United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS YEMEN UNDERFUNDED EMERGENCIES ROUND 2 2016

RESIDENT/HUMANITARIAN COORDINATOR	**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), International Organization for Migration (IOM), Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), World Food Programme (WPF) 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) on 3rd October 2017 for comments.

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 5th October 2017 with the CERF recipient agencies, cluster coordinators and the Humanitarian Country Team for approval; consequently, the final version is submitted by the HC to the CERF Secretariat to CERF.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 254,000,000		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	12,988,837
	COUNTRY-BASED POOL FUND (*if applicable*)	33,800,000
	OTHER (bilateral/multilateral)	154,025,000
	TOTAL	**200,813,837**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 19/08/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
IOM	16-UF-IOM-032	Water, Sanitation and Hygiene	897,582
UNFPA	16-UF-FPA-035	Health	625,000
UNHCR	16-UF-HCR-034	Shelter	2,890,537
UNICEF	16-UF-CEF-088	Multi-sector	4,375,717
WFP	16-UF-WFP-049	Nutrition	1,400,001
WHO	16-UF-WHO-035	Health	2,800,000
TOTAL			**12,988,837**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN Agencies/IOM implementation	7,380,741
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	4,162,671.68
Funds forwarded to government partners	1,445,424.34
TOTAL	**12,988,837**

HUMANITARIAN NEEDS

Urgently required assistance to protect lives and fundamental rights.
As of July 2016, Yemen counted 21.2 million people (as per the HNO 2016) in need of different forms of humanitarian assistance which included:

- 14.4 million people unable to meet their food needs (of whom 7.6 million severely food insecure);
- 19.4 million who lack clean water and sanitation;
- 9.8 million with no access to any source of water;
- 14.1 million without adequate healthcare.

Yemen's economy is near collapse, following many months of conflict and import and export restrictions. The conflict is the main driver of the humanitarian crisis in the country, leading to loss of livelihoods, price increase of basic commodities, limited imports of food, fuel and medicine, depreciation of the Yemeni Rial currency and near exhaustion of central bank reserves. With exports ended, disrupted and restricted imports and a fractured banking system, the formal economy of Yemen remains on the verge of collapse. In 2016, over $200 million was reportedly stuck in banks due to the disruption of the banking system. It was challenging for Yemenis to pay for basic needs. For instance, the cost of sugar increased 24 per cent, vegetable oil increased 32 per cent, wheat flour increased 38 per cent and rice costs 50 per cent more than before the crisis. The average cost of a basic food basket was at its highest point in 2016. This resulted in a critical situation on the ground with increasing humanitarian needs.

In the absence of a political solution, violations and abuses continue to occur in the context of widespread insecurity and in disregard of international humanitarian and human rights law. Across Yemen's 22 governorates, humanitarians reached close to 4.5 million people with some form of humanitarian protection or assistance since January 2016. The needs became more acute, particularly among the displaced 2.8 million men, women, and children, forced to leave their places of origin seeking protection, safety and livelihoods.
Rehabilitation of collective centres, damaged/destroyed houses and support for Internally Displaced Persons (IDPs) living with host families and/or rental accommodation (over 70% of IDPs) have been identified as critical priorities. The prolonged nature of the displacement was putting a strain on the scarce resources and therefore exposing both the IDPs and host families to an increased vulnerability. High pressure was also on the host communities, due to the fact that an estimated 70 per cent of IDPs' family members would be further displaced if timely assistance wasn't provided. IDPs living in collective centres or spontaneous settlements were identified as the most vulnerable due to their lack of freedom of movement and therefore the lack of access to basic services, particularly health, education, food, water or sanitation). In the Protection Cluster, reports indicated that harassment perpetrated by neighbouring communities and authorities also increased. With few alternatives available, IDPs were exposed to a variety of risks, including separation from family members, sexual and gender-based violence, child marriage, sexual and labour exploitation, harassment, abuse and recruitment of children in armed conflicts. Taking into consideration the complexity of protection concerns on the IDPs, the humanitarian assistance to this category of population in humanitarian need was identified as the priority by the humanitarian community.

Protection concerns included lack of safety, limited freedom of movement, child recruitment, Gender-Based violence (GBV), evictions, lack of documentation, and violations of human rights and International Humanitarian Law (IHL).

The conflict led to the collapse of the health system with damages to health facilities, causing shortages of medical supplies, and lack of fuel and electricity. Primary health care was and still is almost entirely dependent on foreign humanitarian aid. Access to health facilities was severely impacted.

Women and children remain particularly vulnerable in Yemen. Due to longstanding gender inequalities that limited their access to basic services and livelihood opportunities, women's vulnerabilities were exacerbated by the recent 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. Pre-crisis assessments in Yemen demonstrated that women in food insecure families often eat less in order to provide for their children. Frustrations within families affected by conflict or loss of livelihoods also led to an increase reporting of domestic violence. In some areas of active conflict, such as in Taizz and Aden, young men were often 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 medicines. Since the conflict began, women reported that their workloads increased enormously, and they required additional support to meet their responsibilities. Women's organizations played an active role in responding to the particular needs of women, including search, rescue and help to move conflict-affected people into safer areas.

II. FOCUS AREAS AND PRIORITIZATION

The severity of needs varies greatly in Yemen, as highlighted in the 2016 Humanitarian Needs Overview (HNO). The humanitarian community estimates that 21.2 million people need some kind of humanitarian assistance. The Yemen Humanitarian Country Team (HCT) and Clusters developed a humanitarian response plan (HRP) strictly based on the most urgent needs of the most vulnerable population affected by the country. Resources and capacity of the Agencies and Clusters' members were also taken in consideration when the plan was developed. The 2016 Yemen Humanitarian Response Plan (YHRP) aimed to assist 13.6 million of the most vulnerable – or roughly 65 per cent of those in need – with a range of essential life-saving and protection programmes. The plan was tightly organized around four strategic objectives:

- Save lives, prioritizing the most vulnerable;
- Protect civilians and incorporate protection across the response;
- Promote equitable access to assistance for women, girls, boys and men;
- Ensure humanitarian action supports resilience and sustainable recovery;

Clusters specific priorities were as following:

Health Cluster: The health system used to heavily depend on out of pocket contribution of Yemeni citizens, while MoPH (Ministry of Public Health) used to support certain programmes. However, both the public sector and the purchasing capacity of Yemeni citizens dramatically declined because of the conflict. The IDPs were left unassisted because of the collapse of MoPH and their incapacity to pay for services in the private sector. With the CERF grant, IDPs and their host communities were provided with lifesaving services such as treatment of childhood illnesses, routine immunization, reproductive and neonatal care, treatment for malnutrition; surveillance/outbreak control/response and medical kits to respond to potential future outbreaks.

Nutrition Cluster: Severe (SAM) and Moderate Acute Malnutrition (MAM) treatments, the treatment of moderate acute malnutrition in pregnant and lactating mothers, in-patient treatment of SAM children with complications were prioritized for this grant. Also, micronutrient supplementation to children, supporting, protecting and promotion of infant and young child feeding practices, capacity development in emergency nutrition, assessments particularly SMART and Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) surveys were part of the main focus of the UF CERF.

Protection Cluster (Child protection): The main Child Protection Sub-Cluster (CPSC) objectives through this grant were:

- children's rights to life and survival were monitored, protected and advocated;
- Girls and boys made vulnerable by conflict had access to quality lifesaving services.

Protection Cluster (GBV): The protection and safety of GVB survivors and vulnerable group was critical in the YHRP. The implemented project identified GBV survivors among the most vulnerable IDPs, allowing the activation of protection services. The project also identified the need of a comprehensive multi-sectoral response to address protection concerns.

Shelter Cluster: The overall object was to assist vulnerable IDPs, host communities, refugees and migrants. It focused on providing adequate shelter and NFI solutions to the most vulnerable IDPs, other affected populations and IDP returnees in liveable and dignified settings with the outputs of delivering emergency shelter kits, NFIs, return kits and humanitarian cash assistance, including rental subsidies. Gender equality was considered throughout the response, aiming for equal participation of men and women.

WASH Cluster: Priority needs were the continuation of WASH humanitarian assistance for the most vulnerable IDPs. The activities included water trucking, but recommended provided more sustainable solutions. Another gap in the WASH response was the limited support provided to the continuously deteriorating urban water and sanitation systems in major cities in the country.

III. CERF PROCESS

The overall CERF strategy was developed through an inclusive and transparent prioritisation process which involved all stakeholders. Under the chairmanship of the Humanitarian Coordinator, the Humanitarian Country Team (HCT) and Inter Cluster Coordination (ICCM)

jointly decided to operationalize the life-saving IDP response. The HCT requested the ICCM members to refine their priorities. OCHA Humanitarian Financing Unit (HFU) requested clusters to prioritize their top governorates with a short rationale ahead of the consultations. The ICCM agreed to identify three hubs (each of them responsible for a number of Governorate) and then delegate the identification of the highest-priority governorate within the concerned Hub's Area (AHCT).
Consultations considered level of needs, number of IDPs, ability to operate and need for balance. Based on these criteria, the Hubs of Ibb, Aden and Sana'a were selected as the geographical focus of this CERF UFE grant. Furthermore, the ICCM agreed that each hub would select one priority governorate and identify the major life-saving activities most needed to promote an integrated response. Considering the low level of funding against the HRP, all clusters were regarded underfunded. The ICCM highlighted key criteria for selection in order to promote an evidence-based discussion by the AHCTs including number of IDPs/Refugees and how to prioritise the life-saving sector response based on the needs on the ground. The cluster activities and projects were prioritised as follows:

Health Cluster: the contribution of the Cluster to direct lifesaving interventions for IDPs and vulnerable host communities and the funding situation of the cluster within FTS-HRP were two criteria considered.

Nutrition Cluster: the proposed interventions focus on the most vulnerable individual's children 6-59 months and pregnant and lactating mothers living in communities affected by displacement, including both IDPs and host populations. The main aim was delivering quality lifesaving services for acute malnourished children.

Protection Cluster (Child protection): psychosocial support for children and response for unaccompanied and separated children were part of the five priorities and are identified as major gap in many parts of Yemen. The psychological and social impacts of the crisis in Yemen are acute and risk undermining the long-term mental health and psychosocial wellbeing of children.

Protection Cluster (GBV): in consultation with GBV Sub Cluster members, equitable access to services and vulnerability level were the focused criteria for this CERF UF grant; in the other words, CERF ensured that needs of vulnerable groups were considered and GBV prevention and response integrated across the humanitarian response.

Shelter Cluster: displaced vulnerable families in prioritized governorates (Amanat Al Asimah, Lahj and Ibb) were targeted under this CERF grant. The fund activated the response to the existing urgent needs including humanitarian cash assistance for rental subsidies, minor repairs of previously rehabilitated Collective Centres hosting IDPs, return kits, and minor repairs of damaged houses for returnees and conflict affected non-displaced households.

WASH Cluster: the prioritization followed a stepped approach. The implemented activities included an integrated WASH package for the most vulnerable IDPs and host communities, with an emphasis on more sustainable but still life saving solutions such as rehabilitation of water sources or extension of water networks. It built the resilience of both IDP and host community and proved to be a good value for money, as compared to relatively expensive activities such as water trucking.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]

Total number of individuals affected by the crisis: 1,063,556

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health	183,721	215,901	**399,622**	190,767	147,593	**338,360**	374,488	363,494	**737,982**
Multi-sector	47,113	43,488	**90,601**	49,035	45,264	**94,299**	96,148	88,752	**184,900**
Nutrition	11,883	27,365	**39,248**	12,517		**12,517**	24,400	27,365	**51,765**
Shelter	9,008	7,455	**16,463**	6,041	6,744	**12,785**	15,049	14,199	**29,248**
Water, Sanitation and Hygiene	13,723	16,108	**29,831**	11,932	17,898	**29,830**	25,655	34,006	**59,661**
TOTAL	265,448	310,317	**575,765**	270,292	217,499	**487,791**	535,740	527,816	**1,063,556**

[D1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]			
	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	265,448	310,317	575,765
Male	270,292	217,499	487,791
Total individuals (Female and male)	**535,740**	**527,816**	**1,063,556**

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

CERF RESULTS

CERF grant contributed to assist 1,063,556 individuals with integrated interventions (Health, Multi-sector, Nutrition, Shelter, Water, Sanitation and Hygiene) which addressed both immediate and longer-term needs for both host communities and IDPs:

- Health services were provided to 737,982 beneficiaries;

- Multi-sector interventions addressed the needs of 184,900 beneficiaries;

- Nutrition programs supported 51,765 amid women and children;

- Shelter assistance supported 29,248 beneficiaries;

- Water, Sanitation and Hygiene activities addressed the needs of 59,661 individuals

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

CERF grant enabled humanitarian agencies to effectively respond to the needs of population affected by an acute phase of emergency, while simultaneously promoting longer term resilience and improving affected communities' coping mechanisms.

b) Did CERF funds help respond to time critical needs[1]?
YES ☒ PARTIALLY ☐ NO ☐

Despite the continued tense security situation in the targeted governorates, agencies and organizations receiving CERF funds were able to provide an effective and timely life-saving assistance to the IDPs and host communities in the heavily affected governorates, thanks to the quick disbursement of funds enabling agencies to scale up the response and, showing that the CERF grant is very beneficial to meet immediate humanitarian needs rapidly.

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

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

While complementing activities through CERF's seed fund, UN agencies were able to secure additional funding from other donors.
It assured the donors that the CERF recipients would be able to implement life-saving projects quickly, and complemented similar fundraising efforts with large donors. The CERF allocation has provided seed funding to kick-off the implementation of these action plans.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

The prioritisation of the CERF under-funded allocation was discussed at HCT, ICCM and AHCT levels whereby members agreed on the use of the CERF UF grant to support the implementation of IDPs response action plans. The grant therefore played a key role in ensuring and enhancing the coordination at the hub level (sub national) through developing the Agencies' proposals in collaboration with other implementing partners on the ground, and in consideration of the division of work established at national level around the implementation and the monitoring activities. This jointly approach also, contributed to strengthen linkages between humanitarian actors (especially national NGOs) at the community level and UN Agencies and clusters at coordination level.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
No comments	No comments	

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible
Uncertainty in the operating environment results in continuous changing needs and consequently the in a very fluid humanitarian dynamic among partners.	Within the context of humanitarian situation in Yemen, it is not always possible to identify partners in advance and realistically estimate funding needs. Sometimes, by the time programme implementation starts, partners may not be longer present in the field. Therefore, budget allocation to partners should be kept flexible to facilitate smoother programme implementation. Detailed micro-budgeting can become a bottleneck and hinder programme implementation.	All planners and donors
Irregular or very often lack of reporting by the Ministry of Public Health and Population affected timely tracking of the programme implementation.	Ensuring a weekly or fortnightly meeting to document progress and support any challenges that the partner may be facing.	UN agencies

Continued non-payment of civil servant salaries was a constraining factor in working with health facilities.	Advocate with authorities and donors to facilitate salaries for civil servant or the introduction of incentives.	HCT
GHOs and MoPH had some concern over partnership with NGOs. In Ibb and Sana'a governorate, GHO had reservation regarding the selected NGO (INTERSOS-Ibb) and MMF (Sana'a city). After long negotiations, Ibb governorate allowed the NGO to implement the projects in targeted districts. However, no agreement could be reached with Sana'a city. As the result WHO had to cancel the agreement with MMF and supported health facilities directly with provision of medical supplies, fuel and trainings of targeted health facilities staff.	Before submitting the proposal including sub grants and partnership activities, Agencies need to have official supporting letter from NGO's which it confirm they are able to work in specific locations	UN agencies
Support to fixed health facilities and emergency or outreach mobile teams remains the cornerstone in the intervention approach for Health programs	Health cluster's members and WHO	Health Cluster

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	13/09/2016 - 30/06/2017
2. CERF project code:	16-UF-CEF-088	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Multi-sector		☒ Concluded
4. Project title:	Integrated emergency response for IDPs and host communities		

7.Funding				
	a. Total funding requirements[2]:	US$ 124,000,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[3]:	US$ 74,769,166	▪ *NGO partners and Red Cross/Crescent:*	US$ 549,166
	c. Amount received from CERF:	US$ 4,375,717	▪ *Government Partners:*	US$ 1,445,424

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	57,006	57,005	114,011	47,113	49,035	96,148
Adults (≥ 18)	17,274	17,274	34,548	43,488	45,264	88,752
Total	**74,280**	**74,279**	**148,559**	**90,601**	**94,299**	**184,900**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	41,769	51,772
Host population	106,790	133,128
Other affected people		

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

[3] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**148,559**	**184,900**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	Additional beneficiaries are due to rehabilitation works in al Haima and Habeer water field in Ibb governorate, where a higher number of population was located than originally expected.[4]	

CERF Result Framework			
9. Project objective	Emergency lifesaving interventions for vulnerable children in IDP and host communities in Amanat Asimah, Ibb and Lahj Governorates		
10. Outcome statement	Lifesaving and emergency interventions are provided to **184,900** IDPs and host community members		
11. Outputs			
Output 1	Sustainable water and sanitation systems and solid waste management systems are maintained and/or restored to improve public health and resilience		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of affected population (men, women, boys and girls) provided with solid waste management services to reduce morbidity and mortality by water-borne diseases, vector infections and by developing, rehabilitating and maintaining/resumption of the functions of cleaning funds.	30,000	70,000
Indicator 1.2	# of affected population (men, women, boys and girls) with access to safe water through rehabilitation of systems.[5]	50,000	160,000[6]
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Material provision, rehabilitation and maintenance of the functions of cleaning funds and Cleaning Campaigns for Public Health in districts hosting IDPs.	Cleaning Fund and NGO	Cleaning Fund
Activity 1.2	Provision/rehabilitation and maintenance of Local Water Supply Cooperation (LWSC) and connecting them to shelters for IDPs, vulnerable groups and conflict affected people	Local Water Supply Cooperation (LWSC) and NGO	LWSC, Urban Programme Unit and Private contractor
Output 2	Most vulnerable groups receive emergency WASH assistance to reduce excess morbidity and mortality.		
Output 2 Indicators	**Description**	**Target**	**Reached**

[4] CERF assistance was pooled with other resources for providing immediate WASH services. Additional beneficaries are mainly due to the rehabilitation of water supply system in Al-Haima and Habeer water field in Ibb Governorate.
[5] The increase is due to the rehabilitation of the water supply system in Al-Haima and Habeer water field in Ibb Governorate

Indicator 2.1	# of affected people (most vulnerable IDPs) provided with access to water as per agreed standards (7.5-15L per person per day)	7,500	10,135
Indicator 2.2	# of affected people with access to appropriately designed toilets	2,000	2,340
Indicator 2.3	# of affected people provided with standard basic hygiene kit[7]	15,000	24,900
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provision of emergency safe water supply through water trucking to IDPs, vulnerable groups and conflict affected populations	LWSC and LNGO	LWSC and CUF LNGO
Activity 2.2	Provision of emergency sanitation solutions for IDPs, vulnerable groups and conflict affected populations	INGO	Urban Water Supply Unit (UWSU), Community Uplift Foundation (CUP)
Activity 2.3	Provision of adequate and appropriate hygiene items, hygiene awareness and capacity building of CHVs.	LNGO, INGO	CUF, DRC
Output 3	Provision of psychosocial support to vulnerable children including unaccompanied and separated children		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of children who receive psychosocial activities in targeted locations	4,000	3,700
Indicator 3.2	# of identified children with protection vulnerabilities are referred to specialized services	800	650
Indicator 3.3	# of child-friendly spaces established and functioning	8	12
Indicator 3.4	# of unaccompanied and separated children receive support including interim care/shelter	100	85
Indicator 3.5	# of identified UASC registered for tracing that have been reunited with their caregivers	100	104
Indicator 3.6	# of child protection committees created	8	8
Indicator 3.7	# of members of community based organisations trained on PSS provision	40	41
Indicator 3.8	# of community members or affected populations provided with information on risk related to family separation and referral	40	62
Indicator 3.9	# of parents and adult family members trained on foster care/good parenting	120	100
Indicator 3.10	# of duty-bearers who receive information through outreach awareness	1,500	1,931

[7] This increase is reached due to exact number of IDP's based on the assessment done by the partners. As mentioned above the pooled resources of CERF contributed by reaching additional IDPs in Lahj.

Output 3 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 3.1	Coordinate with local authorities in targeted communities and COBs on protection activities and identification of high priority locations	UNICEF/SCI	UNICEF/SCI
Activity 3.2	Set up 8 child-friendly spaces, including rehabilitation and maintenance of facilities	UNICEF/SCI	UNICEF/SCI
Activity 3.3	Procure equipment including kits and tools for CFS activities	UNICEF/SCI	UNICEF/SCI
Activity 3.4	Provide PSS in CFSs through art, sport, life skills, counselling, and identify/refer the most vulnerable cases to specific services.	UNICEF/SCI	UNICEF/SCI
Activity 3.5	Identify un-accompanied and separated children, provision of interim care, family tracing and reunification, reintegration and follow-up care	UNICEF/SCI	UNICEF/SCI
Activity 3.6	Conduct mapping of services in target locations, and developing a referral system for interim/foster care services.	UNICEF/SCI	UNICEF/SCI
Activity 3.7	Establish 8 child protection committees in target locations to contribute to identification and support to vulnerable children, and to support awareness raising.	UNICEF/SCI	UNICEF/SCI
Activity 3.8	Build capacity of CFS facilitators, supervisors, social workers and psychologists on provision of PSS.	UNICEF/SCI	UNICEF/SCI
Activity 3.9	Conduct training for child protection committees on identification and referral of cases and the role of the committees.	UNICEF/SCI	UNICEF/SCI
Activity 3.10	Conduct training for selected families on foster care/good parenting and dealing with distressed children.	UNICEF/SCI	UNICEF/SCI
Activity 3.11	Deliver outreach campaigns to build the capacity of professional (i.e. child protection service providers) and non-professional duty bearers (religious and community members, parents)	UNICEF/SCI	UNICEF/SCI
Output 4	Provide emergency lifesaving nutrition interventions for 109,111 U5 children & 31,248 PLW in IDPs and host communities in Amanat Asimah, Ibb and Lahj Governorates		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Number of children under-5 with Severe Acute Malnutrition received treatment	34,043 (16,681 girls & 17,362 boys)	34,043 (16,681 girls & 17,362 boys)
Indicator 4.2	Percentage of children under-5 treated for SAM who have been cured	80	77%
Indicator 4.3	Number of children U2 & PLWs received micronutrients supplementation	75,068 U2 children (36,783 girls & 38,284 boys) and 31,248 PLW	75,068 U2 children (36,783 girls & 38,284 boys) and 31,248 PLW
Indicator 4.4	Number of Mobile teams established to provide lifesaving interventions	7	5 health and nutrition mobile teams as well as one massive screening

			campaign for U5 children in Amanat Al Asimah
Indicator 4.5	Number of trained HWs & CHVs on CMAM	492 (300 females & 192 male)	470 HWs (280 male & 190 female) trained on CMAM, 20 trainers received Training of Trainers on CMAM (14 male & 6 female), plus 300 female CHVs. Total: 770 HWs and CHVs.
Indicator 4.6	Number of SMART surveys implemented[8]	2	1 in Ibb
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Provide lifesaving interventions for U5 children with severe acute malnutrition	MoPH&P & cluster partners (L/INGOs) in the 3 governorates	MoPH&P/ GHOs in the targeted governorates
Activity 4.2	Strengthen monitoring & evaluation activities	MoPH&P+ ACF	MoPH&P/ GHOs in the targeted governorates
Activity 4.3	Micronutrients supplementation for children U2 and pregnant and lactating women (PLW).	MoPH&P + ACF	MoPH&P/ GHOs in the targeted governorates

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:

WASH

The WASH component of this project exceeded its target slightly and reached a total of 184,000 beneficiaries with activities designed to address both immediate and longer-term WASH needs in Ibb, Lahj and Amanat al Asimah. This approach ensured timely access to critical water and sanitation services, including life-saving water-trucking to certain areas, while ensuring long-term resilience through upgrading and rehabilitation of existing water sources. This ensured effective response to the onset of emergencies and enhanced the ability of the communities to cope with such emergencies in the future. UNICEF has reached a total of 96,148 children instead of the originally planned figure of 114,011. This is because the planned figure was based on a rapid estimation of the number of children affected in the target locations. The actual number of affected children was found be a little less (17,863 less) than the planned figure. Additional beneficiaries were reached overall due to recalculations to total beneficiary numbers in the targeted areas.

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[8] Delays finalising partnership with ACF who were going to conduct the second SMART survey

Child Protection

The majority of activities and targets were carried out in accordance with the original plan. Specific under-achievement of certain indicators listed below were caused by the introduction of more stringent requirements for humanitarian interventions by MoPIC. These additional requirements necessitated UNICEF having to do additional unexpected documentation for the intervention, including all project documents such as agreements with implementing partners and intervention justification forms. UNICEF has invested additional staff resources in meeting these new requirements for future interventions. The indicator 3.1 target of 4,000 children receiving PSS activities in targeted locations was not met for this reason. The child friendly spaces (CFSs) eventually established to deliver these PSS services will continue to operate using alternative sources of funding. More child friendly spaces (CFS) were established than the original target in indicator 3.3 (12, versus original target of 8) due to the addition of four mobile CFSs due to budget savings caused by the delay establishing the CFSs.

Indicator 3.4 target was also not met. A total of 104 children (47 girls, 57 boys) were identified, but 19 cases of unaccompanied or separated children are still in the process of being verified for possible family reunification. 85 children have been verified and received clothing and NFIs. Indicator 3.9, relating to the number of parents/foster parents trained on foster parenting/good parenting, was dependent on families willing to participate in the training. Ultimately 100 of the 120 planned places met the MoSAL criteria.

Nutrition

The partnership with ACF, initially planned to be confirmed by early 2017 did not happen. Therefore, the Ministry of Public Health and Population has been the main implementing partner for nutrition activities under this project. The budget amount initially planned to be implemented by ACF (Mobile Teams - MTs) under indicator 4.4 was removed from the total amount to be allocated for MTs support. CERF funds have therefore been used to support 5 MTs rather than the originally-planned 7 MTs and the ACF funds were directed towards a massive screening campaign to identify children under 5 with acute malnutrition and refer them to service delivery sites. Given the importance of this campaign, a sensitization session was conducted targeting community leaders to raise awareness about it.

Unit costs for some supply items changed during the implementation period, thus the planned amounts for procurement were adjusted.

According to needs identified on the field, the gaps found in the three Therapeutic feeding centres (TFC) to be supported in Amanat Al Asimah and Ibb were higher that initially assessed. Therefore, CERF's contribution had to be increased from 40% to 96%.

In order toto meet the CMAM scale up needs, the number of Health Workers (HWs) and Community Health Volunteers (CHVs) to be trained on CMAM was increased from 492 to 770. Furthermore, CERF's contribution to this activity raised from 39% to 95%. Under indicator 4.6, the Lahj SMART survey, initially planned to be conducted by ACF under this CERF grant was not possible due to the reason above, but it was ultimately conducted by ACF with other contributions. Therefore, only the Ibb SMART survey was implemented with CERF funds, and the contribution raised from 50% to 56%.

Given the need for increasing support in other budget lines, CERF contribution to monitoring visits was reduced from 29% to 13%.

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

Targeted governorates were selected based on the humanitarian situation regarding security and IDP movements, in line with the YHRP. The project was designed to respond to the urgent lifesaving needs for those affected population taking in consideration beneficiary feedback received through third party monitoring and UNICEF's own programmatic visits to similar project sites elsewhere. Interventions were designed in consultation with local communities, and communication was maintained throughout implementation. UNICEF worked with community representatives to encourage community members to access the services and receive feedback.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
No evaluation was planned or undertaken for this project due to its budget and short implementation period.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNFPA	**5. CERF grant period:**	08/09/2016 - 30/06/2017
2. CERF project code:	16-UF-FPA-035	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Providing safe, life-saving reproductive health services and multi-sectoral gender-based violence response for vulnerable populations in Amanat Al Asimah and Ibb		

7.Funding			
	a. Total funding requirements[9]:	US$ 7,800,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received[10]:	US$ 625,000	▪ *NGO partners and Red Cross/Crescent:* US$ 552,959
	c. Amount received from CERF:	US$ 625,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	59,114	40,920	100,034	19,222	20,595	39,817
Adults (≥ 18)	32,257	25,009	57,266	91,108	39,817	130,925
Total	**91,371**	**65,929**	**157,300**	**110,330**	**60,412**	**170,742**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	148,300	160,973
Host population	9,000	9,769

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

[10] This should include both funding received from CERF and from other donors.

Other affected people		
Total (same as in 8a)	**157,300**	**170,742**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	One of the reasons for surpassing the target was that while the targeting of beneficiaries for this project was done using the populations parameters as provided in the MISP beneficiary calculator, the demographic profile of the targeted IDP populations were different and predominantly female and hence had more pregnant women compared to what would be expected in a population unaffected by sex differential displacement patterns. For example, the 9th TFPM showed that the Female to Male ratio of IDP population was 56% to 44% in Amanat Al Asimah. The 3 mobile teams that UNFPA supported to deploy were hence each able to reach more mothers than targeted. In particular, more mothers were reached with antenatal care services. The overall cost incurred however did not vary from the planned costs since the number of mobile teams deployed remained the same. Secondly, the revision of the program approved by OCHA to support more fixed health facilities helped the project to reach more beneficiaries through the health facilities than would have been the case through the mobile teams alone.	

CERF Result Framework			
9. Project objective	Provide life-saving reproductive health services and multi-sectoral response to survivors of gender-based violence among internally displaced persons in Amanat Al Asimah and Ibb		
10. Outcome statement	Outcome 1: Access to and utilization of safe delivery care services including basic and comprehensive Emergency Obstetric and Neonatal Care (EmONC) and other RH services improved for IDP populations and host communities in Ibb governorate Outcome 2: GBV survivors safely navigate referral pathways and access coordinated GBV services Outcome 2: GBV survivors access life-saving multi-sectoral GBV response within 72 hours		
11. Outputs			
Output 1	Skilled pregnancy care including delivery and emergency maternal and new born health services are available for 3,000 pregnant women (IDPs &host communities) in target districts in Ibb Governorate.		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of pregnant women benefiting from safe delivery through PHC services in the target districts.	2,550	1,693
Indicator 1.2	Number of complicated pregnancies identified and referred to selected CEmONC and receive adequate care	450	0
Indicator 1.3	Number of pregnant women benefit from ante-natal care services through mobile clinics in the target districts	1,794	6,391
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Provide safe delivery services to 2,550 pregnant women in IDPs and host communities at PHC level	Emergency Obstetric and Neonatal Care (EmONC) Centres	EmONC Centres
Activity 1.2	Provide emergency response services to 450 complicated pregnancies identified by mobile teams and referred to CEmONC facilities	EmONC Centres	EmONC Centres
Activity 1.3	Provide ante-natal care services to 1,794 displaced women	Yemen Family Care	YFCA

	and women of host communities through mobile clinics in target districts	Association (YFCA)	
Output 2	Integrated reproductive health, family planning and treatment for gender-based violence available for women and men in (IDPs and host) including emergency contraceptives		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Number of women and men benefiting from family planning and reproductive health services through mobile clinics and static health facilities in target districts	4,964	10,214
Indicator 2.2	Number of rape cases (women and girls) provided with clinical management of rape and psychosocial support through outreach and at static health facilities in target districts	100	0
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Provide reproductive health and family planning services to women and men among IDPs and host communities through mobile clinics in target districts	YFCA	YFCA
Activity 2.2	Provide clinical management of rape and psychosocial support for an anticipated 100 cases among IDP women	YFCA	YFCA
Output 3	120 health workers reoriented on MISP and 60 health workers refreshed on Clinical Management of Rape in Ibb Governorate		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	Number of health workers reoriented on MISP	120	125
Indicator 3.2	Number of health workers refreshed on Clinical Management of Rape	60	60
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct orientation of frontline health workers on MISP (3 days training)	YFCA	YFCA
Activity 3.2	Conduct refresher training of frontline health workers on Clinincal Management of Rape (3 days training)	YFCA	YFCA
Output 4	Establish functioning referral pathways		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	Referral pathway established	1	1
Indicator 4.2	Number of referred GBV survivors	1000	1,000
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Carry out service mapping for GBV service providers and services in Amanat Al Asimah	INTERSOS	INTERSOS
Activity 4.2	Sensitize sector humanitarian actors on the availability of GBV services and launch the referral pathway	INTERSOS	Yemen Women Union (YWU)
Activity 4.3	Launching the referral pathway	INTERSOS	YWU
Output 5	GBV survivors access multi-sectoral GBV services (health, shelter, legal, psychological and livelihood support)		

Output 5 Indicators	Description	Target	Reached
Indicator 5.1	Number of internally displaced women and girls receiving messages on service availability and accessibility	women 72,786, men 39,817, boys 20,595, girls 19,222,	72,786 women, 39,817 men, 20,595 boys, 19,222 girls received messages on service availability and accessibility
Indicator 5.2	Number of post rape treatment kits distributed and utilized in health facilities	5 kits	5 PEP kits distributed in Amanat Al-Asimah and Sana'a governorate
Indicator 5.3	Number of GBV survivors receiving emergency cash assistance to access GBV services	300	130 GBV survivors received emergency cash assistance to access GBV services
Indicator 5.4	Number of GBV survivors receiving multi-sector GBV services	2,746	2,746 GBV survivors received multi-sector GBV service
Output 5 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 5.1	Distribution of post rape treatment kits to health facilities. UNFPA will contribute to procure and distribute the kits to health facilities and other forms of health facilities such as mobile clinics	UNFPA	UNFPA
Activity 5.2	Develop and disseminate simple and clear messages on GBV services availability	Charitable Society for Social Welfare (CSSW)	Yemen Women Union (YWU)
Activity 5.3	Sensitize GBV service providers on clinical management of rape, code of conduct and minimum initial services package for GBV	Yemen Women Union	INTERSOS
Activity 5.4	Provision of multi-sectoral GBV service to survivors of GBV	Yemen Women Union (YWU)	YWU
Activity 5.5	Emergency cash distribution to GBV survivors (cash assistant to the most vulnerable of women and girls (130 GBV cases X $ 500 per case= 65,000 as per GBV partners agreed package for GBV survivors)	Yemen Women Union (YWU)	YWU

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- Capacity building of service providers:
a) CMR trainings were conducted in Sana'a for 29 persons (12 male and 17 female) targeting doctors, nurses, midwives, and reproductive health workers.
b) Psychological support trainings were conducted for 26 persons (14 male and 12 female)(doctors, nurses, midwives,

productive health workers, psychological and social sciences).
c) Trainings on Identification of GBV cases and code of were conducted for GBV services providers a total of 54 persons (First training: 7 male and 20 female)(Second training: 15 male and 12 female).
CERF support has hence increased service provide capacity to provide service for GBV survivors.
2- **Awareness sessions:**
Community awareness direct Sessions were conducted targeting total of 1,045 (399 Male and 646 Female) in Amant Al-Asimah. Use of social media channels amplified the overall number of people reached with awareness messages hence helping to reach more beneficiaries than initially targeted. During the 16 days of activism, two videos were developed and10,500 posters printed on GBV messages which were podcasted in social media such as Facebook, YouTube and Twitter. The campaign reached more than one million views during the 16 days with hundreds of interactive comments on the messages of the campaign.
• Total number of audience reached with GBV messages: 1,086,868.
• Total number of interactions with the messages (full read and view for the video flashes and posters): 273,128 male and female.
3- Multi-sectoral service provided to GBV survivors:
A total of 1,972 of GBV survivors received multi-sectoral services in Sana'a and Amanat Al-Asimah during the project period. In addition, 500 GBV survivors received cash assistance in Sana'a and Amanat Al-Asimah governorates.
4. Almost Twice the targeted number of mothers were reached with the RH services through:
1) 3 mobile teams been deployed in the governorate of IBB to provide integrated reproductive, maternal, and newborn health services covering 3 districts. These mobile teams provided minimum initial services package (MISP) of Reproductive health at remote areas. Each team is composed of 1 female doctor, 1 midwife and 1 lab technician.
2) Referral hospitals which provided referral services support for delivery, EmONC and referral care, including deployment of additional staff - gynecologists and midwives to fill the gaps. The hospitals were "Mother and child hospital", "Nasser Hospital" and "Jibla hospital".
3) 5 Training courses on MISP for RH IAWG SUBGROUP in ibb

One of the reasons for surpassing the target was that while the targeting of beneficiaries for this project was done using the populations parameters as provided in the MISP beneficiary calculator, the demographic profile of the targeted IDP populations were different and predominantly female and hence had more pregnant women compared to what would be expected in a population unaffected by sex differential displacement patterns

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

The project proposal was developed based on consultation with the hubs levels and according to their needs. The interventions designed after consultation with partners through beneficiaries' engagement discussion. UNFPA partners conducted GBV trends analysis to better understand causes and issues of gender-based violence. In addition, partners implemented their internal monitoring mechanisms such as the hot line services. Regular meetings between UNFPA and 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. Meetings involved the local health authorities to ensure that the project remained aligned to the overall health needs of the affected communities.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Due to the short duration of this project no special evaluation was planned. UNFPA however undertook monthly field based monitoring of implementation of the project through its hub based personnel who engaged the IPs as well as beneficiaries and provided technical support. Quarterly review meetings were also held with the IPs by Country Office based staff during the quarterly reporting period. This approach enabled continuous assessment of progress and adjustments to direct progress towards reaching the intended objectives and targets throughout the project period. Activities implemented under this project are also part of the overall Country Program monitoring that is undertaken by a third-party monitoring firm.	EVALUATION PENDING ☐ NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNHCR	**5. CERF grant period:**	31/08/2016 - 30/06/2017
2. CERF project code:	16-UF-HCR-034	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Shelter		☒ Concluded
4. Project title:	Providing lifesaving shelter assistance to vulnerable internally displaced persons, returnees and affected non-displaced persons		

7.Funding

a. Total funding requirements[11]:	US$ 75,092,305	d. CERF funds forwarded to implementing partners:	
b. Total funding received[12]:	US$ 58,688,467	▪ *NGO partners and Red Cross/Crescent:*	US$ 2,260,800
c. Amount received from CERF:	US$ 2,890,537	▪ *Government Partners:*	

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	8,774	5,849	14,623	9,008	6,041	15,049
Adults (≥ 18)	7,605	7,020	14,625	7,455	6,744	14,199
Total	**16,379**	**12,869**	**29,248**	**16,463**	**12,785**	**29,248**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	29,248	29,248
Host population		
Other affected people		

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

[12] This should include both funding received from CERF and from other donors.

Total (same as in 8a)	**29,248**	**29,248**
In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A	

CERF Result Framework			
9. Project objective	Providing lifesaving shelter assistance to 29,248 individuals		
10. Outcome statement	Vulnerable internally displaced persons, returnees and affected non-displaced persons have access to lifesaving shelter assistance		
11. Outputs			
Output 1	Support the most vulnerable IDP households with rental subsidies		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of households receive rental subsidies in Amanat Al Asimah	400	400
Indicator 1.2	# of households receive rental subsidies in Ibb	1,112	1122
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Conduct needs assessment and identification of beneficiaries	Partner-ADRA, DRC, Intersos	ADRA
Activity 1.2	Distribution of rental subsidies grants	Partner-ADRA, DRC, Intersos	ACTED
Output 2	Assistance to vulnerable IDP returnee households with return kits		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of households receive return kits in Amanat Al Asimah	1,550	1550
Indicator 2.2	# of households receive return kits in Lahj	750	750
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Procurement of return kits	UNHCR	UNHCR
Activity 2.2	Delivery of return kits to partner warehouses	UNHCR	UNHCR
Activity 2.3	Distribution to beneficiaries	Partner- SHS, Intersos, ADRA, YRS, Alamal	SHS
Output 3	Support to the most vulnerable IDP returnees and host community with minor repairs to damaged houses		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of IDP households reached through minor repairs of	300	300

	damaged houses in Lahj		
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Conduct needs assessment and identification of beneficiaries according to agreed vulnerability criteria	Partner-SHS	SHS
Activity 3.2	Provide grants for minor repairs of houses	Partner-SHS	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:

No major discrepancy in actual outcomes to be reported. For activities planned in Lahj governorate, serious security concerns including ongoing clashes between conflicting parties compelled UNHCR/partners to look for another alternative location. Al Dhalee (Al-Hutah/Tuban-Turabaha district) was the most appropriate alternative option meeting the target and needs of the displaced population. The actual outputs of the project were only subject to very minor readjustments in terms of activity/location of assistance delivered. Objective, nature of the activities and type of assistance remained the same as outlined in the proposal.

Additionally, within a multi-donor context, UNHCR complemented CERF funding to target more IDPs/returnees.

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/partners applied targeted approaches, focus on the most vulnerable families, with criteria agreed at cluster level.

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. UNHCR Community Service works with community representatives on a daily basis to adjust programming as/if required. Also, UNHCR Protection Unit meets with different refugee groups on a bi-monthly basis to discuss ways of addressing possible gaps in programme implementation.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
Although no formal evaluation of the project was introduced, UNHCR continuously monitored both implementation of the project and the situation on the ground throughout its internal project management cycle as follows: 1) UNHCR Staff systematically assessed the needs of vulnerable IDPs/returnees in order to provide them with essential relief items and rehabilitation interventions to existing infrastructure. The latter has also benefitted the host community. 2) UNHCR monitored the work of the partners and provided substantive technical assistance and support to partners ensuring overall supervision, guidance and timely submission of progress reports.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	IOM	**5. CERF grant period:**	09/09/2016 - 30/06/2017
2. CERF project code:	16-UF-IOM-032	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Enhancing WASH services for IDPs, returnees and hosting communities in the Governorate of Lahj		

7.Funding		
a. Total funding requirements[13]:	US$ 15,800,000.00	d. CERF funds forwarded to implementing partners:
b. Total funding received[14]:	US$ 3,300,000	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 897,582	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	12,773	9,367	22,140	13,723	11,932	25,655
Adults (≥ 18)	11,921	8,515	20,436	16,108	17,898	34,006
Total	**24,694**	**17,882**	**42,576**	**29,831**	**29,830**	**59,661**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	9,234	3,000
Host population	32,200	55,519
Other affected people	1,142	1142
Total (same as in 8a)	**42,576**	**59,661**
In case of significant discrepancy between planned and reached beneficiaries, either	While IOM initially planned to rehabilitate 11 water sites in Lahj governorate, contractors offered very competitive prices during the procurement phase, resulting in	

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

[14] This should include both funding received from CERF and from other donors.

the total numbers or the age, sex or category distribution, please describe reasons:	significant cost savings. Furthermore, fluctuations in the cost of items in the local market also contributed to cost savings. Through cost savings, IOM was able to serve more beneficiaries through rehabilitating 13 additional water sites in Lahj governorate reaching a total of 17,085 additional IDPs and conflict-affected beneficiaries.

CERF Result Framework			
9. Project objective	Access to WASH services by IDPs, Returnees and hosting communities in Lahj Governorate in Yemen is improved.		
10. Outcome statement	IDPs, Returnees and other conflict-affected communities Lahj Governorate have better access to safe drinking water and hygiene services.		
11. Outputs			
Output 1	42,575 conflict-affected IDPs, hosting communities' members and returnees have access to safe rehabilitated water sites		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of people that have at least 15 liters of water per day	42,576 of whom: < 18 years = 12,773 females, 9,367 males. ≥ 18 years = 11,921 females, 8,515 males	59,661 of whom: < 18 years = 13,723 females, 11,932 males. ≥ 18 years = 16,108 females, 17,898 males
Indicator 1.2	# of water sites	11	24
Indicator 1.3	# of water sites rehabilitated	11	24
Indicator 1.4	# of pumps/pump engines procured and installed	11	24
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Assessment of water sites to be rehabilitated	IOM	IOM Engineers
Activity 1.2	Preparation of BoQs and their endorsement by local WASH counterparts	IOM	IOM Eng. team IOM Engineers
Activity 1.3	Procurement of needed materials	IOM	IOM Engineers
Activity 1.4	Rehabilitation/enhancement of selected water sites	IOM	IOM Engineers
Activity 1.5	Surveys and focus groups in relevant project areas	IOM	IOM Engineers
Activity 1.6	Monitoring of project achievements against set indicators	IOM	IOM Engineers
Activity 1.7	Preparation of a final evaluation report	IOM	IOM (M &E unit)
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	11	24
Indicator 2.2	# of people trained and capable to participate in management of water schemes	44	49
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Identification of potential members of water management committees	IOM	IOM field team
Activity 2.2	Formation of water management committees	IOM	IOM Eng. team
Activity 2.3	Training of water management committee members	IOM	Freelance trainer
Output 3	Hygiene kits and hygiene promotion campaign are targeting 10,375 IDPs and returnees		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of hygiene kits to be distributed	1,729	1729
Indicator 3.2	# of IDPs receiving hygiene kits	10,374	10,374
Indicator 3.3	# of individuals receiving hygiene promotion campaign	42,575	48,267
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Coordination with local community and authority to identify the most vulnerable cases in need for hygiene kits	IOM	IOM field team
Activity 3.2	Distribution of hygiene kits to the most vulnerable IDPs and conflict affected communities	IOM	IOM field team
Activity 3.3	Launching hygiene promotion campaigns	IOM	IOM Hygiene promotion team
Output 4	500 IDPs in Tur al-Baha benefit from three-month water trucking service		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	# of sites targeted with water trucking	2	2
2Indicator 4.2	# of facilities in the site targeted with water trucking	2	2
Indicator 4.3	# months of water trucking provision	3	3
Indicator 4.4	# of IDPs benefiting from water trucking	500	1020
Indicator 4.5	# of litres of water provided to 500 IDPs	675,000	1,377,000
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Coordination with local community and authority to identify the site targeted with water trucking service	IOM	IOM
Activity 4.2	Coordination with local community and local authority to identify the facilities to be targeted with water trucking	IOM	IOM
Activity 4.3	Contracting local individual water suppliers	IOM	IOM
Activity 4.4	Provision of water trucking service	Local contractors	Local contractors

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:

Activities envisaged through this project were meant to provide both immediate relief to conflict-affected communities by enhancing their access to safe drinking water, as well as durable solutions through the implementation of rehabilitation works meant to last in time and adequately serve relevant communities. Water sites rehabilitation/enhancements provided a durable and sustainable alternative to extremely expensive water trucking, which also reduced the target communities' dependency from other communities and services. Through the establishment of local water management committees and the training of their members, IOM planned to create a strong community-based, community-oriented and community-owned system for the responsible management of water resources, in order to avoid total depletion of the water table and prevent conflict over scarce resources.

Output #1 While IOM initially planned to rehabilitate 11 water sites in Lahj governorate, contractors offered very competitive prices during the procurement phase, resulting in significant cost savings. Furthermore, fluctuations in the cost of items in the local market also contributed to cost savings. Through cost savings, IOM was able to serve more beneficiaries through rehabilitating an additional 13 water sites (24 in total) in Lahj governorate reaching an additional 17,085 IDPs and conflict-affected beneficiaries (59,661 in total).

Output #2 IOM trained 49 water management committee members. Each committee consists of two members

Output 3: IOM coordinated with a local authority, General Authority for Rural Water Supply Projects (GARWSP) and community leaders in the 24 project sites. Coordination involved regular visits and sending letters informing these stakeholders of the projects and their components. Following extensive coordination, IOM distributed 1,729 Hygiene kits to support 10,374 individuals and implemented hygiene awareness campaigns to promote personal hygiene practices among 48,267 IDPs and affected-individuals. Due to the increase in water sites, IOM reached an additional 5,692 individuals with hygiene promotion campaigns.

Output 4: Despite plans to target 500 IDPs in Tur Al Baha district, IOM reached 1,020 individuals with the three-month water trucking service. This increase is attributed to the arrival of more IDPs after IOM's assessment.

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

The community and the local authority participated in the entire cycle of the project. IOM's field team used focus group discussions to identify the needs. Furthermore, during implementation, the community and field engineers worked together to follow up and observe the contractors' daily work and to ensure that the implemented works were as per agreed upon specifications.
For monitoring, IOM used direct field visits along with the community leaders and the daily observations of Displacement Tracking Matrix (DTM) Key Informants. The committees formed throughout the project also played an important role in monitoring of the project.
IOM's DTM and field teams were in direct contact with the beneficiaries and received all the complaints related to the project via a hotline number and also by visiting the project locations. The hotline number was shared with beneficiaries in each of the target locations to collect feedback on the project implementation.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
IOM staff will carry out the final evaluation, and the report will be shared as soon as it's ready.	EVALUATION PENDING ☒
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WFP	**5. CERF grant period:**	08/09/2016 - 30/06/2017
2. CERF project code:	16-UF-WFP-049	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Nutrition		☒ Concluded
4. Project title:	Emergency Response to Nutrition Crisis in Lahj and Amanat Al Asimah governorates		

7.Funding			
	a. Total funding requirements[15]:	US$ 31,318,672	d. CERF funds forwarded to implementing partners:
	b. Total funding received[16]:	US$ 16,722,408	▪ *NGO partners and Red Cross/Crescent:* US$ 68,818
	c. Amount received from CERF:	US$ 1,400,001	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	12,754	13,816	26,570	11,883	12,517	24,400
Adults (≥ 18)	22,035		22,035	27,365		27,365
Total	**34,789**	**13,816**	**48,605**	**39,248**	**12,517**	**51,765**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	5,793	6,212
Host population	42,812	45,553
Other affected people		
Total (same as in 8a)	**48,605**	**51,765**
In case of significant discrepancy	WFP assisted more than the planned number of beneficiaries and this increase was	

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

[16] This should include both funding received from CERF and from other donors.

between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	due to an increase in the number of women and children who enrolled in the programme and WFP's increased coverage.

CERF Result Framework			
9. Project objective	To reduce morbidity and mortality rates to below emergency thresholds related to the nutrition crisis in Lahj and Amanat Al Asimah governorates among the nutritionally vulnerable pregnant and lactating women (PLW) and children under five years.		
10. Outcome statement	Reduced levels of moderate acute malnutrition among children under 5 and PLW		
11. Outputs			
Output 1	Reached number of beneficiaries		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Number of moderately acute malnourished children receiving Plumpy Sup (52 percent boys and 48 percent girls)	26,570	24,400
Indicator 1.2	Number of moderately acute malnourished PLW receiving SuperCereal plus	22,035	27,365
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Registration of children U5 and PLW for treatment	MoPHP	MoPHP
Activity 1.2	Distribution of Plumpy Sup and SuperCereal plus to beneficiaries	WFP, IMC and MoPHP	IRY, CSSW, VHI, RI, MoPHP
Output 2	Tonnages distributed		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	Quantity of Plumpy Sup and SuperCereal plus distributed	617 MT	599.27 MT

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 difference in MT that was procured is due to changes in the commodity cost at proposal stage versus purchasing stage. The number of partners distributing CERF funded commodities was also increased from five partners instead of the proposed four partners because WFP finalised additional agreements after the submission of the proposal.

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

This programme is in line with the 2017 YHRP which outlines that humanitarian partners are committed to an integrated approach to issues that cut across the response. This project prioritizes protection, gender equality, population movement, and accountability to affected people. WFP has addressed concerns related to the humanitarian principles, including perceptions by all sides of its neutrality and impartiality. At the same time, WFP has adopted a conflict-sensitive approach that ensures that in active conflict areas it is not doing harm and, where possible, contributes to local stability and normalization.

Furthermore, WFP used a community-based participatory approach to involve the target population in the design, implementation, and monitoring and evaluation of the project. Community outreach workers ensured adequate participation and involvement of beneficiaries through focus-group discussions and WFP ensured that beneficiaries were adequately informed of their entitlements, duration, the targeting criteria, when and where distributions will take place and how to raise concerns, if any. Information was disseminated through various means including at nutrition centres, via community volunteers, who are part of the target community and accessible to our beneficiaries at all times. Additionally, our cooperating partners and field monitors, who are regularly present in target communities, played a key role in disseminating key information such as any delays, changes in ration sizes or targeting criteria before, during and after distributions.	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☒
As per the findings of WFP's post-distribution monitoring, mortality rate was registered at 0 percent. Default rate reached 24 percent which was an improvement from the baseline and treatment recovery rate was found to be at 74.40 percent	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☐

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	**5. CERF grant period:**	08/09/2016 - 30/06/2017
2. CERF project code:	16-UF-WHO-035	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Provision of essential and lifesaving health services to IDPs and control of communicable disease outbreaks for vulnerable population groups in priority IDP hosting governorates (Lahj, Ibb and Amanat al Asimah)		

7.Funding			
	a. Total funding requirements[17]:	US$ 190.2 million	d. CERF funds forwarded to implementing partners:
	b. Total funding received[18]:	US$ 80.5 million	▪ *NGO partners and Red Cross/Crescent:* US$ 730,929
	c. Amount received from CERF:	US$ 2,800,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	147,931	119,935	267,866	164,499	170,172	334,671
Adults (≥ 18)	121,944	122,484	244,428	124,793	107,776	232,569
Total	**269,875**	**242,419**	**512,294**	**289,292**	**277,948**	**567,240**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	311,296	340,344
Host population	200,998	226,896
Other affected people		
Total (same as in 8a)	**512,294**	**567,240**

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

[18] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	GHOs and MoPH had some concern over partnership with NGOs. As a result, WHO had to cancel the agreement with MMF and supported health facilities directly with provision of medical supplies, fuel and trainings of targeted health facilities staff. In addition, WHO was able to procure more **Deltamethrin** than planned.The cheaper price than initially budgeted helped to spray in more locations to control malaria vectors. Hence, WHO was able to reach more than 50,000 people than the initially planned figure.

CERF Result Framework			
9. Project objective	To reduce morbidity and mortality by improving access to integrated primary health care services, emergency trauma care, and strengthening outbreak control and response mechanisms in priority governorates (Lahji, Ibb and Amanat al Asimah)		
10. Outcome statement	Excessive morbidity and mortality among IDPs and vulnerable host population reduced through improving access to integrated primary health care services including mother and child health, and to hospital services including emergency obstetric and trauma care. Outbreak response and control mechanisms provided in priority governorates (Lahji, Ibb and Amanat al Asimah)		
11. Outputs			
Output 1	Disease outbreaks and other events of public health importance detected and timely responded to through effective functioning electronic disease Warning System (E-DEWS) and readiness of response teams		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	% of disease alert generated, verified, and responded with in 48 hrs	100%	100%
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Case definition, diagnostic and treatment training for health workers and medical mobile teams	WHO/MOPHP	WHO/MoPH
Activity 1.2	Procurement and distribution of communication materials to trained personnel	WHO/MOPHP	WHO/MoPH
Activity 1.3	Procurement of Dengue Rapid and Chinkungunya Test Kit	WHO/MOPHP	WHO
Output 2	IDPs, host communities and other vulnerable groups have necessary access to an integrated package of PHC lifesaving services, including mental health and psycho-social services		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of population having access to comprehensive primary health- care services	512,294	567,240
Indicator 2.2	# of functional mobile teams	9	6
Indicator 2.3	# of Intra- Emergency Health Kit (IEHK) provided for health facilities	26	26
Indicator 2.4	# of Italian Trauma Kit provided for health facilities	24	24
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**

Activity 2.1	Identifying eligible NGOs to sub-contract for project implementation in target areas	WHO	WHO
Activity 2.2	Finalizing agreements with NGO implementing partners and transfer of funds	WHO	WHO
Activity 2.3	Supporting 3 health facilities in target areas to provide an integrates package of PHC services including clinical services and trauma care; child health and nutrition services; maternal and new-born health services; and mental health and psycho-social services to affected population	WHO/NGO /MoPH	WHO/MoPH/INTERSOS/CSSW
Activity 2.4	Conducting weekly-basis integrated outreach life-saving health care services conducted in the second and third level of HF catchment area through EMMTs	WHO/NGO	INTERSOS/CSSW
Activity 2.5	Third Party Monitoring Company conducting monitoring visits and providing immediate feedback on implementation to WHO	3rd Party Monitoring Company	Health & Education Association for Development (SAWT)
Activity 2.6	Provide emergency health kits for the various integrated health activities	WHO	WHO
Activity 2.7	Procure and provide emergency trauma kits	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 planned to open 9 mobile clinics in collaboration with implementing partners in Sana'a city, Ibb and Lahj governorates. After WHO identified implanting partner in Sanaa city, the Ministry of Public Health (MoPH) and GHO didn't permit the identified NGO (MMF) to work in Sanaa city by writing official letters to both theNGO and WHO. Considering the situation, WHO supported health facilities directly with provision of medical supplies, fuel and trainings of targeted health facilities staff in Sana'a city. The total HFs supported were six (6).

WHO planned to open mobile clinics in Sanaa city (3 mobile clinics), Ibb (3 mobile clinics) and Lahji(3 mobile clinics) governorates. However, no agreement could be reached in Sana'a city with MoPH/GHO with identified NGO's to implement 3 mobile clinics. As a result, WHO had to cancel the agreement with MMF and supported health facilities directly with provision of medical supplies, fuel and trainings of targeted health facilities staff.

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

TPM visited fixed facilities and mobile clinics which is supported with CERF fund. During monitoring stage, the TPM conducted site visit assessments, Staff Interviews, Key Informant Interviews, Focus Group Discussions and Beneficiary Surveys.

The TPM report showed that overcrowding was the major challenge faced by the project at the beginning of implementation. This was mainly due to the lack of a clear understanding by beneficiaries on the type of services that the clinic was going to offer. This challenge was eventually resolved through the awareness raising process conducted, whereby the IP staff informed beneficiaries about the type of services the clinic would provide, mainly primary health care and services for common diseases. The clinic operated in five villages in the district, targeting each village once a week for a total of five operation days per week. The presence of the mobile clinic in each village had a positive impact in treating common illnesses and diseases, as well as in reducing the burden of long journeys to distant health facilities.

Approximately 50 beneficiaries were present during the site visit, out of which ten participants were selected to participate in the FGD. The participants (seven women and three men), ranging between 35 and 50 years old, were selected by the field monitors; the IP's representative independently stepped aside and did not interfere in the monitors' work, showing great professionalism on his part.

Participants were keen to express their satisfaction with the activity. While some dissatisfaction was witnessed during the beneficiary surveys, on the limited number of operation days for the clinic, most of the FGD participants stated that the clinic's presence in their village one day per week was enough to treat the illnesses within their community. They stated that the "professional" team working in the clinic was effective and capable in providing the required primary health care services, during the clinic's weekly visits.

Word of mouth, and communications between the IP and the key community leaders within their village were used to announce the existence of the mobile clinic, its location and working days to beneficiaries. They were informed that anyone seeking medical assistance would qualify to receive the services provided, regardless of which village they came from. While there were no banners or brochures indicating the type of services the clinic would provide, participants stated that they were informed that the mobile clinic's role was to provide basic and primary medical care services to the targeted beneficiaries.

Three participants indicated that patients would be supplied with a maximum of ten days' worth of medicines, regardless of their needs, and having to return to the mobile clinic for refills constituted a major challenge, due to the difficulties in travelling on the rugged roads. They suggested that the medicine supplied to patients should cover longer periods, to minimize this challenge. Other suggestions included providing the mobile clinic with more laboratory tools and equipment, to ensure a wider range of tests available, as well as providing additional deworming medication, considering that most beneficiaries suffer from this disease due to the lack of clean water in their villages.

All participants confirmed that no clear complaint mechanisms were available within the project, but they were satisfied with the efforts of the IP's representative, who ensured delivery of their messages across to the IP and other stakeholders when requested.

They all agreed that the project had impacted positively upon their lives by providing a nearby health service provider. Previously, the closest health facility was very far. Participants unanimously expressed their fear and concerns on how they will cope, once project activities conclude. Accordingly, participants hoped for a longer-term intervention for their community.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
	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$
16-UF-FPA-035	Health	UNFPA	NNGO	$227,392
16-UF-FPA-035	Gender-Based Violence	UNFPA	NNGO	$269,791
16-UF-FPA-035	Gender-Based Violence	UNFPA	INGO	$55,776
16-UF-HCR-034	Shelter & NFI	UNHCR	INGO	$360,000
16-UF-HCR-034	Shelter & NFI	UNHCR	NNGO	$900,000
16-UF-HCR-034	Shelter & NFI	UNHCR	INGO	$1,000,800
16-UF-CEF-088	Nutrition	UNICEF	GOV	$414,752
16-UF-CEF-088	Nutrition	UNICEF	GOV	$189,582
16-UF-CEF-088	Nutrition	UNICEF	GOV	$308,219
16-UF-CEF-088	Nutrition	UNICEF	GOV	$37,463
16-UF-CEF-088	Child Protection	UNICEF	INGO	$350,467
16-UF-CEF-088	Water, Sanitation and Hygiene	UNICEF	INGO	$39,144
16-UF-CEF-088	Water, Sanitation and Hygiene	UNICEF	GOV	$420,764
16-UF-CEF-088	Water, Sanitation and Hygiene	UNICEF	NNGO	$159,555
16-UF-CEF-088	Water, Sanitation and Hygiene	UNICEF	GOV	$27,770
16-UF-CEF-088	Water, Sanitation and Hygiene	UNICEF	GOV	$46,875
16-UF-WFP-049	Nutrition	WFP	INGO	$30,240
16-UF-WFP-049	Nutrition	WFP	INGO	$8,802
16-UF-WFP-049	Nutrition	WFP	INGO	$16,506
16-UF-WFP-049	Nutrition	WFP	NNGO	$5,362
16-UF-WFP-049	Nutrition	WFP	NNGO	$7,907
16-UF-WHO-035	Health	WHO	INGO	$400,000
16-UF-WHO-035	Health	WHO	NNGO	$280,929
16-UF-WHO-035	Health	WHO	NNGO	$50,000

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim
ACTED	Agency for Technical Cooperation and Development
AGDM	Age, gender, Diversity and Mainstreaming
AHCT	The Area Humanitarian Country Team
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CFS	Child Friendly Space
CHV	Community Health Volunteer
CMAM	Community-based Management of Acute Malnutrition
CMR	Clinical Management of Rape
CPSC	Child Protection Sub-Cluster
CSSW	Charitable Society for Social Welfare
CUF	Community Uplift Foundation
DRC	Danish Refugee Council
E-DEWS	Electronic Disease Warning System
FGD	Focus Group Discussion
EmONC	Emergency Obstetric and Neonatal Care
FTS	Financial Tracking System
GBV	Gender Based violence
GHO	Global Humanitarian Overview
HC	Humanitarian Coordinator
HCT	The Humanitarian Country Team
HF	Health Facitalaite
HFU	Humanitarian Financing Unit
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
HW	Health Worker
IAWG	Inter-Agency Working Group
ICCM	Inter-Cluster Coordination Mechanism
IDP	Internally Displaced Person
IEHK	Intra- Emergency Health Kit
IHL	International Humanitarian Law
INGO	International Non-Governmental Organisation
INGO	International None Govenmental Organization
IRY	Islamic Relief Yemen
LNGO	Local Non-Governmental Organisation
LWSC	Local Water Supply Cooperation
MAM	Moderate Acute Malnutrition
MISP	Minimal Initilal Services Package
MoPH	Ministry of Public Health
MoPHP	Ministry of Puplic Health and Population
MoPIC	Ministry of Planning and International Cooperation
MoSAL	Ministry of Social Affairs and Labour
MT	Mobile Team
NFI	None Food Items
NGO	None Governmental Organization
PHC	Primary Health Care
PLW	Pregnant and Lactating Women

PSS	Psychosocial Support
RH	Reproductive Health
RI	Relief International
SAM	Severe Acute Malnutrition
SAWT	Health & Education Association for Development
SCI	Save the Children International
SHS	Society for Humanitarian Solidarity
SMART	Standard Monitoring and Assessment of Relief and Transitions Survey
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
TFC	Therapeutic Feeding Centre
TFPM	Task Force on Population Movement
UASC	Unaccompanied and Separated Children
UF	Under Funded
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UWSU	Urban Water Supply Unit
YFCA	Yemen Family Care Association
YHRP	Yemen Humanitarian Response Plan
YWU	Yemen Women Union
ACF	Action Contre la Faim
AHCT	The Area Humanitarian Country Team
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CFS	Child Friendly Space
CHV	Community Health Volunteer
CMAM	Community-based Management of Acute Malnutrition
CMR	Clinical Management of Rape
CPSC	Child Protection Sub-Cluster
CSSW	Charitable Society for Social Welfare
CSSW	THE CHARITABLE SOCIETY FOR SOCIAL WELFARE
CUF	Community Uplift Foundation
E-DEWS	Electronic Disease Warning System
EmONC	Emergency Obstetric and Neonatal Care
FTS	Financial Tracking System
GBV	Gender Based violence
HC	Humanitarian Coordinator
HCT	The Humanitarian Country Team
HF	Health Facitalaite
HFU	Humanitarian Financing Unit
HNO	Humanitarian Needs Overview
HW	Health Worker
ICCM	Inter-Cluster Coordination Mechanism
IDP	Internally Displaced Person
IEHK	Intra- Emergency Health Kit
IHL	International Humanitarian Law
INGO	International Non-Governmental Organisation
INGO	International None Govenmental Organization
IRY	Islamic Relief Yemen
LNGO	Local Non-Governmental Organisation

LWSC	Local Water Supply Cooperation
MAM	Moderate Acute Malnutrition
MISP	Minimal Initilal Services Package
MoPH	Ministry of Public Health
MoPHP	Ministry of Puplic Health and Population
MoPIC	Ministry of Planning and International Cooperation
MoSAL	Ministry of Social Affairs and Labour
MT	Mobile Team
NFI	None Food Items
NGO	None Governmental Organization
PLW	Pregnant and Lactating Women
PSS	Psychosocial Support
RH	Reproductive Health
RI	Relief International
SAM	Severe Acute Malnutrition
SAWT	Health & Education Association for Development
SCI	Save the Children International
SMART	Standard Monitoring and Assessment of Relief and Transitions Survey
SQUEAC	Semi-Quantitative Evaluation of Access and Coverage
TFC	Therapeutic Feeding Centre
UASC	Unaccompanied and Separated Children
UF	Under Funded
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
UWSU	Urban Water Supply Unit
YFCA	Yemen Family Care Association
YHRP	Yemen Humanitarian Response Plan