

SOMALIA
ANTICIPATORY ACTION
AGAINST FOOD INSECURITY
2020

20-RR-SOM-44036

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

After-Action Review (AAR) date and Participant list.

25/02/2021

Agency	.Name
FAO	Alphonse Owuor
	Maureen Mungai
	Emily Lusweti
	Joan Muchai
IOM	
WASH	Omar Khayre
Program/Reporting	Jan Van't Land
WFP	
Nutrition	Peris Mwaura
Food Assistance	Serene Philip
UNHCR	Abdifatah Hassan Badi
UNICEF	
Nutrition	Dorothy Nabiwemba
Health	Halima Abdu
WASH	Charles Mutai
WASH	Abdulkadir Dagane
Program/Reporting	Linda Clare Wangeci
WHO	Mary Joan Karanja
	Farhan Bashir
OCHA	Patricia Nyimbae Agwaro
	Evalyn Lwemba

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).

Yes No

This CERF allocation has been discussed extensively in various forums – HC presentation to the humanitarian community during the HRP launch, HC presentation to donors during meetings, and by OCHA in the Pooled Fund Working Group meeting. The finalised report country report has been shared with the Humanitarian Country Team and ICCG for feedback.

Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?

Yes No

All agencies reported that the reports were reviewed internally by management before submission to OCHA. Further, the involvement of IPs and government counterparts during monitoring missions and directly during implementation ensured their awareness of results.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

This anticipatory action funded by the CERF came at an opportune time and was pivotal in helping to mitigate the adverse impact of multiple shocks to 638,718 vulnerable Somalis in 2020. Importantly, the funding helped mobilise an additional \$181 million to support the response against the “triple threat” of floods, COVID-19, and the locust infestation. Collectively, these funds helped prevent 500,000 people from sliding into Crisis and Emergency phase between July 2020 and January 2021.

Despite COVID related restrictions, agencies successfully completed their interventions. Importantly, the funding enabled adaptability to emerging acute needs resulting in the timely expansion of coverage against the ongoing locust infestation by 10,000 hectares saving enough food to feed 136,154 people in a year, stemming the spread of a measles outbreak and reducing the number of malaria cases due to readily available medical supplies. In addition, this action helped reduce food consumption gaps among urban poor for 65 per cent of targeted beneficiaries. Crucially, 86,284 people with disabilities received services as agencies deliberately streamlined protection concerns in all interventions because vulnerable groups were most impacted by the triple threat.

CERF's Added Value:

As the first of its kind in Somalia, CERF anticipatory action funds contributed to preparedness for COVID-19, flood response, improving access to food and water, and the treatment of children with severe acute malnutrition. This was by

- providing UNICEF with strategic support for timely delivery of supplies and logistics, allowing for replenishing prepositioned supplies that were readily mobilized to provide health service delivery in the CERF supported districts. Its availability during the onset of the *Hagaa* rains in late June 2020 allowed for the address of the immediate health needs while funding from other sources was being mobilized for the health emergency response especially in the context of COVID-19 where some donors were supporting more COVID-19 specific response with a shift from traditional emergency response. It also strengthened local partners response to humanitarian needs through the partnership with UNICEF as the funds were used to activate pre-developed contingency program documents for implementation. In the support for risk communication and community engagement, it was a platform that enabled integration of multiple time appropriate messages such as key household practices along with COVID-19 infection prevention control and home-based care for suspected symptoms were discussed during house to house visits, radio talks and van/truck announcements.
- allowing WHO to support the Ministry of Health to mitigate the anticipated harmful effects of different public health events before they occurred. With regular monitoring of trends in the early warning system and implementation of preparedness activities, fewer cases of malaria (1,551 cases in 2020 compared to 1,970 cases in 2019) were reported. An outbreak of measles (where 393 cases were reported) in Kismayo was detected and controlled in a timely manner stemming its spread to neighbouring districts. The longer-term benefits may include timely response to disease outbreaks. While the anticipatory action project helped to improve coordination among other health partners who had similar activities, regrettably the same could not be said definitively within other clusters or UN agencies.
- enabling WFP plan and implement its nutrition support well ahead of time by allowing the use of existing stocks which were replenished on funds disbursement. In addition, it enabled the agency to source external funding for a vertical top up to the target households in its food assistance project helping them stabilize food consumption in the last quarter of the year.
- Ensuring FAO was able to provide timely protection for an additional 10,000 hectares (ha) against a locust infestation moving southwards
- Fostering Intercluster coordination among all clusters and partnerships with government counterparts who also benefited from capacity building through their involvement throughout the project cycle
- Providing impetus to agencies to raise an additional \$181 million from bilateral donors to support the response, bringing the total receipts to over \$200 million
- Enabling UNICEF to provide a safe environment for children to ensure continued learning in schools when they reopened by installing handwashing stations and soap to schools

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

Yes

Partially

No

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

Did CERF funds help improve resource mobilization from other sources?¹

Yes

Partially

No

Considerations of the ERC's Underfunded Priority Areas²:

Apart from Education, which was not explicitly targeted under this allocation, other aspects of the four underfunded priority areas were addressed either directly or indirectly in varying degrees through activities implemented under this grant. Some examples are highlighted below

- Collectively, **86,284 persons with disabilities (PwD)** directly benefited from six of the projects (Food Assistance, Health, Nutrition, Protection, and WASH) under this grant. WFP's food assistance project innovatively used the Disabled Association to register households with disabled members or disabled heads of households for mobile money transfers of assistance reaching. In addition, 87.7 per cent of the principal recipient's for cash transfers for food assistance were women headed households. UNHCR's protection project specifically listed PwD as a vulnerable group whose protection issues were assessed (please see reports attached in separate folder) who were then able to access services through referrals by the protection monitors to the different agencies and clusters and continued advocacy by the protection cluster. UNICEF also ensured that site selections for the water points rehabilitated and equipped with hand pumps that would be easily accessible by people living with disabilities. Similarly, Third-Party Monitoring exercises conducted on UNICEF Nutrition project showed that almost all partners monitored provided preferential treatment to persons accessing nutrition services with disabilities to shorten the length of time at treatment sites. In UNICEF's health project, 9.6 per cent (20,039) of the persons who received life-saving essential health care services through this grant were individuals with disabilities, with 52 per cent (10,402) of the persons being women and children. Devices such as wheelchairs were reported to have been used in some health facilities to help access health facilities.
- Recognising that **women and girls** are disproportionately at risk for death in humanitarian emergencies, through its projects UNICEF ensured attention was given to specific needs of pregnant women through ensuring quality antenatal care, availability of skilled health workers to provide safe and dignified birth attendance, referrals for complications in pregnancy with IPC protocols and measures instituted. Through this CERF funding, 56 per cent (117,404) of the total people reached were women and girls, with 3,747 births delivered by skilled birth attendants. The health section liaised with WASH to distribute hygiene kits to households in the COVID-19 affected areas where possible. Implementing partners were encouraged to refer women and girls affected by gender-based violence to the protection cluster. Women were empowered through health education where emphasis was placed on essential family practices and needs to seek health care in time of need for women and their children.

¹ Within the CERF allocation period or after.

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

- UNICEF consistently reviews coverage of programmes to ensure easier access to services to reduce the burden on women as they bear the multiple responsibilities of childcare, fending for their households, and others. For example, in its training of community health workers, on counselling on infant and young child feeding; out of all CHWs trained, 35 per cent were male.
- FAO vaccination component: Vaccination aims at protecting the assets of vulnerable pastoralists thus addressing social protection as one of the chronically underfunded humanitarian priority areas. Livestock treatments contribute to protecting the survival and productivity of goats, which are the main asset of poor pastoral households. Women are the main caretakers of goats, which provide vital daily nourishment (especially for children).
- IOM's WASH project contributed to tackling **gender-based violence**, women empowerment, preserving the dignities of disabled people and protection through mainstreaming of activities. These included access to menstrual hygiene-related education, materials, and disposal options; equal female-to-male ratio of persons who participated in community-based WASH committees or other decision-making structures; hygiene promotion, careful design and maintenance of water points (e.g. clearing pathways, fencing around water points to make areas safer). Importantly, households reported that the eased access to water through the rehabilitation of water infrastructure provided some respite and significantly reduced anxiety often associated with having to purchase water for household use and livestock movement.
- UNICEF's WASH project: To ensure proper handwashing practices and prevent COVID-19 infection in schools, the project rehabilitated 12 twin latrines equipped with 12 handwashing facilities in **six schools**. This action provided a conducive learning environment to 3,510 pupils (1,508 girls and 2,002 boys).

Proposed collective efforts that CERF could also advocate for include:

- Future CERF funding could invest in promoting and advocating for strengthening menstrual hygiene of women of childbearing age whose uptake is low in Somalia, particularly schoolgirls. For the last few years IOM modelled household sanitation programme where 4-5 HHs share latrines, this did not only improve hygiene and maintenance of the latrines but promoted ownership and substantially reduced gender-based violence against women and girls.
- The Somalia WASH sector is largely funded by the humanitarian sector and the government structures are supportive and this is an opportunity for the HCT to support government and humanitarian actors in formulating policies, piloting innovative programmes, providing technical expertise and resources required.
- Further support is required for specific programmes and interventions targeting disabled people. Cash transfer for people with disability to support health care seeking and infrastructure modification within health facilities makes them disabled-friendly, enabling people with disability in humanitarian crises to attend. Bottlenecks to care for the disabled is weak among some implementing partners on care for the special needs of people with disability and adequate resources to provide the needed enabling environment
- The meagre funds received for protection monitoring supported by UNHCR to conduct protection assessments aimed at identifying key protection issues faced by vulnerable groups - mainly including (i) clan members, (ii) adults and children affected by exploitation, (iii) people with disabilities, and (iv) older persons. From the interviews conducted, older persons were found to experience exclusion, extortion and/or exploitation. Ultimately, the problems faced by older populations indicate similar patterns to those affiliated with certain clans and people with disabilities, and therefore, both advocacy and financial resources should be directed towards building the capacity of community members, local authorities, camp leaders, NGO Staff, community consultations and establishment of pragmatic feedback and complaints systems.
- Social protection for vulnerable pastoralist households remains underfunded and is urgently needed. This may entail the support of pastoralist households through cash+livestock (cash and livelihood support package), an intervention that ensures vulnerable pastoralist households are protected. In addition, cash+livestock will provide support to women as 50 percent of the targeted households are headed by women, directly benefiting girls and children in general. The activity also enhances livestock milk production at household level. By increasing visibility on social protection of vulnerable pastoralist households, CERF will support the resource mobilization efforts of FAO.
- Support for women and girls focusing on gender-based violence, reproductive health and empowerment is a key area of concern and should be prioritized for funding. As much as the health project extended efforts to address health and wellbeing of women and girls, recent statistics from the SHDS (Somalia Health and Demographic Survey) paints a grim picture of the situation indicating the magnitude of the problem. Rape and other forms of sexual violence, intimate partners violence (IPV) including physical, sexual, and psychological abuse, Female Genital Mutilation (FGM) and early and forced marriage is common. IPV remains predominant among cases reported by GBV survivors. Female headed households, displaced women and girls, adolescent girls, and those with

disabilities are among the most vulnerable. Younger women are more likely to experience physical violence with 14% of women aged 15-49 reporting to have experienced physical violence since the age of 12. Limited availability of health services for GBV, insecurity and weak humanitarian access further exacerbate the situation. In addition, since health care workers are not trained to recognize and address GBV and because there is no institutional base to support them in this area, health care providers feel helpless to intervene. This exposes multidisciplinary gaps in programming tailored for women and girls. CERF can support by investing in projects geared towards women and girls, including tackling gender-based violence, reproductive health and empowerment. This will go a long way to contribute to the reduction of maternal, and child health issues that are contributed to by violence against women and girls. One of the key challenges that may have hindered HCT/UNCT from advancing these areas is lack of information, since collection of data on GBV is often marred by under-reporting due to the culture of silence around the topic. Over time however, information on issues affecting women and girls including GBV is building up and provides a platform to increase response efforts.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	1,000,010,000
CERF	14,990,014
Country-Based Pooled Fund (if applicable) ³	9,300,000
Other (bilateral/multilateral)	181,456,817
Total funding received for the humanitarian response (by source above)	205,746,831

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

Agency	Project Code	Sector/Cluster	Amount
FAO	20-RR-FAO-026	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	2,300,000
IOM	20-RR-IOM-022	Water Sanitation Hygiene - Water, Sanitation and Hygiene	2,049,945
UNHCR	20-RR-HCR-022	Protection - Protection	302,597
UNICEF	20-RR-CEF-041	Health - Health	2,199,994
UNICEF	20-RR-CEF-042	Nutrition - Nutrition	500,000
UNICEF	20-RR-CEF-043	Water Sanitation Hygiene - Water, Sanitation and Hygiene	2,051,940
WFP	20-RR-WFP-036	Nutrition - Nutrition	500,000
WFP	20-RR-WFP-037	Food Security - Food Assistance	2,285,475
WHO	20-RR-WHO-027	Health - Health	2,800,063
Total			14,990,014

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

Total funds implemented directly by UN agencies including procurement of relief goods	\$11,990,085
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³ The Somalia Humanitarian Fund allocated \$9.3 million for flood response in September 2020

Funds sub-granted to government partners*	\$792,387
Funds sub-granted to international NGO partners*	\$688,296
Funds sub-granted to national NGO partners*	1,599,246
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	\$3,079,929
Total	14,990,014

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Somalia's food insecure population was projected to triple to 3.5 million between July and September, up from 1.15 million at the start of 2020, due to the cumulative impacts of desert locust infestations, flooding, and COVID-19. This represented 22 per cent of the total Somali population, thereby exceeding the threshold established for the activation of the Anticipatory Action Framework that had been designed in 2019. Intensified rainfall during the 2020 Gu season caused severe riverine and flash flooding in April and May across many parts of Somalia and affected an estimated 1 million people, including 412,000 displaced people. The floods inundated and affected crops on close 54,000 hectares of farmland in southern-central Somalia, equivalent to more than 20 percent of the average planted area in the previous fifteen years. Gu rains also produced conducive conditions for additional desert locust reproduction, with the ongoing upsurge in Somalia estimated to be the worst in at least 25 years. The flooding also led to contamination of water sources in 23 districts in the country. According to WHO's epidemiological data for 2020, there were 4,834 acute watery diarrhoea cases by July, the majority in Banadir region but also in Hiraan, Middle and Lower Shabelle and Bay regions. As of 30 June 2020, 2,904 cases of COVID-19 had been confirmed with 90 deaths further straining the country's fragile health care system. Partners reported that the number of people visiting health centres for routine care had significantly dropped due to fear of contracting the virus as well as lack of public transport or other means to access facilities. The situation was at the brink of escalation due to movement restrictions and a lack of basic goods and services. COVID-19 was further disrupting many aspects of life and trade that underpin food security in Somalia, including food prices, remittances, and livestock trade. Purchasing power was expected to decline as COVID-19 caused a reduction in incomes, compounding the income and production losses during the Gu season. Remittance flows fell between 10-30 per cent through September, with no more than 10 percent of rural households reporting receipts. Similar decline was expected for livestock exports between June and August due to the cancellation of Hajj activities in Saudi Arabia. Despite this, livestock prices largely remained at above average levels nationally.

During the implementation period, Somalia experienced a new wave of flooding during the *Hagaa* season in low lying areas along the Juba and Shabelle rivers triggered by heavy, above-average rainfall locally and in upstream areas in the Ethiopian highlands. Regions affected included Gedo, Hiraan, Middle Juba, and Middle and Lower Shabelle regions which were also targeted under this action. In late 2020, the number of people facing food consumption gaps indicative of Crisis (IPC Phase3) or worse outcomes was projected to reach 2.1 million. However, assessment results from the 2020 *Deyr* season (October – November) which was considered largely below average, indicate that the number of people in Crisis (IPC3) and Emergency (IPC 4) between July and September 2020 had increased from 1.3 million to 1.6 million people by January 2021, meaning the AA allocation helped prevent 500,000 people from facing severe food insecurity.

Operational Use of the CERF Allocation and Results:

On 19 June, Emergency Relief Coordinator (ERC) Mark Lowcock activated the Somalia Anticipatory Action Framework on a pilot basis and agreed to release up to \$15 million from the CERF to deliver more effective, timely and dignified humanitarian assistance to vulnerable communities in anticipation of the compounding effects of desert locusts, COVID-19 and flooding in Somalia (the 'triple shock'). The anticipatory action framework was developed in 2019 to anticipate an out-of-the-ordinary drought shock; it combines three pre-agreed components: forecast and triggers, anticipatory actions, and finance. Food insecurity projections were selected as a proxy indicator for extreme drought to trigger the framework. However, these unprecedented times required unprecedented agility and adaptability. While the situation in Somalia was a result of the compounding effects of the triple shock, food insecurity projections still showed a significant deterioration, warranting the exceptional activation of the anticipatory mechanism and the mitigating actions it foresees. From the pre-agreed Anticipatory Action Plan, the Somalia Humanitarian Country Team and clusters prioritized a comprehensive package consisting of health, food security, water and sanitation, nutrition, and protection assistance for the \$15 million CERF allocation. This allocation was an important contribution to saving lives – and will serve as an opportunity to learn and demonstrates the value of triggering pre-agreed plans to reduce suffering and costs.

Despite initial delays caused by COVID related travel and logistical restrictions, the action was largely successful, and due to the availability of requisite supplies and funds, agencies were able to quickly mobilise and respond in a timely manner to emerging needs

such as unexpected flooding in late October/ early November, a suspected measles outbreak and expand coverage to address a locust invasion that was moving south. They also subsequently reached more beneficiaries than initially targeted with services.

Key achievements included

- providing preventive and curative health assistance for over 200,000 Somalis – including 95,252 people protected from malaria through malaria prophylaxis and spraying, 11,774 pregnant and lactating women and 40,000 children under the age of 1 through the deployment of medical supplies with rapid response teams and in static health facilities, vaccinating 57,183 children against measles and training of health personnel;
- giving over 408,000 vulnerable persons access to clean water to mitigate health and nutrition deterioration through rehabilitation of 24 boreholes and 68 shallow wells, disinfection of 293 wells and distribution of 16,000 hygiene kits;
- providing micronutrient supplements to 118,091 children and 76,394 pregnant and lactating women to circumvent increased cases of acute malnutrition and excess mortality;
- deploying 56 protection monitors to ensure safe, dignified, equitable and meaningful access to humanitarian assistance and essential services by monitoring and documenting and reporting protection issues;
- Procurement of six million doses of vaccine necessary for a multi donor funded vaccination campaign against a deadly small ruminant disease that would benefit 150,000 households (900,000 people). In addition, up to 30,000 hectares, including 20, 423 tonnes of cereal, was protected against locust infestation;
- Supporting the urban safety net program by providing unconditional cash assistance to reduce food consumption gaps among 89,514 people.

People Directly Reached:

Overall estimate:

This AA grant reached **638,718** people, demonstrating the largely successful results of projects in this pilot that met or exceeded their targets. It should be noted that during the proposal development , the large number of beneficiaries targeted was skewed by the FAO project from which 150,000 households were expected to benefit when their livestock would be vaccinated against disease. Whereas CERF funds were used to purchase the vaccines, the actual vaccination was to be covered by other funding. At the time of reporting the exercise had only just begun in the last week of February 2021 due to funding delays. The total figure of reached beneficiaries therefore discounts the livestock vaccination component which was covering only the northern part of Somalia. Further, COVID-related restrictions such as travel, delayed the deployment of supplies and staff, and saw a decline in health seeking behaviour.

A two-step process was used to determine the overall estimate of the number of people directly reached. Firstly, the **geographic scope** for each cluster was mapped as there were common areas between cluster interventions which implied that people targeted benefited from a suite of services. IOM and UNICEF WASH interventions collectively had the widest coverage and since most of their activities involved water infrastructure rehabilitation, it was likely that beneficiaries targeted by other clusters in these areas also benefited from access to water from WASH interventions, as it also had the highest number of beneficiaries.

Secondly, districts not covered by WASH cluster activities were identified and beneficiaries' numbers proportionally estimated from the clusters that covered them (WFP Food Assistance: 1;UNICEF: Nutrition:4; and WHO health:3) and added to the WASH number to obtain the overall estimate. It should be noted that unlike in the proposal, FAO figures were not used as the agency covered only Somaliland and Puntland and at the time of reporting vaccination has not been completed.

Estimation per cluster

Nutrition: Though there was overlap in the districts covered by UNICEF and WFP with the former covering more, there were distinctions in services provided - with UNICEF providing micronutrients and WFP nutrition supplements for moderately malnourished children and

pregnant and lactating women (PLW). Figures from UNICEF were used to estimate the total number covered by the cluster as it is likely that that beneficiaries from the WFP project also received UNICEF supplements.

Health: A mix of both UNICEF and WHO beneficiary figures were used to estimate numbers reached by the cluster as beneficiaries were targeted through both rapid response teams and through mobile and static facilities ensuring wide coverage in outbreak control and maternal and child health and common illnesses in areas there was overlap in coverage. UNICEF however reached more children than WHO which reached more adults. The health estimate therefore used WHO beneficiary figures for men and women, and UNICEF for girls and boys. It also includes proportionate beneficiary figures to account for five districts targeted only by WHO.

WASH: IOM and UNICEF targeted different locations; therefore, the numbers of persons targeted were added together.

Food Security, Livelihoods and Protection only had one project per sector. The numbers of targeted persons from the project reports were therefore adopted.

Estimation of persons with disabilities: The number of targeted persons with disabilities was simply summed from the project reports.

People Indirectly Reached:

Food Assistance: WFP's project indirectly benefitted the local communities where the target population live. The households that received cash transfers purchased commodities from local vendors and interacted within the urban community and resources to build their capacity to engage within these market systems. The implementing partner also has closely worked with Banadir Regional Authorities on this project, building government visibility in the community.

Under FAO's livestock vaccination, about 2,000 community members benefited from community sensitization activities carried out during project implementation in Puntland and Somaliland. The Ministry of Agriculture staff in the respective states also benefited from capacity building activities. Through the control of desert locust hopper bands covering 30,000 ha using IGR and an additional 10,218 ha sprayed using aerial assets funded by CERF, a total of 20,423 tonnes of cereal crops were protected, saving enough food to feed 136,154 people for one year.

Health: UNICEF's C4D section worked with State Ministries of Health to deliver key messages on COVID-19, AWD/Cholera and other key essential health practices using different behavioural change strategies to create demand for health service utilization in the selected districts. Between 1st July and 31st September 2020, the project reached 153,046 households with key messages using 1,488 printed flipcharts through 100 social mobilizers provided incentives by this project. Additionally, 504 villages were reached through public address engaged to disseminate the key messages, while 1,008 radio and drama sessions were aired. The polio community surveillance network was repurposed to also support COVID-19 surveillance and activities. SOMNET members were trained to become active members of the COVID-19 district rapid response teams. They visited communities and households with health education messages, conducted hand-washing demonstrations, distributed information, education and communication (IEC) materials, sensitized community leaders and contributed to detailed case investigations and encouraging people to access the health facility care.

WHO's interventions indirectly benefitted communities with health promotion messages for COVID-19 and other priority epidemic prone diseases. These communities also benefited from the activities of community health workers, who conducted active case searches for early detection and referral of infectious diseases (including COVID-19). Patients attending health facilities where health workers have been trained benefit from better services for management of infectious diseases, severe acute malnutrition with medical complications and infection prevention and control, thereby enhancing the quality of care. Moreover, it is expected that children with SAM with medical complications receiving treatment in stabilization centres will have better chances of recovery. Finally, people living in villages where indoor residual spray (IRS) campaigns were conducted were protected from other diseases, such as dengue fever and chikungunya, for at least 4 months.

Nutrition: WFP and the implementing partners reached 89,001 individuals out of the targeted 96,314 indirect individuals through nutrition and health social behaviour change education sessions at community level that included infant and young child nutrition, maternal nutrition, hygiene and sanitation, food diversity, immunization, and health seeking behaviour.

WASH: Under the UNICEF project, about 10,000 additional people indirectly collected water from the 20 shallow wells rehabilitated and equipped with hand pumps. Due to the water scarcity in the district, people walk beyond 500m to collect their drinking water. Therefore, people who are located more than 500m of the rehabilitated water sources are indirectly benefiting from the water sources. The project

also indirectly benefited nearby communities and their livestock, especially nomads on the move in search of water and pasture for their livestock, contributing to improved livelihoods. Under the IOM project, 4,410 individuals (735 HHs) who migrated from the neighbouring districts attracted by the availability of improved water sources.

Protection: Though was difficult to know the number of persons reached due to the nature of the project, UNHCR estimates that 5,000 people were reached through the various channels of dissemination of the information materials used.

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

Sector/Cluster	Planned					Reached ⁴				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)	202,965	208,736	238,447	249,852	900,000	30,345	31,796	36,488	37,535	136,164
Food Security - Food Assistance	17,295	16,617	28,829	27,697	90,438	18,619	17,724	26,496	26,675	89,514
Health - Health	68,029	65,970	89,497	87,438	310,934	47,793	47,793	82,082	70,267	247,935
Nutrition - Nutrition	75,500	0	61,455	59,045	196,000	76,394		61,407	56,684	194,485
Protection - Protection	7,497	7,203	7,803	7,497	30,000	6,611	4,257	4,443	1,066	16,377
Water Sanitation Hygiene - Water, Sanitation and Hygiene	57,956	49,647	84,142	83,234	274,979	84,703	72,413	126,010	125,412	408,539
Total	429,242	348,173	510,173	514,763	1,802,351	153,467	102,084	192,973	190,193	638,718

⁴ Please note that summing all cluster interventions will lead to double counting as in some areas beneficiaries had access to more than service as most geographic areas were covered by more than one cluster. Thus the total under this table was left blank and the overall estimate was derived from sectors as explained in the narrative section and Table 6.

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

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

Category	Planned	Reached
Refugees	0	0
Returnees	0	4,476
Internally displaced people	205,018	312,748
Host communities	199,222	195,545
Other affected people	931,885	125,949
Total	1,336,125	638,718

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

Sex & Age	Planned	Reached	Number of people with disabilities (PwD) out of the total	
			Planned	Reached
Women	327,190	153,467	18,106	24,581
Men	261,408	102,084	13,228	14,499
Girls	369,349	192,974	23,687	23,697
Boys	378,178	190,193	23,607	23,507
Total	1,336,125	638,718	78,628	86,284

Lessons learned:

TABLE 8: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement
<p>The early provision of funds meant that vital inputs could be procured and delivered to Somalia in good time enabling control operations to proceed seamlessly in all affected areas in the country. CERF funds were not only limited to the procurement of IGR but included aircraft hire, a vital part of desert locust control intervention.</p> <p>Desert locust occurrence can be unpredictable, and the magnitude and timing of any invasion can never be very precise as climate plays a key role.</p>	<p>A degree of flexibility needs to be maintained that can allow the deployment of inputs/ interventions to where they are most needed. Under the project, though the initial target was Somaliland, the epicentre of the desert locust infestation shifted to Puntland and Galmudug. During project implementation, the desert locust would only move back to Somaliland in late 2020.</p>
<p>The timing of the action provided agencies sufficient time to put in place coordination mechanisms for priority interventions – as reported particularly by the WASH and Protection Clusters</p>	<p>The expectation that these are already in place by the time funding is allowed should be flexible to ensure success of projects as coordination continues throughout implementation period and not just during planning</p>
<p>Delays in project start up due to COVID related (supply movement and personnel travel) restrictions meant that the implementation took longer than the three months originally planned despite the use of in country stocks prior to new supplies being received. It sometimes negates the need to move quickly. E.g One agency reported that at the start of the project, some delays were experienced due to the suspension of outreach and mobile</p>	<p>CERF to consider COVID related delays in deciding project implementation periods to account for extenuating circumstances when necessary for anticipatory action.</p>

services and campaigns, an impact of the COVID-19 pandemic . Challenges were also noted with transporting supplies to the implementing partners (IPs) due to flight availabilities.	
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TABLE 9: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
One of the key challenges faced was the reception to the locust control operations in some communities, some rejected the interventions without any good reason while others had the misconception that the locust were a good omen and should not be killed. This affected the pace with which the Government could deliver daily control targets. Community education is required in most of these areas as they are remote and there is little interaction with control teams other than during crises.	Effort should be made to sensitize communities living in desert locust prone areas, so they are familiar with the pest, interventions to manage it, and its impact on the community and to other further afield if it is not controlled. Future projects need to have a more robust component on community sensitization bringing in other partners as well as Government agencies that can play a positive role in reaching out to the communities	HCT, FAO, Humanitarian Community
The problems faced by older populations indicate similar patterns to those affiliated with certain clans and people with disabilities,	Both advocacy and financial resources should be directed towards building the capacity of community members, local authorities, camp leaders, NGO Staff, and in community consultations and establishment of pragmatic feedback and complaints systems.	HCT, Humanitarian community
COVID related access restrictions including delays with road transport contractors and difficulty in receiving timely tax exemptions for supplies into the country	Continuous advocacy with local authorities on minimising associated delays.	HCT
The positive outcomes from the early action that resulted in timely responses to emerging needs demonstrates the necessity of early funding to foster planning and preparedness which potentially help reduce current poor humanitarian outcomes in Somalia	Continued advocacy with donors for early contributions to ensure timely response based on credible information of anticipated crises	HCT
Intracluster coordination and coordination with government counterparts was a key determinant of the action's success.	As far as possible, cluster and involvement of counterparts in coordination should be encouraged to build capacity and ensure potential gaps in response are addressed	Clusters
The choice interventions in WASH (no water trucking) and Health (timely response to emerging outbreaks) filled gaps and potentially may help transition from emergency response to more sustainable development as they fostered longer term response.	The positive outcomes from this action's prioritised interventions demonstrated the importance of preparedness and may potentially help improve humanitarian outcomes in Somalia in the long term.	Clusters, HCT
Training of health and nutrition staff	Joint training should be explored as both sectors' draw from a common pool of health care workers operating in both health and nutrition facilities	Health Cluster, UNICEF, WFP, WHO

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 20-RR-FAO-026

1. Project Information			
Agency:	FAO	Country:	Somalia
Sector/cluster:	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)	CERF project code:	20-RR-FAO-026
Project title:	Anticipatory action against compounding food security threats in Somalia		
Start date:	17/07/2020	End date:	16/01/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 127,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 67,700,000
	Amount received from CERF:		US\$ 2,300,000
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Component 1 (anti-locust):

Through this action, CERF funding was used to contract aircraft services and procure 30,000 litres of Insect Growth Regulator (IGR) pesticide. The aircraft operated for over 195 flight hours covering 10,218 ha with control operations and 3,898,162 ha with survey operations in Puntland and Somaliland. The IGR will be used for ground and aerial control operations and will cover an additional 30,000 ha. CERF funds will also contribute to the overall impact assessment of control activities through a Letter of Agreement (LoA) with Sadar Institute signed in December 2020.

Component 2 (livestock vaccination):

Through this action, FAO procured and successfully delivered 6 million doses of contagious caprine pleural pneumonia (CCPP) vaccine. The vaccines procured will support the vaccination of approximately 6 million goats in Puntland and Somaliland belonging to approximately 150,000 households. The vaccination campaign, funded by another resource partner, will commence in the third week of January 2021.

3. Changes and Amendments

Component 1 (anti-locust):

Thirty thousand litres of IGR were procured against the project target of 10,000 litres. This amount was procured due to the higher level of desert locust reproduction that was predicted in the breeding areas and the realization that the initial targeted amount would not have been adequate. The total area treated by IGR was increased from 10,000 to 30,000 ha corresponding to the amount procured and applied at the recommended rate of 1 litre per hectare.

Project activities were initially planned to take place in Somaliland as this was where the main concentration of desert locust hoppers was projected to be. As a result of climatic conditions, hopper bands requiring IGR control interventions appeared in Puntland and Galmudug and therefore 25,000 litres of IGR were relocated to these areas to support control operations rather than retain it in Somaliland where only adult populations were present during project implementation. Hopper bands started to appear in Somaliland in late December 2020 along the coastal areas where human settlement is low and there is no crop production. Digging trenches was not required in these locations and hopper bands were controlled using conventional blanket aerial and ground sprays.

IGR control interventions were scheduled to take place by the end of September 2020 based on breeding predictions. The development of the desert locust population was somewhat delayed and IGR interventions began in late October.

Component 2 (livestock vaccination):

This action targeted the procurement and delivery of CCPP vaccines. The procurement and delivery of the CCPP vaccines remained on course and the vaccines were successfully delivered in October 2020. The component funded by the project (procurement and delivery of vaccines) was implemented within the project timeline. The vaccination campaign, funded by another resource partner, was planned to commence in November but has been delayed until February 2021. Delays are attributed to fundraising for the implementation component of the response in the South and Central regions of Somalia. In order to maximise the effectiveness of the vaccination campaign, it must be carried out in a synchronised manner and country-wide due to the uncontrolled movement of livestock.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	0	0	0	0	0	0	0	0	0	0
Host communities	0	0	0	0	0	0	0	0	0	0
Other affected people	202,965	208,736	238,447	249,852	900,000	30,345	31,796	36,488	37,525	136,164
Total	202,965	208,736	238,447	249,852	900,000	30,345	31,796	36,488	37,535	136,164
People with disabilities (PWD) out of the total										
	0	0	0	0	0	0	0	0	0	0

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

5. People Indirectly Targeted by the Project

Component 1 (anti-locust):

Two thousand community members benefited from community sensitization activities carried out during project implementation in Puntland and Somaliland. The Ministry of Agriculture staff in the respective states will also benefit from capacity building activities. Through the control of desert locust hopper bands covering 30,000 ha using IGR and an additional 10,218 ha sprayed using aerial assets funded by CERF, a total of 20,423 tonnes of cereal crops were protected, saving enough food to feed 136,154 people for one year.

Component 2 (livestock vaccination): The vaccination campaign, funded by a different resource partner, will support livestock belonging to approximately 150,000 pastoral and agropastoral households. Households that own 40 small ruminants will be targeted as these tend to be the most vulnerable in the community.

6. CERF Results Framework

Project objective	To protect the livelihoods, productive assets, food and income sources of rural communities at high risk of the current triple threat in Somalia.				
Output 1	Desert Locust Control				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture-based livelihoods)				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	Area surveyed by air to identify target locations and evaluate effectiveness of the intervention	20,000 ha, by 31 October	3,898,162 ha, by 31 December	Flight reports	
Indicator 1.2	Hectares controlled through ground and air operations	10,000 ha, by 30 September	10,218 ha, plus an additional 30,000 ha controlled by IGR procured through CERF funds, by 31 December	Flight reports and eLocust3 data as well a pesticide use figures.	
Explanation of output and indicators variance:		Survey activities were intensified due to the extensive spread of the desert locust invasion			
Activities	Description	Implemented by			
Activity 1.1	Procurement and delivery of growth regulators and aircraft services	FAO			
Activity 1.2	Identification of target areas based on early warning reports	FAO and Ministry of Agriculture Development, Ministry for Environment, Agriculture and Climate Change, and Ministry of Agriculture, Plant and Forestry.			
Activity 1.3	Aerial and ground survey operations	FAO, Ministry of Agriculture Development, Ministry for Environment, Agriculture and Climate Change, Ministry of Agriculture, Plant and Forestry, and contracted aircraft service provider.			
Activity 1.4	Air and ground control operations	FAO, Ministry of Agriculture Development, Ministry for Environment, Agriculture and Climate Change, Ministry of Agriculture, Plant and Forestry, and contracted aircraft service provider.			

Activity 1.5	Impact assessment of control intervention	Ministry of Agriculture Development, Ministry for Environment, Agriculture and Climate Change, Ministry of Agriculture, Plant and Forestry, and contracted specialized third party.
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Output 2	Livestock vaccination against Contagious Caprine Pleuropneumonia (CCPP)			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Food Security - Agriculture (incl. livestock, fisheries and other agriculture based livelihoods)			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Doses of CCPP vaccines procured and delivered by the project to northern Somalia	6,000,000 doses, (procurement by mid-August and delivery to Ministry of agriculture by 30 September	6,000,000 doses of CCPP vaccines successfully procured and delivered to the field by 31 October	Purchase Order and Delivery Order
Explanation of output and indicators variance:		N/a		
Activities	Description	Implemented by		
Activity 2.1	Procurement of vaccines through an international competitive process	FAO		
Activity 2.2	Delivery of vaccines to the Ministries of Livestock in Somaliland (Hargeisa) and Puntland (Garowe)	FAO		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁵ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)⁶:

Under Component One, the respective Government Ministries carried out community sensitization exercises in the areas where control operations were carried out to inform the communities of planned activities and safeguards put in place to protect their health, as well as that of their animals. The sensitization exercises mainly focused on the benefits and safety of IGR and biopesticides. Once the operations concluded, Government staff visited the same communities to better understand what the community thought of the control exercise and to ensure the communities had not been affected at all.

Under Component Two, stakeholders in the livestock sector in Somalia were engaged to provide the opportunity to input in the vaccination campaign design. Prior to commencement of the vaccination campaign, the implementing partners will hold community mobilization meetings to create project awareness at the community level.

⁵ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

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

b. AAP Feedback and Complaint Mechanisms:

The implementing partners for the CCPV vaccination have publicized FAO's hotline number during meetings to create a platform for beneficiary feedback. The hotline is monitored through FAO's Call Centre to ensure that the targeted beneficiaries are aware of the project and have a channel through which they can provide their feedback. During the vaccination campaign, community feedback will be received at FAO's Call Centre where possible complaints and feedback will be received and addressed.

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

Any allegations of Sexual Exploitation and Abuse are handled through FAO's Call Centre. All project beneficiaries are provided with FAO's hotline number that can be used to levy any allegations of sexual exploitation and abuse-related complaints.

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

While livestock vaccination does not target minority groups directly, these groups will benefit indirectly from improved milk and meat production at household level as well as increased household income due to improved livestock trade opportunities.

e. People with disabilities (PwD):

The vaccination campaign will be accessible for people living with disabilities through enhanced community mobilization and awareness creation. In addition, the vaccination sites are located in areas that can be easily accessed by people living with disabilities.

f. Protection:

Desert locust mostly affect rural farming and pastoralist communities that have no alternative means to support themselves if they lose the season's crops or pasture. The control interventions were undertaken in these vulnerable communities securing crops and grazing for animals.

CCPV outbreaks can have a severe negative impact on pastoralist households due to associated high morbidity and mortality rates. Through this action, livelihood sources of the most vulnerable community members will be protected cushioning the beneficiaries from sinking deeper into poverty.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

Component 1: CVA was not considered due to the nature of activities under this component.

Component 2: CVA was not considered due to the sensitivity of a vaccination campaign. Vaccines are required to be procured from a certified source to ensure that vaccines of a required standard and quality are purchased. Sourcing of vaccines through CVA was not

feasible as it is difficult to verify the vaccine quality. In addition, as many doses of vaccine are required, sourcing from multiple sources in order to have the required quantities could complicate the quality certification process.

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/FAOSomalia/status/1359770102619656193?s=20

3.2 Project Report 20-RR-IOM-022

1. Project Information			
Agency:	IOM	Country:	Somalia
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	CERF project code:	20-RR-IOM-022
Project title:	Anticipatory Water, Sanitation and Hygiene (WASH) actions to prevent and reduce human suffering, through provision of clean safe water and hygiene promotion services		
Start date:	21/07/2020	End date:	20/01/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,500,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 2,049,945
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF Anticipatory Action grant, implemented from 21 July to 20 October 2020, IOM reached overall **88,200** individuals (48,510 females, 39,690 males), including 37,044 vulnerable IDPs in Bakool, Lower Juba, Lower Shabele, Galgadud and Mudug regions providing them with clean water, hygiene kits and hygiene promotion activities in line with the SPHERE standards. Out of the total, **53,300** (29,315 females, 23,985 males) were reached through the provision of clean and sustainable water by rehabilitating ten strategic boreholes in Bakool (Xudur 2), Galgadud (Adado 2, Abdudwaq 2, Dhusamareb 1) and Mudug (Galkayo 2, Hobyo 1) regions which were all completed by 30 October 2020.

IOM further completed rehabilitation of 38 shallow wells, eight of them motorized, providing access to clean and safe water to **34,900** individuals (19,195 females, 15,705 males). Ten of the non-motorized traditional wells are located in Lower Shabelle region (Barawe district 3, Kuntuwaarey district 4, Marka districts, 3), ten in Lower Juba region (Badhaadhe district 8, Kismayo district 2) and ten in Bakool region (Xudur 4, Wajid 6). The remaining eight motorized wells are located in Lower Shabelle (Afgoye 1, Marka 2, Kuntuwaarey 1) and Lower Juba (Kismayo 2, Badhaade 2). For each water source, four water committee members (2 women, 2 men) that doubled as hygiene promoters were recruited and trained on operation, maintenance, water disinfection techniques and hygiene promotion measures.

Based on the recommendations from the WASH cluster, 6,261 hygiene kits were distributed to vulnerable households in Bakool (Xudur 1500), Lower Shabelle (Marka, 1500), Lower Juba (Kismayo, 1761) and Hiiraan (Beletweyne, 1500). Beletweyne was not a target project location but was included following the cluster recommendation and in coordination with CERF. Overall, 88,200 direct beneficiaries were

reached through hygiene promotion activities. A total number of 4,410 members (735 HHs) of the surrounding communities who migrated from neighbouring districts gained access to clean and safe water and were reached by the hygiene promotion awareness activities.

3. Changes and Amendments

Following request from the WASH cluster, a new location (Beletweyne) was included in the hygiene kits' distribution. The change in location was coordinated with CERF, leading to an increase (by 13,221 individuals) in the overall number of beneficiaries reached by the activities. The availability of clean and safe water was a pull factor for internal migration by the nearby communities as well as pastoral communities from across the targeted areas that depend on their livestock for families' livelihood. It is also possible that there has been an underestimation of the target population figures received from the local authorities when developing the project. This is normally observed in humanitarian settings like Somalia, where national population data and statistics are not available for all the districts.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	6,233	4,675	10,907	9,350	31,165	7,409	5,557	12,965	11,113	37,044
Host communities	939	704	1,643	1,408	4,694	1,058	794	1,852	1,588	5,292
Other affected people	7,824	5,868	13,692	11,736	39,120	9,173	6,879	16,053	13,759	45,864
Total	14,996	11,247	26,242	22,494	74,979	17,640	13,230	30,870	26,460	88,200
People with disabilities (PwD) out of the total										
	92	73	50	50	265	55	73	27	21	176

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

5. People Indirectly Targeted by the Project

4,410 individuals (735 HHs) are reported as indirect beneficiaries of the project activities. As aforementioned, they migrated from the neighbouring districts attracted by the availability of improved water sources.

6. CERF Results Framework

Project objective The target population has access to clean, safe water and is aware of hygiene best practices

Output 1 50,000 individuals with sustained access to clean safe water through rehabilitation/upgrading of existing strategically located boreholes

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

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of Boreholes rehabilitated/upgraded.	10, to be completed by week 7 from the fund disbursement	10, completed between 15 Sep and 20 Oct	Procurement documents, field weekly updates, engineer reports, photos
Indicator 1.2	Number of people assisted with access to sustained clean water through borehole rehabilitation/upgrading	50,000 people (27,500 females, 22,500 males) by the end of the 3rd month after the disbursements of	53,300 individuals (29,315 females, 23,985 males) reached by Dec 10, 2020	Weekly field updates
Indicator 1.3	Number of water committees operating the rehabilitated/upgraded boreholes	10 committees (50% Women), to be completed by end of the 3rd week after disbursement of funds	10, (50 % women) established by September 1 st , 2020	Lists, weekly updates

Explanation of output and indicators variance: Most of the targets set out were reached as planned. However, in certain locations, there were minor variations in the work schedule due to logistics and remoteness in some project sites. An increase in the numbers beneficiaries reached was seen in indicator 1.2 – in line with the normal estimation in such response. The slight delay in the implementation time for indicator 1.3 is due to the rehabilitation/repair time of some water points before the activity completion.

Activities	Description	Implemented by
Activity 1.1	Rehabilitation and upgrading of 10 strategic boreholes, pumps and pipe replacements, construction of water storage tanks, animal trough, water kiosks	IOM
Activity 1.2	Selecting and refresher training of 10 water committees (50% Women), one committee/borehole	IOM

Output 2 24,979 individuals with sustained access to clean safe water through rehabilitation/upgrading of shallow wells

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

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of non-motorized shallow wells rehabilitated/upgraded	30, to be completed by the 7th week from the fund disbursement	30, completed by October 30 th , 2020	Procurement documents, field weekly updates, engineer reports, photos
Indicator 2.2	Number of motorized wells rehabilitated/upgraded	8, to be completed by the 7th week from the fund disbursement	8, completed by October 30 th , 2020	Procurement documents, field weekly updates, engineer reports, photos
Indicator 2.3	Number of people assisted with access to sustained clean water through shallow wells rehabilitation/upgrading	24,979 people (4,163 HHs) by end of the 3rd month from funds disbursement	34,900 individuals (19,195 females, 15,705 males) reached by December 10 th , 2020	Weekly field updates

Explanation of output and indicators variance: Indicators 2.1/2.2 – slight variations in the completion timeframe due to logistics and remoteness of the locations. The increase in the number of the beneficiaries reached in indicator 2.3 is due to the new resources – water availability which attracted members from the neighbouring communities.

Activities	Description	Implemented by
Activity 2.1	Upgrade and protection of 30 non-motorized shallow wells in Bakool region, Lower Juba and Lower Shabelle region, each 10	IOM
Activity 2.2	Construction 8 motorized wells in Lower Shabelle and lower juba regions	IOM
Activity 2.3	Selecting or refresher training of water committees (50% Women) one for each shallow well	IOM
Activity 2.4	Distribute water treatment tablets and conduct awareness activities	IOM

Output 3 74,949 individuals have enhanced capacity of AWD outbreak prevention through hygiene promotion, treatment of unprotected water sources and preposition of hygiene kits.

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

Sector/cluster Water Sanitation Hygiene - Water, Sanitation and Hygiene

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of water points disinfected	38 shallow wells by the 7th week from funds disbursement	38 shallow wells by October 30 th , 2020	Weekly field updates
Indicator 3.2	Number of hygiene kits items procured and delivered	6,000, by the 3rd week of the second month from funds disbursement	6,261, procured by September 15 th and distributed by November 30 th , 2020	Weekly field updates, post distribution reports
Indicator 3.3	Number of hygiene promoters trained	190 (50% Women), by the 4th week from funds disbursement	192 (50% women) trained between September 1 st to October 30 th 2020	Weekly updates, training reports
Indicator 3.4	Number of individuals who received hygiene promotion	74,949 by the end of project period	All indicators were achieved within the	Weekly field updates

			estimated figures and dates
Explanation of output and indicators variance:		N/A	
Activities	Description	Implemented by	
Activity 3.1	Disinfection of 38 water points	IOM	
Activity 3.2	Procurement and delivery of 6,000 hygiene kits	IOM	
Activity 3.3	Recruitment and training of 190 hygiene promoters	IOM	

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁷ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)⁸:

In line with IOM policy, all beneficiaries (women, men, girls and boys) were given equal opportunity to actively participate in all the activities of the project from planning, implementation and monitoring. During the planning/design phase, IOM dispatched program teams directly to the districts to meet with the local authorities and line ministry officials for briefing, endorsement of activities and nominate members of local authorities/ministry of water who would act as focal persons for the project. The appointed focal persons travelled with IOM program teams to the villages/activity locations for briefing and introduction of activities at village level as well as identifying the exact locations (in for shallow wells) and re-confirmation of malfunctioning parts (for boreholes). During the implementation, a team of water committees doubling as hygiene promoters were recruited and trained to oversee and support activities. The committee also supported the program team in collecting beneficiaries' feedback and identifying vulnerable members of the community for service inclusion.

b. AAP Feedback and Complaint Mechanisms:

IOM has a well-structured multi-faceted feedback mechanism that captures community feedback while guaranteeing confidentiality. For this project, community committees held regular weekly meetings chaired by IOM monitors at project sites together with the contractors to monitor the progress of the water sources' rehabilitation and to capture community perception of the quality of work and variations (if any). After work was completed, committees further gathered feedback from the beneficiaries. Volunteer community mobilizers recruited during hygiene promotion conducted door-to-door consultations and interviews to collect complaints and feedback in person. This approach allowed face to face interaction (although taking COVID-19 prevention measures into consideration) to facilitate more qualitative feedback and ensured anonymity. Post-Distribution Monitoring (PDM) surveys of hygiene kits and interviews with local authorities/ministry of water officials as proxy representatives of the communities were also used to capture the community's needs and challenges.

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

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

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

⁷ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

Throughout the project planning, implementation and monitoring phases, IOM ensured gender equality by incorporating gender-responsive elements and capacity building needs and concerns of women and girls were addressed and mainstreamed. For example, women and girls were consulted on where to put tab stands in consideration of distance from households, water containers distributed were women/girls user friendly, menstrual hygiene materials supplied and all the hygiene promoters and water committees were 50% women. During community consultations, feedback forums and data collection equal opportunity were given to women, men, girls, vulnerable members, male and female headed HHs to air their views and given equal access to services.

e. People with disabilities (PwD):

Project staff, community committees and hygiene promoters were sensitized on the inclusion of disability as part of a larger vulnerability-based beneficiary selection criteria. PwD were given priority for services delivery at water fetching points, feedback forums and data collection times. During the distribution of hygiene kits, PwD were pre-identified and home deliveries arranged in order to prevent unforeseen risks such as discrimination, violence, service exclusion and safeguard their dignities.

f. Protection:

Throughout the project phases, the principle of do not harm was upheld. At the design level, confidentiality, anonymity and data protection of all beneficiaries was planned and introduced to all stakeholders. Inclusion of women and girls in the consultation process, seeking consents for data collection and visibility materials of subjects was also incorporated in the design of the project.

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

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

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Climate Change Drives Displacement of Thousands of Vulnerable People in Somalia	https://medium.com/@UNmigration/climate-change-drives-displacement-of-thousands-of-vulnerable-people-in-somalia-166171bb52c3

3.3 Project Report 20-RR-HCR-022

1. Project Information			
Agency:	UNHCR	Country:	Somalia
Sector/cluster:	Protection - Protection	CERF project code:	20-RR-HCR-022
Project title:	Protection monitoring for corrective response management		
Start date:	17/07/2020	End date:	16/01/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 2,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 302,597
	Total CERF funds sub-granted to implementing partners:		US\$ 208,960
	Government Partners		US\$ 0
	International NGOs		US\$ 208,960
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

The Anticipatory Action (AA) project sought to achieve the overarching objective of mitigating the anticipated impact of shocks by ensuring safe, dignified, equitable and meaningful access to humanitarian assistance and essential services and resources in communities already enduring the residual effects of cyclic disasters.

In partnership with NRC, UNHCR deployed a team of fifty-six monitors consisting of independent protection caseworkers and Protection Return and Monitoring Network (PRMN) monitors to monitor, document and report protection issues. Of these include ; nineteen (19: PL=5, SC=8, JL=6) independent monitors were recruited and deployed across fourteen Anticipatory Action (AA) regions to monitor, document and report prevalent protection issues. The AA monitoring team, independent monitors and PRMN field staff received six days of training; covering facilitation skills for focus group discussions, adjusted operating procedures, and protection training.

Over the project implementation period, the AA team conducted a series of interviews, facilitated focus group discussions, and administered beneficiary satisfaction perception surveys in districts across Jubaland (JL), Puntland, (PL) and South and Central (SC) Somalia. The section below summarizes the key highlights of the project.

- Four hundred twenty-six (426: PL=196, SC=190, JL=40) key informant interviews were conducted and provided insight into experience or knowledge of exclusion, extortion, and exploitation across 53 settlements in four regions further reaching out to 3450 individuals in these settlements.
- Two hundred fifty-nine (259: PL=58, SC=173, JL=28) focus group (reaching 4,864 individuals-) discussions also offered insight into community inclusion and participation in design, decision-making, and consultations during implementation. Participants also highlighted which services could do less harm and how. for example, in order to do less harm, FGD groups suggest that

projects consider the location of facilities relative to settlements (e.g., rigs are currently too far), the risk of overcrowding (e.g., at the solar project site), and how to prevent conflicts arising from competition for food and water resources.

- Sixteen (16: PL=4, SC=7, JL=5) snapshot reports and two flash alerts were shared to highlight emerging protection trends and concerns.
- One thousand three hundred sixty-two (1362: PL=248, SC=546, JL=568) protection cases of sexual exploitation or abuse were recorded and referred to specialized agencies.

Seven thousand three hundred eighty-nine (7389: PL=1124, SC=3947, JL=2318) persons with disabilities in all three regions were identified through focus group discussions, one-to-one interviews, and beneficiary satisfaction perception surveys.

3. Changes and Amendments

No amendments were made to implementation

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Protection									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	3,797	3,603	3,898	3,797	15,095	3,234	1,803	1,763	565	7,365
Host communities	3,700	3,600	3,905	3,700	14,905	3,377	2,454	2,680	501	9,012
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	7,497	7,203	7,803	7,497	30,000	6,611	4,257	4,443	1,066	16,377
People with disabilities (PwD) out of the total										
	1,145	1,100	1,150	1,105	4,500	3,315	2,620	884	570	7389

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

5. People Indirectly Targeted by the Project

The project targeted displacement affected communities in Bakool, Banadir, Bari, Bay, Galgaduud, Gedo, Hiraan, Lower Juba, Lower Shabelle, Middle Shebelle, Mudug, and Nugal regions. Specific locations include Xudur, Mogadishu, Bossaso, Baidoa, Dhuusamareeb, Garbahaarey, Beletweyne, Kismayo, Afmadow, Merka, Jowhar, Galkayo, and Garowe. It was difficult to know the number of persons reached due to the nature of the project, but various channels of dissemination of the information materials were presented. UNHCR however estimates that approximately 5,000 indirect beneficiaries were reached through these channels.

6. CERF Results Framework

Project objective	Ensure safe, dignified, equitable and meaningful access to humanitarian assistance and essential services and resources in communities to mitigate the anticipated impact of shocks			
Output 1	Protection concerns and trends in communities affected by humanitarian shocks identified and reported to Anticipatory Action Plan partners and other relevant stakeholders			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input type="checkbox"/>				
Sector/cluster	Protection - Protection			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of interviews and focus group discussions conducted with key informants by age, gender, diversity and community background	6 interviews per monitor per week; 6 Focus group discussions	6 interviews of 6 focus group discussion per week per monitor was conducted total 426 interviews	Final project report
Indicator 1.2	# of snapshot reports and alerts produced and disseminated	12 (one per week, first report circulated by 31 July 2020)	12 reports circulated (one per week)	Project reports
Indicator 1.3	# of protection cases provided with information on services available/referral	1 case per monitor per working day (from 19 July, pending project approval)	1 was case provided with information per day per monitoring reaching 1362 cases	Project file and reports
Indicator 1.4	# capacity building and protection trainings targeting protection monitors undertaken	10 sessions planned from the first week of start of the project	9 training session conducted	Training reports and project final report
Indicator 1.5	# Presentations on the Project: Pre-start-up project presentation to the government	3 Presentation events with relevant Government ministries and personnel	6 presentation events undertaken	
Indicator 1.6	# of Persons with Disabilities (PSD) identified	4,500 persons	7,389	Beneficiary list, and project final report
Explanation of output and indicators variance:	Independent monitors ⁹ in Jubaland, and South-Central Somalia estimated the number of Persons with Disabilities with whom they engaged to be 6,265 (3383F, 2882M). By the end of the Anticipatory Action initiative, protection teams in Puntland recorded a total of 1,124 (81% female) disabled persons during focus group discussions and one-to-one interviews combined. This engagement was particularly meaningful given the finding that people with disabilities continue to experience significant exclusion and extortion in six of			

⁹ NRC is the main implementing partner of UNHCR. However in the PRMN project sub-contract local partners to undertake field activities, thus these are not UNHCR's direct partner for the action.

		seven settlements covered; highlighting the need to provide distinct support to vulnerable persons who fall into this category
Activities	Description	Implemented by
Activity 1.1	Monitor key protection concerns in areas targeted by anticipatory actions through interviews and focus group discussions with community members	NRC
Activity 1.2	Produce snapshot reports and alerts on protection trends and concerns	NRC
Activity 1.3	Provide information on/referral to relevant services and assistance to people requiring urgent live-saving support	NRC
Activity 1.4	Undertake Capacity building and Protection trainings targeting PRMN protection monitors	NRC
Activity 1.5	Inform the relevant Government ministries on the project through pre-start up presentation sessions	NRC
Activity 1.6	Identification through assessment and analysis of Persons with Disabilities (PSD)	NRC

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁰ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)¹¹:

The project ensured gender consideration throughout the project implementation and provided a platform for beneficiaries to enjoy equal chance in the selection of participants for interviews. Women, men, boys, girls, including vulnerable groups and disabled people, were given a fair opportunity during activities. The project team enhanced the collaboration and partnership with local authorities and other community structures. These practical steps ensured that the project remained credible but also increased community participation. Additionally, the project provided an opportunity for beneficiaries and local communities to provide feedback and to have their views listened to. In general, accountability within the framework of this project is characterized fundamentally by full disclosures and ensuring that local communities have adequate access to project information. For the duration of the intervention, the project ensured that local communities are informed and actively involved in the implementation. The project also availed information to relevant stakeholders before and during implementation and facilitated greater transparency, accountability and consolidated the legitimacy and ownership of the project. At the same time, the capacity

b. AAP Feedback and Complaint Mechanisms:

The project planned to reach out 30,000 beneficiaries in Somalia, all of which are potential beneficiaries of the AA project UNHCR through its partner NRC, conducted awareness about the availability and usage of SMS feedback system to potential beneficiaries in Somalia

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

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

through public meetings and visibility materials such as posters and billboards. A Complaints, Response and Feedback Mechanism (CRFM) with a toll-free line was already in place at NRC offices that beneficiaries used to call and SMS their feedback and complaints.

NRC ensured a timely response to complaints or feedback to beneficiaries. Protection concerns in the system are addressed through categorization of messages. Trained protection staff worked on system to ensure timely response to beneficiaries

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

With regard to SEA prevention and Response: UNHCR internal control mechanism which is already in place seeks to mitigate incidences of SEA from occurring as demonstrated during beneficiary selection process. Beneficiaries of the project were selected through a transparent process. The principals of Do no harm / confidentiality were applied throughout the project, when addressing incidences of SEA allegations. Interagency (PSEA Task force) email and phone number, including UNHCR hotline numbers were shared with the Partners and beneficiaries during awareness raising sessions. Despite the measures put in place to prevent and mitigate SEA from occurring, there were no reported incidents of Sexual exploitation and abuse during the project implementation despite sharing hotline numbers with the communities.

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

UNHCR encouraged the active participation of the Population of Concern in activities related to the planning, implementation, monitoring and evaluation of the project. Such activities are viewed as consistent with the commitment to accountability to affected populations and aligned to community-based protection approach and ensures compliant to UNHCR's Age, Gender and Diversity Policy.

UNHCR Somalia adopts a fair and transparent beneficiary selection criterion which aims at mitigating incidences of exclusion, extortion SEA and SGBV from occurring during distribution of humanitarian assistance. A panel comprising of the Government representative, Partners and the Community have been established and is in place to review the list of vulnerable groups identified for assistance by partners. The beneficiary list is then submitted to protection cluster for clearance. The community including women and girls are also involved in the distribution of humanitarian assistance including Hygiene and sanitary materials. Other measures put in place include informing the population on the type/ quantity of humanitarian assistance, UNHCR Internal control mechanism is in place, Population is informed on a range of protection concerns including but not limited to PSEA SGBV Forced evictions COVID Prevention: hotline numbers also shared with the affected population during the process. And finally in order to address concerns expressed by the affected population regarding information on distribution, UNHCR and partners reach out through the following means: Local Radio, television, leaflets translated in local language, speakers mounted on pick up, community mobilization.

e. People with disabilities (PwD):

Support to persons with specific needs was one of key project activities. [Independent monitors in Jubaland, and South-Central Somalia estimated the number of Persons with Disabilities with whom they engaged to be 6,265 (3383F, 2882M). By the end of the Anticipatory Action initiative, protection teams in Puntland recorded a total of 1,124 (81% female) disabled persons during focus group discussions and one-to-one interviews combined. This engagement was particularly meaningful given the finding that people with disabilities continue to experience significant exclusion and extortion in six of seven settlements covered; highlighting the need to provide distinct support to vulnerable persons who fall into this category. Accordingly, referrals by the protection monitors to the different agencies and clusters and continued advocacy by the protection cluster resulted in meaningful assistance being provided to people living with disabilities.

f. Protection:

UNHCR applied survivor centered approach and GBV guiding principles in all aspects of programming. All programming must consider the specific needs and intersecting vulnerabilities of women and girls and men and boys and tailor intervention according to those needs. The project is designed based on priorities set by women and girls as well as a group heightened risk on GBV while women and girl's leadership as well as gender equality is promoted throughout all interventions. Prevention programme focused on engaging men and boys must be accountable to women and girls.

UNHCR applied the principal of Do no harm in the implementation of the project. The community including members of the host community were informed about the project explaining why a certain category of persons (ie persons affected and at-risk population) are being considered as beneficiaries of the project. UNHCR partners working with community leaders representing at risk population were also directly involved throughout project cycle, from identification and selection of beneficiaries. During awareness raising sessions beneficiaries were also informed of their entitlement.

g. Education:

N/A

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

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink

3.4 Project Report 20-RR-CEF-041

1. Project Information

Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Health - Health	CERF project code:	20-RR-CEF-041
Project title:	Provision of emergency healthcare services to mitigate the compounding impacts of the triple threat of COVID-19, locust and flood in selected districts of Somalia		
Start date:	01/07/2020	End date:	31/12/2020
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 11,991,850
Total funding received for agency's sector response to current emergency:	US\$ 3,600,000
Amount received from CERF:	US\$ 2,199,994
Total CERF funds sub-granted to implementing partners:	US\$ 1,739,564
Government Partners	US\$ 145,400
International NGOs	US\$ 198,886
National NGOs	US\$ 1,395,278
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

With support from the CERF grant, UNICEF worked with implementing partners to provide health care interventions in the nine regions of Bay, Hiraan, Gedo, Middle Shabelle, Lower Juba, Lower Shabelle and Banadir administration. A total of 11, 774 pregnant women had at least one ante-natal care (ANC) visit (25% reached in the first 4 weeks, 50 per cent by week 8 and remaining by week 16), while 3,547 women received skilled birth attendant with over the 16 weeks implementation. A total of 2,263 (1,057 males and 1,206 females) individuals who had acute watery diarrhoea (AWD)/Cholera was managed in the cholera treatment centres (CTCs) in Banadir and Baidoa. The total persons reached with emergency life- saving health interventions by this project was 209,421 (82,082 girls, 70,267 boys, 35,322 women and 21,750 men) within the COVID-19 context. A total of 73 per cent (152,349) of the persons reached were children under 5 years of age (54% girls and 46% boys). Within the first four weeks, overall, only 15 per cent of the target population was reached due to the COVID-19 pandemic's impact on health services delivery (by 31 September), with outreaches and mobile activities suspended and delays in the transportation of the supplies by flight to certain locations. However, by week six, with resumption of these services and increased social mobilization activities to increase service utilization, 40 per cent of the target was reached. Over the next 10 weeks, the final targets were achieved. Supplies orders were placed immediately on receipt of the funds from CERF taking into account the lead time from procurement to arrival in the country, however, available stock that was prepositioned was distributed to the supported health facilities before the arrival of the orders placed. A total of 257 health workers (138 females and 119 males) were supported with PPE with funding from CERF and other donors.

3. Changes and Amendments

At the start of the project, some delays were experienced due to the suspension of outreach and mobile services and campaigns, an impact of the COVID-19 pandemic. Challenges were also noted with the sending supplies to the implementing partners (IPs) due to flight

availabilities, delays with road transport contractors and difficulty in receiving timely tax exemptions for supplies into the country. All funds were spent as UNICEF partnered with three additional IPs through ongoing COVID-19 Humanitarian programme document amendments and activation of the contingency programme documents to fast track implementations. While the Ministries of Health (MoH) in Jubaland and Hirshabelle worked with the Communication for Development (C4D) team for Risk Communication and Community Engagement (RCCE) activities. One of the partnerships had to be terminated due to UNICEF's policy on programmatic and financial assurance activities and the funds retrieved and reprogrammed.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	13,440	12,732	22,636	21,928	70,736	7,771	4,785	18,058	15,459	46,073
Host communities	25,669	24,318	43,232	41,881	135,100	27,551	16,965	64,024	54,808	163,348
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	39,109	37,050	65,868	63,809	205,836	35,322	21,750	82,082	70,267	209,421
People with disabilities (PwD) out of the total										
	5,866	5,557	9,880	9,571	30,874	3,179	2,610	7,223	7,027	20,039

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

5. People Indirectly Targeted by the Project

UNICEF's C4D section worked with State Ministries of Health to deliver key messages on COVID-19, AWD/Cholera and other key essential health practices using different behavioural change strategies to create demand for health service utilization in the selected districts. Between 1st July and 31st September 2020, the project reached 153,046 households¹² with key messages using 1,488 printed flipcharts through 100 social mobilizers provided incentives by this project. Additionally, 504 villages were reached through public address engaged to disseminate the key messages, while 1,008 radio and drama sessions were aired. The polio community surveillance network was repurposed to also support COVID-19 surveillance and activities. SOMNET members were trained to become active members of the COVID-19 district rapid response teams. They visited communities and households with health education messages, conducted hand-washing demonstrations, distributed information, education and communication (IEC) materials, sensitized community leaders and contributed to detailed case investigations and encouraging people to access the health facility care.

6. CERF Results Framework

Project objective	Emergency reproductive, maternal, new-born and child health (MNCH) services are available for pregnant and lactating women, new-born and children			
Output 1	205,836 beneficiaries including 129,677 under 18 years (63,809 boys, 65,868 girls), 7,205 pregnant and lactating women at both facility level and through outreach services receive integrated life- saving interventions including referral activities.			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of individuals (females & males) who had access to curative first OPD consultations in targeted crisis-affected	205,836 (31st September 2020)	209,421(30 November 2020)	Partner's dashboard report/DHIS2
Indicator 1.2	# of women who at least one ANC visits	7,205 (31st September 2020)	11,774 (30 th November 2020)	Partners dashboard report
Indicator 1.3	# emergency-affected pregnant woman who received delivery services by skilled birth attendants	2,573 (31st September 2020)	3,547 (30 th November 2020)	Partners dashboard report
Indicator 1.4	# of lactating mothers and new-borns reached through PNC after 72 hours.	2,058 (31st September 2020)	5,075 (30 th November 2020)	Partners dashboard report
Explanation of output and indicators variance:	By the end of December 2020, 101 per cent of the targeted persons in internally displaced persons and host communities received health care interventions through health facility and mobile outreach platforms, providing maternal, new-born, child health services, and outpatient consultations to the vulnerable, including host communities. Ending 31 September 2020, only 15 per cent of the targeted population was reached due to the ongoing COVID-19 pandemic and its associated restrictions. Challenges with tax exemptions and global supply chain challenges also impacted transporting supplies to the end beneficiaries. However, with the gradual ease of the restrictions and			

¹² The social mobilizers were deployed daily for 6 days in a week to engage the community at the household level for the whole duration of this support. The household implies engagement with a care giver within the household and other family members, neighbors who may be present in the household during the Social mobilizers visits utilizing the flip chart as a tool to illustrate and provide key messages.

		resumptions of mobile outreach teams and immunization campaigns, the target was surpassed across the key indicators.
Activities	Description	Implemented by
Activity 1.1	Operational costs to Health Centres and outreach teams providing healthcare services	UNICEF through INGOs, NNGOs, and State Ministries of Health
Activity 1.2	Payment of facility staff	UNICEF through INGOs, NNGOS
Activity 1.3	Community awareness to increase demand for services utilization and healthy behavioral change using the radio spots and other risk communication and community engagement platforms	UNICEF Communication for development and through the State Ministries of Health
Activity 1.4	Distribution of essential drugs and supplies to health facilities for service provision including vaccines	UNICEF supply and logistics

Output 2 Support the delivery of quality care in the management of outbreaks of communicable disease especially AWD/Cholera cases

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

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	# of cases with AWD/Cholera treated at facility (CTCs) and other treatment centers (CTUs& ORPs).	Number to TBD (31st September 2020)	2,263 (31 st November 2020)	Partners dashboard reports
Indicator 2.2	# of Health workers (Male: females) provided with basic PPE for emergency response and outbreak	54 Health care workers (31st July 2020)	119 (31 st October 2020)	Partners dashboard reports
Indicator 2.3	AWD/Cholera case fatality rate < 1%	< 1% case fatality rate (Monthly July to September 2020)	0.5%	AWD/Cholera Weekly Sitrep report July to Dec 2020

Explanation of output and indicators variance:

During the implementation period, Somalia experienced heavier flash and riverine floods caused by heavy *Hagaa* rains than in previous years. Strong winds that started in June have also contributed to the *Gu* rains' negative consequences, especially in towns located along river Shabelle. Contamination of water sources and poor sanitation contributed to an increase in cholera cases in flood-affected districts. UNICEF supported IPs through the CERF grant to provide services in three cholera treatment centers (CTCs) with 2,263 individuals reached. The case fatality rate remained below 1 per cent due to the health workers' capacity building on Cholera management, other childhood illnesses, and the provision of AWD kits and Interagency Emergency Health Kits. A total of 41 AWD and 25 IEHKS to manage these patients were procured on this grant.

From the beginning of the pandemic to the week ending 2nd January 2021, Somalia confirmed 4,726 COVID-19 cases with 3,639 recoveries and 130 reported deaths. The case fatality rate for the period was 2.8 per cent. The cumulative positive testing rate was lowest in July and August 2020 and gradually increased in the following months. In October and November 2020, UNICEF COVID-19 supported health facilities documented a 61 per cent increase in suspected COVID-19 patients. Community health workers reported a 29 per cent increase of cases identified in communities. COVID-19 prevention and risk communication were institutionalized in health facilities with

the support of the CERF funding for triage and infection prevention control (IPC) measures. However, the COVID-19 pandemic created fear and misconceptions, thus negatively affecting health-seeking behaviour. UNICEF provided personal protective equipment (PPEs) – valued at US\$ 25,073.55 inclusive of freight) - to frontline health workers and set up triage stations to maintain patients' confidence.

Activities	Description	Implemented by
Activity 2.1	Support the functionality of designated Cholera treatment centres Through provision of supplies	UNICEF through INGOS, NNGOS and State Ministries of Health
Activity 2.2	Payment of CTC facility staff	UNICEF through INGOS, NNGOS and State Ministries of Health
Activity 2.3	Procurement of AWD, Periphery kit, Drug	UNICEF supply and logistics section
Activity 2.4	Procurement of AWD Kit, Periphery kit, Logistics Part	UNICEF supply and logistics section
Activity 2.5	Procurement of IEHKs	UNICEF supply and logistics section
Activity 2.6	Procurement of basic PPE for HFs and outreach teams (Gloves, facemask, soaps and biohazard bags)	UNICEF supply and logistics section

Output 3 Essential vaccines and injection materials for vaccine preventable diseases are procured to replenish used stocks in target districts to reach about 40,000 under 1 in designated districts wide with age appropriate vaccines

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

Sector/cluster Health - Health

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	# children under 1 year received Penta 3 vaccine	40, 753 (31st September 2020)	46,514 (31 st November 2020)	DHIS2
Indicator 3.2	# of children vaccinated against measles	43, 594 (31st September 2020)	57,183 (31 st November 2020)	DHIS2
Indicator 3.3	Number of BCG vials vaccines procured	7,000 (31st August 2020)	7,000 (28 th July 2020)	UNICEF Supply and Logistic dashboard
Indicator 3.4	Number of 5mls syringe procured	7,000 (31st August 2020)	7,000 (28 th July 2020)	UNICEF Supply and Logistic dashboard
Indicator 3.5	Number of 0.05mls syringe procured	140,000 (31st August 2020)	140,000 (28 th July 2020)	UNICEF Supply and Logistic dashboard
Indicator 3.6	Number of safety boxes procured	5,000 (31st August 2020)	4,275 (28 th July 2020)	UNICEF Supply and Logistic dashboard

Explanation of output and indicators variance: Overall, 114 per cent and 131 per cent of children under 1 were reached with Penta 3 and 6-59 months reached with measles vaccine, respectively. The procured supplies were provided for district-wise implementation of routine immunization services, and not just for the CERF supported facilities. An integrated measles campaign conducted at the end of September in the Banadir region also accounted for this overachievement. The resumption of outreach and mobile services, especially to sites with internally displaced persons affected by the *Hagaa* floods, was also responsible for the indicators' good performance. This fund also supported the maintenance of the cold chain system to ensure the vaccines' potency was maintained.

Activities	Description	Implemented by
Activity 3.1	Procurement of essential supplies	UNICEF supply and logistics unit

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)¹⁴:

UNICEF IPs in the design and implementation phase had several meetings with individual key stakeholders – women and men leaders, youth leaders, and representative of people with disabilities in the communities - on the ongoing health interventions, location of health facilities in flood-prone areas and how the crises affected people can have access to these services at no cost. It was challenging to have regular community dialogues and compound meetings due to the restriction on social gathering and maintaining physical distancing. However, the town announcers, sound trucks provided, and telephone conversations were employed by the implementing agencies to reach key stakeholders. One-on-one individual meetings were held to provide feedback for programmatic adjustments. Follow-up home visits for patients, especially in the context of the COVID-19, also provided a source for feedback by individuals who accessed care.

b. AAP Feedback and Complaint Mechanisms:

UNICEF guided IPs to provide a mechanism to enable reporting complaints, building on the PSEA assessments and action plan development. Some partners have specifically designated focal points to manage these complaints and have dedicated hotline numbers placed in visible locations within the health facilities.

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

UNICEF has zero-tolerance for sexual exploitation and abuse. In 2020, UNICEF engaged a consultant and trained its staff members, equipping them on PSEA procedures to ensure that its IPs are supported to protect the beneficiaries seeking care and that mechanisms for addressing PSEA were set. All IPs have been assessed on their compliance status against the PSEA core standards, their attendance to the capacity building sessions, and the development of action plans to improve the PSEA rating. Currently, none of the IPs are high risk for PSEA. Hotlines for reporting have been established for most agencies, and IPs supported to have PSEA focal points. Flow charts for complaints posted at several locations in the health facilities, clear guidance on referral protocols for care for all persons affected, and clear policies on measures in place against the erring staff. During this implementation period, no case of PSEA was reported to UNICEF.

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

In humanitarian emergencies, women and girls are disproportionately at risk for death. Attention was given to specific needs of pregnant women through ensuring quality antenatal care, availability of skilled health workers to provide safe and dignified birth attendance, referrals for complications in pregnancy with IPC protocols and measures instituted. Through this CERF funding, 56 per cent (117,404) of the total people reached were women and girls, with 3,747 births delivered by skilled birth attendants. The health section liaised with WASH to distribute hygiene kits to households in the COVID-19 affected areas where possible. Implementing partners were encouraged to refer women and girls affected by gender-based violence to the protection cluster.

e. People with disabilities (PwD):

Mainstream health care services for the general population was provided to those with disabilities in a non-discriminatory approach. A total of 9.6 per cent (20,039) of the persons who received life-saving essential health care services through this grant were individuals with disabilities, with 52 per cent (10,402) of the persons being women and children. Devices such as wheelchairs were reported to have been used in some health facilities to help access health infrastructures. With further support through CERF and other donors towards

¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

¹⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

persons with disabilities, discussions are being held with implementing partners on specific actions to be taken and capacity building of healthcare workers to better meet the needs of persons with disabilities.

f. Protection:

During the project design, the provision of triage stations and hand washing stations in the supported health facilities was agreed upon. This project also provided face masks by health workers to protect both health workers and patients and build public confidence. UNICEF has routinely followed up on implementing partners on the accessibility of the health service delivery to ensure safety from insurgency prone areas. The maintenance infrastructures such lightening of health facilities and pathway to health facilities especially for access to care by individuals in the night and availability of security guards to protect persons and equipment,

g. Education:

Health education sessions were provided at different health facilities and during mobile services, especially at the triage points and during specific service delivery to improve key health practices on maternal, newborn, and child health care. IEC materials were also posted in the health facilities to provide more information and education. In partnership with the C4D, key messages disseminated through flip charts, jingles, radio and TV were also developed for COVID-19 and AWD/Cholera and utilized by the social mobilizers and SOMNET teams to provide further health education.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/unicefsomalia/status/1323516165759655936?s=20
Twitter	https://twitter.com/unicefsomalia/status/1313365015282540549?s=20

3.5 Project Report 20-RR-CEF-042

1. Project Information

Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Nutrition - Nutrition	CERF project code:	20-RR-CEF-042
Project title:	Provision of micronutrient supplements to children and Pregnant and Lactating Women (PLW) in districts with high micronutrient deficiencies and Global Acute Malnutrition.		
Start date:	17/07/2020	End date:	16/01/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 28,000,000
Total funding received for agency's sector response to current emergency:	US\$ 12,410,628
Amount received from CERF:	US\$ 500,000
Total CERF funds sub-granted to implementing partners:	US\$ 0
Government Partners	US\$ 0
International NGOs	US\$ 0
National NGOs	US\$ 0
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

This grant facilitated the procurement of 10.6 metric tonnes of micronutrient powders and 6.9 metric tonnes of multiple micronutrient tablets. UNICEF utilized its buffer stock of micronutrient powders (MNPs) and micronutrient tablets (MNTs) as planned. The supplies procured by this grant replenished UNICEF buffer stock of MNTs and MNPs utilized to address immediate needs while the procurement process was ongoing. Between July and December 2020, UNICEF reached 118,091 children (6 to 23 months) with MNPs and 76,394 pregnant and lactating women (PLW) with MNTs in the targeted locations of Bossaso, Garowe, Jowhar, Balcad, Afmadow, Kismayo, Baidoa, and Dinsoor. Provision of MNPs to children, 6 to 23 months, has been proven to prevent stunting and significantly reduce micronutrient deficiencies in this age group. Alongside micronutrient supplementation, over 75,550 PLW received counselling on appropriate infant and young child feeding while 75,741 children under five were screened. This was achieved through a robust supply procurement system that facilitated swift procurement, delivery, and critical supplies replenishment. Overall, the project reached a total of 194,485 most vulnerable people and drought-affected communities (76,394 women, 61,407 girls and 56,684 boys) with emergency life-saving nutrition services in South and Central Somalia.

3. Changes and Amendments

The project registered the same partners as proposed for Bay, Bari and Nugaal. However, there were additional partners for Lower Juba (Kismayo, Afmadow) and Middle Shabelle (Balcad, Jowhar) for whom partners were not specified in the proposal, including WOCCA, ARC, WASDA, WRRS, ARDI, PAC, SAF-UK, Somali Aid.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	22,650	0	16,314	15,666	54,630	22,918	0	18,422	17,005	58,345
Host communities	52,850	0	38,052	36,568	127,470	53,476	0	42,985	39,679	136,140
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	75,500	0	54,366	52,234	182,100	76,394	0	61,407	56,684	194,485
People with disabilities (PwD) out of the total										
	3,775	0	2,718	2,611	9,104	7,639	0	814	566	9,019

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

5. People Indirectly Targeted by the Project

N/A

6. CERF Results Framework

Project objective	To provide micronutrient supplements to the most vulnerable and drought affected children, Pregnant and Lactating mothers from IDPs and host communities			
Output 1	Children particularly the most vulnerable benefit from micronutrient supplements and screening for early detection and prevention of acute malnutrition			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of boys and girls screened and referred	106,600 children (54,366 girls, 52,234 boys)- July-October (30,000 children screened by August 31st	118,091 children screened (including 56,684 boys and 61,407 girls) and about 36,000 screened by the end of August)	ONA Nutrition reporting platform
Indicator 1.2	Number of children boys and girls received micronutrient powder for prevention of malnutrition	106,600 children (54,366 girls, 52,234 boys July-October (40,000 children received micronutrient powder by August 31st	118,091 children 6 to 23 months received MNPs, including 56,684 boys and 61,407 girls	ONA Nutrition reporting platform
Explanation of output and indicators variance:		Overachievement of the screening numbers is attributed to the fact that the nutrition programme overall overshot its target, having reached 130% of the severe acute malnutrition burden in 2020. Equally, UNICEF promoted the mother led middle-upper arm circumference (MUAC) initiative in which mothers, fathers, and caretakers were provided MUAC tapes to measure children in their households and refer the acutely malnourished. UNICEF in 2020 procured over one million MUAC tapes targeting 500,000 mothers, fathers, and caretakers. Overachievement on the micronutrient powder is attributed to the rationing of micronutrient powders as each child was provided 90 sachets		
Activities	Description	Implemented by		
Activity 1.1	Screening of 106,600 children (54,366 girls, 52,234 boys) and referral for appropriate supplement program	ISPD, SCI, CARE, DMO, IMC, CCC, SAMA NRC, ARC, WASDA, WRRS, ARDI, SAF UK, WVI, SRCS Puntland, ACF, SOS, MOH, WOCCA, PAC ¹⁵		
Activity 1.2	Distribution of micronutrient powder for 106,600 children (54,366 girls, 52,234 boys) to fill the micronutrient gaps and prevent anaemia	ISPD, SCI, CARE, DMO, IMC, CCC, SAMA, NRC, ARC, WASDA, WRRS, ARDI, SAF UK, WVI, SRCS Puntland, ACF, SOS, MOH, WOCCA, PAC ¹⁶		
Output 2	Pregnant women, lactating mothers and male caregivers benefit from integrated package of prevention services to improve maternal and child nutrition outcomes.			

¹⁵ Implementation of screening was paid for by another donor.

¹⁶ While CERF covered the procurement of supplies, other donors covered the implementation by NGOs.

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of PLW received micronutrient supplements	75,500 (July-October) (25,000 PLW received MNS by August 31st and additional 50,000 PLW received MNS)	76,394 PLW received micronutrient supplements, and about 30,000 received MNS by August	DHIS2
Indicator 2.2	Number of care givers participated IYCF-E counselling sessions	75,500 (July-October) (25,000 PLW received appropriate IYCF-E counselling by August 31 st)	76,394 PLW received appropriate IYCF-E counselling	ONA Nutrition reporting platform
Explanation of output and indicators variance:		The overachievement is attributed to the rationing of micronutrient tablets as each woman was provided 180 tablets to cover 6 months - during pregnancy, lactation or both		
Activities	Description	Implemented by		
Activity 2.1	Distribution of micronutrient supplementation to 75,500 pregnant and lactating women	ISPD, SCI, CARE, DMO, IMC, CCC, SAMA, Intersos, NRC, ARC, WASDA, WRRS, ARDI, SAF UK, WVI, SRCS Puntland, ACF, SOS, MOH, WOCCA, PAC ¹⁷		
Activity 2.2	Conduct individual and group IYCF-E counselling sessions for 75,500 pregnant women and lactating mothers including male caregivers.	ISPD, SCI, CARE, DMO, IMC, CCC, SAMA, Intersos, NRC, ARC, WASDA, WRRS, ARDI, SAF UK, WVI, SRCS Puntland, ACF, SOS, MOH, WOCCA, PAC ¹⁸		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)²⁰:

As COVID-19 led to movement restrictions, UNICEF and partners supported increased community engagement in nutrition service delivery through the "Mother-led MUAC" initiative. In this initiative, mothers/caregivers were trained and provided with MUAC tapes to screen children within their households/neighbourhoods, contributing to over one million children screened (cumulatively) in 2019.

This CERF was delivered primarily through local implementing partners supported by the government in selected districts. Programme monitoring and oversight in 2020 were mostly conducted through third-party monitoring (TPM) as COVID 19 related access restrictions hampered UNICEF staff and government counterparts' movement. The use of TPM ensured compliance to programme protocols and delivery of nutrition programmes that met the recommended global standards for performance. Furthermore, the subnational cluster monthly meetings in collaboration with the Ministry of Health - as the overall representative of the Somali people - captured and addressed

¹⁷ While CERF covered the procurement of supplies, other donors covered the implementation by NGOs.

¹⁸ Implementation of IYCF counselling was paid for by another donor.

¹⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²⁰ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

bottlenecks to service delivery in real-time. In parallel, the Somalia Food Security and Nutrition Analysis Unit (FSNAU) conducted during the *Gu* and *Deyr* seasons covering rural, urban, and displaced populations across Somalia updated the nutrition situation across Somalia. These complemented the Somalia Health and Demographics and the Micronutrient surveys that were released in 2020. These assessments and the Integrated Food Security and Acute Malnutrition Phase Classification (IPC) analysis exercise conducted in September 2020 represented a primary source of information for evaluating changes in the nutrition situation in the country and planning the humanitarian response.

b. AAP Feedback and Complaint Mechanisms:

Establishing a functional and two-way beneficiary complaint and feedback mechanism is a key requirement for all partners through which UNICEF delivers SAM treatment services. Hence, partners maintained the various forms of feedback mechanisms, including ballot boxes, hotlines, and complaints' desks stationed centrally while ensuring that feedback and complaints mechanisms are streamlined, appropriate, and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and beneficiary dissatisfaction. In 2020, UNICEF conducted a re-orientation of all their nutrition partners in Somalia to boost the implementation and efficiency of the complaint's mechanism

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

As UNICEF does not directly implement the nutrition programme, UNICEF relies on its implementing partners to create and maintain an environment that prevents sexual exploitation and sexual abuse. Nutrition programme managers at all levels have a responsibility to support and develop systems that maintain this environment and are committed to protecting vulnerable populations in humanitarian crises, including from sexual exploitation and abuse. All partners delivering UNICEF nutrition services undertake training on Prevention of Sexual Exploitation and Abuse of Authority (PSEA), which stipulates the diagnosis and steps to address sexual exploitation and abuse of authority related complaints. Hence, when UNICEF enters into agreement with its partners, the partners commit to put in place special measures for preventing sexual exploitation and abuse of authority and adopting minimum operating standards as a commitment to eliminating sexual exploitation and abuse of authority. During the partner selection process, a due diligence process of international and national IPs is done, in which they commit to upholding the UNICEF /UN values against PSEA. Some of the notable measures include: ensuring that coverage and location of nutrition services do not pose unnecessary risk to mothers as the move to and from nutrition sites, establishment of Mother Baby Areas (MBAs) to provide private space for mothers to breastfeed their children, establishment of a complaints mechanism that captures SEA related complaints and others.

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

The nutrition programme has consistently registered fewer boys (48%) than girls (52%) admitted for SAM treatment despite a similar proportion of girls and boys screened. The Somalia Micronutrient survey showed a similar prevalence of different forms of malnutrition among boys and girls, aligned with UNICEF's efforts to deliver services to all children irrespective of their gender, clan, or ethnic identity. Other efforts UNICEF has put in place to ensure gender equality and promote and protect women and girls include training of community health workers (CHWs) on counselling on infant and young child feeding; out of all CHWs trained, 35 per cent were male. UNICEF consistently reviews coverage of programmes to ensure easier access to services to reduce the burden on women as they bear the multiple responsibilities of childcare, fending for their households, and others. UNICEF also strengthened the mother/family led MUAC initiative in 2020, empowering women in childcare and limiting unnecessary health facility visits.

e. People with disabilities (PwD):

Third-Party Monitoring exercises conducted in 2020 showed that almost all partners monitored provided preferential treatment to persons accessing nutrition services with disabilities to shorten the length of time at treatment sites. Ensuring adequate coverage of UNICEF nutrition programmes also ensures easier access to nutrition services. Furthermore, the establishment and implementation of the complaints and feedback mechanism at nutrition treatment sites provide an avenue for partners to channel any complaints and address specific risks and safety issues faced by the most marginalized.

f. Protection:

All nutrition sites were carefully selected and established in secure areas to ensure children and women's protection. Nutrition services frequency was reduced due to COVID-19 to prevent exposure of mothers and children to COVID-19

g. Education:

In 2020, UNICEF and partners embarked on a nationwide training of all nutrition service providers, health workers, and frontline workers on the modifications to the nutrition programme implementation in line with the recommended COVID 19 infection prevention and control. Across Somalia, over 2500 frontline workers were trained through virtual platforms. Conversely, nutrition counselling remained an integral part of nutrition programmes

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/unicefsomalia/status/1323516165759655936?s=20

3.6 Project Report 20-RR-CEF-043

1. Project Information

Agency:	UNICEF	Country:	Somalia
Sector/cluster:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	CERF project code:	20-RR-CEF-043
Project title:	Anticipatory interventions in Somaliland, Puntland and Hirshabelle states of Somalia		
Start date:	17/07/2020	End date:	16/01/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 14,340,000
Total funding received for agency's sector response to current emergency:	US\$ 78,000,000
Amount received from CERF:	US\$ 2,051,940
Total CERF funds sub-granted to implementing partners:	US\$ 841,182
Government Partners	US\$ 646,987
International NGOs	US\$ 0
National NGOs	US\$ 194,195
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNICEF and its partners provided water, and hygiene services to people affected by flood and COVID-19. A total of 30 shallow wells were upgraded, 14 strategic boreholes rehabilitated, including piping extensions from boreholes to the community, and 255 unprotected shallow wells disinfected. Through these sustainable water access activities, 178,160 received access to safe water across Somalia. Additionally, 10,045 hygiene kits were distributed to 60,270 people, 320,338 were reached with key hygiene messages focusing on handwashing with soap to promote better hygiene practices and mitigate the spread of the COVID-19 pandemic. This activity is ongoing in Somaliland and is expected to complete by the end of January 2021.

In the South-Central regions, 20 shallow wells were rehabilitated, and 10 water distribution stands were constructed, providing access to safe drinking water for 10,000 people in Baidoa and Burhakaba, Bay region of South West State. In Burhakaba district, 255 communal shallow wells were identified and routinely chlorinated, benefitting 121,255 people, reducing their exposure to water-borne diseases. Additionally, 60,270 people were provided with water collection and storage facility and soap for handwashing in Beletweyne and Afgooye and Elbarde districts in Hirshabelle and SWS state, respectively.

In Puntland state, UNICEF and its partners provided WASH services to 47,000 people. UNICEF continued to support increased access to basic drinking water services to seven rural communities and three IDP camps. The project was implemented through the Government Ministry of Water (Puntland Water Development Agency), which included installing solar water pumps, generators, raiser mine pipes, and construction of water tanks, animal troughs, and water connection to the communities between September and November 2020. For each rehabilitated water supply system, a WASH committee was established and trained to sustain the system with a daily operation and maintenance and cost-recovery mechanism to allow local communities to implement minor repairs.

The extension of water infrastructure of Badhan and Carroweyn boreholes to communities was completed through the Somaliland Ministry of Water Resource and Development (MoWRD). The work included pipe extensions, construction of water tanks, kiosks, and caretaker rooms in both locations. These CERF supported activities has provided a sustainable water source for 2,400 people in Carrow Weyn and 60,000 people in Badhan.

3. Changes and Amendments

There were no amendment or changes to the original proposal during the implementation period

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	21,480	19,200	28,950	30,370	100,000	33,531	29,591	47,570	49,476	160,168
Host communities	10,740	9,600	14,475	15,185	50,000	16,766	14,796	23,785	24,738	80,085
Other affected people	10,740	9,600	14,475	15,185	50,000	16,766	14,796	23,785	24,738	80,085
Total	42,960	38,400	57,900	60,740	200,000	67,063	59,183	95,140	98,952	320,338
People with disabilities (PwD) out of the total										
	6,444	5,760	8,685	9,111	30,000	10,059	8,877	14,271	14,843	48,050

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

5. People Indirectly Targeted by the Project

About 10,000 additional people indirectly collect water from the 20 shallow wells rehabilitated and equipped with hand pumps. Due to the water scarcity in the district, people walk beyond 500m to collect their drinking water. Therefore, people who are located more than 500m of the rehabilitated water sources are indirectly benefiting from the water sources.

The project also indirectly benefited nearby communities and their livestock, especially nomads on the move in search of water and pasture for their livestock, contributing to improved livelihoods.

6. CERF Results Framework

Project objective	Provision of anticipatory WASH services to 200,000 people in Somaliland, Puntland and Hirshabelle States			
Output 1	200,000 people benefit from the provision of sustainable access to safe water			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	# of strategic borehole rehabilitated	20 boreholes by 30th September	14 by December 2020	Project reports
Indicator 1.2	# of shallow wells upgraded	35 shallow wells by 30th September	30 by December 2020	Project report
Indicator 1.3	# of unprotected shallow wells disinfected	250 shallow wells by 30th September	255 by December 2020	Project report
Explanation of output and indicators variance:		A total of 14 strategic boreholes and 30 shallow wells were upgraded and rehabilitated, improving access to safe water for 178,160 people. Additionally, 255 unprotected shallow wells were regularly disinfected, providing water to 121,255 people. In total, we reached 299,415, which is approximately 50% more than the target. This increase is a result of targeting high-density areas to maximize access to water for more vulnerable populations.		
Activities	Description	Implemented by		
Activity 1.1	Rehabilitation or upgrade of 20 existing strategically located boreholes to reach 96,100 people	Ministry of Water Resources and Development (MoWRD), Puntland water Development Agency (PWDA)		
Activity 1.2	Rehabilitation, upgrading or construction of 35 shallow wells to reach 52,000 people	Burhakaba Town Section Committee (BTSC), MoWRD, PWDA		
Activity 1.3	AWD/COVID 19 outbreak prevention; preventive treatment/disinfection of 250 unprotected water sources.	Empowering the Vulnerable Society Organization (EVSO), BTSC.		

Output 2	200,000 people reached with messages and the means to control AWD/Cholera and COVID 19 focusing on handwashing with soap			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Water Sanitation Hygiene - Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification

Indicator 2.1	# of people reached with key hygiene messages focusing on handwashing with soap	200,000 people by 30th September 2020	320,334 by January, 2021	Project report
Indicator 2.2	# of people reached with critical WASH hygiene kits (including soap and MHM kits)	60,000 people by 30th September 2020	60,270 by December 2020	Project report
Explanation of output and indicators variance:		<p>Hygiene promotion activities reached an estimated 320,338 people using different mass media methods, vehicle-mounted with a megaphone, and house-to-house visit in Puntland, South-Central Somalia Somaliland.</p> <p>To ensure proper handwashing practices and prevent COVID-19 infection in schools, the project rehabilitated 12 twin latrines equipped with 12 handwashing facilities in six schools. This action provided a conducive learning environment to 3,510 pupils (1,508 girls and 2,002 boys)</p> <p>In Somaliland, the budget to implement and disseminate hygiene promotion activities was released to MoWRD in December 2020. There was a delay in releasing the budget to avoid any overlapping and duplication of similar works funded and supported by other grants and donors. The activity was completed in January.</p>		
Activities	Description	Implemented by		
Activity 2.1	Hygiene promotion through mass media and hygiene promoters to reach 200,000 people	BTSC, EVSO, SAREDO, MoWRD, MoH		
Activity 2.2	Procurement, transportation and distribution of 10,000 WASH hygiene kits that includes provision of household water treatment and safe storage products (HWTSS) to reach 60,000 people	HIDIG, EVSO, WARDI, SAREDO		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²¹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)²²

Inter-agency emergency needs assessment led by the WASH cluster was conducted to identify the immediate needs of emergency affected people. During the assessment, beneficiaries were consulted on their immediate needs to restore their living conditions. Based on feedback received, the intervention was designed to address their needs. During the implementation phase, NGO partners conducted project inception meetings at the state level with project stakeholders, including community key leaders. The stakeholders were briefed on the project activities in their respective locations. During implementation, 80 WASH committees' members were trained on WASH service operation and maintenance and hygiene and were involved in hygiene promotion activities. Equal opportunities were given to both males and females to participate in their water resources management. Women being the custodians of WASH services at the household

²¹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²² AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

level, the emphasis was placed on reaching women through mass media campaigns. Given the COVID-19 pandemic, hygiene promotion campaigns focused on involving all targeted communities in handwashing demonstrations to improve handwashing behaviour. UNICEF and partners conducted joint monitoring and technical support supervisions to confirm implementation was as planned.

b. AAP Feedback and Complaint Mechanisms:

Partners involved in the project implementation have put a complaint mechanism system in place to report grievances. If the complaint is not satisfactorily handled, the beneficiaries have direct access to UNICEF to report any misconduct and complaints against implementing partners through local authorities or directly reaching out to UNICEF field staff. These messages are reinforced by the UNICEF project officers and programme specialists during project sites monitoring. The project implementation committee office and a complaint box at the implementing partners' offices served for written or verbal complaints. Any complaint channelled through the complaint boxes are collected by the programme monitoring and evaluation officer and are channelled to the Project Implementation Committee for appropriate follow-up with the affected person. Awareness is also created at the project inception stage with stakeholders on complaints and feedback mechanism in case of any misconduct and direct report to the UNICEF field office.

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

Partners involved in the project implementation were briefed at the project inception on UNICEF's stand on SEA and PSEA and have committed to report and deal with any case of sexual abuse and exploitation. Some of the key measures taken before and during the project implementation include:

- Commitment from Partners during the signature of the programme documents to abide by the standards set out in the Secretary-General's Bulletin "Special measures for protection from sexual exploitation and sexual abuse" (ST/SGB/2003/13). These are spelled out in the project proposal signed with NGOs and private sector memorandum of understandings
 - The project implementation committee office and a complaint box at the implementing partners' offices serve as written and verbal communication channels. Any complaint channelled through the complaint boxes is collected by the programme monitoring and evaluation officer. They are channelled to the Project Implementation Committee for appropriate follow-up with the affected person. Awareness is also created at the project inception stage with stakeholders on complaints and feedback mechanism in case of any misconduct and direct report to the UNICEF field office.
-

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

The project implementation was built on existing Government and community structures. In addition, the implementing partners conducted a secondary assessment of the targeted areas to refine the beneficiary selection and ensure that no one was left behind. Attention was given to the marginalized groups and vulnerable populations (men, women, boys, and girls). In addition, all stakeholders were involved in project inception meetings, which helped inform beneficiaries on their dues and what contribution is expected from them to ensure future maintenance and sustainability of the water supply services.

e. People with disabilities (PwD):

The water points rehabilitated and equipped with hand pumps were selected to be accessible easily by people living with disabilities. Water points selected for rehabilitations and upgrades are generally not in remote areas to provide safety for women, children, and people living with disabilities.

f. Protection:

Protection is key in WASH service design or selection for rehabilitation. All the water points rehabilitated have been selected in a secure area to ensure the protection of children and women. Similarly, the hygiene kit distribution was also conducted during the day and in secure locations to ensure the security of affected people.

g. Education:

The project was implemented during the COVID-19 pandemic, in which hygiene promotion and education were integral means of preventing community transmission. Education was conducted through door-door visits, media campaigns, and the distribution of IEC materials.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter	https://twitter.com/unicefsomalia/status/1316652463894802432?s=20 https://twitter.com/unicefsomalia/status/1303958894063038464?s=20
Twitter	https://twitter.com/unicefsomalia/status/1323516165759655936?s=20
Twitter	https://twitter.com/unicefsomalia/status/1311535672646303744?s=20

3.7 Project Report 20-RR-WFP-036

1. Project Information

Agency:	WFP	Country:	Somalia
Sector/cluster:	Nutrition - Nutrition	CERF project code:	20-RR-WFP-036
Project title:	Provision of preventive nutrition services to children under 5 and Pregnant and Lactating Women (PLWs) living in locations with emergency Global Acute Malnutrition (GAM) prevalence.		
Start date:	20/07/2020	End date:	19/03/2021
Project revisions:	No-cost extension <input checked="" type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>

Funding

Total requirement for agency's sector response to current emergency:	US\$ 73,870,481
Total funding received for agency's sector response to current emergency:	US\$ 25,886,258
Amount received from CERF:	US\$ 500,000
Total CERF funds sub-granted to implementing partners:	US\$ 29,513
Government Partners	US\$ 0
International NGOs	US\$ 19,740
National NGOs	US\$ 9,773
Red Cross/Crescent Organisation	US\$ 0

2. Project Results Summary/Overall Performance

In 2020 while Somalia was affected by multiple shocks, through this CERF grant, WFP reached a total of 11,734 children under two and 4,554 pregnant and lactating women (PLWs) through preventive nutrition programs. Activities were implemented in Middle Shabelle region (Balcad and Jowhar districts) and Lower Juba (Afmadow district) from August to November 2020.

Nutrition prevention programs were implemented within maternal and child health facilities, that enhanced identification and treatment of childhood illness, access to vaccinations, Vitamin A supplementation, and social behavior change and communication. Furthermore, the programme included enhancing resilience through referral pathways to existing safety net programs.

The generous AA CERF grant ensured the planning of the nutrition support well ahead of time. The provision of using the existing WFP stock to start the programme and replenish after with the AA grant enabled the immediate support to the population affected with multiple shocks.

3. Changes and Amendments

While in the interim report, WFP had intended to procure and substitute Plumpy Doz with Plumpy Sup, Plumpy Doz became available and was procured and distributed for nutrition prevention among children under two. However, during the reporting period, accountability and transparency issues were raised against WOCCA, one of WFP's implementing partners under this project. This resulted in the adjustment of the tonnage with other three partners and the project implementation period, which has changed from the initial 3 months to 4.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition - Nutrition									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	2,052	0	2,552	2,452	7,056	1,639	0	2,154	2,070	5,863
Host communities	3,648	0	4,537	4,359	12,544	2,915	0	3,830	3,680	10,425
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	5,700	0	7,089	6,811	19,600	4,554	0	5,984	5,750	16,288
People with disabilities (PwD) out of the total										
	0	0	0	0	0	0	0	0	0	0

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

5. People Indirectly Targeted by the Project

WFP and the implementing partners reached 89,001 individuals out of the targeted 96,314 indirect individuals through nutrition and health social behaviour change education sessions at community level that included infant and young child nutrition, maternal nutrition, hygiene and sanitation, food diversity, immunization, and health seeking behaviour.

6. CERF Results Framework

Project objective	Provision of life-saving preventive nutrition services to children under 5 and Pregnant and Lactating Mothers			
Output 1	Provision of nutrition prevention interventions to 13,900 children under 2 years for 3 months			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of MT of Plumpy Doz procured and distributed	62.4 MT procured by end July 2020 and distributed by September 2020	62.4 MT of Plumpy Doz procured, and distributed by November	WFP Pipeline Report
Indicator 1.2	Number of boys and girls under 2 are enrolled and supported under nutrition prevention program	(7,089 girls and 6,811 boys under 2 are enrolled) End of September 2020	11,734 (5,984 girls and 5,750 boys) under 2 years enrolled and supported under nutrition prevention program, by November	WFP Implementing Partners Reports
Indicator 1.3	Number of men and women receiving health and nutrition messaging.	(13,900 caregivers of children enrolled in program). Health and nutrition messaging is conducted in every distribution. Completed by end of September 2020.	11,734 caregivers of children enrolled in program, received health and nutrition messaging, by November	WFP Implementing Partners Reports
Explanation of output and indicators variance:		There was a variance of 1,146 less children under 2 reached through the supplementary feeding programme as a result of transparency and accountability issues raised against WOCCA (one of the implementing partners). WOCCA was subsequently removed from the list of the implementing partners for the Anticipatory Framework grant. Accordingly, the project distribution period was adjusted from the initial 3-month duration to 4-months to enable utilization of the procured 62.4.MT Plumpy Doz by the remaining implementing partners		
Activities	Description	Implemented by		
Activity 1.1	Procurement, transport, storage and handling of PlumpyDoz,	WFP		
Activity 1.2	Delivery of nutrition supplies to the cooperating partners	WFP		
Activity 1.3	Screening of children under 2	ARC, INTERSOS, WRSS		
Activity 1.4	Registration of children under 2	ARC, INTERSOS, WRSS		

Activity 1.5	Distribution of Plumpy-Doz to children U2	ARC, INTERSOS, WRSS
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Output 2	Provision of nutrition prevention interventions to 5,700 pregnant and lactating women for 3 months			
Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Nutrition - Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of MT of Supercereal plus procured and distributed	102.8MT procured by end July 2020 and distributed by September 2020	102.8 MT of Super cereal plus procured and distributed by November 2020	WFP Pipeline Reports
Indicator 2.2	number of Pregnant and Lactating Women (PLWs) enrolled under nutrition prevention program and receive prevention services	5,700 by end September 2020	4,554 pregnant and lactating mothers and girls enrolled and supported under nutrition preventive program, by November 2020	WFP Implementing Partners Reports
Indicator 2.3	Number of women receiving health and nutrition messaging.	(5,700 PLW enrolled in the program). Health and nutrition messaging is conducted in every distribution	4,554 pregnant and lactating received health and nutrition messaging, by November 2020	WFP Implementing Partners Reports
Explanation of output and indicators variance:		There was a variance of 1,146 less pregnant and lactating women reached as a result of transparency and accountability issues raised against WOCCA (one of the implementing partner). WOCCA was subsequently removed from the list of the implementing partners for the Anticipatory Framework grant. Accordingly, the project distribution period was adjusted from the initial 3-month duration to 4-months to enable utilization of the procured 102.MT Super Cereal Plus by the remaining implementing partners		
Activities	Description	Implemented by		
Activity 2.1	Procurement of Super cereal plus	WFP		
Activity 2.2	Delivery of nutrition supplies to the partners	WFP		
Activity 2.3	Screening of pregnant and lactating women	ARC, INTERSOS, WRRS		
Activity 2.4	Registration Pregnant and Lactating Women (PLWs) into the nutrition prevention program	ARC, INTERSOS, WRRS		
Activity 2.5	Distribution of supercereal plus to pregnant and lactating women	ARC, INTERSOS, WRRS		
Activity 2.6	Provision of health education and behavior change communication messages to mothers enrolled in the program	ARC, INTERSOS, WRRS		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and

Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)²⁴

WFP and its implementing partners: ARC, INTERSOS and WRRS, ensured the participation of the targeted communities, the local Ministry of Health, community and religious leaders, women, and youth leaders, and socially minority groups including IDP, throughout the project period. Due to COVID 19, mass screening at community level by community health workers was shifted to Mother lead MUAC screening, where mothers/ caregivers were trained in screening and assessing their children in line with the benchmarks of core commitment for children in emergencies. WFP and partners ensured that caregivers/mothers kept informed about the program and their child's progress. WFP and partners systematically monitored the activities and conducted supply chain monitoring for quality assurance through third party monitors to ensure the right users of the intended supplies were distributed. Continuous feedback from the community on running the program was incorporated in all the aspect of monitoring

b. AAP Feedback and Complaint Mechanisms:

WFP conducted random physical monitoring on a monthly basis engaging its monitors in locations where access permits and third-party monitors in locations where access is limited for WFP staff. Both WFP monitors and third-party monitors will use monitoring checklists developed by WFP in line with corporate M&E guidelines, adapted with local context of the intervention, to develop an understanding of WFP performance in terms of processes, outputs and outcomes; during this monitoring mission, beneficiaries and the communities are provided opportunities to have direct contract with WFP and provide their questions and comments on the food and services delivered, i.e. their monthly entitlement, request for SBCC at the health facilities etc. In addition, WFP has a call centre where WFP equips beneficiaries with an opportunity to contact directly WFP in case they have any questions, feedback and/or complaints they may have about the programme and to provide them feedback on the action taken, allowing the beneficiaries to participate in the programme improvement. The calls are systematically recorded, analysed, and responded to provide clarification and explanation on information requested. At same time WFP will use alternate monitoring through the call centre to crosscheck information collected through physical monitoring for programme and delivery improvement.

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

In the prevention of deterioration of nutritional status WFP adapted to different needs of women girls and, boy through implementation of blanket supplementary feeding program (BSFP) and ensured equal participation in the project implementation and monitoring. The project nutrition and health education activities through social behaviour change and communication approach contributed to empowering and building skills of women, girls, boys, and men in decision making regarding protective positive nutrition and health behaviour at individual and household level. In addition, WFP and its partners ensured safety and dignity of the women, girls, boys and men were respected and provided throughout the program that is also explicitly incorporated in the field level agreements.

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

In the prevention of deterioration of nutritional status WFP adapted to different needs of women girls and, boy through implementation of blanket supplementary feeding program (BSFP) and ensured equal participation in the project implementation and monitoring. The project nutrition and health education activities through social behaviour change and communication approach contributed to empowering and building skills of women, girls, boys, and men in decision making regarding protective positive nutrition and health behaviour at individual and household level. In addition, WFP and its partners ensured safety and dignity of the women, girls, boys, and men were respected and provided throughout the program that is also explicitly incorporated in the field level agreements.

e. People with disabilities (PwD):

N/A

²³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²⁴ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

f. Protection:

WFP and its partners ARC, INTERSOS and WRSS provided assistance based on the identified needs and ensured the health and nutrition facilities were safely accessible to the targeted beneficiaries for assistance. As a result of the COVID19 pandemic, the health and nutrition facilities ensured protective measures were put in place that conformed with the current COVID 19 safety guidelines and measurements that entailed provision of hand sanitizers, disinfecting agents, thermometers and personal protective equipment's(PPEs) such as face masks and gloves for staff while handling the patients, applying social distance at all point of contact and discontinuation of group education sessions

g. Education:

N/A

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

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

CVA was not considered since the nutrition supplies and the nutrient dense commodities that can meet the nutrients requirement of children and women in the critical stage of life cycle are not available in the local markets of Somalia.

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter Post	https://twitter.com/WFPSomalia/status/1344683398263091203

3.8 Project Report 20-RR-WFP-037

1. Project Information			
Agency:	WFP	Country:	Somalia
Sector/cluster:	Food Security - Food Assistance	CERF project code:	20-RR-WFP-037
Project title:	Urban Safety Nets for anticipatory action in Banadir Region		
Start date:	20/07/2020	End date:	19/01/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 12,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 6,000,000
	Amount received from CERF:		US\$ 2,285,475
	Total CERF funds sub-granted to implementing partners:		US\$ 260,710
	Government Partners		US\$ 0
	International NGOs		US\$ 260,710
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through this CERF grant, WFP and its partners were able to reach 89,515 people with unconditional cash transfers meeting an essential funding gap of one quarter or three months for an ongoing project during triple shock of COVID 19, locust and floods which affected the household food security of urban IDPs and vulnerable households. Despite the delay due to COVID 19 restrictions and switch to mobile money transfers, the project was able to reach the target households. Of note is the inclusion of returnees who benefitted – these were picked up during SCOPE registration which collects comprehensive background information including origin. This information was unavailable at the start of the project.

The CERF project helped cover a substantive funding gap in the Mogadishu Urban Safety Net (USN) project. The CERF grant covered 89,515 people during the reporting period out of a total 109,464 people reached including all funding sources. Since 2018, WFP has been implementing the USN in Mogadishu. The objective of this project is to shift support provided to vulnerable families from humanitarian assistance to a longer-term, predictable intervention that assists people to withstand shocks. The USN supports protracted IDPs (86 percent) and single women headed households with a higher than average number of children (61 percent), of whom 40 percent were widows. A third of the households had malnourished children in the recent past; and more than another third (38 percent) included one or more members living with disability. Amongst this group, dependency ratios were high, with an average household size of 8.3 including 5.2 children below 18 years of age. Only 35% of household heads were literate. WFP constantly reviews and monitors its programs for improving programme design as well as monitoring impact on food security. The fourth follow up monitoring of the IDPs and beneficiaries was conducted in May 2020. As a result of the Anticipatory Action funding through CERF, majority of the households assessed (72 percent) were still able to maintain acceptable food consumption scores; slightly reduced compared to the 3rd follow-up in November 2019; **taking into consideration that more beneficiaries had borderline food consumption scores, while the poor food consumption score remained similar at 5 percent.** Furthermore, despite the multiplicity of shocks experienced, 63 percent of households indicated that they had not experienced food shortages. The assessment also indicated a positive reduction in level of engagement in emergency coping strategies, from 24 percent, in previous assessment to 16 percent, **although households**

experienced increased stress level of coping strategies during this period. Overall, urban safety-net beneficiaries managed to maintain their food security through times of shock, avoiding severe food shortages and negative coping strategies. All the project gains, including increased investments in well-being such as healthcare, education, or repaying debt, were protected, thanks to the continuation of the safety-net.

3. Changes and Amendments

N/A

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Food Assistance								
Category	Planned					Reached			
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys
Refugees	0	0	0	0	0	0	0	0	0
Returnees ²⁵	0	0	0	0	0	931	886	1,325	1,325
Internally displaced people	14,871	14,287	24,789	23,815	77,762	16,757	15,951	23,847	23,847
Host communities	2,424	2,330	4,040	3,882	12,676	931	886	1,325	1,325
Other affected people	0	0	0	0	0	0	0	0	0
Total	17,295	16,617	28,829	27,697	90,438	18,619	17,723	26,497	26,497
People with disabilities (PwD) out of the total									
	692	665	1,154	1,109	3,620	334	319	478	478

²⁵ Of note is the inclusion of returnees who benefitted – these were picked up during SCOPE registration which collects comprehensive background information including origin. This information was unavailable at the start of the project.

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

5. People Indirectly Targeted by the Project

The Project indirectly benefitted the local communities where the target population live. The households receiving cash transfers purchase commodities from local vendors as well as interact within the urban community and resources to build their capacity to engage within these market systems. The Partner implementing this project also worked closely with Banadir Regional Authorities on this project, strengthening government visibility in the community. The overall funding to the project helped extend the cash transfer during the critical period of multiple shocks to the community. With the core funding available, in the subsequent final quarter, the project was able to source external funding for a vertical top up to the target households helping them stabilize food consumption

6. CERF Results Framework

Project objective	Food-insecure people in targeted areas are better able to withstand shocks and stresses throughout the year			
Output 1	Food- insecure urban households receive safety net assistance in the form unconditional cash-based transfers			
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of beneficiaries reached with unconditional transfers	90,438 beneficiaries receive transfers for 3 months in one tranche (transfer will be made by 30th August)	89,515 beneficiaries received transfers for 3 months in one tranche which were made by 30th September 2020	SCOPE verification and Hormuud Telecom transfer records
Indicator 1.2	Percentage of target households with acceptable food consumption score	≥70.50 (October/November)	65%	WFP PDM report
Indicator 1.3	Reduced Coping Strategy Index (rCSI)	≤14 (October/November)	13.7 %	WFP PDM report
Indicator 1.4	Percentage of households using emergency coping strategies	≤7.60 October/November	37%	WFP PDM report
Indicator 1.5	Total amount transferred to beneficiaries	\$1,582,665 August 2020	\$1.5m (89,515 beneficiaries, i.e. appr 14,919 households) received transfers for 3 months in one tranche which were made by 30th September 2020	SCOPE verification and Hormuud Telecom transfer records
Explanation of output and indicators variance:		The PDM monitoring is tracking key indicators since 2018 and reporting trends of acceptable food consumption and reduced coping strategies over this period. In May quarter PDM, majority of the households assessed (72 percent) were still able to maintain acceptable food consumption scores; slightly reduced compared to the 3rd follow-up in November 2019; taking into consideration that more beneficiaries had borderline food consumption scores, while the poor food consumption score remained similar at 5 percent. Deterioration in relation to the target indicators in the above table for food consumption score, livelihood coping strategy index and reduced coping strategy index are attributed to the economic impact caused by COVID-19 pandemic compounded by floods and locust, negatively affecting poor households' livelihood as well as ability to access food and other essential needs. While food assistance plays a significant role in preventing worse		

outcomes for many households, a significant proportion of urban poor and IDPs continue to face moderate to large food consumption gaps. The project has reached a total of 109,464 people of which 89,515 people were supported through the CERF funding

Activities	Description	Implemented by
Activity 1.1	Beneficiary mobilization	DRC
Activity 1.2	Beneficiary verification for Mobile/cash payments	WFP & DRC
Activity 1.3	Payments to beneficiaries	WFP DRC
Activity 1.4	Post-distribution monitoring & Process Monitoring	WFP
Activity 1.5	Final reporting and closure of project	WFP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas²⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been integrated and given consideration.**

a. Accountability to Affected People (AAP)²⁷:

WFP and its partners have ensured that all key stakeholders were involved in the project implementation. Banadir Regional Administration (BRA) community and religious leaders, women, and youth leaders, IDP and vulnerable members in the host community were consulted throughout the project period. Measures to combat COVID 19, protocol on prevention and control of public gatherings, SCOPE data collection and monitoring were undertaken. Immediately after the onset of the pandemic, WFP introduced mobile money transfers as a new distribution method that replaced the cash transfers through the bank to reduce person to person interaction. WFP provided technical support to the implementing partner to communicate with beneficiaries and ensured the right messages were provided, including the switch in payment modality. WFP systematically monitored the program activities for quality assurance through remote monitoring. Complaints and Feedback mechanisms were made available to all programme participants. Each SCOPE card is provided with toll free mobile numbers for the beneficiary's easy reference.

b. AAP Feedback and Complaint Mechanisms:

Accountability mechanisms established through direct contact via the implementing partner is further complemented through a toll-free hot line to provide a direct channel for interface of community with WFP. In case issues arise, affected people will be able to call the hotline and log in their complaint with WFP directly. The CFM not only aims at strengthening accountability to communities but also to identify a range of protection, fraud and diversion issues as well as other concerns related to delivery of WFP assistance. The toll-free hotline is managed by WFP through a call centre located in Somalia (Puntland), which is open from Sunday through Thursday from 8.30 am to 5 pm. The call centre hosts 14 WFP Somali staff (Somali speakers) that can be reached through four different phones numbers from several operators, Hormuud, Golis, SomTel and Nationlink, so that it can be accessed from all over Somalia

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

WFP has a zero-tolerance policy on SEA which focuses on acts committed against the people it serves, by WFP employees or others associated with its work. WFP adopted the Secretary-General's Bulletin on "Special Measures for Protection from Sexual Exploitation and Sexual Abuse" (ST/SGC/2003/13) in 2004 and four Executive Director Circulars issued since 2014. Any acts of SEA constitute serious

²⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. While CERF remains needs-based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the Questions and Answers on the ERC four priority areas [here](#).

²⁷ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

misconduct and is grounds for disciplinary measures, including summary dismissal and referral to enforcement authorities for criminal prosecution, where appropriate. WFP's cooperating partners (CPs) are required to abide by WFP's regulations and to adhere to its commitments by entering into an agreement with WFP. DRC and WFP are part of the GBV cluster and closely monitor PSEA. <https://protection.drchub.org/> Regular trainings are conducted for all staff, including CFM operators

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

The project specifically aimed to include women and minorities from the vulnerable IDP and host communities by ensuring that each stage of the project is inclusive of this group. At the beginning, project targeting process paid special attention to women and their inclusion in the project. 87.7 per cent of the principal recipients are women headed households. The CERF project is part of a larger ongoing project which ensures that women beneficiaries are prioritized as well as supported through other funding opportunities to link them to vocational training, WASH and other facilities.

e. People with disabilities (PwD):

WFP moved from in kind support to cash transfers through mobile monies during the pandemic. The partner reached out to every household registered and undertook a community communication campaign to enrol biometrics of the target households into the SCOPE system. Despite numerous attempts to reach the target households few could not be reached. The households with disabled members or disabled heads of households were reached by the counterpart through the Disabled association, the members were provided mobile money transfers.

f. Protection:

WFP has multiple channels for identifying and addressing any Protection issues that may arise in the project through the earlier mentioned procedures of AAP, GBV and PSEA protocol. In addition, WFP Corporate Policy on defining protocol for recognizing, inhibiting and dealing with SEA; WFP and DRC referral protocol enables beneficiaries to access GBV services, CFM system help receive and direct victims to seek specialized care, training and capacity building are undertaken on a regular basis.

g. Education:

[N/A]

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
Yes, CVA is the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	89,515

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

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

The CERF funding supported the WFP-run Mogadishu Urban Safety Net (USN) project. Somalia does not yet have a government-operated social protection system.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
1.3 Payments to beneficiaries	89,515	US\$ 35	Unconditional	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
WFP Somali Twitter	https://twitter.com/WFPSomalia/status/1344683398263091203

3.9 Project Report 20-RR-WHO-027

1. Project Information			
Agency:	WHO	Country:	Somalia
Sector/cluster:	Health - Health	CERF project code:	20-RR-WHO-027
Project title:	Mitigating public health risks of floods in Galmudug, Hirshabelle, Jubaland, Puntland, Somaliland and South West of Somalia, 2020		
Start date:	23/07/2020	End date:	22/01/2021
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	Total requirement for agency's sector response to current emergency:		US\$ 5,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 800,000
	Amount received from CERF:		US\$ 2,800,063
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
Red Cross/Crescent Organisation		US\$ 0	

2. Project Results Summary/Overall Performance

Through the Anticipatory Action Pilot (AAP) project, which was the first of its kind in Somalia, WHO (in collaboration with Ministry of Health) reached 173,686 beneficiaries, including 23,198 internally displaced persons (IDP), with activities to improve early detection and response to outbreaks; distribution of emergency supplies; vector control to reduce malaria; and establishment of community-based surveillance. The project was implemented between 23 July 2020 and 22 October 2020 in the following 12 districts: Galkayo, Hobyo, Beletweyne, Jowhar, Afmadow, Dolow, Kismayo, Qardho, Zeylac, Afgooye, Baidoa and Marka.

The AAP contributed to more effective coordination of the COVID-19 pandemic by: supporting five (5) state-based incident management teams which held weekly meetings; training and deploying 51 rapid response teams, whereby 919 alerts of epidemic prone diseases reported on the early warning alert and response network (EWARN) system were verified and 84 COVID-19 alerts reported by community health workers in target districts were investigated; and protecting a total of 95,252 people living in 15,552 households from malaria and other mosquito borne diseases through indoor residual spraying (IRS). In addition, to enhance preparedness and timely response to public health emergencies, WHO procured and prepositioned health emergency kits, trauma kits and severe acute malnutrition (SAM) kits in six states to the benefit of 100,000 people. The kits also contributed to the timely response to outbreaks and the provision of life-saving health services in flood affected displaced populations. Furthermore, the capacities of 709 (490 male, 219 female) health care workers were enhanced for improved: management of infection prevention and control; case management SAM with medical complications; case management of epidemic prone diseases, especially measles and cholera; water quality and community surveillance; handling of biological samples; and emergency data management. Indeed, during the project period, reduced numbers of cases of acute watery diarrhoea (AWD), bloody diarrhoea and malaria were reported, as compared to the same period in 2018 and 2019. An outbreak of measles, whereby 393 cases were reported in Kismayo district, was effectively controlled without spread to neighbouring districts. Data analysis was also improved, while weekly situation reports of AWD/cholera and COVID-19 were developed, enabling timely decision-

making for response activities. Finally, community-based surveillance, which was established in all of the target districts, led to the effective detection and follow-up of 1,194 cases of COVID-19 and to 3,128,480 people being reached with health promotion messages.

Building on these positive effects, WHO will continue to monitor the trends of infectious diseases and other public health emergencies in the target districts for better documentation of the benefits of such anticipatory actions.

3. Changes and Amendments

The AAP project was implemented during the COVID-19 pandemic which affected nearly all regions of Somalia. Efforts to control and prevent further spread of the disease came in the form of travel restrictions and physical distancing being implemented. These measures affected some activities under the project.

- For example, trainings were affected as 84 participants were not able to travel to the venue, thereby resulting in lower-than-expected attendance. Other participants did not attend the training as they had been designated to work in critical care facilities. To overcome this, physical and virtual trainings were conducted in some instances where feasible, resulting in 95 additional participants in some of the trainings.
- In addition, travel restrictions affected the supervision of health facilities and stabilization centres and higher costs were incurred during travel, resulting in fewer sites being supervised.
- With regard to IRS, in order to have more targeted benefits, the federal ministry of health made a decision to conduct the campaign in 29 of the most flood-affected villages across 2 districts (Qardho and Afgooye), as opposed to the 12 districts earlier planned. Other challenges included competing priorities due to the COVID-19 pandemic, as most of the facilitators and participants were first line responders, which meant that some trainings, such as the data management training, had to be delayed. However, all activities were conducted within the allocated time under this project.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health - Health									
Category	Planned					Reached				
	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	0	0	0	0	0	0
Returnees	0	0	0	0	0	0	0	0	0	0
Internally displaced people	6,280	6,280	5,131	5,131	22,822	6,384	6,384	5,216	5,216	23,200
Host communities	40,737	40,737	33,286	33,286	148,046	41,409	41,409	33,835	33,835	150,488
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	47,017	47,017	38,417	38,417	170,868	47,793	47,793	39,051	39,051	173,688
People with disabilities (PwD) out of the total										
	0	0	0	0	0	7,169	7,169	5,858	5,858	26,054

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

5. People Indirectly Targeted by the Project

The project indirectly benefited communities with health promotion messages for COVID-19 and other priority epidemic prone diseases. These communities also benefited from the activities of community health workers, who conduct active case searches for early detection and referral of infectious diseases (including COVID-19). Patients attending health facilities where health workers have been trained benefit from better services for management of infectious diseases, severe acute malnutrition with medical complications and infection prevention and control, thereby enhancing the quality of care. Moreover, it is expected that children with SAM with medical complications receiving treatment in stabilization centers will have better chances of recovery. Finally, people living in villages where IRS campaigns were conducted were protected from other diseases, such as dengue fever and chikungunya, for at least 4 months.

6. CERF Results Framework

Project objective To minimize the public health risk of floods and associated morbidity and mortality

Output 1 Health emergency preparedness and response coordination improved

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

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of state coordination teams receiving operational support communication, internet, stationery and refreshments	5 by end of project period	5 by 22 October 2020	- State Public Health Emergency Officers (PHEO) weekly reports
Indicator 1.2	Number of district-based Rapid Response Teams (RRT) trained and deployed	50 by end of the second month	51 by 22 October 2020	- State PHEO weekly and monthly reports - Weekly sitreps - WHO community dashboard
Indicator 1.3	Number of people benefiting from the distribution of emergency supplies	100,000 by end of the project period	100,000 by 22 October 2020	- Warehouse records
Indicator 1.4	Number of health facilities and stabilization centres supported through supportive supervision	100 health facilities and 30 stabilization centers by end of the project period	84 (72 health facilities, 12 stabilization centres) by 22 October 2020	- Supervision reports
Indicator 1.5	Number of IRS activities conducted in high risk districts	12 districts covered by end of the third month	2 districts and 29 villages by 22 October 2020	- Implementation reports
Indicator 1.6	Number of data managers trained on emergency data management	7 state and FMOH data managers	8 (7 male and 1 female) by 22 October 2020	- Training report
Explanation of output and indicators variance:		<p>Indoor Residual Spraying (IRS) was conducted in two (2) districts, covering 29 of the most flood-affected villages, instead of 12 districts as originally planned to ensure targeted benefits. This resulted in 95,252 being protected instead of 119,159 people previously targeted. The decision to do this was taken by the MOH in October 2020 and due to the very short implementation period of three (3) months for this project, was therefore not discussed with CERF in advance.</p> <p>In addition, fewer sites (84) were reached with supervision due to travel restrictions during the COVID-19 pandemic.</p>		

Activities	Description	Implemented by
Activity 1.1	Provide operational support to state health emergency coordination teams - communication, internet, stationary and refreshments	WHO
Activity 1.2	Train and deploy 50 district based RRTs for disease outbreak response (measles, cholera, malaria) and control, especially amongst IDPs and vulnerable communities in target districts.	WHO and MOH
Activity 1.3	Replenish and provide emergency medical supplies (including severe acute malnutrition kits benefiting 100 people per kit, IEHK which benefits 10,000 people per kit and diarrhoeal kits which benefit 100 people per kit) to state-based logistics hubs	WHO
Activity 1.4	Conduct monthly supervision visits in health facilities and stabilization centers to assess early warning systems and quality of care	WHO and MOH
Activity 1.5	Conduct IRS activities to prevent outbreaks of malaria in 12 districts benefiting 27,834 households	WHO and MOH
Activity 1.6	Conduct training of data managers in outbreak data compilation to improve capacity of MOH/Emergency response team in emergency data management	WHO and MOH

Output 2		Early detection of and rapid response to epidemic prone diseases strengthened		
Was the planned output changed through a reprogramming after the application stage?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	Number of districts using community-based disease surveillance	5 districts by end of the project	12	- WHO community dashboard - State PHEO weekly reports
Indicator 2.2	Number of community health volunteers acting as community-based disease surveillance focal points identified, trained and deployed	200 by end of project period	136	- Training reports
Indicator 2.3	Number of health workers trained on integrated management of epidemic prone diseases especially cholera and measles	120 by end of second month	175 (119 male, 56 female)	- Training reports
Indicator 2.4	Number of health workers trained on case management of severe acute malnutrition with medical complications	106 by end of the second month	99 (69 male, 30 female)	- Training reports
Indicator 2.5	Number of health workers trained on event and syndromic surveillance	100 by end of third month	89 (60 male, 29 female)	- Training reports

Indicator 2.6	Number of health workers and community volunteers trained on infection prevention and control	200 by end of second month	198 (127 male, 71 female)	- Training reports
Indicator 2.7	Number of district officers trained on water quality surveillance	50 by end of the project period	54 (30 male, 24 female)	- Training reports
Explanation of output and indicators variance:		Trainings were conducted both in-person (with social distancing) and virtually. Trainings where virtual platforms were available in addition to the physical class resulted in higher attendance, while the physical trainings only had less participants due to the COVID-19 travel restrictions		
Activities	Description	Implemented by		
Activity 2.1	Identify 5 potential sites for piloting community-based surveillance and map the catchment area with catchment population of each site	WHO and MOH		
Activity 2.2	Identify and train 200 community-based disease surveillance focal points on the use of case definitions actions and reporting timelines	WHO and MOH		
Activity 2.3	Train 120 health workers on integrated management of epidemic prone diseases especially cholera and measles	WHO and MOH		
Activity 2.4	Train 106 health workers on case management of severe acute malnutrition with medical complications	WHO and MOH		
Activity 2.5	Train 100 health workers from health facilities in target districts on event and syndromic surveillance using case definitions	WHO and MOH		
Activity 2.6	Train 200 health workers and community volunteers on infection prevention and control	WHO and MOH		
Activity 2.7	Train 50 district officers on water quality surveillance	WHO and MOH		

Output 3 Case detection and diagnosis capacities strengthened

Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Number of laboratory staff trained on sample collection and shipment	50 by end of the project period	86 (69 male, 17 female)	- Training reports
Indicator 3.2	Number of districts with sample collection and shipment mechanisms	12 districts by end of project period	12 districts	- Shipment records - Reference laboratory records
Indicator 3.3	Number of public health laboratories supported with equipment and reagents for analysis of priority epidemic prone diseases	3 by end of the project period	3 – Mogadishu, Garowe and Hargeisa labs	- Warehouse records - Laboratory inventories
Explanation of output and indicators variance:		The training on sample collection, packaging and shipment generated a lot of interest due to the COVID-19 sample management resulting in higher attendance (86) compared to the initial plan (50).		
Activities	Description	Implemented by		

Activity 3.1	Train 50 laboratory staff on collection, packaging, shipment and analysis of biological samples	WHO and MOH
Activity 3.2	Support collection and shipment of biological samples within states and outside Somalia for further analysis	WHO and MOH
Activity 3.3	Replenish reagents and equipment for the analysis of biological samples for diseases reported under EWARN	WHO

Output 4 Risk communication, community engagement and health promotion enhanced

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

Sector/cluster	Health - Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 4.1	Number of community social mobilizers trained in high risk districts	100 by end of the project period	136	- Community response team reports/training reports
Indicator 4.2	Number of districts with available and accessible risk communication materials	12 by end of the project period	12 districts	- Health facilities inventory - Supervision reports
Indicator 4.3	Number of districts reached with health promotion messages targeting IDPs, host communities and the general population	12 districts by end of project period	12 districts	- Risk communication activity reports - WHO community dashboard
Explanation of output and indicators variance:		The community social mobilizers training had more participants (136) than expected (100) due to the interest in gaining knowledge on the new pandemic (COVID-19) by the community workers.		
Activities	Description	Implemented by		
Activity 4.1	Identify, train and deploy 100 community social mobilisers in districts that are at high risk of disease outbreaks	WHO and MOH		
Activity 4.2	Update, translate, print and disseminate risk communication materials to different communities	WHO and MOH		
Activity 4.3	Conduct community engagement sessions using available channels of communication with risk specific messages - buy airtime on local radios and television to engage communities during outbreaks as physical meetings may not be possible during the COVID-19 pandemic.	WHO and MOH		

7. Effective Programming

a. Accountability to Affected People (AAP) ²⁸:

Project design and planning: This emergency project commenced during the COVID-19 pandemic and just after flooding in districts of Hirshabelle, South West, Jubaland and Puntland had already taken place. Direct involvement of affected people in the design of the

²⁸ AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the [IASC AAP commitments](#).

project was not possible. However, consultations were undertaken with local and national health authorities. WHO conducted a rapid needs assessment in Jubaland, Hirshabelle, Puntland and South West States, in coordination with UNOCHA to assess the scale of the disaster and identify immediate and long-term priorities. Reports from the AWD working group were taken into consideration. In addition, WHO field and national staff held consultations with the Ministries of Health at national and state levels to build a consensus on priority interventions and locations.

Project Implementation: The project was directly implemented by WHO in collaboration with ministries of health at federal and state levels. During the implementation of the project, WHO and MOH conducted three monthly supervision visits (as possible) to assess the quality of care and satisfaction of beneficiaries with health services being provided. Interviews with some of the beneficiaries in different states were conducted. The majority of beneficiaries expressed satisfaction with the work. WHO officers based in targeted flood-affected districts worked hand-in-hand with their counterparts at the MOH of federal member states to ensure effective implementation of all planned activities in a timely manner.

Monitoring and evaluation: Regular joint supportive supervision and field monitoring was conducted on a monthly basis during the project implementation period. Internal meetings at WHO were held bi-weekly to assess the implementation of the project. Achievements were also reported in the state-based Public Health Officers weekly reports.

In addition, WHO was continuously monitoring the response situation through weekly state level reports, epidemiological updates generated through EWARN and through the WHO community dashboard. The WHO team analysed the data on some key epidemic-prone diseases submitted through the WHO supported EWARN system to assess whether the interventions were achieving the intended outcomes of minimizing the health consequences of the floods, and associated morbidity and mortality, as well as for improving overall health outcomes of the affected population.

b. AAP Feedback and Complaint Mechanisms:

WHO monitored complaints through different mechanisms throughout the project implementation. At the field level, WHO monitored complaints through regional and subnational Health Cluster meetings as well as through visits to the affected districts whereby WHO staff discussed with elders and beneficiaries. These health cluster meetings were coordinated by WHO and took place weekly at the peak of the COVID-19 pandemic and later bi-weekly. Through Health Cluster partners working on the ground, WHO is able to gather feedback and complaints regarding the project implementation, should they arise. Additionally, WHO has its own mechanism by which complaints can be reported directly to WHO, including via the WHO Somalia country office website, social media (e.g. Twitter, Instagram), emails and through telephone. Any such complaints which are received by WHO are treated with the utmost seriousness, confidentiality, and professionalism. As part of this AAP project, however, no formal complaints were received.

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

WHO demonstrated their commitment to prevention of sexual exploitation and abuse by training field officers on PSEA preparing them to cascade the training to communities and health care workers. The training material was translated into local language.

Awareness was created to all staff in WHO Somalia offices. PSEA focal points were assigned and trained at the country office and sub offices. The focal points are in charge of monitoring and responding to such situations, should they arise, and reporting through the established mechanism. Additionally, all WHO Somalia national and international staff at the head office and sub offices have completed the mandatory trainings related to prevention of sexual exploitation and abuse and are aware of what to do should such an incident arise. Moreover, all health workers involved with project implementation participated in trainings and awareness-raising sessions related to PSEA and what actions must be undertaken during any such incident. In these respects, WHO continues raising awareness about PSEA during Health Cluster and subnational reproductive working group meetings. As part of this Anticipatory Action Plan project, no formal SEA complaints were reported.

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

WHO conducted a half-day orientation for its staff on the inclusion of gender-based violence (GBV) in health programming. In addition, the health cluster, through the GBV sub-cluster, conducted capacity development for NGOs and other agencies on inclusion of GBV support during COVID-19 response.

During the planning phase, the state MOH were involved in the implementation and monitoring of activities. In this regard, meetings were conducted to identify the most vulnerable populations, particularly girls and women who should benefit from the AAP project. In this

respect, it was ensured during trainings that a proportion of women were included (i.e. 129 women trained out of 709 participants total). WHO also ensured to utilize female community health workers as much as possible for community surveillance.

Gender disaggregated data was maintained for beneficiaries of different activities, while data on the most vulnerable population groups, including IDPs, girls and women, was gathered, analysed, and monitored to ensure services reached most vulnerable groups. Throughout the implementation period, regular Health Cluster meetings and Inter-Cluster meetings were conducted, whereby the needs of vulnerable communities were further discussed, and services continuously adjusted to meet their needs.

e. People with disabilities (PwD):

Awareness has been raised among WHO staff on the inclusion of activities that help increase access to health services amongst people living with disabilities. Focal points in the WHO country office have also been appointed to ensure this is followed through and that training will be conducted to all staff.

The WHO AAP project benefited all persons regardless of age, gender or whether they were living with a disability. Through the health cluster and in internal meetings, WHO field staff were sensitized to ensure that persons living with disability, women, children and vulnerable populations were identified and had access to the services being provided. Staff conducting supervision are also supposed to work with MOH and communities (through community health care workers) to determine the needs of people living disability. Through regular project implementation meetings, the needs of vulnerable communities were reviewed. This project did not record the number of persons living with disability who benefitted from the AAP.

f. Protection:

WHO maintains the highest standards of ethics while providing lifesaving health services to communities. All staff, including field staff at all levels, are expected to adhere to these standards. Throughout the project design, WHO aimed to provide health services to all persons at-risk in the identified districts. This included IDPs, people living with disability and the vulnerable populations. Confidentiality of the beneficiaries has been maintained and only disaggregated data has been shared with persons outside the project implementation. The health cluster, which is coordinated by WHO, works closely with the protection cluster to ensure inclusion of mental health activities in health service delivery.

g. Education:

There were multiple targeted training sessions for different level health workers. As a result of the capacity building trainings, 709 persons from the target districts, including 219 women, received training in the following seven different topics.

1. Integrated management of epidemic-prone diseases especially cholera and measles
2. Case management of SAM with medical complications
3. Event and syndromic surveillance
4. Infection Prevention & Control
5. Water quality surveillance
6. Sample handling (collection, packaging, shipment, analysis of biological samples)
7. Data managers trained in emergency data management

The training is expected to result into skills which will improve quality of health care, surveillance and response to public health events.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	0

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

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

N/A

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	Weblink
Web-story: Life-saving disease prevention and mitigation efforts continue in Somalia under anticipatory action framework	http://www.emro.who.int/somalia/news/life-saving-disease-prevention-and-mitigation-efforts-continue-in-somalia-under-anticipatory-action-framework.html
Tweet: Health workers in Galmudug state were trained on the management of biological samples for early detection of priority epidemic-prone diseases in Somalia. The training is part of the Anticipatory Action Plan funded by @UNCERF. We thank @OCHASom for the support	https://twitter.com/WHOSom/status/1308383004755144706?s=20
FMOH, Galmudug & WHO started 5 days training on case management of severe malnutrition complications for 26 HCWs from 6 stabilization centers. Training is aimed to improve service delivery in nutrition stabilization centers/ reducing mortality rate. We thank you @UNCERF	https://twitter.com/WHOSom/status/1308378347991425025?s=20
Flickr album: Infection Prevention and control training, frontline workers	https://www.flickr.com/photos/whosom/albums/72157716938409972
Flickr album: Integrated management of measles and diarrhoea training for HC workers in Lower Shabelle region	https://www.flickr.com/photos/whosom/albums/72157716938226807
Flickr album: Infection Prevention, and Control for Health Care Workers from lower Juba, Jubaland State.	https://www.flickr.com/photos/whosom/albums/72157716346355156
Flickr album: Event and syndromic surveillance training for MOH Health care workers	https://www.flickr.com/photos/whosom/albums/72157716266237892

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	GOV	\$426,873
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	GOV	\$179,535
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	GOV	\$33,022
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	GOV	\$7,558
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	NNGO	\$104,690
20-RR-CEF-002	Water, Sanitation and Hygiene	UNICEF	NNGO	\$89,505
20-RR-CEF-002	Health	UNICEF	NNGO	\$63,030
20-RR-CEF-002	Health	UNICEF	NNGO	\$47,566
20-RR-CEF-002	Health	UNICEF	NNGO	\$63,872
20-RR-CEF-002	Health	UNICEF	NNGO	\$121,748
20-RR-CEF-002	Health	UNICEF	NNGO	\$35,107
20-RR-CEF-002	Health	UNICEF	NNGO	\$30,159
20-RR-CEF-002	Health	UNICEF	NNGO	\$60,561
20-RR-CEF-002	Health	UNICEF	GOV	\$18,300
20-RR-CEF-002	Health	UNICEF	GOV	\$32,400
20-RR-CEF-002	Health	UNICEF	GOV	\$94,700
20-RR-CEF-002	Health	UNICEF	NNGO	\$122,285
20-RR-CEF-002	Health	UNICEF	INGO	\$125,409
20-RR-CEF-002	Health	UNICEF	INGO	\$5,063
20-RR-CEF-002	Health	UNICEF	INGO	\$68,414
20-RR-CEF-002	Health	UNICEF	NNGO	\$179,974
20-RR-CEF-002	Health	UNICEF	NNGO	\$280,839
20-RR-CEF-002	Health	UNICEF	NNGO	\$279,859

20-RR-CEF-002	Health	UNICEF	NNGO	\$110,279
20-RR-WFP-003	Food Assistance	WFP	INGO	\$260,710
20-RR-FPA-002	Protection	UNFPA	INGO	\$208,960
20-RR-WFP-003	Nutrition	WFP	NNGO	\$9,773

ACRONYMS	
AA	Anticipatory Action
AAP	Accountability to Affected Population
ARC	American Refugee Committee
BRA	Banadir Regional Administration
BSFP	Blanket Supplementary Feeding Programme
C4D	Communication for Development
CCPP	Contagious Caprine Pleural Pneumonia
CERF	Central Emergency Response Fund
CFM	Complaints and Feedback Mechanism
CHW	Community Health Worker
COVID 19	Corona Virus Disease 2019
DRC	Danish Refugee Council
EWARN	Early Warning Alert and Response Network
FGM	Female Genital Mutilation
FLA	Field Level Agreement
FMOH	Federal Ministry of Health
FSNAU	Food Security and Nutrition Analysis Unit
FTS	Financial Tracking Service
GAM	Global Acute Malnutrition
GBV	Gender Based Violence
HCT	Humanitarian Country Team
ICR	Insect Growth Regulator
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
IRS	Indoor Residual Spraying
KII	Key informant interview
MOH	Ministry of Health
MT	Metric Tons
MUAC	Mid-Upper Arm Circumference
PHEO	Public Health Emergency Officer
PLW	Pregnant and Lactating Women
PRMN	Protection Return and Monitoring Network
PSEA	Prevention of Sexual Exploitation and Abuse
PwD	Persons with disabilities
RRT	Rapid Response Team
SAM	Severe Acute Malnutrition
SBCC	Social and Behaviour Change. Communication
SEA	Sexual Exploitation and Abuse
SHDS	Somalia Demographic and Health Survey
TPM	Third Party Monitoring
UNCT	United Nations Country Team
USN	Urban Safety Net
WHO	World Health Organization