



**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
YEMEN
RAPID RESPONSE
CONFLICT-RELATED - DISRUPTION OF BASIC
SERVICES**

RESIDENT/HUMANITARIAN COORDINATOR

Mr. Jamie McGoldrick

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Due to the restricted presence in Yemen and irregular staff relocation during the programme cycle, the project reports were remotely collected from the recipient agencies and project delivery discussed over the phone and email exchange with WFP, WHO, IOM, UNHCR and UNICEF respective programme managers and reporting officers.

- 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 ☐

The RC/HC final report was discussed and shared with the HCT on 6 June 2016.

- 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 full report was shared on 6 June 2016 with the CERF recipient agencies, cluster coordinators and the Humanitarian Country Team for comments and approval.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 1,600,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	44,250,104
	COUNTRY-BASED POOL FUND (<i>if applicable</i>)	49,417,449
	OTHER (bilateral/multilateral)	832,826,547
	TOTAL	926,494,100

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 22 May 2015			
Agency	Project code	Cluster/Sector	Amount
WFP	15-RR-WFP-036	Food Aid	1,440,633
Allocation 2 – date of official submission: 22 June 2015			
UNICEF	15-RR-CEF-066	Nutrition	1,492,647
UNICEF	15-RR-CEF-067	Water, Sanitation and Hygiene	4,999,169
UNHCR	15-RR-HCR-026	Non-Food Items	3,000,014
IOM	15-RR-IOM-020	Nutrition	500,011
WFP	15-RR-WFP-039	Common Humanitarian Air Services	6,260,680
WFP	15-RR-WFP-040	Nutrition	749,936
WHO	15-RR-WHO-022	Health	8,021,884
WHO	15-RR-WHO-023	Nutrition	249,952
Sub-total CERF allocation			25,274,293
TOTAL			26,714,926

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	24,184,478
Funds forwarded to NGOs for implementation	1,233,540
Funds forwarded to government partners	1,296,908
TOTAL	26,714,926

HUMANITARIAN NEEDS

Conflict in Yemen since March 2015 has had a devastating impact on the lives of all Yemeni people. The Yemeni people are resilient, but their coping mechanisms were stretched by years of instability, poor governance, lack of rule of law and widespread poverty. Before the recent intensification of conflict, almost half of all Yemenis lived below the poverty line. Years of internal conflict, endemic poverty and weak institutions had left 61 per cent of Yemen's population in need of some form of humanitarian assistance. That number has increased to 80 per cent as a result of conflict and a drastic reduction in commercial imports.

From mid-March to June 2015, conflict spread to 20 of Yemen's 22 governorates, prompting a large-scale protection crisis and aggravating an already dire humanitarian crisis brought on by years of poverty, poor governance and ongoing instability. The Humanitarian Needs Overview, launched on 12 June, indicated 21.1 million people – 80 per cent of the population – required some form of humanitarian assistance, mainly water, protection, food and healthcare. The doubling of the displacement figure since early May required increased efforts to meet urgent needs including water, sanitation, healthcare and food. Nearly half the population was food insecure, an increase of almost 2 million people since the conflict escalated in March. An additional 1 million people became severely food insecure, bringing the total number of severely food insecure people to 6 million. Local markets were heavily affected, food commodities are scarce and basic commodity prices increased. More than 15 million people were without access to basic healthcare, up 40 per cent since March. Health needs grew, and access to healthcare drastically reduced and malnutrition increased. Communicable-disease outbreaks caused by cramped living conditions, disruption to vaccination programmes and lack of sanitation, coupled with reduced surveillance and a collapsing health-care system, were major concerns. Lack of fuel was a significant constraint to meeting humanitarian needs. Diesel was not available in seven out of 22 governorates, putting 10 million people at risk of losing access to water. There were more than 250,000 MT of grain in stores in Aden and Hodeidah, but mills were unable to process the grain. Moreover, grain could not be transported due to the lack of fuel and insecurity, and it could not be cooked due to a lack of cooking gas. High prices and limited availability of wheat within the markets were affecting poor and vulnerable people. The supply of food, fuel, water and electricity across the country was disrupted. Schools, health facilities and private homes were damaged or destroyed. The country's health system was at imminent risk of collapse due to shortages of medical supplies, oxygen, and fuel for generators.

Of the estimated 12.9 million people directly affected by the conflict, the 1 million IDPs and 200,000 vulnerable people in host communities bore the brunt of the suffering. Although conflict exacerbated Yemen's wider pre-existing humanitarian needs, people affected by the conflict often faced the most urgent needs for assistance, including food, water, shelter, healthcare and protection. Yemen's approximately 260,000 refugees and 1 million migrants, many of whom lived in precarious conditions in camps, reception centres and poor urban areas, were also disproportionately affected by the conflict. Almost 885,000 refugees and migrants in Yemen required assistance – including Yemeni migrants who continued to be deported from Saudi Arabia until mid-May. Refugees and migrants were particularly vulnerable in the current situation given that they were often unable to draw on local support networks.

Women and children faced vulnerabilities in Yemen. Due to longstanding gender inequalities that limited their access to basic services and livelihood opportunities, women's vulnerabilities were exacerbated by the conflict, with displaced women – estimated at 54 per cent of all IDPs in early May – often bearing the burden of supporting their families, despite challenges in accessing assistance, especially outside their communities. Female IDPs had limited access to dignity or hygiene items, which often forced them to remain out of sight. Frustrations within families affected by conflict or loss of livelihoods also led to an increase in reports of domestic violence. Rates of grave violations of child rights had increased dramatically compared to the same period in 2014, including child deaths, injuries and recruitment. Decreasing access to water and sanitation placed up to 2.5 million children at risk of diarrhoea and 1.3 million at risk of acute respiratory infections.

II. FOCUS AREAS AND PRIORITIZATION

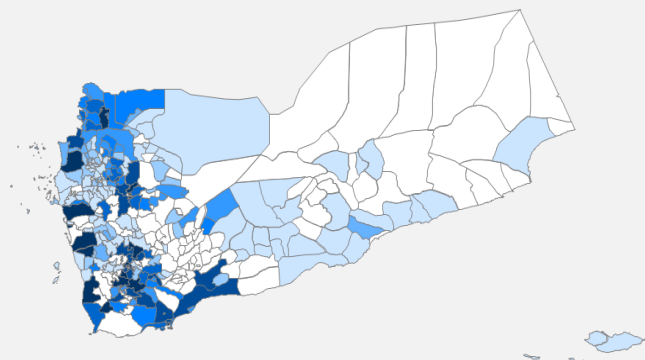
Even before the escalation of conflict in March 2015, the scale of needs made Yemen one of the largest humanitarian emergencies, with the majority of population requiring food assistance or medical care. Escalating conflict in March to June 2015 worsened the humanitarian crisis. Fighting and coalition airstrikes impacted virtually the entire country and the situation deteriorated rapidly. The Humanitarian Needs Overview, launched on 12 June 2015, estimated that 80 per cent of the population was in need of some form of humanitarian assistance – a 33 per cent increase since the onset of conflict. From 15.9 million, the number of people in need of assistance rose to 21.1 million. At least 12.3 million people – nearly half the population – were food insecure, representing a 15.7 per cent increase since the crisis began. 15.2 million people could not access basic healthcare and 1.5 million women and children were in desperate need of nutrition services. 15,000 children were severely malnourished. By June 2015, 160 nutrition treatment centres closed, suspending treatment services for a catchment population of 450,000 children.

Violence escalated, and official figures indicated that 2,584 people died and 11,065 people were injured. According to the United Nations Office of the High Commissioner for Human Rights, 1,362 civilians had been killed and 3,312 injured. Over one million people had been internally displaced. Safe shelter, basic services and food are becoming increasingly scarce. World Health Organization confirmed an outbreak of dengue fever in several parts of the country. There were more than 3,000 suspected cases in Aden, Lahj, Hadramaut, Taizz and Shabwah, with at least three deaths. Unverified reports suggested that the number of affected people could be much higher. Approximately 42,210 people fled Yemen since the escalation of conflict in March, mainly to Djibouti and Somalia. Somalis made up the greatest number of those fleeing, followed by Yemenis and other nationalities. Humanitarian actors continued to face restrictions to the delivery of services, particularly in Aden where needs were acute.

Geographical distribution of needs in conflict affected areas

Conflict-affected areas

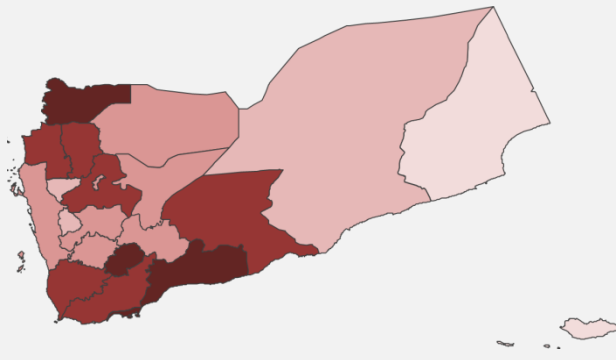
About 12.9 million people have been directly affected by the conflict. The heaviest concentrations are in districts of Aden, Abyan, Al Dhale'e, Lahj, Taizz, Hajjah, Amran and Sa'ada. This figure includes people in districts that have experienced recurrent conflict, including IDPs and vulnerable host community members. It also includes districts hosting IDPs without conflict.



Source: HCT Population Movement Task Force, OCHA
More details on methodology are available at the end of this report.

Estimated severity of humanitarian needs

Conflict has exacerbated pre-existing needs in Yemen. Each cluster estimated the current severity of needs for cluster services in all governorates. These estimates were consolidated into a weighted average. Governorates with the most urgent needs include Abyan, Aden, Al Dhale'e and Sa'ada, followed by Hajjah, Amran, Sana'a Governorate, Shabwah, Lahj and Taizz.



Source: Clusters, OCHA
More details on methodology are available at the end of this report.

The rapid deterioration of the situation, amidst continuing fighting, required an immediate response to prevent Yemen from falling into a humanitarian catastrophe. The humanitarian community had finalised a comprehensive Humanitarian Response Plan, which was the basis for resource mobilization and more widespread access negotiations. The CERF application was made at the same time to provide intervention with life-saving activities before it was too late. While humanitarian needs in Yemen were dire and widespread, this CERF request identified critical, short-term priorities to provide life-saving assistance to populations in need. The strategic objective of the proposed intervention was to procure life-saving medical, nutritional, water & sanitation, and shelter supplies for the most vulnerable communities in conflict-affected areas in Yemen, and strengthen logistical support to enable their delivery. CERF allocation focused on IDPs and host communities, targeting 50 percent women and girls. The June 2015 CERF application prioritized the following life-saving activities:

Health (US\$ 8 million): Partners estimate that 15.2 million people required humanitarian assistance to meet their basic healthcare needs. Conflict had a direct impact on the ability of health facilities to provide services. At least 35 health facilities were damaged since March. The Ministry of Health Operations Room was damaged in Sana'a on 3 June, hindering efforts to compile statistics and manage emergency health response nationwide. Overall health service availability was falling rapidly. This decline came as the need for services was surging. With funding from CERF, WHO procured six-month supplies of life-saving drugs for non-communicable diseases that were planned to benefit an estimated 754,719 women, men, girls and boys. The large-scale procurement was transported to Yemen, and supplies positioned in warehouses in 4 major hubs in Yemen. The supplies would be distributed to hospitals in 16 priority governorates.

Logistics (US\$ 6 million): Humanitarian operations in Yemen were facing vastly increased needs in terms of logistics. Partners estimated that operations required 2 million litres of fuel per month to maintain services, and swift import procedures were required to ensure partners could provide services to people in need without delay. Enhanced port facilities were also urgently required. Safe, reliable air passenger and cargo service into and within Yemen was needed to support humanitarian operations. The CERF allocation prioritized operation of UNHAS flights and airlifting of humanitarian cargo and humanitarian workers from Djibouti to Yemen; fuel procurement and distribution for life-saving humanitarian assistance, and repairs to the port facilities of Hodeidah.

Nutrition (US\$ 3 million): Partners estimated that 1.5 million children under 5, and pregnant or lactating women (PLW) required life-saving nutrition services to treat acute malnutrition. Yemen faced a dire nutrition situation before the crisis, with 850,000 children under 5 suffering from acute malnutrition, including 160,000 severe cases. Without urgent action, the number of acutely malnourished children could have risen to 1.3 million in the coming weeks, including 400,000 potential SAM cases. The CERF allocation prioritized procurement of therapeutic feeding supplies and distribution through functioning health facilities and partner-run mobile clinics targeting 320,693 under five children in 12 governorates. CERF funding also supported SAM identification and treatment, including procurement of medical supplies, through mobile clinics.

Emergency Shelter and NFIs (US\$ 3 million): An estimated 1.2 million people required emergency shelter materials and other essential non-food items (NFIs), including 1 million IDPs and 200,000 vulnerable people in host communities. This represented a 122 per cent increase since the crisis began. Increased movement of displaced people into safer areas was pushing up rental prices, resulting in a scarcity of available accommodation and draining family resources. Displaced families living with relatives or acquaintances placed additional strain on their hosts, who were themselves' often already vulnerable. The most vulnerable were those living in public buildings (including 237 schools), makeshift structures, or in the open (mainly reported in Hajjah, Sa'ada, Sana'a and Amran). The CERF allocation prioritized procurement, transportation and distribution of NFIs. In-country stocks were significantly depleted, and an efficient mechanism for quickly resuming imports was urgently required. Procurement and distribution targeted 88,200 people in 3 priority areas.

WASH (US\$ 5 million): Partners estimated that 20.4 million people needed assistance to establish or maintain access to safe water and sanitation – a 52 per cent increase since the crisis began. Reliable access to water dropped precipitously, mainly as a result of fuel shortages, conflict-related damage to infrastructure and reluctance of traditional water sellers to visit insecure areas. Of the 20.4 million people in need, partners estimated that 9.4 million had seen access to water cut or disrupted due to fuel shortages. Many Yemenis lived in areas that were not served by piped networks and relied on commercial trucks to bring water to their communities. The CERF allocation prioritized provision of WASH relief items, including water-trucking and fuel. The intervention supported the provision of basic WASH services including water supply, sanitation and solid waste management for 4.7 million affected people as well as provision of WASH relief items to 265,860 conflict affect people in 12 cities and 12 governorates across Yemen.

The May 2016 allocation on **Food Security and Agriculture (US\$1.5 million)** was exceptionally managed directly between CERF Secretariat and WFP. The CERF contribution enabled WFP to accept an in-kind contribution of 400 mt of canned tuna fish, 1200 mt of rice and 700 mt of wheat flour. These commodities contributed to the food basket distributed to conflict affected population and were enough to cover the needs of 133,000 people for one month in two districts in Sa'ada. A household was to receive 100 kg of rice or 100 kg of wheat flour and 4.9 kg of tuna per month.

By prioritizing procurement of life-saving supplies and logistical support to humanitarian operations in the short-term, the CERF request complemented existing resources: UN agencies to date had been contributing own resources and were in need of replenishing stocks of life-saving supplies, and scale up the procurement. Moreover, urgent priorities aligned with the Flash Appeal objectives had been funded by the Yemen Humanitarian Pooled Fund for a total value of US\$ 19 million through two Reserve Allocations, one in April and one in May, mostly to national and international NGOs, to manage the distribution of supplies and delivery of services through presence on the ground in conflict-affected areas. Funding from CERF also kick-started longer-term interventions, providing immediate gap-filling funding whilst additional resources were mobilized on the basis of the revised YHRP launched on 19 June.

III. CERF PROCESS

In February 2015, the Yemen humanitarian community launched an HRP requesting US\$ 749 million to respond to the humanitarian crisis in Yemen. Following conflict escalation in mid-March 2015, the Yemen humanitarian community developed a US\$ 274 million Flash Appeal, launched on 17 April, which outlined a three-month response plan in seven life-saving clusters (food security, health, nutrition, WASH, protection, logistics, emergency shelter and non-food items). The Flash Appeal prioritized critical response for the period 01 April – 30 June 2015.

To better reflect the changed context and needs, the humanitarian community in Yemen launched a revised 2015 HRP on 19 June 2015, requesting US\$1.6 billion, integrating the needs identified in the original HRP, the Flash Appeal, and the estimated requirements through the end of 2015.

Following indication by the CERF Secretariat of interest in a possible CERF allocation for Yemen under the Rapid Response window, the Humanitarian Coordinator launched the June allocation at the HCT on 8 June. Given the scale and urgency of needs, and the fact that the humanitarian community had just completed a process of comprehensive consultations to produce a Humanitarian Needs Overview, the Humanitarian Coordinator took the lead in identifying priority sectors of intervention. These life-saving sectors (Health, Emergency Shelter and NFIs, Logistics, Nutrition and WASH) were selected based on priority needs outlined in the recently released Humanitarian Needs Overview (HNO), as well as funding gaps for life-saving activities and UN agencies' capacity to implement response in the next six months. The prioritization also took into account the indications by CERF Secretariat that, in line with the Rapid Response Window guidance, it would consider positively a request targeting procurement of critical life-saving supplies and logistics to support in-country operations. After the HC identified these priority sectors, the five relevant cluster coordinators were consulted to identify clear priorities in each area of intervention that can deliver life-saving assistance on the ground in the next six months. Priority was given to logistics and common services (UNHAS, fuel and airlifting from Djibouti), and to procurement and distribution of life-saving supplies (drugs for non-communicable diseases, water trucking, therapeutic feeding supplies, and shelter and NFIs for IDPs).

On 12 June the HC invited UN agencies to submit proposals that would feed into the CERF application for critical interventions in five life-saving sectors: Health (8 million), Logistics (6 million), WASH (5 million), Nutrition (3 million) and Shelter (3 million). In particular, the HC requested cluster lead agencies to coordinate (with other UN agency/IOM cluster members if appropriate) the submission of coordinated, strategic and realistic proposals that addressed the priorities identified for each sector.

The prioritization process also took into account complementarity with other funding sources, including the Yemen Humanitarian Pooled Fund (HPF). The most urgent and underfunded need identified by UN agencies was the procurement of supplies and equipment, and of fuel to ensure their distribution: pipeline of supplies was extremely low, and UN agencies/IOM had been advancing their own resources to ensure continued provision. The Yemen HPF, on the other hand, had been used by the HC to prioritize support to international and national NGOs present on the ground that can facilitate distribution of supplies provided by UN agencies. Therefore, CERF funding prioritised pipeline support of essential humanitarian assistance items to be delivered through pre-existing capacity and funding for distribution and programming. All priorities were discussed with the Gender Cap Adviser, who reviewed all project proposals to ensure that, wherever possible, they presented a Gender Marker code of 2A or 2B.

The priority activities for the CERF application were identified by cluster coordinators for the respective sectors of operation on the basis of three criteria: a) priority needs and geographical locations according to the Humanitarian Needs Overview; b) adherence to the CERF life-saving criteria, and in particular ability to provide immediate life-saving assistance; and c) ability of partners on the ground to deliver activities in the short-term, kick-starting longer term assistance. The prioritization of projects within sectors of operation, on the basis of the activities identified as above and approved by the HC, was done with different modalities in each cluster. Cluster lead agencies identified the UN agency/IOM cluster members best placed to deliver the activities prioritized.

For **health**, WHO provided cluster members with all necessary information to confirm the critical gap in supplies of non-communicable disease drugs. An essential medicines task force, formed by WHO in collaboration with major partners like the ICRC and MSF, established a division of labour for provision of essential drugs, and appointed WHO as the focal point for NCD drugs. As such, WHO applied for the entire amount allocated to health to respond to the priority need identified by the HC and the cluster for this CERF allocation. All information about the allocation was shared with cluster members. For **logistics**, the cluster lead agency WFP was the only actor well placed to respond to the priorities identified for this allocation, namely support to UNHAS operations, procurement and distribution of fuel, airlifting and port facilities' repairs. WFP was already operating UNHAS flights in coordination with the Humanitarian Country Team, the User Group Committee (UGC) and the Steering Committee to ensure that project implementation was need-based.

The **shelter/CCCM/NFI** Cluster prioritized projects and activities responding to the needs of Non-Food Items, Emergency Shelters, rental subsidies and coordination of services in the spontaneous settlements and collective centres for the IDPs and other affected population. Based on this prioritization, UNHCR was identified as the stakeholders best placed to address the gaps prioritized under this CERF application. The **nutrition** cluster identified management of acute malnutrition as a critical intervention. The cluster identified the gaps in some geographical areas and consulted with partners who have capacity in the areas to scale up. The funds were allocated based on the needs of each of the partners to start or continue provision of services in the selected critical areas e.g. IDPs in selected districts where they have strong presence and capacity to respond. For **water, sanitation and hygiene (WASH)**, the WASH cluster coordinator consulted with OCHA regarding the capacity of the proposing agency. As cluster lead agency, UNICEF already has the mandate of provider of last resort, based on the priorities identified by cluster members through the Yemen WASH cluster response. UNICEF has been identified by

cluster members as the agency best placed to provide widespread access to water and water relief items. The WASH CERF proposal, along with including high priority, life-saving activities, is also in line with the strategic objectives of the YHRP and the WASH Cluster objectives.

The May 2016 allocation on **Food Security and Agriculture (US\$1.5 million)** was exceptionally managed directly between CERF Secretariat and WFP, and was not prioritised through the HCT under the HC's leadership. The CERF contribution enabled WFP to accept an in-kind food contribution to the food basket distributed to conflict affected population in two districts in Sa'ada.

By June 2015, only 10 per cent of the Response Plan was reported funded, with US\$167 million in contributions. Urgent priorities aligned with the Flash Appeal objectives were funded by the Yemen Humanitarian Pooled Fund. Within this context, the request to the CERF for a grant of \$ 25 million aimed at addressing the critical life-saving needs that required immediate response in the short term. The requirement was allocated to a limited number of life-saving areas of operation (Health, Logistics, Nutrition, Emergency Shelter and NFIs, and WASH), and within these clusters, to critical priorities that agencies could realistically deliver in the short term in order to fill critical funding gaps for the delivery of essential assistance. The CERF allocation allowed partners to procure life-saving supplies, and to transport them to Yemen for delivery through strengthened logistics support. The pre-positioning of these supplies for distribution created critical stock for immediate life-saving interventions. Additional resources, some of which were already in the pipeline and most of which remain to be mobilized on the basis of the new YHRP, will replenish stockpiles and boost distribution capacity, enabling organizations to scale up the required response. During the After Action Review discussions, the overall CERF allocation in June in particular was recognised as a transparent process with clear guidance and additional support from OCHA staff during the proposal development.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR ¹									
Total number of individuals affected by the crisis: 21.2 million									
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
Common Humanitarian Air Services	-	172	172	2	191	193	2	363	365
Food Aid	17,762	26,389	44,151	28,885	23,760	52,645	46,647	50,149	96,796
Health	170765	112493	283258	177734	117689	295423	348499	230,182	578681
Non-Food Items	20,668	21,512	42,180	23,470	22,550	46,020	44,138	44,062	88,200
Nutrition	58,288	35,893	94,181	59,354	-	59,354	117,642	35,893	153,535
Water, Sanitation and Hygiene	1,235,099	1,338,023	2,573,122	1,235,099	1,338,023	2,573,122	2,470,198	2,676,046	5,146,244

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

BENEFICIARY ESTIMATION

The beneficiary estimation indicated in the report refers exclusively to the number of individuals directly reached through the two CERF allocations that was granted in response to the Yemen crisis in May and June 2015. The CERF funding contributed in some cases to multi-donor projects and the number of reached beneficiaries were in those instances pro-rated to the CERF based on the total reached during the reporting period. The allocation reached overall 98 per cent of the planned beneficiaries totaling at 6,063,821 individuals. The allocation reached beneficiary gender balance and 50 per cent of reached beneficiaries were women and girls. A half of reached beneficiaries were children and youth under 18 years old.

Four projects reached significantly less beneficiaries than planned, while one project more than doubled the planned beneficiaries. UNICEF's nutrition project reached only 34 per cent of the originally planned beneficiaries due to the IDP movement and possible statistical error and over-estimation of target population. WFP's food distribution reached 73 per cent of the planned beneficiaries as the in-kind food contribution was significantly reduced from planned 2,300 metric tons to 818 metric tons. WFP's common humanitarian air services was able to operate only two locations Sana'a and Djibouti instead of planned five including Taizz, Aden and Al Hodaydah reaching therefore 76 per cent of the planned passenger numbers. WHO health project on drugs and medical supplies procurement reached 77 per cent of the planned beneficiaries due to delay in the supply chain and as logistical support, distribution and monitoring took more resources than anticipated. IOM's nutrition project included mobile clinics that were able to reach 215 per cent more beneficiaries than planned and over-exceeded its target due to the complete absence of health services including provision of nutrition services in most targeted areas. UNICEF's WASH project reached the highest nominal number of 5,146,244 beneficiaries under the May and June 2015 Rapid Response allocations to Yemen.

The likelihood of double-counting was not a challenge as the activities of the 9 projects were divided between six sectors in multiple geographic areas. The allocations included four nutrition projects and five single-sector projects. Projects that targeted households rather than individuals, were multiplied by seven corresponding to the average size of a Yemeni family. Disaggregated data was not collected in all projects and was estimated based on similar project implementation. Obtaining database inputs from third party implementing partners was a challenge and had in few instances been estimated based on annual numbers. The below table 5 on total direct beneficiaries reached through the May and June 2015 allocations is a compiled based on the table 4 project-specific data.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING ²			
	Children (below 18)	Adults (above 18)	Total
Female	1,502,582	1,534,482	3,037,064
Male	1,524,544	1,502,213	3,026,757
Total individuals (Female and male)	3,027,126	3,036,695	6,063,821

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

CERF RESULTS

In May and June 2015, the CERF funding made possible nine projects in food aid, nutrition, health, water, sanitation and hygiene, non-food items and common humanitarian air services totalling US\$26.7 million through CERF Rapid Response window and implemented by five UN agencies in Yemen. Five projects reached the planned number of beneficiaries and outcomes of which one project even exceeded the initial targets with higher than expected need on the ground for nutrition and health services. Four projects did not reach the planned beneficiary level and outcomes due to delay in the procurement, smaller in-kind contribution than planned, worse security situation and airport operational conditions than forecasted, and erroneous statistical forecast of IDP beneficiaries for the overall project. One health project was granted a three-month no-cost-extension due to the challenges in the supply chain management in shipping to Yemen and another nutrition project was reprogrammed towards procurement of life-saving ready-to-use-therapeutic food supplies. Despite of the delays and deviations, in overall the planned targets were reached as laid out in the original CERF application. The key outcomes achieved through CERF funding were as follows:

Health: Life-saving drugs and medical supplies were provided to 578,681 Yemenis suffering from non-communicable diseases for on-going treatment of their health conditions for six months. The locations for distribution of drugs and supplies were chosen based on priorities identified in the Yemen HRP, and in response to on-going needs assessments. The cancer and diabetes medicines were distributed to the patients according to a pre-existing list in the health facilities. The Ministry of Public Health and Population recognized the support that WHO was able to provide with this largest ever-grant in the history of CERF to WHO. The supply chain management and shipping to Yemen was more time-consuming and required more resources than was initially anticipated. The drug distribution was therefore delayed and the project received a three-month no-cost-extension from CERF.

Common Humanitarian Air Services and Logistics: Total of 365 humanitarian air passengers and 49 implementing agencies benefitted from the safe and reliable WFP air services made possible by the critical funding provided by CERF. In the absence of commercial airlines, the humanitarian community was able to gain access to the vulnerable and conflict-affected populations in Yemen through the UNHAS flight route provided between Sana'a and Djibouti. The cluster response was strengthened by airlift of 200 metric tonnes of humanitarian cargo and evacuation capacity. The air services were however provided between only two locations, Sana'a and Djibouti, and the planned routes to Aden, Taizz and Al Hodaydah could not take place due to the worse security situation and operational conditions than anticipated at the time of the original project proposal. WFP was also able to procure and import 1.8 million litres of fuel and transport 1 million litres of fuel to warehouses in Yemen. The CERF funding enabled increasing storage capacity in Yemen to 1 million litres of fuel as well as procurement and installation of 10 mobile storage units in Djibouti, Al Hodaydah, Aden and Sana'a.

Nutrition: Total of 117,642 severely acutely malnourished (SAM) and undernourished children and 35,893 pregnant and lactating women benefitted from access to expanding life-saving nutrition services with the timely and critical funding through four nutrition projects provided by CERF. The CERF allocation prioritized procurement of therapeutic feeding supplies and distribution through functioning health facilities and partner-run mobile clinics. IOM's nutrition project included mobile health clinics and provision of medicines, medical and nutrition supplies that were able to reach 215 per cent more beneficiaries than planned. The outputs increased in line with the increased beneficiaries due to the complete absence of health services including provision of nutrition services in most targeted areas. WFP's nutrition programming also slightly exceeded the number of planned beneficiaries due to the increased tonnage of nutrition supplies that was made possible due to lower pricing than expected. The CERF grant enabled closer coordination within the nutrition cluster revealing areas that the cluster could improve including reporting and quality of data. WFP's two new call centres and a third party monitoring system improved accountability to affected population. WHO's nutrition intervention was initially designed to support malnourished children only but similarly to IOM's experience, due to the lack of health services in the targeted areas and rapidly increasing needs, WHO added two more mobile teams and covered also reproductive health services to women. Due to the on-going conflict and mass population movement, UNICEF was however unable to screen the targeted number of children under five years and reached only 23 per cent of planned beneficiaries. In line with the lower beneficiary numbers, the reached outputs remained much below estimated while activities were implemented as planned. Due to the IDP movement within the host communities, the calculation of targets may have been over-estimated when first drafting the CERF proposal, resulting in a discrepancy between the planned target and those reached. UNICEF therefore reprogrammed a higher proportion of the funds received towards the procurement of life-saving supplies, mostly ready-to-use-therapeutic food. The extra procurement of supplies enabled to treat an additional 4,800 severely malnourished children in governorates outside the scope of the original CERF application.

Non-Food Items: Basic essential relief items were distributed to 12,600 families including 44,158 children and 44,062 adults with the funding provided by CERF. To respond to the increasing need of shelter and non-food items (NFIs) among the IDPs, UNHCR procured and distributed NFI kits that as per Shelter Cluster guidelines consisted of blankets, mattresses, buckets, sleeping mats and kitchen sets. The intervention reached all the targets but due to inaccessibility owing to the conflict was focused to Taizz and Hajjah instead of Al Dhale'e governorate as initially planned.

Water, Sanitation and Hygiene: Total of 5,146,244 individuals benefitted from the timely and critical funding provided by the CERF. As reliable access to water dropped precipitously across Yemen, UNICEF provided integrated WASH response to 12 cities for up to three months with provision of fuel to pump water for distribution through piped water system, wastewater treatment and solid waste disposal services (garbage collection trucks). Some 265,860 displaced people were also provided with WASH relief items including family hygiene kits, ceramic water filters, squatting plates and water storage tanks. The number of reached beneficiaries was slightly higher than planned, as UNICEF was able to procure fuel at lower prices after negotiations with the Yemen Petroleum Company (YPC). While it was not possible to transfer the full amount of fuel reserved to Taizz city due to ongoing conflict and the insecure, the remaining funds were used for an extra activity: water trucking by government authority for rural water supply projects (GARWSP). A total of 168,000 litres of water (daily – for 2 months) was distributed to 21,000 vulnerable people in Salh and Al Modafer districts, located inside the Taiz city enclave. To ensure quality of the program, part of the funds were used for third party monitoring and for technical support for the urban WASH emergency response, as well as for overall emergency coordination of the project.

Food Aid: As stand-alone project under the May 2015 allocation, WFP transported and distributed in-kind food commodity contribution of 818 metric tonnes to 96,796 beneficiaries of which half to displaced people and 16 per cent to female-led households. WFP faced a number of challenges in bringing the cargo to Yemen for which the CERF contribution covered the associated costs and that led to much reduced number of beneficiaries. Incomplete documentation delayed clearance of the cargo from the port and some low quality in-kind commodity was rejected by the authorities decreasing the amount of food available for distribution from 2,300 metric tons to 818 metric tons.

CERF's ADDED VALUE

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

YES ☐ PARTIALLY ☒ NO ☐

Following the escalation of Yemen crisis in March 2015, the CERF funding enabled jump-starting the humanitarian response to the revised Humanitarian Response Plan that was released in June. However, despite of Yemen being declared Level 3 emergency, the shipment restrictions and limited docking capacity caused challenges to the supply pipeline and delayed delivery of procured items. The worsening conflict and security situation increased population movement and restricted the agencies' access that forced reprogramming and relocation of projects.

b) Did CERF funds help respond to time critical needs¹?

YES ☒ PARTIALLY ☐ NO ☐

The CERF Rapid Response allocations provided life-saving critical support and enabled timely response when the humanitarian situation in the country continued deteriorating with worsening conflict and increasing needs. The CERF allocations in May and June 2015 was particularly a time critical assistance to beneficiaries as at that time the emergency in Yemen was in its peak and the CERF fund kick started the humanitarian response in different sectors saving many lives. The nutrition projects demonstrated particularly well how the lack of basic services created even higher demand for humanitarian assistance and beneficiary levels than what was initially planned for.

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

YES ☒ PARTIALLY ☐ NO ☐

Without the CERF funding, the needs would not have been addressed. The May and June 2015 allocations paved the way for other donors and funding sources to continue humanitarian activities and the overall funding level improved after the CERF Rapid Response allocation reaching 56 per cent at the year-end.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The Humanitarian Coordinator launched the June allocation at the HCT, and based on the recent Humanitarian Needs overview and in consultation with the life-saving Cluster Coordinators, decided on the prioritisation strengthening the humanitarian leadership and coordination. The allocation of four grants to a single sector for nutrition empowered the nutrition cluster coordination.

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

¹ 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
When compiling beneficiary data for table 4 in the RC/HC report, OCHA created an Excel data sheet with formulas for calculations. This revealed some errors in the project sheet statistics and enabled consistent and correct calculations.	Consider providing a tool to assist RC/HC Office in calculating the beneficiary data or add recommendation in the narrative reporting guidelines to check and count the beneficiary numbers with Excel. This could be shared with the support package and would be particularly useful to reporting on large allocations with multiple projects.	CERF
Include project locations in the table 8 for project narrative reports. Would facilitate analysis of the results and considering the risk of double-counting beneficiaries.	RC/HC report table 8 on project results to include the targeted and reached locations.	CERF

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF		5. CERF grant period:		01/07/2015 – 31/12/2015	
2. CERF project code:		15-RR-CEF-066		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Nutrition				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Response to Severe Acute Malnutrition in 5 Conflict Affected Governorates					
7. Funding	a. Total project budget:		US\$ 31,163,673	d. CERF funds forwarded to implementing partners:			
	b. Total funding received for the project:		US\$ 23,667,961	▪ NGO partners and Red Cross/Crescent: US\$ 463,317			
	c. Amount received from CERF:		US\$ 1,492,647	▪ Government Partners: US\$ 108,963			
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 (below 18)		94,910	98,783	193,693	22,087	22,169	44,256
Adults (above 18)					22,122		22,122
Total		94,910	98,783	193,693	44,209	22,169	66,378
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
Refugees							
IDPs		34,588		12,403			
Host population		159,105		53,975			
Other affected people							
Total (same as in 8a)		193,693		66,378			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The targeted geographical areas under this grant were greatly affected by the ongoing conflict and major population movement was documented across all respective governorates during the reporting period. In addition, across the targeted geographical areas, IDPs live within the host communities. Recording of IDP movement verges on impossible and crude estimates are used. Thus, calculation of targets may have been over-estimated when first drafting the CERF proposal, resulting in a discrepancy between the planned target and those reached.					

CERF Result Framework			
9. Project objective	Improve equitable access of 193,693 under-five boys and girls to services for identification and treatment of severe acute malnutrition.		
10. Outcome statement	The lives of under-five children identified as severely acute malnourished are saved		
11. Outputs			
Output 1	193,693 under five children are screened for severe acute malnutrition and a minimum of 7500 SAM cases are identified and treated		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Percentage of targeted children under-5 screened for acute malnutrition	100% (94,910 girls and 98,783 boys)	22.85% (n=44,256)
Indicator 1.2	Percentage of children under-5 with Severe Acute Malnutrition admitted to therapeutic care	100% (4,500 cases ²)	84.8% (n=3,816)
Indicator 1.3	Percentage of children under-5 treated for SAM who have been cured	Not less than 95%	65%
Indicator 1.4	Percentage of required supplies timely distributed to targeted governorates from central warehouses.	100%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Support 15 ³ mobile clinical teams to provide SAM identification and treatment at villages, urban suburbs, and IDP settlement in the 5 governorates as following:		
	3 teams in Aden	HAD	3
	2 teams in Amran	SC	2
	3 teams in Lahj	SC	3
	3 teams in Sa'ada	Sa'ada GHO	3
	4 teams in Taiz	SOUL for development	4
Activity 1.2	Procurement of RUTF, amoxicillin, folic acid tabs, mebendazole and other medications and items required for identification and treatment of SAM including printing of related registries.	UNICEF	UNICEF

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:

Due to ongoing conflict and mass population movement, UNICEF and respective implementing partners were unable to screen the targeted number of children 6 to 59 months. In addition, as highlighted under the Reprogramming Request, UNICEF allocated a higher proportion of the funds received towards the procurement of life-saving supplies (mostly ready-to-use-therapeutic food). The extra procurement of supplies enabled to treat additional 4,800 severely malnourished children in governorates outside the scope of this CERF. Please refer to Reprogramming Request for additional information.

² Target adjusted under Reprogramming Request (dated 11 September 2015) from 7,500 to 4,500.

³ # of teams adjusted under Reprogramming Request (detailed as above)

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>In the second half of 2015, UNICEF M&E Section contracted an institution to do the third party monitoring (TPM). The main purpose of this is to cover one important process of the HACT standards (Harmonized Approach to Cash Transfers) that is the assurance of activities through spot checks. The second purpose is also to perform partial technical assessments for the implementation of activities. UNICEF developed the checklist used for this type of monitoring. To date, at least one report has been received by each UNICEF zonal office from the third party monitor.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>No evaluation was planned for this project. However, UNICEF evaluates nutrition programming at a governorate level through periodic SMART surveys (outside the scope of this grant). Implementation of activities was monitored through TPM.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		UNICEF		5. CERF grant period:		01/07/2015 – 31/12/2015	
2. CERF project code:		15-RR-CEF-067		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Water, Sanitation and Hygiene					
4. Project title:		WASH emergency response for most affected people in Yemen					
7. Funding	a. Total project budget:		US\$ 58,000,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 32,156,017		■ NGO partners and Red Cross/Crescent: US\$ 606,742 ■ Government Partners: US\$ 1,173,445		
	c. Amount received from CERF:		US\$ 4,999,169				
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 (below 18)		1,193,435	1,193,435	2,386,870	1,235,099	1,235,099	2,470,198
Adults (above 18)		1,292,892	1,292,892	2,585,784	1,338,023	1,338,023	2,676,046
Total		2,486,327	2,486,327	4,972,654	2,573,122	2,573,122	5,146,244
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		265,854			265,860		
Host population							
Other affected people		4,706,800			4,880,384		
Total (same as in 8a)		4,972,654			5,146,244		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The total number of beneficiaries reached (5.1 million) was slightly higher than planned. This was mainly due to the fact that UNICEF was able to procure fuel at lower prices, after negotiations with the Yemen Petroleum Company (YPC).					

CERF Result Framework			
9. Project objective	Improving the access of IDPs and war affected people to safe water, sanitation and hygiene by supporting urban WASH authorities with fuel and by prepositioning critical WASH supplies in 12 cities and 12 governorates.		
10. Outcome statement	Displaced and conflict affected people utilize safe water, sanitation and hygiene items according to Sphere standards		
11. Outputs			
Output 1	4.7 million people have access to WASH services in 12 cities across the country during 1-2 months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of people having access to water through the piped water system as per minimum sphere standards	2.7 million	3,423,384
Indicator 1.2	# of people provided with solid waste disposal facilities/services	3.7 million	3,336,457
Indicator 1.3	# of people benefiting from waste water treatment	1 million	2,000,000
Indicator 1.4	Litres of fuel provided for urban water supply, waste water treatment and solid waste collection and disposal	1,580,000	2,030,238
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide fuel to pump water	UNICEF, YPC, LWSC	UNICEF, YPC, LWSC
Activity 1.2	Provide fuel to run garbage collection trucks	UNICEF, YPC, Cleaning Fund	UNICEF, YPC, Cleaning Fund
Activity 1.3	Provide fuel to run waste water treatment plants	UNICEF, YPC, LWSC	UNICEF, YPC, LWSC
Output 2	265,860 displaced people have access to WASH relief items in 12 governorates across the country		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of people benefiting from procured and prepositioned family hygiene kits	265,860	265,860
Indicator 2.2	# of people benefiting from procured and prepositioned ceramic water filters	189,000	175,959
Indicator 2.3	# of people benefiting from procured and prepositioned squatting plates	11,760	11,760
Indicator 2.4	# of people benefiting from procured and prepositioned water storage tanks	226,800	272,000
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement and prepositioning of 37,980 family hygiene kits	UNICEF	UNICEF

Activity 2.2	Procurement and prepositioning of 27,000 ceramic water filters	UNICEF	UNICEF
Activity 2.3	Procurement and prepositioning of 1,680 squatting plates	UNICEF	UNICEF
Activity 2.4	Procurement and prepositioning of 1,530 water storage tanks	UNICEF	UNICEF

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

CERF fund contributed to fuel support for ten local water authorities (LWSC) in Sana'a, Hodeidah, Hajjah, Sa'ada, Ibb, Taiz, Raada, Abyan, Lahj and Aden cities, to provide water supply for 3.4 million people. Fuel was also provided to cleaning funds in Sana'a and Sa'ada cities to operate garbage trucks, and the funds contributed to a large scale solid waste collection and disposal campaign in Aden city during three months. Total number of people benefitting from support to solid waste activities is 3.3 million people. Lastly, fuel was provided to continue operating the sewage treatment plant in Sana'a, with a catchment population of 2 million people benefitting from this support. The total fuel procured reached 2 million litres, benefitting a total of 4.8 million people with continued water, solid waste and sewage services.

While a bigger proportion of fuel was allocated for Taiz city, it was not possible to transfer the full amount of fuel due to ongoing conflict and the insecure situation in this area. Therefore, the funds were used for an extra activity: water trucking by government authority for rural water supply projects (GARWSP). A total of 168,000 litres of water (daily – for 2 months) was distributed to 21,000 vulnerable people in Salh and Al Modafir districts, located inside the Taiz city enclave. These beneficiaries are also counted in the fuel support to Taiz Water and Sanitation Local Corporation, since they are the same people receiving water through different modalities.

CERF funds contributed to the procurement of emergency WASH supplies for 265,860 IDPs (without double counting). Supplies included squatting plates, basic and consumable hygiene kits, water tanks (1,000 l and 2,000 l) and ceramic water filters. Due to urgent need to distribute the above mentioned supplies, the grant was also used to reach 85,200 IDPs in Hajjah through PCA with Al Kair Association, 7,000 IDPs in Hadramaut through Small Scale Funding Agreements with Local NGO Al Nahda and local NGO Rawabi, and 7,000 IDPs in Lahj with hygiene kit distribution through PCA with SHS; water trucking, and latrine construction. These are the same beneficiaries already counted in the number of IDPs benefitting from the procurement of critical WASH supplies.

To ensure quality of the program, part of the funds were used for third party monitoring and for technical support for the urban WASH emergency response, as well as for overall emergency coordination of the project.

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

With all Local Water Corporations and Cleaning Funds, discussions were held to ensure transparency of the pumping schedules for water. Households connected to the urban water systems were informed through public media and banners on pumping schedules, and they were encouraged to start paying their water bills, to increase water revenues and allow the autonomous Local Water Corporations to finance the operation and maintenance of the urban water systems. The appreciation of the consumers for resuming and maintaining the services was clear from the fact that in many cities, especially Sana'a city, the revenues went up. This clearly shows the trust and appreciation of the urban water consumers.

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

EVALUATION CARRIED OUT ☐

No evaluation was planned for this project, since it was a very short project and mainly focussed on procurement activities (supplies and fuel). However, monitoring activities did take place, including regular meetings with partners, partner reporting, and field visits by UNICEF staff whenever access allowed.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNHCR		5. CERF grant period:		01/07/2015 – 31/12/2015	
2. CERF project code:		15-RR-HCR-026		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Non-Food Items					
4. Project title:		Life-Saving Assistance to Vulnerable IDPs through Provision of Essential Relief Items					
7. Funding	a. Total project budget:		US\$ 18,677,624		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 3,000,014		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 82,697		
	c. Amount received from CERF:		US\$ 3,000,014		■ <i>Government Partners:</i>		
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
<i>Children (below 18)</i>		26,460	17,640	44,100	20,668	23,470	44,138
<i>Adults (above 18)</i>		22,050	22,050	44,100	21,512	22,550	44,062
Total		48,510	39,690	88,200	42,180	46,020	88,200
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>							
<i>IDPs</i>		88,200			88,200		
<i>Host population</i>							
<i>Other affected people</i>							
Total (same as in 8a)		88,200			88,200		
<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 initial project coverage included Al Dhalee governorate, however distribution of the non-food items did not take place there due to accessibility issues owing to the conflict. Consequently, the distribution of non- food items was concentrated in Taizz and Ibb where there was a large number of displaced persons. Despite initial plans to distribute to 48,510 females and 39,690 males, the actual distribution was done to more 46,020 males and 42,180 females.					

CERF Result Framework			
9. Project objective	Provide life-saving material assistance to 88,200 IDPs		
10. Outcome statement	Vulnerable newly displaced families have access to basic essential relief items		
11. Outputs			
Output 1	88,200 vulnerable IDPs have access to NFIs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of families assisted with NFIs	12,600 (88,200 individuals: female 48,510 and male 39,690)	12,600 HHs (88,200 individuals- 44,982 females: 43,218 males)
Indicator 1.2	per cent of female-headed household assisted with NFIs	20%	13%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of NFI kits for 12,600 HH	UNHCR	UNHCR
Activity 1.2	Delivery of NFI kits to partner warehouses	UNHCR	UNHCR partner, Al Hadi company
Activity 1.3	Distribution to beneficiaries	Al Amal : Hajjah, TBD; Al Dhale'e HFY: Taizz	Al Amal in Hajjah HFY in Taizz

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:

Project outcomes

During the reporting period, approximately 12,600 households comprised of 88, 200 individuals (44,982 females and 43,218 males) were supported with non-food items in governorates of Taizz and Hajjah. The NFI items distributed according to the Cluster guidelines consisted of blankets (7 per family), mattresses (7 per family), buckets (2 per family), sleeping mats (2 per family), and kitchen sets (1 per family). Each kitchen set includes pots, plates, cups, a knife and spoons. Vulnerable individuals, particularly elderly persons, the disabled, children, young adults, and women were identified and provided with assistance.

UNHCR partner Al Amal distributed kits to 8,044 households (56,308 individuals) in Hajjah whereas UNHCR partner the Humanitarian Forum Yemen (HFY) distributed kits to 4,556 households (31,892 individuals) in Taizz.

As a result of these distributions, the objectives of the project were met and the situation of the vulnerable IDP's with regards to access to life-saving material assistance.

Distribution of non-food items did not take place in Al Dhale'e mainly due to Al Dhale's being inaccessible due to the conflict. Therefore items and funds meant for distribution of items in Al Dhalee were reallocated for distribution in Taizz and Hajjah.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Through regular protection monitoring by the partners Al Amal and HFY, the needs of the internally displaced women, men, boys and girls was continuously assessed. Protection monitoring was carried out by the partner mobile teams using a template that allowed for collecting age and gender disaggregated data. The collected data was then analysed, identifying gaps for planning purposes. Protection monitoring is an on-going activity through which information is collected on the situation of the displaced persons.</p> <p>The implementation and monitoring of the activities was undertaken by UNHCR and partner field staff.</p> <p>During the project period, Al Amal and HFY rented storage facilities for storing the NFI kits before distribution. The partners ensured that the items were transported to the distribution sites and distributed to the target populations.</p> <p>Accountability to the affected populations (AAP) was ensured through post distribution monitoring.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>While no formal evaluation was planned due to the volatile security situation, post distribution monitoring (PDM) was undertaken by UNHCR partner Intersos. The post distribution monitoring was conducted 4-6 weeks after the distribution with the aim of finding out if the NFI distribution was in the right quantities and reached the right beneficiaries, if the assistance was appropriate, and if the distribution created any protection risks for the IDP's. The objectives for PDM include reinforcing accountability, improving programming, prevent protection risks, and identify strength and weaknesses in different distribution methodologies with the aim of making improvements in further activities. Recommendations from IDPs are taken into account for future distributions and protection responses. PDM is conducted with individual households and focus group discussions with key informants, results have showed and overall satisfaction with UNHCR and partner activities.</p>	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	IOM		5. CERF grant period:	01/06/2015 – 30/11/2015			
2. CERF project code:	15-RR-IOM-020		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded			
4. Project title:	IOM Nutrition						
7. Funding	a. Total project budget:	US\$ 2,750,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received for the project:	US\$ 500,011	<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 0</div> </div>				
	c. Amount received from CERF:	US\$ 500,011	<div> <div>▪ Government Partners:</div> <div>US\$ 0</div> </div>				
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 (below 18)		1,956	2,044	4,000	4,582	5,014	9,596
Adults (above 18)		2,000		2,000	3,318		3,318
Total		3,956	2,044	6,000	7,900	5,014	12,914
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	584			1,291			
Host population	5,416			11,623			
Other affected people							
Total (same as in 8a)	6,000			12,914			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		IOM over exceeded its target due to the complete absence of health services including provision of nutrition services in most targeted areas. The number of malnourished cases also has increased due to the on-going conflict. According to the Yemen Humanitarian Needs Overview 2016; 1.3 million children are acutely malnourished and an additional 880,000 are at risk of malnutrition. According to the SMART surveys completed in three governorates in August and September 2015, general acute malnutrition (GAM) rates are well above the critical 15 per cent threshold in Aden (19.3 per cent).					

	<p>According to a joint nutrition and mortality survey conducted by UNICEF and cluster partners in August 2015, which included 88 per cent of the governorate districts (95 per cent of the population), the results showed a 31 per cent global acute malnutrition (GAM) prevalence among under5 children, 9 per cent of whom have severe acute malnutrition (SAM). These results are much worse than in 2014, when the GAM rate was at 18 per cent. In Aden governorate, the results showed a prevalence of 19.2 per cent for GAM among under5 children, 2.5 per cent of whom have a severe type. Through the seven Mobile Health Teams (MHTs) that operated during this project period, IOM managed to cover the hardest to reach communities in the targeted districts and reach more people than originally planned. IOM was also able to reach many more beneficiaries by provision of in kind medicines and equipment through other funding. This was also made possible through the provision of nutrition supplies of ready to use therapeutic food (RUTF) nut and ready to use supplementary food (RUSF) provided by IOM and other partner agencies.</p>
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CERF Result Framework			
9. Project objective	Reducing morbidity and mortality and improving equitable access to life-saving services for acutely malnourished girls and boys under 5 and Pregnant and Lactating Women (PLW)”		
10. Outcome statement	Equitable access to life-saving services for acutely malnourished children and PLW Improved.		
11. Outputs			
Output 1	6,000 acute malnutrition cases among under 5 children and PLW managed and treated.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people benefiting health service delivery	6,000	12,914
Indicator 1.2	Number of boys and girls 6-59 months identified and treated for acute malnutrition	4,000	9,596
Indicator 1.3	Number of PLW identified and treated for acute malnutrition	2,000	3,318
Indicator 1.4	Number of mobile teams equipped and providing services	7	7
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Set up and mobilize 7 mobile health clinics for the 3 target governorates. Each mobile clinic comprises of three persons (1 doctor, 1 nurse, and 1 midwife) with a pickup van	IOM	IOM
Activity 1.2	Provide the necessary equipment as well as the required amount of medicines, medical and nutrition supplies	Nutrition supplies provided by UNICEF. IOM provide medicines and equipment	UNICEF, IOM
Activity 1.3	Provide the required health care and malnutrition services (RUTF for severe cases and RUSF for moderate cases) to the visiting patients at each location	IOM mobile health clinics	IOM mobile health clinics

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:

During the project period, a total of 12,914 beneficiaries were reached through operating 7 mobile nutrition teams in the three target governorates. The breakdown of those beneficiaries by the type of service received, age and gender includes:

1. A total of 1,594 Severely Acute Malnourished (SAM) under five children including 840 boys and 754 girls, were treated. The severe cases were treated using ready to use therapeutic food (RUTF) which was provided by UNICEF.
2. A total of 8,002 Moderate Acute Malnourished under-five children (4,174 boys and 3,828 girls) benefitted through the project duration. The moderated cases were treated using ready to use supplementary food (RUTF). The above two activities were implemented through 7 mobile health clinics that IOM was running during the implementation of this project. Each mobile clinic for this purpose comprised of one physician, one nurse and one midwife.
3. A total of 3,318 Pregnant and Lactating Women (PLW) were reached for Targeted Supplementary Feeding Programme (TSFP)
4. Health promotion and awareness sessions were conducted in terms of awareness raising for preventative services. The messages used are standardised message through the Ministry of Public Health and Population (MoPHP). During the awareness raising sessions, promotional materials were distributed including posters. In total approximately 12,000 people benefitted from the awareness raising. This included the beneficiaries especially the mothers of the children that were severe acute malnourished (SAM) and Moderate Acute Malnourished (MAM) that benefitted by knowing about the signs of malnutrition, knowing about services provided by IOM through the mobile clinics and bringing their children forward for treatment through RUTF and RUSF.

IOM over exceeded its target due to the complete absence of nutrition services in most targeted areas except for Ahwer district in Abyan governorate where other partners are operating. The number of malnourished cases has also increased due to the on-going conflict. IOM was able to reach more people through the seven Mobile Health Units (MHUs) that operated within the project locations. This was evident as according to a joint nutrition and mortality survey conducted by UNICEF and cluster partners in August 2015, which included 88 per cent of the governorate districts (95 per cent of the population), the results showed a 31 per cent global acute malnutrition (GAM) prevalence among under5 children, 9 per cent of whom have severe acute malnutrition (SAM). These results are much worse than in 2014, when the GAM rate was at 18 per cent. In Aden governorate, the results showed a prevalence of 19.2 per cent for GAM among under 5 children, 2.5 per cent of whom have SAM. IOM was also able to reach many more beneficiaries by provision of in kind medicines and equipment through other funding. IOM managed to cover the hardest to reach communities in the targeted districts and reach more people than originally planned.

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

The local authorities including the governorate and district levels health offices of the MoPHP as well as other partners such as UNICEF and WHO were consulted during the project design, in order to reflect the true needs of the people on the ground. During the project implementation, in addition to the local authorities, the affected communities were involved in the identification of the highly IDPs congested areas, in hosting the mobile health clinic by provision of clinic space for services delivery. Also, people from the same affected communities were volunteering in mobilizing the people for using the services of the mobile clinics. The weekly operational schedule for the mobile health clinics were prepared in consultation of the people, which is a good monitoring mechanism of the mobile clinics by the people. So, people were involved directly or through their representative in all phases of the project.

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

EVALUATION CARRIED OUT ☐

No evaluation was planned for this project.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		22/05/2015 – 21/11/2015	
2. CERF project code:		15-RR-WFP-036		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Food Aid					
4. Project title:		Safeguarding Lives, Improving Food Security and Nutrition, and Building Resilience					
7. Funding	a. Total project budget:		US\$ 245 million		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 157 million		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 48,481		
	c. Amount received from CERF:		US\$ 1,440,633		■ <i>Government Partners:</i> US\$ N/A		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
<i>Children (below 18)</i>		18,315	18,900	37,215	17,762	28,885	46,647
<i>Adults (above 18)</i>		49,515	46,270	95,785	26,389	23,760	50,149
Total		67,830	65,170	133,000	44,151	52,645	96,796
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
<i>Refugees</i>							
<i>IDPs</i>				47,809			
<i>Host population</i>				48,987			
<i>Other affected people</i>		133,000					
Total (same as in 8a)		133,000		96,796			
<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>		As per original plan, 133,000 were supposed to be assisted during the three months. Given that instead of 2,300 mt of food, only 818 mt of food was eventually received in Yemen for further distribution, only 96,796 people during one month could be assisted with the food available.					

CERF Result Framework			
9. Project objective	Provide life-saving assistance to people affected by conflict		
10. Outcome statement	Stabilized or improved food consumption over assistance period for targeted households		
11. Outputs			
Output 1	Delivery and distribution of 2,300 MT of food commodities benefitting some 133,000 people in Yemen within three months		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of beneficiaries reached with assistance	133 000	96,796
Indicator 1.2	Tonnage distributed to beneficiaries	2 300	817
Indicator 1.3	Percentage of female households	30%	16%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification and registration of beneficiaries	WFP	WFP and Implementing Partner
Activity 1.2	Transportation of commodities to food distribution points	WFP	WFP
Activity 1.3	Organization of distribution	Ministry of Education, DRC, ACTED	Islamic Relief Yemen/WFP
Activity 1.4	Distribution of commodities	Ministry of Education, DRC, ACTED	Islamic Relief Yemen
Activity 1.5	Monitoring distribution	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:

WFP has faced a number of challenges in bringing the cargo for which the CERF contribution covered the associated costs. One of the major issues was incomplete or inadequate documentation for the cargo. The quantities of food stated in the documentation did not correspond to the actual quantity. For example, while originally it said that some 24,000 bags are of 50 kg each, upon the receipt of the commodity it was found that the bags are actually fewer and the quantity per bag is 40 kg instead of 50 kg. As the expiration dates of the commodities were not clearly visible on the cargo, additional clarifications were sought from the donor. This delayed the clearance of the cargo from the port and at times resulted in rejection of the cargo by the Yemeni customs authorities. WFP managed to bring in Yemen and receive customs clearance only for the rice that is why only rice was distributed in Yemen. WFP transported tuna from Djibouti to Yemen, however, it was rejected by the Yemeni customs at Hodaydah port. The rejection was also due to the quality of the commodity.

The quality of the received in-kind donation was another major challenge. Tuna cans were rusty and wheat flour got repeatedly infested while still in Djibouti. Given this, it was decided against transporting wheat flour to Yemen as the Yemen authorities indicated that they would not accept the cargo that has undergone several rounds of fumigation. As a result, wheat flour remained in Djibouti for WFP Djibouti office to distribute it to Yemeni refugees.

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

Facing challenging operational environment, resulting in access and movement restrictions, WFP has introduced two new arrangements with an aim to ensure AAP:

- 1) remote monitoring through live calls;
- 2) third party face-to-face monitoring.

In July 2015, WFP launched remote monitoring through direct phone calls to beneficiaries. Since then data have been collected on a monthly basis. By way of analysing the received data, WFP team could identify problems at the distribution sites and address them in a timely manner. Furthermore, the findings of remote monitoring have been helpful in refining targeting and cross-checking the information on needs on the ground that comes from partners.

In November 2015, in addition to the Call Centre established in Amman, WFP set up a Call Centre in Sana'a to take up a role of beneficiary outreach including serving as a complaints and feedback mechanism. This is in addition to other functions, including tracking the delivery of assistance to beneficiaries. The Call Centre contacts focal points of WFP cooperating partners to check on the status of food movement (arrival, storage, dispatches and distribution) to identify any challenges associated with the delivery of assistance.

Meanwhile, the Call Centre in Amman that was set up in July 2015 as part of the remote monitoring and evaluation mechanism tracked beneficiary feedback by reaching them through live calls. The data received from these calls are captured in the tracking database that registers issues raised, dates of complaints/feedback, the responsible person to take action, and actions taken to address the issues. This database is shared with management and programme staff in the Country office and all Field offices that report back on the actions taken.

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

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☒

Due to the security situation and priority given to the implementation of the operation, no evaluation mission could take place.

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		01/06/2015 – 30/11/2015	
2. CERF project code:		15-RR-WFP-039		6. Status of CERF grant: <input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:		Common Humanitarian Air Services					
4. Project title:		Logistics Augmentation and Coordination to Support Humanitarian Operations in Yemen including provision of Humanitarian Air Services					
7. Funding	a. Total project budget:		US\$ 39,000,000	d. CERF funds forwarded to implementing partners: ■ <i>NGO partners and Red Cross/Crescent:</i> ■ <i>Government Partners:</i>			
	b. Total funding received for the project:		US\$ 31,019,681				
	c. Amount received from CERF:		US\$ 6,260,680				
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 (below 18)						2	2
Adults (above 18)		180	300	480	172	191	363
Total		180	300	480	172	193	365
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
Refugees							
IDPs							
Host population							
Other affected people		480		365			
Total (same as in 8a)		480		365			
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		At the time of the submission of the proposal, the Common Air services was planned to be operated between Djibouti and Sana'a as well as to Hudaydah, Taizz and Aden. However, no regular flights have been established to Hudaydah, Taizz or Aden as the security situation and the operational condition of the airports did not allow for that.					

CERF Result Framework			
9. Project objective	Providing timely access to beneficiaries and project implementation sites for NGOs, UN agencies, donor organizations and diplomatic missions responding to the Yemen crisis through safe, effective and efficient air transport services; transporting life-saving cargo including medical supplies and food; providing adequate capacity for emergency evacuation of humanitarian staff. The additional storage capacity in Hodeidah port will enhance the discharging process of the humanitarian cargo from the ship to the port on timely and release the vessels. To ensure the continuity of the Humanitarian operational and enhance the predictability, timeliness and efficiency of the emergency response to affected population by facilitating and providing fuel to humanitarian agencies throughout the fuel crisis.		
10. Outcome statement	Humanitarian staff can access beneficiary sites to implement vital humanitarian projects.		
11. Outputs			
Output 1	To ensure the continuity of the Humanitarian operational and enhance the predictability, timeliness and efficiency of the emergency response to affected population by facilitating and providing fuel to humanitarian agencies throughout the fuel crisis.		
4Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Needs Assessments carried out	4	4
Indicator 1.2	Percentage of passenger bookings served against requested	95%;Three flights per week between Djibouti Sana'a and 360 staff to transport	100%: 365 passengers between Djibouti and Sana'a
Indicator 1.3	Number of contracted hours for humanitarian activities	ERJ-125: 70 hours MGH; DHC8-300: 70 hours MGH	EMB 135 Jet aircraft 60 MGH-40 AOH
Indicator 1.4	Percentage of cargo movement requests served against requested	95%; 200 MT of life saving cargo to be airlifted from Djibouti to Sana'a within a three-month period	100% of cargo requests cargo uplifted 200 MT
Indicator 1.5	Number of agencies using the service	40	49 (14 UN + 35 INGOs)
Indicator 1.6	Locations served	7	2, only Sana'a and Djibouti
Indicator 1.7	Percentage of evacuation requests responded to	100%	100%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provision of scheduled passenger services	WFP (UNHAS)	Done by WFP UNHAS
Activity 1.2	Provision of scheduled cargo services	WFP (UNHAS)	Done by WFP UNHAS
Activity 1.3	Provision of medical and security evacuations	WFP (UNHAS)	Done by WFP UNHAS

Activity 1.4	Provision of special flights	WFP (UNHAS)	Done by WFP UNHAS
Activity 1.5	Procurement of 2,076,234 liters of fuel and importation to the country	WFP Logistics	1.8 million liters of fuel purchased, imported and stored in the country for the partners
Activity 1.6	Transportation/distribution and storage of fuel in three cluster hubs	WFP Logistics	1 million liters of fuel transported from the port to WFP warehouse in three locations; storage capacity has been increased to one million liters capacity
Activity 1.7	Procurement of Mobile Storage Unit (MSU) and installation at Hodeidah port for the humanitarian cargo	WFP Logistics	Total 10 Mobile Storage Unit (MSUs) purchased and installed in Djibouti, Hudaydah, Aden and Sana'a

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:

Given the security situation and operational conditions of the airports in Hudaydah, Taizz and Aden, only two locations (Sana'a - Djibouti) were covered by Common Air Services.

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

N/A

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

EVALUATION CARRIED OUT ☐

The mission to evaluate the project is subject to security conditions and available slots in the country.

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		WFP		5. CERF grant period:		09/07/2015 – 08/01/2016	
2. CERF project code:		15-RR-WFP-040		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Nutrition					
4. Project title:		Safeguarding Lives, Improving Food Security and Nutrition, and Building Resilience					
7. Funding	a. Total project budget:		US\$ 25 million		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 16,622,952		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ n/a		
	c. Amount received from CERF:		US\$ 749,936		■ <i>Government Partners:</i> US\$ 14,500		
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
<i>Children (below 18)</i>		10,125	12,375	22,500	10,671	12,033	22,704
<i>Adults (above 18)</i>							
Total		10,125	12,375	22,500	10,671	12,033	22,704
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
<i>Refugees</i>							
<i>IDPs</i>							
<i>Host population</i>		22,500			22,705		
<i>Other affected people</i>							
Total (same as in 8a)		22,500			22,705		
<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	Treatment of acute malnutrition among children under the age of five years		
10. Outcome statement	Reduced levels of acute malnutrition among children under 5		
11. Outputs			
Output 1	Reached number of beneficiaries		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children receiving Sup.Plumpy (55 percent boys and 45 percent girls)	22,500	22,705 (53 percent boys and 47 percent girls)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Registering children for treatment	WFP	WFP
Activity 1.2	Distribution of Sup.Plumpy to beneficiaries	MoPHP	MoPHP
Output 2	Tonnes distributed		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Quantity of distributed Sup.Plumpy	186.6	188
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement of Sup.Plumpy at the international market	WFP	WFP
Activity 2.2	Transportation of the commodity to Yemen	WFP	WFP
Activity 2.3	Delivery of the commodity to health facility	WFP	WFP
Activity 2.4	Distribution of the commodity to beneficiaries	MoPHP	MoPHP

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 number of reached beneficiaries has slightly exceeded the number of planned beneficiaries thanks to the increased tonnage of the commodity procured. The increase in tonnage was possible due to the fluctuation in prices.

As evidenced by the results of the post distribution monitoring, MAM treatment recovery rate was registered at >75 percent; MAM treatment mortality rate was <3 percent; MAM treatment default rate at < 15 percent; MAM treatment non-response rate at <15 percent.

Although WFP has benefited from access to consolidated nutrition programme information at the governorate level, the difficulty in obtaining data from cooperating partners affected the quality of the information in the system. In an effort to continue to strengthen the inclusiveness and accuracy of its data systems, WFP continues to work with UNICEF and the Nutrition Cluster to strengthen reporting capacities and improve the quality of data entered into the system. The aim is to improve availability of quality programme information to managers across all levels, thus improving data for WFP programme decision-making.

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

Facing challenging operational environment, resulting in access and movement restrictions, WFP has introduced two new arrangements with an aim to ensure AAP:

- 1) remote monitoring through live calls;
- 2) third party face-to-face monitoring.

In July 2015, WFP launched remote monitoring through direct phone calls to beneficiaries. Since then data have been collected on a monthly basis. By way of analysing the received data, WFP team could identify problems at the distribution sites and address them in a timely manner. Furthermore, the findings of remote monitoring have been helpful in refining targeting and cross-checking the information on needs on the ground that comes from partners.

In November 2015, in addition to the Call Centre established in Amman, WFP set up a Call Centre in Sana'a to take up a role of beneficiary outreach including serving as a complaints and feedback mechanism. This is in addition to other functions, including tracking the delivery of assistance to beneficiaries. The Call Centre contacts focal points of WFP cooperating partners to check on the status of food movement (arrival, storage, dispatches and distribution) to identify any challenges associated with the delivery of assistance.

Meanwhile, the Call Centre in Amman that was set up in July 2015 as part of the remote monitoring and evaluation mechanism tracked beneficiary feedback by reaching them through live calls. The data received from these calls are captured in the tracking database that registers issues raised, dates of complaints/feedback, the responsible person to take action, and actions taken to address the issues. This database is shared with management and programme staff in the Country office and all Field offices that report back on the actions taken.

In December 2015, WFP introduced a third party monitoring system that conducts distribution monitoring and beneficiary outreach monitoring during food distributions, as well as post-distribution monitoring household visits. WFP has selected the Yemen Polling Centre (YPC) as a third party monitoring company, tasked with visiting randomly selected food distribution points for both general food and nutrition distributions to check if food distributions are conducted in line with humanitarian standards and procedures and to reach out to beneficiaries for their feedback. YPC, has been visiting randomly selected beneficiary households to measure their food security levels in order ,to track the impact of,WFP assistance.

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

EVALUATION CARRIED OUT ☐

The project has not been selected for the evaluation during that time. Due to the security ceiling and restricted presence of international staff in the country, the priority was given to operational programme staff, and therefore staff could not be brought in for the evaluation mission.

EVALUATION PENDING ☒

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	WHO		5. CERF grant period:	01/07/2015 – 31/03/2016			
2. CERF project code:	15-RR-WHO-022		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded			
4. Project title:	Emergency Response to the needs of patients with chronic non-communicable diseases (NCDs) in Yemen						
7. Funding	a. Total project budget:	US\$ 63,807,229	d. CERF funds forwarded to implementing partners:				
	b. Total funding received for the project:	US\$ 8,021,884	<div> <div>▪ NGO partners and Red Cross/Crescent:</div> <div>US\$ 0</div> </div>				
	c. Amount received from CERF:	US\$ 8,021,884	<div> <div>▪ Government Partners:</div> <div>US\$ 0</div> </div>				
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 (below 18)		216,604	230,189	446,793	170,765	177,734	348,499
Adults (above 18)		150,944	156,982	307,926	112,493	117,689	230,182
Total		367,548	387,171	754,719	283,258	295,423	578,681
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		50,000			43,731		
Host population							
Other affected people		704,719			534,950		
Total (same as in 8a)		754,719			578,681		
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>		<p>Due to the fact that more funds were required for support costs and salaries to procure, distribute and monitor than had been anticipated. This related to the complex logistical situation related to bringing supplies into Yemen. The total number of beneficiaries reached during the life of the project was less than had been planned, although the procured supplies are sufficient for the 754,719 individuals and will be subsequently distributed to all the target beneficiaries. However this was unavoidable in the circumstances. Additional costs also included spending on security improvements, and travel to Yemen for staff to support this project.</p>					

CERF Result Framework			
9. Project objective	To provide immediate life-saving drugs and medical supplies for suffering NCD patients – men, women, boys and girls- under the current humanitarian crisis in Yemen.		
10. Outcome statement	NCD patients, including women and girls, provided with timely, un-interrupted supply of drugs and medical supplies needed for ongoing treatment of their health conditions for the next six months.		
11. Outputs			
Output 1	Six-months' supply of NCD drugs and medical supplies - covering the needs of 754,719 patients- successfully procured and positioned in WHO and MOH warehouses in 4 major hubs inside Yemen.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	per cent of planned supplies successfully procured	100%	78%
Indicator 1.2	Record of dispatch and arrival in 4 major hubs in Yemen	4 sets of records	3 sets of records
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement, shipping and clearance of 6 months supply of NCD drugs and medical supplies	WHO	WHO
Activity 1.2	In country dispatch and positioning in WHO and MOH warehouses in 4 major hubs in Yemen	WHO-MOH	WHO-MOH
Output 2	Procured NCD drugs and medical supplies further dispatched in country from 4 WHO and MOH warehouses to major hospitals in affected governorates of Yemen.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	per cent quantities distributed to affected governorates by name of governorate and specific hospitals	100%	78%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	In country distribution from 4 major hubs to 16 affected governorates	WHO-MOH	WHO-MOH
Activity 2.2	Positioning of supplies in hospitals of affected governorates	WHO-MOH	WHO-MOH
Output 3	Supplies used by affected women, men, girls and boy patients in the most gender-equitable manner possible		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Hospital records of per cent target patients - disaggregated by age and gender- treated using the dispatched supplies	60%	60%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Active collection of information from hospitals by WHO through MOH on the dispensing of concerned supplies	MOH-WHO	MOH-WHO
Activity 3.2	Radio and TV spots and community distribution of posters alerting women and girls to reach hospitals in order to receive their treatment as necessary.	WHO-MOH	WHO-MOH

Activity 3.3	Unannounced visits by WHO to target facilities and conduction of spot-checks of records to assess the per cent of women and girls among the total beneficiaries, followed by targeted actions to remedy inequality	WHO	MOH-WHO
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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:

Due to the intensifying of the conflict situation in Yemen, the delay in availability of other donor funding and the urgent need for Surge personnel on the ground, both in Yemen and Djibouti, WHO was obliged to use some amount (\$ 494,571 toward staff cost for emergency human resources. The staff included Logistics and Technical personnel who supported implementation of the project.

Despite this deviation in the project activities, WHO was able to procure the full quantities of the medicines/supplies mentioned in the original proposal. This can be attributed to the fluctuation of costs (shipping, freight, insurance, in-country transportation), which had been set down in the project budget based on the rates existent at the time of proposal development.

On 21 December 2015, WHO requested the CERF Fund Management Team for a No-Cost Extension for 3 months, i.e., till 31 March 2016, as US\$ 848,550 remained unliquidated as of that date. This was due to the following reasons:

- WHO's internal transparency and accountability SOP that requires the Project AWARD to be open and active when the goods or services are received.
- The prolonged conflict led to an embargo that affected the interpretation of the medical supplies
- Although the goods had been purchased by the suppliers but WHO cannot receive any supplies after the end of the project date, i.e., 31st December 2015, as per WHO rule which states that all supplies must be received one month before the end of the AWARD.
- WHO is obliged to procure from WHO-approved suppliers who observe Good Management Procurement (GMP). Two of the items were to be received in Jan-Feb 2016 due to the lack of GMP suppliers of NCD supplies of certain medical drugs.
- The whole process of calling for bids, selection of suppliers and awarding of contracts was meticulous and consumed more time than initially expected.

The remaining activity to be implemented as of the date of NCE request was disbursement of the balance amount (\$ 848,550) towards Djibouti-Sana'a-Hodeidah-Aden costs (warehousing, transit-costs, shipping, insurance, in-country transportation), which had not been paid yet as goods were still in shipment.

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

During project planning, the total beneficiary figure was disaggregated by age and gender. Specific numbers of women and girls were planned to be reached through this project. These numbers have been verified during the project cycle, through reports from the health facilities where these patients had presented to seek treatment. There are however great limitations within the MoPHP HIS system that limits the accuracy of some of this data.

Due to the difficult security situation, most of the time it was not feasible for WHO staff to be physically present at the health facilities to do spot-checks on the records. This was accomplished when security permitted. Otherwise, health facility records were received through email and/or fax in order to ensure that beneficiaries reached included a sizeable number of men, women, boys and girls.

WHO and Health cluster partners have strategies in place that work at community level to increase attendance and access of vulnerable communities to healthcare. This then is complemented by strategies at health facility level, such as availability of female staff, and a safe accessible location. Where it was not possible to ensure access to care for a population or a sector of the population then WHO ensured that additional staff or mobile teams were supplied. This was either through NGOs or through coordination within cluster system.

While WHO did not use post distribution monitoring, or a qualitative assessment this will be undertaken in upcoming M&E strategies, that will in part encompass the interventions under this grant.

The locations for distribution of drugs and supplies were chosen based on priorities identified in the Yemen HRP, and in response to ongoing needs assessments. The cancer and diabetes medicines were distributed to the patients according to a pre-existing list in the health facilities. In addition, the MoPHP has recognized WHO's support officially.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
No evaluation was planned for this project.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:		WHO		5. CERF grant period:		06/07/2015 – 05/01/2016	
2. CERF project code:		15-RR-WHO-023		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Nutrition					
4. Project title:		Ensuring continued provision of nutrition services, and reduce morbidity and mortality associated with malnutrition					
7. Funding	a. Total project budget:		US\$ 1,000,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received for the project:		US\$ 249,952		■ <i>NGO partners and Red Cross/Crescent:</i> US\$ 115,000 ■ <i>Government Partners:</i> US\$ 0		
	c. Amount received from CERF:		US\$ 249,952				
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 (below 18)		24,480	23,520	48,000	20,948	20,138	41,086
Adults (above 18)					10,453		10,453
Total		24,480	23,520	48,000			51,539
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		28,000			29,543		
Host population		20,000			21,996		
Other affected people							
Total (same as in 8a)		48,000			51,539		
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:		The project supported 12 teams instead of 10 teams, to provide services for IDPs and tracking them in many areas. The project was designed to provide nutrition services for children however due to the huge need for health services. The teams provided nutrition and health services for children and adult.					

CERF Result Framework			
9. Project objective	To save lives through ensuring continued provision of nutrition services, and reduce morbidity and mortality associated with malnutrition.		
10. Outcome statement	Outcome 1: Target population has continued access to essential, lifesaving, and curative Nutrition services resulting in maintaining an acceptable threshold in morbidity and mortality levels.		
11. Outputs			
Output 1	Improved nutrition services and strengthen the management of sever acute malnutrition (MAM and SAM)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of mobile teams providing nutrition services	10	12
Indicator 1.2	Number of beneficiaries	48,000	51,539
Indicator 1.3	Number of report	5	5
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide nutrition services through 10 mobile teams	WHO, MOPH, FMF	WHO, FMF
Activity 1.2	Provide the essential supplies and medicine for the teams (RUTF and Medicine)	UNICEF, WFP and WHO	UNICEF, WFP and WHO
Activity 1.3	Provide monthly nutrition data from 20 sites of different governorates	MoPH and WHO	MoPH and WHO

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 mobile clinics reached 41,086 children under five years old 20,948 girls and 20,138 boys, 30,745 received the necessary treatment or referred to the nearest health facility.
- The mobile teams provided additional health services not limited to nutrition such as
 - Immunization routine and supplementary services for infant, children adolescent and women.

A. Children Under one year:

C.o		AlHudaydah	Aden	Lahj	Hadramaut	Hajjah	Total	
Children Under one year	BCG		11	0	0	0	3	14
	Polio0		122	0	0	0	20	142
	Polio0	1	237	0	0	0	98	335
		2	255	0	0	0	100	355
		3	260	0	0	0	284	544
		4	219	0	0	0	198	417
		5	50	0	0	0	221	271
	Penta	1	231	0	0	0	337	568
		2	259	0	0	0	479	738

	Cocci	3	237	0	0	0	292	529
		1	222	0	0	0	98	320
		2	264	0	0	0	100	364
		3	247	0	0	0	200	447
	Rota	1	198	0	0	0	197	395
		2	621	0	0	0	177	798
	Measles 1		2376	0	0	0	383	2759
	Vitamin A		1623	0	0	0	207	1830

B- Children 12m-24m

C.o		AlHudaydah	Aden	Lahj	Hadramaut	Hajjah	Total
Children 12m-24m	Polio0	1	0	0	0	0	0
		2	0	0	0	0	0
		3	106	0	0	2	108
		4	17	0	0	176	193
		5	257	0	0	78	335
	Penta	1	0	0	0	0	0
		2	35	0	0	2	37
		3	0	0	0	0	0
	Measles 1	1	145	0	0	193	338
		2	311	0	0	75	386
	Vitamin A		425	0	0	12	437

C- Supplementary dose of measles

	Supplementary dose of measles and Polio					
	(2-5 years)		(6-10 years)		(11-15) years	
Conservatism	polio	Measles	polio	Measles	polio	Measles
Al Hudaydah	32	378	370	449	1085	520

Aden	0	0	0	0	0	0
Lahj	0	0	0	0	0	0
Hadramaut	0	0	0	0	0	0
Hajjah	0	0	0	0	0	88
Total	32	378	370	449	1085	608

D- women and nursing mothers

Conservatism	Tetanus vaccine for pregnant women and nursing mothers			Tetanus vaccine for women of childbearing age		
	One dose	Two doses	3-5 doses	One dose	Two doses	3-5 doses
Al Hudaydah	281	137	81	526	173	118
Aden	0	0	0	0	0	0
Lahj	0	0	0	0	0	0
Hadramaut	0	0	0	0	0	0
Hajjah	205	327	270	374	639	256
Total	486	464	351	900	812	374

- Reproductive health services for 10,453 women at reproductive age, provide antenatal care, postnatal care and Tetanus vaccination.
- To provide medical consultation for adult
- Provide Health Education to improve the knowledge and practices in nutrition, hygiene promotions, disease prevention and child feeding and caring practice of mother including pregnant and lactating mothers. Around 8,877 Brochure.

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

WHO tried to ensure the provision of the essential services and increase the accessibility of services for all affected population in five governorates. WHO provide the essential medicines and MOPH provided the therapeutic food.

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

EVALUATION CARRIED OUT ☐

EVALUATION PENDING ☐

No evaluation was planned for this project.

NO EVALUATION PLANNED ☒

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-023	Nutrition	WHO	NNGO	\$115,000
15-RR-CEF-066	Nutrition	UNICEF	NNGO	\$112,605
15-RR-CEF-066	Nutrition	UNICEF	INGO	\$64,000
15-RR-CEF-066	Nutrition	UNICEF	INGO	\$31,739
15-RR-CEF-066	Nutrition	UNICEF	GOV	\$108,963
15-RR-CEF-066	Nutrition	UNICEF	INGO	\$110,477
15-RR-CEF-066	Nutrition	UNICEF	NNGO	\$130,000
15-RR-CEF-066	Nutrition	UNICEF	NNGO	\$14,496
15-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$945,078
15-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$110,347
15-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	GOV	\$118,020
15-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	INGO	\$553,986
15-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	NNGO	\$4,836
15-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	NNGO	\$17,920
15-RR-CEF-067	Water, Sanitation and Hygiene	UNICEF	NNGO	\$30,000
15-RR-HCR-026	Shelter & NFI	UNHCR	NNGO	\$29,903
15-RR-HCR-026	Shelter & NFI	UNHCR	NNGO	\$52,794
15-RR-WFP-036	Food Assistance	WFP	INGO	\$48,481
15-RR-WFP-040	Nutrition	WFP	GOV	\$14,500

ANNEX 2: ACRONYMS AND ABBREVIATIONS

AAP	Accountability to Affected Population
ACTED	Agency for Technical Cooperation and Development
CCCM	Camp Coordination and Camp Management
CERF	Central Emergency Response Fund
DRC	Danish Refugee Council
FMF	Field Medical Foundation
GAM	General Acute Malnutrition
GARWSP	Government Authority for Rural Water Supply Projects
GMP	Good Management Procurement
HACT	Harmonized Approach to Cash Transfers
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HFY	Humanitarian Forum Yemen
HH	Household
HIS	Health Information System
HNO	Humanitarian Needs Overview
HPF	Humanitarian Pooled Fund
HRP	Humanitarian Response Plan
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Population
INGO	International Non-Governmental Organization
IOM	International Organisation for Migration
LWSC	Local Water and Sanitation Corporation
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnourished
MHT	Mobile Health Team
MHU	Mobile Health Unit
MOH	Ministry of Health
MOPHP	Ministry of Public Health and Population
MSF	Medecins Sans Frontieres
MSU	Mobile Storage Unit
MT	Metric Tons
NCD	Non-Communicable Disease
NFI	Non-Food Items
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
PCA	Principal Component Analysis
PDM	Post-Distribution Monitoring
PLW	Pregnant and Lactating Women
RC	Resident Coordinator
RUSF	Ready-to-Use Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
SAM	Severe Acute Malnourished
SHS	Society for Humanitarian Solidarity

SMART	Standardized Monitoring and Assessment of Relief and Transitions
TPM	Third Party Monitoring
TSFP	Targeted Supplementary Feeding Programme
UGC	User Group Committee
UN	United Nations
UNHAS	United Nations Humanitarian Air Services
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
YHRP	Yemen Humanitarian Response Plan
YPC	Yemen Petroleum Company
YPC	Yemen Polling Centre