

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
SOMALIA  
RAPID RESPONSE  
CONFLICT-RELATED DISPLACEMENT 2015**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Mr. Peter De Clercq**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

An AAR was not conducted due to competing priorities faced by the Humanitarian Country Team namely an Acute Watery Diarrhoea (AWD)/Cholera outbreak and a Call for Aid to boost response to an ongoing drought in Puntland and Somaliland. OCHA which would have facilitated the AAR was involved in both processes and led the submission for a CERF rapid response request to support the AWD/ cholera response. Notably however, updates on the response to the Yemen situation were provided by the Somalia Yemen Task Force which had served as forum for defining the strategic focus of the CERF-funded response and prioritization of activities. It continued to monitor the arrival trend and response for the targeted beneficiaries identifying achievements, challenges and best practices through periodical situation reports.

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

YES  NO

Once agencies submitted their draft reports to OCHA, the reports were reviewed and comments and suggestions were made. Agencies reviewed the comments, discussed and sent revised versions to OCHA. Since most of the cluster leads are UN agencies including International Organisation for Migration (IOM), United Nations Fund for Population Activities (UNFPA) and United Nations High Commissioner for Refugees (UNHCR), and World Food Programme (WFP), they ensured active participation of clusters in drafting and enriching each of the agency reports.

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

YES  NO

As described above, after review reports were sent to agencies and clusters for their further review and incorporation of suggested comments. Subsequent revised reports were shared with heads of agencies prior to final submission.

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 64,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	5,300,084
	COUNTRY-BASED POOL FUND (if applicable)	0
	OTHER (bilateral/multilateral)	8,200,000 <sup>1</sup>
	<b>TOTAL</b>	<b>13,500,084</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 26 August 2015			
Agency	Project code	Cluster/Sector	Amount
UNFPA	15-RR-FPA-032	Health	219,157
UNHCR	15-RR-HCR-049	Shelter	184,345
UNHCR	15-RR-HCR-050	Protection	1,156,701
IOM	15-RR-IOM-030	Shelter	1,038,776
IOM	15-RR-IOM-031	Protection	210,458
WFP	15-RR-WFP-059	Nutrition	164,389
WFP	15-RR-WFP-060	Food Aid	1,878,788
WHO	15-RR-WHO-038	Health	447,470
<b>TOTAL</b>			<b>5,300,084</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	4,214,937
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	978,047
Funds forwarded to government partners	107,100
<b>TOTAL</b>	<b>5,300,084</b>

<sup>1</sup>Somalia task Force on Yemen Situation, Inter-agency Update No.7 29 March-11 March 2016. This is the overall figure reported and includes reported contributions to the task force by all humanitarian agencies, including NGOs. Thus it is not restricted to UN agencies that received this grant.

## **HUMANITARIAN NEEDS**

The conflict in Yemen has led to massive displacement of large segments of its population. The situation has rapidly developed into a humanitarian crisis as access to basic services has been severely cut off, and basic supplies and utilities largely disconnected.

Yemen is host to at least a million refugees and an economic migrant population, many of whom were forced from their areas since the conflict began. Refugees and internally displaced persons (IDP) have been among the most impacted communities by the conflict in Yemen. These include an estimated 257,000 Somalis, 104,000 of whom are registered refugees. Since end of March 2015, when the conflict escalated, refugees and returnee arrivals into Somalia progressively increased to 23,680, mainly Somali returnees by early July, 2015. The arrival trend showed a sharp decline in August 2015 when only 527 returnees and refugees arrived compared to 9,864 arrivals in July 2015. By the end of 2015, a total of 30,202 returnees and refugees had entered Somalia. Most of the arrivals entered through the ports of Bossaso in Puntland and Berbera in Somaliland and other ports in southern and central Somalia such as Mogadishu and Kismayo.

Arrivals were coming into a country whose humanitarian needs remain vast, fragile and whose challenges were not much different from those in Yemen. By mid 2015, over 730,000 million Somalis were in need of urgent humanitarian food and nutrition assistance; while an additional 2.3 million people were struggling to meet their daily food needs. The influx of arrivals stretched already scarce resources for assistance which have had to be diverted from ongoing humanitarian programs.

The humanitarian community in Somalia has been supporting the Federal Government of Somalia (FGS) in its efforts to provide assistance to Somali returnees and refugees under the umbrella of the Somalia Task Force on Yemen with the regional authorities of Puntland and Somaliland and FGS playing a coordination role. Assistance was provided in the form of registration, transportation to and provision of basic services at reception centres, and facilitating return of willing Somalis to their areas of origin. However, the influx of arrivals since April 2015 stretched already scarce resources which had to be diverted from ongoing humanitarian programs. The initially estimated arrival rate of 2,000 people per month in Somalia was surpassed resulting in challenges of maintaining the absorptive capacity at reception centres. Vulnerability assessments conducted in Puntland and Somaliland revealed that reception centre facilities are already experiencing challenges such as food and water shortages and may be in danger from overcrowding as many returning Somalis, unlike earlier arrivals, had neither the income nor the means to return to their areas of origin.

Individuals arriving at the ports of entry at Somaliland and Berbera were in urgent need of food and water after many hours at sea, and emergency health care as they were in areas of displacement in Yemen for an extended period without access to adequate food, health, and basic services. Although a number of early arrivals were able to travel unassisted to their areas of origin or were hosted by nationals of their country in the case of Yemenis, increasingly more recent arrivals required temporary accommodation and transportation assistance to their areas of origin.

The Somalia Response Plan for the Yemen Crisis has remained considerably under-funded. CERF funding was therefore aimed at providing urgently needed resources to contribute to filling the gaps in the emergency needs of the Yemeni arrivals at the ports of entry. The scope of activities proposed for the CERF rapid response grant were limited to boosting lifesaving response at the ports of entry, reception centers and the provision of a nominal assistance package to returnees and refugees over a three month period.

## **II. FOCUS AREAS AND PRIORITIZATION**

The Somalia Humanitarian Country Team (HCT) established a task force for the expected influx from Yemen to support government efforts to address the most critical needs following the arrival of the first boat bearing 32 Yemeni nationals at the port of Berbera in Somaliland. The Somalia Yemen Task Force, co- led by IOM and UNHCR, comprised 16 humanitarian organisations including six UN agencies and 10 NGOs operational in Somalia – particularly at the ports of entry and in returnee areas of return.

An interagency Somalia Response Plan for the Yemen Crisis targeting 43,000 persons, (comprising 1,400 refugees of other nationalities, 14,700 Yemeni refugees, 20,450 Somali returnees and 6,540 host communities) was prepared in consultation with members of the Somalia HCT. The response plan which also outlined a response strategy and priority actions per cluster focussed on the following activities: 1) provision of initial reception assistance; 2) support for transportation to areas of origin; 3) improvement of the absorption capacity of host communities; and 4) capacity building of government institutions to improve its response capacities and ensure sustainability of assistance.

The Somalia Response Plan for the Yemen Crisis (SRPY) is a subset of the Somalia 2015 Humanitarian Response Plan (HRP) and is reflected in the 2015 Somalia Mid-Year Monitoring Report. Its priority actions respond to two strategic objectives of the HRP: 1) 'Provide timely and quality life-saving assistance to people in humanitarian crisis and emergency'; and 2) 'Enhance the scale and quality of humanitarian protection services and preventative measures to improve the broader protective environment'; and to the Protection and Multisector for internally displaced people, refugees, and returnees Clusters' objective 'Women, boys, girls and boys have equal access to basic needs, essential services and durable solutions'.

In line with the objectives of CERF rapid response, a decision was made to focus interventions on immediate lifesaving assistance at the ports of entry and at reception centres (both arrival and on immediate departure). Prioritisation of interventions was based on the Yemen Response Plan that outlined priority activities by clusters, and on ongoing activities and impending response gaps due to limited funding as reported by Task Force members. Care was taken to ensure that proposed activities per cluster took into account the special needs of the elderly, women and children particularly as they were the most likely groups to have been worst affected by the conflict and the long journey from Yemen. It was agreed that reintegration activities did not meet CERF criteria for rapid response. The basic package of services was further streamlined following comments on the concept note from CERF to ensure the most strategic use of CERF funds.

In acknowledgement of ongoing services being provided by NGO partners, submitting cluster agencies were requested to ensure complementarity and avoid duplication of interventions. In line with the strategic focus, priority actions selected would take place : 1) at ports of entry: provision of water and refreshments for new arrivals; health assessments and transport to reception centres as required; 2) at reception centres: boost absorptive capacity to reduce overcrowding by minor rehabilitation works including augmenting WASH facilities, wet feeding , healthcare , protection services, registration of arrivals; 3) on departure from reception centres: cash grants to facilitate access to food; onward transportation grants to areas of origin for Somali arrivals and for third country nationals; and one time cash grants to purchase shelter items.

The geographical coverage of CERF funded activities at regional level included Somaliland, Puntland and South Central with specific locations within these at Berbera, Bossaso and Mogadishu, Baidoa, Luuq, Afgooye, Balad, Beletweyne, Johwar, Kismayo and Wanlaweyne respectively. The selection of the target areas was due to the fact that the majority of people arrived by boat in Bossaso, Puntland and Berbera, Somaliland, with a small number also arriving in Mogadishu by air. In addition, the majority of arrivals indicated regions in South Central Somalia as their final destination.

### **III. CERF PROCESS**

Following reports on the progressive increase in the numbers of arrivals in Somaliland and Puntland – over the previously projected 2,000 per month, the Humanitarian Heads of Agencies made a decision to seek CERF support through its Rapid Response window and proposed to use the Yemen Task Force that was coordinating response to the Yemen crisis as the forum to discuss the CERF application. This was a departure from the usual practice of using the Inter Cluster Coordination Group (ICCG) to determine priority actions for CERF applications. Thus OCHA was requested to convene a meeting with the co-leads of the Yemen Task Force, IOM and UNHCR, and representative cluster lead agencies that were involved in the response to provide a background to the ongoing response and challenges.

From the end of June 2015, a series of meetings were held to determine the strategic focus of the application, including the number of affected people that would be targeted and the scope of activities to be undertaken. Following consensus on the strategic focus of the CERF rapid response application, cluster specific agencies were engaged in consultations with clusters and participating NGOs on priority lifesaving activities. The Yemen Response Plan, which had already been part of the 2015 HRP, provided the basis for consultative discussions between partners and Ministry counterparts that had already been involved in the response. It was also emphasized that prioritized actions would be responsive to the strategic objectives of the HRP. Care was also taken to ensure that proposed activities per cluster took into account the special needs of the elderly, women and children particularly as they were the most likely group to have been worst affected by the conflict and long journey from Yemen. The resultant interventions specifically focused on the following activities:

- At ports of Entry: Provision of water and refreshments for new arrivals; health assessments and transport to reception centres as required
- At reception centres: Boost absorptive capacity to reduce overcrowding by minor rehabilitation works including augmenting WASH facilities, wet feeding , healthcare , protection services, registration of arrivals,

- On departure from reception centres: cash grants to facilitate access to food; onward transportation grants to areas of origin for Somali arrivals and for third country nationals; and one time cash grants to purchase shelter items.

Emphasis was placed on the provision of integrated but complementary basic services to address the multiple needs of incoming arrivals. For example, at the ports of entry, IOM would provide water and refreshments to replenish arrivals and offer onward transportation to the reception centres (transit center in Mogadishu) to those who needed it. During the three night accommodation at reception centres, arrivals would be provided with hot meals (provided by WFP partners), get access to WASH facilities and would undergo health checks and treatment with referrals as necessary. While IOM would provide basic health care and assessments, WHO would conduct communicable disease control through polio and measles vaccinations and surveillance for other communicable diseases, and UNFPA would offer maternal health services for women. UNICEF would provide in kind assistance of all vaccines and medical supplies necessary to facilitate health services. Apart from hygiene kits to support WASH interventions, UNICEF would also provide services for the screening of malnourished children on arrival and referral of cases of severe acute malnutrition to Outpatient Therapeutic Programmes (OTP) and/or Stabilization centres. It would also provide nutritional supplements for acute malnutrition to complement WFP's nutrition treatment for moderate malnutrition among children under five and pregnant and lactating women. Protection services would be similarly coordinated with UNHCR providing counselling and area of return information, and UNICEF providing child tracing and family reunification services through their established help desks and gender-based violence (GBV) response services. UNICEF services would be provided using its own funds and were therefore not covered under this CERF grant.

#### IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR <sup>1</sup>									
Total number of individuals affected by the crisis: 36,000									
Cluster/Sector	Female			Male			Total		
	Girls (below 18)	Women (above 18)	Total	Boys (below 18)	Men (above 18)	Total	Children (below 18)	Adults (above 18)	Total
Food Aid	885	1,167	<b>2,052</b>	845	1,126	<b>1,971</b>	1,730	2,293	<b>4,023</b>
Health	2,100	1,850	<b>3,950</b>	2,000	1,500	<b>3,500</b>	4,100	3,350	<b>7,450</b>
Nutrition	2,024	542	<b>2,566</b>	1,944	0	<b>1,944</b>	3,968	542	<b>4,510</b>
Protection	614	1,114	<b>1,728</b>	884	871	<b>1,755</b>	1,498	1,985	<b>3,483</b>
Shelter	1,230	1,246	<b>2,476</b>	1,355	1,219	<b>2,574</b>	2,585	2,465	<b>5,050</b>

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

#### **BENEFICIARY ESTIMATION**

The Somalia Yemen Task Force provided a forum for discussing response to the arrivals including preparing beneficiary estimates and planning figures. Based on vulnerability assessments made by partners, an interagency contingency plan targeting 36,000 arrivals was prepared taking into account the average number of returnees and refugees entering Somalia at the time of submission of the CERF application.

It was further noted that earlier arrivals (Somali returnees, Yemenis and third country nationals) had been more independent and able to continue on to their areas of origin without humanitarian assistance, but that later arrivals had higher vulnerability levels and required greater support to return to areas of origin in terms of transport and nominal assistance packages for up to three months. In order to further identify a realistic number of beneficiaries to be targeted, it was agreed to target vulnerable Somali arrivals that were willing to return to their areas of origin, and original arrivals would not be targeted given that the majority not only had independent means but it would be particularly challenging to trace them. Thus, beneficiary projections for this CERF were based on 8,000 that arrived in June and averaged to 5,000 vulnerable people a month by July 2015 that would require assistance over a three month period. However, given the proportion

of those willing to be registered and proportion of arrivals meeting vulnerability criteria, the number of targeted beneficiaries was pared down to 10,000 over a three month period.

Although the initial plan was to use the CERF funds for the response between the period July-September 2015, delays in submission by agencies pushed the submission date and consequently CERF funds were disbursed in early October 2015. In addition, the arrival trend showed a decline after August 2015 compared to what had been anticipated in the multi-agency response plan limiting the response capacities of some agencies (especially those working only in points of entry and reception centers) and leading them to target fewer than planned number of beneficiaries during the CERF project implementation period. Moreover, not all the returnees required assistance as some had their family and/or own resources to rely on and did not come to the reception centres for further assistance.

The challenge in reporting the actual number of beneficiaries reached through CERF funding relate to the fact that the same group of people would receive assistance through different clusters. While the fund recipient agencies agreed on the 10,000 beneficiaries targeted for the CERF response, during implementation period beneficiaries reached were below the planned figure due to the significant reduction in numbers. The figures used in table 5 are drawn from the Nutrition (children under 18 years) and Food Security (adults over 18 years) projects which started implementation of the CERF-funded activities prior to the disbursement of funds on 1 August and covered all locations. As the nutrition package was preventative, it is highly likely that all children were screened and targeted at the points of entry and food assistance, particularly cash transfers, provided to those registered in the e-transfer system. Therefore, the direct number of beneficiaries reported in Table 5 below is estimated to be 6,261 and most likely takes into account later arrivals that benefited from CERF funded activities from other clusters.

**TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING<sup>2</sup>**

	<b>Children (below 18)</b>	<b>Adults (above 18)</b>	<b>Total</b>
<b>Female</b>	2,024	1,167	3,191
<b>Male</b>	1,944	1,126	3,070
<b>Total individuals (Female and male)</b>	3,968	2,293	<b>6,261</b>

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

## **CERF RESULTS**

CERF funding enabled UN humanitarian partners to responds to the food, nutrition, health, shelter and protection needs of the returnees, refugees and asylum seekers as they arrive at different points of entry to Somalia. The following are the main results achieved through CERF-funded response.

- 60 per cent of the arrivals at these centres were provided with Information, Education and Communication (IEC) services
- 2,000 children were vaccinated against measles
- A total of 584 women were provided with maternal health services in Bossaso and Berbera including referral to Bossaso and Berbera hospitals
- 3,968 moderately malnourished children under five years and 542 Pregnant and Lactating Women (PLW) received nutrient dense supplementary food for the prevention of moderate acute malnutrition on arrival at the targeted reception centres and at their locations of return.
- 2,325 people were provided with biscuits and bottled water upon immediate arrival in Bossaso and Mogadishu
- 1,976 people with specific needs were assisted with unconditional cash transfers
- 1,050 life jackets were procured and made available
- Four reception centres were maintained
- 4,023 men, women, boys and girls received cooked meals on arrival at the points of entry
- 4,023 men, women, boys & girls received cash-based transfers for three months from their arrival
- 30 MT of PlumpyDoz was procured and distributed by the implementing partners to children under 5
- 4,510 beneficiaries were enrolled in a preventative nutrition programme for a period of one month
- 1,010 households were provided with access to Core Relief Items (CRIs) through one-time cash grants

- 1,504 beneficiaries were provided with cash for onward transportation to their respective destinations

## **CERF's ADDED VALUE**

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

YES  PARTIALLY  NO

Through CERF funds, partners were able to distribute essential supplies and provide critical services to the beneficiaries as they arrived at reception and transit centres as well as in facilitating onward transportation to their destinations. The availability of the CERF funds allowed registration and screening of the new arrivals, provision of life-saving health services and vaccination, food and nutrition supplies, cash grants for those with specific needs as well as transport services to beneficiaries' areas of origin.

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

YES  PARTIALLY  NO

Most of the beneficiaries arrived after long journey and without any basic items to sustain themselves. The assistance provided by partners through CERF funding helped address their immediate humanitarian needs through increased access to basic supplies and services. Without this CERF assistance, which came as the first assistance for the beneficiaries, partners would have to wait for other resources leaving the new arrivals at the risk of prevalence of diseases, declining of food, inadequate access to shelter and protection services.

However, due to the delay in the proposal submission and approval process, by time the projects were approved and funding was disbursed, the crisis had changed and the arrival numbers had decreased significantly, meaning that partners were not able to reach the target 10,000 beneficiaries.

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

YES  PARTIALLY  NO

CERF funds served as a catalyst for many partners to jump start the response and highlight the needs for other donors. Some partners like UNFPA complemented the CERF funding from internal resources to strengthen the response. The recognition by CERF of the Yemen arrivals response as emergency humanitarian intervention helped raise awareness among the donor community, and agencies like WFP were able to receive more funding following the CERF-funded response to the emergency. Together with other partners involved in the response, the response received US\$8.2 million, almost 10 per cent of the requirement of \$64 million.

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

YES  PARTIALLY  NO

CERF funding directly supported the improvement of coordination among the humanitarian community. The interagency meetings provided a forum for NGOs and other UN agencies to benefit from exchange of information on operational issues and best practices as well as reduce duplication, allowing for a more focused and faster response. The CERF proposal submission process involved a number of meetings among partners including the management of the process by the Somalia Yemen Response Taskforce under the overall guidance of the UNCT and support from OCHA. This helped improve the coordination among partners by way of determining who was doing what and where thereby maximizing effective use of available resources and avoiding duplication.

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

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<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

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
It is important for country teams and participating agencies to provide critical information required for time critical support to limit CERF proposal submission process timelines and avoid delays in funds disbursement.	As far as possible available and latest needs assessment data should be made available at the onset of concept paper development.	OCHA UN agencies
The registration of newly arrivals and returnees raised expectations of both IDPs and host communities and this resulted in fabrication of false documents to claim that they arrived from Yemen.	Proper verification and screening of individuals when conducting registration.	UNHCR Government
Access to disaggregated information and data is difficult	Capacity development of government officials related to registration of newly arrivals. UN agencies and implementing partner staff who carry out need assessment should also be trained.	Government UN agencies

## VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNFPA WHO		5. CERF grant period:	07/10/2015 – 06/04/2016		
2. CERF project code:	15-RR-FPA-032 15-RR-WHO-038		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of lifesaving health services to the vulnerable returnees and refugees from Yemen, at the transit centers in Bossaso, Berbera and Mogadishu, in order to limit excess preventable mortality and diseases					
7. Funding	a. Total funding requirements <sup>3</sup> :	US\$ 4,886,148	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>4</sup> :	US\$ 666,627	▪ NGO partners and Red Cross/Crescent:		US\$ 180,000	
	c. Amount received from CERF:	US\$ 666,627	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	3,000	3,000	6,000	2,100	2,000	4,100
Adults (≥ 18)	2,500	1,500	4,000	1,850	1,500	3,350
<b>Total</b>	<b>5,500</b>	<b>4,500</b>	<b>10,000</b>	<b>3,950</b>	<b>3,500</b>	<b>7,450</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees				7,450		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>10,000</b>			<b>7,450</b>		

<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>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>	In Puntland UNFPA managed to reach more women with reproductive health services than planned through outreach activities.
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CERF Result Framework			
<b>9. Project objective</b>	The overall objective of the intervention is to provide lifesaving health services for the 10,000 vulnerable returnees and refugees from Yemen, in the transit centres in Bossaso, Berbera and Mogadishu, in order to limit excess preventable mortality and diseases.		
<b>10. Outcome statement</b>	10,000 Refugees and Returnees from Yemen have access to preventive and curative health care services at reception and transit centres health services		
<b>11. Outputs</b>			
<b>Output 1</b>	Baseline		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Percentage of reception centres(3) and transit centres(3) with functioning and available complete package of health services <sup>5</sup>	100% (3)	70% (2)
Indicator 1.2	Percentage of targeted medical staff to provide health services at the port of entry and at the transit centres recruited	100% (15)	80% (12)
Indicator 1.3	Number/Percentage of people covered by IEC activities	(5,600) 70%	(4,500) 60%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Recruit additional medical staff	WHO//Partners Médecins du Monde (MDM), Save the Children International (SCI) for Bossaso and Berbera, for Mogadishu WHO currently is in discussion with TROCAIRE to provide health services at the reception and transit centre	WHO WARDI; SWISS-KALMO for Bossaso and Berbera, for Mogadishu ;TROCAIRE to provide health services at the reception and transit centre
Activity 1.2	Ensure availability and functional health services with agreed upon minimum basic package of services	WHO Médecins du Monde(MDM), Save the Children	WHO WARDI; SWISS-KALMO for Bossaso and

<sup>5</sup> Complete package health services will include; Triage, Health screening, Emergency health care and referral, Fitness for travel assessment, Health checks IHR, immunization, access to maternal health for pregnant mothers, and distribution of dignity kits.

		International (SCI) for Bossaso and Berbera, for Mogadishu WHO currently is in discussion with TROCAIRE to provide health services at the reception and transit centre	Berbera, for Mogadishu ;TROCAIRE to provide health services at the reception and transit centre
Activity 1.3	Screen, treat, vaccinate and refer to specialised centres returnees/refugees at the port of entry and at the transit centres based on the needs	WHO Médecins du Monde (MDM), Save the Children International (SCI) for Bossaso and Berbera, for Mogadishu WHO currently is in discussion with TROCAIRE to provide health services at the reception and transit centre	WHO WARDI; SWISS-KALMO for Bossaso and Berbera, for Mogadishu ;TROCAIRE for health services at the reception and transit centre
<b>Output 2</b>	The three health services at the targeted areas are provided with essential equipment, medicaments, supplies and vaccines to provide health services		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Percentage of planned essential equipment, medicines, supplies and vaccines procured	100	80
Indicator 2.2	Number of health services at the targeted areas supported with essential equipment, medical supplies including vaccines	3	2
Indicator 2.3	Percentage/Number of targeted children vaccinated measles 2,000	(2,000) 100%	1,500 (75%)
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Source essential equipment, medicines, supplies and vaccines	WHO Médecins du Monde (MDM), Save the Children International (SCI) for Bossaso and Berbera, for Mogadishu WHO currently is in discussion with TROCAIRE to provide health services at the	WHO WARDI; SWISS-KALMO for Bossaso and Berbera, for Mogadishu ;TROCAIRE to provide health services at the reception and transit centre

		reception and transit centre	
Activity 2.2	Deliver essential equipment, medicines, supplies and vaccines	WHO Médecins du Monde (MDM), Save the Children International (SCI) for Bossaso and Berbera, for Mogadishu WHO currently is in discussion with TROCAIRE to provide health services at the reception and transit centre	WHO WARDI; SWISS-KALMO for Bossaso and Berbera, for Mogadishu ;TROCAIRE to provide health services at the reception and transit centre
Activity 2.3	Support cold chain maintenance and running cost to avoid stock out and enable continuation of provision of immunization to all targeted influx	WHO Médecins du Monde (MDM), Save the Children International (SCI) for Bossaso and Berbera, for Mogadishu WHO currently is in discussion with TROCAIRE to provide health services at the reception and transit centre	WHO WARDI; SWISS-KALMO for Bossaso and Berbera, for Mogadishu ;TROCAIRE to provide health services at the reception and transit centre
<b>Output 3</b>	Emergency referral services are available at the port of entry for 600 pregnant women in need and at the transit canterers		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	An estimated 600 pregnant women to receive health care in the reception canterers and referral services for complicated pregnancies	600	584
Indicator 3.2	One package of supplies and material to be supplied to each of the 2 hospitals	2	3
Indicator 3.3	20 midwives trained on safe delivery	20	18
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Provide maternal health services to 600 pregnant women returnees/refugees to Berbera and Bossaso including referral services for 90 complicated pregnancies	UNFPA	UNFPA
Activity 3.2	Provide one package of supplies & material for each of the 2 referral hospitals	UNFPA	UNFPA

Activity 3.3	Provide training on safe delivery for 20 midwives in Bossaso and Berbera	UNFPA	UNFPA
<b>Output 4</b>	2 emergency referral services are available at the port of entry (Berbera and Bossaso) and at the transit centres		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number/Percentage of returnees/refugees to whom required referral services were availed: 90 complicated pregnancies receive referral services	90	A total of 87 cases of complicated pregnancies were referred to Berbera and Bossaso hospitals
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Provide transport and referral services for 90 complicated cases to specialized facilities as and when required	UNFPA	UNFPA

**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:**

There were no significant discrepancies between planned and achieved outcomes apart from planned targets not being met due to reduced number of arrivals during the project period.

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

UNFPA and WHO conducted field visits to project sites to monitor the progress of implementation of the project and discussed with beneficiaries and address any issues related to implementation. In Bossaso the temporary structure set up to provide emergency reproductive health services was refurbished to allow for more privacy of patients following request from the women being served there. WHO also worked with the Ministry of Health and implementing partners to respond to issues raised during implementation.

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

EVALUATION CARRIED OUT

There was no evaluation planned due to lack of resources.

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR IOM		<b>5. CERF grant period:</b>	30/09/2015 – 29/03/2016 28/09/2015 – 27/03/2016		
<b>2. CERF project code:</b>	15-RR-HCR-049 15-RR-IOM-030		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Shelter			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Provision of core relief items, onward transportation, and temporary accommodation for vulnerable Yemen arrivals					
<b>7. Funding</b>	a. Total funding requirements <sup>6</sup> :	US\$ 3,304,030	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>7</sup> :	US\$ 2,787,177	▪ NGO partners and Red Cross/Crescent:		US\$ 15,615	
	c. Amount received from CERF:	US\$ 1,223,121	▪ Government Partners:		US\$ 0	
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,435	2,683	5,118	1,230	1,355	2,585
Adults (≥ 18)	2,468	2,414	4,882	1,246	1,219	2,465
<b>Total</b>	<b>4,903</b>	<b>5,097</b>	<b>10,000</b>	<b>2,476</b>	<b>2,574</b>	<b>5,050</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees	9,960		5,050			
IDPs						
Host population						
Other affected people	40		0			
<b>Total (same as in 8a)</b>	<b>10,000</b>		<b>5,050</b>			

<sup>6</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>7</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>	There was a significant reduction in the number of people who arrived from Yemen during the project period which could not be anticipated during the proposal development phase. In addition, no additional air evacuation was possible during the project period, due to restrictions in Yemen and unavailability of aircraft/funding, meaning no direct assistance to evacuees in Mogadishu was possible. Thus, there was a reduction in number of eligible cases for CRI assistance, due to the reduction in total arrival numbers. A no-cost extension request for onward transportation and cash assistance was not approved.
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CERF Result Framework			
<b>9. Project objective</b>	Support the Government of Somalia efforts to provide life-saving assistance to 10,000 vulnerable Yemen arrivals through the provision of onward transportation, temporary accommodation and core relief items over a three month period.		
<b>10. Outcome statement</b>	10,000 Yemeni arrivals supported with onward transportation, temporary accommodation and/or core relief items		
<b>11. Outputs</b>			
<b>Output 1</b>	2,000 vulnerable Yemen arrival households (HHs) have access to emergency shelter and other essential non-food items (CRIs) through one-time cash grants		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of vulnerable Yemen arrival HHs provided with access to CRIs through one-time cash grants	2,000 HHs (10,000 individuals)	1,010 HHs
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Conduct vulnerability assessment and select beneficiaries	IOM and UNHCR through Comprehensive Community-based Rehabilitation Services (CCBRS) and Tadamun Social Society (TASS) <sup>8</sup>	UNHCR through CCBRS
Activity 1.2	Transfer cash grants of US\$ 53 HHs through Hormuud Telecom Somalia	1,010 UNHCR (through CCBRS and TASS) and 990 IOM	UNHCR through CCBRS
<b>Output 2</b>	7,540 vulnerable Yemen arrivals (including 40 third-country nationals and 750 Yemeni refugees) have access to onward transportation to travel to their return areas		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of vulnerable Yemen arrivals provided with onward transport assistance of US\$ 60-120 depending on the destination of South Central, Puntland or Somaliland and US\$500 for third-country nationals (including 4,955 traveling to South	7,540	1,504

<sup>8</sup> Comprehensive Community-based Rehabilitation Services (CCBRS) and Tadamun Social Society (TASS)



	Central, 1,755 to Puntland and Somaliland, 750 Yemeni refugees, and 40 third country nationals)		
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Conduct multi-sectoral vulnerability assessment and select beneficiaries	IOM and UNHCR (through CCBRS and TASS)	IOM and UNHCR
Activity 2.2	Arrange travel documents necessary for the third-country nationals' onward journey	IOM	IOM
Activity 2.3	Provide cash grants for onward transportation for vulnerable Yemen arrivals	IOM (6,790) and UNHCR (750)	1,504
<b>Output 3</b>	500 Vulnerable Yemen arrivals evacuated directly to Mogadishu have access to safe temporary accommodation up to three nights and 200 Yemeni prima facie refugee households have access to secure rental accommodation		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of vulnerable Yemen arrivals (evacuees) provided with safe temporary accommodation in Mogadishu for up to three nights	500 evacuees	No evacuation took place
Indicator 3.2	Number of Yemeni prima facie refugee HHs provided with one time assistance to secure rental of accommodation	200 Yemeni prima facie refugee HHs	200
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Verify the eligible beneficiaries at the transit facilities in Mogadishu	IOM	No evacuation took place
Activity 3.2	Provide accommodation up to three nights	IOM	No evacuation took place
Activity 3.3	Provide one time assistance to Yemeni prima facie refugees to secure rental of accommodation through Hormuud Telecom Somalia	UNHCR	UNHCR

**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:**

The target of 7,540 vulnerable Yemen arrivals (including 40 third-country nationals and 750 Yemeni refugees) to get access to onward transportation to travel to their return areas was not achieved. Only 3,483 new persons arrived during the project period and separate funding was used to partially cover the arrivals. For this reason, the actual number provided with overland transport assistance (OTA) was only 1,504. This is due to the unpredictable decrease in the number of arrivals since August 2015. As was the case from the onset of the return, not all the returnees required assistance as some had their family and/or own resources to rely on and did not come to the reception centres for further assistance.

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

Accountability to Affected populations was done by IOM and UNHCR through conducting spot check monitoring of the one-time cash grant beneficiaries for core relief items. This was done through calling the phone numbers registered against individual beneficiary data to confirm the actual receipt of core relief items. The team tracking the incoming calls to the hotline also

documented the information provided by the project beneficiaries. Post Distribution Monitoring was also carried out for the core relief items that were distributed.

IOM and UNHCR were carefully monitoring the data concerning the expressed destination of onward transport, which was analysed against the data on the intended areas of return. Cross-checking of the beneficiary data from ports of arrivals was done against the voucher presented at the transit facilities in Mogadishu to confirm the supported vulnerable returnees' safe arrival. Returnees were given a hotline number to call in case of any concerns or challenges with the assistance received.

<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Given the short duration of the project and the emergency nature of the activities, no evaluation is planned. Lessons learned have been documented.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information						
<b>1. Agency:</b>	UNHCR IOM		<b>5. CERF grant period:</b>	28/09/2015 – 27/03/2016		
<b>2. CERF project code:</b>	15-RR-HCR-050 15-RR-IOM-031		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Protection			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Supporting immediate protection and lifesaving needs of Yemen refugees and Somali returnees from Yemen					
<b>7. Funding</b>	a. Total funding requirements <sup>9</sup> :	US\$ 5,509,809	d. CERF funds forwarded to implementing partners:			
	b. Total funding received <sup>10</sup> :	\$ 6,124,653	▪ NGO partners and Red Cross/Crescent:		US\$ 439,700	
	c. Amount received from CERF:	US\$ 1,367,159	▪ Government Partners:		US\$ 107,100	
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)	1,763	2,537	4,300	614	884	1,498
Adults (≥ 18)	3,200	2,500	5,700	1,114	871	1,985
<b>Total</b>	<b>4,963</b>	<b>5,037</b>	<b>10,000</b>	<b>1,728</b>	<b>1,755</b>	<b>3,483</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees	10,000			3,483		
IDPs						
Host population						
Other affected people						
<b>Total (same as in 8a)</b>	<b>10,000</b>			<b>3,483</b>		

<sup>9</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>10</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>	Only 3,483 persons arrived during the project period. This was due to the volatility of the situation in Yemen and could not have been foreseen during the proposal preparation stage.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Contribute to enhancing protection services for 10,000 vulnerable Yemen arrivals at the major ports of arrivals (Bossaso, Berbera and Mogadishu) over a period of three months.		
<b>10. Outcome statement</b>	10,000 vulnerable Yemen arrivals have equal access to timely, effective and quality protection response services at the major ports of arrivals (Bossaso, Berbera and Mogadishu) over a period of three months.		
<b>11. Outputs</b>			
<b>Output 1</b>	10,000 Yemen arrivals (including Somali returnees, and third country nationals) have access to safe and clean water as well as WASH facilities		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of people provided with bottled water and refreshments (biscuits) upon immediate arrival (in Bossaso and Mogadishu only)	Additional 7,000	2,325
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Provision of bottled water and biscuits upon immediate arrival in Bossaso and Mogadishu	IOM	IOM
<b>Output 2</b>	7,000 vulnerable Yemen arrivals have access to transportation from the ports of arrivals to reception centres in Bossaso and Mogadishu		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of individuals transported from ports of arrival to the reception centres and to bus stops	7,000	1,366
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Provision of transport between the ports of arrival to the reception	IOM	IOM
<b>Output 3</b>	1,050 Life jackets are available on the government-organized boats from Mukhalla/Aden/Mokha to Bossaso/Berbera.		
<b>Output 3 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 3.1	Number of life jackets made available	1,050	1,050
<b>Output 3 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 3.1	Procurement of life jackets	IOM	IOM

<b>Output 4</b>	1,976 Yemeni Arrivals with specific needs supported		
<b>Output 4 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 4.1	Number of persons with specific needs assisted with unconditional cash grants	1,976	1,976
<b>Output 4 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 4.1	Conduct multi-sector vulnerability assessments	UNHCR/IOM	UNHCR/IOM
Activity 4.2	Issuance of cash assistance to persons with specific needs through unconditional cash grants	UNHCR/IOM	UNHCR
<b>Output 5</b>	Registration of 10,000 persons conducted on an individual basis		
<b>Output 5 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 5.1	Number of individuals registered	10,000	3,483
Indicator 5.2	Number of individuals receiving documentation	10,000	3,483
<b>Output 5 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 5.1	Profiling and registration of the newly arrivals at the reception centre	UNHCR, Ministry of Interior, Ministry of Resettlement/Rehabilitation/Reconstruction	UNHCR, Ministry of Interior, Ministry of Resettlement/Rehabilitation/Reconstruction
Activity 5.2	Issuing of Identification	UNHCR, Ministry of Interior, Ministry of Resettlement/Rehabilitation/Reconstruction	UNHCR, Ministry of Interior, Ministry of Resettlement/Rehabilitation/Reconstruction
<b>Output 6</b>	5 established reception centers maintained		
<b>Output 6 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 6.1	Number of reception centres maintained	5	4
<b>Output 6 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 6.1	Production of new arrivals information booklets	UNHCR	UNHCR
Activity 6.2	Distribution of new arrivals information booklets	UNHCR	UNHCR
Activity 6.3	Procurement of reception centre supplies	UNHCR	UNHCR
Activity 6.4	Special needs and return help desks established and maintained in the new reception centres	UNHCR	UNHCR

Activity 6.5	Provision of Garbage collection skips and security lighting at the reception centres	UNHCR	UNHCR
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<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>	
Only a total of 3,483 individuals arrived during the reporting period, which resulted in a lower number of persons that agreed to be registered, transported and supported. This is due to the volatility of the situation, which could not have been foreseen during the proposal preparation phase.	
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>	
<p>UNHCR and IOM closely checked and verified the reports sent from partners. Financial and joint performance monitoring was carried out together with partner on quarterly basis.</p> <p>UNHCR conducted joint monitoring with implementing partners to verify their performance. Through the use of the Protection and Return Monitoring Network which is managed by Norwegian Refugee Council (NRC), UNHCR verified the reports and data collected before uploading them on the portal site. UNHCR in collaboration with NRC and its local partners carried out monitoring of the returnees. Number of monitoring missions and reports developed were reported in the narrative reports done on monthly and quarterly basis. UNHCR data management unit continued updating the portal website which shows the returning movements caused by different factors.</p> <p>IOM verified data shared by field colleagues on a continuous basis and ensured constant financial monitoring. During provision of assistance, beneficiaries had the opportunity to provide feedback directly to field staff, which was reported back to colleagues in Nairobi to ensure project adjustment.</p>	
<b>14. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	EVALUATION CARRIED OUT <input type="checkbox"/>
Given the short duration of the project and the emergency nature of the activities, no evaluation is planned. Lessons learned have been documented.	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>	10/08/2015 – 09/02/2016		
<b>2. CERF project code:</b>	15-RR-WFP-059		<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>	Strengthening Nutrition Security and Enhancing Resilience in Somalia					
<b>7. Funding</b>	a. Total funding requirements <sup>11</sup> :	US\$ \$35,896,105		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>12</sup> :	US\$ 164,389		▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 3,308		
	c. Amount received from CERF:	US\$ 164,389		▪ <i>Government Partners:</i> US\$ 0		
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</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>	1,530	1,470	3,000	2,024	1,944	3,968
<i>Adults (≥ 18)</i>	2,000	0	2,000	542	0	542
<b>Total</b>	<b>3,530</b>	<b>1,470</b>	<b>5,000</b>	<b>2,566</b>	<b>1,944</b>	<b>4,510</b>
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>	500			451		
<i>IDPs</i>	4,500			4,059		
<i>Host population</i>						
<i>Other affected people</i>						
<b>Total (same as in 8a)</b>	<b>5,000</b>			<b>4,510</b>		
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	Although WFP initially targeted to provide both PLWs and U5s with nutrient supplementary food, WFP decided to focus only on the children once it was clear that the provision of the nutrition commodities/rations to PLWs would increase the physical					

<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.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	load the women would have to carry while in transit. Even so, WFP distributed PlumpyDoz to 542 PLWs in some areas of return due to pipeline breaks in CSB for PLWs.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provide Pregnant and Lactating Women and children under the age of five with a package of preventative nutrition support expected to last for one month upon arrival in the reception centres of Bossaso, Berbera and Mogadishu to contribute to preventing malnutrition		
<b>10. Outcome statement</b>	Children under 5 and Pregnant and Lactating women are provided with a one month blanket supplementary ration at the reception centres in Bossaso, Berbera and Mogadishu.		
<b>11. Outputs</b>			
<b>Output 1</b>	Provision of preventive nutrition support to 5,000 pregnant and nursing women and children under 5 years of age through		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	30 MT of PlumpyDoz is procured and distributed by the implementing partners to children under 5	30	30.3
Indicator 1.2	5,000 beneficiaries are enrolled in a preventative nutrition programme for a period of one month	5,000	4,510
Indicator 1.3	Monthly nutrition report submitted to WFP out-lining how many beneficiaries were reached	100%	100%
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Food Procurement and, transportation to ports of entry at Berbera, Bossaso and Mogadishu	WFP	WFP
Activity 1.2	Transportation and delivery at reception centres in Berbera, Bossaso and Mogadishu	WFP	WFP
Activity 1.3	Screening, admission and provision of one month blanket ration for all the target population	WFP/Partners (Danish Refugee Council & Puntland Youth and Social Development)	WFP/Partners (Danish Refugee Council & Puntland Youth and Social Development)
Activity 1.4	Compiling partners reports and submit to OCHA	WFP	WFP

<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>
4,510 children under the age of 5 and PLWs received critical preventative support against malnutrition.
<b>13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:</b>
WFP has incorporated Commitments to Accountability to Affected Populations (CAAP) into policies and operational guidelines of all the projects. All the women that received the preventative supplementary food and the caregivers of the children along with the rest of the households received detailed instructions on how to use and store the PlumpyDoz rations they received. WFP's feedback and accountability mechanisms were also integrated into program proposals, monitoring and evaluation and partnership agreements. WFP has established a call centre in Galkayo Somalia with hot line numbers where beneficiaries can call in and be



provided with timely information organization procedures and programming and this forms a platform for feedback and complaint mechanisms.

<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 (such as its response to the Yemen returnees). However, the overall country project (PRRO in this case) 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>	WFP		<b>5. CERF grant period:</b>	01/08/2015 – 31/01/2016		
<b>2. CERF project code:</b>	15-RR-WFP-060		<b>6. Status of CERF grant:</b>	<input type="checkbox"/> Ongoing		
<b>3. Cluster/Sector:</b>	Food Aid			<input checked="" type="checkbox"/> Concluded		
<b>4. Project title:</b>	Strengthening Food and Nutrition Security and Enhancing Resilience					
<b>7. Funding</b>	a. Total funding requirements <sup>13</sup> :	US\$ US\$ 4,803,739		d. CERF funds forwarded to implementing partners:		
	b. Total funding received <sup>14</sup> :	US\$ 1,878,788		▪ NGO partners and Red Cross/Crescent:		US\$ 339,424
	c. Amount received from CERF:	US\$ 1,878,788		▪ Government Partners:		US\$ 0
Beneficiaries						
<b>8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).</b>						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	2,295	2,205	4,500	885	845	1,730
Adults (≥ 18)	3,563	1,937	5,500	1,167	1,126	2,293
<b>Total</b>	<b>5,858</b>	<b>4,142</b>	<b>10,000</b>	<b>2,052</b>	<b>1,971</b>	<b>4,023</b>
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees/returnees	100		4,023			
IDPs	9,900		0			
Host population			0			
Other affected people			0			
<b>Total (same as in 8a)</b>	<b>10,000</b>		<b>4,023</b>			
<i>In case of significant discrepancy between planned and reached beneficiaries, either</i>	The breakdown by category presented in the proposal was an error. With this project targeted at returnees and refugees from Yemen, all planned beneficiaries were supposed to be in the first category ( <i>Refugees/returnees</i> ). The total number of					

<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.

<i>the total numbers or the age, sex or category distribution, please describe reasons:</i>	beneficiaries assisted was lower than planned due to the lower arrivals of returnees/refugees from Yemen than initially projected.
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<b>CERF Result Framework</b>			
<b>9. Project objective</b>	Provide immediate and lifesaving food assistance to 10,000 arrivals in Somalia fleeing the conflict in Yemen in the reception centres of Berbera, Bossaso and provide targeted food assistance to vulnerable arrivals for a period of 3 months upon their arrival their areas of return.		
<b>10. Outcome statement</b>	Food needs of arrivals from Yemen met in receiving centres		
<b>11. Outputs</b>			
<b>Output 1</b>	Provision of immediate cooked meals assistance to 10,000 Yemen arrivals at the reception centres and e-transfers to complement cooked meals		
<b>Output 1 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 1.1	Number of men, women, boys and girls receiving cooked meals.	10,000	4,023
Indicator 1.2	Number of men, women, boys & girls that received complementary e-transfers	10,000	4,023
Indicator 1.3	Proportion of proposed target reached	100%	40%
Indicator 1.4	Total transfer value to beneficiaries	USD 115,000	USD 45,952
<b>Output 1 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 1.1	Food Procurement and transportation	WFP	WFP
Activity 1.2	Distribution of food assistance at reception centres in Berbera, and Bossaso	WFP	WFP
Activity 1.3	Bio-metric registration of arrivals and issuing of food entitlement cards	WFP/Partners (Danish Refugee Council & Puntland Youth and Social Development)	WFP/Partners (Danish Refugee Council & Puntland Youth and Social Development)
Activity 1.4	Crediting of complementary e-transfer	WFP	WFP
Activity 1.5	Monitoring and Evaluation	WFP	WFP
<b>Output 2</b>	Provide food assistance for 10,000 vulnerable Somali returnees from Yemen for 3 months in their location of return		
<b>Output 2 Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Reached</b>
Indicator 2.1	Number of Men, Women, Boys & Girls that receive e-transfers	10,000	4,023
Indicator 2.2	Percentage of e-transfer spent on food by women per month	70%	51%
<b>Output 2 Activities</b>	<b>Description</b>	<b>Implemented by (Planned)</b>	<b>Implemented by (Actual)</b>
Activity 2.1	Crediting of household with e-transfers	WFP	WFP

Activity 2.2	Activation and monthly recharging e-transfers in location of return	WFP/Partners	WFP/Partners
Activity 2.3	Monitoring and Evaluation	WFP	WFP

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

Through the CERF funding, 4,023 people received cooked meals and cash based transfers for a period of three months on arrival at their final destination.

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

WFP's standard practices of targeting, registration and accountability were used to ensure that the right beneficiaries receive the assistance. 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. Registration of beneficiaries on the SCOPE platform helped ensure that the right beneficiaries received the food assistance provided through the cooked meals and the e-transfers. Following a biometric registration of beneficiaries into the system, registered households were issued with an e-transfer card. The card contains a photo identification (ID) and a microchip that stores fingerprints as well as other household information such as the benefits the respective beneficiaries are entitled to. Through the SCOPE platform, WFP topped up the e-transfer cards and informed beneficiaries of their entitlement through short message services (SMS) to beneficiary phone numbers collected during the biometric registration.

<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 (such as its response to the Yemen returnees). However, the overall country project (PRRO in this case) 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"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
15-RR-WHO-038	Health	WHO	NNGO	\$60,000
15-RR-WHO-038	Health	WHO	INGO	\$60,000
15-RR-WHO-038	Health	WHO	INGO	\$60,000
15-RR-HCR-049	Shelter & NFI	UNHCR	NNGO	\$15,615
15-RR-HCR-050	Protection	UNHCR	INGO	\$439,700
15-RR-HCR-050	Protection	UNHCR	GOV	\$107,100
15-RR-WFP-059	Nutrition	WFP	INGO	\$3,208
15-RR-WFP-059	Nutrition	WFP	NNGO	\$100
15-RR-WFP-060	Food Assistance	WFP	INGO	\$154,053
15-RR-WFP-060	Food Assistance	WFP	NNGO	\$185,371

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AWD	Acute Watery Diarrhoea
CAAP	Commitments to Accountability to Affected Populations
CCBRS	Comprehensive Community-based Rehabilitation Services
CRI	Core Relief Items
FGS	Federal Government of Somalia
GBV	Gender based violence
HCT	Humanitarian Country Team
HRP	Humanitarian Response Plan
ICCG	Iner Cluster Coordination Group
ID	Identity
IDP	Internally Displaced Persons
IEC	Information, Education and Communication
IOM	International Organisation of Migration
MDM	Médecins du Monde
NGO	Non governmental organisations
NRC	Norwegian Refugee Council
OCHA	Office for the Coordination of humatirian Affairs
OTA	Onward transport assistance
OTP	Outpatient Therapeutic Programme
PLW	Pregnant and Lactating Women
SCI	Save the Children International
SMS	Short Message Service
SRPY	Somalia Response Plan for the Yemen Crisis (SRPY)
TASS	Tadamun Social Society
UNFPA	United Nations Fund for Population Activities
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organisation