

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
SOMALIA  
RAPID RESPONSE  
DROUGHT 2016**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Peter de Clercq**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*An After Action Review was not conducted due to competing priorities namely the focus on the drought allocation of \$3.2 million Somalia Humanitarian Fund Reserve Plus to a deepening drought in Somalia involving both Clusters and Partners. However, activities arising from the intervention were fully discussed and monitored in close consultation with local authorities and cluster partners in both Puntland and Somaliland.*

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

YES  NO

*No though it was discussed as part of response to the ongoing drought. The report was shared with the Humanitarian Country Team (HCT).*

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

YES  NO

*The final report was shared with the HCT and the Humanitarian Coordinator prior to submission to CERF. UN heads of agencies also reviewed their respective agency reports before they were submitted to OCHA.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: US\$72,767,987		
Breakdown of total response funding received by source	Source	Amount
	CERF	11,006,301
	COUNTRY-BASED POOL FUND ( <i>if applicable</i> )	6,500,000 <sup>1</sup>
	OTHER (bilateral/multilateral)	28,974,835
	<b>TOTAL</b>	<b>46,481,136</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 10 Mar-16			
Agency	Project code	Cluster/Sector	Amount
UNICEF	16-RR-CEF-038	Health	375,017
UNICEF	16-RR-CEF-039	Water, Sanitation and Hygiene	1,800,006
FAO	16-RR-FAO-011	Agriculture	1,500,000
UNFPA	16-RR-FPA-017	Health	374,856
IOM	16-RR-IOM-017	Health	372,583
IOM	16-RR-IOM-018	Water, Sanitation and Hygiene	1,205,366
WFP	16-RR-WFP-020	Food Aid	2,004,812
WFP	16-RR-WFP-021	Nutrition	3,000,004
WHO	16-RR-WHO-014	Health	373,657
<b>TOTAL</b>			<b>11,006,301</b>

<sup>1</sup> The Somalia Humanitarian Fund allocated all these funds to NGOs in support of the drought.

<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Type of implementation modality</b>	<b>Amount</b>
Direct UN agencies/IOM implementation	9,107,362
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	433,409
Funds forwarded to government partners	1,291,426
<b>TOTAL</b>	<b>11,006,301</b>

### **HUMANITARIAN NEEDS**

2016 was a particularly difficult year for parts of northern Somalia as seven regions in Puntland and Somaliland experienced severe drought conditions as a result of the El Niño phenomenon with devastating effects on food security and livelihood outcomes. The limited pasture and water availability resulted in abnormal livestock migration, increased livestock offtake (death and sale), and led to a sharp decline in livestock holdings particularly among poor households. An outbreak of Contagious Caprine Pleuropneumonia (CCPP) among goats, a key livelihood asset for pastoralist communities, was confirmed in drought affected areas. A near-total cereal production failure of 87 per cent below the five year average further compounded the crisis. The ensuing surge in the price of milk, grain and water and decline in livestock prices among the largely pastoral communities led to negative coping strategies including the sale of productive assets, reduction in food diversity, buying food on credit, out-migration to the areas within the country.

An estimated 385,000 people (11,000 in emergency, 374,000 in crisis) were adversely affected and in critical need of emergency humanitarian assistance. The burden of acutely malnourished children rose steadily in all affected livelihood zones with Global Acute Malnutrition (GAM) levels rising by as much as 70 per cent in the Awdal Region to 18 per cent. An estimated 74,750 children under the age of five in Somaliland, and 23,000 children in Puntland were acutely malnourished. Health facilities also recorded an increased incidence of diseases associated with lack of water including, acute watery diarrhoea (AWD), respiratory infections, skin diseases and febrile illnesses.

Worryingly, the projection of a harsh *Jilaal* season (January to March) by the Food Security and Nutrition Analysis Unit (FSNAU) and the likelihood of below normal *Gu* rains (April to June) meant that the humanitarian situation would rapidly deteriorate without urgent intervention. Efforts of the humanitarian community to scale up response were hampered by inadequate funding particularly for the critical lifesaving clusters of food security, health, nutrition and water, sanitation and hygiene (WASH) that were less than five per cent funded. This followed below average funding in 2015 for the same clusters. Cluster partners had already reported the scaling down of response activities and that the available prepositioned stocks were likely to run out before the next harvest in August. The priority allocation of US\$6.5 million to drought response from the Somalia Humanitarian Fund would be insufficient to meet the estimated \$71 million requirement. CERF funding would critically support the scaling up of the time critical humanitarian assistance necessary to avert the deterioration of the drought induced crisis until August.

## II. FOCUS AREAS AND PRIORITIZATION

The request for CERF funding was based on the need to urgently scale up response to stem the deterioration of the drought-induced humanitarian crisis in the worst affected districts of Puntland and Somaliland. The extent of the crisis had been elaborated in several joint need assessments, the major one being the FSNAU/Famine Early Warning Systems Network (FEWSNET) assessment of February 2016 and the OCHA-coordinated rapid inter-agency assessment of 13 to 18 February 2016 conducted in Bari and Sanaag regions. The assessments revealed

- An estimated 385,000 people (11,000 in emergency, 374,000 in crisis) were adversely affected and in critical need of emergency humanitarian assistance in Puntland and Somaliland – a 267 per cent increase from the previous year
- The drought had affected 130,518 people in Sanaag and 105,834 people in Awdal and Bari.
- About 80 per cent of *Berkeds* which are the main sources of water for most of the villages and small towns had dried up
- The price of livestock had decreased from US\$50 to \$20 between December 2015 and February 2016 due to lack of market and poor livestock conditions.
- The price of water in most of the settlements had risen from \$5 to \$8 per barrel and was likely to increase due to acute water shortages and if the rains continued to delay.
- Malnutrition rates in drought hit areas and caseloads of malnourished children admitted into nutrition centres in Puntland and Somaliland had steadily increased due to the drought.
- Unemployment rates have risen due to the poor labour market resulting from drought.
- An increase in the incidence of water borne communicable diseases such as AWD

The assessments highlighted the need to scale up operations in food security, health, nutrition and WASH clusters, particularly in severely drought affected areas in Somaliland and Puntland. CERF funds were allocated to these clusters and supported time critical interventions in areas facing severe drought in Awdal, Woqooyi Galbeed, Bari, Nugaal, Sanaag and Sool regions in Somaliland and Puntland. Targeted beneficiaries included poor pastoral and agro-pastoral households, malnourished children under the age of five years, pregnant and lactating women, households with members living with disability, the elderly and female headed households

The indicative financial requirement for the drought-related response at the conceptual stage was approximately \$38 million but given the deterioration in the situation this had since increased to \$71 million. The CERF request of 11 million was complemented by an allocation of \$6.5 million from the Somalia Humanitarian Fund that was primarily channelled to NGO partners to support the scale up of ongoing interventions over the next six months.

## III. CERF PROCESS

The effects of El Niño with respect to the floods and drought had been a topic of discussion in the HCT meetings particularly towards the end of the year. A joint HCT and Inter Cluster Coordination Group (ICCG) meeting in December 2015 highlighted the growing concern on the rising needs of drought affected people in Somaliland and Puntland. To better understand the severity of the situation, the HC requested an early release of the FSNAU post *Deyr* Assessment data by mid-January 2016 and requested OCHA to lead partners in undertaking needs assessments as it could form the basis for a CERF rapid response request.

A series of ICCG meetings were convened to gather data on the drought. On 29 January, after consultations on the strategic consideration for the CERF Rapid Response (RR), the ICCG was requested to submit input for consolidation into the CERF concept note noting the HCT's emphasis on the necessity to scale up on-going interventions. Clusters used a common approach in prioritising projects for this allocation. Each cluster shared the CERF RR concept note with its constituent UN agencies and IOM who were also requested to articulate their capacity to scale up response in the targeted regions, and demonstrate how proposed activities contributed to the overall cluster strategy, show timeliness of implementation and complementarity with other on-going interventions. The applicants were requested to ensure that their implementing partners had a strong presence on the ground.

On 3 February, the ICCG in consultation with UN lead agencies and humanitarian partners submitted concept notes to recommend projects and activities for funding. OCHA as mandated by the CERF guidelines, made recommendations on the projects identified by the ICCG and presented these to the HCT to confirm decisions on the key objective and funding requirements per cluster. To ensure an in depth and strategic review, the CERF concept note was presented to the HCT for comments.

The HCT unanimously agreed that the funds would be used to scale up time critical lifesaving humanitarian assistance necessary to avert deterioration of the drought induced crisis over the next six months. The allocation envelopes were primarily guided by cluster inputs to the concept note on drought response with additional reference to results of needs assessment that prioritized highest needs under the Food Security cluster, Nutrition and WASH followed by Health. In acknowledgement that the elderly, women and children were the most affected by the crisis, UN agencies were requested to ensure activities specifically focussing these vulnerable groups were articulated in the proposals.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR<sup>1</sup></b>									
<b>Total number of individuals affected by the crisis: 385,000</b>									
<b>Cluster/Sector</b>	<b>Female</b>			<b>Male</b>			<b>Total</b>		
	<b>Girls ( &lt; 18 )</b>	<b>Women ( ≥ 18 )</b>	<b>Total</b>	<b>Boys ( &lt; 18 )</b>	<b>Men ( ≥ 18 )</b>	<b>Total</b>	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
Health	27,860	25,701	<b>53,561</b>	32,700	16,739	<b>49,439</b>	60,560	42,440	<b>103,000</b>
Water, Sanitation and Hygiene	69,600	89,240	<b>158,840</b>	57,472	72,488	<b>129,960</b>	127,072	161,728	<b>288,800</b>
Agriculture	0	40,102	<b>40,102</b>	0	60,342	<b>60,342</b>	0	100,444	<b>100,444</b>
Food Aid	9,089	8,390	<b>17,479</b>	8,733	8,060	<b>16,793</b>	17,822	16,450	<b>34,272</b>
Nutrition	5,808	36,142	<b>41,950</b>	4,947	0	<b>4,947</b>	10,755	36,142	<b>46,897</b>

#### ***BENEFICIARY ESTIMATION***

FAO utilized FSNAU information which indicates that an average household in Somalia has six individuals to estimate the number of individuals that would be supported through cash-for-work activities, and specifically targeted the most food insecure in Integrated Food Security Phase Classification (IPC) Phases 3 and 4. FAO also coordinated its activities with other food security humanitarian agencies in order to avoid supporting the same beneficiaries in any given location. The beneficiary numbers from food assistance are based on actual numbers of people that were registered and received cash

based transfers in their areas of return. Beneficiaries at the respective reception were registered through an electronic registry by WFP and its partners. Health interventions were able to achieve wide coverage through a successful mobile outreach implemented through partners and Ministries of Health (MoH) in both Puntland and Somaliland and were tallied through reports. Nutrition numbers were based on actual numbers of children and women that were registered and received nutrition support over a period of five months between March and July 2016.

Under WASH, the achieved result for the target number of beneficiaries that were provided with sustained access to safe water was drawn from the number of households in the vicinity of the rehabilitated water sources. In addition, the beneficiaries reached through interventions implemented have been estimated based on WASH Cluster standards. The maximum number of beneficiaries per facility have been defined in the Somalia WASH Cluster Guide to WASH Cluster Strategy and Standards and the 2015 Strategic Operational Framework. As per these guidelines, under this project, each hygiene kit or water voucher benefits six people. In terms of beneficiaries per borehole, the number of beneficiaries was raised from 5,000 (Cluster standard) to 8,000 to take into account the drought situation and the fact that more people depended on the limited number of strategic boreholes. Age and gender disaggregation have been estimated based on the 2016 Multiple Indicator Cluster Survey i.e. 25 per cent male adults, 31 per cent female adults, 11 per cent boys (aged 5-18), 13 per cent girls (aged 5-18), 9 per cent boys (under 5), and 11 per cent girls (under 5).

As the WASH project had the widest coverage, it is likely that its beneficiaries gained from complementary services from other interventions. Thus the WASH achievements of 288,000 provide the best estimate of the total number of beneficiaries reached through CERF funding as shown in Table 5.

<b>TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup></b>			
	<b>Children ( &lt; 18 )</b>	<b>Adults ( ≥ 18 )</b>	<b>Total</b>
<b>Female</b>	69,600	89,240	158,840
<b>Male</b>	57,472	72,488	129,960
<b>Total individuals (Female and male)</b>	<b>127,052</b>	<b>161,728</b>	<b>288,800</b>

## **CERF RESULTS**

CERF funding supported the scaling up of response for the rapidly deteriorating drought crisis at a critical time. Importantly, as it represented one of the first sources of funds received, agencies were able to leverage this and advocate for complementary funds from other sources. The humanitarian community issued a 'Call for Aid' that raised almost half the \$127 million requested for 2016 HRP projects to respond to the drought by the end of 2016. Noteworthy outcomes from CERF interventions included

- Some 2,990,822 goats belonging to 99,694 households (i.e. 598,164 individuals) were saved by vaccinating them against CCPP. Of the goats reached, 750,067 (belonging to the same households) had presented clinical signs of illness upon examination and were treated.
- Cash based transfers to 5,712 households (34,272 individuals) worth \$ 1,260,979 in Bosasso, Puntland allowed them to meet their dietary needs between April and May 2016.
- Under WASH interventions to address severe water shortages, 181,830 people (110,166 in Somaliland and 71,664 in Puntland) were provided with temporary access to safe water via vouchers; 29 strategic water points/boreholes were repaired and rehabilitated (14 in Somaliland and 15 in Puntland), benefiting 288,800 people.
- Hygiene and sanitation interventions ensured that 224,000 people (99,000 in Somaliland, 125,000 in Puntland) were provided with hygiene kits reducing their risk of contracting water borne diseases such as AWD.
- Provision of nutrition support through targeted supplementary feeding to 10,755 children under the age of five and 36,142 pregnant and lactating women (PLW).
- Emergency health interventions benefited 100,000 people, over half of them children.

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

- This was particularly true for beneficiaries of food assistance as they had previously been registered through the Solution for Cash Operations (SCOPE) platform. CERF funding allowed WFP to deliver assistance as soon as the grant was confirmed, as part of the humanitarian efforts to reverse the deteriorating food security situation in the drought stricken areas.
- The successful partnership with Government partners, including the Humanitarian Affairs Disaster Management Agency (HADMA) in Puntland, Ministry of Water and Natural Resources (MOWNR) in Somaliland, Regional Coordinator for Awdal and W/Galbeed Somaliland, and Puntland State Agency Water Energy and Natural Resources (PSAWEN), gave the IOM WASH project an advantage in terms of access to target locations, available government resources and technical capacity. This further enabled the fast delivery of assistance, as Government partners already had presence in the project locations.



**b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES  PARTIALLY  NO

- As a result of the timely CERF-funded livestock intervention, no clinical diseases or mortalities have been reported in Somaliland, thereby saving lives and protecting the livelihoods of vulnerable livestock-dependent households.

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

YES  PARTIALLY  NO

- CERF funding enabled FAO to mobilize funds from other donors, such as the United States of America, the United Kingdom, Northern Ireland, and the European Commission. These additional complementary funds resulted in the vaccination of approximately 12 million goats and treatment of approximately 1.8million animals throughout Somalia. FAO further received funding from USAID to complement cash-for-work activities in the same target area (in Ceerigabo District), where CERF funds were utilized to support vulnerable beneficiaries
- UNICEF: Limited funding was available for health emergency interventions save for a \$500,000 grant from the Canadian government. Response to the AWD/cholera in the central and southern parts of the country was prioritised within the limited funding available.
- The funds UNICEF received from CERF for WASH were complemented by funding of \$750,000 partially reallocated from other humanitarian donors including ECHO (\$30,000), OFDA\$ 320,000, CIDA (\$300,000) and UNICEF's internal resources (\$100,000) to support the drought response.
- IOM's experience with implementing the CERF WASH project in Puntland, including its effective partnership with relevant government agencies, helped the agency receive long-term funding from the African Development Bank (AFDB) to build the capacity of federal and regional governments in Somalia in WASH service provision.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

- During the inception stage of the CERF project, FAO liaised and coordinated with other implementing agencies to determine their geographical and population targets, as well as the gaps, to ensure complementarity. This form of coordination added value to the humanitarian response as overlaps were avoided.
- Coordination was improved from the onset for health interventions particularly as the response was developed in close coordination with the submitting agencies as well as with the respective MoH. In Puntland and Somaliland, regular Health Cluster and sector meetings were convened by the MoH to coordinate the response, avoid duplication in services and ensure priority areas were covered. This was also key in the dispatch of supplies to priority locations and to assess gaps in the response.
- CERF funds helped improve the coordination between IOM and UNICEF, WASH Cluster partners and UNOCHA. Both at field and regional level, IOM and UNICEF shared information on CERF project activities on a monthly basis through the cluster and humanitarian coordination forum led by the government agencies/UNOCHA to ensure there was no duplication of activities in areas of operation

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

CERF funding not only fostered coordination and complementarity among partners responding to the drought and as these were among the first funds received for the response, it provided impetus for advocacy and complementary contributions from other donors. The quick disbursement within three to four days of approval was an added advantage.

---

<sup>2</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

## V. LESSONS LEARNED

<b>TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible</b>
Even during acute emergencies, communication activities and social mobilization components are key to raising awareness among communities to use life-saving health services through removal of social bottlenecks.	CERF secretariat to revisit criteria to consider communication and social mobilization activities as life-saving.	CERF

<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible</b>
Limited funding constituted a major challenge to the delivery of livelihood support to vulnerable populations as only a limited number of households could be targeted with the project activities.	More funds, whenever possible and available, are required to implement these interventions and fund raising should take centre stage for seasonal crises such as drought.	HCT
Strengthening the participation of the Ministry of Health at facility level to build a sense of ownership will promote sustainability and increased effectiveness. This was constrained by the feeling that NGOs manage the facilities independently, since the funding is not channeled through the Ministry.	Discuss with OCHA how to better involve MoH in emergency response	OCHA and Health Cluster
The use of mobile outreach in the health response was integrated to address the specific needs of pastoralist communities and migration triggered by the drought. This opportunity exists to extend this approach to conduct emergency immunization for children at livestock and household water points to increase coverage.	Design future drought response interventions with synergies between health, WASH and livelihoods actors to better reach pastoralist communities.	UNICEF, FAO, WHO, Health, Food Security Livelihoods and WASH Clusters
Populations and authorities have repeatedly requested for water for livestock - most of the affected populations are pastoralist communities and water for livestock is essential to their livelihood as they rely on livestock for milk, meat and for transportation. It is likely that some of the water vouchers were used to provide water to livestock Consider a water voucher mechanism for livestock.	It is thus recommended to explore closer coordination and response with food security and livelihoods (FSL) Cluster partners on the use of water vouchers for livestock.	UNOCHA, UNICEF, FAO, WASH and FSL Clusters

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
<b>CERF project information</b>							
<b>1. Agency:</b>		UNICEF		<b>5. CERF grant period:</b>		29/02/2016- 28/08/2016	
<b>2. CERF project code:</b>		16-RR-CEF-038		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Health					
<b>4. Project title:</b>		Provision of essential maternal, newborn and child health services including response for acute watery diarrhea/cholera outbreaks and emergency response in Somalia					
<b>7. Funding</b>	a. Total funding requirements <sup>3</sup> :		US\$ 3,750,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>4</sup> :		US\$ 875,017	<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i></li> <li>▪ <i>Government Partners:</i></li> </ul>			
	c. Amount received from CERF:		US\$ 375,017				
<b>Beneficiaries</b>							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<b>Direct Beneficiaries</b>		<b>Planned</b>			<b>Reached</b>		
		<b>Female</b>	<b>Male</b>	<b>Total</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
<i>Children (&lt; 18)</i>		19,380	18,620	38,000	27,860	32,700	60,560
<i>Adults (≥ 18)</i>		29,070	27,930	57,000	25,701	16,739	42,440
<b>Total</b>		<b>48.450</b>	<b>46,550</b>	<b>95,000</b>	<b>53,561</b>	<b>49,439</b>	<b>103,000</b>
<b>8b. Beneficiary Profile</b>							
<b>Category</b>		<b>Number of people (Planned)</b>			<b>Number of people (Reached)</b>		
<i>Refugees</i>							
<i>IDPs</i>		16,150			14,120		
<i>Host population</i>		78,850			88,880		

<sup>3</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>4</sup> This should include both funding received from CERF and from other donors.

<i>Other affected people</i>		
<b>Total (same as in 8a)</b>	<b>95,000</b>	<b>103,000</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNICEF reached more beneficiaries than planned due to the reach out mobile teams.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Enabling 95,000 vulnerable people in drought affected areas in Somaliland and Puntland to access emergency time critical and lifesaving curative health care and integrated primary health care (PHC) services.		
<b>10. Outcome statement</b>	Static Health Facilities, Mobiles Clinics and partners are supported and enabled to address time-critical health needs for people living in drought affected areas.		
<b>11. Outputs</b>			
<b>Output 1</b>	Selected health facilities and partners in targeted areas are provided with essential medical supplies and commodities to ensure that emergency and time critical interventions are scaled up for the treatments of communicable diseases that emerge as a consequences of drought.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number static health facilities provided with essential medical supplies and equipment to ensure that emergency and time critical health interventions are scaled up	10 maternal and child health centres (MCHs)	10 MCHs
Indicator 1.2	Number of Mobile clinics supported and enabled to provide and scale up access and utilisation of integrated WASH, Health and Nutrition services	2 Mobiles	2 Mobiles
Indicator 1.3	Total number of people (children, women and men) accessing emergency interventions; Number of outpatient consultations per person per year (attendance rate or consultation rate)	95,000 (0.8 outpatient consultations per person per year)	103,000 (0.8 outpatient consultations per person per year)
Indicator 1.4	Number of days of stock out of 5 key essential tracer drugs in the selected facilities in the drought affected areas	< 1 day (no stock out)	No stock out
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement, clearance and importation of medical supplies and equipment; warehousing and distribution of emergency medical supplies and equipment to enable health facilities and partners to address time-critical health needs in PHC in the targeted areas	UNICEF	UNICEF

Activity 1.2	Provide emergency PHC services in the targeted areas through distribution of medicines and commodities	UNICEF, MoH, NGOs	UNICEF, MoH, Save the Children International (SCI), Somali Red Crescent Society (SRCS), MERCY USA
Activity 1.3	Support Mobile Clinics to provide integrated WASH, Nutrition and health care and services to communities affected by the drought	UNICEF, MoH, NGOs	UNICEF, MoH, SCI, SRCS, MERCY USA

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
N/A	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
The project design was built on successful health programmes in the target locations, as well as lessons learned from social mobilization campaigns and feedback on programmes. The project ensured women and girls had equal access to services and the interventions prioritised the most vulnerable populations. Monitoring undertaken by UNICEF and the MoH enabled engagement with the beneficiaries on the response and helped assess gaps to be addressed, in particular to avoid stock outs of supplies in health facilities.	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Given the nature and size of the health intervention, a specific evaluation was not planned. Planned outputs and results were included in the regular monitoring carried out by the UNICEF health programme.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNICEF IOM		<b>5. CERF grant period:</b>	29/02/2016- 28/08/2016		
<b>2. CERF project code:</b>	16-RR-CEF-039 16-RR-IOM-018		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	WASH			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of emergency WASH services to communities most affected by drought in Puntland and Somaliland					
<b>7. Funding</b>	a. Total funding requirements <sup>5</sup> :	US\$11,200,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>6</sup> :	US\$3,765,366	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$42,825	
	c. Amount received from CERF:	US\$ 3,005,372	▪ <i>Government Partners:</i>		US\$822,008	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	63,487	53,116	116,603	69,600	57,472	127,072
<i>Adults (≥ 18)</i>	59,713	47,684	107,397	89,240	72,488	161,728
<b>Total</b>	<b>123,200</b>	<b>100,800</b>	<b>224,000</b>	<b>158,840</b>	<b>129,960</b>	<b>288,800</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>			80,000		61,800	
<i>Host population</i>			139,000		227,000	

<sup>5</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>6</sup> This should include both funding received from CERF and from other donors.

Other affected people	5,000	
<b>Total (same as in 8a)</b>	224,000	<b>288,800</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project greatly exceeded the target number of beneficiaries due to cost reductions associated with the distribution of water vouchers and the rehabilitation of boreholes. The procurement costs were lower than envisaged because government partners led negotiations with vendors resulting in lower prices that would commonly be charged to IOM. However, planned IDP target figures were not reached as the remote rural areas that IOM targeted hosted fewer than expected IDP numbers. The achievements for the target number of beneficiaries provided with sustained access to safe water were drawn from the number of households in the vicinity of rehabilitated water sources.	

CERF Result Framework			
<b>9. Project objective</b>	Addressing acute water shortages and preventing acute watery diarrhoea by increasing access to safe water for and providing hygiene kits to 224,000 drought affected vulnerable individuals in Somaliland and Puntland in a six-month timeframe.		
<b>10. Outcome statement</b>	Drought affected vulnerable households are protected against water shortages and acute watery diarrhoea		
<b>11. Outputs</b>			
<b>Output 1</b>	224,000 drought-affected vulnerable individuals in affected areas, including women and children, have access to safe water		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people with temporary access to safe water vouchers	161,000 (UNICEF: 100,000; IOM: 61,000)	181,830 (UNICEF: 85,236; IOM: 96,594)
Indicator 1.2	Number of people with sustained access to safe water through rehabilitated water supply systems/points	224,000 (UNICEF: 144,000; IOM: 80,000)	288,800 (UNICEF: 144,000; IOM: 144,800)
Indicator 1.3	Number of water boreholes repaired/rehabilitated	28 (UNICEF: 18; IOM: 10)	29 (UNICEF: 18; IOM: 11)
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Provision of water vouchers for 27,000 affected households in Somaliland and Puntland for a period of six weeks.	UNICEF; IOM; Ministry of Water Resources (MoWR) of Somaliland and HADMA in Puntland	UNICEF; MoWR of Somaliland; PSAWEN  IOM
Activity 1.2	Emergency rehabilitation (replacement of generator	UNICEF; IOM;	UNICEF; MoWR;

	and/of submersible pump and/of piping system; cleaning and disinfection of storage reservoirs) of 28 non-functional boreholes to ensure access to safe water for drought affected people	Ministry of Water Resources (MoWR) of Somaliland and (ASWEN	PSAWEN IOM
Activity 1.3	Provision of operation and maintenance support and tools for 28 boreholes	UNICEF; IOM; MoWR	UNICEF; MoWR; PSAWEN
Activity 1.4	Refresher training of operators operating the rehabilitated 28 boreholes for reliable and sustained access to water.	UNICEF; IOM; MoWR	UNICEF; MoWR; PSAWEN
<b>Output 2</b>	224,000 drought affected people, including children and women in affected areas have access to improved hygiene services to reduce morbidity and mortality due to water borne diseases		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of people with means to practice good hygiene and household water treatment through hygiene kit distributions	224,000	224,000
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Procurement and transportation of hygiene kits	UNICEF	UNICEF
Activity 2.2	Distribution of hygiene kits	UNICEF; IOM	UNICEF; MoWR; PSAWEN; Health Education Agro-Pastoralist Liaison (HEAL); IOM
Activity 2.3	Awareness campaign on how to treat and store water at household level	UNICEF; IOM; MoWR	UNICEF; MoWR; PSAWEN;HEAL; IOM

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

UNICEF:

**Output 1:** The water voucher response which achieved below target was the most challenging aspect of the CERF-funded intervention. The challenges, primarily faced in Somaliland included:

- Speculation by water vendors/ contractors - The price of water trucking peaked due to a substantial decrease in the supply in the targeted areas of Sool and Sanaag where many boreholes dried out during the first months of the project due to the drought. The initial estimated price in the proposal was US\$ 60 per m<sup>3</sup> of water, however actual prices varied from US\$ 150 to US\$ 250 (MoWR figures), depending on the remoteness of the region. This substantial increase in the cost of water trucking resulted in less people being reached for the same cost.
- Remoteness of affected villages – Some of the targeted locations in Sool and Sanaag proved extremely challenging as they were very remote and in disputed areas. In the proposal, costs were estimated based on an average distance of 50 km between the water source and the villages. In reality, some areas that were affected were sometimes beyond 100-200 km (with rough road conditions) from any reliable water source, triggering additional costs.



IOM:

**Output 1:** UNICEF provided hygiene kits that were distributed by IOM to 66,990 beneficiaries.

Savings resulting from favourable government negotiations with vendors resulted in 35,594 additional beneficiaries receiving water vouchers for one month in Puntland and two in Somaliland. The extended period in Somaliland was in response to the exacerbated drought conditions in Somaliland and a request from Somaliland's Ministry of Water and Natural Resources and the Drought Committee for Somaliland. During implementation, some boreholes required fewer materials than projected for rehabilitation, enabling the rehabilitation of 11 rather than the targeted 10 boreholes. The number of beneficiaries reached through the provision of a sustainable access to safe water was also exceeded (from the targeted 80,000 to 144,800), as the final count was based on the estimated number of households that lived in the vicinity of the rehabilitated water sources.

To avoid duplication and increase cost-effectiveness, UNICEF performed all operation and maintenance activities, including training of operators. This had no budget implications, as no separate funding was allocated for these activities.

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

Target locations were selected and prioritised in consultation with the WASH Cluster, respective disaster management agencies in Puntland (HADMA) and Somaliland (National Environment Research and Disasters Preparedness Authority, NERAD) and the Ministries of Water Resources and the Drought Committee in Puntland and based on needs, both in terms of scale of the drought and access to services, to avoid duplication and ensuring the inclusion of underserved but needy areas. As far as possible, women were targeted as the traditional managers of water supply at the household level. Thus, household selection was based on vulnerability criteria that included female-headed households, households with pregnant and lactating women, and households with a large number of dependents, elderly members and members with disabilities.

UNICEF, IOM and partners followed the WASH Cluster guidelines on the water vouchers, including community sensitization, selection and registration of beneficiaries, village water vendors and distribution of vouchers that required involvement of local authorities and community leaders. During implementation beneficiary households were informed about the rationale behind the water voucher system as opposed to blanket water trucking and what each family should expect from the service provider. UNICEF and IOM upheld the Do No Harm principle to mitigate potential tensions among community members by ensuring community leaders led the beneficiary selection.

UNICEF and IOM field staff were present during voucher distribution and conducted regular monitoring visits with government partners and community members. Regular consultations were also held with community members to assess the success and progress of the project.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

EVALUATION NOT PLANNED

A joint UNICEF/IOM self-evaluation was planned for the drought response in November-December 2016. Questions for the evaluation have been developed but delays have been experienced with finalizing the contract with the selected firm expected to operate the call centre. All efforts are being made to complete the process with a view to having the final report by June 2017. The evaluation will target the main stakeholders involved in the response including government partners, staff involved in the project, international NGOs, local NGOs as well as the beneficiaries. The report will be shared with the CERF once completed.

**TABLE 8: PROJECT RESULTS**

CERF project information							
<b>1. Agency:</b>		FAO		<b>5. CERF grant period:</b>		06/04/2016- 05/10/2016	
<b>2. CERF project code:</b>		16-RR-FAO-011		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
<b>3. Cluster/Sector:</b>		Agriculture					
<b>4. Project title:</b>		Emergency Drought Response in Somaliland					
<b>7. Funding</b>	a. Total funding requirements <sup>7</sup> :		US\$20, 685,187		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>8</sup> :		US\$8,950,454		<ul style="list-style-type: none"> <li>▪ <i>NGO partners and Red Cross/Crescent:</i> US\$42,825</li> <li>▪ <i>Government Partners:</i> US\$311,945</li> </ul>		
	c. Amount received from CERF:		US\$ 1,500,000				
Beneficiaries							
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>							
<i>Direct Beneficiaries</i>		<i>Planned</i>			<i>Reached</i>		
		<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>							
<i>Adults (≥ 18)</i>		40,225	60,525	100,750	40,102	60,342	100,444
<b>Total</b>		<b>40,225</b>	<b>60,525</b>	<b>100,750</b>	<b>40,102</b>	<b>60,342</b>	<b>100,444</b>
8b. Beneficiary Profile							
<i>Category</i>		<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>							
<i>IDPs</i>							
<i>Host population</i>							
<i>Other affected people</i>		100,750			100,444		
<b>Total (same as in 8a)</b>		<b>100,750</b>			<b>100,444</b>		

<sup>7</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>8</sup> This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A
--	-----

**CERF Result Framework**

**9. Project objective** Increase food availability and access (income) at the household and community levels for drought affected households in Somaliland

**10. Outcome statement** 100,000 targeted households and communities are able to restore/maintain their production/consumption when faced with chronic pressure or shocks

**11. Outputs**

**Output 1** 3 million heads of goats protected against Contagious Caprine Pleural Pneumonia (CCPP)

<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
----------------------------	--------------------	---------------	----------------

Indicator 1.1	Number of goats vaccinated against CCPP (those above 3 months of age), owned by an estimated 100,000 livestock dependent households	3,000,000	2,990,822 heads of goats belonging to 99,694 households were vaccinated.
---------------	---	-----------	--

Indicator 1.2	Number of animals treated with emergency treatment	750,000	750,067 goats that presented signs of illness upon clinical examination were treated.
---------------	--	---------	---

<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
----------------------------	--------------------	---------------------------------	--------------------------------

Activity 1.1	Procurement of 3 million doses of contagious caprine pleuropneumonia vaccine	FAO	FAO procured 3 million doses of CCPP vaccines internationally, through competitive bidding.
--------------	--	-----	---

Activity 1.2	Distribution of vaccines to the implementing partners	FAO	FAO distributed the vaccine to the Ministry of Livestock in Somaliland.
--------------	---	-----	---

Activity 1.3	Implementation of the vaccination campaign and the complementary emergency supportive treatments	FAO's implementing Partner- Ministry of Livestock in Somaliland	Ministry of Livestock Somaliland.
--------------	--	---	-----------------------------------

Activity 1.4	Conducting Post-Vaccination/Treatment Assessment	FAO	FAO Field Monitors routinely monitored the
--------------	--	-----	--

			vaccination process and post-vaccination and treatment assessment and analysed routine reports from the implementing partner. The FAO Call Centre also conducted telephone-based interviews to confirm that beneficiaries received intended support.
<b>Output 2</b>	750 HHs in IPC 3 and 4 benefit from timely cash transfers		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of households engaged in CFW activities over a period of 10 weeks	750	750
Indicator 2.2	Amount of cash distributed over a period of 10 weeks	282 000	282,000
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Selection and training of implementing partner <sup>9</sup>	FAO	FAO
Activity 2.2	Implementation of cash-for-work activities (community mobilization including beneficiary and infrastructure selection culminating in rehabilitation works <sup>10</sup> )	FAO and implementing partner (to be selected among existing contracted implementing partners)	FAO and Agency for Relief and Development
Activity 2.3	Training of water management committees	FAO's implementing partner- Ministry of Livestock in Somaliland	Agency for Relief and Development
Activity 2.4	Conducting Post-Distribution Assessment (carried out as part of the rapid impact assessment outlined in section 14)	FAO	FAO and HADMA

<sup>9</sup> Cash-for-work was part of an ongoing programme and thus started immediately the funds were received. FAO had ongoing contracts (LoAs) with two implementing NGO partners out of which one (ARD) was selected to implement the activities in Ceerigabo District.

Before the start of the cash-for-work activities, additional training was carried out in order for FAO to update the implementing partner on changes/improvements made to implementation mechanisms and data collection tools. Cash was disbursed through a money vendor (*hawala*).

<sup>10</sup> It took FAO approximately five months from reception of funds to completion of activities including payments to beneficiaries.

<p><b>12. Please provide here additional information on project’s outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b></p>	
<p>CERF funding supported the vaccination of some 2,990,822 heads of goats belonging to 99,694 households against CCPP in Awdal and Sanaag Regions of Somaliland. The figure of vaccination for goats is slightly lower than planned. This was a result of vaccine losses, where some open vaccines remained at the end of the day and could not be utilized the following day. Of the total animals vaccinated, 750,067 animals that displayed signs of illness upon clinical examination were treated for the illness examined. The time-critical vaccination and supportive emergency treatment contributed to saving the lives and protecting the livelihoods of vulnerable livestock-dependent households in Somaliland. Approximately 30 percent of the project beneficiaries were women-dependent households, who are most vulnerable in the communities. As a result of the intervention, there were no reported cases of clinical disease in the target location. Further, field reports of routine surveillance indicated a 30 percent reduction in disease morbidity and mortalities from the overall population.</p> <p>Some 750 households were supported through cash-for-work interventions, benefiting from cash transfers amounting to US\$282,000. The cash received enabled the food insecure beneficiaries to meet their most basic needs for food as per the post-distribution assessment (PDA) findings. A total of five water catchments and four soil bunds were rehabilitated. The rehabilitated water catchments increased the volume of water storage by 18,649 m<sup>3</sup>, enough to water over 5,000 animals for a period of three months during dry season. The soil bunds facilitated water harvesting and minimized soil erosion around the water catchments.</p>	
<p><b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b></p>	
<p>Beneficiary communities were informed about the project implementation modalities through various methods, including radio broadcast messages and printed posters, and through the FAO Call Centre. The list of selected beneficiaries was shared with community representatives who verified that selected beneficiaries were the most vulnerable in the target communities. The FAO hotline number was provided during community meetings and beneficiaries were encouraged to use the number to provide feedback on any concerns regarding project implementation. The call centre provided beneficiaries with a secure and confidential feedback system. Further, during project implementation, the implementing partners registered at least 30 percent of all active telephone numbers of the beneficiaries, which facilitated random FAO Call Centre interviews to verify whether the beneficiaries received intended support. Through AAP, FAO ensured that the vulnerabilities existing within all groups in the communities were taken into account. FAO’s central AAP practices also facilitated improved engagement with the community members and enhanced transparency due to strengthened two-way communication between the affected populations and FAO.</p>	
<p><b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b></p>	<p>EVALUATION CARRIED OUT <input checked="" type="checkbox"/></p>
<p>FAO contracted HADMA, a Governmental agency in Puntland, to carry out a rapid impact assessment on the impact of the emergency intervention in Ceerigaabo District of Sanag Region following the drought. The assessment used a Participatory Rural Appraisal methodology applying tools such as focus group discussion (separating beneficiaries of the livestock vaccination campaign from those who benefited from cash-for-work interventions) and key informant interviews.</p> <p>The assessment tools were developed by the FAO Monitoring and Evaluation Unit and shared with the FAO field monitors in Garowe. The monitors then trained enumerators, supervisors and data entry clerks from HADMA during a three-day intensive training.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>

<p>The training enhanced HADMA staff's knowledge in data collection and participatory rural appraisal. The training also helped in internalizing the tools prior to data collection.</p> <p>Following the training, field teams comprised of a supervisor, enumerators and data entry clerks were formed. The teams collected data in five villages, and confirmed five water catchments and four soil bunds had been rehabilitated. The rapid assessment results further indicated that livestock and emergency treatment activities were implemented as planned and the selected beneficiaries received intended services. The results further indicated positive outcomes where cash beneficiaries were able to meet their food needs as well as other household priorities. The livestock vaccination and emergency treatment protected animals of the beneficiary households from important diseases during a time of stress following the drought and impending likely CCPP outbreak.</p>	<p>NO EVALUATION PLANNED <input type="checkbox"/></p>
---	---

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>		UNFPA		<b>5. CERF grant period:</b>		29/02/2016- 28/08/2016
<b>2. CERF project code:</b>		16-RR-FPA-017		<b>6. Status of CERF grant:</b>		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
<b>3. Cluster/Sector:</b>		Health				
<b>4. Project title:</b>		Provision of life saving reproductive Health services in drought affected people in Puntland and Somaliland				
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :		US\$ 2,100,000	d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>12</sup> :		US\$374,856	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 70,000
	c. Amount received from CERF:		US\$ 374,856	▪ <i>Government Partners:</i>		US\$ 46,200
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	700		700	534		534
<i>Adults (≥ 18)</i>	1,600		1,600	6,691	34	6,725
<b>Total</b>	<b>2,300</b>		<b>2,300</b>	<b>7,225</b>	<b>34</b>	<b>7,259</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>			391	3,234		
<i>Host population</i>			1,909	4,025		
<i>Other affected people</i>						

<sup>11</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>12</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>2,300</b>	<b>7,259</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	UNFPA through the Somaliland Nurses and Midwives Association (SLNMA) and MoH Puntland managed to reach more women than targeted because most of the MCHs selected to provide services have a larger catchment area and there was much more movement of people than expected due to the effects of the drought. Furthermore, with the monitoring and evaluation (M&E) funds UNFPA managed to take part in an Integrated Reproductive Health Outreach Campaign for Drought Affected Regions in Nugaal and Sool through which more women were reached.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To provide life-saving reproductive health services to 2,300 pregnant women in the drought affected areas in Somaliland and Puntland		
<b>10. Outcome statement</b>	2,300 women in the drought-affected areas in Somaliland and Puntland will receive life-saving reproductive health services.		
<b>11. Outputs</b>			
<b>Output 1</b>	Emergency reproductive, maternal and new-born health services are available for 2,300 pregnant women in drought affected target areas		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of pregnant women that benefit from the safe delivery services in the target areas	2,300	6,691
Indicator 1.2	Number of health facilities receiving emergency reproductive health kits and supplies (8 MCH centres & 3 hospitals)	11	12
Indicator 1.3	Number of reproductive health coordinators received Minimum Initial Service Package (MISP) training	12	20
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Provision of safe delivery services to 2300 women through 8 MCH centres in the target areas	MOH /PL & SLNMA	MOH Puntland and Somaliland Nurses and Midwives Association (SLNMA)
Activity 1.2	Procurement and distribution of emergency reproductive health kits and medicine to 9 health facilities in the target areas (2 had received kits)	UNFPA	UNFPA
Activity 1.3	Training of 12 reproductive health coordinators on MISP	UNFPA	UNFPA
<b>Output 2</b>	Emergency referral services available for 400 complicated pregnancies in the target areas		



Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of complicated pregnancies identified and referred to 3 hospitals in the target areas	400	330
Indicator 2.2	Number of doctors received on job training on management of pregnancy complications	10	12
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provide emergency response services to complicated pregnancies in referral facilities to 400 women	SLNMA,MOH PL	MoH Puntland and SLNMA
Activity 2.2	Training of 10 doctors on safe delivery and pregnancy complications in the target MCH and referral facilities	UNFPA	UNFPA
<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>			
<p>Working with SLNMA who have a wide network of trained health staff to provide the emergency reproductive health services enabled the project to reach more beneficiaries than planned.</p> <p>Similarly, in Puntland the multi-partner outreach with the MoH and the African Network for the Prevention against Child Abuse and Neglect (ANPPCAN) widened the coverage of reproductive health services to cover more beneficiaries. Priority areas selected in consultation with communities included Dongoroyo, Qarxis and Usgure in Nugal region and Taleex, Boame and Tukaraq in Sool region. The population from surrounding nomadic settlements of each district/village were transferred to nearby selected points to enable them to get access to the service and the transfer cost was covered by the ANPPCAN Somalia. The outreach teams consisted of two medical doctors (an obstetric gynaecologist and paediatrician), one midwife and two laboratory technicians. Due to the high caseload, an additional hospital was equipped with reproductive kits. The training on MISPP targeted more health coordinators than planned as additional participants were drawn from implementing partners in Garowe. This had no budgetary implications as they were sponsored by their organisations.</p>			
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>			
<p>AAP was achieved through engagement with partners, government, and community leaders from the design stage through review and planning meetings that included prioritizing activities according to needs. To ensure quality service, all staff, training and equipment used were of acceptable international standard. Following spot checks and beneficiary interviews human interest stories were developed (<a href="http://somalia.unfpa.org/news/saving-lives-women-facing-drought">http://somalia.unfpa.org/news/saving-lives-women-facing-drought</a> ; <a href="http://somalia.unfpa.org/news/somaliland-delivering-hope-and-saving-lives-drought-affected-areas">http://somalia.unfpa.org/news/somaliland-delivering-hope-and-saving-lives-drought-affected-areas</a>).</p> <p>While the complaint mechanism is not fully developed, partners reported community perceptions about the services provided forming the basis for improvements where required. Radio spots were also used to communicate services to affected populations. Communication to affected populations was conducted through radio spots and social mobilization sessions throughout the project duration.</p>			
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>		EVALUATION CARRIED OUT <input type="checkbox"/>	
No evaluation has been conducted due to lack of financial resources.		EVALUATION PENDING <input type="checkbox"/>	
		NO EVALUATION PLANNED <input checked="" type="checkbox"/>	

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	IOM		<b>5. CERF grant period:</b>	05/04/2016- 04/10/2016		
<b>2. CERF project code:</b>	16-RR-IOM-017		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of life-saving primary healthcare services to the drought affected populations					
<b>7. Funding</b>	a. Total funding requirements <sup>13</sup> :	US\$ 5,525,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>14</sup> :	US\$ 492,583	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:	US\$ 372,583	▪ <i>Government Partners:</i> US\$ 108,800			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	8,112	7,488	15,600	14,585	13,644	28,229
<i>Adults (≥ 18)</i>	5,408	4,992	10,400	9,880	8,939	18,819
<b>Total</b>	<b>13,520</b>	<b>12,480</b>	<b>26,000</b>	<b>24,465</b>	<b>22,583</b>	<b>47,048</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>		<i>Number of people (Reached)</i>			
<i>Refugees</i>						
<i>IDPs</i>	18,200		18,200			
<i>Host population</i>	7,800		28,848			
<i>Other affected people</i>						

<sup>13</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>14</sup> This should include both funding received from CERF and from other donors.

<b>Total (same as in 8a)</b>	<b>26,000</b>	<b>47,048</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Due to prolonged drought, strong involvement of the community, effective IOM framework on community engagement, increased health awareness and communication between the medical staff and the target community leaders, more people sought consultations, the frequency of outpatient visits/follow up increased and the target was surpassed. Furthermore, the government increased the initial coverage areas within the target regions in Somaliland by including more remote areas where there were health needs, which included Geed-deeble, Biyo Shinaha, Diinqal, Lafta-farawayne, Geed Abeera, Caada villages and Jimale settlement. The expansion of project coverage did not require additional funds.	

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
The project reached a total of 47,048 direct beneficiaries in Somaliland (34,714) and Puntland (12,334), exceeding the original target of 26,000 beneficiaries. With greater involvement of local communities, Community Health Committees (CHC), local authorities and MoH in Puntland and Somaliland, the medical teams managed to reach more people living in remote drought affected rural areas and nomadic pastoralists who either remain underserved or unserved and are deprived of access to healthcare services. The medical teams determined the need for medical assistance and social mobilization on health and hygiene practices given the possibility of AWD/cholera outbreaks due to the scarcity of water and the presence of dead livestock. Coverage was expanded following a request from the Somaliland government. Participatory engagement with community leaders fostered trust with communities in targeted areas resulting in mobilization of those in need of medical assistance and a surge in the number of beneficiaries.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
To ensure accountability to beneficiaries, IOM involved community leaders, local authorities and MoH representatives in project planning, implementation and monitoring. The sense of community ownership was created through the recruitment of the health workers, selection of target villages and monitoring of the progress of the health activities. This also created a sense of community ownership and culture of transparency and accountability of grant utilization in the project sites. IOM further ensured AAP through joint monthly monitoring and review meetings and sharing of recommendations with community members for public information and MoH for coordination in a transparent manner. IOM and its partners also participated in drought response coordination meetings convened by OCHA and NERAD.	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
The project did not carry out a formal impact evaluation as it was not included in the proposal and there was no budget allocation for it. However, to ensure that the project met its objective, progress on activities was monitored against the target and work plan on a monthly basis at field level and quarterly at country office level. The health teams submitted weekly and monthly updates to the MoH and the Health Cluster. Monthly CHC meetings at each project site were used to monitor and assess the monthly progress and review it against the targets and work plan with the community.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>		WFP		<b>5. CERF grant period:</b>		29/02/2016- 28/08/2016
<b>2. CERF project code:</b>		16-RR-WFP-020		<b>6. Status of CERF grant:</b> <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded		
<b>3. Cluster/Sector:</b>		Food Security				
<b>4. Project title:</b>		Drought response in northern Somalia				
<b>7. Funding</b>	a. Total funding requirements <sup>15</sup> :		US\$ 21,800,000		d. CERF funds forwarded to implementing partners:	
	b. Total funding received <sup>16</sup> :		US\$ 9,187,396		▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 300,202	
	c. Amount received from CERF:		US\$ 2,004,812		▪ <i>Government Partners:</i>	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned <sup>17</sup>			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	42,432	40,768	83,200	9,089	8,733	17,822
Adults (≥ 18)	39,168	37,632	76,800	8,390	8,060	16,450
<b>Total</b>	<b>81,600</b>	<b>78,400</b>	<b>160,000</b>	<b>17,479</b>	<b>16,793</b>	<b>34,272</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs			59,200		12,680	
Host population			100,800		21,592	
Other affected people						

<sup>15</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>16</sup> This should include both funding received from CERF and from other donors.

<sup>17</sup> There was a misunderstanding at the application stage regarding this table. The table should only have reflected the beneficiaries targeted directly through CERF funding. The figure should have been the 5,118 households, i.e. 30,708 individuals).

<b>Total (same as in 8a)</b>	<b>160,000</b>	<b>34,272</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	WFP targeted 160,000 of the most vulnerable drought affected households with immediate lifesaving assistance through unconditional cash-based transfers. Of this, CERF funding directly supported 5,712 households (34,242 individuals) with transfers for a period of 2 months while other funding covered the remaining needs. The target number for beneficiaries reached through CERF funding was 5,118.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	To provide humanitarian assistance to drought affected households in Somaliland and Puntland		
<b>10. Outcome statement</b>	Stabilized or improved food consumption over assistance period for targeted drought affected households (26,666 households)		
<b>11. Outputs</b>			
<b>Output 1</b>	160,000 of the most vulnerable drought affected households are provided with immediate lifesaving assistance through unconditional cash-based transfers		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people collecting e-voucher transfers for 2 months	(81,600 women, and 78,400 men)	34,272
Indicator 1.2	Total cash equivalent of food bought by beneficiaries with e-vouchers transferred (USD)	Amount of cash to be transferred per month US\$577,310	US\$1,260,979 <sup>18</sup> (total amount transferred)
Indicator 1.3	Number of households reporting acceptable dietary diversity (percentage increase)	80 %	53%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>

<sup>18</sup> The transfer value per household per month was determined at 80 per cent of the food component and was dependent on the prevailing minimum expenditure basket (MEB) for food for the specific locations of assistance. As you can see from the table below, each household received between USD 109 (those in Bari) to USD (118 those in Nugal).

Activity 1.1	Biometric registration and issuance of e-transfer cards	WFP partners (African Community Development Concern, World Vision International – Somalia, Puntland Development Organization, Puntland Relief and Development Organization, Kulmiye Development Organization, Shilaale Rehabilitation and Ecological	WFP partners (see footnote <sup>19</sup> )
Activity 1.2	Transfer and redemption of e-transfers:	WFP	WFP
Activity 1.3	Post distribution monitoring	WFP and Third Party Monitors	WFP and Third Party Monitors

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

WFP targeted 160,000 of the most vulnerable drought affected households with immediate lifesaving assistance through unconditional cash-based transfers under its overall program. Of this, CERF funding directly supported 5,712 households (compared to the 5,118 households anticipated in the plan) with transfers for a period of two months while other funding covered the remaining needs. Slightly more households (594) than planned were reached due to a variation in the transfer value from one location to another in the targeted districts. This lowered the range of transfer amounts to \$121-134 to beneficiaries and allowed more households to be assisted.

The percentage of households recording an acceptable dietary diversity was lower than targeted since the intervention was for a short period of time and the drought persisted in Puntland beyond the period of intervention.

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

WFP's standard practices of targeting, biometric registration on the SCOPE platform and accountability were used to ensure that the right beneficiaries received assistance. Mobilization and awareness among the beneficiaries was conducted to ensure that beneficiaries were aware of their food entitlements based on information that was publicly announced during registration. The SCOPE platform helped ensure that the right beneficiaries received the food assistance provided through cooked meals and e-transfers. Following a biometric registration of beneficiaries into the system, registered households including phone numbers, were issued with an e-transfer card.

<sup>19</sup> African Community Development Concern, Horn of Africa Aid and Development Organization, Integrated Services for Displaced Population (ISDP), Kulmiye Development Organization, Ocean Training and Promotion, Puntland Development Organization, Puntland Relief and Development Organization, Puntland Youth and Social Development Association, Sanaag Concern Development Organization, Social And Environmental Development Organization, Social Empowerment Rehabilitation and Development Organization, Shilaale Rehabilitation and Ecological Concern, Somali volunteer for Development and Environmental Care, Ugbaad women Association, World Vision International – Somalia (WVI), African Youth Development Association, General Assistance and Volunteers Organization, Somaliland Association for Youth Salvation, Somali Rural Relief Development Organization, Deegaan Relief Development Organization, Agency for Technical Cooperation and Development, Intersos

The card contains photo identification (ID) and a microchip that stores fingerprints as well as other household information such as beneficiary entitlements.

WFP topped up the e-transfer cards through the SCOPE platform, and informed beneficiaries of their entitlement through short message services (SMS).

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

EVALUATION CARRIED OUT

WFP does not carry out evaluations per activity (e.g. the drought response in this case). However, the overall country project (Protracted Relief and Recovery Operation (PRRO)) under which the response was undertaken will be evaluated near the end of its duration. As the current PRRO is quite new, there are no immediate plans for its evaluation yet.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WFP		<b>5. CERF grant period:</b>	01/03/2016- 31/08/2016		
<b>2. CERF project code:</b>	16-RR-WFP-021		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Nutrition			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Augmented Drought Response for Somaliland and Puntland					
<b>7. Funding</b>	a. Total funding requirements <sup>20</sup> :	US\$ 6,014,452	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>21</sup> :	US\$ 4,955,506	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 134,486	
	c. Amount received from CERF:	US\$ 3,000,004	▪ <i>Government Partners:</i>		US\$ 2,473	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (&lt; 18)</i>	18,478	15,741	34,219	5,808	4,947	10,755
<i>Adults (≥ 18)</i>	12,801		12,801	36,142		36,142
<b>Total</b>	<b>31,279</b>	<b>15,741</b>	<b>47,020</b>	<b>41,950</b>	<b>4,947</b>	<b>46,897</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>	47,020			46,897		
<i>Other affected people</i>						

<sup>20</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>21</sup> This should include both funding received from CERF and from other donors.



<b>Total (same as in 8a)</b>	<b>47,020</b>	<b>46,897</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	CERF funds for this project were meant to support the scaling up of time critical lifesaving nutrition assistance necessary to avert deterioration of the drought-induced crisis, by addressing critical gaps in order to improve the coverage of targeted beneficiaries. WFP therefore purchased more corn soya blend (CSB+) and vegetable oil and less PlumpySup than planned as there were greater pipeline breaks for CSB+ and vegetable oil than for PlumpySup. This change resulted in more pregnant and lactating women and fewer children under the age of five being reached than had been envisaged in the proposal.	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provision of life-saving curative and preventive nutrition services to children under 5 and Pregnant and Lactating Women in the drought affected areas of Somaliland and Puntland		
<b>10. Outcome statement</b>	To contribute to the reduction of mortality caused by acute malnutrition among children under five, pregnant and lactating mothers in drought affected areas of Somaliland and Puntland through increased access to treatment and prevention programs.		
<b>11. Outputs</b>			
<b>Output 1</b>	Provision of 90 day MAM treatment to 34,219 beneficiaries:- 15,741 boys, 18,478 girls and 12,801 pregnant and lactating mothers		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	472 MT of supplementary Plumpy Sup, 454.89 MT of CSB+ and 45 MT of vegetable oil procured and distributed	472 MT of supplementary Plumpy Sup, 454.89 MT of CSB+ and 45 MT of vegetable oil purchased	178.11MT of supplementary Plumpy Sup, 754.265 MT of CSB+ and 162.641MT of vegetable oil purchased
Indicator 1.2	34,219 under 12,801 PLW enrolled in the treatment program for 90 days or until when discharged from the program	34,219 children 6-59 months and 12,801 PLW enrolled in the program	10,755 children 6-59 months and 36,142 PLW enrolled in the program
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement of 472 MT of supplementary Plumpy Sup and transport, storage and handling of supplementary Plumpy Sup	WFP	WFP
Activity 1.2	Screening, registration and provision of Plumpy Sup to moderately malnourished children U5s and PLWs and monitoring of admissions and discharges	WFP & Partners (ISDP, Health Education Agro-pastoral Liaison,	WFP & Partners: (ISDP, HEAL, HPA, Mercy USA and WVI)

		HEAL, Health Poverty Action, HPA, Mercy USA and WVI)	
Activity 1.3	Compiling partners reports and reporting to the nutrition cluster	WFP & Partners (ISDP, HEAL, HPA, Mercy USA and WVI)	WFP & Partners (ISDP, HEAL, HPA, Mercy USA and WVI)

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
WFP purchased more CSB+ and vegetable oil and less PlumpySup than planned as there were greater pipeline breaks for CSB+ and vegetable oil than for PlumpySup. This resulted in more pregnant and lactating women and fewer children under the age of five being reached with the CERF funded commodities than had been envisaged in the proposal.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
WFP's standard practices of targeting, registration and accountability were used to ensure that the right beneficiaries received assistance. Mobilization and awareness raising was conducted to ensure that beneficiaries were aware of their entitlements based on information that was publicly announced during registration. Registration of beneficiaries on the SCOPE platform helped ensure that the right beneficiaries received the assistance. WFP has incorporated Commitments to Accountability to Affected Populations (CAAP) into policies and operational guidelines of all the projects. WFP ensures that feedback and accountability mechanisms are integrated into program proposals, monitoring and evaluations, partnership agreements and reporting. WFP has established a call centre in Galkayo, Somalia with hot line numbers that beneficiaries can call in and obtain timely information on organization procedures and programming. The call centre also serves as part of its feedback and complaint mechanism. During this project, WFP continuously communicated, received, processed, and responded to the complaints and feedback given by its beneficiaries.	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
WFP does not carry out evaluations per activity (e.g. the drought response in this case). However, the overall country project (PRRO) under which the response was undertaken, will be evaluated near the end of its duration. As the current PRRO is quite new, there are no immediate plans for its evaluation yet.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	WHO		<b>5. CERF grant period:</b>	13/04/2016- 12/10/2016		
<b>2. CERF project code:</b>	16-RR-WHO-014		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Health			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of a coordinated response for the delivery of essential health services to the most vulnerable population in order to reduce morbidity and mortality in Somalia					
<b>7. Funding</b>	a. Total funding requirements <sup>22</sup> :	US\$ 1,693,348	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>23</sup> :	US\$ 373,657	▪ NGO partners and Red Cross/Crescent:		US\$ 60,000	
	c. Amount received from CERF:	US\$ 373,657	▪ Government Partners:			
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	19,380	18,620	38,000	17,220	17,480	34,700
Adults (≥ 18)	29,070	27,930	57,000	27,000	25,840	52,840
<b>Total</b>	<b>48,450</b>	<b>46,550</b>	<b>95,000</b>	<b>44,220</b>	<b>43,320</b>	<b>87,540</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	16,150		15,230			
Host population	78,850		63,310			

<sup>22</sup> This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

<sup>23</sup> This should include both funding received from CERF and from other donors.

<i>Other affected people</i>		
<b>Total (same as in 8a)</b>	<b>95,000</b>	<b>87,540</b>
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A	

<b>CERF Result Framework</b>			
<b>9. Project objective</b>	The objective of this CERF proposed intervention is to provide emergency time critical and life serving health care for drought affected vulnerable population in Somaliland and Puntland affected areas and ensure continuity and critical gap filling of life serving health care services in underserved areas.		
<b>10. Outcome statement</b>	Reduction in morbidity and mortality from malnutrition and communicable diseases among the 95,000 drought affected population of Somaliland and Puntland.		
<b>11. Outputs</b>			
<b>Output 1</b>	Functioning health system and facilities (re)established in the affected areas that are able to delivery essential health care services among 95,000 drought affected population of Somaliland and Puntland.		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of kits procured and distributed diarrhoeal disease kits and inter agency emergency health kits (Diarrhoeal Disease Kit ,DDK, & Interagency Emergency Health Kit, IEHK)	12	12
Indicator 1.2	Number of health services delivery point supported in the affected areas that are able to delivery essential health care services	4	4
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Procurement, clearance and distribution of essential drugs and emergency medical supplies to selected partners and targeted health facilities	WHO	WHO
Activity 1.2	Ensure availability of functioning health services in the affected areas that are able to deliver essential health care services to the drought affected communities	WHO	WHO
<b>Output 2</b>	Prevention of mortality and morbidity from communicable disease outbreaks and malnutrition among the 95,000 drought affected population		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of health facilities supported by partners to provide essential health services in the drought affected areas in Bari, Sool, Awdal and Sanaag	4	4
Indicator 2.2	Number of referral centres identified and information distributed to the Outpatient therapeutic programme (OTP) and Therapeutic Feeding Centres (TFC)	4	4
Indicator 2.3	Number of Monitoring and supervision conducted during the project time	6	4
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Support partners to provide essential health services in the drought affected areas	Partners/WHO	WHO/ Trocaire , Wamo Relief and Rehabilitation Services (WRRS)
Activity 2.2	Ensure linkages between TFC, OTP and functioning health services to provide treatment for malnourished cases with medical complications	WHO	WHO
Activity 2.3	Provide monitoring and supervision support	WHO	WHO

<b>12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:</b>	
None	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
WHO worked closely with the MoH and implementing partners in selecting target areas for health service provision to ensure that community concerns were taken into account .	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was conducted due to insufficient funding.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
16-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	GOV	\$313,852
16-RR-CEF-039	Water, Sanitation and Hygiene	UNICEF	GOV	\$194,156
16-RR-IOM-018	Water, Sanitation and Hygiene	IOM	GOV	\$140,000
16-RR-IOM-018	Water, Sanitation and Hygiene	IOM	GOV	\$160,700
16-RR-IOM-018	Water, Sanitation and Hygiene	IOM	GOV	\$13,300
16-RR-FAO-011	Agriculture	FAO	NNGO	\$42,825
16-RR-FAO-011	Agriculture	FAO	GOV	\$21,945
16-RR-FAO-011	Agriculture	FAO	GOV	\$290,000
16-RR-IOM-017	Health	IOM	GOV	\$108,800
16-RR-FPA-017	Health	UNFPA	GOV	\$46,200
16-RR-FPA-017	Health	UNFPA	NNGO	\$70,000
16-RR-WFP-020	Food Assistance	WFP	NNGO	\$17,100
16-RR-WFP-020	Food Assistance	WFP	NNGO	\$15,500
16-RR-WFP-020	Food Assistance	WFP	NNGO	\$39,200
16-RR-WFP-020	Food Assistance	WFP	NNGO	\$5,650
16-RR-WFP-020	Food Assistance	WFP	NNGO	\$38,150
16-RR-WFP-020	Food Assistance	WFP	INGO	\$10,498
16-RR-WFP-021	Nutrition	WFP	NNGO	\$7,983
16-RR-WFP-021	Nutrition	WFP	NNGO	\$2,118
16-RR-WFP-021	Nutrition	WFP	INGO	\$2,305
16-RR-WFP-021	Nutrition	WFP	NNGO	\$1,085
16-RR-WFP-021	Nutrition	WFP	NNGO	\$1,538
16-RR-WFP-021	Nutrition	WFP	NNGO	\$2,202
16-RR-WFP-021	Nutrition	WFP	NNGO	\$3,860
16-RR-WFP-021	Nutrition	WFP	NNGO	\$1,977
16-RR-WFP-021	Nutrition	WFP	NNGO	\$1,262
16-RR-WFP-021	Nutrition	WFP	NNGO	\$2,516
16-RR-WFP-021	Nutrition	WFP	INGO	\$11,507
16-RR-WFP-021	Nutrition	WFP	GOV	\$2,473
16-RR-WFP-021	Nutrition	WFP	NNGO	\$2,285

16-RR-WFP-021	Nutrition	WFP	NNGO	\$3,002
16-RR-WFP-021	Nutrition	WFP	INGO	\$14,243
16-RR-WFP-021	Nutrition	WFP	NNGO	\$2,778
16-RR-WFP-021	Nutrition	WFP	NNGO	\$3,373
16-RR-WFP-021	Nutrition	WFP	RedC	\$3,727
16-RR-WFP-021	Nutrition	WFP	NNGO	\$10,323
16-RR-WFP-021	Nutrition	WFP	NNGO	\$1,124
16-RR-WFP-021	Nutrition	WFP	INGO	\$3,596
16-RR-WFP-021	Nutrition	WFP	NNGO	\$1,748
16-RR-WFP-021	Nutrition	WFP	NNGO	\$8,714
16-RR-WFP-021	Nutrition	WFP	NNGO	\$1,938
16-RR-WFP-021	Nutrition	WFP	INGO	\$39,282
16-RR-WHO-014	Health	WHO	NNGO	\$30,000
16-RR-WHO-014	Health	WHO	INGO	\$30,000

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFDB	African Development Bank
ANPPCAN	African Network for the Prevention against Child Abuse and Neglect
AWD	Acute Watery Diarrhoea
CAAP	Commitments to Accountability to Affected Populations (CAAP)
CCPP	Contagious Caprine Pleuropneumonia
CHC	Community Health Committees
CIDA	Canadian International Development Agency
CSB	Corn Soya Blend
DDK	Diarrhoeal Disease Kit
ECHO	European Commission Humanitarian Office
FAO	Food and Agricultural Organisation
FEWSNET	Famine Early Warning Systems Network
FSL	Food Security And Livelihoods
FSNAU	Food Security and Nutrition Analysis Unit
GAM	Global Acute Malnutrition
HADMA	Humanitarian Affairs and Disaster Management Agency
HC	Humanitarian Coordinator
HCT	Humanitarian country Team
HEAL	Health Education Agro-Pastoralist Liaison
HPA	Health Poverty Action
ICCG	Inter Cluster Coordination Group
ID	Identity
IDP	Internally Displaced Persons
IEHK	Interagency Emergency Health Kit
IOM	International Organisation for Migration
IPC	Integrated Phase Classification
ISDP	Integrated Services for Displaced Population
m <sup>3</sup>	Cubic Metre
MCH	Maternal and Child Health
Mercy USA	Mercy USA for Aid and Development
MISP	Minimum Initial Service Package
MoH	Ministry of Health
MoWR	Ministry of Water and Natural Resources
NERAD	National Environment Research and Disasters Preparedness Authority
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	Office of Foreign Disaster Assistance
OTP	Outpatient therapeutic programme
PHC	Primary Health Care
PRRO	Protracted Relief and Recovery Operation
PSAWEN	Puntland State Agency Water Energy and Natural Resources
RUSF	Ready-to-Use Supplementary Food
SCI	Save the Children International
SCOPE	Solution for Cash Operations
SLNMA	Somaliland Nurses and Midwives Association
SMS	Short Message Service
SRCS	Somali Red Crescent Society
TFC	Therapeutic Feeding Centres



UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organisation
WRRS	Wamo Relief and Rehabilitation Services
WVI	World Vision International