

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

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 United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), United Nations High Commissioner for Refugees (UNHCR), International Organisation for Migration (IOM), United Nations Development Programme (UNDP) and World Health Organization (WHO) 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 Resident Coordinator (RC)/Humanitarian Coordinator (HC) final report was shared with the Humanitarian Country Team (HCT) and Inter-Cluster Coordination Mechanism (ICCM) on 27 October 2016 for comments that were incorporated in the final report.

- 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 27 October 2016 with the CERF recipient agencies, cluster coordinators and the Humanitarian Country Team for comments and approval. The final version is shared with the HCT and ICCM after submission to CERF.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 1,600,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	44,250,104
	COUNTRY-BASED POOL FUND	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: 26-Sep-15			
Agency	Project code	Cluster/Sector	Amount
UNICEF	15-RR-CEF-119	Child Protection	979,724
UNICEF	15-RR-CEF-120	Health	900,916
UNICEF	15-RR-CEF-121	Water, Sanitation and Hygiene	3,200,000
UNFPA	15-RR-FPA-040	Sexual and/or Gender-Based Violence	500,000
UNFPA	15-RR-FPA-041	Health	599,189
UNHCR	15-RR-HCR-057	Multi-sector refugee assistance	496,990
UNHCR	15-RR-HCR-058	Human Rights	500,000
UNHCR	15-RR-HCR-059	Camp Coordination and Camp Management	2,240,126
IOM	15-RR-IOM-038	Health	300,000
IOM	15-RR-IOM-039	Multi-sector refugee assistance	500,000
IOM	15-RR-IOM-040	Camp Coordination and Camp Management	1,750,000
IOM	15-RR-IOM-041	Water, Sanitation and Hygiene	800,000
UNDP	15-RR-UDP-009	Early Recovery	1,476,374
WHO	15-RR-WHO-043	Health	699,348
TOTAL			14,942,667

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

Type of implementation modality	Amount
Direct United Nations (UN) agencies/IOM implementation	9,443,486
Funds forwarded to Non-Governmental Organization (NGOs) and Red Cross / Red Crescent for implementation	4,535,388
Funds forwarded to government partners	963,793
TOTAL	14,942,667

HUMANITARIAN NEEDS

Since 2011, the humanitarian situation in Yemen has severely deteriorated due to political instability, conflict and an economic and fiscal crisis, leading to the near-collapse of basic services. Conflict in Yemen has had a devastating impact on the lives of all Yemeni people. The Yemeni people are resilient, but their coping mechanisms have been 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, two-thirds of Yemeni youth were unemployed and basic social services were on the verge of collapse.

Since March 2015, the conflict has spread to 21 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 revised Humanitarian Needs Overview (HNO) was launched on 12 June 2015 and indicated 21.1 million people – 80 per cent of the population – required some form of humanitarian assistance, mainly water, protection, food and healthcare. This figure represented a 33 per cent increase since the onset of the conflict. The humanitarian community issued a revised Yemen Humanitarian Response Plan (YHRP) on 19 June 2015, which laid the basis for resource mobilization and more widespread access negotiations.

The upsurge in violence deepened the hardships faced by ordinary Yemenis and diminished the protection of civilians. Fighting, coalition airstrikes and the restrictions on commercial imports impacted virtually the entire country and the number of displaced people continued to increase. The most heavily affected districts were concentrated in Aden, Al Dhale'e, Amran, Hajjah, Ibb, Lahj, Sa'ada and Taizz. The supply of food, fuel, water and electricity across the country were disrupted. Schools, health facilities and private homes were damaged or destroyed. Humanitarian agencies had continued to provide assistance, but significant gaps remained as insecurity, lack of fuel and finances, and restricted access to populations in need limited their reach. The rapidly growing displaced population required increased efforts to meet urgent needs including food, water, sanitation, healthcare, protection, shelter and mine clearance. Host families' safety nets, strained from years of instability and localized conflict, were also stretched. 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 disproportionately affected by the conflict. In September 2015, almost 885,000 refugees and migrants in Yemen required assistance. Refugees and migrants in and around Aden, Hodeidah, Mukalla, Sana'a and Taizz were particularly affected by conflict.

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 have been exacerbated by the conflict, with displaced women 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. In some areas of active conflict, such as in Taizz and Aden, young men were unable to freely move due to threats of violence and detention, placing additional responsibility on women to seek access to basic goods, such as food, cooking gas and medical supplies. Since the conflict began, women reported that their workloads had increased enormously, and they required additional support to meet their responsibilities. Children were among the most vulnerable groups impacted by the conflict, placing them at increased risk of recruitment or use by armed groups and other forms of abuse. Children who had experienced stressful situations were likely to show changes in social relations, behaviour, physical reactions and emotional response, manifesting as sleeping problems, nightmares, withdrawal, problems concentrating, and guilt. These problems were compounded by uncertainty about the future and disruption to routine.

II. FOCUS AREAS AND PRIORITIZATION

Access and insecurity remained serious challenges for humanitarian action in parts of Yemen. Airstrikes and ongoing conflict, especially in Sa'ada, Hajjah, Taizz, Al Dhale'e, Aden and Lahj, hindered movement of affected people and humanitarian organizations, and limited or delayed the delivery of humanitarian assistance. The humanitarian community in Yemen included a wide network of experienced international, regional and national organizations with capacity to prepare for, assess and respond to humanitarian needs. In support of operations inside Yemen, the Humanitarian Country Team (HCT) was operating three external hubs: Amman, Riyadh and Djibouti. Despite numerous access and logistical challenges, UN and International Non-Governmental Organization (INGO) partners remained operational with over 1,000 national staff and up to 74 international UN staff in Yemen. A limited number of INGO international staff was also working from Yemen and national NGOs were maintaining operations to the extent possible.

Although partners had continued to operate throughout the conflict, there was an urgent need to scale up capacity to meet growing needs in line with the L3 emergency. Partners had made progress in establishing common services, including flights and vessels, stockpiling and pre-positioning humanitarian supplies, and security measures to facilitate greater international humanitarian presence. As a result, 74 international UN staff had returned to Sana'a and a formal access monitoring and reporting mechanism was being established. The revised Yemen Humanitarian Response Plan (YHRP) addressed response capacity when setting targets and requirements for the rest of 2015. However, scaling up the UN and INGO presence across the country required the establishment of operational hubs that provided the necessary security and Emergency Telecommunications Cluster (ETC) services for the humanitarian community to operate. Six operational hubs were established and located in Sana'a, Sa'ada, Hudaydah, Taizz, Aden and Mukalla. These hubs served other governorates in close proximity. Under the operational plan, the UN anticipated a total UN staff presence of 1,056 people, including 262 internationals and 794 national staff members. The Sana'a hub was re-established soon after the start of the crisis and was currently operational with residential and some office space in Sheraton Hotel. Setting up the joint United Nations field offices in Sa'ada, Hudaydah, Taizz, Aden and Mukalla, whose establishment had been kick-started with the CERF Rapid Response grant in August 2015, enabled re-establishing humanitarian presence in the field and the response to the new needs.

Yemeni authorities called on international and national humanitarian partners to increase support to IDPs. The overall focus of this intervention was the response to the recent influx of IDPs in Al Dahle, Amran, Hajjah, Ibb, Lahj, Sa'ada, and Taizz, for Early Recovery, Health, Protection, Shelter and Water, Sanitation and Hygiene (WASH) sectors. In addition, early recovery mine action and solid waste management project responded in Aden. The Multi-sector response for refugees and migrants was responding in Aden (Basateen), Taizz (Bab El Mandeb and Mokha), Hodeidah (Hodeidah City), Sana'a, Mukalla, where the needs were largest. The rapidly growing displaced population required increased efforts to meet needs including water, sanitation, healthcare, protection, shelter and mine clearance. This CERF allocation directly targeted 2.6 million Yemenis in need.

Some urgent priorities aligned with the YHRP objectives had been funded in 2015 by the Yemen Humanitarian Pooled Fund (YHPF) through two Reserve Allocations, one in April 2015 and one in May 2015, for a total value of US\$ 19.4 million, providing funding to international and national NGOs (84%), and to a lesser extent to UN agencies (16%), to deliver critical time-sensitive assistance. The YHPF launched a third \$14.5 million reserve allocation for 7 to 20 September 2015 to address the outstanding gaps in the critical activities identified in the June 2015 revision of the HRP. The third allocation focused exclusively on strengthening the NGO delivery to complement this CERF funding. The CERF allocation was also envisaged to have a multiplier effect; kick start stronger commitments and funding from traditional and non-traditional donors to the YHRP and the Yemen Humanitarian Pooled Fund. The CERF allocation was used to strengthen the commitment of donors to the YHRP and the YHPF, by emphasizing the advantages of the complimentary use of funds and strengthening the civil society and national implementation. The Humanitarian Coordinator and the HCT continued to advocate for funding for interventions not funded through the CERF allocation or the YHPF, such as food aid.

III. CERF PROCESS

In view of the rapidly increasing needs, the objective of this CERF rapid response request was to ensure rapid humanitarian action and provide seed funding for scaling up response. The overall focus of this intervention was the response to the influx of IDPs in July-September 2015 in Al Dahle, Amran, Hajjah, Ibb, Lahj, Sa'ada, and Taizz, for Early Recovery, Health, Protection, Shelter and WASH sectors. In addition, Early Recovery cluster's mine action and solid waste removal project responded in Aden. The Multi-sector response for refugees and migrants responded in Aden (Basateen), Taizz (Bab El Mandeb and Mokha), Hodeidah (Hodeidah City), Sana'a and Mukalla. The geographical focus areas of implementation for this CERF overall application were selected on multi-criteria including largest number of new IDPs, intensity of conflict and accessibility through the United Nations joint offices/operational hubs to serve the affected communities. The CERF allocation targeted directly 2.6 million Yemenis in need.

CERF funds were invested in life-saving items that could be swiftly delivered through pre-existing capacity and funding for distribution and programming as well as providing seed money for partners. The HC wanted to capitalise and strengthen existing relationships between NGOs, particularly national NGOs, their ability to deliver in insecure and remote locations as well as their local knowledge and relationships. Based on needs assessments, the clusters and partners were requested to prioritise support to women and children. Hence several projects in protection and health focused on child protection, gender-based violence and maternal and child health. In addition the shelter, WASH, early recovery and multi-sector refugee assistance mainstreamed gender across the programmes.

The prioritisation process took into account complementarity with other funding sources, including the YHPF. The YHPF was used by the HC to prioritize support to international and national NGOs present on the ground that could also facilitate distribution of supplies provided by Cluster Lead Agencies. The selected Cluster activities for the CERF allocation were aligned to complement the HPF allocation. Despite of the increased needs in food security, agriculture and nutrition sectors, as these were simultaneously funded by the Pooled Fund allocation, the sectors were not included in the CERF allocation. The YHPF allocation focused exclusively on strengthening the NGO delivery to complement the CERF funding to UN/IOM agencies. The prioritisation of sector response was conducted through development of a concept note in consultation with the clusters. The draft concept note was developed by OCHA Humanitarian Financing Unit under the direction of the Humanitarian Coordinator and sent for a consultation with the clusters. The feedback was used to inform the final focus of the application, that was communicated to the HCT, ICCM and key partners. With the support and coordination of the respective cluster coordinators, the grant-seeking agencies were invited to submit proposals. The clusters used the following prioritisation criteria in selecting activities and projects for this CERF Rapid Response application:

Early Recovery - Critical Early Recovery needs in Mine Action and Solid Waste Management – \$1.5 million

Project activities provided quick impact on the safety of people in need and high visibility in addressing public health hazards. The cluster consulted with the WASH cluster and agreed to focus in Aden, Taizz and Sa'ada. The WASH cluster received \$500,000 from earlier CERF Rapid Response submission for solid waste in Aden, making a further allocation fully concentrated on Aden redundant, while Sa'ada and Taizz were critically underfunded. In addition all the solid waste activities were thought to complement the WASH cluster activities so that the impact was amplified.

Health - Primary health care services in conflict affected governorates - \$2.5 million

Project activities addressed primary health care with focus on maternal and child health care. WHO, UNICEF, UNFPA and IOM were the recipients of the funds totalling \$2.5 million for provision of primary health care services, maternal child health, and reproductive health through mobile clinics and reproductive health kits. CERF application was coordinated through the health cluster. The cluster recommended complementing the primary health care focus on maternal child health care with trauma and emergency medicines and kits. This was also to complement the CERF rapid response allocation in June that provided medicines to non-communicable diseases.

Protection - Protection of most vulnerable, child protection and dignity kits (Gender-Based Violence (GBV) Cluster) - \$2 million

Project activities targeted the protection needs of the most vulnerable. UNHCR, UNICEF and UNFPA were the recipients of the funds including child protection and GBV. CERF application was coordinated through the protection cluster. UNHCR, UNICEF and UNFPA had consultations and continued to coordinate. UNFPA was supplying the dignity kits and provided the dignity kits as per distribution plan and/ or partners' requests. UNHCR did not distribute dignity kits with the exception of Southern Yemen where UNHCR provided welcome/ dignity kits to new arriving refugees. This was included in the multi-sector migrants and refugee proposal. There was no risk of overlap between the work of UNHCR and UNFPA. Mine Risk Education (MRE) was coordinated under the child protection sub-cluster (CPSC) and coordination with any MRE actors including UNDP was ensured under the MRE Working Group. UNDP and Early recovery cluster's focus varied from the UNICEF intervention and included victim assistance and clearance. Psycho-social support (PSS) was also provided in coordination with the CPSC, PSS Working Group and the PSS Mental Health Working Group.

Multi-sector response for refugees and migrants - \$1 million

Medical care, WASH facilities, temporary shelter, and drinking water. IOM and UNHCR were the recipients of the funds. Distribution of the funds was coordinated within the cluster. UNHCR and IOM coordinated efforts closely in locations where the refugee and migrant flows intersected. In the Yemen context, IOM was the first responder to and assisted vulnerable migrants and UNHCR was the first responder to and assisted asylum seekers and refugees. Excluding critical medical emergencies, IOM did not provide assistance to asylum seekers and refugees, and referred them to UNHCR, which was mandated to protect them. This rule applied to IOM and UNHCR's work in Aden as well, where the two flows intersected.

Shelter - Procurement and distribution of Non-Food Items (NFI) Kits - \$4 million

Project activities addressed the immediate needs for NFI kits for a steadily increasing number of IDPs and people in host communities across country. IOM and UNHCR proposed activities to complement the Shelter Cluster response by addressing specific needs in areas that had not been covered. Coordination of IOM and UNHCR activities was done through the cluster at the national and local levels, and through the partnership with the local authorities, in order to avoid overlapping of activities with one another and other partners. However, due to the need for urgent delivery of assistance in Shelter and NFIs, and in order to ensure speedy and timely delivery of assistance, UNHCR and IOM targeted the governorates of Al Dhale'e, Lahj and Taizz simultaneously. To ensure full coverage and avoid duplication, UNHCR and IOM planned the activities closely. This mechanism was usefully implemented with other partners and still being practiced in other governorates.

WASH - Repairs of damaged water points - \$800,000 and WASH items by INGOs – \$3.2 million

Project activities focused on sustainability and multiplication of activities, and engagement of International NGOs. IOM and UNICEF were the recipients of the funds for implementation of WASH activities. The needs for fuel, operation, maintenance, equipment and incentives for key staff were huge. The cluster discussed and prioritized the most urgent needs and these were included in the CERF proposal. UNICEF was considered as the main supporter of the local water corporations and cleaning funds. The support helped to build capacity of local corporations so that they resumed their responsibilities to provide WASH services. UNICEF received funds mainly for supply procurement.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR									
Total number of individuals affected by the crisis: 21.1 million									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Camp Coordination and Camp Management	24,775	27,384	52,159	21,095	24,186	45,281	45,870	51,570	97,440
Child Protection	86,437	12,326	98,763	96,862	17,325	114,187	183,299	29,651	212,950
Early Recovery	170,008	175,537	345,545	179,804	185,651	365,455	349,812	361,188	711,000
Health	99,834	383,070	482,904	100,336	73,163	173,499	200,170	456,233	656,403
Human Rights	8,069	10,174	18,243	8,069	8,771	16,840	16,138	18,945	35,083
Multi-sector refugee assistance	21,269	10,375	31,644	37,096	14,201	51,297	58,365	24,576	82,941
Sexual and/or Gender-Based Violence	7,600	18,150	25,750	0	4,300	4,300	7,600	22,450	30,050
Water, Sanitation and Hygiene	212,621	215,106	427,727	211,237	214,001	425,238	423,858	429,107	852,965

BENEFICIARY ESTIMATION

The beneficiary estimation indicated in the report refers exclusively to the number of individuals directly reached through the CERF allocation that was granted in response to the Yemen crisis in September 2015. 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 102% of the planned beneficiaries totaling at 2,678,832 individuals.

The allocation emphasized women and girls as beneficiaries and 55% of overall reached beneficiaries were women and girls. This was particularly accentuated by the health sector's reproductive, maternal and new-born health interventions, where 74% of reached beneficiaries were women and girls. Half of the reached beneficiaries were children and youth under 18 years old.

Eight projects reached significantly more beneficiaries than planned, while two projects in protection and early recovery did not reach the planned targets. UNHCR's protection project reached only 52% of the originally planned beneficiaries because the project that aimed to improve IDP's access to assistance information through a call centre, was closed by the de-facto authorities prior to the grant-end. The de-facto authorities determined that the information exchanged with callers was considered too sensitive and regarded as a security liability. The negative discrepancy between the planned and reached number of beneficiaries for UNDP mine action and solid waste management intervention under early recovery sector was due to the change in the operational plan on the Mine Action side. Due to the fluid security situation in the country and as funding from other donors was used for mine removal activities in the Aden Governorate, some of the planned activities, which included an estimated number of beneficiaries from mine removal activities in Aden (297,400), were thus completed using other donor funding and are not reported against the CERF grant.

All four health sector projects over-reached their targets due to the success of the outreach campaigns as the mobile teams reached areas with complete absence of health services and the utilization rate almost doubled. The increase in demand for maternal and child health services is also explained by the lack of access to governmental health facilities and unaffordability of private services. UNICEF child protection project reached 212,950 beneficiaries instead of planned 80,000 that was largely due to a statistical error in the project proposal target count. Improved access during the cessation of hostilities in Taizz and border districts of Sa'ada, and the sharp decrease in the activity cost also allowed to reach more children especially with mine risk education and psycho-social support services. The number of beneficiaries for the CERF-funded portion of the UNFPA Gender-based violence project increased almost three-fold as support from another donor enabled focusing the CERF grant to life-saving service-provision. With decreasing fuel price, the support provided to local water corporations enabled larger catchment areas than planned and UNICEF WASH project reached 43% higher number of people.

The likelihood of double-counting was not a major challenge as the activities of the 14 projects were divided between six sectors in multiple geographic areas. However, population numbers in Yemen remain based on estimation. 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. The below table 5 on total direct beneficiaries reached through the September 2015 allocation is a compiled based on the table 4 project-specific data.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING			
	Children (< 18)	Adults (≥ 18)	Total
Female	630,613	852,122	1,482,735
Male	654,499	541,598	1,196,097
Total individuals (Female and male)	1,285,112	1,393,720	2,678,832

CERF RESULTS

In May and June 2015, the CERF funding made possible fourteen projects in health, water, sanitation and hygiene, early recovery, protection, multi-sector for refugees and migrants response plan, shelter, non-food items, camp coordination and camp management sectors totalling \$14.9 million through the CERF Rapid Response window and implemented by six UN agencies in Yemen. Twelve projects reached the planned number of beneficiaries and outcomes of which eight projects even exceeded the initial targets with higher than expected need on the ground for health services, improved access, additional donor funding and cost-savings made with decreasing fuel pricing. Two projects did not reach the planned beneficiary level and outcomes due to early project closure by the de-facto authorities (UNHCR protection) and geographical re-focusing a project (UNDP early recovery). Five projects were granted no-cost-extensions due to the challenges in the supply chain management in shipping to Yemen (IOM shelter and WASH projects), other challenges in procurement process (IOM refugees and migrants) and due to the difficulty in identifying implementing partners (UNDP early recovery and UNICEF child protection projects). Despite the delays and deviations, in overall the planned targets were reached as

laid out in the original CERF application. During the After Action Review, OCHA requested agencies for the first time to share their monitoring practices that are presented at the end of this chapter. The key results achieved with the support from CERF were as follows:

Early Recovery: UNDP completed a 30-day cash-for-work programme in solid waste collection and disposal in Sa'ada, Taizz and Aden Governorates, focusing on the urban areas most impacted. The programme provided 16,500 work-days to vulnerable youth, giving them an opportunity to clean their own neighbourhoods and participate in the resumption of a key public service in their community. It was estimated that 711,000 residents from the targeted districts greatly benefited from the impact of cleaned streets, indirectly improving their hygiene and living conditions. Difficulty in ensuring gender equality for the establishment of social business was significant as the selection committee favoured the viability of social business plans reviewed and these were male-dominant. This was an important lesson learnt for UNDP, who ensured to mainstream gender awareness with partners at the onset of programming so that female beneficiaries were being granted proportionally more weight for business promotion activities.

In response to the increasing number of reports of new contamination by unexploded ordnance (UXOs) and landmines in more than 13 governorates and mine-related incidents for returnees to the south and migrants trying to cross into Saudi Arabia, some 31,680 of beneficiaries in Aden were also supported with Emergency Mine Risk Education (MRE). A planning and training workshop took place, which was then cascaded to the field teams in Yemen. During this workshop, design of appropriate MRE tools, development of a detailed action plan plus the identification of known field-based constraints also occurred. The MRE teams focused on women's groups, mosques and IDP communities. The activities were also expanded to incorporate both radio and TV broadcasting in areas where this was possible. In Aden, one particular group that received awareness training about the threat posed by Explosive Remnants of War (ERW) were the labourers (known as Muhamasheen) employed by the municipality to collect garbage and to clean the roads. Very positive feedback was received from both the labourers themselves and their supervisors about the quality of the awareness training given.

Health: Overall health services availability was falling rapidly. Partner reports confirmed that facilities were forced to close in affected areas due to fuel shortages, staff absences or insecurity. Shortages in medicines and medical supplies were also severely constraining services in health facilities that remained open. WHO was able to reach more than 180,000 people in need with medical supplies including procurement of 16 Interagency Emergency Health Kit (IEHK), 20 trauma kits A and 20 trauma kits B that were distributed for both primary health care and secondary health care facilities. In addition, partnering with International Health Partners (IHP) enabled the transport of 120 tons of donated medical and surgical supplies to the country. UNICEF overachieved the initial targets reaching 390,000 people through routine maternal and new-born health services. Community-based midwives (CMWs) received training on Community Based Maternal Neonatal Care (CBMNC) for high impact life-saving interventions, and supportive supervision was conducted to ensure the quality of service provision as well as on-job training for CMW. UNFPA provided trainings on Minimum Initial Services Packages (MISP) for reproductive health (RH) services as well as on the coordination mechanisms during crisis and how to estimate the needs of RH kits and request them from UNFPA. To support mobile teams with maternal life-saving medicines and equipment, different types of reproductive health kits were provided and reached total of 56,000 people. UNFPA was able to reach the targeted population through its national partners and their branches in targeted governorates (local UNFPA staff originally from the same governorates) enabling the implementation of lifesaving interventions. Some of the main challenges faced during the implementation included delayed national activities (i.e. polio and outreach activities), access constraints in some locations due to the security situation, shipment to Yemen, weak reporting systems, a decrease in the number of health providers and diminished capacities. IOM reached 29,800 beneficiaries through two mobile health teams in Al Dhale with emergency life-saving health assistance including treatment of trauma and other surgical cases, treatment of common diseases (communicable and non-communicable), provision of essential RH services including Antenatal Care (ANC), family planning, and treatment of common reproductive health problems. The mobile health teams also screened children under the age of 5 by using Mid-Upper Arm Circumferences (MUAC), in order to diagnose and early detect cases of malnutrition.

Shelter, non-food items, camp coordination and camp management: UNHCR and IOM supported some 97,400 individuals with essential relief items in Lahj, Hajjah, Sa'ada, Taizz and Ibb. UNHCR and IOM procured the NFI kits and oversaw the logistical delivery of the kits to warehouses for distribution. The NFI kits were distributed according to the Cluster guidelines. Vulnerable individuals, particularly elderly persons, the disabled, children, young adults, and women were identified and provided with assistance. One of the challenges IOM faced while transporting NFI/Shelter kits was that truck drivers from northern governorates were not allowed to enter southern governorates. To resolve this issue, IOM agreed with transportation companies that Northerner drivers would be replaced by Southerners at the time they reach north-south bordering areas. This allowed IOM to deliver needed aid to the target areas in the southern governorates including Lahj and Al Dhale'e. IOM was also faced is the limited capacity of the local market for procurement of NFI/Shelter kits. To overcome this issue, IOM adopted different procurement/implementation modalities (local and international) in order to reach target beneficiaries with needed NFI kits. IOM closely coordinated with the Logistics Cluster for the clearance and release of items from Djibouti until arriving at Aden port in batches.

Protection: The level and depth of protection needs of the population were so immense that activities needed to focus on life-saving interventions and equitable access to services especially for those who either deliberately or due to their vulnerability risk were excluded from protection and assistance. A particular focus was placed on the psycho-social assistance to children. UNICEF's child protection project assisted 213,000 beneficiaries. Through monitoring and reporting efforts on child protection issues incidents of grave violations committed against children in Al Dhale'e, Lahj, Taizz, Ibb and Sa'ada were documented. These reports were instrumental in informing the response to reach at least 160,000 conflict-affected children and their communities with prevention messages to protect themselves from the risk of being injured by mines, UXOs and other ERW. Additionally, at least 52,949 children benefited from PSS to minimize and prevent the negative coping mechanisms resulting from the conflict. The CERF project contributed to the establishment and maintenance of 44 child protection committees in the five mentioned governorates. These committees were able to reach 11,551 adults and 29,461 children. Reported cases of gender-based violence (GBV) in the target governorates showed a significant increase. UNFPA's interventions addressed the needs of 30,050 people including vulnerable women and girls contributing to protect them against violence, abuse and exploitation, and reinforcing the coordination mechanisms as well as the data collection system. UNFPA through its partners coordinated with the local association and their branches at the sub national level (governorates, districts) to provide support and help with outreach. UNFPA managed to also reach the enclave areas in Taizz and distributed dignity kits. Large gaps exist in the provision of multi-sectoral services to survivors: in most cases services are only available at the governorate level and not at the district level.

Multi-sector response for refugees and migrants: UNHCR and partners provided assistance to 52,079 new arrivals landing along Yemen's shores. A total of 2,912 dignity kits were distributed to new arrivals at the Kharaz and Mayfa'a reception centres during patrolling. Those individuals who received dignity kits had been identified as vulnerable and in immediate need of kits. They included refugees, asylum seekers and economic migrants. Clean water and hot meals were supplied to new arrivals at the reception centres. With the CERF funding, UNHCR also rehabilitated three schools in Aden where child friendly spaces were built for refugee and host community children, providing them access to psycho-social interventions and a safe space to play. A six-part training was provided as a training of teachers programme including topics of child rights, education and psychosocial support to address the effects of armed conflict, and life skills to overcome trauma. A comprehensive assistance package for potentially vulnerable individuals included identification, social-economic assessments, and internal and external referrals to appropriate specialized services. Within a multi-donor context, UNHCR complemented CERF funding to procure the emergency shelter kits to target IDPs and provided emergency shelter kits to 22,400 individuals. IOM maintained Migrant Response Points (MRP) that attracted most vulnerable migrants whose host community was no longer hospitable or could no longer offer help; the conflict frontlines prevented the migrants from continuing their journey, and all personal resources were exhausted. Some 5,400 migrants (almost 28% more than the planned target number) benefitted from the medical assistance that IOM provided. Some 1,512 migrants received NFI kits. Throughout the project cycle, the precarious security situation in Mukallah and in Bab El Mandeb, Taizz, made it impossible for IOM to expand its migrant assistance work in these locations. Instead, IOM concentrated its migrant assistance efforts in Al Hudaydah and Aden, where the greatest number of migrants in need was located. Throughout the project period, IOM published monthly snapshots on migrant beneficiary data.

WASH: WASH cluster members had indicated problems accessing latrine slabs and treatment chemicals that UNICEF and IOM agreed to procure. CERF funds allowed UNICEF to reach 710,000 people including procurement and preposition of WASH items to reach 136,500 people. The number of people having access to water through the piped water system as per minimum sphere standards was lower than the expected due to delays in implementation of water schemes in some locations; this was mainly due to the ongoing conflict. IOM reached in addition 138,500 people with 34 water sites in the three governorates of Taizz, Lahj and Al Dhale'e. Some of the sites identified at the project design phase (mainly in Lahj), had been targeted by other partner/s who had not reported nor coordinated with the WASH Cluster. Therefore, IOM had to redirect its efforts to look for other sites to reach the planned number. The coordination between the IOM field team and the local community leaders and authorities in the target governorates resulted in identifying other water sites that needed interventions, which resulted in reaching a larger overall number of beneficiaries.

During the After Action Review, OCHA requested agencies to share their monitoring practices for CERF grants. UNDP confirmed the project was monitored by the implementing partners and UNDP. UNDP Field Coordinators in Sa'ada, Taizz and Aden conducted spot-checks to the project locations to monitor progress against targets and interviewed sample beneficiaries as an additional means of verification. Internal monitoring was conducted on mine action response through approval of plans and periodic reports from Danish Demining Group (DDG) and the designated Senior Coordination Officer on the ground. UNICEF's staff at national and field level conducted regular field visits to monitor the implementation of the activities. In addition, UNICEF via the Planning, Monitoring and Evaluation Section (PM&E) had contracted a Third Monitoring Party (called Prodigy) who conducted several field monitoring and supervisory visits especially where UNICEF's staff were not able to reach due to the limited access. Furthermore, UNICEF monitored the implementation of the activities through its staff in the field. During monitoring, UNICEF focused on asking the beneficiaries, including children and their key care givers, about their perception of the response. Monitoring reports showed that beneficiaries were satisfied with the activities. It was observed that wellbeing of children improved after participating in the PSS activities; caregivers were able to deal with them and to satisfy their emotional and psychological needs. UNICEF WASH officers in five field offices conducted regular field

visits to projects sites. Given the active conflict in Yemen, monitoring activities across the country have been severely challenged due to significant access constraints. Henceforth, UNICEF contracted a local vendor for third party monitoring (TPM) services. In order not to rely exclusively on TPM, UNICEF continue to advocate for, and put measures in place (such as increased number of armoured vehicles and field-based staff), to enable increased access for UNICEF's staff to conduct programmatic and monitoring visits whenever possible.

Throughout the UNFPA project duration, both qualitative and quantitative data collection methods were used by the project coordination team spearheaded by UNFPA and with staff from Yemen Family care Association (YFCA) with harmonized tools to assess regularly progress towards expected deliverables. In addition, YFCA and local health offices implemented their internal monitoring mechanisms. Regular meetings between UNFPA and partners were conducted to ensure that the proposed activities were able to respond to the objectives and indicators of the project and technical assistance was provided when needed. For the mobile teams, UNFPA signed an agreement with YFCA, who operated mobile clinics, to further strengthen the provision of reproductive health services in targeted areas as well to conduct awareness session for men and women. The process of selection of areas where mobile clinics were deployed was done in coordination with local health authorities who selected the targeted areas and submitted a letter to UNFPA confirming the areas of selection. The implementing partner was requested to submit a monthly activity report supported by photos. All reports submitted to UNFPA were approved and stamped by the local health authorities. For the training activities, UNFPA staff worked closely with YFCA at all stages of the training starting with the selection of trainees and trainers, training preparation and participation in the training itself to ensure the quality of trainings were maintained and up to expected standards.

When asked if CERF funds improved monitoring in your agency, UNICEF said CERF funds strengthened monitoring capacities at the local level and some funds were allocated for supportive supervision of community-based midwives. UNFPA found that CERF funds helped in developing the Reproductive Health Information Management System, which is under testing and will be launched shortly. Each partner will have an account in the system and will be able to upload their data directly onto the system. The system was developed based on agreed reproductive health indicators to provide an analysis on type of service provision by implementing partners and location of service provision. This is expected to help improving monitoring and coordination of activities in the field.

CERF's ADDED VALUE

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

YES ☒ PARTIALLY ☐ NO ☐

CERF funds enabled UNICEF to provide urgent and life-saving response including MRE response. The project was critical to boost Child Protection interventions especially considering the under-funded situation of Child Protection activities at the time of CERF allocation. In addition, PSS and MRE support was vital for children allowing them to cope with the situation and to protect themselves from the risk of mines, UXOs and ERW, particularly for those internally displaced. This also enabled UNICEF to identify conflict-affected children and verify reports on grave violations. These reports were used by the Country Task Force on Monitoring and Reporting (CTF MR) to advocate and leverage the situation of children with the parties of the conflict. In addition, data on grave violations was used for referrals of injured children to specialized services. According to IOM, CERF funding enabled a rapid response to the pressing needs for WASH interventions in the targeted locations though the security situation had contributed to a significant delay in the delivery of the service. UNDP confirmed assistance to beneficiaries was delivered less than four weeks after receipt of the CERF funds. According to UNHCR, the receipt of CERF funding indirectly led to faster delivery of assistance to beneficiaries due to the fact that the duration from the time the project proposals were developed to when the funds were released was reasonable. This allowed timely procurement of NFIs, transportation and delivery to the beneficiaries. UNFPA pointed out that CERF funds helped in the immediate delivery of life-saving services to the survivors of gender-based violence in the targeted governorate, particularly in the enclaved areas in Taizz Governorate. CERF funds also helped to cover gaps in the procurement of dignity kits, thereby ensuring the timely delivery of these among most vulnerable women and girls.

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

YES ☒ PARTIALLY ☐ NO ☐

UNDP said that CERF funding targeted time-critical needs of the local community to alleviate health risks linked with poor solid waste management and to provide emergency income to vulnerable families. CERF funding enabled UNICEF to provide life-saving response. Without the prompt interventions, affected population would continue to be exposed to the risks of mines, UXOs, ERW, and would not be able to cope with the exacerbated psychological distress, making them more vulnerable to violence, abuse,

exploitation and neglect. Moreover, CERF funds enabled UNICEF to monitor the situation of children in the armed conflict and to provide and/or refer them to specialized services. CERF funding arrived at a time when UNHCR was experiencing some delays in receiving funding from other donors. The funding helped provide the most needed NFIs to the most vulnerable IDPs and affected population in a timely manner. The CERF funding was especially well received at a critical period when Shelter Cluster partners were stretched and resources were scarce. With a steady increase in the number of refugees approaching humanitarian partners along Yemen's coasts for water, sanitation, overnight shelter and returnee/refugee children's access to schooling and psychosocial counselling, the CERF contribution was critical in quickly expanding capacity to address the acute needs of beneficiaries. CERF helped UNFPA to provide a timely response of life-saving gender-based violence services such as healthcare, psychological support, shelter and legal aid in conflict-affected governorates. According to IOM, despite the tense security situation in the targeted governorates, CERF funds contributed to providing effective and timely life-saving assistance to the conflict-affected communities. While the project contributed in providing the conflict-affected communities a timely access to improved water sources, it was pointed out that the rehabilitation of water systems was also a durable solution for communities vulnerable to water-borne diseases.

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

YES ☒ PARTIALLY ☐ NO ☐

UNDP's solid waste management and mine action interventions received additional support from donors following the start of the CERF grant. However, this may be directly linked with long-standing/strategic donor interests irrespective of CERF country priorities. Prior to 2016, and at the time of writing the proposal, the total funding need for child protection programmes was more than 21,000,000 USD. CERF funds helped to boost funding for child protection interventions and UNICEF was able to mobilize other resources in 2016 from donors such as Japan, United States of America Office for Foreign Disaster Assistance (OFDA) and King Salman Center for Relief and Humanitarian Aid (KSC). Availability of CERF funding to kick-start distribution of NFI kits allowed timely development of the implementation modality and engagement of partners operational on the ground in the assistance delivery. CERF enabled innovative humanitarian assistance by providing initial investment that paved the way to other donors, who were inclined to fund objectives under already operational and existing mechanisms rather than contribute towards a new initiative. Owing to CERF kick-off funding, UNHCR was able to attract donors and mobilise additional resources. Further, CERF funding allowed UNHCR to start immediate implementation of activities, while other donors required more time to decide which UNHCR programmes they would support along their annual and emergency plans. UNFPA highlighted that the life-saving nature of CERF-financing helped improving the understanding of other donors on the urgency of needs and required interventions, thereby enabling to attract more donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES ☒ PARTIALLY ☐ NO ☐

The WASH and Early Recovery cluster collaborated closely to ensure synergies vis-à-vis assistance to Hygiene Funds. While UNDP provided spare parts for fleet maintenance, UNICEF contributed to fuel provision, which promoted sustainability. CERF funds also enabled UNICEF to work closely with a group of governmental and non-governmental partners, and brought them all together at national and field level during the planning, implementation and monitoring exercises. UNICEF is leading three Child Protection Working Groups on PSS, MRE and Mechanical Reproduction Mine (MRM) at national and field level, where all concerned partners are present. The WGs were used for planning, monitoring and gap identification for this CERF grant implementation. To enhance coordination, ensure better coverage and avoid duplication, UNHCR coordinated with other Shelter/NFI/CCCM Cluster members particularly those normally in receipt of CERF funding, such as IOM, on areas each agency covers. UNHCR also shared with the other Shelter Cluster members its plans, targets and areas of coverage. CERF financing helped in improving coordination among the partners and other actors working on GBV prevention and response. For example, INTERSOS contracted 10 local associations in the targeted governorates to conduct awareness sessions. The CERF streamed timely funding for refugees, thereby helping to promote a coordinated and reliable response to the growing needs of refugees. IOM brought up that following this CERF Rapid Response funding, the prioritisation of the CERF under-funded allocation was discussed at the HCT, ICCM and Area Humanitarian Country Team (AHCT) levels, and the CERF allocation was used to support the implementation of IDP action plans.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
During the After Action Review, OCHA requested agencies to share their monitoring practices for CERF grants. The results were included in the chapter IV.	As CERF has recently provided additional voluntary guidance on monitoring, CERF could also consider including questions on monitoring for example in CERF's Added Value section or After Action Review design. Suggested questions could include: Please elaborate on how the project was monitored? In general, did CERF funds improve monitoring in your agency?	CERF monitoring and reporting teams

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNICEF	5. CERF grant period:		04/11/2015 – 03/08/2016		
2. CERF project code:		15-RR-CEF-119	6. Status of CERF grant:		<input type="checkbox"/> Ongoing		
3. Cluster/Sector:		Child Protection			<input checked="" type="checkbox"/> Concluded		
4. Project title:		Protection of the most vulnerable IDP and host community children from violence, abuse, exploitation and neglect					
7.Funding	a. Total funding requirements ¹ :		US\$ 9,280,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ² :		US\$ 3,000,000	▪ NGO partners and Red Cross/Crescent: US\$ 369,943			
	c. Amount received from CERF:		US\$ 979,724	▪ Government Partners: US\$ 362,036			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		45,000	45,000	90,000	86,437	96,862	183,299
Adults (≥ 18)		15,000	15,000	30,000	12,326	17,325	29,651
Total		40,000	40,000	80,000	98,763	114,187	212,950
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		40,000			21,233		
Host population		80,000			191,717		
Other affected people							
Total (same as in 8a)		120,000			212,950		

¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

² This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<ul style="list-style-type: none"> - There was a typing error in the total target of the original proposal. For Output 1 (PSS), the target was 40,000 children while for Output 2 (MRE), the target was 80,000. Therefore, the original total target should be 120,000 instead of 80,000 people. - Due to improved access, more children were reached compared to the original target for PSS (from 40,000 to 52,949). - UNICEF and partners were able to access additional locations in Taizz and border districts of Sa'ada, particularly during the cessation of hostilities. Therefore, CERF funds were used to cover these increased needs and to scale up coverage in hard-to reach locations. In addition, the unit cost calculation decreased by 59% as a result of a significant drop of the fuel price since November 2015 (WFP Market Watch Report May 2016). - Since the beginning of the project, UNICEF has adopted a more flexible way of disseminating the MRE messages. Given the increased needs in some locations, massive campaigns were conducted instead of house to house methodology. This approach contributed significantly to the reduction of the unit cost. - Some challenges were faced for printing of materials during the implementation of the project. Due to price fluctuation and lack of materials in local markets, suppliers were not able to meet bidding obligations to UNICEF. Given this situation, UNICEF covered materials with other resources and CERF funds were used to increase MRE coverage.
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CERF Result Framework			
9. Project objective	To enhance the protection and wellbeing of 120,000 boys, girls and their families affected by conflict in Al Dahle Ibb, Lahj, Sa'ada, and Taizz		
10. Outcome statement	Vulnerable children and their families in conflict-affected areas are physically and emotionally safe, and have skills and knowledge to cope with mine risks and emotional distress		
11. Outputs			
Output 1	Affected children and their caretakers gain coping skills and resilience to manage the extreme stress due to displacement, uprooting, loss of loved ones and disruption of their daily lives		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of affected children benefiting from psychosocial support	40,000	52,949
Indicator 1.2	% of children reflect they are able to handle and manage their distress	>80%	85%
Indicator 1.3	% of children with higher levels of distress are referred to appropriate services (emotional distress, GBV, domestic violence, etc.)	>10%	15%
Indicator 1.4	Number of facilitators and social workers are trained on PSS principles and receive refresher training on group activity facilitation and conducting group sessions – For UNICEF directed projects and also for cluster member NGOs and agencies conducting PSS in other priority conflict affected districts	35 UNICEF 35 Cluster	35 UNICEF 35 Cluster
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Conduct 40 orientation sessions on life skills, group play session, sports and activities are implemented (children)	CFS Facilitators and Youth Volunteers	(42 sessions) CFS facilitators and youth volunteers by Children and Youth Protection

			Organization (CYPO)
Activity 1.2	Conduct weekly/routinely screening and check centre users for higher levels of stress (weekly sessions are held and referral forms are used). This includes > 80% of children whom are able to handle and manage their stress and >10% of children whom have higher level of distress to be referred to appropriate services.	Social Workers and Facilitators of the Centres	98% by CYPO, Al-attah Foundation, and MOSAL branches in Dhale, lbb, Taizz, Sa'ada
Activity 1.3	Organise two trainings on Child Protection cluster's package on managing child friendly spaces and provision of psychosocial support is provided to 60 facilitators, social workers and centres' youth volunteers	Child Protection Initiative	70 facilitators trained by CYPO and SCI
Output 2	The children and families in conflict-affected areas have improved knowledge on mines, UXOs and ERW and the risks of injuries and death are reduced		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of community volunteers and NGO staff trained on MRE	80	194
Indicator 2.2	Number of people in conflict-affected areas received MRE key messages	80,000	160,000
Indicator 2.3	% of people who demonstrated improved understanding on mine risk management	>70%	85%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct three separate trainings for at least 80 community volunteers, teachers and NGO staff on key messages on the risks of mines and UXOs	YEMAC	194 (YEMAC and MOSAL)
Activity 2.2	Organize school and community based awareness raising sessions for 80,000 people including children (child target minimum of 60% of total) on risk management of mines and UXOs, most prevalent types of injuries, their pattern and geographical concentration	YEMAC, MOSAL and local and international NGOs in coordination with MOE	160,000 (YEMAC, MOSAL in coordination with more than 20 national and international NGOs)
Activity 2.3	Print and distribute 35,000 copies of the needed MRE IEC materials (posters, stickers, etc) to adult and child beneficiary as complement to awareness raising sessions	UNICEF	UNICEF covered the printing materials from its other internal resources

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

Through the monitoring and reporting efforts on Child Protection issues, 240 incidents of grave violations committed against children in Al Dhale'e, Lahj, Taizz, lbb and Sa'ada, were documented between February and July 2016. These reports were instrumental in informing the response to reach conflict-affected children and their communities with prevention messages to protect themselves from the risk of being injured by mines, UXOs and explosive remnants. Additionally, these children and communities benefited from PSS to minimize and prevent the negative coping mechanisms resulting from the conflict.

The CERF project contributed to the establishment and maintenance of 44 child protection committees (comprising of 44 females and 351 male) in the five mentioned governorates. The Child Protection committees were able to effectively monitor CP issues and to refer affected children to services such as PSS. At least, 26 children (19 boys and 7 girls) were referred and provided with specialized services including health care. The Child Protection committees were also fundamental in raising awareness at the community level to better equip community members, parents, caregivers and children with the skills and knowledge required to detect, identify and report cases of grave violations against children and other child protection concerns. During the reporting period, these committees were able to reach 11,551 adults (7,785 men and 3,766 women) and 29,461 children (19,892 boys and 9,569 girls).

The project achieved its objectives as planned. With the cessation of hostilities between April and July 2016, YEMAC was able to access hard-to-reach areas including conflict-affected districts in Taizz and border districts of Sa'ada, where massive MRE campaigns were urgently needed. Those activities proved critical to reach IDP and host communities with key self-protection messages. Under these conditions, MRE activities reached more than double the expected target (from 80,000 to 160,000).

Due to the instability in prices, lack of materials in local markets and the development of a liquidity crisis, the printing of MRE materials faced severe delays, UNICEF had to repeat the bidding process three times. Therefore, UNICEF had to use MRE materials previously printed and the amount allocated for printing was used to cover the costs for additional MRE activities in Taizz and Sa'ada.

Due to the fluctuation in fuel prices, the cost of some activities was lower than the originally estimated.

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

UNICEF has worked closely with local partners including Government and NGOs in addition to INGOs, in order to be able to access all vulnerable groups in all targeted areas affected by the conflict. UNICEF's partners were able to provide urgent and life-saving child protection response to conflict-affected children. Due to the sensitivity of the situation in some locations, this diversity of partnership contributed to the acceptance of activities by the affected population. According to the observations during monitoring visits conducted by UNICEF staff and third party monitors, high level of satisfaction was expressed by the beneficiaries.

Moreover, MRE and PSS activities are conducted at community based approach meaning that affected population are consulted, mobilized and participate through the whole process. Community based committees are in place and played a significant role in identifying the needs, providing the needed interventions and referrals to specialised services inside and outside the community.

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

EVALUATION CARRIED OUT ☐

UNICEF and the Child protection Sub-cluster are planning an evaluation of the PSS programme evaluation, including UNICEF implemented PSS programmes.

EVALUATION PENDING ☒

In addition, UNICEF has signed an MOU with Save the Children. The MOU includes an assessment for PSS inside CFS (activities partially funded by CERF). The assessment has started and findings will be discussed at cluster level in order to improve the quality of such service.

NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	01/09/2015 – 01/03/2016			
2. CERF project code:	15-RR-CEF-120		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded			
4. Project title:	Maternal and New born Health						
7. Funding	a. Total funding requirements ³ :		US\$ 8,000,000				
	b. Total funding received ⁴ :		US\$ 2,100,916				
	c. Amount received from CERF:		US\$ 900,916				
d. CERF funds forwarded to implementing partners:							
<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 4,653 ▪ Government Partners: US\$ 270,899 							
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		50,000		50,000	55,074		55,074
Adults (≥ 18)		260,000		260,000	289,142		289,142
Total		310,000		310,000	344,216		344,216
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	49,000			54,636			
Host population	261,000			289,580			
Other affected people							
Total (same as in 8a)	310,000			344,216			

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

⁴ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	CERF funds were used to provide routine Maternal and New born health (MNH) services, including Antenatal care (ANC) -first visit, Postnatal care (PNC), Tetanus vaccine (TT 5 doses), folic acid and Iron supplementation. More beneficiaries were reached than originally planned due to the success of the outreach campaign, which was conducted three times during the course of the project. Targets were based on coverage during previous rounds, and will be taken into consideration for future projects.
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CERF Result Framework			
9. Project objective	Ensuring protection of lives of mother and new-borns through provision of antenatal, intrapartum and postnatal care to 310,000 pregnant and lactating mothers and to 250,000 new-borns at the community level in 101 districts in 7 governorates.		
10. Outcome statement	Pregnant women are provided antenatal, intra-partum, and postnatal care at the community level and referred to health facility as needed in a timely manner to prevent maternal morbidity and mortality.New-borns are provided care at the community level within 24 hours and 72 hours after birth to prevent new-borns mortality and referred to the referral health facilities in a timely manner.		
11. Outputs			
Output 1	All CMWs in the target districts (204) and governorates (14) are equipped with midwifery kits and the life-saving commodities and establishing referral linkage with the nearest mobile clinic and / or health facility.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of CMWs equipped with Midwifery kit	1,945	2,000
Indicator 1.2	# of CMWs equipped with the 9 lifesaving commodities	1,945	2,000
Indicator 1.3	# of CMWs with clearly established referral link to a mobile team or health facility	3,945	3,685
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement of Supplies (kits, commodities)	UNICEF	UNICEF
Activity 1.2	In-country distribution of supplies	GHOs, Ministry of Public Health and Population (MoPHP), UNICEF	GHOs, MoPHP, UNICEF
Activity 1.3	Monitoring of stock status	UNICEF, Third	UNICEF, Third party,

		party, I/LNGOs ⁵ , GHOs	GHOs
Activity 1.4	Monitoring of referral linkages including through strengthening data management	UNICEF, GHOs, MoPHP	UNICEF, GHOs, MoPHP
Output 2	Over half million women receive ante, intra and post-partum care by local Community Midwives.		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# / % of pregnant women provided antenatal care (ANC)	70%	70% woman received services (estimating that each trained and equipped CMW will provide services to 500 woman) 29,323 received ANC (according to Outreach, MMT and Routine data) 277,961 received Tetanus Toxoid (TT)
Indicator 2.2	# / % of pregnant women provided skilled attendance at birth (SBA)	65%	65% woman received services (estimating that each trained and equipped CMW will provide services to 500 woman) 8,385 (according to Outreach, MMT and Routine data)
Indicator 2.3	# / % of pregnant women provided postnatal care with 72 hours after birth (PNC) (proxy for # / % of new-borns provided new-born care within 72 hours of birth)	50%	50% woman received services (estimating that each trained and equipped CMW will provide services to 500 woman) 28,549 (according to Outreach, MMT and Routine data)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of ANC, SBA and PNC to women in their communities by the CMWs and new-born care	GHOs,	GHOs
Activity 2.2	Supervision and support to CMWs in provision of community based services.	GHOs, I/LNGOs, UNICEF	GHOs, I/LNGOs (Al Amal), UNICEF

⁵ HAD, PUAMI, ACF, Taypa LIGO, IMC, Enayat Development Foundation, Health care and relief foundation, Field Medical Foundation, IRC, Mercy Corps, CSSW, IRC German, ACTED – this was a tentative list at time of application submission as some agreements were under discussion.

Activity 2.3	Referral of pregnant women with danger signs to health facilities, preparation of birth plans and newborn resuscitation and treatment at household level and referral for complications.	GHOs, I/LNGOs, UNICEF	GHOs, I/LNGOs (AI Amal), UNICEF
Activity 2.4	Linkage with mobile teams in the area for referral/specialized support.	GHOs, I/LNGOs, UNICEF	GHOs, I/LNGOs (AI Amal), 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:

Results were reached through routine MNH services provided by trained CMW. 185 CMW received refresher training on CBMNC for High impact life-saving interventions. Supportive supervision was conducted to ensure the quality of service provision as well as on-the-job training for CMW. Despite initial delays, three integrated outreach rounds were ultimately conducted during the implementation, reaching PLW and newborns. These outreach campaigns were more successful than expected, resulting in higher numbers of beneficiaries for tetanus (TT) vaccinations than expected.

Some of the main challenges faced during the implementation included delayed national activities (i.e. polio and outreach activities), access constraints in some locations due to the security situation; delays in conducting and liquidating activities with GHO due to limited human resources and weak reporting system, weak RHMS (reproductive health management information system) and decrease in the number of health providers and diminished capacities.

Implementation delays did not have any material impact on the overall results achieved, and were mostly due to delays to nationwide outreach campaigns. Ongoing administrative delays in expediting import and internal distribution of supplies are being addressed systematically. Other ongoing challenges such as weak GHO reporting mechanisms (lack of hardware/software infrastructure in all offices, inconsistent methodologies for data collection, timeliness of reporting) are being dealt with through considerable support and capacity building. This nevertheless remains a challenge and is being discussed with the MoPHP. Wherever possible, UNICEF made use of alternative partners when access was an issue.

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

Beneficiaries were involved in the design of the project through the HNO and ongoing review of needs managed by UNICEF's Planning, Monitoring and Evaluation (PME) team, which conducts field monitoring visits to meet with beneficiaries and local authorities. In addition the PME team makes use of third party monitors, implementing partners and government counterparts to ensure the viewpoints of beneficiaries feed back into its ongoing programme planning. Interventions were designed on consultation with local authorities. Through communication with local authorities, Sheikhs and community leaders at the targeted governorates, affected communities were kept informed about the intervention, and UNICEF worked with these community representatives to encourage their communities to access the services being provided.

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

EVALUATION CARRIED OUT ☐

There are no plans for an evaluation of this specific project. The project contributed to enabling the overall humanitarian response in Yemen. UNICEF, through a third party, is carrying out an evaluation of UNICEF humanitarian action. This project is under the scope of that evaluation.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNICEF		5. CERF grant period:	01/10/2015 – 01/04/2016			
2. CERF project code:	15-RR-CEF-121		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Water, Sanitation and Hygiene			<input checked="" type="checkbox"/> Concluded			
4. Project title:	WASH emergency response for most affected people in Yemen						
7. Funding	a. Total funding requirements ⁶ :	US\$ 58,000,000	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ⁷ :	US\$ 31,019,205	■ NGO partners and Red Cross/Crescent: US\$ 1,134,164				
	c. Amount received from CERF:	US\$ 3,200,000	■ Government Partners: US\$ 330,858				
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		118,800	188,800	237,600	181,410	180,480	361,890
Adults (≥ 18)		128,700	128,700	257,400	174,838	173,772	348,610
Total		247,500	247,500	495,000	356,248	354,252	710,500
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	79,400			105,000			
Host population	30,600			31,500			
Other affected people	385,000			574,000			
Total (same as in 8a)	495,000			710,500			
In case of significant discrepancy between planned and reached	With fuel support provided to Local Water corporations, the number of people reached is 43% higher than planned.						

⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁷ This should include both funding received from CERF and from other donors.

<i>beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	In addition to the targeted locations, two districts in Hodeyda were also reached with fuel support (Zabied and Bait Al-Faqeeh).
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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; by prepositioning critical WASH supplies, and providing IDPs and host communities with a full WASH package		
10. Outcome statement	Displaced and conflict affected people utilize safe water, sanitation and hygiene items according to Sphere standards		
11. Outputs			
Output 1	385,000 people have continued access to WASH services in 2 cities across the country during 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	335,000	105,000
Indicator 1.2	# of people provided with solid waste disposal facilities/services	385,000	560,000
Indicator 1.3	Litres of fuel provided for urban water supply, waste water treatment, solid waste collection and disposal	580,000	605,500
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, cleaning materials and incentives for solid waste collection and disposal	UNICEF, YPC, Cleaning Fund	UNICEF, YPC, Cleaning Fund
Output 2	210,000 displaced people have access to WASH relief items in most affected governorates across the country		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of people benefiting from procured and prepositioned lifesaving WASH supplies	210,000	136,500
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement and prepositioning of life saving WASH supplies (hygiene and water kits, water treatment chemicals, squatting plates)	UNICEF	UNICEF
Output 3	94,000 displaced people and host communities have access to critical WASH services in 5 governorates		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of affected people with access to basic hygiene kit and hygiene sessions	110,000	136,500
Indicator 3.2	# of affected people who have access to household - treated potable water	78,500	136,500

Indicator 3.3	# of affected people who have access to water from public water tanks	41,400	48,450
Indicator 3.4	# of people receiving 15-20 litres of water (p/d) through water trucking	6,400	9,690
Indicator 3.5	# of people with latrines/toilets conforming to minimum standards	36,400	29,925
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Distribution of basic hygiene kits with hygiene promotion campaign	Al Atta, Agency for Technical Cooperation and Development (ACTED), Al Tawasul, Al Khair	Al Atta, Al Tawasul, Al Khair, CSSW
Activity 3.2	Distribution of ceramic water filters or aquatabs for household water treatment	Al Atta, ACTED, Al Tawasul, Al Khair	Al Atta, Al Tawasul, Al Khair, CSSW
Activity 3.3	Installation of public water tanks	Al Atta, Al Tawasul, Al Khair	Al Atta, Al Tawasul, Al Khair, CSSW
Activity 3.4	Water trucking to displaced people / host communities not connected to water network	Al Atta, GARWSP Taizz	Al Atta, Al Khair, GARWSP Taizz
Activity 3.5	Latrine construction for displaced people	Al Atta, Al Khair	Al Atta, Al Khair

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 people having access to water through the piped water system as per minimum sphere standards (Indicator 1.1) was lower than the expected due to delays in implementation of water schemes in some locations, this was mainly due to the ongoing conflict. With other resources, UNICEF will continue to support the implementation and rehabilitation of water schemes in prioritized locations across the country.
- CERF funds allowed the procurement and prepositioning of WASH items to reach 136,500 (Indicator 2.1). With additional funds, UNICEF has been able to preposition items to cover at least 510,540 people.
- The number of people with latrines/toilets conforming to minimum standards (Indicator 3.5) was lower than the initially planned; the number of people reached was based on needs assessments in the project areas.

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

UNICEF staff at the field level and third party monitors conducted regular visits to the project areas and received feedback from beneficiaries. UNICEF and partners established Whatsapp groups to maintain constant communication with communities. Through these groups, beneficiaries reported their concerns or suggestions. Based on their feedback, necessary actions were taken accordingly.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
There are no plans for an evaluation of this specific project. The project contributed to enabling the overall humanitarian response in Yemen. UNICEF, through a third party, is carrying out an evaluation of UNICEF humanitarian action. This project is under the scope of that evaluation.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNFPA		5. CERF grant period:		28/10/2015 – 28/04/2016	
2. CERF project code:		15-RR-FPA-040		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Protection/ GBV Sub-cluster				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Strengthening life-saving multi-sectorial response and prevention to gender-based violence					
7.Funding	a. Total funding requirements ⁸ : US\$ 10,636,000			d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁹ : US\$ 1,300,000			▪ NGO partners and Red Cross/Crescent: US\$ 172,190			
	c. Amount received from CERF: US\$ 500,000			▪ Government Partners:			
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		1,500		1,500	7,600		7,600
Adults (≥ 18)		6,500		6,500	18,150	4,300	22,450
Total		8,000		8,000	25,750	4,300	30,050
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		6,400			16,250		
Host population		1,600			13,800		
Other affected people							
Total (same as in 8a)		8,000			30,050		

⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

⁹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The targeted beneficiaries increased more than planned because of having another funding source that helped in reaching more beneficiaries in the same areas. The project was implemented with the support from another donor fund (Japan). The CERF covered the enclaved areas within the conflict and provided immediate lifesaving services to the most vulnerable groups of women and girls. The Japan fund covered the capacity building of the service providers as well as the reintegration of the survivors into the community.
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CERF Result Framework			
9. Project objective	Strengthening multi-sectoral response and prevention mechanisms for 10,000 vulnerable women and girls including survivors of gender-based violence among IDPs and host communities in the governorates of Al Dhale'e, Ibb, and Taizz during a six-month period.		
10. Outcome statement	Increased access to and utilization of multi-sectoral support to prevent and respond to gender-based violence among women and girls in conflict affected areas of Al Dhale'e, Ibb, and Taizz		
11. Outputs			
Output 1	1,000 survivors of gender-based violence have access to services (psychosocial, medical, legal counselling, referral)		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of survivors of gender-based violence who receive psychosocial support	600	533
Indicator 1.2	Number of survivors of gender-based violence who receive legal counselling	100	118
Indicator 1.3	Number of survivors of gender-based violence referred to medical services	100	117
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification of gender-based violence survivors	INTERSOS, Yemen Women's Union (YWU)	INTERSOS, YWU
Activity 1.2	Provision of multi-sectoral services (health care services/clinical management of rape, psychosocial support, shelter and legal aid) for 1,000 survivors of gender-based violence	INTERSOS, YWU	INTERSOS, YWU
Activity 1.3	Enhancement of the gender-based violence referral mechanism to provide multi-sectorial services support to survivors (health, legal, psychosocial and shelter)	INTERSOS, YWU, UNFPA	INTERSOS, YWU, UNFPA
Output 2	10,000 IDPs and host communities members, particularly vulnerable women and girls are aware about gender-based violence prevention mechanisms and have received information on available gender-based violence services		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Number of vulnerable women and girls including survivor of gender-based violence reached during awareness sessions	8, 000	Al Dhale'e: 4,000 women, 2,200 girls, 1,800 men & boys Ibb: 5,500 women, 3500 girls, 2000 men&

			boys Taizz: 8,650 women, 4,350 girls, 4,300 men & boys. Total 36,600
Indicator 2.2	Number of female dignity kits distributed	7,500	Al Dhale'e: 4,000 dignity kits Ibb: 5,500 dignity kits Taizz: 8,000 dignity kits. Total 17,500
Indicator 2.3	Number of awareness raising sessions conducted	60	61 awareness sessions conducted in the three targeted governorates (Al Dhale'e, Ibb, Taizz)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conducting awareness sessions in selected areas for intervention, with a focus on ensuring that the affected communities are aware of the available GBV services	INTERSON, YWU	INTERSON, YWU
Activity 2.2	Procurement of 9,000 female dignity kits	UNFPA	UNFPA
Activity 2.3	Distribution of 9,000 female dignity kits as a prevention measure to most vulnerable women and girls	INTERSON, YWU, UNFPA	INTERSON, YWU, UNFPA
Output 3	The information management system for gender-based violence (GBVIMS) is strengthened with data collection, analysis and dissemination of sharable information		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of monthly datasets/reports on GBV sent to the GBV sub-cluster coordinator per organization	5	6
Indicator 3.2	Number of summarised datasets and analysed reports produced per quarter	2	2
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Support the implementation of the GBV Information Management System (GBVIMS) at national and sub-national levels	INTERSON, YWU, UNFPA	INTERSON, YWU, UNFPA
Activity 3.2	Support the GBV sub-cluster members in harmonizing data flow from the field to the central level	INTERSON, YWU, UNFPA	INTERSON, YWU, UNFPA
Activity 3.3	Monitor activities with implementing partners	INTERSON, YWU, UNFPA	INTERSON, YWU, UNFPA

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

The current conflict and displacement in Yemen has redefined gender roles and responsibilities as well as access and control to resources; thus leading to a further breakdowns in community support, systems and protection mechanisms, many Yemeni families have had to flee fighting, sometimes in the middle of the night, with little or no belongings. Overall, women are also more acutely affected by displacements and declines in living conditions and ability to access immediate lifesaving services.

Consequently facing extremely difficult conditions as a consequence of the conflict with vulnerabilities being exacerbated by the gendered-social-economic inequalities, gender gaps and discriminatory practices that exist at the household, community and national level; thus stretching the coping mechanism to a breaking point with negative impact especially for women and girls across Yemen; within the IDPs and Host Communities. The humanitarian situation in Yemen is aggravated by the vulnerabilities faced especially by women and girls consequently; access to safe and decent livelihood and income generating opportunities to mitigate GBV threats and vulnerabilities, including through diminishing individuals and family's reliance on negative coping mechanisms to meet their basic needs. During the project implantation period reported cases of gender-based violence (GBV) in the targeted governorates showed a significant increase, however, they are not fully representative of the existing realities of GBV. The CERF project responded to strengthening life-saving systems to prevent GBV issues in the targeted governorates including a comprehensive and coordinated response to gender-based violence survivors (women, men, girls and boys) affected by the crisis. The interventions supported in addressing the needs of vulnerable women and girls, contributing to protect and prevent them against violence, abuse and exploitation through the distribution of the dignity kits along with the awareness activities. In addition to the CERF allocation, UNFPA mobilized additional resources to procure more dignity kits than planned in the CERF proposal, reflected in the higher number of people reached than planned. While the project primarily targeted survivors of GBV for life-saving assistance and vulnerable women and girls among IDP and host communities in the governorates of Al Dhale'e, Amran, Ibb, Lahj, Sa'ada and Taizz, men and boys were also targeted with a view towards involving them as actors in enabling interventions targeted at women and girls.

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

A project coordination team spearheaded by UNFPA and with staff from INTERSOS and YWU were put in place. Throughout the project duration, both qualitative and quantitative data collection methods and harmonized tools were used to assess regular progress towards expected deliverables. During the distribution of dignity kits an assessment tool to rate beneficiary satisfaction in terms of meeting their needs, including among most vulnerable women and girls was used by UNFPA implementing partners. INTERSOS conducted trends analysis to better understand causes and issues of gender-based violence. In addition, INTERSOS and YWU implemented their internal monitoring mechanisms. Regular meetings between UNFPA and both partners were conducted to ensure that the proposed activities were able to meet the objectives and indicators of the project with technical assistance provided by UNFPA when needed. There are different ways used in engaging with the community through conducting focus group discussion about the women and girls needs for the content of the dignity kits. UNFPA developed tool for the pre- and post-distribution of the kits. In addition, the GBV hotline ran by UNFPA implementing partner Yemen Women's Union (YWU) was used for counselling and receiving feedback on the beneficiaries' satisfaction.

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

EVALUATION CARRIED OUT ☐

There are no plans for an evaluation of this project. The project contributed to enabling the overall humanitarian response in Yemen. However, UNFPA on a yearly basis conducts an audit and project assessment for all the partners and projects through an international auditor.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNFPA	5. CERF grant period:	28/10/2015 – 28/04/2016			
2. CERF project code:	15-RR-FPA-041	6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded			
4. Project title:	Provision of Life-saving reproductive health services to the conflict-affected communities					
7. Funding	a. Total funding requirements ¹⁰ :	US\$ 884,312	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹¹ :	US\$ 599,189	■ NGO partners and Red Cross/Crescent: US\$ 477,084			
	c. Amount received from CERF:	US\$ 599,189	■ Government Partners:			
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)	28,125	3,267	31,392	41,474	14,501	55,975
Total	28,125	3,267	31,392	41,474	14,501	55,975
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs	6,279			10,500		
Host population	25,113			45,475		
Other affected people						
Total (same as in 8a)	31,392			55,975		

¹⁰ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹¹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project reached significantly more beneficiaries than planned since the mobile teams reached areas where there had been no maternal services available. The utilization of services by both women and men increased to almost the double of expected services utilization.
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CERF Result Framework			
9. Project objective	The overall objective of UNFPA's intervention is to provide conflict-affected IDPs as well as host communities in conflict-affected areas.		
10. Outcome statement	Increased access to and utilization of basic and comprehensive emergency obstetric and neonatal care (EmONC) and other reproductive health services in affected governorates		
11. Outputs			
Output 1	Increased availability of basic emergency obstetric care services Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) in seven governorates.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of mobile health teams providing integrated primary health care services including reproductive health services	7 teams	7 teams
Indicator 1.2	# of health workers provided with MISP training	142	193
Indicator 1.3	# of awareness sessions on reproductive health issues and available reproductive health services conducted	125	214
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Operations of 7 mobile teams to provide reproductive health services.	Yemen Family care Association (YFCA)	YFCA
Activity 1.2	Training of health providers on MISP by conducting 10 sessions to train doctors on MISP (14 participants per session)	YFCA	YFCA
Activity 1.3	Awareness sessions on reproductive health issues and reproductive health services made available	YFCA	YFCA
Activity 1.4	Establishment of Reproductive Health Information Management System (RHIMS) during emergencies: 1.4.1. Recruit a consultant to develop the RHIMS plan and formats 1.4.2. Conduct training for reproductive health staff on reproductive health management information system formats	UNFPA	UNFPA
Activity 1.5	Monitoring and evaluation	UNFPA	UNFPA

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

1. In order to ensure that all implementing partners working in the fields are aware about MISP for reproductive health services, that must be available for all women at any place at any time during crisis, UNFPA dedicated one of the MISP trainings for members of the Inter-Agency Working Group on Reproductive Health (RH IAWG). During this training, the participants developed a sound understanding of the difference between MISP and the provision of reproductive healthcare in non-emergency setting as well as on the coordination mechanisms during crisis (cluster system), and how to estimate their needs of RH kits and how to request them from UNFPA. One of the key outcomes of this workshop was that the participants worked together to develop and agree on the 2016 action plan of RH IWAG based and the information they learnt during the workshop.
2. In order to support mobile teams with maternal life-saving medicines and equipment, different types of RH kits worth \$62,000 were utilised.
3. Conflict and security challenges restricted access to populations in need of humanitarian assistance. However, UNFPA was able to reach the targeted population through its national partners and their branches in targeted governorates (local UNFPA staff originally from the same governorates) enabling the implementation of lifesaving interventions.
4. In addition, conflict and security restricted the direct monitoring visits by UNFPA staff. To overcome this challenges UNFPA, coordinated with both governmental and local NGOs working in the field to coordinate service delivery in terms of having an agreed plan including time and place of services as well as reporting mechanisms.
5. As conditions of the protracted conflict continued, import of humanitarian goods, including RH commodities faced delays. UNFPA used all means available to transport lifesaving commodities into the country including the United Nations Humanitarian Air Services. Currently, UNFPA is also exploring the feasibility of procuring commodities from the local market and neighbouring countries in the region to reduce the lead time of procurement.
6. Health awareness sessions: The project planned to implement in parallel to the ongoing mobile teams during the period from February to April 2016. The plan was to implement 3 sessions per week (for 3 months) per 7 governorates (where the 7 mobiles are working) with total number of 252 sessions. However some sessions had been organized at a time that was not suitable for an audience to gather. The end result was that 214 sessions were implemented.

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

A project coordination team spearheaded by UNFPA and with staff from YFCA used throughout the project duration both qualitative and quantitative data collection methods with harmonized tools to regularly assess progress towards expected deliverables. In addition, YFCA and local health offices implemented their internal monitoring mechanisms. Regular meetings between UNFPA and both partners were conducted to ensure that the proposed activities are able to respond to the objectives and indicators of the project and technical assistance was provided when needed.

For the mobile teams, UNFPA signed an agreement with YFCA, who operated mobile clinics, to further strengthen the provision of reproductive health services in targeted areas as well to conduct awareness session for men and women. The process of selection of areas where mobile clinics were deployed was done in coordination with local health authorities who selected the targeted areas and submitted a letter to UNFPA confirming the areas of selection. The implementing partner was asked to submit a monthly activity report supported by photos. All reports submitted to UNFPA were approved and stamped by the local health authorities.

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

EVALUATION CARRIED OUT ☐

. There was no plan to evaluate the impact of this project as it was not easy to find a third party other than the local health offices staff and implementing partner to access the targeted areas and conduct the evaluation. However, a number of tools were used to evaluate the implemented activities including pre- and post-tests for the training activities and awareness sessions as well as activity reports from the mobile teams.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNHCR		5. CERF grant period:	28/10/2015 – 28/04/2016			
2. CERF project code:	15-RR-HCR-057		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Multi-sector refugee assistance						
4. Project title:	Rapid Response Assistance to vulnerable asylum seekers, refugees and mixed migrants through essential relief items and rehabilitation interventions to existing infrastructure to also benefit the host community						
7. Funding	a. Total funding requirements ¹² :		US\$ 50,635,171		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹³ :		US\$ 26,772,241		▪ NGO partners US\$ 378,372		
	c. Amount received from CERF:		US\$ 496,990		▪ Government Partners:		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		16,875	28,750	45,625	21,233	36,175	57,408
Adults (≥ 18)		8,125	8,750	16,875	10,224	11,009	21,233
Total		25,000	37,500	62,500	31,457	47,184	78,641
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees	6,000			6,317			
IDPs				22,400			
Host population	500			800			
Other affected people	56,000			49,124			
Total (same as in 8a)	62,500			78,641			

¹² This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹³ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	In light of the mass displacement during the period, UNHCR implemented all activities within a multi-donor context by complementing other contributions to enhance the assistance provided. A slight deviation in terms of beneficiaries was reassessed for emergency shelter kits. In light of crisis during the period an urgent need for immediate assistance for IDPs was identified and the kits were reprioritized for distribution to IDPs. The emergency shelter kits were provided to 3,200 displaced households, representing 22,400 individuals and distributed through various UNHCR partners in the northern governorates of Yemen.
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CERF Result Framework			
9. Project objective	Support new arrivals; refugees and asylum seekers who were displaced within Aden and into southern Governates; the host community in Basteen and Mayfah; and displaced refugees within Mukalla		
10. Outcome statement	New arrivals; refugees and asylum seekers who were displaced within Aden and into southern Governates; the host community in Basteen and Mayfah; and displaced refugees within Mukalla are critically supported		
11. Outputs			
Output 1	New arrivals can cater for their basic needs, have access to water and sanitation and overnight shelter		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of migrants refugees and asylum seekers, inclusive of unaccompanied and separated children, provided with NFI kits Sex and Age Disaggregated Data (SADD)	5,800 dignity kits	2,912 dignity kits
Indicator 1.2	# of vulnerable migrants, refugees and asylum seekers, inclusive of unaccompanied and separated children, provided with food and water (SADD)	100% (through well)	100%
Indicator 1.3	# of migrants, refugees and asylum seekers, inclusive of unaccompanied and separated children, provided with emergency shelter (SADD)	2,000	52,079 migrants, refugees and asylum seekers
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and distribution of Non-Food Items (NFIs), inclusive of core-relief items, hygiene kits and dignity kits# of migrants refugees and asylum seekers, inclusive of unaccompanied and separated children, provided with NFI kits (SADD)	DRC, YRC	DRC
Activity 1.2	Provision of life-saving food and water	MRC	MRC
Activity 1.3	Provision of temporary emergency shelter	SHS	SHS, YRC
Output 2	Returning refugees have access to emergency shelter; returnee refugee children haven access to schooling and psychosocial counselling		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of schools rehabilitated	3 schools rehabilitated	3 Schools Rehabilitated
Indicator 2.2	# migrant, refugee and asylum seeker children assisted	1 training	1 training reaching

	(SDD)		1,000 beneficiaries
Indicator 2.3	# of migrants, refugees and asylum seekers, inclusive of unaccompanied and separated children, provided with emergency shelter(SADD)	3,200	3,200 IDP households (22,400 individuals)
Indicator 2.4	# refugees and asylum seekers assisted	250	250 refugees and asylum seekers
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of child friendly spaces including rehabilitating classrooms and library	MDF	MDF
Activity 2.2	Provision of child protection services for unaccompanied and separated migrant, refugee and asylum seeker children	Creative People Solutions (tbc)	MDF
Activity 2.3	Provision of temporary emergency shelter	UNHCR/SHS	UNHCR
Activity 2.4	Provision of emergency cash assistance to extremely vulnerable migrants, refugees and asylum seekers	Intersos	Intersos

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:

New arrivals: By the end of 2015, the total new arrivals to reach Yemen were estimated at 92,446 individuals. By 30 April, 2016, a total of 39,962 new arrivals were estimated to have arrived along the Red Sea and Arabian Sea Coasts. During the reporting period of 26 October 2015 – 25 April 2016, UNHCR and partners provided assistance to 52,079 new arrivals landing along Yemen's shores. A total of 2,912 dignity kits were distributed to new arrivals at the Kharaz and Mayfa'a reception centres during patrolling. Individuals who received dignity kits had been identified as vulnerable and in immediate need of the kits and included refugees, asylum seekers and economic migrants. UNHCR and partners referred all cases identified in need of additional services.

The Mayfa'a Reception Centre (MRC) received regular maintenance by partner SHS of the water tank and well in order for all new arrivals to have access to water. Both YRC and SHS supplied hot meals to new arrivals at the reception centres.

Refugees and returning refugees: With the CERF funding, UNHCR rehabilitated three schools in Aden where child friendly spaces were built for refugee and host community children, providing them access to psycho-social interventions and a safe space to play. UNHCR's partner the Millennium Development Foundation (MDF) has been running the project in the Basateen district with teachers, social counsellors, and school administrators benefiting from extracurricular activities, training courses and the structural repair of the schools. A library was established in one of the schools. A six-part training was provided as a training of trainers programme. Child protection topics included child rights, and education and psychosocial support to address the effects of armed conflict, and life skills to overcome trauma. The trainings on activities to address trauma were music education, theatre, sports, and vocation and art education. The training of teachers has benefited some 1,000 children.

Emergency cash assistance was provided to extremely vulnerable refugees and asylum seekers who were identified through screening and provided with psychosocial support. 250 individuals were supported with emergency cash assistance. A comprehensive assistance package for potentially vulnerable individuals included identification, social-economic assessments, and internal and external referrals to appropriate specialized services. Moreover, based on the socio-economic assessments they were then supported with the emergency cash assistance when the need was identified.

IDPs: Due to the prevailing crisis a re-prioritization on the utilization of the resources for emergency shelter kits was dedicated to IDPs after emergency shelter needs were reassessed and identified as a critical need for the internally displaced families as a result of the on-going conflict and natural disasters. Within a multi-donor context, UNHCR complemented CERF funding to procure the emergency shelter kits to target IDPs and provided emergency shelter kits to 3,200 displaced households (22,400 individuals).

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

In order to ensure AAP has been included during the project design, implementation and monitoring, UNHCR regularly monitors and coordinates with various partners the needs of women, men, boys and girls on a continuous basis. UNHCR conducts Age, Gender, Diversity and Mainstreaming (AGDM) participatory assessments on an annual basis with the active involvement of refugee leaders, community members, partners, and the Government of Yemen. The participatory assessment is a process that involves focus group discussions, with different groups representing the communities and joint analysis of the protection risks that they face and the potential solutions they propose.

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

EVALUATION CARRIED OUT ☐

No formal evaluation for this project is planned, however, the AGDM at the end of 2016 will focus on capturing an overall evaluation of all UNHCR implemented activities. Although the project was not evaluated, the UNHCR team continuously monitored both the implementation of the project, as well as the situation on the ground at various levels of monitoring as follows:
1) The Field and Protection Staff systematically assessed the needs of the vulnerable asylum seekers, refugees and mixed migrants in order to provide them with essential relief items and rehabilitation interventions to existing infrastructure to also benefit the host community. Due to the security situation in Yemen and especially in the South, the partners and monitored the activities at the reception centres. 2) The Program team monitored the work of the partners and provided substantive technical assistance and support to partners ensuring overall supervision, guidance and production of progress reports.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNHCR		5. CERF grant period:		29/10/2015 – 29/04/2016	
2. CERF project code:		15-RR-HCR-058		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Human Rights				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Improve IDPs' Access to Information through a Call Centre					
7.Funding	a. Total funding requirements ¹⁴ :		US\$ 18,690,954		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁵ :		US\$ 500,000		▪ <i>NOG partners and Red Cross/ Crescent</i> US\$ 190,000		
	c. Amount received from CERF:		US\$ 500,000		▪ <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
Children (< 18)		17,250	17,250	34,500	8,069	8,069	16,138
Adults (≥ 18)		17,250	17,250	34,500	10,174	8,771	18,945
Total		34,500	34,500	69,000	18,243	16,840	35,803
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees					351		
IDPs		48,300			28,066		
Host population					5,262		
Other affected people		20,700			1,403		
Total (same as in 8a)		69,000			35,803		
In case of significant discrepancy between planned and reached		Target was not reached because the project was closed by the de facto authorities prior to the grant-end.					

¹⁴ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁵ This should include both funding received from CERF and from other donors.

<i>beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	<p>The de facto authorities determined that the information exchanged with callers was considered too sensitive and regarded as a security liability.</p> <p>The total number of persons reached is reflective of the individuals who received information as a result of contacting the call centre. It was anticipated that additional individuals would be reached through thematic messaging developed based on issues that were frequently raised to the call centre but this component of the project could not be realised owing to the arbitrary decision by the de facto authorities to close the project.</p>
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CERF Result Framework			
9. Project objective	Establishment of a call centre to provide information to persons of concern.		
10. Outcome statement	Displaced communities are able to access the call centre for information on available services and provide feedback on humanitarian services.		
11. Outputs			
Output 1	Establishment of the call centre and advocacy		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of call centres that are accessible to both men and women established	1	1
Indicator 1.2	Number of Internally displaced persons who benefitting from information services	69,000 individuals	35,083
Indicator 1.3	# of information mass information campaigns conducted	6	8
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Establish a call centre.	UNHCR	UNHCR and AMIDEAST
Activity 1.2	Produce and disseminate information on programmes, organisations, institutions and issues specifically targeting IDPs through running the call centre	UNHCR and UNHCR partner	UNHCR and AMIDEAST
Activity 1.3	Collect and analyse data on information obtained from each call.	UNHCR Partner	AMIDEAST

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:
<p>The call centre, Tawasul ('to connect' in Arabic) was set up by UNHCR, under the Protection Cluster, to promote two-way communication directly between Persons of Concern (POC) and humanitarian actors. Tawasul worked with the entire humanitarian community to collect data about available services, functioned as an information and referral service for POC, and also provided an avenue for observations and complaints to be made in relation to provision of humanitarian services by POC. The issues and needs</p>

that callers made to Tawasul were stored in a database and analysed.

For this reason, Tawasul provided a valuable source of information on the needs of POC and represented another method of assessment. During the period of its operation from December 2015 to March 2016, Tawasul developed standard operating procedures, listed call categories and published a circular, 3 narrative reports on trends and 3 monthly statistical reports, as well as Arabic versions for March. The setting up and operational period of the Tawasul centre covered 83% of the project period until it was closed; however, Tawasul was planned to continue beyond the CERF project. These reports were disseminated through the Protection Cluster, the Inter-Cluster Coordination Mechanism (ICCM) with briefings regularly provided at the meetings of the Steering Committee of the Community Engagement Working Group (CE WG) and at the HCT on behalf of the CE WG.

Owing to these factors, Tawasul was the corner-stone of the OCHA-led Community Engagement process that had as a primary objective the enhancement of accountability by humanitarian actors to POC. Tawasul was a common service that benefitted the entire humanitarian response and was the first such initiative in Yemen. The project was set up during the month of November and piloted in the three governorates of Amanat Al Asimah, Aden, and Abyan in December 2015, Tawasul expanded activities in January to cover the entire country.

During the period between 1 January and 31 March 2016 a total of 1,905 calls were received by Tawasul. As callers contacted Tawasul not only in relation to themselves but also in relation to communities, calls represented 6,784 households (35,082 individuals).

Based on data collected through January to March, 62% of callers were male while 38% were female. 95% were adults between 18 – 59 years of age, with 4% of callers over 60 and 1% below 18. Of the total calls received, 64% of calls were in relation to information requests with 30% accounting for follow-up calls and 4% of calls relating to complaints. The majority of callers were from Amanat Al Asimah with the largest number of callers belonging to the category of IDPs. However, calls have also been received from members of the non-displaced host community, refugees, IDP returnees, local NGOs and local authorities (other affected people in section 8b).

Tawasul was suspended by the de facto authorities at the end of March 2016 as the information exchanged with callers was considered too sensitive and regarded as a security liability. In order to address the challenges, UNHCR engaged with local authorities to negotiate for the reactivation of the project while closely coordinating with the UNCT. However, the project remained suspended throughout April. In May, the authorities indicated that they would not accept for the project to continue and therefore UNHCR commenced the process to terminate the project.

Other challenges have been experienced in conducting the activity. While Tawasul had data from a number of service providers in its database, the network of collaborating partners needed to be significantly enhanced. Another factor that emerged from the work conducted was that the referral pathways needed to be clearly demarcated and entrenched, especially for individual cases, as most service providers were set up to respond to the needs of communities. A case in point was in relation to individual callers who requested health assistance. Tawasul was referring such cases to a local charity in Amanat Al Asimah that had set up a medical clinic and was receiving individually referred cases. This service was provided for a duration of time but ended owing to a lack of funds. As a result of these constraints, as of March, 72% of cases/calls lodged with Tawasul remain pending (unresolved) meaning that Tawasul has not been able to provide concrete information to the caller or refer the case to a service provider. The issue presents a major challenge but the finding is an important one in terms of identifying gaps in the humanitarian response in Yemen. These challenges have been addressed through working closely with the Protection Cluster to develop protection mainstreaming strategies for IDPs. The information has informed community engagement activities and UNHCR is continuously developing and refining monitoring and referral processes.

Lessons learned from the Tawasul project continue to surface as data is reviewed. This activity is cross sectoral as health, nutrition, WASH, NFI, financial services, shelter, education, special needs, documentation and additional needs were raised by callers. Post-monitoring has been identified as an important arena as it can highlight the impact of prior interventions and community resilience based on information received by Tawasul. Tawasul produced and disseminated data that could be integral in informing disaster response.

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

Staff training in accountability and ethics and the Code of Conduct was provided at the inception of the project. All call centre operators and employees signed confidentiality statements that mandate the protection and safeguarding of all personal information. All contact information was limited to the coordination of aid. The Tawasul database integrity and the information contained therein was part of the project's accountability. Partner and beneficiary information was not collected in detail, nor was it available in paper files. The database was encrypted and password protected using 128-bit key Advanced Encryption Standard (AES) technology, which was highly secure against brute-force hacking software.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The project was to continue for the full year beyond the CERF funding period. However, the project had to be closed and termination proceedings were commenced in May 2016. Under UNHCR's contractual terms with its partners, UNHCR had to provide 90 days' notice in the event of termination.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		UNHCR		5. CERF grant period:		28/10/2015 – 28/04/2016	
2. CERF project code:		15-RR-HCR-059		6. Status of CERF grant:		<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded	
3. Cluster/Sector:		Shelter/CCCM/NFI					
4. Project title:		Life-Saving Assistance to Vulnerable IDPs through Provision of Essential Relief Items					
7.Funding	a. Total funding requirements ¹⁶ :		US\$ 18,677,624		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ¹⁷ :		US\$ 5,250,014		▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 413,169		
	c. Amount received from CERF:		US\$ 2,240,126		▪ <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
Children (< 18)		15,750	10,500	26,250	15,787	10,759	26,546
Adults (≥ 18)		13,825	12,425	26,250	13,902	12,052	25954
Total		29,575	22,925	52,500	29,689	22,811	52,500
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		52,500			42,000		
Host population					2,625		
Other affected people					7,875		
Total (same as in 8a)		52,500			52,500		

¹⁶ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁷ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project included Al Dhalee governorate, but distribution of the essential relief items did not take place there due to accessibility issues as a result of the conflict; on account of the high needs for relief items across the additional targeted governorates, the planned number of beneficiaries was reached.
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CERF Result Framework			
9. Project objective	Provide life-saving material assistance to 52,500 IDPs		
10. Outcome statement	Vulnerable newly displaced families have access to basic essential relief items		
11. Outputs			
Output 1	52,500 vulnerable IDPs have access to NFIs		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of families assisted with NFIs	7,500 families (52,500 individuals: female 29,575 and male 22,925)	7,500 families (52,500 individuals: female 29,689 and male 22,811)
Indicator 1.2	% of female-headed household assisted with NFIs	20%	20%
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Sourcing of NFI kits for 7,500 Household (HH)	UNHCR	UNHCR
Activity 1.2	Delivery of NFI kits to partner warehouses	UNHCR	UNHCR
Activity 1.3	Distribution to beneficiaries	UNHCR	UNHCR, Al Amal, SHS

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 implementation period, some 7,500 households comprised of 52,500 individuals (29,689 females and 22,811 males) were supported with essential relief items. UNHCR Partners SHS implemented the distribution activities in Lahj governorate while Al Amal conducted distributions in Hajjah governorate. UNHCR conducted direct implementation of distributions in Sa'ada, Taizz and Ibb. Distribution in Al Dhale'e governorate was not conducted due to the security situation.

UNHCR procured the NFI kits and oversaw the logistical delivery of the kits to partner warehouses for distribution. The NFI kits were distributed according to the Cluster guidelines and 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.

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

UNHCR's and their partners' criteria for identifying persons of concern included female headed households, individuals at risk of GBV, individuals with disabilities, individuals with medical conditions, older persons at risk, and single headed households. Through regular protection monitoring by the partners Al Amal and SHS, the needs of the internally displaced women, men, boys and girls was continuously assessed.

AAP was ensured through post distribution monitoring (PDM). UNHCR and partners conducted PDM in order to identify best practices, protection risks, and that appropriate assistance was provided. UNHCR and partners do not share sensitive information in order to keep beneficiaries and staff safe.

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

EVALUATION CARRIED OUT ☐

No formal evaluation has been planned by this project, however UNHCR's partner Intersos conducted PDM 2-5 months after the distribution with the goal of verifying if the essential relief was the correct quantity, reached the persons of concern and identify protection risks associated with the distribution activity. Beneficiaries reported an overall satisfaction with the contents and quality of the essential relief. However, beneficiaries emphasized the need for food, water, medicines and larger quantities of NFIs, particularly blankets.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:	IOM		5. CERF grant period:	23/10/2015 –23/04/2016			
2. CERF project code:	15-RR-IOM-038		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded			
3. Cluster/Sector:	Health						
4. Project title:	Life-saving health care assistance to IDPs and conflict affected communities						
7. Funding	a. Total project budget:	US\$ 2,750,000	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\$ 300,000					
	c. Amount received from CERF:	US\$ 300,000					
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)		6,000	6,000	12,000	8,018	7,800	15,818
Adults (above 18)		7,200	4,800	12,000	9,324	4,658	13,982
Total		13,200	10,800	24,000	17,342	12,458	29,800
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
Refugees							
IDPs		6,316		7,250			
Host population		17,684		22,550			
Other affected people							
Total (same as in 8a)		24,000		29,800			
<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>		IOM exceeded the number of targeted beneficiaries, due to the complete absence of health services including RH and Immunization in the target locations. IOM as the only service provider in the target areas for this project including Al Azariq and Al Dhale districts of Al Dhale governorate, had to bear all the load. Also, as shown in table 8a, above, more women and children were reached during the project period.					

	<p>The reason for this increase is mainly the continued increase in the needs for maternal & childhood health services among targeted populations who could not access the governmental health facilities and also could not afford private ones. In addition, in close coordination with the Health Office in Al Dhale governorate, IOM had taken over reaching out to children within the catchment areas with routine immunizations covering the gap. Around 1,989 children received immunization through IOM MHCs during their regular movements from village to village. For women in the reproductive age, IOM has provided 2,864 females including 282 girls under 18 years with the essential reproductive health services such as, Antenatal Care (ANC), Family Planning services, and treatment of common reproductive health problems.</p>
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CERF Result Framework			
9. Project objective	To ensure access to essential package of quality life-saving health care services for the vulnerable groups in priority districts, aimed at avoiding preventable morbidity and mortality, through a focused approach to health system strengthening.		
10. Outcome statement	Reduced, morbidity, mortality and suffering of vulnerable IDPs and conflict affected host communities through the provision of life-saving health care assistance.		
11. Outputs			
Output 1	24,000 vulnerable individuals from IDPs and host communities benefit from the health services in the two districts of Al Dhale governorate.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of people benefiting from health service delivery	24,000	29,800
Indicator 1.2	Number of vulnerable children (boys and girls) treated through mobile health clinics	12,000	15,818
Indicator 1.3	Number of women benefiting from health services including reproductive health care	7,200	9,324
Indicator 1.4	Number of mobile teams equipped and providing services	2	2
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Set up and mobilize 2 mobile health clinics for the 2 target districts. Each mobile clinic comprises of five persons (1 doctor, 1 medical assistant, 1 nurse, 1 midwife and 1 psychosocial counsellor) with 2 vehicles	IOM	IOM
Activity 1.2	Provide the necessary equipment as well as the required amount of medicines, medical supplies and equipment	IOM	IOM
Activity 1.3	Deploy the teams for providing health care in the target locations	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:	
<p>During the project period, 29,800 beneficiaries including 4,658 men, 9,324 women, 7,800 boys, and 8,018 girls were reached through IOM's operation of two mobile health teams in the two districts of Al Azariq and Al Dhale in Al Dhale governorate. The breakdown of those beneficiaries by the type of service received is:</p> <ol style="list-style-type: none"> 1. Emergency life-saving health assistance including treatment of trauma cases. About 221 (97 of them children under 18 years) trauma and other surgical cases were managed by IOM health teams. 2. Treatment of common diseases (communicable and non-communicable). A total of 18,024 people including 7,701 adults and 10,323 children treated in this category of health problems. 3. Essential reproductive health services (RH) including ANC, family planning, and treatment of common reproductive health problems. A total of 2,864 females in the reproductive age including 282 girls (under 18 years) were reached with one or more of the reproductive health services. Out of those RH services beneficiaries, 489 were pregnant patients (488 women and 1 girl) who were provided with antenatal care and health awareness, especially about the nutrition of pregnant and lactating women, promotion of breast feeding, and the importance of immunizations for both child and mother. 4. Health promotion and awareness raising sessions were conducted. The main topics covered under health promotion include personal hygiene practices, infectious disease prevention and control, nutrition, breastfeeding, family planning, immunization, antenatal care for pregnant women and prevention of childhood illnesses. The messages used in the health promotion session were standard messages, used by the Ministry of Public Health and Population (MoPHP). During the awareness raising sessions, promotional materials were distributed including posters. In total approximately 8,183 people benefitted from the awareness raising. This included 1,767 men, 1,808 women, 2,533 boys, and 2,075 girls. <p>In addition, as IOM has a good experience in implementing Community based Management of Acute Malnutrition (CMAM) programme, the mobile health teams also screened the under five children, using Mid-Upper Arm Circumferences (MUAC), in order to diagnose and early detect cases of malnutrition. Cases suspected to be malnourished were referred to the nearest Outpatient Therapeutic Programmes (OTPs) or Therapeutic Feeding Centre (TFCs) in the area, provided by MoPHP or NGOs. Throughout the project period, 508 children under 5 were considered to be malnourished (60 Severe Acute Malnutrition - SAM and 448 Moderate Acute Malnutrition - MAM).</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>The local authorities including the governorate and district levels health offices of the MoPHP and other stakeholders represented by the Health Cluster were involved during the project planning, 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 also involved in identification of the IDPs congested areas and in hosting the mobile health clinic by provision of clinic space for services delivery. Also, people from the same communities were volunteering in mobilizing the people for using the services of the mobile clinics. The weekly operational schedules for the mobile health clinics were prepared in close 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.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
<p>The post project evaluation for this project was neither planned, nor funded under the project proposal. However, IOM through its existing monitoring and evaluation mechanisms, regularly paid visits to the field and appraised the implementation of activities under this project, in order to ensure that the project meets its perceived objectives. Monitoring of the project activities was also done through regular reports from the implementation sites. The reports reflected the activities conducted as well as the number of people served. The resulting statistics were compiled into monthly reports, reviewed for validity and also crosschecked with the set targets for measuring progress. Therefore project M&E is an inbuilt mechanism and performed regularly by the project staff. IOM clinical data was regularly reported and incorporated in the existing disease early warning system.</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:	28/10/2015 – 27/07/2016			
2. CERF project code:	15-RR-IOM-039		6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input type="checkbox"/> Concluded			
3. Cluster/Sector:	Multi-sector migrant and refugee assistance						
4. Project title:	Life-saving Humanitarian Assistance to Migrants in Yemen						
7. Funding	a. Total funding requirements ¹⁸ :		US\$ 1,444,000	d. CERF funds forwarded to implementing partners: ■ <i>NGO partners and Red Cross/Crescent:</i> ■ <i>Government Partners:</i>			
	b. Total funding received ¹⁹ :		US\$ 1,200,000				
	c. Amount received from CERF:		US\$ 500,000				
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 (< 18)</i>		13	611	624	36	921	957
<i>Adults (≥ 18)</i>		113	3,463	3,576	151	3,192	3,343
Total		126	4,074	4,200	187	4,113	4,300
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
<i>Refugees</i>							
<i>IDPs</i>							
<i>Host population</i>							
<i>Other affected people</i>	4,200			4,300			
Total (same as in 8a)	4,200			4,300			

¹⁸ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

¹⁹ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There are no significant discrepancies to report between the planned and reached beneficiaries.
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CERF Result Framework			
9. Project objective	This project aims to address the food, health, WASH, shelter and protection needs of vulnerable, stranded migrants in Yemen.		
10. Outcome statement	4,200 vulnerable and stranded migrants in Yemen receive multiple forms of life-saving assistance		
11. Outputs			
Output 1	Vulnerable migrants receive protection, screening and registration		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# migrants, inclusive of unaccompanied and separated children, screened on an individual basis (SADD)	4,200 (13 girls, 611 boys, 113 women, 3,463 men)	4,300 (36 girls, 921 boys, 151 women, 3,192 men)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Screen, register, and conduct protection monitoring	IOM	IOM
Activity 1.2	Refer particularly vulnerable migrants for additional services	IOM	IOM
Activity 1.3	Collect and analyse, and appropriately disseminate migrant trend-related data	IOM	IOM
Output 2	Vulnerable migrants receive life-saving food and water, NFI items, and medical care		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of vulnerable migrants, inclusive of unaccompanied and separated children, provided with food and water (SADD)	4,200 (13 girls, 611 boys, 113 women, 3,463 men)	3,307 (51 girls, 860 boys, 219 women and 2,177 men)
Indicator 2.2	# of migrants, inclusive of unaccompanied and separated children, provided with NFIs (SADD)	1,260 (13 girls, 227 boys, 113 women)	1,512 (47 girls, 259 boys, 104 women and 1,102)
Indicator 2.3	# of vulnerable migrants, inclusive of unaccompanied and separated children, assisted with health care (SADD)	4,200 (13 girls, 611 boys, 113 women, 3,463 men)	5,400 (54 girls, 1,077 boys, 216 women and 4,053 men)
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procure and distribute food and drinking water	IOM	IOM
Activity 2.2	Procure and distribute Non-Food Items (NFIs), inclusive of core-relief items, hygiene kits and dignity kits	IOM	IOM

Activity 2.3	Provide medical care to injured and sick migrants through hospital referrals, mobile clinics and medicine	IOM	IOM
Output 3	Vulnerable migrants have access WASH and temporary safe shelter		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	# of migrants, inclusive of unaccompanied and separated children, provided access to WASH services (SADD)	4,200 (13 girls, 611 boys, 113 women, 3,463 men)	All screened migrants were able to access WASH services: 4,300 (36 girls, 921 boys, 151 women and 3,192 men)
Indicator 3.2	# of migrants, inclusive of unaccompanied and separated children, provided with emergency shelter(SADD)	210 (2 girls, 38 boys, 19 women, 151 men)	252 (5 girls, 78 boys, 30 women and 139 men)
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Provision of WASH related services (including construction, rehabilitation and maintenance of emergency latrines and hygiene related services and facilities).	IOM	IOM
Activity 3.2	Provision of temporary emergency shelter	IOM	IOM
Activity 3.3	Operate migrant response points in Al Hudaydah, Aden, Sana'a and/or Mukallah	IOM	IOM

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

Most of the actual outputs achieved through this project were in line with the planned outputs that were conceptualized in the project proposal. In fact, compared to the targeted beneficiaries, there was a slight increase in the number of screened migrant beneficiaries and the number of WASH beneficiaries – both activities occurred primarily at the Migrant Response Points (MRP) - because the three month no-cost extension (NCE) granted the reprogramming of some funds and time that further supported the MRP operations in Al Hudaydah and Aden.

As part of the NCE request, some funding that had been allocated for temporary shelter was reprogrammed to cover MRP operations, particularly in Al Hudaydah, which has an age and gender appropriate safe place for temporary shelter inside the premises. Some funds that were reprogrammed to cover the MRP operations helped to strengthen the security measures, given the spontaneous attacks that occurred in Hudaydah²⁰. On 9 March 2016, an armed group stormed the IOM MRP in Hudaydah, Yemen and fired automatic weapons inside the premises. The assault resulted in the death of a 16-year-old unaccompanied migrant (for more details please find below link). Cost-savings and the three additional months through the NCE enabled IOM to provide temporary shelter to 252 migrants (more than the originally planned 210 migrant beneficiaries). Similarly, 5,400 migrants (almost 28% more than the planned target number) benefitted from the medical assistance that IOM provided. This higher beneficiary number was achieved because the project period was extended for three months, enabling IOM to continue providing health assistance at the MRP. Some funds that were allocated for food and water activities (Indicator 2.1) were reprogrammed as part of the NCE request because the actual cost for food and water items was less than originally budgeted and, ultimately, there were fewer migrant beneficiaries in need of food and water. Approximately half of the budgeted amount was reprogrammed to cover MRP operations, and 78 per cent of 4,200 targeted beneficiaries received food and water.

²⁰ <https://www.iom.int/news/iom-condemns-wednesday-attack-migrant-response-point-Hodeydah-yemen>

Throughout the project cycle, the precarious security situation in Mukallah and in Bab El Mandeb, Taizz, made it impossible for IOM to expand its migrant assistance work in these locations. Instead, IOM concentrated its migrant assistance efforts in Al Hudeydah and Aden, where the greatest number of migrants in need was located. By July 2016, when this CERF-funded project closed, there were still thousands of vulnerable migrants in need of humanitarian assistance because they experience serious human rights violations (abduction and abuse for monetary extortion by smuggling and criminal networks) upon arrival and when transiting through Yemen. Some of these migrants were in detention because local authorities wanted to prevent military recruitment or thought it was a safer place. Some of these migrants were coming to IOM's MRPs because there were no other options, such as the host community was no longer hospitable or could no longer offer help, the conflict frontlines prevented the migrants from continuing their journey, and all personal resources were exhausted.

Throughout the project period, IOM published monthly snapshots on migrant beneficiary data. The snapshots are available through this link: <http://www.iom.int/countries/yemen/>. Credit has been attributed to CERF and other donors in the Snapshots.

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

Accountability to the affected populations – the vulnerable migrant beneficiaries who were stranded, destitute, and caught between conflict frontlines in Yemen – was ensured throughout project design and implementation. During project design, specific activities were conceptualized for optimum accountability given the uniqueness of the caseload (transitory in nature, low literacy rate in their native language, challenges with communicating in Arabic, overwhelmingly male population between the ages of 15 and 35 years old). Such efforts included ensuring that staff were sensitized to the unique needs and rights of migrants, that interpreters were available, and that age, gender, and culturally appropriate assistance was provided. During implementation, for example, the screening activity served to solicit direct input from the population on their needs, and subsequently IOM customized the services provided. Additionally, staff informed the would-be beneficiaries about the availability of humanitarian assistance and sought informed-consent from the migrants before providing it. Staff also regularly asked for feedback from the migrants at the MRPs about the quality of received assistance during outreach and focus group sessions, which occurred almost weekly. For emergencies, such as when the airstrikes in Al Hudaydah made movement difficult in the city, IOM staff explained to the migrants how the MRP would function with minimal staff presence. The combination of these efforts pursued by IOM facilitated accountability to the affected population.

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

EVALUATION CARRIED OUT ☐

There are no plans for an evaluation of this specific project. The project contributed to enabling the overall humanitarian response in Yemen.

EVALUATION PENDING ☐

NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS							
CERF project information							
1. Agency:		IOM	5. CERF grant period:		28/10/2015 – 27/07/2016		
2. CERF project code:		15-RR-IOM-040	6. Status of CERF grant:		<input type="checkbox"/> Ongoing		
3. Cluster/Sector:		Camp Coordination and Camp Management			<input type="checkbox"/> Concluded		
4. Project title:		Enhancing access to NFIs for vulnerable IDP and other conflict-affected communities in war-torn Yemen					
7.Funding	a. Total funding requirements ²¹ :		US\$ 12,800,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ²² :		US\$ 3,050,000	▪ <i>NGO partners and Red Cross/Crescent:</i>			
	c. Amount received from CERF:		US\$ 1,750,000	▪ <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
Children (< 18)		8,960	10,264	19,224	8,988	10,336	19,324
Adults (≥ 18)		13,440	12,136	25,576	13,482	12,134	25,616
Total		22,400	22,400	44,800	22,470	22,470	44,940
8b. Beneficiary Profile							
Category		Number of people (Planned)		Number of people (Reached)			
Refugees							
IDPs		44,800		44,940			
Host population							
Other affected people							
Total (same as in 8a)		44,800		44,940			

²¹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²² This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There are no significant discrepancies to report between the planned and reached beneficiaries.
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CERF Result Framework			
9. Project objective	Provide NFIs to vulnerable IDPs in Yemen in a timely and coordinated fashion		
10. Outcome statement	IDP and other conflict-affected communities receive NFI assistance		
11. Outputs			
Output 1	44,800 IDPs and other conflict-affected individuals receive household NFI kits		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of IDPs and other conflict-affected populations assisted with household NFI kits	44,800, of whom: - 8,960 F < 18 - 10,264 M < 18 - 13,440 F ≥ 18 12,136 M ≥ 18	44,940, of whom: - 8,988 F < 18 - 10,336 M < 18 - 13,482 F ≥ 18 12,134 M ≥ 18
Indicator 1.2	% of population in need in target communities receiving NFIs assistance	20%	20.1%
Indicator 1.3	# of persons consulted before designing the project	80, of whom: - 20 F 60 M	During distribution, IOM consults beneficiary community, host community, as well as those involved in the distribution of the NFI/Shelter kits to inform the design of upcoming projects. Under this project IOM consulted 78 individuals as per the below: - 15 Female - 63 Males
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification and registration of most vulnerable IDP HH	IOM and sub-contracted consultants	IOM and sub-contracted consultants
Activity 1.2	Procurement of NFI kits	IOM	IOM
Activity 1.3	Distribution of NFI kits	IOM and sub-contracted consultants	IOM and sub-contracted consultants
Activity 1.4	Surveys and focus groups in relevant project areas	IOM and sub-contracted consultants	IOM and sub-contracted consultants
Activity 1.5	Monitoring of project achievements against set indicators	IOM and sub-contracted consultants	IOM and sub-contracted consultants
Activity 1.6	Preparation of a final evaluation report	IOM	IOM

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:	
<p>One of the challenges that IOM faced while transporting NFI/Shelter kits is that truck drivers from northern governorates were not allowed to enter southern governorates. This is becoming a greatly sensitive issue affecting IOM planned movements. To resolve this issue, IOM agreed with transportation companies that northerner drivers are replaced by southerner at the time they reach north-south bordering areas. This allowed IOM to deliver needed aid to the target areas in the southern governorates including Lahj and Al Dhale'e.</p> <p>Another challenge that IOM faced is the limited capacity of the local market for procurement of NFI/Shelter kits. To overcome this issue, IOM adopted different procurement/implementation modalities (local and international) in order to reach target beneficiaries with needed NFI kits. IOM managed to reach a portion of the targeted caseload in Lahj and Taizz, through purchasing kits from the local markets, while waiting for the arrival of the remaining kits purchased internationally. IOM closely coordinated with the Logistics Cluster for the clearance and release of items from Djibouti until arriving at Aden port in batches in June 2016 with the support of the Logistics Cluster.</p>	
13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:	
<p>Prior to the distribution, IOM coordinates with beneficiary and IDP host community representatives. Coordination includes discussions on the registration of beneficiaries, and the date and time of the distribution process of the NFI and Shelter materials. A list of beneficiary IDPs is displayed at the distribution site at least one day prior to the distribution process. While distributing NFI and Shelter materials, an IOM staff, usually an Monitoring and Evaluation (M&E) assistant is present to record any complaints raised by the beneficiaries. The M&E assistant also shares his phone number with representatives of the beneficiary community, so that complaints that may rise after the distribution process are also communicated to the M&E assistant. Recorded complaints are then communicated to the senior field coordinator, who communicates them, in turn, to the sub-office manager and other the relevant staff. These complaints are then discussed, and a solution is proposed to address the complaints.</p> <p>In addition, IOM works with the beneficiary community and local authorities to facilitate the smooth passage of the NFI/Shelter kits to the intended beneficiaries. For example, while transporting NFI/Shelter kits to Al Dhale'e, IOM worked with representatives from the beneficiary community to accompany the trucks while passing through checkpoints. This proves to be effective to resolve issues such as detaining of trucks at checkpoints and entrances.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
While distributing in Lahj, the IOM M&E team conducted an M&E visit to monitor the distribution of the NFI/Shelter kits. The distribution of NFI/Shelter targeted IDPs who fled Al Waziyah district in Taizz to seek refuge in the nearby district of Lahj. The report can be shared separately.	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:		29/10/2015 – 28/07/2016	
2. CERF project code:		15-RR-IOM-041		6. Status of CERF grant:		<input type="checkbox"/> Ongoing	
3. Cluster/Sector:		Water, Sanitation and Hygiene				<input checked="" type="checkbox"/> Concluded	
4. Project title:		Enhancing access to WASH for vulnerable IDP and other conflict-affected communities in war-torn Yemen					
7. Funding	a. Total funding requirements ²³ :		US\$ 4,700,000		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ²⁴ :		US\$ 2,600,000		▪ <i>NGO partners and Red Cross/Crescent:</i>		
	c. Amount received from CERF:		US\$ 800,000		▪ <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
Children (< 18)		20,582	19,169	39,751	31,211	30,757	61,968
Adults (≥ 18)		48,601	50,098	98,699	40,268	40,229	80,497
Total		69,183	69,267	138,450	71,479	70,986	142,465
8b. Beneficiary Profile							
Category		Number of people (Planned)			Number of people (Reached)		
Refugees							
IDPs		101,550			104,495		
Host population		36,900			37,970		
Other affected people							

²³ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁴ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	138,450	142,465
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	There is an increase of the number of beneficiaries by around 4000 individuals. The Emergency & Recovery unit field team, in coordination with the local authorities, communities and the General Authority for Rural Water Supply Project, selected water sites that are located in the most densely populated areas in the three target governorates Taizz, Lahj and Al Dhale'e, which resulted in reaching a larger number of beneficiaries.	

CERF Result Framework			
9. Project objective	To reduce levels of morbidity and mortality among vulnerable IDP and other conflict-affected communities in Taizz, Al Dhale'e, , Lahj governorates of Yemen who lack access to safe drinking water		
10. Outcome statement	IDP and other conflict-affected communities in war-torn Yemen are less exposed to conditions deriving from lack of access to safe drinking water		
11. Outputs			
Output 1	138,450IDPs and other conflict-affected individuals have access to safe rehabilitated water sites		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of people that have at least 20 litres of water per day	138,450, of whom: - 20,582 F < 18 - 19,169 M < 18 - 48,601 F ≥ 18 50,098 M ≥ 18	142,465 of whom: - 31,211F<18 - 30,757 M<18 - 40,268 F≥18 - 40,229 M≥18
Indicator 1.2	# of water sites rehabilitated	50	34
Indicator 1.3	# of pumps / pump engines procured and installed	15	23
Indicator 1.4	# of persons consulted before designing the project	280, of whom: - 90 F 190 M	106 of whom: - 0 F - 106 M
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Identification and assessment of water sites to be rehabilitated	IOM and sub-contracted consultants	IOM and sub-contracted consultants
Activity 1.2	Preparation of Bill of Quantities (BoQs) and their endorsement by local WASH counterparts	IOM and sub-contracted consultants + Local counterparts	IOM and sub-contracted consultants + Local counterparts
Activity 1.3	Procurement of needed materials	IOM	IOM
Activity 1.4	Rehabilitation/enhancement of selected water sites	IOM and sub-contracted consultants	IOM and sub-contracted consultants
Activity 1.5	Surveys and focus groups in relevant project areas	IOM and sub-contracted consultants	IOM and sub-contracted consultants
Activity 1.6	Monitoring of project achievements against set indicators	IOM and sub-contracted consultants	IOM and sub-contracted consultants

Activity 1.7	Preparation of a final evaluation report	IOM	IOM
Output 2	Targeted communities are endowed with a basic system for management of scarce water resources		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of local water management committees formed and/or strengthened and/or trained	50	22
Indicator 2.2	# of people trained and capable to participate in management of water schemes	235, of whom: - 85 F 150 M	88 of whom: - 0 F - 88 M
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Identification of potential members of water management committees	IOM	IOM
Activity 2.2	Formation of water management committees	IOM	IOM
Activity 2.3	Training of water management committees members	IOM	IOM

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

One notable difference is that there was an increase in the number of beneficiaries reached of around 4,000 individuals. The Emergency & Recovery unit field team, in coordination with the local authorities and communities selected water sites that are located in the most densely populated areas in the three target governorates: Taizz, Lahj and Al Dhale'e, which resulted in reaching a larger number of beneficiaries.

The proposal aimed at targeting 50 water sites in the three target governorates Taizz, Lahj and Al Dhale'e. However, the actual number reached was only 34 water sites. Some of the sites identified at the project design phase (mainly in Lahj) had been targeted by other partner/s who had not reported nor coordinated with the WASH Cluster. Therefore, IOM had to redirect its efforts to look for other sites to reach the planned number. The coordination between the IOM field team and the local community leaders and authorities in the target governorates resulted in identifying other water sites that needed interventions; however, some sites were not accessible due to the tense security situation while some cost more than what was planned. Such a budgetary constraint as well as severity of the security situation did not allow IOM to reach the targeted number of sites. As IOM still wanted to reach the targeted number of beneficiaries, the IOM Emergency and Recovery unit, in coordination with the local authorities and communities, selected 34 water sites in the most densely populated areas in the three target governorates of Taizz, Lahj and Al Dhale'e. Though fewer sites were targeted, a more beneficiaries were reached.

The coordination and communication between the IOM Aden sub-office and the local authorities - General Authority for Rural Water Supply Project and the Local Corporation for Water and Sanitation - revealed that 12 water sites out of the 34 water sites fell under the direct supervision of the Local Corporation for Water and Sanitation. Therefore, these water sites did not require the formation of local community committees that assist in implementing and overseeing the rehabilitation works. Accordingly, only 22 committees of four members each were formed and trained on water system management.

Women in the target governorates do not usually take part in water management committees as the prevailing conservative social norms do not allow for that yet.

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

IOM seeks to maintain its commitment to engaging with affected communities at all phases of the program cycle: assessment, registration, verification, distribution and post-distribution monitoring exercises. All interventions are made based on assessed need, be it through cluster-specific assessment or IOM field assessment team in coordination with clusters.

In this project, however, the severely deteriorating security situation had influenced the initial assessment conducted by the IOM field team, which resulted in having a discrepancy between the target and actual numbers/outputs. Nonetheless, the IOM field team had tried to maintain a constant and direct consultation with affected populations including local communities and authorities during the implementation of the activity.

When working on the bill of quantities of the water sites started, the IOM team coordinated and conducted consultation sessions with the local communities and authorities, which revealed that a lower number of sites would be targeted; nevertheless, a larger number of beneficiaries would be reached. A smooth workflow and a high quality of work had been ensured through engaging the affected population and concerned authorities. The members of local communities and authorities assisted in facilitating the transportation and delivery of pumps and required equipment to the target sites under current challenging security situations. Furthermore, they took an active part in overseeing the quality of the water sites rehabilitations keeping a communication channel with the supervising engineers. To enhance the sense of ownership among the affected populations, committees with previous experience in water system management were formed. The committees formed were trained on the water systems management, which will contribute to the sustainability of the services provided.

The following evaluation methods are planned to be conducted: questionnaires, focused group discussion and direct interview with beneficiaries. Through these IOM is able to develop an understanding of the priorities of affected communities and give due consideration to their perceived needs. Lessons anticipated to be an outcome of the evaluation process will feed into the designing and implementation of the future activities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
IOM's staff will carry out a final assessment and a final report will be prepared.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	UNDP		5. CERF grant period:	30/10/2015 – 31/07/2016			
2. CERF project code:	15-RR-UDP-009		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Early Recovery			<input checked="" type="checkbox"/> Concluded			
4. Project title:	UNDP response to address critical Early Recovery needs in Mine Action and Solid Waste Management						
7. Funding	a. Total funding requirements ²⁵ :	US\$ 9,937,275	d. CERF funds forwarded to implementing partners:				
	b. Total funding received ²⁶ :	US\$ 4,400,000	■ NGO partners and Red Cross/Crescent: US\$ 1,245,628 ■ Government Partners:				
	c. Amount received from CERF:	US\$ 1,476,374					
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		274,004	289,350	563,354	170,008	179,804	349,812
Adults (≥ 18)		283,918	295,741	579,659	175,537	185,651	361,188
Total		557,922	585,091	1,143,013	345,545	365,455	711,000
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees	3,160			1,966			
IDPs	25,560			15,899			
Host population	3,560			2,214			
Other affected people	1,110,733			690,921			
Total (same as in 8a)	1,143,013			711,000			

²⁵ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

²⁶ This should include both funding received from CERF and from other donors.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>The discrepancy between the planned and reached number of beneficiaries are due to the change in the operational plan on the Mine Action side. Due to the fluid security situation in the country and the fact that funding from other donors was used for mine removal activities in the Aden Governorate the original activities (which included an estimated number of beneficiaries from mine removal activities in Aden (297,400), calculated as a percentage of the total population of Aden Governorate), were thus completed using other donor funding and are not reported here. Furthermore, in addition to the 400 immediate beneficiaries of the cash for work activities, 813,333 beneficiaries (estimated in percentage of the current population) were included to account for the population benefiting from the removal of solid waste from the streets of Taizz and Sa'ada.</p>
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CERF Result Framework			
9. Project objective	Address life-saving mine action and solid waste management needs in conflict affected urban areas in Aden, Sa'ada and Taizz Governorates		
10. Outcome statement	Conflict affected communities are protected from the threat of UXOs and landmines and from the health risks deriving from improperly disposed of solid waste		
11. Outputs			
Output 1	Emergency employment is conducted for solid waste removal		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Quantity of solid waste collected	100kgs of solid waste per collector per day	260.5 kgs of solid waste and debris per collector per day
Indicator 1.2	Community awareness of waste disposal best practices	Citizens report using solid waste collection points more than at the start of the project	Citizens report using solid waste collection points more than at the start of the project as assessed through focus group discussions and individual interviews
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Select targeted districts and neighbourhood in consultation with local stakeholders	UNDP	UNDP, local technical committee, and IPs
Activity 1.2	Select CFW beneficiaries in accordance with vulnerability criteria and form teams	UNDP/Implementing Partners	UNDP/Implementing Partners

Activity 1.3	Procure CFW tools and equipment and liaise with Cleanliness Fund for trucks	Implementing Partners ²⁷	Implementing partners
Activity 1.4	Implement 60 day cash for work scheme in Sa'ada, Taizz and Aden	Implementing Partners	Implementing partners
Activity 1.5	Monitoring and Evaluation	UNDP/Implementing Partners	UND/Implementing Partners/ Cleaning Fund
Output 2	Operational capacities of existing institutions are strengthened to effectively manage solid waste		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	Rehabilitation of solid waste management fleet for functionality	20% increase in fleet functionality	37% increase in fleet functionality on average in the three locations (20% in Sa'ada, 30% in Aden, and 61% in Taizz) according to CF data
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Conduct operational needs assessment of targeted institutions in Sa'ada City, Taizz City and Aden City	UNDP/Cleanliness Fund	UNDP/ Cleanliness Fund
Activity 2.2	Prepare BOQs/ Request for Procurement (RFPs)/ Invitation to Bid (ITBs) and initiate procurement process	UNDP	UNDP
Activity 2.3	Deliver to targeted institutions	UNDP/Implementing Partners	UNDP/Implementing Partners
Activity 2.4	Monitoring and Evaluation	UNDP/Implementing Partners	UNDP/Implementing Partners
Output 3	Waste value chain is promoted as a social business opportunity to improve livelihood opportunities of affected women and men		
Output 3 Indicators	Description	Target	Reached
Indicator 3.1	Number of solid waste social businesses established	6	6
Indicator 3.2	Proportion of female entrepreneurs	50%	6%
Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Collect expressions of interest for social business proposals in recycling, garbage collection and treatment from partners (private sector, associations, NGOs)	UNDP/Implementing Partners	UNDP/Implementing Partners

²⁷ Names of implementing partners will be communicated within 30 days from disbursement.

Activity 3.2	Assess social business feasibility and viability	UNDP/Implementing Partners	UNDP/Implementing Partners
Activity 3.3	Select beneficiaries, conduct business training with social entrepreneurship module	UNDP/Implementing Partners	UNDP/Implementing Partners
Activity 3.4	Distribute small grants and launch social businesses	UNDP/Implementing Partners	UNDP/Implementing Partners
Activity 3.5	Monitoring and Evaluation	UNDP/Implementing Partners	UNDP/Implementing Partners
Output 4	31,680 of beneficiaries in / around Aden are supported with Emergency Mine Risk Education		
Output 4 Indicators	Description	Target	Reached
Indicator 4.1	Number of MRE sessions conducted in communities (including IDP settlements)	2,640	A total of 2,275 MRE sessions were completed during the project period. The holy month of Ramadan (6 June – 6 July) reduced the ability to reach beneficiaries.
Indicator 4.2	Train-the-trainers component implemented (12 teachers, volunteers), with 30% teachers and volunteers female.	12 extra	Completed, 12 trainers trained. Of the 12 trainers trained 5 (42%) were women and 7 men.
Indicator 4.3	Number of boys and girls reached through MRE sessions conducted in schools	19,008 children to be reached, sex disaggregated	Total number of community beneficiaries reached 45,009 (including the IDPs). Students targeted in schools (21,092) plus resident civilians (23,917).
Output 4 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 4.1	Knowledge, Attitudes and Practices survey Location:Aden	Danish Demining Group (DDG)	Danish Demining Group (DDG)
Activity 4.2	MRE material produced and printed	DDG	DDG
Activity 4.3	Procurement of equipment needed, transport facilitated	DDG	DDG
Activity 4.4	Staff recruited and trained 12 local staff recruited and trained	DDG	DDG

	Training subjects: <ul style="list-style-type: none"> ▫ A result-based approach to MRE ▫ Understanding the causes of landmine/ERW casualties in Yemen ▫ Data collection forms ▫ Reporting mechanisms and data management ▫ Messages and materials ▫ Methodology and communication Location: Aden		
Activity 4.5	Training of trainers carried out with teachers and community volunteers Location: Aden	DDG	DDG
Activity 4.6	Monitoring activities	DDG	DDG
Output 5	YEMAC supported with equipment and training		
Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Explosive Ordnance Disposal (EOD) equipment procured and distributed to YEMAC personnel	Equipment distributed and operational by month 4 in the implementation	Activity suspended, given YEMACs refusal to travel for the training.
Indicator 5.2	EOD training sessions implemented to international level (IMAS)	6 sessions	Suspended, given YEMACs refusal to travel for the training.
Indicator 5.3	3 EOD YEMAC teams trained to IMAS level and ready for clearance	12 individuals	Suspended, and Training not conducted (please see 5.2 above) given YEMACs refusal to travel for the training.
Output 5 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 5.1	Procurement of appropriate and needed EOD equipment	DDG	DDG
Activity 5.2	Recruitment of technical staff to assist with procurement and training in EOD	DDG	DDG
Activity 5.3	Training of YEMAC EOD teams	DDG	DDG
Activity 5.4	Monitoring and QA activities	DDG	DDG
Output 6	Data / information management through quality survey		
Output 6 Indicators	Description	Target	Reached
Indicator 6.1	Development of a threat and response map for future	Threat and response	Not done, since YEMAC

	Humanitarian Mine Action (HMA) implementation	map finalised and shared with stakeholder.	did not share any data with DDG despite numerous requests.
Indicator 6.2	Database updated / developed, Information Management System for Mine Action (IMSMA) compatible	Database fully operational by month 3 of the implementation and regularly updated	YEMAC staff did not travel to Hargeisa in August. Training not carried out. In addition the Data Management Advisor was not able to travel to Yemen (no security clearance obtained). Visa for Data Management Technical Advisor (DMTA) has been rejected by authorities leaving the DMTA to work from Nairobi, Kenya.
Indicator 6.3	YEMAC staff trained	15 staff are successfully able to maintain and update the IMSMA database.	Not completed, given the inability of the Data Management Advisor to travel to Yemen.
Output 6 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 6.1	Recruitment of technical expert on data management and mine action	DDG	DDG
Activity 6.2	Procurement of data equipment needed	DDG	DDG
Activity 6.3	Workshops and training implemented with YEMAC staff	DDG	DDG

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:

Solid waste management:

UNDP completed a 30 day cash-for-work programme in solid waste collection and disposal for 550 beneficiaries (84 women) in Sa'ada, Taizz and Aden Governorates, focusing on the urban areas most impacted. The programme provided 16,500 work-days to vulnerable youth, giving them an opportunity to clean their own neighbourhoods and participate in the resumption of a key public service in their community. In Sa'ada Governorate, Sa'ada district was targeted, in Taizz the project intervened in Salah, Al Qahirah and Al Mudhaffar districts, while Al Mualla was targeted in Aden Governorate.

It is estimated that 711,000 residents from the targeted districts greatly benefited from the impact of cleaned streets, indirectly improving their hygiene and living conditions.

In the three targeted cities, UNDP provided 60 youth with life and business training to develop their skills towards self-employment opportunities in the field of recycling and solid waste. Micro-business ideas were collected and were examined against viability to disburse grants. Out of the 12 submitted businesses plans, 6 businesses were selected based on the agreed criteria and provided with

seeds to establish their waste-management oriented businesses. This also aimed at improving the communities' positive perception of solid waste.

The capacities of the Hygiene Funds continue to be impaired by security, economic and operational constraints. A review of spare-parts required to re-establish fleet functionality in the three targeted governorates was finalized and discussed with the local Hygiene Fund for prioritization. In Sa'ada, three vehicles were supported with needed spare parts, in Aden one and six vehicles in Taizz raising fleet functionality by 37%.

Difficulty in ensuring gender equality for the establishment of social business was significant as the selection committee favoured the viability of social business plans reviewed and the selection committees were male-dominant. This is an important lessons learnt for UNDP and we will ensure to mainstream gender awareness with partners at the onset of programming so that female beneficiaries are being granted proportionally more weight for business promotion activities.

Mine Action:

45,009 beneficiaries in / around Aden were supported with **Emergency Mine Risk Education**: in January and February 2016, a process was carried out in order to determine the most appropriate sampling approach, methodology and tools necessary to conduct the Knowledge, Attitudes and Practice (KAP) survey. On completion of this process and the conduct of training of national staff, the KAP data collection process started on 22 February 2016. The KAP analysis and final report was completed and a copy is attached to this report. MRE materials were produced and used throughout the project period.

A planning and training workshop took place in Nairobi (23 February – 6 March 2016) where four DDG national staff received Training of the Trainer (TOT) instruction. These four staff then organized and repeated the same sessions for the field teams back in Yemen. During this workshop, design of appropriate MRE tools, development of a detailed action plan plus the identification of known field-based constraints also occurred. A field training course was conducted in Yemen over the period 27-31 March.

During the delivery of MRE to IDPs, it was noted that often, IDPs will stay with host communities (friends/family) rather than in established IDP camps. Rather than deliver MRE sessions to individual households, DDG teams would conduct MRE at community spaces such as mosques, local societies, clubs and schools. MRE in schools coincided with examination periods so school principals did not allow any additional subjects to be taught to IDP children.²⁸ This required the MRE teams to shift focus to women's groups, mosques, IDP communities etc.

In Aden, one particular group that received awareness training about the threat posed by Explosive Remnants of War (ERW) were the labourers (known as Muhamasheen) employed by the municipality to collect garbage and to clean the roads. Very positive feedback was received from both the labourers themselves and their supervisors about the quality of the awareness training given by the DDG teams.

With regard to the monitoring of information and data entry, it was obvious there was a need for a data entry clerk to be employed on a full time basis. This will be incorporated into future budgets and proposals.

In May, MRE activities were expanded to incorporate both radio and TV broadcasting in areas where this was possible.

YEMAC supported with equipment and training (output 5): this output has created a huge amount of frustration for DDG and YEMAC staff alike. Significant effort was expended in March and April to conduct EOD Level 2 training for YEMAC staff but the plan was derailed by the refusal of YEMAC personnel to board the transport from Yemen to Somaliland (via Djibouti). Then the refusal to depart Yemen without payment of "per diem" compounded the problem. The purchase of equipment was then placed "on hold" pending agreement to DDG's request for a NCE to extend the project to 30 August.

The NCE was approved until 31 July with the understanding that activities could still take place in August provided financial expenditure was committed by 31 July.

²⁸ The trainings for the IDPs at the schools did not take place. The MRE sessions for children were done at the schools.

A suitable, qualified EOD Technical Advisor was contracted to conduct training in Somaliland over the period 16 – 30 August 2016 and DDG international staff deployed to Somaliland over the period 15-31 August to support this training. However, the availability of suitable transport to move the YEMAC staff from Aden to Hargeisa (via Djibouti) was not possible. As a means of carrying out concurrent activity, visas for Somaliland for the YEMAC staff were obtained – unfortunately these visas were not required. The planned EOD training of YEMAC staff did not happen.

Again significant effort was expended in procuring equipment to support the training and for eventual handover to the YEMAC. Approval was sought from UNDP to use single source of supplies to avoid time delays. However, there are issues with the export of certain items of equipment into both Somaliland and Yemen (on the basis the equipment has “dual” use – potential military as well as civilian use) and embargoes are in place. In addition, there were requirements to obtain “end user certificates” signed by the eventual “owners” of some items of equipment (the eventual owner being YEMAC). All of these issues created delays. Once the equipment arrives in Yemen (Aden) it will be handed over to YEMAC and training in the correct use of such equipment will be delivered by DDG (subject to the issue of visas to suitably qualified international staff) and agreement with UNDP.

Data / information management through quality survey: the issues relating to Data Management raised in the Q2 report remain valid. The inability to obtain a visa for the Data Management Advisor which would allow him freedom of movement throughout the country was a major factor in not being able to achieve the desired training activities. The planned training for YEMAC Data Management staff in Hargeisa in August did not eventuate due the difficulty with transport from Aden to Djibouti.

Discussions with the DRC Protocol Officer in Sa'ana indicate that the visa application for the Data Management Advisor was rejected by the National Security staff and any future visa application for that individual will not be approved. In the event that in country Data Management training is required in the future DDG will have to recruit another person to conduct such training.

Gender mainstreaming: DDG reported that the KAP survey covered 31% adults, 39% adolescents aged 12-17 and 30% children aged 6-11. From a gender perspective 42% of the respondents were female and 58% male. On the mine action side, inclusivity is addressed during the planning phase and based on surveys, whether from primary or secondary sources. In the planning phase, UNDP ensures that gender and human rights issues are taken into account by the implementing partner.

Challenges: In response to the challenges described above, the future Mine Action activities shall have to ensure much better cooperation from YEMAC, in writing, before starting any activities of this kind. In addition, the Project will have to ensure that the trainings are conducted at an appropriate location, which must be reachable by and agreed upon with YEMAC prior to the start of any activities. The project is in the process of organizing specialized EOD training using specific equipment for YEMAC personnel in Kosovo, with the prior agreement and consent from YEMAC, to give just one example.

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

Solid waste management:

- 1- A technical project committee was established in each of the locations to adopt targeting and selection criteria in a participatory and inclusive manner
- 2- A whatsapp group was created to connect beneficiaries from the recycling micro-business activity. Remote monitoring was encouraged to seek end-user and stakeholder feedback in the design, implementation and review process, including the targeted communities and local authorities.
- 3- A series of spot-checks along with beneficiary interviews/success stories and challenges were conducted throughout 2016 by the Field Managers and implementing partners in Aden, Taizz and Sa'ada.
- 4- The Hygiene Fund participates in monitoring visits, shared templates for tracking solid waste collection and calculated the volumes, identifying the needed spare parts, and assists in the disposal stage.

Mine Action:

The accountability to affected populations was ensured at the design and implementation stage:

<ol style="list-style-type: none"> 1. At the design and operational planning stages, local authorities were consulted, especially district directors to identify neediest areas and areas that will provide quickest and strongest impact on the livelihood and recovery of affected populations. 2. During implementation, liaison officers from YEMAC visited the areas targeted and liaised with the inhabitants, gathering testimonies of the areas of fighting and observed contamination and accidents. 3. Spot checks concluded by independent monitors hired by UNDP included discussions with residents. 4. Finally, post intervention testimonies were gathered who helped design next phases. 	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
Through a series of individual interviews and focus group discussions led during April to June 2016, people living in the targeted areas confirmed that the solid waste management intervention has positively impacted on their environment and health situation. During the cleaning campaigns, closed roads reopened, and practices related to hygiene and waste disposal improved, for instance using designated locations for solid waste disposal.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

TABLE 8: PROJECT RESULTS

CERF project information							
1. Agency:	WHO		5. CERF grant period:	29/10/2015 – 29/04/2016			
2. CERF project code:	15-RR-WHO-043		6. Status of CERF grant:	<input type="checkbox"/> Ongoing			
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded			
4. Project title:	Support PHC services through facilitating availability life-saving medical and surgical medicines/supplies in conflict affected areas						
7. Funding	a. Total funding requirements ²⁹ :		US\$ 124 million		d. CERF funds forwarded to implementing partners:		
	b. Total funding received ³⁰ :		US\$ 44 million		▪ NGO partners and Red Cross/Crescent: US\$ 150,186		
	c. Amount received from CERF:		US\$ 699,348		▪ Government Partners:		
Beneficiaries							
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).							
Direct Beneficiaries		Planned			Reached		
		Female	Male	Total	Female	Male	Total
Children (< 18)		17,848	18,576	36,424	39,604	34,196	73,800
Adults (≥ 18)		59,750	62,189	121,939	52,196	54,004	106,200
Total		77,598	80,765	158,363	91,800	88,200	180,000
8b. Beneficiary Profile							
Category	Number of people (Planned)			Number of people (Reached)			
Refugees							
IDPs	158,363			144,000			
Host population				36,000			
Other affected people							
Total (same as in 8a)	158,363			180,000			

²⁹ This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

³⁰ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	WHO was able to receive 120 Tons of donated medical and surgical supplies through partnering with International Health Partners (IHP) which was a higher amount than had been planned. As the result, WHO was able to reach 21,637 more people than targeted.
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CERF Result Framework			
9. Project objective	To support provision of Primary Health Care services to conflict-affected population through availability of medical and surgical medicines and supplies for Primary and Secondary Care facilities		
10. Outcome statement	Medical and surgical medicines and supplies are available to Primary and Secondary Health Care facilities and health supply chain is maintained		
11. Outputs			
Output 1	Target Primary and Secondary Health facilities and medical mobile teams have sufficient quantity of medicines/supplies		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Tons of medicines transported into Yemen from Djibouti	140 tons	120 tons medicines, 16 IEHK kits, 20 trauma kits A and 20 trauma kits B
Indicator 1.2	# of Primary Care facilities provided with medicines/supplies	26	30
Indicator 1.3	# of Secondary Care facilities provided with medicines/supplies	11	12
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procuring essential medicines and trauma kits Supporting freight and logistics costs to divert international shipments of medicines/supplies via Djibouti into Sana'a	WHO	WHO
Activity 1.2	Sustaining independent WHO warehouses in Sana'a and Al-Hodeydah to store medicines/supplies	WHO	WHO
Activity 1.3	Procuring essential medicines and trauma kits Supporting freight and logistics costs to divert international shipments of medicines/supplies via Djibouti into Sana'a	WHO	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:
WHO was able to procure 16 IEHK kits, 20 trauma kits A and 20 trauma kits B which were distributed to both primary and secondary health care facilities. In addition, partnering with IHPs, enabled the transport of 120 tons of donated medical and surgical supplies to the country.

WHO was able to reach more than 180,000 people in need (which is more than project target) through provision of medical supplies to the targeted areas.

However, WHO encountered some setbacks while transporting medical supplies into the country and distributing the items to final destination areas.

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

WHO hired third party monitoring companies in order to ensure that the medicines/supplies reached the intended beneficiaries and that the project was implemented in line with the plan. These third party monitoring companies provided constant feedback to ensure the relevance of the interventions, the effectiveness of the project and the efficiency on resource utilization. They were able to come up with recommendations through interviewing health facilities staff, community members and beneficiaries. The information obtained from third party monitoring helped to keep the activities in alignment with the program.

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

EVALUATION CARRIED OUT ☐

There are no plans for an evaluation of this project. WHO did not evaluate the project since the security did not allow for evaluation. However, WHO regularly monitors the project implementation through hiring third party monitoring and WHO supervision when security allows. The project contributed to enabling the overall humanitarian response in Yemen.

EVALUATION PENDING ☐

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-UDP-009	Early Recovery	UNDP	NNGO	140,207
15-RR-UDP-009	Early Recovery	UNDP	NNGO	150,421
15-RR-UDP-009	Early Recovery	UNDP	NNGO	65,734
15-RR-UDP-009	Early Recovery	UNDP	INGO	889,265
15-RR-FPA-040	Gender-Based Violence	UNFPA	INGO	80,000
15-RR-FPA-040	Gender-Based Violence	UNFPA	NNGO	92,190
15-RR-HCR-058	Protection	UNHCR	INGO	190,000
15-RR-HCR-059	Shelter & NFI	UNHCR	NNGO	127,670
15-RR-HCR-059	Shelter & NFI	UNHCR	NNGO	285,499
15-RR-CEF-120	Health	UNICEF	NNGO	4,653
15-RR-CEF-120	Health	UNICEF	GOV	512
15-RR-CEF-120	Health	UNICEF	GOV	44,458
15-RR-CEF-120	Health	UNICEF	GOV	142,530
15-RR-CEF-120	Health	UNICEF	GOV	7,222
15-RR-CEF-120	Health	UNICEF	GOV	20,764
15-RR-CEF-120	Health	UNICEF	GOV	22,551
15-RR-CEF-120	Health	UNICEF	GOV	32,862
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	NNGO	234,466
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	NNGO	142,162
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	GOV	42,301
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	GOV	40,709
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	NNGO	104,662
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	GOV	11,141
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	GOV	21,681

15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	GOV	172,428
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	GOV	12,478
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	NNGO	409,227
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	NNGO	243,647
15-RR-CEF-121	Water, Sanitation and Hygiene	UNICEF	GOV	30,121
15-RR-CEF-119	Child Protection	UNICEF	GOV	50,000
15-RR-CEF-119	Child Protection	UNICEF	NNGO	101,802
15-RR-CEF-119	Child Protection	UNICEF	GOV	69,952
15-RR-CEF-119	Child Protection	UNICEF	GOV	139,236
15-RR-CEF-119	Child Protection	UNICEF	GOV	22,848
15-RR-CEF-119	Child Protection	UNICEF	NNGO	120,760
15-RR-CEF-119	Child Protection	UNICEF	GOV	20,010
15-RR-CEF-119	Child Protection	UNICEF	GOV	29,178
15-RR-CEF-119	Child Protection	UNICEF	GOV	26,455
15-RR-CEF-119	Child Protection	UNICEF	GOV	4,357
15-RR-CEF-119	Child Protection	UNICEF	INGO	147,380
15-RR-FPA-041	Health	UNFPA	NNGO	477,084
15-RR-WHO-043	Health	WHO	INGO	150,186
15-RR-HCR-057	Protection	UNHCR	NNGO	86,569
15-RR-HCR-057	Education	UNHCR	NNGO	6,509
15-RR-HCR-057	Child Protection	UNHCR	INGO	205,509
15-RR-HCR-057	Water, Sanitation and Hygiene	UNHCR	NNGO	79,786

ANNEX 2: ACRONYMS AND ABBREVIATIONS

AAP	Accountability to Affected Population
ACTED	Agency for Technical Cooperation and Development
AES	Advanced Encryption Standard
AHCT	Area Humanitarian Country Team
ANC	Antenatal Care
BOQ	Bill of Quantity
CBMNC	Community-based Maternal Neonatal Care
CCCM	Camp Coordination and Camp Management
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CERF	Central Emergency Response Fund
CFS	Child and Family Services
CMAM	Community-based Management of Acute Malnutrition
CMW	Community-based Midwifery
CTF MR	Country Task Force on Monitoring and Reporting
CYPO	Children and Youth Protection Organization
DDG	Danish Demining Group
DMTA	Data Management Technical Advisor
DRC	Danish Refugee Council
DSS	United Nations Department for Safety and Security
EmONC	Emergency Obstetric and Neonatal Care
EOD	Explosive Ordnance Disposal
ERW	Explosive Remnants of War
ETC	Emergency Telecommunications Cluster
FMF	Field Medical Foundation
GAM	General Acute Malnutrition
GARWSP	Government Authority for Rural Water Supply Projects
GBV	Gender-Based Violence
GHO	Governorate Health Office
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
HMA	Humanitarian Mine Action
HNO	Humanitarian Needs Overview
HPF	Humanitarian Pooled Fund
HRP	Humanitarian Response Plan
ICCM	Inter-Cluster Coordination Mechanism
ICRC	International Committee of the Red Cross
IDP	Internally Displaced Population
IEC	Information, Education and Communication
IEHK	Interagency Emergency Health Kit
IHP	International Health Partners
IMSMA	Information Management System for Mine Action

INGO	International Non-Governmental Organization
IOM	International Organisation for Migration
ITB	Invitation to Bid
KAP	Knowledge, Attitudes and Practice
KSC	King Salman Center for Relief and Humanitarian Aid
LWSC	Local Water and Sanitation Corporation
M&E	Monitoring and Evaluation
MAM	Moderate Acute Malnourished
MDF	Millennium Development Foundation
MHT	Mobile Health Team
MHU	Mobile Health Unit
MISP	Minimum Initial Services Packages
MNH	Maternal and Newborn Health
MOE	Ministry of Education
MOH	Ministry of Health
MOPHP	Ministry of Public Health and Population
MOSAL	Ministry of Social Affairs and Labour
MOU	Memorandum of Understanding
MRE	Mine Risk Education
MRM	Mechanical Reproduction Mine
MRP	Migrant Response Point
MSF	Medecins Sans Frontieres
MSU	Mobile Storage Unit
MT	Metric Tons
MUAC	Mid-Upper Arm Circumferences
NCD	Non-Communicable Disease
NCE	No-Cost-Extension
NFI	Non-Food Items
NGO	Non-Governmental Organization
OCHA	Office for the Coordination of Humanitarian Affairs
OFDA	United States of America Office for Foreign Disaster Assistance
OTP	Outpatient Therapeutic Programmes
PCA	Principal Component Analysis
PDM	Post-Distribution Monitoring
PLW	Pregnant and Lactating Women
PNC	Postnatal care
POC	Person of Concern
PSS	Psycho-Social Support
RC	Resident Coordinator
RFP	Request for Procurement
RH	Reproductive Health
RHIMS	Reproductive Health Information Management System
RUSF	Ready-to-Use Supplementary Food
RUTF	Ready-to-Use Therapeutic Food
SADD	Sex and Age Disaggregated Data
SAM	Severe Acute Malnourished
SBA	Skilled Birth Attendance
SCI	Save the Children International

SHS	Society for Humanitarian Solidarity
SMART	Standardized Monitoring and Assessment of Relief and Transitions
TFC	Therapeutic Feeding Centre
TOT	Training of Trainers
TPM	Third Party Monitoring
TSFP	Targeted Supplementary Feeding Programme
TT	Tetanus
UAE	United Arab Emirates
UGC	User Group Committee
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Services
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOSAT	United Nations Operational Satellite
UXO	Unexploded Ordnance
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization
YEMAC	Yemen Mine Action Authority
YFCA	Yemen Family Care Association
YHRP	Yemen Humanitarian Response Plan
YPC	Yemen Petroleum Company
YWU	Yemen Women's Union