



**HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
YEMEN
RAPID RESPONSE
DISRUPTION OF BASIC SERVICES 2017**

HUMANITARIAN COORDINATOR

Lise Grande

REPORTING PROCESS AND CONSULTATION SUMMARY

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

Due to the security situation in Yemen, a light AAR has been conducted by E-mail in February 2018. The reports' findings on individual Agencies have been shared with the Humanitarian Country Team (HCT) members and concerns regarding the potential duplication of beneficiaries in the scope of the integrated response have been brought to the attention of the Heads of Agencies. This led to further clarification by UNICEF, WFP and WHO around the targeted beneficiaries: Agencies did not indicate that same families have received multiple integrated response packages, rather that the Agencies provided humanitarian assistance to different communities within the prioritized districts as part of the integrated response. For instance, UNICEF provided Nutrition services to severe acute malnourished (SAM) cases and pregnant and lactating women (PLW), while the WFP food baskets were distributed to families with moderate acute malnourished (MAM) cases. The report is therefore concluding that the figure of the actual beneficiaries is the cumulated sum of the individual Agencies beneficiaries reached through each project.

- b. Please confirm that the Humanitarian Coordinator (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 report's main findings were discussed at the HCT on 12th February 2018 in Sana'a. Further, once the CERF Secretariat endorses the report, it will be shared with the Cluster Leads electronically.

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

YES NO

As indicated above, the final draft was discussed and shared with all members of the HCT and Heads of Agencies, including recipient agencies and implementing partners, prior to the submission to the CERF Secretariat, while the report will be further shared with the Cluster Leads (within the Inter Cluster Coordination Meeting (ICCM)) by the time the draft has been endorsed at HQ level.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 1,101,790,446		
Breakdown of total response funding received by source	Source	Amount
	CERF	24,953,107
	COUNTRY-BASED POOL FUND (if applicable)	120,000,000
	OTHER (bilateral/multilateral)	189,996,317* *the amount represents the funding received at the time of the Rapid Response Grant Application.
	TOTAL	334,949,424

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 12/05/2017			
Agency	Project code	Cluster/Sector	Amount
UNDP	17-RR-UDP-005	Safety and Security of Staff and Operations	129,357
UNICEF	17-RR-CEF-062	Nutrition	5,999,997
WFP	17-RR-WFP-036	Common Logistics	495,172
WFP	17-RR-WFP-037	Food Aid	14,751,543
WHO	17-RR-WHO-024	Health	3,577,038
TOTAL			24,953,107

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN Agencies - /IOM implementation	23,343,508
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	1,564,891
Funds forwarded to government partners	44,708
TOTAL	24,953,107

I. HUMANITARIAN NEEDS

Two and a half years of conflict have exacerbated the chronic vulnerabilities of the Yemeni population, which even before March 2015 faced poverty, underdevelopment and recurrent conflict. An estimated 18.8 million people, including 10.3 million people who urgently require immediate lifesaving assistance, needed humanitarian or protection assistance by the time of this Grant Application in May 2017. The Clusters' Disaster Needs Assessment in 2016 - 2017 estimated that US\$19 billion in infrastructure were damaged, including other losses – equivalent to about half of the GDP in 2013. All parties to the conflict repeatedly violated their obligations under the international humanitarian law in 2017, including damages and destruction to infrastructure critical to the movement of humanitarian and commercial supplies. Yemen relies on imports for more than 90 per cent of its staple food and nearly all fuel and medicine needs. Increasing and continuous import restrictions led to bottlenecks which further exacerbated the humanitarian needs, resulting into 20.8 million people in need of some form of humanitarian assistance, of which 11.3 million were in acute need by the end of 2017- 1 million more than in the first quarter of the year.

Since the escalation of conflict in March 2015, more than 3 million people¹ have been displaced within Yemen, including 2 million who remained displaced as of January 2017. At the time of the Grant Application in May 2017, 45 per cent of the country's health facilities were not functioning and 10.4 million people lacked access to health services, clean water and sanitation.

The trigger of this CERF Grant was based on the sudden intensification of the conflict in March 2017, especially on the Western Coast of Yemen. The population was cut off from public services and humanitarian assistance. While the conflict further escalated, humanitarian assistance could not be scaled up. The conflict further escalated until May 2017, when the Food Security (FSAC) and Nutrition Clusters alerted that the food security and nutrition situation will deteriorate to Emergency (Integrated Food Security Phase Classification (IPC) Phase 4) according to the IPC in many areas across Western Yemen by September 2017. Based on FSAC data, the population under Emergency (IPC Phase 4) and Crisis (IPC Phase 3) already increased by 20 percent compared to the results of the June 2016 IPC. The food crisis was particularly prevalent in the governorates on the country's coastline and in Sa'ada in the Northwest, at least 7 million people required immediate lifesaving assistance. This figure is derived from reported by the FSAC Cluster in May 2017 relating to 22 governorates in IPC Phase 3 and 4 in Yemen as below:

- Seven Governorates under IPC Phase 4: Lahj, Taizz, Abyan, Sa'ada, Hajjah, Al-Hodaidah and Shabwa
- Three Governorates under IPC Phase 3: Al-Jawf, Al-Dale'e and Al-Bayda

An immediate intervention to address the needs of the population (including IDPs) in May 2017 represented the only measure to avert a severe deterioration in food consumption, malnutrition and excess mortality. The CERF grant request was based on the urgency to prevent IPC Phase 4 areas slipping into IPC level 5 of famine.

By the end of 2017, the escalation of conflict and the blockade imposed by the Saudi-led Coalition further impacted the population with the total collapse of services and exhaustion of any coping mechanisms, resulting in 11.3 million of people in acute needs out of 20.8 million in need of some form of humanitarian assistance.

While the application for this CERF Grant incorrectly stated that the CERF US\$ 24.9 million would increase the Clusters received funds by 20 per cent towards the total requirements of US\$ 1.1 billion, the accurate ration of the CERF contribution towards the overall requirements is at 2.2 per cent. However, thanks to the CERF grant as well as complementing programming of the Yemen Humanitarian Fund (YHF), the IPC Phases of the ten affected governorates did not further deteriorate.

II. FOCUS AREAS AND PRIORITIZATION

The focus of this CERF grant was to setup an integrated intervention to respond to the critical needs of 1.9 million people affected by malnutrition and food insecurity in 59 prioritized districts. The selected districts were among the geographical areas identified in the IPC Phase 4 and 3. The targeted population has been identified by the Food Security (FSAC) and the Nutrition Clusters as living in districts with GAM rate over 15 – 20 per cent and the threshold of severe food insecure population over 30 per cent. At the inter cluster coordination tables, Food Security, Nutrition and WASH identified 59 districts in view of the prioritization process related to the YHF: Parallel to the CERF Rapid Response request, OCHA Yemen, in its function of managing the YHF, mobilized additional resources towards the support of the food insecurity and malnutrition response. The CERF grant was applied in complementarity manner with the interventions funded through the Yemen Humanitarian Fund: The 1st Standard Allocation in April 2017 entailed an envelope dedicated to

¹Just over 1 million former IDPs have provisionally returned to their areas of origin

Food and Nutrition and an integrated response for IDPs with a total of US\$ 50 million; the 2nd Standard Allocation of US\$ 70 million was launched in November 2017 with the aim of keeping supporting the NGOs in providing Nutrition, WASH, Health and FSAC services within the same priority areas.

The districts were most affected by malnutrition and food insecurity, as demonstrated by on the IPC data released on 16 March: an estimated 7 Governorates in Emergency IPC Phase 4, representing 60% of the total population. This analysis informed the evidence data based on which this CERF Rapid Response prioritization and focus was based. Additionally, the WHO vulnerability risk framework further analyzed the needs of the affected population and therefore guided this integrated intervention to prevent famine in Yemen.

Agencies also acknowledged how humanitarian actors, in particular Non-Governmental Organizations (NGOs), are facing difficulties in importing goods/supplies, which is affecting the timely implementation of their projects. It has been therefore recognized as an urgent need to scale up the procurement and delivery of supplies through additional resources for sea, air and land transport through WFP logistics. The expansion to the governorates under in Emergency IPC 4 is also considered conditional to a better security management capacity. A scale up of UNDSS resources in Aden and Al-Hudaydah hubs has been therefore also agreed upon.

The CERF Rapid Response Grant allowed the humanitarian community to jumpstart the integrated response within 59 districts identified by the relevant Clusters. The needs level of the affected population as per the 2017 Yemen Humanitarian Response Plan (HRP), based on the IPC data published in March 2017, is reflected in the list and the map below. Of the 22 governorates highlighted in red and orange, 59 districts were prioritized under this CERF Response.

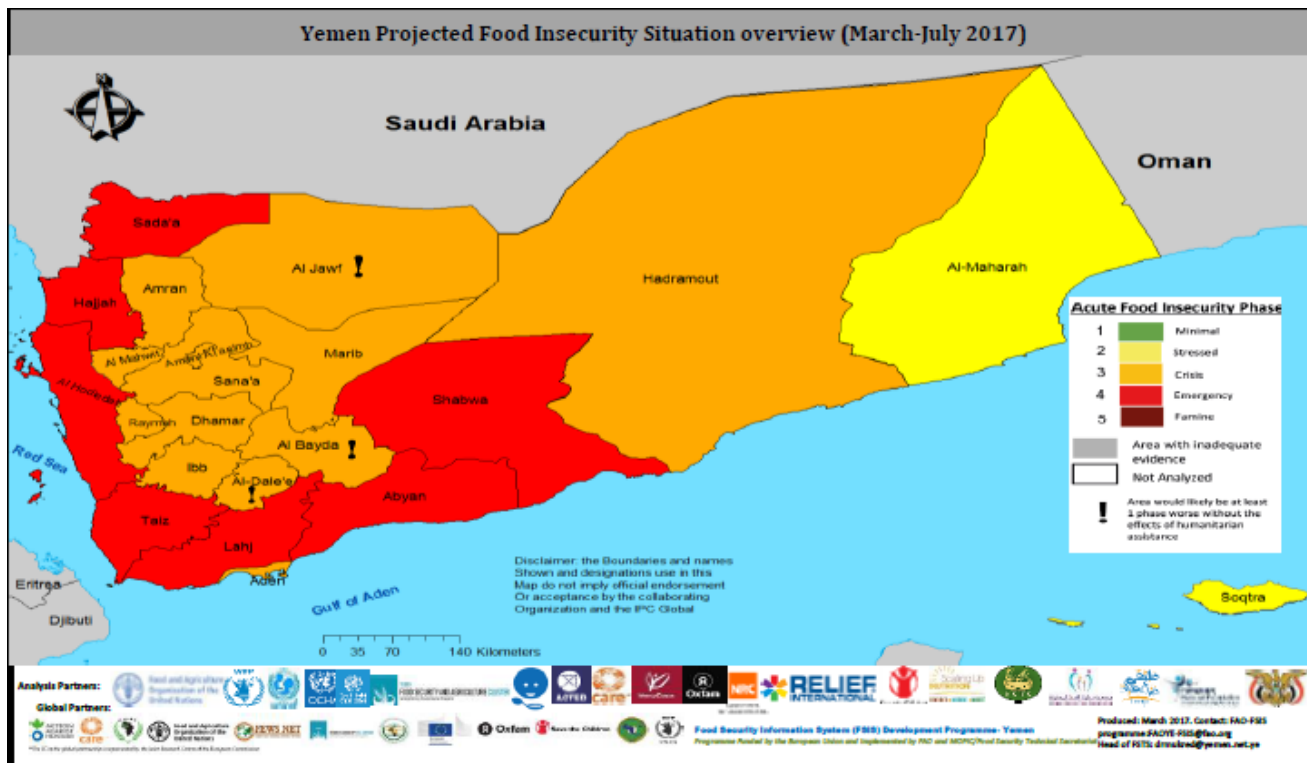
A total of 1.9 million people living in IPC Phase 3 and 4 governorates were targeted for the CERF response by the integrated approach designed by the Clusters, delivering a comprehensive set of activities. By the end of the projects in November 2017, a total of 1,867,647 beneficiaries have been reached, out of these, at least 250,000 IDPs have been assisted.



Part 3: Population Table

YEMEN IPC - 1 March - 31 July 2017 Estimated Population by IPC Phases

Governorate	Total Population (CSO projection 2017)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		P3 and above	
		%	No	%	No	%	No	%	No	%	No	%	No
Ibb	2,837,000	24%	680,880	20%	567,400	40%	1,134,800	16%	453,920			56%	1,588,720
Abyan	568,000	10%	56,800	10%	56,800	35%	198,800	45%	255,600			80%	454,400
Sana'a City	3,233,000	20%	646,600	25%	808,250	40%	1,293,200	15%	484,950			55%	1,778,150
Al Bayda	760,000	28%	212,800	20%	152,000	35%	266,000	17%	129,200			52%	395,200
Taiz	3,182,000	5%	159,100	20%	636,400	40%	1,272,800	35%	1,113,700			75%	2,386,500
Al Jawf	589,000	40%	235,600	15%	88,350	30%	176,700	15%	88,350			45%	265,050
Hajja	2,129,000	10%	212,900	15%	319,350	30%	638,700	45%	958,050			75%	1,596,750
Al Hodieda	3,189,000	15%	478,350	30%	956,700	30%	956,700	25%	797,250			55%	1,753,950
Hadramout	1,489,000	20%	297,800	20%	297,800	45%	670,050	15%	223,350			60%	893,400
Dharmar	1,913,000	20%	382,600	25%	478,250	40%	765,200	15%	286,950			55%	1,052,150
Shabwa	632,000	5%	31,600	20%	126,400	35%	221,200	40%	252,800			75%	474,000
Sana'a	1,150,000	25%	287,500	20%	230,000	40%	460,000	15%	172,500			55%	632,500
Aden	925,000	10%	92,500	30%	277,500	50%	462,500	10%	92,500			60%	555,000
Laheg	983,000	15%	147,450	15%	147,450	25%	245,750	45%	442,350			70%	688,100
Mareb	329,000	25%	82,250	30%	98,700	30%	98,700	15%	49,350			45%	148,050
Al Mahwit	695,000	35%	243,250	25%	173,750	25%	173,750	15%	104,250			40%	278,000
Amran	1,052,000	25%	263,000	25%	263,000	35%	368,200	15%	157,800			50%	526,000
Ad Dale	720,000	27%	194,400	25%	180,000	30%	216,000	18%	129,600			48%	345,600
Rayma	566,000	34%	192,440	20%	113,200	30%	169,800	16%	90,560			46%	260,360
Sa'adah	1,078,000	10%	107,800	10%	107,800	35%	377,300	45%	485,100			80%	862,400
Al Maharah	150,000	60%	90,000	25%	37,500	10%	15,000	5%	7,500			15%	22,500
Soqatra	66,000	50%	33,000	35%	23,100	10%	6,600	5%	3,300			15%	9,900
National	28,235,000	18%	5,128,620	22%	6,139,700	36%	10,187,750	24%	6,778,930			60%	16,966,680



III. CERF PROCESS

The Yemen HCT applied for CERF support to scale up famine prevention activities and to complement the YHF allocations. It was decided to focus on YHF eligible clusters to be consistent with the famine prevention strategy in the region and to maximize the impact considering the level of the needs and the limited financial resources available. The consultation process was restricted to the Food Security, Nutrition, Health, WASH and Common services (logistics and security) Clusters. After a first round of discussion, it was decided not to consider agriculture projects and to limit food security to food aid interventions to address the highest priority needs.

The affected communities and other stakeholders were not directly engaged within the process of developing this application, however Agencies' necessarily included the affected population in their assessments, surveys and analysis of needs and vulnerability risks. Furthermore, the main stakeholders (local and international NGOs) took part in the YHF allocation strategy process, bringing their recommendations to the attention of the CERF consultation forum. Additional consultation with stakeholders and with the affected communities has taken place during the implementation phase by the Agencies' partners as required.

The approach and methodology for prioritizing the clusters response was based on the YHF strategy, which included the food severity level exercise conducted by the Nutrition and Food security clusters and on the IPC. The ICCM has requested the Nutrition and Food Security Clusters to provide an analysis at district level and therefore 59 districts were identified as a priority for the CERF and the YHF, considering the nutrition and food security indicators. By end of May 2017 the CERF application was screened and accepted by the CERF Secretariat.

The 2017 CERF Rapid Response aimed at averting a further increase of malnutrition and food insecurity levels in the country, through nutrition services, food distribution and health minimum package through:

- 1- UNICEF by leading the pipeline supplies of micronutrients to save SAM children,
- 2- WFP by coordinating the interventions for both MAM children and the provision of food baskets,
- 3- WHO by leading the medical supply to guarantee the medical MSP,
- 4- WFP by supporting the logistic and security actions needed to enable transportation and delivery of humanitarian aid to 60 per cent of the population at risk of famine,
- 5- UNDSS (through a UNDP Project) by ensuring access to southern governorate locations through Security Risk Assessments and support to field missions with base in Aden;

The CERF funding enabled to kickstart of the operation, preparing the ground for additional projects funded through the YHF. The CERF supported the Agencies responsible for the chain of aid supplies as well as for the coordination of the frontline responders to address the immediate causes of food insecurity and malnutrition. The CERF and YHF complemented each other within the same 59 districts: CERF allocated funds to the UN Agencies whereas the YHF focused mainly on frontline responders and NGO implementing partners of the Fund.

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: 1,867,647									
Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Common Logistics	-	-	-	-	-	-	-	-	-
Food Aid	292,486	358,981	651,467	297,030	381,028	678,058	589,516	740,009	1,329,525
Health	61,741	46,838	108,579	63,870	40,451	104,321	125,611	87,289	212,900
Nutrition	121,109	100,015	221,124	-	104,098	104,098	121,109	204,113	325,222
Safety and Security of Staff and Operations	-	-	-	-	-	-	-	-	-
Total	475,336	505,834	981,170	360,900	525,577	886,477	836,236	1,031,411	1,867,647

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

BENEFICIARY ESTIMATION

The CERF Rapid Response Grant supported a total of five projects implemented by WFP (1 FSAC & 1 Logistics), UNICEF (Nutrition), WHO (Health) and UNDSS (UNDP project on safety and security in the South).

Within 59 highly vulnerable and food insecure districts, the Nutrition & Food Security Clusters selected jointly targeted locations for UNICEF and WFP. To rule out duplication, UNICEF and WFP agreed at the planning stage that children and PLW recipients of the WFP supported blanket supplementary feeding interventions would be excluded from UNICEF targeted beneficiaries. Thus, the UNICEF beneficiary targets for this project were estimated based on the number of targeted children with SAM, U2 children and PLWs for Micronutrients supplementation; while WFP complemented these activities with the management of MAM and the implementation of the supplementary feeding program.

The Nutrition intervention by UNICEF with screening and treating SAM cases and PLW and children under 2 (U2) targeted 286,013 beneficiaries.

In an effort of an integrated approach, within the same priority districts, the food security interventions by WFP aimed at ensuring full rations of food baskets to 244,333 affected families, totalling 1.4 million individuals (718,340 female and 747,660 male), including more than 120,000 IDPs, addressing moderate acute malnutrition (MAM) among children 6 to 59 months and preventing chronic and acute malnutrition among children 6 to 23 months and pregnant and lactating women.

Further, the WFP Logistic projects aimed at serving 115 Logistic cluster partners and 9 UN Agencies, providing them with Cargo and extra UNHAS flights.

WHO's intervention to provide equitable access to life- saving healthcare under the Minimum Service Package (MSP) and establishment of nutritional surveillance in most vulnerable districts, supported 10 health centres with essential medical supplies and essential services, targeted 159,000 individuals.

The UNDP/UNDSS project aimed at supporting three Local Security Advisers (LSA) as direct beneficiaries.

The directly reached population by the CERF RapidResponse allocation is therefore based on the achievements by WFP (FSAC), WHO (Health) and UNICEF (Nutrition) programs as per the below graph. The allocation nearly reached the planned number of beneficiaries with 1,867,647, against 1,911,104 planned:

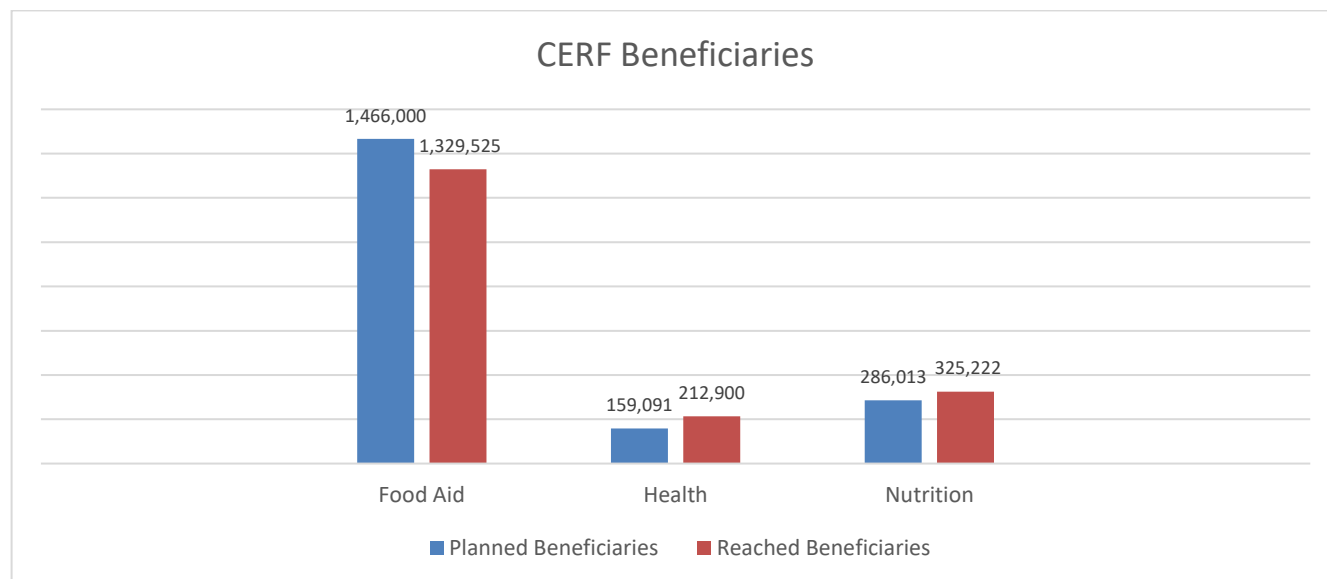


TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING²

	Children (< 18)	Adults (≥ 18)	Total
Female	475,336	360,900	836,236
Male	505,834	525,577	1,031,411
Total individuals (Female and male)	981,170	886,477	1,867,647

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

CERF RESULTS

- UNICEF Nutrition: 325,222 people (for children under five and PLW) benefited from the life-saving nutrition interventions in 59 high priority districts from 11 targeted governorates, with 10,000 SAM and MAM more cases than planned screened and treated due to additional availability of nutrition supplies (RUTF & MNs) internally procured by UNICEF;
- WHO provided support to 10 health facilities (HFs) to activate the Minimum Service Package (MPS) in response to Cholera cases identified throughout the project cycle period; at least 10 health facilities were supported and 90% of the alerts by Electronic Disease Early Warning System (eDEWS) reported to focal points within 24 hours and 9,000 cholera cases treated. More than 300 health workers were trained through this project (in collaboration with the Governor Health offices);

- With 19,582 Mt of food provided by WFP, more than 231,000 families received food basket and 251,832 children and women received critical nutrition southern governorate, for a total of more than 1.3 million individuals benefiting from the FSAC intervention. Due to increased cost for food items and limitations in regards of procurement and access for WFP, the final beneficiaries reached are 142,475 less than initially planned.
- The Logistics Cluster through WFP provided 28 in-land cargo movements and served 21 users through additional UNHAS flights in 20 locations).
- Three UNDSS LSA supported 10 per cent of the mission conducted by UN and provided Security Risk Management (SRM) and Security Risk Assessment (SRA) for a total of 7 missions in the field, releasing 24 reports throughout the project cycle.

CERF's ADDED VALUE

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

YES PARTIALLY NO

The CERF Rapid Response Grant allowed the humanitarian community to jumpstart the integrated response within 59 districts identified by the relevant Clusters, to initiate the emergency operation supply chain procurement and to conclude the sub-implementation partnership agreements with Non-Governmental Organisations (NGOs).

This CERF Grant enabled the timely movement of supplies through the support provided to UNHAS cargo and humanitarian services flights, scaling up the procurement and transportation of humanitarian supplies through additional resources for sea, air and land transport, ensuring a fast delivery to the affected population.

The CERF Rapid Response grant in May 2017 played a critical role in scaling up UN missions outside of Aden by providing UNDSS/UNDP project based in Aden with LSA for conducting Risk Security Assessments (RSA) and security analysis in the southern governorates. The field missions carried out by the LSA enabled to collect information and data on the humanitarian situation in the south and paved the way for further strengthening access for humanitarian actors, therewith enabling fast delivery to the beneficiaries.

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

YES PARTIALLY NO

The critical underfunding of the overall humanitarian response, with the 2017 Yemen Humanitarian Response Plan (YHRP) at only 18.7 per cent funded out of the total requirement of US \$ 2.1 billion as of May 2017, would have not allowed the Agencies to respond to the looming famine risk. The Health, FSAC, WASH and Nutrition Clusters relevant to the famine response in Yemen required a total of US\$ 1.7 billion for their strategic interventions in 2017. As of the time of the application for the CERF Rapid Response, these Clusters have received US \$ 250 million in contributions, representing only 15 per cent of their total required funds.

The CERF Rapid Response funds therefore enabled UN Agencies to focus on time critical needs and the priority population within the districts with IPC Phase 3 and 4, therewith averting famine, and the highest vulnerability score as per the WHO index.

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

YES PARTIALLY NO

CERF represents an instrument allowing UN Agencies to immediately start-up the jointly prioritized response. In the meantime, CERF funding is a critical tool to accelerate resource mobilization towards additional funds. CERF funding highlights to donors that UN Agencies participate in coordinated response with other humanitarian organisations and that they are addressing priority, lifesaving needs. Further, once other sources were informed that funding had been provided by CERF, donors are able to ensure continuity of a lifesaving humanitarian intervention, thereby contributing to a successful overall humanitarian response.

²Time-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.).

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

YES PARTIALLY NO

The CERF grant was aiming at supporting the Agencies responsible for the chain of aid supplies as well as for the coordination of the front-line responders to address the immediate causes of food insecurity and malnutrition. In the initial phase of developing the application or the CERF Rapid Response, the recipient UN Agencies planned for a coordinated approach. WFP for instance worked closely with other partners in the FSAC and nutrition cluster to develop the response and ensure that there is no duplication of assistance. This further manifested in close coordination during the implementation, for example through UNICEF, who worked in liaison with WHO and WFP on a referral mechanism for severe malnutrition cases.

The OCHA-led efforts through the YHF and its implementing partners responding to famine and malnutrition complementing the recipients of the CERF however fostered the coordination among the humanitarian community further. The YHF coordination mechanisms thus helped ensuring the effective use of the CERF grant. The pursuit of a close cooperation with the CERF recipients as well as the YHF and its partners therefore remains a lesson learnt which will need to be considered throughout any new CERF Grants allocation processes.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Recipient Agencies, specifically UNICEF, who lacked nutrition supplies and WFP, who had difficulties procuring timely and sufficient food items, observed a shortage of supplies and stocks, readily available during the program cycle. Ensuring the availability of supplies in-country is key to keeping the supply-chain intact, especially given the increased import challenges and unpredictability of shipments.	It was suggested to allow using the CERF Rapid Response grants to provide stock and ensure stockpiling during the sudden emergencies. The suggestion has been taken forward during the CERF Rapid Response Grant 2018, when some health stockpiling for WHO and partners has been ensured through the CERF grant.	CERF Secretariat policies/ guidance
The Ministry of Health and the Government Health Offices (MOH/GHOs) are the main implementing partners for Nutrition interventions (around 90%), for UNICEF. However, the CERF requested UNICEF not to channel funds through government partners.	It would be helpful if CERF funding could be partially channelled through Government partners, if the practise in-country already is in place, while the recipient Agency ensures close monitoring.	CERF Secretariat policies/ guidance

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Visual representation of the allocation and – after the reporting – the results of the CERF by projects and locations would strengthen the understanding, visibility and overall coordination of the response.	Following submission of the report, it could be helpful to develop a map of where the envelopes are being implemented, according to cluster and location and subsequently the results.	All Clusters / OCHA
The volatile security situation in Yemen may restrict access and thus hamper movement of humanitarian cargo, both to and within Yemen.	UN Agencies' sub- implementing partners should strengthen the liaison with OCHA's Access Unit in a timely and regular manner, while the implementation is on-going, to report on access related issues.	HC/OCHA Access Unit/UNHCT/Clusters
Health Cluster Partners are still new to the concept of the Minimum Services Package although the MoPH and Health Cluster Partners endorsed the concept in May 2017.	The Health Cluster lead Agency should trainings on the Minimum Services Packages for Health Cluster Partners.	WHO
Specifically, in an integrated response, ruling out the duplication of beneficiaries must be considered throughout the entire project cycle.	This remains a lesson learnt which the Agencies and the Clusters should take into consideration during the planning stage of any integrated approach within a CERF Rapid Response Grant.	All Clusters / OCHA

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	UNICEF		5. CERF grant period:	18/05/2017 - 17/11/2017		
2. CERF project code:	17-RR-CEF-062		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Nutrition			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Support to life-saving nutrition interventions for children under five and pregnant and lactating women					
7. Funding	a. Total funding requirements ³ :	US\$ 95 million	d. CERF funds forwarded to implementing partners: ⁴			
	b. Total funding received ⁵ :	US\$ 56.8 million	▪ NGO partners and Red Cross/Crescent:		US\$ 472,000 in kind	
	c. Amount received from CERF:	US\$ 5,999,997	▪ Government Partners:		US \$ 4,248,000 in kind	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	88,052	91,646	179,698	100,015	104,098	204,113
Adults (≥ 18)	106,315		106,315	121,109	0	121,109
Total	194,367	91,646	286,013	221,124	104,098	325,222
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees			0			
IDPs	109,000		123,000			
Host population	174,813		202,222			
Other affected people	2,200		0			

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

⁴ There was no sub-partners. This project is mainly on supplies procurments & availability

⁵ This should include both funding received from CERF and from other donors.

Total (same as in 8a)	286,013	325,222
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	The project reached more than the planned number of children as UNICEF procured slightly more quantities of nutrition supplies due to the exchange rate fluctuation at the time of procurement. The number of pregnant and lactating women & children U2 supplemented with micronutrients in the targeted 59 districts was overachieved for the same reason.	

CERF Result Framework			
9. Project objective	Support lifesaving nutrition interventions for U5 children and PLWs in 59 high priority districts from 11 targeted governorates.		
10. Outcome statement	Lifesaving and emergency interventions are provided to 286,013 IDPs and host community members		
11. Outputs			
Output 1	Provide emergency lifesaving nutrition interventions for 179,698 U5 children (including children U2) and 93,026 PLW and 13,289 CHVs/CHWs in IDPs and host communities in 59 districts in 11 Governorates		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of children under-5 with Severe Acute Malnutrition received treatment	54,113 (26,515 girls and 27,598 boys)	64,113 (31,415 girls and 32,698 boys)
Indicator 1.2	Percentage of children under-5 treated for SAM who have been cured	75%	73%
Indicator 1.3	Number of children U2 and PLWs who received micronutrient supplementation	125,585 U2 children (61,537 girls and 64,048 boys) and 93,026 PLW	140,000 U2 children (71,540 girls and 74,460 boys) and 121,109 PLW
Indicator 1.4	Number of trained HWs & CHVs who will benefit from kits procurement	13,289 (females)	13,289 (females)
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide lifesaving interventions for U5 children with severe acute malnutrition	MoPHP and cluster partners (L/INGOs) in the 59 districts	Minister of Public Health and Population (MoPHP), Action contra la faim (ACF), Building Foundation for Development (BFD), Field Medical Foundation (FMF), Humanitarian Aid and Development Organization (HAD), International Medical Corps (IMC), International Rescue Committee (IRC), Islamic Relief Yemen (IRY), Mercy Corps (MC), Première Urgence – Aide Médicale Internationale (PU-AMI), Relief International (RI), Responsiveness for Relief and Development (RRD), Safe the Children (SCI), Society for Humanitarian

			Solidarity (SHS), Taypa
Activity 1.2	Micronutrient supplementation for children U2 and pregnant and lactating women (PLW).	MoPHP and cluster partners (L/INGOs) in the 59 districts	Minister of Public Health and Population (MoPHP), Action contra la faim (ACF), Building Foundation for Development (BFD), Field Medical Foundation (FMF), Humanitarian Aid and Development Organization (HAD), International Medical Corps (IMC), International Rescue Committee (IRC), Islamic Relief Yemen (IRY), Mercy Corps (MC), Première Urgence – Aide Médicale Internationale (PU-AMI), Relief International (RI), Responsiveness for Relief and Development (RRD), Safe the Children (SCI), Society for Humanitarian Solidarity (SHS), Taypa
Activity 1.3	Ensure intact nutrition supplies pipeline, including supporting supplies operations and in country-supplies distribution.	UNICEF team, MoPHP and cluster partners (L/INGOs) in the 59 districts	Minister of Public Health and Population (MoPHP), Action contra la faim (ACF), Building Foundation for Development (BFD), Field Medical Foundation (FMF), Humanitarian Aid and Development Organization (HAD), International Medical Corps (IMC), International Rescue Committee (IRC), Islamic Relief Yemen (IRY), Mercy Corps (MC), Première Urgence – Aide Médicale Internationale (PU-AMI), Relief International (RI), Responsiveness for Relief and Development (RRD), Safe the Children (SCI), Society for Humanitarian Solidarity (SHS), Taypa
Activity 1.4	Provide the trained CHVs/ CHWs with the needed kits	MoPHP and cluster partners (L/INGOs) in the 59 districts	Minister of Public Health and Population (MoPHP), Action contra la faim (ACF), Building Foundation for Development (BFD), Field Medical Foundation (FMF), Humanitarian Aid and Development Organization (HAD), International Medical Corps (IMC), International Rescue Committee (IRC), Islamic Relief Yemen (IRY), Mercy Corps (MC), Première Urgence – Aide Médicale Internationale (PU-AMI), Relief International (RI), Responsiveness for Relief and Development (RRD), Safe the Children (SCI), Society for Humanitarian Solidarity (SHS), Taypa

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 project reached more than the planned number of children for SAM treatment with the supplies procured: the initial target was at 54,113 (26,515 girls and 27,598 boys) and the actual achievement was at 64,113 (31,415 girls and 32,698 boys). The number of the PLWs & Children U2 supplemented with micronutrients in the targeted 59 districts was overachieved as well: initially planned were 93,026 PLW and 121,000 PLW were reached. The difference between the planned and the achieved indicators was because of the availability of additional quantities of nutrition supplies (RUTF & MNs) which were procured under the CERF.

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

Community-based feedback was used to determine the appropriate needs-based response during both the design and implementation phases. Beneficiaries were involved in the design of the project through the HNO and ongoing review of needs managed by UNICEF's Planning, Monitoring and Evaluation (PME) team, which conducts field monitoring visits to meet with beneficiaries and local authorities.

During implementation, communities were informed about the availability of services through implementing partners and their existing communications channels with the communities including through local authorities, Sheikhs and community leaders at the

targeted governorates⁶. UNICEF worked with these community representatives to encourage their communities to access the services being provided. In addition, the PME team makes use of third party monitors, implementing partners and government counterparts to ensure the viewpoints of beneficiaries feed back into its ongoing programme planning. Interventions were designed in consultation with local authorities.

UNICEF's mechanisms to ensure accountability to targeted communities are in line with IASC Commitments to Accountability to Affected Populations. UNICEF carried out post distribution monitoring of supplies and measured the satisfaction of the beneficiaries through UNICEF and third-party monitoring visits.

Most of beneficiaries were satisfied with the SM services provided by UNICEF. M&E reports available with UNICEF as required.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Field monitoring visits were conducted & findings were reflected in the monitoring reports. However, evaluation of the project remained difficult as it was only a 6-month project focusing only on supplies procurement.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

⁶Most of beneficiaries were satisfied with the services. They agreed that SAM service that they received was good & supplies were provided to them All of them agreed that the service are very important.

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	18/05/2017 - 17/11/2017		
2. CERF project code:	17-RR-WFP-036		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Common Logistics			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Logistics Augmentation and Coordination to Support Humanitarian Operations in Yemen					
7. Funding	a. Total funding requirements ⁷ :	US\$ 18,727,426	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ⁸ :	US\$ 16,696,922	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 495,172	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>						
<i>Adults (≥ 18)</i>						
Total	NA	NA	9 UN Agencies and 115 I/NGOs	NA	NA	9 UN Agencies and 115 I/NGOs
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>						
<i>Host population</i>						
<i>Other affected people</i>						
Total (same as in 8a)	9 UN Agencies and 115 I/NGOs			9 UN Agencies and 115 I/NGOs		

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

⁸ This should include both funding received from CERF and from other donors.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	Coordination and IM services (including communications via the mailing list) are aimed at and reach the humanitarian community in Yemen (9 UN Agencies and 115 I/NGOs).
--	---

CERF Result Framework			
9. Project objective	Providing timely access to beneficiaries and project implementation sites for NGOs, INGOs, UN agencies and missions responding to the Yemen crisis through effective and efficient air cargo and inland transport services; transporting life-saving cargo including medical supplies, NFIs and food; providing adequate logistical capacity for the emergency response.		
10. Outcome statement	Facilitate the response of the humanitarian community in the provision of life-saving activities for the Yemen humanitarian crisis, by facilitating inland transport, and air cargo to the project implementation sites.		
11. Outputs			
Output 1	Humanitarian relief cargo can be transported into the country and within the country, until the final destination where beneficiaries have access to the assistance.		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of Needs Assessments carried out	65	17
Indicator 1.2	Number of air cargo charter served against requested	10	28
Indicator 1.3	Ratio of inland cargo movement requests served against those requested	40	28 requests served against received (100 percent)
Indicator 1.4	Number of service users	20	21
Indicator 1.5	Locations served	28	20
Indicator 1.6	Total volume of cargo stored	2,000 cbm and 180 mt	805 mt/ 5,677 m3
Indicator 1.17	Number of Information Management products produced	50	55
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Air transport ex Djibouti to Sana'a	UNHAS/WFP Aviation/Logistics Cluster	UNHAS/WFP Aviation/Logistics Cluster
Activity 1.2	In-land transport of cargo in country	WFP Logistics/Logistics Cluster	WFP Logistics/Logistics Cluster
Activity 1.3	Provision of temporary storage facilities for partners	WFP Logistics/Logistics Cluster	WFP Logistics/Logistics Cluster
Activity 1.4	Sea cargo ex Djibouti to Aden	WFP Shipping/Logistics Cluster	WFP Shipping/Logistics Cluster
Activity 1.5	Provision of coordination and information management services	Logistics Cluster	Logistics Cluster

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 CERF contribution allowed the Logistics Cluster to achieve the outcome of supporting the response of the humanitarian community in Yemen through the facilitation of common logistics services. This was done through the facilitation of chartered airlifts from Djibouti to Sana'a, as well as inland transport and temporary storage across Yemen. In addition, the Logistics Cluster ensured coordination among the humanitarian community through regular meetings and sharing of IM products to ensure collaboration among all actors as well as a continued assessment of needs and readjustment of activities as needed.

- Number of Needs Assessments carried out: the needs assessments indicator was not reached (65) due to an overestimation at the time of the proposal; the assessments that were carried out between June and November were as follows:
 - Three access constraints maps
 - Thirteen coordination meetings
 - Regular emails to assess the needs for prolonged airlifts and other cargo transport services from Djibouti to Yemen, including sea cargo transport to Hodeidah.
 - A survey on the Logistics Cluster in Yemen was conducted at the end of August 2017
- Number of air cargo charter served against requested: the CERF contribution allowed the Logistics Cluster to organise three airlifts in June and July. However, taking into consideration the timespan of the CERF contribution (from June to November), and additional 25 airlifts were carried out using other contributions.
- In-land cargo movement: For in-land transport, 28 requests were received during the timeframe of the CERF contribution, and they were all carried out leading to an implementation rate of 100 percent. The original indicator (40) - used during the design of this project- is assumed to represent an absolute number. The actual number of requests received was lower than anticipated, which may be due to limited access in light of the ever-volatile security situation. However, WFP planned to serve around 40% of the requests received; in this sense the project exceeded the planned target indicator, as it enabled to serve 100 per cent of the requests received, for a total of 28.
- Service users: the number of service users of airlifts, in-land transport and temporary storage (21), with no overlap among the different services, is only slightly higher than the anticipated number (20). The number of service users (21) should be considered separately from the number of ^{reached} organisations stated in the sections above (9 UN agencies and 115 NGOs) as the latter includes the both the services users and all other organizations reached through coordination and IM mechanisms.
- Locations served: the number of locations served is slightly lower than the original indicator. This may be due to a number of different reasons, including limited access in Yemen because of the volatile security situation. Locations served include Sana'a airport, the three Logistics Cluster warehouses, plus the different locations requested by organisations for deliveries via in-land transport.
- Total volume cargo stored: due to the increased needs and cargo coming into Yemen through Logistics Cluster facilitated services, such as the airlifts, the amount of cargo accepted into storage resulted to be higher than expected. In the warehouses in Hodeidah, Aden and Sana'a, that the CERF contribution funded for three months (from June to August), the Logistics Cluster was able to accept in to temporary storage 805 mt/ 5,677 m3 of relief items.
- Number of IM products published: the original indicator was correctly estimated, as the actual number of IM products published is only slightly higher. This may be due to a new IM product that started to be issued in August on humanitarian imports, as well as to the varying number of meetings held, which affects the minutes published on the website.

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

Although the Logistics Cluster does not reach directly affected populations and individuals, it provides enabling support to humanitarian organisations to implement their programmes through the delivery of life-saving cargo. Through this contribution, the Logistics Cluster facilitated the transport and storage of humanitarian cargo on behalf of 21 organisations providing crucial assistance to the population in Yemen affected by the crisis. The cargo included Health, WASH, Nutrition, Food Security, Shelter and Logistics items. The activities were coordinated by the Logistics Cluster and provided by WFP, based on the priorities set by the HCT.

In addition, the Logistics Cluster provides coordination and Information Management to support operational decision-making and improve the predictability, timeliness and efficiency of the humanitarian emergency response assisting affected populations in Yemen.

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

EVALUATION CARRIED OUT

Evaluation was not part of the activities planned under the project, however the Logistic Cluster regularly conducted survey of the provided services which is made available to OCHA upon request.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS						
CERF project information						
1. Agency:	WFP		5. CERF grant period:	18/05/2017 - 17/11/2017		
2. CERF project code:	17-RR-WFP-037		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Food Aid			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Immediate, Integrated and Sustained Response to Avert Famine in Yemen					
7. Funding	a. Total funding requirements ⁹ :	US\$ 874,395,658	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁰ :	US\$ 777,444,126	▪ <i>NGO partners and Red Cross/Crescent:</i>		US\$ 536,493	
	c. Amount received from CERF:	US\$ 14,751,543	▪ <i>Government Partners:</i>		US\$ 44,708	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
<i>Direct Beneficiaries</i>	<i>Planned</i>			<i>Reached</i>		
	<i>Female</i>	<i>Male</i>	<i>Total</i>	<i>Female</i>	<i>Male</i>	<i>Total</i>
<i>Children (< 18)</i>	395,830	420,140	815,970	358,981	381,028	740,009
<i>Adults (≥ 18)</i>	322,510	327,520	650,030	292,486	297,030	589,516
Total	718,340	747,660	1,466,000	651,467	678,058	1,329,525
8b. Beneficiary Profile						
<i>Category</i>	<i>Number of people (Planned)</i>			<i>Number of people (Reached)</i>		
<i>Refugees</i>						
<i>IDPs</i>	123,144			111,680		
<i>Host population</i>	1,342,856			1,217,844		
<i>Other affected people</i>						
Total (same as in 8a)	1,466,000			1,329,524		

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.

<p><i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i></p>	<p>Considering the commodity cost at the time of the purchase of food, the tonnage that WFP was able to purchase through the contribution was less. Additionally, the wheat grain purchased (15,228) was milled at 90% extraction rate, which also reduced the tonnage provided for assistance. Both these issues resulted in less coverage of beneficiaries. With this, based on the geographical targeted and household targeting, made in line with FSAC and nutrition cluster partners WFP ensures that the most vulnerable beneficiaries are reached with the critical assistance and will develop its allocation plans accordingly to shunt commodities to ensure beneficiaries receive assistance.</p>
---	---

CERF Result Framework			
9. Project objective	<ul style="list-style-type: none"> • Provide lifesaving food assistance; • Address MAM among children 6 to 59 months; • Prevent chronic and acute malnutrition among children 6 to 23 months and pregnant and lactating women. 		
10. Outcome statement	Fill in		
11. Outputs			
Output 1	244,333 families receive life-saving food assistance		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Number of women, men, boys and girls receiving food	1,466,000	1,329,524
Indicator 1.2	Quantity of food provided in mt	20,123	19,582
Indicator 1.3	Number of rations provided	244,333	221,587
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Procurement and delivery of food	WFP	WFP
Activity 1.2	Distributions	WFP and cooperating partners: CARE International, CSSW, FMF, HAD, IMC, IRY, PU-AMI, SHS, RI, NFHDR, VHI, DRC, NRC, ADO, MMF, Mercy Corps, Save the Children, MoPHP, and MoE	Mercy Corps, YEMEN FAMILY CARE ASSOCIATION, Soul for Development, Society for Humanitarian Solidarity (SHS), Vision Hope International, Ministry of Education, Danish Refugee Council, Norwegian Refugee Council, CARE INTERNATIONAL YEMEN, Islamic Relief Yemen, National Foundation For Development, PREMIERE URGENCE AID MEDICAL INTERN, Relief International, National Foundation for Human Rights Development
Activity 1.3	Monitoring	WFP	WFP
Output 2	251,832 children and women receive critical nutrition support		

Output 2 Indicators	Description	Target	Reached
Indicator 2.1	MAM treatment recovery rate	>75%	74.9%
Indicator 2.2	MAM treatment non-response rate	<15%	1.5%
Indicator 2.3	MAM treatment mortality rate	< 3%	0.07%
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Procurement and delivery of nutritious specialized foods (1,915 mt of Plumpy Sup, PlumpyDoz and Super Cereal)	WFP	WFP
Activity 2.2	Distributions through health facilities and mobile teams	WFP and cooperating partners	WFP, Abs Development Organization for Women and child, Adventist Development and Relief Agency, Building Foundation for Development, Charitable Society for Social Welfare, Field Medical Foundation, Health and Education Association for Development (SAWT), Save the Children International, Humanitarian Aid and Development organization, International Medical Corps, SAJAIA Yemen for development organization, SOUL for development, Vision Hope International, Yemen Family Care Association, Ministry of Public Health and Population, Mercy Corps Islamic Relief Yemen Medical Mercy Foundation, Relief International IOM UNHCR Premiere Urgence-Aide Medecale Internationale
Activity 2.3	Monitoring	WFP	WFP

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

In terms of discrepancies, the total number of people reached was almost 100,000 less than planned and this was due to the smaller amount of tonnage which was procured as mentioned above because of the higher cost of food price. Moreover, in the partners' section (output indicator 2) there are differences in WFP's partners. This is due to a large exercise in WFP which was undertaken during August 2017 as WFP signed new Field Level Agreements (FLAs) with its partners and the partners who distributed under this project are listed above. Moreover, the number of people reached, and rations provided were lesser than

anticipated and this is due to the lower MT of commodities which were purchased and therefore approximately 100,000 less people were reached.

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

Accountability to affected populations (AAP) has been ensured at all stages of project design and planning, implementation and monitoring and evaluation. When identifying the most vulnerable population following geographic targeting, WFP, in collaboration with cooperating partners conducts household targeting and this is done through a participatory approach and households that meet WFP established targeting criteria for assistance are selected for assistance. WFP shares its beneficiary selection criteria with partners who identify and register beneficiaries on the ground in consultation with local communities. The beneficiary lists are later cross checked through verification processes. The call centres contribute to this process when beneficiaries are contacted for their feedback.

Moreover, during project implementation phase, these are also incorporated into the response. WFP works with its partners through committees and call centres to ensure monitoring and evaluation takes place to strengthen accountability towards WFP beneficiaries. With its partners, WFP has established inclusive and neutral complaints committees and the use of a toll-free mobile call system to enable communities and beneficiaries to raise issues and feedback related to WFP interventions. As part of this process, there are also two call centres for remote monitoring given the access challenges, a call centre in Amman which tracks beneficiary feedback by reaching them through live calls and there is also a call centre in Sana'a which ensures daily contact with cooperating partners if the case there are problems which may arise during the delivery or distribution process.

The main objective of beneficiary feedback and complaints is to ensure that there are no inclusion or exclusion errors, and this is taken seriously by WFP Yemen's country office where all complaints reach. Data is analysed at the country office level and sent to relevant field offices for actions. Beneficiaries are contacted back when needed to respond to their concerns. Moreover, the data which is received from the call centres, beneficiary hotline monitoring teams, third party monitoring is woven into a quarterly monitor reports that are shared externally with relevant stakeholders. On a monthly basis, there is an average of 1,637 calls (average of 546 per month) received. The most common complaints in descending order were about wanting to be on the beneficiary list (46 percent), delays in distribution (20 percent), how distribution points were managed (16 percent) and having received incomplete or reduced entitlements (7 percent). All concerns are tracked to ensure follow up actions are taken.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input checked="" type="checkbox"/>
---	--

Though WFP's monitoring and evaluation unit, WFP is regularly undertaking post-distribution monitoring to track indicators and to measure the impact of the assistance provided. Monitoring reports are generated on a quarterly basis with key highlights. For this period of assistance, from May to September 2017, under WFP's project, an average of about 6 million beneficiaries per month received emergency food assistance against the target of 7 million and since January 2017, beneficiaries' acceptable food consumption levels had increased by 10 percentage points to reach 55 percent for general food distribution and 65 percent for commodity voucher beneficiaries by September 2017. Consumption-based coping strategy index had slightly decreased from July to September for general food distribution (from 22.3 to 22.0) and commodity voucher (from 24.0 to 22.0), which might be partly attributed to improved food consumption scores overall. Similarly, almost all (97-98 percent) of the beneficiaries in September reported feeling/being safe while traveling to and from and at the distribution sites. Additionally, a large majority of general food distribution and commodity voucher beneficiaries (77 and 91 percent respectively) continue to be satisfied with the type and quality of food assistance.	EVALUATION PENDING <input type="checkbox"/>
--	---

	NO EVALUATION PLANNED <input type="checkbox"/>
--	--

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	WHO		5. CERF grant period:	15/05/2017 - 14/11/2017		
2. CERF project code:	17-RR-WHO-024		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Health			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Provision of equitable access to life-saving healthcare under Minimum Service Package (MSP) and establishment of nutritional surveillance in most vulnerable districts					
7. Funding	a. Total funding requirements ¹¹ :	US\$ 126,000,000	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹² :	US\$ 41,439,807	▪ NGO partners and Red Cross/Crescent:		US\$ 1,028,398	
	c. Amount received from CERF:	US\$ 3,577,038	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)	46,136	47,728	93,864	61,741	63,870	125,611
Adults (≥ 18)	35,000	30,227	65,227	46,838	40,451	87,289
Total	81,136	77,955	159,091	108,579	104,321	212,900
8b. Beneficiary Profile						
Category	Number of people (Planned)		Number of people (Reached)			
Refugees						
IDPs	17,244		23,076			
Host population	141,847		189,824			
Other affected people						
Total (same as in 8a)	159,091		212,900			

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.

<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	WHO was able to procure more IEHK kits and cholera kits than planned because we found them at a cheaper price than initially budgeted which helped to reach 53,809 people more than initially planned. Note that the quality of the kit is in WHO standard. In addition, due to the second wave of cholera outbreak, WHO was able to respond by using the CERF fund to reach more affected people under the same scope of work to which WHO agreed.
--	--

CERF Result Framework			
9. Project objective	To mitigate excess mortality and morbidity through ensuring equitable access to the Minimum Service Package (MSP) and establishment of nutritional surveillance in targeted most vulnerable districts		
10. Outcome statement			
11. Outputs			
Output 1	Nutrition: Life-saving program on the management of severe acute malnutrition in children established and supported in targeted districts;		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	Monthly cure rates on the management of severe acute malnutrition among the 6-59 months age group	>75%	78%
Indicator 1.2	# of health facilities supported with SAM kits	3	3
Indicator 1.3	# of surveillance sentinel sites submitting monthly and quarterly surveillance reports	36	36
Indicator 1.4	# of health workers and community health volunteers trained for nutrition surveillance	504 (36x14)	378
Indicator 1.5	# of Cholera cases treated	TBC	9,000
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	Provide adequate supplies and medication for treatment of SAM patients	WHO/MoPH	WHO/MoPH
Activity 1.2	Train health workers on SAM management	WHO	WHO
Activity 1.3	Support maintenance and rehabilitation of TFCs	WHO	WHO
Activity 1.4	Establish nutrition surveillance in priority districts and integrate new sentinel sites into existing nutrition surveillance system	WHO/MoPH	WHO/MoPH
Output 2	Population in targeted districts have access to Minimum Service Package, covering emergency care, key reproductive care, health services for patients with life-threatening non-communicable conditions and communicable diseases, including AWD and Cholera prevention and care		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	# of health facilities provided with medical emergency supplies	10	10
Indicator 2.2	# of health facilities supported with equipment and	4	4

	supplies for emergency obstetric care		
Indicator 2.3	Number of outpatient consultations per person per year	2 (average)	0.8
Indicator 2.4	# of cholera kits provided	10	80
Indicator 2.5	% of alerts reported by eDEWs focal points within 24 hrs	(Baseline: 50%; Target: 85%)	90%

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:

of cholera kits provided: WHO planned to procure 10 cholera kits, however, procured 70 more which enabled to reach 7000 people more.

of health workers and community health volunteers trained for nutrition surveillance: WHO planned to train 504 health workers in nutrition surveillance, however due to security and the district (Bay Dan district) highly affected by conflict, WHO only trained 378 health workers in nutrition surveillance.

Due to second wave of cholera outbreak, WHO requested contracted NGO under CERF fund to incorporate cholera response in targeted health facilities under the same scope of work of project.

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

WHO strategy to provide equitable access to the Minimum Services Packages (MSP) as close as possible to vulnerable communities' dwellings was discussed in various fora and supported by the local health authorities and health cluster partners and community leaders, as clearly meeting the essential needs of affected population. Lessons learnt from implementation of similar activities in other areas and discussions with community leaders have informed project design. In 2016 and 2015, WHO was supporting mobile clinics, however, based on evaluation of mobile clinics, WHO changed the strategy to support fixed health facilities through MSP.

During implementation time, community leaders were involved during the life of the project through providing them with accessible and timely information on the implementation of the interventions. Third Party Monitoring company contracted by WHO conducted unannounced hospital visits and interviews with beneficiaries. A feedback and complaints mechanism was established through Focus Group Discussions and Complaints Boxes at facility levels to receive constant feedback on the implementation of the project activities.

The feedback from beneficiaries and community leaders was regularly and closely monitored by WHO. Identified problems, complains, gaps will be analysed and corrected; good practices extracted; results will be reflected in the final project report.

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

EVALUATION CARRIED OUT

WHO didn't conduct any evaluation since it wasn't planned due to security reason and short life of the project.

EVALUATION PENDING

NO EVALUATION PLANNED

TABLE 8: PROJECT RESULTS

CERF project information						
1. Agency:	UNDP		5. CERF grant period:	23/05/2017 - 22/11/2017		
2. CERF project code:	17-RR-UDP-005		6. Status of CERF grant:	<input type="checkbox"/> Ongoing		
3. Cluster/Sector:	Safety and Security of Staff and Operations			<input checked="" type="checkbox"/> Concluded		
4. Project title:	Security Support to Humanitarian Operations					
7. Funding	a. Total funding requirements ¹³ :	US\$	d. CERF funds forwarded to implementing partners:			
	b. Total funding received ¹⁴ :	US\$	▪ NGO partners and Red Cross/Crescent:		US\$ 0	
	c. Amount received from CERF:	US\$ 129,357	▪ Government Partners:		US\$ 0	
Beneficiaries						
8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) <u>directly</u> through CERF funding (provide a breakdown by sex and age).						
Direct Beneficiaries	Planned			Reached		
	Female	Male	Total	Female	Male	Total
Children (< 18)						
Adults (≥ 18)						
Total						
8b. Beneficiary Profile						
Category	Number of people (Planned)			Number of people (Reached)		
Refugees						
IDPs						
Host population						
Other affected people						
Total (same as in 8a)						

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.

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	To provide dedicated security support for the expanded lifesaving humanitarian operations to address the famine issue in Yemen		
10. Outcome statement	Missions, SRMs, SRAs, meetings, reports were produced and support to expand UN operations.		
11. Outputs			
Output 1	Improved situational awareness and information sharing on the security situation in the Southern Governorates		
Output 1 Indicators	Description	Target	Reached
Indicator 1.1	# of ASMT and Sec Cell meetings held and other Ad Hoc meetings	On weekly basis (48 over the course of the project)	60
Indicator 1.2	# of SRM and SRA conducted	At least one per SRM area (3)	07
Indicator 1.3	# of weekly reports released	1 per week (24 over the course of the project)	24
Output 1 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 1.1	ASMTs and security briefing to NGOs	LSA (UNDSS)	LSA (UNDSS)
Activity 1.2	Production of Security Risk Assessment (SRA) reports and Mission Security Risk Assessment (MSRA)	LSA (UNDSS)	LSA (UNDSS)
Activity 1.3	Weekly reports and advisories	LSA (UNDSS)	LSA (UNDSS)
Output 2	Safe and secure access to the people in need		
Output 2 Indicators	Description	Target	Reached
Indicator 2.1	% of UN missions carried out with the support of the LSAs (at preparedness or implementation phase)	75%	100%
Indicator 2.2	# of road assessment missions implemented	At least 6 (one per month)	07
Indicator 2.3	# of meeting with local authorities	On a weekly basis	05
Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Liaison with the local authorities and key stakeholders	LSA (UNDSS)	LSAs
Activity 2.2	Participation in UN missions and roads assessment	LSA (UNDSS)	LSAs

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

During security missions, tasks were given to LSAs to conduct assessments related to programme activities.

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

By coordinating with local authorities during project design and implementation.

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

EVALUATION CARRIED OUT

EVALUATION PENDING

No evaluation of the project planned and conducted.

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\$
17-RR-WFP-037	Food Assistance	WFP	INGO	\$16,095
17-RR-WFP-037	Food Assistance	WFP	INGO	\$75,109
17-RR-WFP-037	Food Assistance	WFP	INGO	\$91,204
17-RR-WFP-037	Food Assistance	WFP	GOV	\$44,708
17-RR-WFP-037	Food Assistance	WFP	NNGO	\$16,095
17-RR-WFP-037	Food Assistance	WFP	INGO	\$75,109
17-RR-WFP-037	Food Assistance	WFP	INGO	\$42,919
17-RR-WFP-037	Food Assistance	WFP	INGO	\$10,730
17-RR-WFP-037	Food Assistance	WFP	NNGO	\$96,569
17-RR-WFP-037	Food Assistance	WFP	INGO	\$64,379
17-RR-WFP-037	Nutrition	WFP	INGO	\$16,095
17-RR-WFP-037	Nutrition	WFP	NNGO	\$21,460
17-RR-WFP-037	Nutrition	WFP	NNGO	\$10,730
17-RR-WHO-024	Health	WHO	INGO	\$321,214
17-RR-WHO-024	Health	WHO	NNGO	\$707,184

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to affected populations
ACF	Action contra la faim
ADO	Abs Development Organization for Women and child
ADRA	Adventist Development and Relief Agency
AWD	acute watery diarrhoea
BFD	Building Foundation for Development
CHVs	Community health volunteers
CHWs	Community health workers
CMAM	Community-based Management of Acute Malnutrition
CSSW	Charitable Society for Social Welfare
DRC	Danish Refugee Council
DTC	Diarrheal Treatment Centre
eDEWS	Electronic Disease Early Warning System
FLAs	Field Level Agreements
FMF	Field Medical Foundation
FMF	Field Medical Foundation
FSAC	Food Security and Agriculture Cluster
GAM	Global Acute Malnutrition
HAD	Humanitarian Aid and Development Organization
HCT	Humanitarian Country Team
ICCM	Inter-Cluster-Coordination-Meeting
IDP	Internally Displaced People
IEHK	Interagency Emergency Health Kits
IMC	International Medical Corps
IMC	International Medical Corps
INGOs	International Non-Governmental Organizations
IPC	Integrated Food Security Phase Classification
IRC	International rescue Committee
IRY	Islamic Relief Yemen
LSA	Local Security Advisors
MAM	Moderate acute malnutrition
MC	Mercy Corps
MC	Mercy Corps
MMF	Medical Mercy Foundation
MoE	Ministry of Education
MoPH	Ministry of Public Health
MoPHP	Minister of Public Health and Population
MSP	Minimum Service Package
MT	Metric Tonnes
NFHDR	National Foundation for Human Rights Development
NGOs	Non-Governmental Organizations
NNGOs	National Non-Governmental Organizations
NRC	Norwegian Refugee Council
PLW	Pregnant lactating Women
PU-AMI	Première Urgence – Aide Médicale Internationale
RI	Relief International

RRD	Responsiveness for Relief and Development (RRD)
SAM	Severe acute malnutrition
SCI	Safe the Children
SHS	Society for Humanitarian Solidarity
TFCs	Therapeutic feeding centres
VHI	Vision Hope International
YAD	Yemen Association for Development
YFCA	Yemen Family Care Association
YHF	Yemen Humanitarian Fund