan, ARD for Middle Shabelle and OSPAD for Lower Shabelle, conducted training sessions for community leaders with technical support from GBV Working Group and SSWC
Activity 3.3	Train community outreach teams of staff or volunteers and Develop, translate and disseminate key messages about service availability through information boards, information sessions, radio transmissions	SSWC will supply to all the 3 regions in partnership with WARDI, ARD and OSPAD	WARDI for Hiraan, ARD for Middle Shabelle and OSPAD for Lower Shabelle, trained community outreach teams with technical support from GBV Working Group and SSWC

CERF Result Framework (UNICEF)

9. Project objective	<ul style="list-style-type: none"> • To strengthen the Protection and Return Monitoring Network and ensure timely reporting of population movements and monitoring and response to incidents of human rights violations and other protection concerns. • To ensure that survivors of GBV, particularly sexual violence, have access to immediate quality care and treatment to save their lives and facilitate long term healing; and to enhance the role of communities including men, women, boys and girls in mobilizing and supporting survivors to access timely and quality services while they carry out life-saving community prevention and risk reduction education and campaigning. • To support the prevention, response and reintegration of children associated with armed conflict and subjected to
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	GBV, and contribute to life-saving interventions through creation of protective environment for conflict-affected children and women in Somalia.		
10. Outcome statement	The well-being of girls, boys and women associated with armed conflict and subjected to gender-based violence is enhanced through quality lifesaving interventions and services based on their individual needs.		
11. Outputs			
Output 1	Inclusive reintegration for children affected by armed conflict, including children released from armed forces/groups and other vulnerable children		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of girls and boys enrolled in vocational skills training	80 children (60 boys, 20 girls)	90 children (70 boys, 20 girls)
Indicator 1.2	Number of girls and boys enrolled in formal school (Back to school)	20 children (15 boys, 5 girls)	10 children (6 boys, 4 girls)
Indicator 1.3	Number of girls and boys accessing psycho-social support including recreational facilities	100 children (60 boys, 40 girls)	100 children (76 boys, 24 girls)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support community based reintegration through provision of formal and non-formal education (back to school and vocational training for CAAFG and other vulnerable children	UNICEF	HAPO
Activity 1.2	Provision of psychosocial support to children formerly associated by armed forces/groups and referral to other available services	UNICEF	HAPO
Activity 1.3	Support identification, registration and provision of foster care services to children affected by armed conflict	UNICEF	HAPO
Output 2	Strengthen the capacity of community, government authorities and influential members of the community to enhance the protection services for children in the areas affected by conflicts		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of clan, community and religious leaders reached by orientation sessions on	80 community and 20 government staff	170 community members (45 women, 125 men) and 20 government staff (all male)

	protection of children affected by armed conflict		
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of awareness to community members (religion leaders, community leaders and local authorities)	UNICEF	HAPO
Output 3	Girls, boys and women subjected to gender-based violence wellbeing is enhanced through quality lifesaving interventions and services based on their individual needs.		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of girls, boys and women survivors accessed medical services	300	1,447 (514 girls, 727 women, 254 boys)
Indicator 3.2	Number of girls, boys and women accessed psychosocial support	2,000	3,876 (1,230 girls: 2,316 women, 330 boys)
Indicator 3.3	Number of girls, boys and women received legal aid or access to safety houses	150	229 (172 women & 57 girls)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provide emergency medical care to girls, boys and women survivors of sexual violence through training on clinical management of rape for health care providers and salaries for staff in newly accessible areas	UNICEF	SCWRW, HIWA, ELMAN, OSPAD
Activity 3.2	Provide psychosocial support and case management to girls, boys and women survivors of sexual violence through training on psychological first aid and case management to case workers and provide salaries for case workers	UNICEF	SCWRW, HIWA, ELMAN, OSPAD
Activity 3.3	Provide access to justice mechanisms to girls, boys and women survivors of sexual violence through	UNICEF	SCWRW, HIWA, ELMAN, OSPAD

	legal aid assistance and access to safety houses and safety networks		
Output 4	Reunification – and prevention of – separated and unaccompanied girls and boys (including orphans) related to the offensive:		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Findings used for immediate response addressing the most pressing needs of girls and boys	Survey report available in September	Validation of assessment reports to inform CP needs completed
Indicator 4.2	Number of IDTR focal points and CPWG members trained	50	343 (176 women; 167 men)
Indicator 4.3	Number of unaccompanied girls and boys accessing case management services, psychosocial support services or interim care services (including at risk children)	150	456 (202 girls, 254 boys)
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Conduct roundtable discussions to distribute and agree on gap coverage from the results of the multiagency multi-sectoral documentation of child protection needs in the newly accessible areas, to enable time-critical response and lifesaving interventions according to needs of children	UNICEF, CPWG, GBVWG, PC members	UNICEF, CPWG, GBVWG, PC members
Activity 4.2	Strengthen and expand the Identification, Documentation, Tracing and Reunification (IDTR) System in areas affected by the ongoing offence, including training of Case Workers as IDTR focal points in areas affected by the offensive	UNICEF	SCWRW, SEDHURO, OSPAD, HIWA and ELMAN, SWDC, CEDA
Activity 4.3	Provision of case management and interim care for unaccompanied	UNICEF, CPWG members	SCWRW, SEDHURO, OSPAD, HIWA and ELMAN SWDC, CEDA,

	girls and boys		
Activity 4.4	Conduct roundtable discussions to distribute and agree on gap coverage from the results of the multiagency multisectoral documentation of child protection needs in the newly accessible areas, to enable time-critical response and lifesaving interventions according to needs of children	UNICEF, CPWG, GBVWG, PC members	SCWRW, SEDHURO, OSPAD, HIWA and ELMAN, SWDC, CEDA

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>CAAC:</p> <p>CERF funding was earmarked to contribute towards support to 100 children who were awaiting reintegration support at the time of the approval of the proposal. There was no deviation in the number of children reached with reintegration services, however, the number of community members and religious leaders targeted for capacity strengthening was 100 and the number reached was 190, an increase by 90 per cent - this is attributable to the increase in access to affected areas by UNICEF's partner HAPO which was not envisaged during the project design.</p> <p>GBV:</p> <p>Under CERF funding, UNICEF planned to reach 2,450 women and girls with life savings GBV interventions. However CERF Funding contributed to a total of 5,552 (127 per cent more than planned) girls and women reached with lifesaving interventions which include access to medical care, legal aid and safety and psychosocial services, based on the assessment of their individual needs. The number of women and girls reached exceeded the planned figure due to extensive network of partners through whom the CERF project was implemented, increased awareness raising activities which resulted in confidence between the service providers and the increase in the number of displaced beyond the number envisaged initially. It should be noted that although the overall number of women and girls reached exceeded the planned target, only 86 per cent of those targeted for legal assistance or safety were reached and this is attributable to the poor legal institutions and systems in the country and limited options available to provide safety to survivors.</p> <p>Separated and Unaccompanied Children:</p> <p>UNICEF planned to reach 200 separated and unaccompanied children with IDTR services. Through contribution from CERF, a total of 456 (300 per cent more than planned) separated and unaccompanied children were supported to access case management services, psychosocial support and interim care. UNICEF has made significant progress and exceeded planned targets due a significant increase in the number of people displaced coupled with increased investment by partners on awareness raising activities on the issue of family separation.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Accountability was assured through the involvement of community members in the initial project design when a round table discussion was held to review the outcomes of the initial assessment and to agree on the key areas of intervention. Throughout the period of the implementation, there was constant community dialogue taking place with project beneficiaries as part of the strategy to enhance the protection of children.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>Whilst UNHCR through NRC monitored Partners on a daily basis to ascertain the number of reports produced no evaluation is planned. In addition there were two quarterly monitoring exercises during this implementation phase of the project for overall performance on reporting and financial management of small and emergency grants provided to the partners. All equipment (36 laptops) purchased or donated to the partner during the project period was also monitored.</p> <p>UNICEF has no plan to carry out a comprehensive evaluation of the entire CERF project, a review of the reintegration programme under Output 1 of the CERF project is planned and should be finalized by March 2016. Results will be shared widely including with the CERF secretariat.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF WFP		5. CERF grant period:	14.10.14 – 30.06.15 (UNICEF) 16.10.14 – 30.06.15 (WFP)		
2. CERF project code:	14-UFE-CEF-136 14-UFE-WFP-069		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Prevention of excess mortality due to acute malnutrition and associated morbidities in children under five					
7. Funding	a. Total project budget:	US\$ 63,032,670	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 56,921,999 (WFP US\$ 27,678,354 UNICEF US\$ 29,243,645)	▪ NGO partners and Red Cross/Crescent:		UNICEF US\$ 445,195	
	c. Amount received from CERF:	US\$ 3,000,000 (WFP US\$ 1,162,500 UNICEF US\$ 1,837,500)	▪ Government Partners:		UNICEF US\$ 63,276	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	13,184	12,652	25,836	22,567	22,589	45,156
Adults (≥ 18)	3,985		3,985	3,985		3,985
Total	17,169	12,652	29,821	26,552	22,589	49,141
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	11,928			19,656		
Host population	17,893			29,485		
Other affected people						
Total (same as in 8a)	29,821			49,141		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The number of severely malnourished children reached through the CERF grant exceeded the target of 13,300 by 2,404 children partly because of enhanced community mobilization activities in the IDP camps as well as the decentralised service delivery points which ensured that more children benefited from services near their homes without					

	<p>any significant increase in the service delivery costs. Furthermore, CERF funds were originally allocated for the procurement of 9,750 cartons of RUTF, however as a result of favourable and lower market prices at the time of procurement, UNICEF was able to procure 10,942 cartons using the same allocated budget. As a result, an additional 1,192 beneficiaries benefited from the additional cartons of RUTF procured.</p> <p>For WFP project, the beneficiaries reached are above what was planned. This is because the CERF grant complemented other grants/ongoing projects in the targeted districts.</p>
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CERF Result Framework			
9. Project objective	To prevent excess malnutrition-related mortality and morbidity of 29,821 children under five (13,300 SAM cases, 12,077 MAM cases and 4,444 children under the age of three) in CSZ Somalia by responding in a timely manner to humanitarian needs through effective, efficient and integrated management of children with Acute Malnutrition		
10. Outcome statement	To contribute to the reduction of mortality caused by acute malnutrition among children under five and emergency-affected populations, through improved treatment and emergency preparedness/response.		
11. Outputs			
Output 1	6,916 severely malnourished boys under five and 6,384 severely malnourished girls under five will receive therapeutic care for the management of SAM		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of severely malnourished children under five reached through provision of RUTF and programme support costs	13,300	15,704
Indicator 1.2	Performance indicators meet sphere standards	Cured <75%, Defaulters <15%, Deaths <10%	Cured – 91.6%, Defaulters – 5.4 %, Deaths – 0.8 %
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide lifesaving medical and nutrition supplies for the treatment of severe acute malnutrition in children under five for the treatment of 13,300 SAM children under five.	UNICEF and IPs	UNICEF and IPs (ARD; Ministry of Health Puntland; Ministry of Health Somaliland; OXFAM NOVIB Somalia; GEWDO; ZamZam Foundation; IMC; SRDA; CEDA; EDRO, HARD; HIRDA; RAAS; HIDIG; EPHCO)
Activity 1.2	Improve community mobilization, screening for malnutrition, active case finding and referral to nutrition treatment centres for the treatment of 13,300 SAM children under five.	UNICEF and IPs	UNICEF and IPs (ARD; Oxfam NOVIB Somalia; Ministry of Health Puntland; Ministry of Health

			Somaliland; GEWDO; ZamZam Foundation; IMC; SRDA; CEDA;
Output 2	Provision of 90 day MAM treatment to 12,077 beneficiaries (4,046 boys, 4,046 girls and 3,985 pregnant and lactating mothers)		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	100 MT of supplementary plumpy is procured and sent to the implementing partners	100 MT of supplementary plumpy procured and distributed to the CP within 2 months of grant confirmation	Target amount of 93 MT of supplementary plumpy was procured and distributed within reasonable timing.
Indicator 2.2	12,077 under 5, 3,985 PLW are enrolled in the treatment program for 90 days or until when discharged from the program	12,077 MAM U5s and 3,985 PLWs are registered in curative nutrition programmes for the duration of treatment.	12,077 MAM U5s and 3,417 PLWs are registered in curative nutrition programmes for the duration of treatment.
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of 100 MT of supplementary plumpy and transport, storage and handling of supplementary plumpy at 389 TSFP centres	WFP	WFP
Activity 2.2	Screening, registration and provision of Plumpy Sup to MAM U5s and PLWs and monitoring of admissions and discharges	WFP partners	WFP Partners
Activity 2.3	Compiling partners reports and reporting to the nutrition cluster	WFP	WFP
Output 3	Provision of preventive BSFP program to 2,222 boys and 2,222 girls children under 3 years		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	100 MT of CSB and 245 MT of oil is procured and transported to implementing partners for distribution	100 MT of CSB and 245 MT Oil procured and delivered to BSFP centres within two months of grant confirmation	244 MT of Oil purchased 77 MT of CSB+
Indicator 3.2	4,444 boys and girls under 3 years are enrolled for preventive BSFP programmes for a period of 120 days	4,444 children under 3 are registered for preventive nutrition programmes for 4 months	4,440 under 3 registered for preventive nutrition programmes for 4 months
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)

Activity 3.1	Procurement of and transport, storage and handling of 100 CSB and 245 MT oil to 315 BSFP centres	WFP	WFP
Activity 3.2	Screening, registration and provision of CSB and oil ration to boys and girls under 3 years	WFP Partners	WFP Partners
Activity 3.3	Compiling partners reports and reporting to the Nutrition Cluster	WFP	WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

CERF funds were originally allocated for the procurement of 9,750 cartons of RUTF, however as a result of favourable and lower market prices at the time of procurement, UNICEF was able to procure 10,942 cartons using the same allocated budget, thus reaching more beneficiaries than originally planned.

WFP surpassed the planned beneficiaries for this project. Actual screening carried out in these districts made WFP adjust beneficiaries to accommodate the increasing numbers of malnourished children. In addition, BSFP was implemented in Middle Shabelle. CERF grant complemented other grants/continuing projects in the targeted districts.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Strategic nutrition programme service delivery rationalization exercises led by the Nutrition Cluster, UNICEF and WFP were undertaken in Central and Southern regions of Somalia with all stakeholders including local NGOs, community and Government representatives to ensure inclusion of local communities in the planning and implementation of nutrition services. The nutrition programme service delivery rationalization exercises focused on accountability to affected populations and applied an affected people centric approach rather than focusing on individual organizational interests and their claims to ownership of a geographic area. The objective of the rationalization process was to ensure that geographic coverage was applied in a rational fashion with a service available within 15 kilometres of a large number of population centres and 25 kilometres for up to 95 per cent of population centres, whilst taking into account local community considerations and views. The process resulted in strategic reduction and repositioning of nutrition centres resulting in a minimum fixed site and outreach site plan, ensuring optimal geographic coverage while minimizing overlap in services. This has also facilitated the delivery of consolidated services that economize available resources and strengthen accountability to affected communities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
UNICEF and WFP did not commission a formal external evaluation of the project. However, both agencies conduct regular monitoring and evaluation of the nutrition programmes in order to ensure regular identification and resolution of bottlenecks to optimal programme performance. In accessible areas UNICEF uses its field staff to directly monitor the implementation of programme activities, while in inaccessible locations UNICEF employs a third party monitoring and verification mechanism as an alternate measure. The third party monitoring system is critical in allowing UNICEF to identify gaps and opportunities for supportive supervision in inaccessible areas. Supportive supervision reports provided by third party monitors and reports by UNICEF and WFP staff are triangulated with implementing partner reports. Measures taken through the Nutrition Cluster have resulted in reporting rates being at an all-time high (95-99 per cent) and many improvements in report quality.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF WHO	5. CERF grant period:	03.10.14 – 30.06.15 (UNICEF) 09.10.14 – 30.06.15 (WHO)			
2. CERF project code:	14-UFE-CEF-137 14-UFE-WHO-068	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded: UNICEF and WHO			
4. Project title:	Saving lives through essential primary and secondary health care services, including basic and comprehensive obstetric care, and mass casualty and trauma management					
7. Funding	a. Total project budget:	UNICEF: US\$ 16,934,257 WHO: US\$ 4,500,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	UNICEF: US\$ 717,967 WHO: - US\$ 1,461,305	<ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 490,740 – UNICEF US\$ 180,000 - WHO 			
	c. Amount received from CERF:	US\$ 3,500,124 UNICEF: 2,038,819; WHO: 1,461,305	<ul style="list-style-type: none"> ▪ <i>Government Partners:</i> US\$ 			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	17,600	17,300	34,900	129,553	103,710	233,263
Adults (≥ 18)	22,400	21,200	43,600	113,788	87,244	201,032
Total	40,000	38,500	78,500	243,311	190,954	434,295
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	17,500			14,195		
Host population	27,500			186,808		
Other affected people	33,500			550		
Total (same as in 8a)	78,500			201,553		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category</i>	UNICEF: Upon project initiation, it became apparent that initial planning figures were					

<i>distribution, please describe reasons:</i>	underestimated. In addition, the integration with social mobilization activities had a positive impact on raising awareness and motivating caregivers to use health services, further contributing to reaching higher number of beneficiaries than planned.
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CERF Result Framework			
9. Project objective	The overall objective of this UFE project is to provide emergency time critical and lifesaving health services for vulnerable populations in newly accessible areas, in IDPs settlements in seven urban areas, and in areas affected by military offensive; it will also ensure continuity of primary health care services in underserved areas and critical gap filling in health response.		
10. Outcome statement	Health facilities and partners are supported and enabled to address time-critical health needs, fill critical gaps and ensure the continuity of health care for people living in newly accessible areas, in areas affected by the military interventions, in IDP settlements in 7 urban areas, in underserved areas and in areas facing the added risk of discontinuation of health services.		
11. Outputs			
Output 1	Selected health facilities and partners in target areas are provided with essential medical supplies and equipment to jumpstart emergency interventions and continue fill gaps		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of emergency health kits procured, cleared and imported	77	UNICEF:45 WHO: 24
Indicator 1.2	Number of health facilities supported with emergency medical supplies, critical equipment, cold chain maintenance and running.	25	UNICEF: 17 WHO: 9
Indicator 1.3	Number of children under-5 accessing immunization services	14,245	UNICEF: 38,757 WHO: n/a
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement, clearance and importation of medical supplies and equipment	UNICEF, WHO	UNICEF, WHO
Activity 1.2	Warehousing and distribution of emergency medical supplies and equipment to enable health facilities and partners to address time-critical health needs and fill critical gaps in PHC in the targeted areas	UNICEF, WHO	UNICEF, WHO
Activity 1.3	Support cold chain maintenance and running cost to avoid stock out and enable health facilities to continue to provide emergency immunisation to children under-5	UNICEF, Partners	UNICEF, MARDO, Swiss Kalmo, WARDI
Output 2	Primary Health Care, maternal and new-born health services are available for pregnant women, mothers and their children under-5		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of pregnant women who received antenatal care	2,500	UNICEF: 36,355
Indicator 2.2	Number of children, women and men accessing emergency PHC services including BeMONC and trauma care	63,500	UNICEF: 201,553 WHO: 223,742
Indicator 2.3	Number of people covered by the IEC activities	40,200	UNICEF: 104,000 WHO: n/a

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support implementing partners to provide emergency maternal/new-born care and fill gaps in PHC services	WHO, UNICEF, Partners	WHO, UNICEF, Swiss Kalmo, WHC, TCMCA, WARDI
Activity 2.2	Conduct rapid refresher training to key health staff in selected health facilities to be able to provide life-saving emergency primary health services	Partners, UNICEF	UNICEF, MARDO, DHO, Somali Aid, HIDCO
Activity 2.3	Support IEC activities for skilled birth attendance and encourage care takers to immunise their children to decrease excess and avoidable deaths of pregnant women and children under-5	UNICEF, Partners	UNICEF, AYUUB, HIRDA, Swisso Kalmo, WHC, TCMCA, WARDI
Output 3	Provision of preventive BSFP program to 2,222 boys and 2,222 girls children under 3 years		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of health facilities providing emergency obstetric and trauma care services	8	UNICEF: 3 WHO: 8
Indicator 3.2	Number of emergency hospitals established/supported	4	WHO: 4
Indicator 3.3	Number of qualified staff (doctors and nurses) deployed	3	WHO: 13
Indicator 3.4	Number of partners supported in outreach services, mobile clinics to reach displaced communities, nomadic populations and underserved areas.	6	UNICEF: 4 WHO: 3
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Strengthen and continue support to emergency referral services for obstetric and trauma cases	WHO, UNICEF	WHO, UNICEF, AYUUB, HIRDA, Swisso Kalmo, WHC, TCMCA, WARDI, MARDO, DHO, Somali Aid, HIDCO
Activity 3.2	Rapidly establish temporary or support existing hospitals in remote areas to ensure emergency medical and surgical services are available for displaced and mobile population without access to secondary health care	WHO	WHO
Activity 3.3	Provide surge capacity: deploy qualified doctors and nurse to support interventions	WHO	WHO
Activity 3.4	Support partners to conduct outreach health services such as mobile clinics	UNICEF, WHO	WHO, UNICEF, AYUUB, HIRDA, Swisso Kalmo, WHC, TCMCA, WARDI, MARDO, DHO, Somali Aid, HIDCO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>UNICEF: The combination of CERF and CHF funding significantly increased the number of people reached. Furthermore, as more areas were liberated from anti-Government elements, many more communities became accessible during the implementing phase, contributing to the increase numbers of beneficiaries reached.</p> <p>WHO: Despite delays in commencement of implementation coupled by mid implementation interruptions, the project was able to reach more beneficiaries than previously planned. This could have been caused by either underestimation of the initial beneficiaries or more beneficiaries becoming accessible as the result of fighting in South Central zones which created more displaced population or more areas being freed, hence the increased accessibility.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>UNICEF: UNICEF together with health authorities and NGO implementing partners held discussions with the community leaders; agreement was reached on the prioritization of activities and implementation of CERF-funded activities to adequately address the critical needs of the affected population. In addition, UNICEF worked closely with Health Cluster partners to identify the most appropriate and suitable partners. The implementation of social mobilization activities improved awareness among the communities.</p> <p>WHO: Throughout the CERF project cycle the community WHO worked closely with the community, and partners in designing, planned implementation of the activities monitoring and supervision. Due diligence was applied in purchase of goods and services including contracting. WHO field staff in each region and District followed up and provided their observations on the project implementation.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNICEF: No evaluation was planned for UNICEF implemented activities.</p> <p>WHO: No evaluation was planned or conducted</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	09.10.14 – 30.06.15		
2. CERF project code:	14-UFE-CEF-138		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Education			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Emergency Education Response for 42,000 children (girls and boys)					
7. Funding	a. Total project budget:	US\$ 10,900,935	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 2,081,397	▪ NGO partners and Red Cross/Crescent:		US\$ 604,215	
	c. Amount received from CERF:	US\$ 998,638	▪ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	21,000	21,000	42,000	9,622	11,223	20,845
Adults (≥ 18)				364	875	1,239
Total	21,000	21,000	42,000	9,986	12,098	22,084
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	23,000		12,146			
Host population	19,000		9,938			
Other affected people						
Total (same as in 8a)	42,000		22,084			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			The project targeted 42,000 learners for improved access to education, the majority of whom through distribution of teaching learning materials. While all efforts were made and education supplies for 42,000 children were ordered as soon as CERF funding was made available, delivery to Somalia was delayed due to increased lag time between offshore procurement and actual delivery of supplies in Somalia. UNICEF therefore used its pre-positioned stock of education supplies, procured with funding from other donors, to initiate the response funded by CERF. A total of 20,845 children (46 per cent girls) received education supplies from prepositioned stocks. The supplies procured with CERF funding			

	will therefore partly be used to distribute to the remaining children for the new school year in September 2015, and partly to replenish the emergency stock. As a result of the delayed supplies, by end of project only 20,845 of the planned 42,000 had been reached. The reduced number of overall beneficiaries reached inevitably affected the sex and category distribution - only 9,622 female and 11,223 male students were reached against a planned target of 21,000 respectively and only 12,146 out of the planned 23,000 IDPs and 9,938 learners against the planned 19,000 from host communities were reached.
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CERF Result Framework			
9. Project objective	Improve access to education for 42,000 most vulnerable children (50% girls) in IDP settlements and newly accessible areas of Central South Somalia.		
10. Outcome statement	Improved quality of education through essential teaching and learning materials.		
11. Outputs			
Output 1	42,000 children in 350 schools in the target districts, including 80 IDP settlements and 13 communities in newly accessible areas in CSZ have improved access to education		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	70 teachers trained on child-centred methodologies, psychosocial and lifesaving skills	70 (10% female)	540 (24% female)
Indicator 1.2	350 sets of Education Kits and Recreation Kits procured	42,000 children (50% girls)	20,845 children (46% girls) ⁴
Indicator 1.3	350 sets of Education Kits and Recreation Kits distributed	42,000 children (50% girls)	20,845 children (46% girls) ⁵
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Training of 70 teachers in newly accessible areas to start-up education	Implementing Partners	FENPS, HIRDA, INTERSOS, SAFE, SCC, SFS, SHARDO, SOSDA
Activity 1.2	Procure 350 sets of Education Kits and Recreation Kits for 350 schools	UNICEF	UNICEF
Activity 1.3	Distribute 350 sets of Education Kits and Recreation Kits for 350 schools	Implementing Partners	FENPS, HIRDA, INTERSOS, SAFE, SCC, SFS, SHARDO, SOSDA
Output 2	13 Communities in newly accessible areas are enabled to start-up and manage delivery of education services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	4,160 children have access to education in temporary learning spaces (TLS)	4,160 (50% girls)	20,845 (46% girls)
Indicator 2.2	91 CEC members engaged in school management	91 CEC members	699 CEC members

⁴ The 350 sets of Education Kits for 42,000 have been procured, and will be distributed for the new school year in September.

⁵ Education kits for 20,845 children (46 per cent girls) were distributed from available UNICEF emergency pre-positioned stock. The rest will be distributed for the new school year in September.

		(50% female)	(34% female)
Indicator 2.3	91 CEC members, engaged in management of fund generating activities in 13 communities	91 CEC members (50% female)	699 CEC members (34% female)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide start up grant to 13 communities to construct 26 TLSs in newly accessible areas	Implementing Partners	FENPS, HIRDA, INTERSOS, SAFE, SCC, SFS, SHARDO, SOSDA
Activity 2.2	Training of 91 CEC members on school management and funds mobilisation	Implementing Partners	FENPS, HIRDA, INTERSOS, SAFE, SCC, SFS, SHARDO, SOSDA
Activity 2.3	Set up of revolving fund activities in 13 communities to generate funds for running of schools, including teacher incentives	Implementing Partners	FENPS, HIRDA, INTERSOS, SAFE, SCC, SFS, SHARDO, SOSDA
Output 3	Capacity of Implementing Partners, Regional Education Officers (REO) and Local Authorities improved to provide and monitor emergency education service delivery		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	20 REOs and Local Authorities' staff members trained on monitoring of Education activities	20 staff members	0 ⁶
Indicator 3.2	26 Implementing Partners, REOs and Local Authorities' staff members trained on Emergency Education and emergency preparedness	26 (10% female)	0 ⁷
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Training of 20 REOs and Local Authority staff members on monitoring of Education activities	Implementing Partners	Not implemented
Activity 3.2	Training of 26 Implementing Partners, REOs and Local Authority staff members on Emergency Education and Emergency preparedness	Implementing Partners	Not implemented

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

At the planning stage, the emphasis of the intervention was to provide education materials to 42,000 children (50 per cent girls) in 350 schools. In addition, a package of Education in Emergency (EiE) interventions was planned for 4,160 children (50 per cent

⁶ Due to restructuring within the Ministry of Education, the Regional Education Officer positions were vacant during the project period, therefore planned training could not be conducted. The new officers will be trained, in coordination with the Education Cluster, in the next planned training sessions.

⁷ Due to restructuring within the Ministry of Education, the Regional Education Officer positions were vacant during the project period, therefore planned training could not be conducted. The new officers will be trained, in coordination with the Education Cluster, in the next planned training sessions.

girls) in 13 locations. Procurement of the supplies was carried out as planned. However, delivery to Somalia was delayed due to increased lag time between offshore procurement and actual delivery of supplies in Somalia. UNICEF therefore used its pre-positioned stock of education supplies, procured with funding from other donors, to initiate the response funded by CERF. A total of 20,845 children (46 per cent girls) received education supplies from prepositioned stocks. The supplies procured with CERF funding will therefore partly be used to distribute to the remaining children for the new school year in September, and partly to replenish the emergency stock.

A total of a 20,845 children (46 per cent girls) in Banadir, Bay, Gedo, Lower Shabelle, Middle Shabelle, Lower Juba and Galmudug have improved access to education in 129 schools, as a result of start-up packages provided to 25 communities and training of 699 Community Education Committee (CEC) members (34 per cent female). The support to communities through implementing partners enabled construction of 31 new and rehabilitation of 65 temporary learning spaces, complete with water and sanitation facilities separate for girls and boys, training of 540 teachers (34 per cent female) in child centred methodologies and life skills education. To encourage intake of teachers at the start-up period, the communities provided incentives to 125 teachers (26 per cent female). UNICEF provided education supplies consisting of 163 sets of school in a box, 287 sets of replenishment kits and 2,287 recreation kits to the 129 schools.

A higher contribution from implementing partners, and proactive participation of communities in project implementation resulted in cost reduction and higher than originally planned numbers of children reached with the Education in Emergency package. Specifically, the costs of trainings and construction of Temporary Learning Spaces were reduced and the savings invested to reach more children.

A total of 20,845 children (46 per cent girls) compared to the planned 4,160 children (50 per cent girls) have benefited from improved access to education in emergency, through rehabilitation and establishment of new temporary learning spaces, completed with water and sanitation facilities, teacher training, teaching/learning materials, and training of community education committees.

540 teacher teachers (24 per cent female) were trained in child centred teaching methodologies, exceeding the planned 70 teachers (10 per cent female).

699 community education committee members (34 per cent female) were trained in school and funds management compared to the planned 91 (50 per cent female).

During the implementation period, the Ministry of Education started restructuring its system and appointing new officers at regional and district levels. There being no office bearers, the planned training of regional education authorities, REOs and DEOs, did not take place as planned. It was therefore possible to contribute to reaching a higher number of children.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

From the onset, selection of the target districts and communities was based on priorities set in the Education Cluster Humanitarian Response Plan. This was further validated by assessments carried out by regional Cluster members and joint missions.

The Education in Emergency (EiE) package comprises establishment of Community Education Committees (CEC), whose members are selected by the community. Training is provided to the CECs, who then participate actively in following up implementation of the EiE package.

The Temporary Learning Spaces (TLS) are established with direct involvement of the community, who are knowledgeable of the materials available locally and their utilization to provide shelter for the learning spaces.

Furthermore, the communities shoulder the responsibility to work closely with the implementing partners, and monitor and report that the activities have been carried out to their satisfaction.

Affected communities therefore have been involved throughout the cycle of the intervention.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

While no evaluation was planned for this intervention, UNICEF is planning to conduct an evaluation of its Education in Emergency component, which includes CERF funding, at the end of its country programme in 2016.

EVALUATION PENDING

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	03.10.14 – 30.06.15		
2. CERF project code:	14-UFE-CEF-139		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Improve the livelihoods and food security of vulnerable households through distribution of unconditional cash transfers and vouchers.					
7. Funding	a. Total project budget:	US\$ 38,134,368	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 8,855,218	▪ NGO partners and Red Cross/Crescent:		US\$ 961,201	
	c. Amount received from CERF:	US\$ 1,311,927	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	6,350	6,350	12,700	6,331	6,144	12,475
Adults (≥ 18)	3,175	3,175	6,350	4,150	3,049	7,199
Total	9,525	9,525	19,050	10,481	9,193	19,674
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	9,525					
Host population	9,525					
Other affected people			19,674			
Total (same as in 8a)	19,050		19,674			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			UNICEF's cash transfer programme prioritized benefits to female or child-headed households, households with orphans, and households with high dependency ratios because of the number of elderly, people with disabilities, or the large household size. Though Internally Displaced Persons (IDP) and host communities were also among those included, particularly in Hiraan region, the programme's screening was not based			

	<p>solely on IDP or refugee status and this status was not among the household characteristics included in the beneficiary registration data. Therefore, it is not possible to provide a specific breakdown of the number of IDP beneficiaries of the cash transfer programme. For many, the overriding obstacle to accessing food, essential basic services and non-food commodities is economic; household income is insufficient to meet basic needs. UNICEF's unconditional cash transfer programme aims to address this by providing labour-constrained and extremely vulnerable households with access to predictable monthly cash transfers.</p> <p>The overall number of beneficiaries served through the programme was higher than expected, as a result of larger household sizes than predicted at programme start.</p>
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CERF Result Framework			
9. Project objective	Vulnerable households are able to meet their basic needs (food and non-food) as well as have improved access to basic services (health, education, WASH).		
10. Outcome statement	3,175 IDP and other vulnerable households are able to meet their basic needs (food and non-food) as well as have improved access to basic services (health, education, WASH) through the receipt of monthly cash or voucher transfers.		
11. Outputs			
Output 1	3,175 households benefit from improved consumption		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Household Coping Strategy Index score (use of negative coping mechanisms)	30% reduction	Refer to point 12 below
Indicator 1.2	Household Dietary Diversity Score (HDDS) of 4 or above	50% increase	Refer to point 12 below
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Community-based targeting, registration and verification - urgent	NGO partner	NGO partners (Danish Refugee Council; Mercy Corps; ACTED)
Activity 1.2	Provision of cash transfers (via hawala or mobile money transfer)	NGO partner	NGO partners (Danish Refugee Council; Mercy Corps; ACTED)
Output 2	Monitoring of implementation of cash transfers		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of monthly cash transfers received by household (estimated to be \$70 per household per month)	3	3-4
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Post-distribution quantitative monitoring (PDM)	NGO partner	NGO partners (Danish Refugee Council; Mercy Corps; ACTED)

			Corps; ACTED)
Activity 2.2	Qualitative monitoring and verification of activities	3rd party Independent Field Monitors, UNICEF	Third party monitoring team (CCORD)

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>UNICEF Somalia has implemented a cash transfer programme since 2011, to support vulnerable households to meet acute food and non-food needs, particularly during lean seasons. The programme aims to improve access to basic needs for households located in the most food-insecure regions (e.g., those with IPC scores of Stressed, Crisis or Emergency), who are particularly vulnerable due to household composition (e.g., female- or child-headed households), involuntary migration, or loss of livelihoods and assets. In Phase 4 of UNICEF's cash transfer programme, which commenced in September of 2014, CERF's contribution was used to co-fund lean season cash transfers to 10,200 households. Altogether, CERF's contribution covered slightly less households than originally planned (2,866 against 3,175 households), but with a larger than planned number of transfers (with most households receiving four, rather than three, transfers) and a higher number of individuals reached. Households were provided with cash transfers valued at 60 per cent of the Minimum Expenditure Basket (MEB). The value of the lean season transfers was selected based on initial feedback from the Food Security Cluster (FSC), which advised that 60 per cent of the MEB was equivalent to the full food cost of the basket, an appropriate level of support outside of a famine.</p> <p>Because cash transfer activities under Phase 4 of UNICEF's cash transfer programme have been extended (due to the addition of two months of transfers in Lower Shabelle, six months in Hiraaan and Galgaduud, and project delays in Gedo), endline impact data is not yet available. Therefore, UNICEF is not able to report at this time against indicators 1.1 and 1.2. However, ongoing third-party monitoring has demonstrated that households are receiving cash transfers and investing them in the purchase of food and water and debt repayment, all of which are in line with the programme's objectives. Midline reporting data is expected to be available by late-September, and can be reported at that time. The final impact evaluation of the programmes in Lower Shabelle, Hiraaan and Galgaduud will not take place until January of 2016.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>UNICEF's cash programme is committed to involving communities in the design, implementation, and monitoring of its activities. All partners for the UNICEF cash transfer programme held meetings with community members and leaders to announce the commencement of the cash transfer programming season, explain programme rules and eligibility and identify and evaluate potential beneficiaries. Following selection of beneficiaries, beneficiary lists were shared with communities to ensure that the households selected were indeed among the most vulnerable. Partners conducted post-distribution monitoring following each transfer, to review the process and ensure that any concerns or errors were promptly addressed. Third-party monitoring firms supplemented partner monitoring through phone and in-person interviews with beneficiaries and community leaders. All partners maintained community feedback mechanisms and have reported on response times and the types of feedback being recorded.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>UNICEF's cash programme uses several types of evaluation for the programmes, and they are in various stages of implementation. A third party monitoring firm is in the process of doing a final phone-based monitoring, which focuses largely on process indicators (e.g., amount and timeliness of payments, conflict-sensitivity, complaints and comments). Two of UNICEF's four partners are currently conducting phone-based programme evaluations, using a standardized impact evaluation model and questionnaire agreed by UNICEF and all partners at the start of the programme. These interviews are being done by telephone due to the deteriorating security situation in the programme site (Gedo) due to an ongoing AMISOM offensive in the region. Results of both of these evaluations are expected by mid-September. In the two remaining programme sites, cash transfer activities have been extended to cover remaining needs in the post-Gu season. As a result, the final evaluations have been pushed back to the end of 2015, and therefore results are expected early 2016.</p>	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	FAO		5. CERF grant period:	01.09.2014 – 28.02.2015		
2. CERF project code:	14-UFE-FAO-033		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Livelihood support to drought-affected riverine, agropastoral and pastoral communities in southern Somalia					
7. Funding	a. Total project budget:	US\$ 100,435,900	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 28,823,315	NGO partners and Red Cross/Crescent:		US\$ 869,618	
	c. Amount received from CERF:	US\$ 3,505,886	Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)	100,170	233,730	333,900	105,798	246,870	352,668
Total	100,170	233,730	333,900	105,798	246,870	352,668
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people	333,900			352,668		
Total (same as in 8a)	333,900			352,668		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>FAO planned to distribute cowpea seed to 900 riverine households in Belet Weyne District, however they were not reached as the contracted traders refused to honour the previously agreed upon, fixed price of the cowpea voucher late into the season, citing an increase in the price of cowpea seed in the market.</p> <p>Diammonium phosphate (DAP) fertilizer could not be distributed to the targeted</p>					

	<p>2 500 riverine households in Jowhar District owing to traders' difficulty procuring the fertilizer internationally and on time. As DAP fertilizer is best applied prior to planting, the activity was cancelled as it was not technically viable to distribute the fertilizer two months into the season.</p> <p>The project was able to use the funds originally dedicated to these activities to reach beneficiaries in Afgoye District.</p>
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CERF Result Framework			
9. Project objective	The objective of the project was to enhance food availability and income at household and community levels in southern Somalia by the end of the following season. This was to be achieved through the provision of comprehensive and locally-relevant agricultural production support in preparation for the coming Deyr season and livestock treatment against drought-related diseases to protect their livelihood assets. These activities would assist in preserving productive assets (i.e. crops and livestock), which are essential components of enhancing resilience.		
10. Outcome statement	Targeted households and communities are able to restore/maintain their productive capacity following recent shocks		
11. Outputs			
Output 1	Improved production techniques and inputs are introduced/provided to farmers and herders to increase food availability and income at household and community levels in Southern Somalia.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Crop production increase in targeted households	25% increase from 0.7 tonne/ha in rainfed areas and 1.8 tonnes/ha in riverine areas	The yields produced by farmers targeted under the project have increased by 23% for maize grown in riverine areas and by 164% for sorghum grown in rainfed areas.
Indicator 1.2	Number of households that have timely received improved inputs package	6 200 households	8 050 households
Indicator 1.3	Number of hectares put under cultivation by end of October 2014	6 200 ha	10 050 ha
Indicator 1.4	Number of animals treated against drought related disease	989 000 animals	1 521 849 animals
Indicator 1.5	Reduction in livestock morbidity rate (percentage of animals weakened and vulnerable to disease)	From 50% baseline down to 20%	30% reduction in livestock morbidity reported, representing 456 555 animals
Indicator 1.6	Food consumption score improved	25% increase from baseline of 62	Information not available since no assessments were conducted during implementation period
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Selection of implementing partners	FAO	FAO

Activity 1.2	Registration of beneficiaries	Implementing partners	Brothers Relief and Development Organization (BRADO), Center for Education and Development (CED), Agency for Peace and Development (APD), Rainwater Association of Somalia (RAAS)
Activity 1.3	Conduct a market survey to fix input voucher prices	FAO	FAO
Activity 1.4	Selection and training of agro dealers who will supply the inputs using the voucher scheme	FAO	FAO
Activity 1.5	Distribution of agricultural inputs through vouchers	Implementing partners	BRADO, CED, APD, RAAS
Activity 1.6	Post-distribution review	FAO and third party	BRADO, CED, APD and RAAS.
Activity 1.7	Crop yield monitoring	FAO and third party	FAO and El Barde Primary Health Care Organization (EPHCO)
Activity 1.8	Mobilization of affected communities for livestock emergency treatment	Implementing partners	FAO and third party livestock professional associations – Central Regions Livestock Professional Association (CERELPA), Benadir Livestock Professional Association (BENELPA) and South West Livestock Professional Association (SOWELPA)
Activity 1.9	Emergency treatment of 989 000 animals (against common bacterial infections, ecto and endo parasites, infectious diseases and blood parasites).	Implementing partners	FAO and CERELPA through the treatment of 1 521 849 animals belonging to 50 728 pastoralist and agropastoralist households.

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

FAO identified and registered 8 050 households in Belet Weyne District (Hiiran Region), Baidoa District (Bay Region), Jowhar District (Lower Shabelle Region) and Gabaharey District (Gedo Region) and distributed agricultural input packages comprising seeds and fertilizer through a voucher scheme to beneficiaries with distribution based on their livelihood groups.

From the total targeted beneficiaries, 900 riverine households in Belet Weyne District received 18 tonnes of maize, 90 tonnes of urea fertilizer and 135 tonnes of DAP fertilizer and 18 hours of irrigation support. There were plans to distribute cowpea seed to the 900 riverine households in Belet Weyne District, however they were not reached as the contracted traders failed to honour the previously agreed upon, fixed price of the cowpea voucher late into the season, citing an increase in the price of cowpea seed in the market.

An additional 2 500 riverine households in Jowhar District received 50 tonnes of maize, 25 tonnes of cowpea seed and 250 tonnes of urea fertilizer. These households did not receive irrigation support because the geography naturally allows for gravity irrigation⁸. DAP fertilizer could not be distributed to the targeted 2 500 riverine households owing to traders' difficulty procuring the fertilizer internationally and on time. As DAP fertilizer is best applied prior to planting, the activity was cancelled as it was not technically viable to distribute the fertilizer two months into the season.

The project was able to use the funds originally dedicated to activities that could not be completed in Belet Weyne and Jowhar Districts to reach 1 150 agropastoral households in Afgoye District with 172.5 tonnes of DAP fertilizer.

In addition, 1 500 agropastoral households in Gabaharey received 22.5 tonnes of sorghum seed, 15 tonnes of cowpea seed and 150 tonnes of DAP fertilizer. Some 2 000 agropastoral households in Baidoa received 30 tonnes of sorghum seed, 20 tonnes of cowpea seed and 300 tonnes of DAP fertilizer.

Table 1: Distribution of inputs by district

Input	District					Total
	Belet Weyne	Jowhar	Afgoye	Gabaharey	Baidoa	
Seeds (tonnes)						
Cowpea	-	25	-	15	20	60
Maize	18	50	-	-	-	68
Sorghum	-	-	-	22.5	30	52.5
Subtotal						180.5
Fertilizer (tonnes)						
DAP	135	-	172.5	150	300	757.5
Urea	90	250	-	-	-	340
Subtotal						1 097.5

In all the four districts (Belet Weyne, Baidoa, Jowhar and Gabaharey Districts) a total of 810 lead farmers, ten from each of the targeted villages, received two days of intensive training on improved agricultural practices, including one day of theoretical training and one day demonstration of various agronomic practices. The lead farmers would then pass on the lessons learned to other farmers in their villages.

FAO also carried out a livestock treatment campaign to treat against common bacterial infections, endo and ecto parasites and blood parasites endemic to the livestock belonging to vulnerable households (i.e. sheep, goats, cattle and camels). The intervention was implemented in Hiran, Middle Shabelle, Galgaduud and South Mudug Regions of central Somalia. A total of 1 521 849 animals belonging to 50 728 pastoral and agropastoral households were reached through the treatment campaign. Following the treatment campaign, a 30 percent reduction in livestock morbidity has been reported. It is anticipated that this activity would enable enhanced resilience for livestock-holding families, as well as increased income generation through improved livestock production.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Accountability to affected populations was ensured throughout project implementation. Information regarding project activities was shared with communities targeted in a transparent and timely manner. Participatory methodologies were employed during beneficiary identification and selection, thereby ensuring transparency and that the most vulnerable in the community were included in this intervention. The FAO Somalia Call Centre conducted interviews with beneficiaries, providing an important element for compliance and monitoring – 25 percent of the beneficiaries provided active mobile numbers that allowed the call centre to contact them and verify that they received services as described in the project proposal. Monitoring and evaluation visits by field monitors were also conducted to provide a regular and timely platform for evaluation.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

In conjunction with a local NGO (EPHCO), FAO conducted a crop yield assessment for

EVALUATION PENDING

⁸ Natural irrigation to the fields. Water flow from a higher level supply canal through ditches or furrows to fields at a lower level.

<p>production during the Deyr 2014 season in various districts of south-central Somalia. The study, conducted from February to March 2015, found that farmers who received the agricultural inputs package (seeds and fertilizer) made available by FAO were able to achieve significantly higher yields than their non-beneficiary counterparts in the same area.</p> <p>Specifically, beneficiaries living in riverine areas produced 53 percent more maize per hectare, while agropastoral farmers in rainfed areas produced 109 percent more sorghum per hectare than their non-beneficiary counterparts. On average, a maize plot for beneficiary farmers produced 2.21 tonnes/ha, compared to 1.44 tonnes/ha for non-beneficiaries, while a sorghum plot for beneficiaries produced an average of 1.85 tonnes/ha, compared to 1.09 tonnes/ha for non-beneficiaries. Under the livestock intervention and in conjunction with CERELPA, SOWELPA and BENELPA, a quick disease reporting survey was conducted using Disease Surveillance Forms throughout the intervention. The analysis of the collected data under the disease surveillance activity revealed sporadic outbreaks of contagious caprine pleuropneumonia and sheep and goat pox. Access to this kind of disease reporting information – as well as formalizing the practice of reporting – contributes to disease outbreak mapping and thereby informs future response and potential programming.</p>	NO EVALUATION PLANNED <input type="checkbox"/>
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TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	IOM		5. CERF grant period:	14.10.14 – 30.06.15		
2. CERF project code:	14-UFE-IOM-040		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Agriculture			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Life-saving livelihood support to drought affected agro-pastoral communities in Afgoye District, Lower Shabelle Region					
7. Funding	a. Total project budget:	US\$ 2,647,639	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 1,579,976	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 219,082	
	c. Amount received from CERF:	US\$ 286,214	▪ <i>Government Partners:</i>		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	500	500	1,000	485	515	1,000
Adults (≥ 18)	2,000	2,000	4,000	1,940	2,060	4,000
Total	2,500	2,500	5,000	2,425	2,575	5,000
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs						
Host population						
Other affected people	5,000		5,000			
Total (same as in 8a)	5,000		5,000			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>			There were slightly fewer women than men selected for the project activities because of their lack of access to farm land. Given the nature of the activities, the beneficiary selection included ownership or access to farm land. More men than women had access to farm land in the target villages of Afgoye thus only slightly fewer numbers of women selected than originally planned.			

CERF Result Framework			
9. Project objective	The objective of the project is to enhance increased food availability and income at household and community levels in Afgoye district by the end of the next season. This will be achieved through the provision of comprehensive and locally-relevant agricultural production support in preparation for the coming Deyr season		
10. Outcome statement	Targeted households and communities are able to restore/maintain their productive capacity following recent shocks		
11. Outputs			
Output 1	Improved production techniques and inputs are introduced / provided to farmers to increase food availability and income at household (HH) and community levels in Afgoye District.		
Output 1 Indicators	Description	Target for Indicator	Reached
Indicator 1.1	Number of HHs that have timely received agricultural inputs	1,000 HHs	1,000 HHs
Indicator 1.2	Number of hectares of land prepared for farming by October 2014	500 hectares	500 hectares
Indicator 1.3	Amount of seeds distributed per household	9-10kg sorghum or 3-3.5kg cowpeas	10 kg maize, 7 kg of beans or cowpeas, 10 kg of Sorghum, and 8 kg of sesame - per HH
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Selection of implementing partners (IPs)	IOM	IOM
Activity 1.2	Registration of beneficiaries	IP/IOM	SYPD and IOM
Activity 1.3	Distribution of agricultural inputs and land preparation	IP	SYPD and IOM
Activity 1.4	Post-Distribution Monitoring	IP/IOM	SYPD

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
<p>At the beginning of the project, an IOM field officer together with the implementing partner, Sustainable Development and Peacebuilding Initiatives (SYPD), held a project inception meeting with the stakeholders to introduce the project activities. During this meeting a project implementation committee was set up to oversee the project implementation. It comprised of five members (3 men, 2 women): two from the local community, one from the Lower Shabelle local authority, one from the private sector and one from the implementing partner.</p> <p>The implementing partner carried out two capacity building workshops on best agronomical practices to 210 poor drought affected subsistence farmers, for a total of 10 days before the distribution of the seeds. They were trained on issues such as; proper land preparation, locally available and adoptable methods of pests and disease control, cash crop versus staple food crops, irrigation</p>

methods and water conservation, row planting, vegetable growing, seed selection, use of animal manure, the importance of weed control, harvesting, and better marketing of their farm produce.

Another workshop on resilience strategies was also held for 38 community representatives of the target locations. Lower Shabelle region is prone to natural and manmade disasters as the rest of Somalia, with frequent droughts and displacement mostly as a result of militia activity in the region and the military offensives that occasionally occur. The leaders were trained on action plans and positive coping mechanisms when disasters strike.

Before the seed distribution, 500 hectares of land were identified in Afgoye for land preparation and cultivation. Tractors were used to prepare the lands of the selected beneficiaries. Selection of these beneficiaries was reliant on access and ownership to arable farm land, with a priority given to female headed households and farmers affected by drought. A total of 1,000 poor subsistence farmer households benefited from the land preparation. Each household had a total of 0.5 hectares of land prepared through the project. This land preparation was conducted by September 2014, and gave the farmers ample time to cultivate their land before the onset of the Deyr rainfall in October 2014.

The seed distribution also took place in September 2014. To avoid potential difficulties in the distribution process and to ensure that seeds reached the intended beneficiaries, SYPD provided token cards to the registered beneficiaries. The distribution process was conducted in secured sites in the presence of members from the local authority and the IOM field officer. A total of 35,000 Kgs of seeds were distributed with each household receiving 35 Kg of seeds consisting of; 10kg of maize, 10kg of sorghum, 8kg of sesame and 7kg of beans/cowpea. The seed selection was determined based on the agro-ecological conditions of the target villages, in addition to the recommendations by all the stakeholders including the beneficiaries themselves. Each household received 35kg of seeds in total, exceeding the originally planned amount of 9-10kg sorghum or 3-3.5kg cowpeas. This was due to an overestimation of the seed prices at the time of proposal development. IOM noted this experience as a lesson learned for future programming and will ensure to assess the trend of seed prices throughout the year for better cost projection.

In addition to the seed distribution, a total of 35,000kgs of fertilizers; urea and diammonium phosphate (DAP) and 1,000 litres of Zero Five and methane fertilizer were distributed to 1,000 drought-stricken subsistence farming households. Each household was equipped with 35kgs of urea and DAP plus one liter of methane and Zero Five. The fertilizers are expected to increase the yield and overall production levels for local farmers. Furthermore, farm hand tools including rakes, shovels, machetes, and sickles were also distributed to 1,000 households.

Project Implementing Committee Members

Composition of the Committee members	Location	Total Number	Sex
Implementing partner (SYPD)	Mogadishu	1	M
Village leaders	Afgoye	2	F and M
Village leader	Awdhegle	1	F
Local Authority	Awdhegle	1	M

Number of Beneficiaries Trained on Agronomical Skills Enhancement Workshop

Activity	Location	Total number of beneficiaries trained	Male	Female
Workshop on Agronomical skills Enhancement	Lafogalo	35	20	15
	Magurto celqode	70	40	30
	Buulalow	35	22	13
	Dacaarta	35	15	20
	Buslow	35	24	11
	Total participants	210	121	89

Number of Participants Trained on Resilience				
Activity	Location	Total number of beneficiaries trained	Male	Female
Workshop on Resilience	Bulalow	9	6	3
	Dacaarta	7	2	5
	Bulalow	9	5	4
	Buslow	8	5	3
	Mugurto celqode	5	4	1
	Total trained	38	22	16

No major challenge was experienced throughout the project duration. The project team had adequate access to target areas and was able to undertake planned activities in a timely and effective manner. The security situation in Afgoye remained stable. However, there was a renewed offensive against Al-shabaab in parts of Lower Shabelle during which they lost control of key areas of the region such as Qoryooley and Baraawe. The offensive contributed to new waves of IDPs in Afgoye, although it did not have immediate impact to the implementation of the project.

There were slightly fewer women selected as beneficiaries because of land ownership and access to farm land issues. Majority of the land owners were men. Nevertheless, the maximum number of women with access to farm land was selected for this project.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

This proposal is in line with the IOM's project included in the HRP SOM-15/ER/71525/298, titled "Humanitarian livelihoods support for IDPs and host communities to address food insecurity and income shortage in South Central (all regions), Puntland (Bari and Nugal) and Somaliland (Sool and Sanag)", with the Gender Marker of "2a" (gender mainstreaming).

Consultations were held with women during the key phases of project implementation including the planning and monitoring. Two women were also selected to represent their female beneficiary constituents among the five project implementation committee members (2 females and 3 males). Furthermore, priority was given to female-headed households in the beneficiary selection. IOM's target was to have at least 50% of total beneficiary households to be women but due to land ownership and access issues, only 49% of the target was reached.

Accountability to the affected populations was ensured through inclusive participation of all stakeholders from the inception of the project to its conclusion. The stakeholders included members of the local community, private business owners and the local authorities.

An inception meeting was held with them before the commencement of the project activities. They were informed of the project scope such as the objectives and the duration, as well as the target beneficiaries. The representatives were included in selecting the beneficiaries and ensuring accountability in the selection process. The community representatives were also included in the various workshops (refer to the section 12) to ensure that even after the project closure, there will be a continuous long term impact of the project activities. All beneficiaries also received an equal number of seeds and an equal amount of land prepared, including an equal amount of fertilizer and tools.

The local authorities were also involved throughout the project activities and were frequently updated on the progress of the project.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
A post distribution monitoring (PDM) was conducted by the implementing partner between 10	EVALUATION PENDING <input type="checkbox"/>

and 22 January 2015. A total of 330 households were interviewed (43 % males and 57% females). The key findings include:

- All of 330 beneficiaries were satisfied with the project overall.
- 100 % of the respondents were clear about the beneficiary selection process and the beneficiaries selection criteria
- No respondents faced conflict or disagreement related to the project activities.
- 100% respondents mentioned that no one asked them for any favours in order to select them as a beneficiary.
- All 330 respondents shared that the distribution point was easily accessible for them and they were clearly informed about the distribution day, date, venue, and time. They had enough time to plan and ensure their presence on the distribution date.
- 100% of the PDM respondents were satisfied by agricultural input distribution, provision modality, input types, and treatment by staff and safety at work place, number of days, number of hours working per day, types of schemes/nature of work and type and quality of tools.
- 72% of the respondents reported being aware of eligibility interviews conducted for the selected beneficiaries for the livelihood project, while 28% reported that they were not aware of the eligibility interviews.

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WFP		5. CERF grant period:	09.10.14 – 30.06.15		
2. CERF project code:	14-UFE-WFP-070		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Strengthening food and nutrition security and enhancing resilience in Somalia					
7. Funding	a. Total project budget:	US\$ 133,908,848	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:	US\$ 79,913,198	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 348,641	
	c. Amount received from CERF:	US\$ 2,892,179	▪ <i>Government Partners:</i>		US\$ n/a	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	4,752	4,753	9,505	6,099	5,629	11,728
Adults (≥ 18)	5,809	5,809	11,618	6,099	5,630	11,729
Total	10,561	10,562	21,123	12,198	11,259	23,457
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	15,209		16,899			
Host population	5,914		6,558			
Other affected people						
Total (same as in 8a)	21,123		23,457			
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	n/a					

CERF Result Framework			
9. Project objective	Provide life-saving assistance through relief food distributions to the most vulnerable and food insecure in Central and Southern Somalia affected by recent shocks (armed conflicts, population displacement and poor 2014 <i>Gu</i> season)		
10. Outcome statement	Lives saved and livelihoods protected through the provision of relief food distributions (unconditional food transfers or wet feeding)		
11. Outputs			
Output 1	Relief food rations and/or daily cooked meals distributed in sufficient quantity (80 percent of energy requirements) and quality to target groups, under secure conditions		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women, men, girls and boys receiving food	21,123	23, 457
Indicator 1.2	MT of mixed commodities distributed as daily food rations	1,970.50 MT	1,998.1 MT
Indicator 1.3	Proportion of target reached per month as a percentage of planned distribution	90 per cent of target	Over 90 per cent of target reached with food assistance per month
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Screening, registration and provision of relief assistance to targeted beneficiaries	WFP	WFP and partners
Activity 1.2	Procurement of mixed commodities and transport, storage and handling of food assistance at distribution centers	WFP & partners	WFP and partners
Activity 1.3	Compilation of partner' reports and reporting to the food security cluster	WFP	WFP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

n/a

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

WFP's standard practices of targeting, registration and accountability were used to ensure that the right beneficiaries receive the assistance. To ensure transparency, selection criteria including community based targeting and the IPC Crisis and Emergency Phase were used to target beneficiaries. Mobilization and awareness among the beneficiaries was conducted to ensure that beneficiaries were aware of their food entitlements based on information that was publicly announced during the distribution and the posting of food entitlements on billboards. Additional measures to ensure that the right beneficiaries receive the food during distribution included verification of beneficiary ration cards against beneficiary lists and beneficiary signature on the same, and crowd control.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
An external evaluation of the PRRO 200443 conducted in January 2015 concluded that all PRRO objectives were relevant to the needs of food insecure and malnourished Somalis. The PRRO's flexible approaches as well as the resilience strategy based on linking relief and recovery were found to be highly appropriate. The PRRO has been successful in generating positive impacts beyond WFP's direct mandate such as increased health uptake and learning. The PRRO has been successful in generating positive impacts beyond WFP's direct mandate such as increased health uptake and learning. A copy of the evaluation can be retrieved from: https://www.wfp.org/content/somalia-prro-200433-strengthening-food-and-nutrition-security-and-enhancing-resilience-opera	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-UFE-CEF-138	Education	UNICEF	FENPS		NNGO	\$119,531	26-Jan-15	2-Jan-15	Payment 24 days after PCA signature, no pre-financing by NGO. Payment request by NGO can only be made after signature of contract, and takes around 2-3 weeks to process payment
14-UFE-CEF-138	Education	UNICEF	HIRDA		NNGO	\$128,892	4-Feb-15	23-Jan-15	Payment 13 days after PCA signature, no pre-financing by NGO. Payment request by NGO can only be made after signature of contract, and takes around 2-3 weeks to process payment
14-UFE-CEF-138	Education	UNICEF	INTERSOS		INGO	\$33,356	4-Feb-15	10-Oct-14	Reimbursement
14-UFE-CEF-138	Education	UNICEF	SAFE		NNGO	\$34,058	31-Dec-14	1-Oct-14	Start date is for earlier agreement. CERF activities added as amendment to the agreement and payment made at start of CERF activities
14-UFE-CEF-138	Education	UNICEF	SCC		NNGO	\$39,837	31-Dec-14	19-Nov-14	Start date is for earlier agreement. CERF activities added as amendment to the agreement and payment made at start of CERF activities

14-UFE-CEF-138	Education	UNICEF	SFS		NNGO	\$55,676	22-Jan-15	14-Jan-15	Payment 9 days after PCA signature, no pre-financing by NGO. Payment request by NGO can only be made after signature of contract, and takes around 2-3 weeks to process payment
14-UFE-CEF-138	Education	UNICEF	SHARDO		NNGO	\$186,825	21-Jan-15	10-Jan-15	Payment 11 days after PCA signature, no pre-financing by NGO. Payment request by NGO can only be made after signature of contract, and takes around 2-3 weeks to process payment
14-UFE-CEF-138	Education	UNICEF	SOSDA		NNGO	\$6,040	22-Mar-15	15-Jan-15	Reimbursement
14-UFE-CEF-137	Health	UNICEF	Swisso-Kalmo		INGO	\$188,066	31-Dec-14	1-Dec-14	The NGO implementing partners had pre-existing partnership agreements - PCAs - with UNICEF; these pre-existing agreements enabled CERF activities to start before actual disbursements of funds.
14-UFE-CEF-137	Health	UNICEF	MARDO		NNGO	\$50,325	11-Feb-15	1-Dec-14	
14-UFE-CEF-137	Health	UNICEF	DHO		NNGO	\$32,611	31-Dec-14	1-Dec-14	
14-UFE-CEF-137	Health	UNICEF	WHC		NNGO	\$12,959	31-Dec-14	1-Dec-14	
14-UFE-CEF-137	Health	UNICEF	WARDI		NNGO	\$70,571	11-Mar-15	1-Dec-14	
14-UFE-CEF-137	Health	UNICEF	Somali Aid		NNGO	\$4,322	11-Jun-15	1-Apr-14	
14-UFE-CEF-137	Health	UNICEF	HIDCO		NNGO	\$29,307	15-Mar-15	1-Dec-14	
14-UFE-CEF-137	Health	UNICEF	AYUUB		NNGO	\$80,817	9-Apr-15	1-Dec-14	

14-UFE-CEF-137	Health	UNICEF	TCMCA		NNGO	\$18,618	27-Mar-15	1-Dec-14	
14-UFE-CEF-137	Health	UNICEF	HIRDA		NNGO	\$3,145	21-May-15	1-Apr-14	
14-UFE-CEF-136	Nutrition	UNICEF	African Relief and Development (ARD)		NNGO	\$65,941	21-May-15	1-May-15	
14-UFE-CEF-136	Nutrition	UNICEF	Ministry of Health, Somaliland		GOV	\$18,588	19-Nov-14	1-Oct-14	
14-UFE-CEF-136	Nutrition	UNICEF	Gedo Women Development Organization (GEWDO)		NNGO	\$80,476	28-Jun-15	3-Oct-14	Reimbursement payment
14-UFE-CEF-136	Nutrition	UNICEF	ZamZam Foundation		NNGO	\$56,081	30-Jun-15	1-Nov-14	Reimbursement payment
14-UFE-CEF-136	Nutrition	UNICEF	International Medical Corps		INGO	\$121,120	13-May-15	3-Oct-14	Reimbursement payment
14-UFE-CEF-136	Nutrition	UNICEF	Somali Relief and Development Action (SRDA)		NNGO	\$51,309	1-Jan-15	1-Feb-15	
14-UFE-CEF-136	Nutrition	UNICEF	Community Empowerment and Development Action (CEDA)		NNGO	\$15,268	31-Dec-14	1-Dec-14	
14-UFE-CEF-136	Nutrition	UNICEF	Ministry of Health, Puntland		GOV	\$44,688	19-Nov-14	1-Nov-14	
14-UFE-CEF-136	Nutrition	UNICEF	Oxfam Novib Somalia		INGO	\$55,000	11-Jun-15	3-Oct-14	Reimbursement payment
14-UFE-WHO-068	Health	WHO	ARC		INGO	\$60,000	1-Oct-14	15-Jun-15	
14-UFE-WHO-068	Health	WHO	Swisso-Kalmo		NNGO	\$60,000	1-Oct-14	20-May-15	
14-UFE-WHO-068	Health	WHO	IMC		INGO	\$60,000	1-Oct-14	25-Aug-15	
14-UFE-FAO-033	Livelihoods	FAO	Center for Education and Development (CED)		NNGO	\$47,850	5-Nov-14	29-Sep-14	
14-UFE-FAO-033	Livelihoods	FAO	Agency for Peace and Development (APD)		NNGO	\$53,720	4-Nov-14	10-Sep-14	
14-UFE-FAO-033	Livelihoods	FAO	Rainwater Association of Somalia (RAAS)		NNGO	\$41,540	4-Nov-14	23-Sep-14	
14-UFE-FAO-033	Livelihoods	FAO	EL Barde Primary Health Care Organization (EPHCO)		NNGO	\$34,195	6-Feb-15	26-Jan-15	

14-UFE-FAO-033	Livelihoods	FAO	Central Regions Livestock Professional Association (CERELPA)		NNGO	\$692,313	23-Oct-14	15-Oct-14	
14-UFE-IOM-040	Agriculture	IOM	Sustainable Development and Peace Building Initiatives (SYPD)		NNGO	\$219,083	21-Oct-14	1-Oct-14	Pre-existing agreement on another project funded by a different donor
14-UFE-CEF-139	Food Assistance	UNICEF	Mercy Corps		INGO	\$189,083	13-Nov-14	21-Oct-14	Note: Start date is listed as date of NGO countersignature to PCA document.
14-UFE-CEF-139	Food Assistance	UNICEF	Danish Refugee Council		INGO	\$772,118	4-Dec-14	21-Jul-14	Note: CERF funds were used to pay for activities under an amendment to a PCA which began in July of 2014. The amendment was signed 13 October 2014.
14-UFE-CEF-139	Water, Sanitation and Hygiene	IOM	WARDI		NNGO	\$345,160	15-Dec-14	1-Nov-14	the MoU between IOM and CERF was signed 10 October 2014 and funding was transferred two week after
14-UFE-CEF-139	Water, Sanitation and Hygiene	IOM	WOCCA		NNGO	\$215,000	15-Dec-14	1-Nov-14	the MoU between IOM and CERF was signed 10 October 2014 and funding was transferred two week after
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	CENTRE FOR PEACE AND DEMOCRACY (CPD)		NNGO	\$234,336	9-Apr-15	28-Nov-14	
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	INTERSOS		INGO	\$164,631	6-Feb-15	15-Dec-14	
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	PUNTLAND STATE AGENCY FOR WATER AND NATURAL RESOURCES (PSAWEN)		GOV	\$113,045	22-Mar-15	1-Jan-15	

14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	SHILALE REHABILITATION & ECOLOGICAL CONCERN (SHILCON)		NNGO	\$71,198	9-Dec-14	25-Nov-14	
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	SOMALI PUBLIC HEALTH PROFESSIONAL ASSOCIATION (SOPHPA)		NNGO	\$335,217	8-Mar-15	23-Feb-15	
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	WARDI RELIEF AND DEVELOPMENT INITIATIVES (WARDI)		NNGO	\$140,317	23-Mar-15	22-Feb-15	
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	MINISTRY OF WATER RESOURCE-Somaliland (MOWR)		GOV	\$235,320	8-Dec-14	1-Jan-15	
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	TAAKULO SOMALIALND COMMUNITY (TASCO)		NNGO	\$26,632	26-Jun-15	17-Apr-14	Pre-existing agreement
14-UFE-CEF-134	Water, Sanitation and Hygiene	UNICEF	SOCIAL RELIEF ORGANIZATION (SRO)		NNGO	\$26,608	26-Jun-15	15-Jun-14	Pre-existing agreement
14-UFE-CEF-135	Protection	UNICEF	HAPO Child		NNGO	\$45,972	5-Mar-15	1-Apr-15	UNICEF and HAPOCHILD signed partnership agreement on 18.12.2014. Being a new CAAC partner, they had to do a lot of preparatory work: setting up centers, and community dialogues to identify beneficiaries. The partner thus delayed to request for first instalment.
14-UFE-CEF-135	Protection	UNICEF	Hiran Women Action Advocacy		NNGO	\$50,001	3-Mar-15	6-Dec-14	Partner pre-funded activity before instalment was sent.
14-UFE-CEF-135	Protection	UNICEF	Organization for Somalis Protection and Development (OSPAD)		NNGO	\$27,175	5-Apr-15	28-Feb-15	Partner pre-funded activity before instalment was sent.
14-UFE-CEF-135	Protection	UNICEF	Community Empowerment and Development Action		NNGO	\$19,905	7-Jul-15	9-Jul-14	Activities begun at expected time.

			(CEDA)						
14-UFE-CEF-135	Protection	UNICEF	Elman Peace and Human Rights Centre (Elman)		NNGO	\$102,964	29-Dec-14	18-Dec-14	Activities begun at expected time.
14-UFE-CEF-135	Protection	UNICEF	Socio-Economic Development and Human Rights Org (SEDHURO)		NNGO	\$65,344	29-Dec-14	18-Dec-14	Activities begun at expected time.
14-UFE-CEF-135	Protection	UNICEF	Somali Women Development Centre (SWDC)		NNGO	\$30,041	24-Jun-15	1-Apr-15	Partner pre-funded activity before instalment was sent.
14-UFE-FPA-040	Gender-Based Violence	UNFPA	WARDI		NNGO	\$37,000	10-Nov-14	15-Oct-14	Partner pre-financed the activity not to delay the implementation
14-UFE-FPA-040	Gender-Based Violence	UNFPA	ARD		NNGO	\$41,000	20-Nov-14	15-Oct-14	Partner pre-financed the activity not to delay the implementation
14-UFE-FPA-040	Gender-Based Violence	UNFPA	OSPAD		NNGO	\$30,000	8-Dec-14	15-Oct-14	Partner pre-financed the activity not to delay the implementation
14-UFE-FPA-040	Gender-Based Violence	UNFPA	SSWC		NNGO	\$60,000	3-Feb-15	15-Jan-15	Preparation for the dignity kit procurement, which does not require the fund, started before the transfer of the first installment
14-UFE-WFP-070	Food Aid	WFP	COMMUNITY CONCER SOMALIA		NNGO	\$34,846	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	INTERSOM RELIEF AND DEVELOPMENT ORGANIZATION		NNGO	\$32,719	1-Mar-15	1-Feb-15	
14-UFE-WFP-070	Food Aid	WFP	WORLD VISION INTERNATIONAL_SOMALIA		INGO	\$81,452	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	LIBAN WELFARE ORGANIZATION		NNGO	\$20,175	1-Mar-15	1-Feb-15	
14-UFE-WFP-070	Food Aid	WFP	HAPO CHILD ORGANIZATION		NNGO	\$19,933	1-Mar-15	1-Feb-15	
14-UFE-WFP-070	Food Aid	WFP	ONKOD RELIEF AND DEVELOPMENT		NNGO	\$19,372	1-Mar-15	1-Feb-15	

			ORGANIZATION						
14-UFE-WFP-070	Food Aid	WFP	SAHIL INTERNATIONAL HUMANITARIAN ORAGANIZATION		NNGO	\$17,654	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	NOMADIC ASSISTANCE FOR PEACE AND DEVELOPMENT		NNGO	\$17,033	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	SOMALI RELIEF AND REHABILITATION DEVELOPMENT O		NNGO	\$14,474	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	ISSE VOLUNTARY DEVELOPMENT ORGANISATION		NNGO	\$13,596	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	WARDI RELIEF AND DEVELOPMENT INITIATIVES		NNGO	\$11,590	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	KA AH RELIEF AND DEVELOPMENT ORGANIZATION		NNGO	\$8,933	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	KAASHIF		NNGO	\$5,398	1-Jan-15	1-Dec-14	
14-UFE-WFP-070	Food Aid	WFP	ORGANISATION FOR SOMALIS PROTECTION & DEVELOP		NNGO	\$5,345	1-Jan-15	1-Dec-14	
14-UFE-WFP-069	Nutrition	WFP	AFGOYE ALIFOW WOMEN DEVELOPMENT ORGANIZATION		NNGO	\$1,398	10-Mar-15	8-Feb-15	
14-UFE-WFP-069	Nutrition	WFP	AGENCY FOR PEACE AND DEVELOPMENT		NNGO	\$1,721	22-Feb-15	23-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	COMMUNITY CONCER SOMALIA		NNGO	\$3,205	24-Feb-15	25-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	HORN OF AFRICA DEVELOPMENT ORGANISATION		NNGO	\$3,077	22-Feb-15	23-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	HUMANITARIAN AFRICA RELIEF DEV ORG		NNGO	\$2,320	20-Jan-15	21-Dec-14	

14-UFE-WFP-069	Nutrition	WFP	KAASHIF		NNGO	\$1,139	25-Feb-15	26-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	MERCY INTERNATIONAL USA		INGO	\$2,179	24-Feb-15	25-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	NOMADIC ASSISTANCE FOR PEACE AND DEVELOPMENT		NNGO	\$7,269	12-Jan-15	13-Dec-14	
14-UFE-WFP-069	Nutrition	WFP	NORWEGIAN CHURCH AID		INGO	\$4,533	12-Jan-15	13-Dec-14	
14-UFE-WFP-069	Nutrition	WFP	RAS AWAD WELFARE ASSOCIATION		NNGO	\$1,324	23-Feb-15	24-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	SAHIL INTERNATIONAL HUMANITARIAN ORGANIZATION		NNGO	\$1,398	23-Feb-15	24-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	SAVE THE CHILDREN FEDERATION INC		INGO	\$2,560	23-Feb-15	24-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	SHADEEDLAY DEVELOPMENT ORGANISATION		NNGO	\$1,694	23-Feb-15	24-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	SOCIAL DEVELOPMENT AND RESEARCH ASSOCIATION		NNGO	\$1,136	24-Feb-15	25-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	SOMALI RELIEF AND REHABILITATION DEVELOPMENT O		NNGO	\$1,496	24-Feb-15	25-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	WAMO RELIEF AND REHABILITATION SERVICES		NNGO	\$2,645	26-Feb-15	27-Jan-15	
14-UFE-WFP-069	Nutrition	WFP	WORLD VISION INTERNATIONAL_SOMALIA		NNGO	\$27,109	11-Jan-15	12-Dec-14	

