

**RESIDENT/HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
YEMEN  
RAPID RESPONSE  
DISRUPTION OF BASIC SERVICES  
2018**

<b>RESIDENT/HUMANITARIAN COORDINATOR</b>	<b>LISE GRANDE</b>
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### REPORTING PROCESS AND CONSULTATION SUMMARY

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

An informal AAR has been conducted in early January 2019 with all funded agencies: UNHCR, UNDP / UNDSS, UNICEF, WHO and WFP.

- b. Please confirm that the Resident Coordinator and/or Humanitarian Coordinator (RC/HC) Report on the use of CERF funds was discussed in the Humanitarian and/or UN Country Team.

The report was presented at a HCT meeting early January.

YES  NO

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

The final draft was discussed with the recipient agencies as part of the AAR. The full report will be shared with the HCT and the Cluster Leads (within the Inter Cluster Coordination Meeting (ICCM)) by the time the draft has been endorsed at HQ level.

YES  NO

## PART I

### **Strategic Statement by the Resident/Humanitarian Coordinator**

*Since November 2017, the prolonged blockade imposed to airports and seaports as well as the sudden escalation of the conflict toward the western coast worsened the humanitarian situation in Yemen. This CERF Rapid Response has contributed to timely and successfully addressing the acute needs of 2 million people in 27 prioritized districts at high risk of famine through an integrated WASH, Health, Nutrition, FSAC, Protection intervention and supported the emergency response to Al Hodaydah, which was activated in December 2017.*

*20% of the resources were dedicated to the provision of water, non-food items, protection services for the most vulnerable, food distribution and replenishment of stocks in the districts affected by the sudden escalation of the conflict; while 80% of the intervention focused on the 27 districts prioritized for the integrated response, with the minimum standard package (MSP) delivered in 58 Health Centers and hospitals as well as cholera and diphtheria treatments.*

*The successful implementation was only possible through logistics and security support with additional WFP cargo flights to Yemen, passenger vessel services to Aden and the expansion of UNDSS security systems along the frontlines and in the Southern Governorates of Yemen.*

### **1. OVERVIEW**

**TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)**

<b>a. TOTAL AMOUNT REQUIRED FOR THE HUMANITARIAN RESPONSE</b>	<b>430,087,532</b>
<b>FUNDING RECEIVED BY SOURCE</b>	
CERF	49,909,290
COUNTRY-BASED POOLED FUND ( <i>amount allocated by August 2018</i> )	97,251,466
OTHER (bilateral/multilateral)	147,160,756
<b>b. TOTAL FUNDING RECEIVED FOR THE HUMANITARIAN RESPONSE</b>	<b>294,321,512</b>

**TABLE 2: CERF EMERGENCY FUNDING BY PROJECT AND SECTOR (US\$)**

<b>Allocation 1 – date of official submission: 29/01/2018</b>			
Agency	Project code	Cluster/Sector	Amount
UNDP	18-RR-UDP-001	Coordination and Support Services - Common Safety and Security	115,540
UNHCR	18-RR-HCR-003	Protection - Protection	5,970,599
UNICEF	18-RR-CEF-010	Water Sanitation Hygiene - Water, Sanitation and Hygiene	6,434,013
UNICEF	18-RR-CEF-011	Nutrition - Nutrition	2,729,299
WFP	18-RR-WFP-004	Logistics - Common Logistics	5,500,008
WFP	18-RR-WFP-005	Food Security - Food Aid	19,989,834
WHO	18-RR-WHO-004	Health - Health	9,169,997

<b>TOTAL</b>	<b>49,909,290</b>
<b>TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)</b>	
<b>Total funds implemented directly by UN agencies including procurement of relief goods</b>	<b>42,905,417.97</b>
- Funds transferred to Government partners*	2,134,217.80
- Funds transferred to International NGOs partners*	2,862,270.80
- Funds transferred to National NGOs partners*	1,891,843.43
- Funds transferred to Red Cross/Red Crescent partners*	N/A
<b>Total funds transferred to implementing partners (IP)*</b>	<b>7,003,872.03</b>
<b>TOTAL</b>	<b>49,909,290.00</b>

\* These figures should match with totals in Annex 1.

## 2. HUMANITARIAN CONTEXT AND NEEDS

At the time of the application for this CERF RR grant in January 2018, the newly published Yemen Humanitarian Needs Overview (HNO) 2018 revealed that already 22.2 million people in Yemen were in need of humanitarian assistance, representing 75% of the total population. The humanitarian situation further deteriorated ever since the second half of 2017, leading to an increase of the populations in acute need from 10.3 million to 11.3 million. Over 3 million people have been forced to flee from their homes since the escalation of conflict, including 2 million who remain displaced.

Of the population in need, 17.8 million people were classified as food insecure, of which 8.4 million were severely food insecure, with additional estimated 107 out of the 333 districts in the country assessed to be at a heightened famine risk in the country. An estimated 15 % of children across the country were acutely malnourished (1.8 million children), of which 400,000 children under 5 were suffering from severe acute malnutrition (SAM) and 1.4 million children under 5 children were suffering from moderate acute malnutrition (MAM). Furthermore, more than 1.2 million pregnant and lactating women were at risk of acute malnutrition. Some 16 million people lacked adequate access to clean water, sanitation and hygiene, which is attributed to the physical damage to infrastructure, lack of resources (including fuel), and suspension of salaries.

The resurgence of the cholera recorded an unprecedented spike with 900,000 suspected cases and 25% associated deaths as of 5 November 2017. The second wave of the outbreak affected 305 districts in all governorates except Socotra. An estimated 11.3 million people in 168 districts needed emergency preventative measures to avert likely resurgence of the outbreak in 2018.

With an estimated 6 per cent of households treating their water at home, it was assumed that most of the population was not able to access safe water for drinking. Similarly, sewage systems and waste water treatment in urban areas were not performing as per optimal capacity, and weak sanitation and hygiene conditions in rural areas further aggravated the risk of cholera and other diseases outbreaks such as diphtheria.

The overall crisis suddenly worsened due to two main events over the last quarter in 2017; which are also identified as main triggers which this rapid response application was grounded on: The blockade imposed to airports and seaports on 6th November 2017 (prolonged until 22 November in Al Hudaydah and Saleef ports); and the sudden escalation of the conflict, which started with heavy fighting in Sana'a on 2nd December 2017 and escalated towards the western coast, and which was still on-going at the time of the submission of this proposal. The impact of these two factors could not be accurately quantified at this stage, however the blockade on the commercial imports of food and fuel led to an increased food prices, with 15% increased of the cost of the food basket, with some districts affected by a 33 per cent increase.

The closure of the ports to humanitarian and commercial vessels further compromised the humanitarian aid delivery in Yemen, leading to a complete collapse of WASH services. The areas facing heightened risk of famine and malnutrition where population also lacked access to clean and safe water are Abyan, Aden, Hajjah, Al Hudaydah, Lahj and Taizz governorates.

Considering the three main underlying causes of malnutrition in Yemen (inadequate access to food, inadequate child practices, poor water and sanitation) and that only 50 percent of health facilities are functioning, the two emerging challenges in late 2017 have hastened the descent of Yemen into a catastrophic humanitarian situation, whereby families were forced to flee within Al Hudaydah and Taizz governorates, but also to other areas perceived to be safe including Ibb, Dhamar, Lahj and Aden governorates.

WASH cluster partners calculated that 11 million people were in need of clean and safe water as of December 2017. The Al Hudaydah water network collapse put at least 500,000 individuals at risk of disease. The newly IDPs were the most affected by the escalation of the conflict, especially on the western coast. Only 20% of those were expected reach collective centers or spontaneous settlements. Ongoing fighting was also precluding safe return, with families caught in an exhausting cycle of multiple displacement in frontline areas. About 12.9 million people needed assistance to protect their safety, dignity or basic rights, from violations of IHL, grave violations of children's rights and gender-based violence. 2.6 million new IDPs currently needed shelter, while an estimated 14.1 million children were reported out of school, due to the conflict and the collapse of educational service.

Following the Integrated Phase Classification (IPC) of acute food insecurity in Yemen in March 2017, there has been a clear shift towards integrated (multi-sectoral) programming. As the risk of famine rose, there was widespread realization of the complexity of the situation that is related not only to malnutrition and food insecurity, but also to underlying factors of other sectors such as Health, Shelter and Protection. Towards the end of 2017 and based on new data, an additional 12 districts were added by the WASH, Nutrition, Health, and FSAC Clusters to the initial list of 95 districts resulting to an expanded list of 107 districts severely food insecure. The 107 districts were earmarked as requiring integrated programming by the four Clusters in 2018.

Of the 22.2 million people in humanitarian need in Yemen, the initial 2018 Humanitarian Response Plan's partners aimed at reaching 13.1 million people with life-saving or protection assistance (3.2 million women, 3.27 men, 3.39 boys and 3.24 girls). Across the Governorates, 3.4 million people were targeted in Sana'a, 3.3 million in Al Hudaydah, 2.9 million in Ibb, 2 million in Aden, 0.87 in Sa'ada, 0.57 in Al Mukhala.

The above-mentioned priorities and approaches were the pillars of this CERF Rapid Response application which aimed at jump-starting the humanitarian interventions to the most affected population, impacted by the two triggers of sea- and airport blockades and the escalating conflict.

### **3. PRIORITIZATION PROCESS**

On 21 December 2017, the Emergency Relief Coordinator in consultation with the Humanitarian Coordinator (HC) for Yemen allocated US \$ 50 million to the humanitarian response to the sudden deterioration of the humanitarian crisis in Yemen, triggered by two main events, the November blockade of sea- and airports and the sudden escalation of the fighting in the country. The HC prioritized the main strategic objectives of this CERF RR grant in collaboration with the Cluster Leads, OCHA and informed the Heads of Agencies and the HCT on the way forward to develop a coherent and integrated rapid response plan. The HCT consultations took place during the 2 January 2018 HCT meeting in Sana'a with a discussion on the preliminary amounts identified for the Clusters and relevant Agencies. The funding has been endorsed by the HCT members in consultation with OCHA and the CERF Secretariat upon the positive feedback on the overall rational of the intervention proposed under this grant.

The main approach considered three principles: capacity of the Agency to scale up and implement with partnerships on the ground already in place; the integrated approach to avoid duplication and provide with a coordinate response to the targeted beneficiaries; the complementarity with the on - going projects under the CBPF grants in Yemen (YHF).

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 which are on-going at the time of writing, supported by internal sources of funding. Furthermore, the main NGOs network took part of the discussions at the HCT and

ICCM (Inter Cluster Coordination Meeting) where the replenishment of stocks for NGOs on the ground was raised and acknowledged. This is reflected in the WFP logistic cluster component of additional storage for the 115 NGOs partners as well as in the WHO Health project's component for the replenishment of medical stock in Al Hudaydah.

The approach and methodology for prioritizing the Clusters response was based on the integrated approach which included the food severity level exercise conducted by the Food Security Clusters partners. Additional consultation with stakeholders and with the affected communities took place during the implementation phase by the Agencies' partners.

#### 4. CERF RESULTS

The CERF allocated \$50 million from its Rapid Response window to prevent the disruption of basic services in Yemen at the beginning of the year 2018, when the humanitarian situation was on the verge to escalate into catastrophic levels. This funding enabled UN agencies and partners to provide lifesaving integrated assistance, benefitting 2 million people in total as detailed in table 5 below.

The scale-up of the humanitarian response was only possible through CERF funding for the Logistics Cluster, which allowed to increase the cargo transporting and airlifting capacity, and through support to UNDSS, who expanded their field presence and increased security measures, specifically along the frontlines and in the south of Yemen.

- **UNDP / UNDSS – Common Safety and Security:** The CERF grant enabled UNDP to provide funding to UNDSS in support of a sustainable scale-up of the humanitarian operations, the expansion into field locations, and common safety services especially in the southern governorates of Yemen. Aden's neighbouring governorates Shabwah, Abyan and Lahj, notably all with high cross-sectoral needs, required substantive security measures to implement humanitarian activities in a safe and secure manner. Furthermore, additional humanitarian activities on conflict-lines along the western coast and in Taizz governorate have magnified the role of the Aden Hub in responding to the acute humanitarian needs caused by the conflict in Taizz and Al Hudaydah.
- **UNHCR – Protection:** In anticipation of the imminent attack on Al Hudaydah port, and the growing number of displaced people and families fleeing Al Hudaydah or being displaced within Al Hudaydah governorate, UNHCR's assistance came as a life-saving intervention and part of an integrated IDP response of protection, and shelter/non-food item (NFI) services. UNHCR was able to support a total of 231,000 people with life-saving assistance across Yemen. The project was implemented in 133 districts in 11 governorates. Priority was given to 27 priority districts, but also to displaced families from Al Hudaydah.
- **UNICEF – Water Sanitation Hygiene:** UNICEF and its partners provided support to 421,932 with lifesaving Water, Sanitation and Hygiene (WASH) services in the priority targeted areas facing heightened risk of famine and influx of new Internally Displaced People (IDPs) due to conflict.
- **UNICEF – Nutrition:** This CERF funded project aimed to provide nutrition interventions for the most vulnerable individuals living in one of the 27 highest priority districts at risk of famine which were selected for integrated programming, 129,374 children under five years and 101,008 pregnant and lactating women received nutritional services. The CERF funds have increased the access to quality lifesaving and preventive nutrition interventions in the highest priority districts through the mobilisation of both mobile teams and provisions at fixed health facilities.
- **WFP – Common Logistics:** Through this CERF grant, the Logistics Cluster facilitated access to common services through 25 cargo airlifts from Djibouti to Sana'a, carrying 437 mt of relief items, the transport of 1,238 mt of relief items by sea to Aden and Al Hudaydah from Djibouti, the transport of 429 humanitarian staff between Djibouti and Aden, the transport of 5,157 mt of relief items by land within Yemen and the temporary storage of 8,594 mt of relief items in Sana'a, Aden and Al Hudaydah, benefitting 35 humanitarian organisations (UN agencies and NGOs).
- **WFP – Food Aid:** WFP rolled out its response for the GFD in the proposed 27 districts. Under the districts, WFP assisted a total of 1,583,429 people with GFD support, 787,770 with full rations and 795,659 with reduced rations, against a target of 1,192,068, which is an increase of 391,361 people. As part of the GFD under nutrition support, WFP assisted 100,800 PLW. Further, under the contingency component, and as part of the GFD, WFP assisted 340,541 people with IRR. Under vouchers, against a target of 175,588 people, WFP reached 102,833 people. The total caseload assisted under this CERF grant is therefore 1,686,263 people.

- **WHO – Health:** The CERF grant enabled WHO to support essential health services, to respond to cholera and diphtheria outbreaks and to provide nutrition services for 638,120 people. Further, WHO was enabled to procure essential medicines and equipment, to train 1600 health staff and to sustain the incentives for 122 health workers.]

## 5. PEOPLE REACHED

The following approaches to ensure that the CERF beneficiaries would be reached, to estimate the figures in the reporting tables below and to prevent double-counting of beneficiaries were undertaken:

1. Assessment of the capacity of each UN Agency to scale up and implement with partnerships on the ground already in place;
2. Ensure an integrated approach to avoid duplication and to provide a coordinate response to the targeted beneficiaries;
3. Assess the complementarity with the ongoing projects funded by the Yemen Humanitarian Fund.

Already in the initial application, the integrated character of the response has been reflected in the overview of the target beneficiaries, which ensures that one person has access to all basic services, including health care, nutrition and food assistance, WASH and Protection assistance.

The total population targeted under this **CERF Rapid Response Grant were the targeted beneficiaries by the FSAC Cluster (WFP project), to which the PLW targeted by UNICEF (Nutrition) and IDPs by WHO (Health)** have been added, since these people will be specifically targeted in new areas of displacement with specific services. The FSAC overall targeted population is approx. 1.3 million, who will receive an integrated package by all Clusters included in the integrated response.

**The total number of people reached through this integrated response is above the initial target, from 1,576,012 planned beneficiaries to a total of 1,978,707 people assisted (unique beneficiaries), representing an additional 402,694 beneficiaries reached.**

- UNDP, WFP Logistics Cluster and UNHCR reached the targeted beneficiaries without any discrepancies.
- UNICEF increased its reach under the WASH intervention from 352,491 people initially targeted to 421,932 people reached at the end of the project due to the distribution of diesel fuel to Local Water Sanitation Corporations to increase their pumping capacity, which resulted in an additional 69,439 beneficiaries in urban areas such as Hodeida and Hajjah City.
- Under UNICEF's Nutrition intervention, 230,382 people were reached instead of the initially planned 242,491 people. The small differences between the figures of children planned and the reached is due to the planning nature of the estimated numbers of affected and targeted population who will attend the service delivery points i.e. mobile teams. The rates of attendance in general is always plus/minus 20%.
- Under WFP's Food Security operation, the initially planned 1,367,656 people targeted have been overachieved with 1,686,263 people reached (incl. voucher caseload) due to favourable market rates which allowed to procure a greater quantity of in-kind contributions, which led to a greater number of people assisted.
- Finally, WHO Health services reached 638,120 people, which is slightly more than the initially planned 629,854 people, due to procurement savings.

**Therefore, the accumulated number of beneficiaries reached under each project across all sectors is 3,207,696.**

**TABLE 4: NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY SECTOR<sup>1</sup>**

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Food Security - Food Aid	421,566	404,703	<b>826,268</b>	489,016	370,978	<b>859,994</b>	910,581	775,681	<b>1,686,263</b>
Health - Health	185,055	140,386	<b>325,441</b>	191,436	121,243	<b>312,678</b>	376,491	261,629	<b>638,120</b>
Nutrition - Nutrition	63,344	101,008	<b>164,352</b>	66,030	N/A	<b>66,030</b>	129,374	101,008	<b>230,382</b>
Protection - Protection	97,020	41,580	<b>138,600</b>	64,680	27,720	<b>92,400</b>	161,700	69,300	<b>231,000</b>
WASH - Water, Sanitation and Hygiene	105,484	101,262	<b>206,746</b>	109,702	105,484	<b>215,186</b>	215,186	206,746	<b>421,932</b>

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

**TABLE 5: TOTAL NUMBER OF PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING<sup>2</sup>**

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	416,702	363,211	<b>779,913</b>	409,234	386,865	<b>796,099</b>	825,936	750,076	<b>1,576,012</b>
<b>Reached</b>	421,566	505,711	<b>927,277</b>	680,452	370,978	<b>1,051,430</b>	1,102,018	876,689	<b>1,978,707</b>

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

**TABLE 6: PEOPLE DIRECTLY ASSISTED WITH CERF FUNDING BY CATEGORY**

Category	Number of people (Planned)	Number of people (Reached) ACCUMULATED
Refugees	N/A	N/A
IDPs	757,571	865,942
Host population	818,441	1,112,765
Affected people (none of the above)	N/A	N/A
<b>Total (same as in table 5)</b>	<b>1,576,012</b>	<b>1,978,707</b>

## 6. CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to people in need?

YES

PARTIALLY

NO

The CERF Rapid Response grant in January 2018 was critical to scale-up the integrated response capacity of the humanitarian community to ensure the continuation of basic services, which was severely threatened due to the blockade of import to Yemen and the escalating conflict.

The CERF Rapid Response Grant allowed the humanitarian community to jumpstart the integrated, lifesaving response within 27 districts identified by the relevant Clusters, to scale-up the capacity of the Logistics Cluster and to expand the security system to ensure the safety of humanitarian aid workers.



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

YES

PARTIALLY

NO

Agencies stated that the CERF's added value is rooted in its adaptive approach based on contexts and priorities and the quick allocation and disbursement of the funding to the agencies, which helps the rapid response and timely scale up – in full alignment with its primary purpose of empowering quick life-saving response. In the specific, the added value for the 2018 allocation was to support an integrated multi-sectoral response through targeting the same districts/ geographical areas by the key clusters; this magnified the benefits for the targeted communities; and allowed also for an enhanced systems-response.

The critical underfunding of the overall humanitarian response at the beginning of the year 2018 and the further escalating humanitarian needs, would have severely compromised the ability of UN Agencies to respond to the growing needs of the Yemeni population and to ensure the continuation of basic services. The Health, Protection, WASH and Nutrition Clusters relevant to the famine response in Yemen required a total of US\$ 430 million to kickstart the integrated response in early 2018. As of the time of the application for the CERF Rapid Response, these Clusters have received US \$78 million in contributions, representing only 18 per cent of the required funds.

The CERF Rapid Response funds therefore enabled UN Agencies to focus on time critical needs and the priority population within the 27 districts, thereby averting the disruption of basic services.

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

YES

PARTIALLY

NO

The CERF Rapid Response Grant represented a mechanism allowing UN Agencies to immediately start-up the jointly prioritized response. The coordination towards the proposal development and the implementation itself, was critical for the humanitarian community to establish priority areas of interventions and systematic approaches. Further, the additional support provided by the Logistics Cluster and the services provided through UNDSS enhanced the coordination among the participating Agencies and the whole humanitarian country team further. In addition, the information collected in the assessments conducted as part of the CERF-funded activities were utilized to benefit many different stakeholders.

Agencies also highlighted that the CERF RR grant enabled them to expand their network of implementing partners, fostering partnerships with national and international NGOs. The CERF funding contributed further to reduce duplication and/or overlaps among the implementing partners.

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

YES

PARTIALLY

NO

The CERF funding was a critical tool to accelerate resource mobilization towards additional funds, especially ahead of the high-level pledging conference for Yemen in early April 2018. CERF funding highlights to donors that UN Agencies participate in a coordinated response with other humanitarian organisations and that they are addressing priority, lifesaving needs. Further, Agencies stated that 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.

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

N/A

**LESSONS LEARNED**

**TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT**

Lessons learned	Suggestion for follow-up/improvement
More flexibility of CERF funding is needed in terms of allowing transferring funds to Government (health) offices who are the main implementing partners for nutrition interventions, as the Government is implementing around 90% of the nutrition interventions in the country.	In some contexts, such as in Yemen, the CERF Secretariat could explore considering Government entities as regular implementing partners, including covering contributions to salaries (e.g. through incentive payments) and to recurring costs.
[It would be useful if there is possibility to increase the validity/ implementation period of CERF projects – while it is fully	The project duration for CERF Rapid Response grants could be more flexible in terms of allowing a few more months for the

understood that scope is live saving response, and this generally is and needs to be quick; some contexts would call for a justifiable 8-10-months duration - that could and should be indeed justified and explained during the allocation process.	implementation, without applying for a formal no-cost extension, to accommodate the circumstances Agencies are facing in humanitarian emergencies such as in Yemen.
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<b>TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u></b>		
<b>Lessons learned</b>	<b>Suggestion for follow-up/improvement</b>	<b>Responsible entity</b>
Insufficient time for risk analysis regarding a realistic implementation timeline, the lead-time for procurements and the cooperation with implementing partners led to delays in the operation and subsequently to a No-Cost-Extension request.	Inform the consultation process with stronger risk management analysis, which would help to have more realistic timeframe of implementation; the analysis would include: time required for procurement, delivery and distribution of (medical) supplies; risk associated to delays for the NGO partners to activate their own sub-agreements.	HCT, Agencies

## PART II

### 8. PROJECT REPORTS

#### 8.1. Project Report 18-RR-UDP-001 - UNDP

1. Project information			
1. Agency:	UNDP	2. Country:	Yemen
3. Cluster/Sector:	Coordination and Support Services - Common Safety and Security	4. Project code (CERF):	18-RR-UDP-001
5. Project title:	Security Support to Humanitarian Operations		
6.a Original Start date:	06/02/2018	6.b Original End date	05/08/2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 1,485,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 1,502,333
	c. Amount received from CERF:		US\$ 115,540
	d. Total CERF funds forwarded to implementing partners of which all was forwarded to UNDSS for implementation.		US\$ 115,540

2. Project Results Summary/Overall Performance	
<p>The project enabled UNDSS to support a sustainable scale-up of the humanitarian operations, the expansion into field locations, and common safety services especially in the southern governorates of Yemen. Aden's neighbouring governorates Shabwah, Abyan and Lahj, notably all with high cross-sectoral needs, required substantive security measures to implement humanitarian activities in a safe and secure manner. Furthermore, additional humanitarian activities on conflict-lines along the western coast and in Taizz governorate have magnified the role of the Aden Hub in responding to the acute humanitarian needs caused by the conflict in Taizz and Hodeida.</p> <p>To support the humanitarian community in its response, UNDSS expanded its capacity to provide security support to enable programme implementation in mentioned areas. The deployment of three additional Local Security Advisers (LSAs) to conduct independent missions and joint missions with UN agencies, have substantially expanded the geographical scope of humanitarian activities. Areas such as Marib, and major parts of Hadramaut (Sieyoum and Mukallah) have been reached by the UN, including a dedicated mission in Socotra. The whole humanitarian community present/based/active in the southern governorates of Yemen (UN agencies and INGOs as part of the Saving Lives Together Framework) have benefitted from the continuation of the security service by UNDSS.</p>	

<b>3. Changes and Amendments</b>
N/A

<b>4. People Reached</b>
N/A since UNDSS is providing services to the humanitarian community, enabling humanitarian actors to reach beneficiaries, while UNDSS is not directly delivering assistance.

<b>4a. Number of people directly assisted with cerf funding by age group and sex</b>
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	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Reached</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

<b>4b. Number of people directly assisted with cerf funding by category</b>
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Category	Number of people (Planned)	Number of people (Reached)
Refugees		N/A
IDPs		N/A
Host population		N/A
Affected people (none of the above)		N/A
<b>Total (same as in 4a)</b>		N/A
<i>In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:</i>	N/A	

<b>5. CERF Result Framework</b>
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<b>Project objective</b>	To provide dedicated security support for the expanded lifesaving humanitarian operations to address the famine issue in Yemen
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<b>Output 1</b>	Improved situational awareness and information sharing on the security situation in the Southern Governorates			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	# number of Area Security Management Team (ASMT) meetings held	On a bi-weekly basis (12 over the course of the project)	20	ASMT Minutes
Indicator 1.2	# number of Security Risk Assessments (SRA) conducted	At least one per SRA area (3), with SRA issued	12	Mission Reports

		within 10 days of mission completion.		
Indicator 1.3	# number of weekly reports released	1 per week (24 over the course of the project)	18	DSRs
Indicator 1.4	Hiring three Local Security Assistants (LSAs) for 5 months	LSAs support ensured for 5 months	Achieved	Employment Contract
<b>Explanation of output and indicators variance:</b>		[Indicator 1.1 # of ASMT increased due to ad-hoc needs, indicator 1.2 # of SRA increased to 12 based on needs and indicator 1.3 decreased to 18 since three reports covered two weeks over the course of the project]		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	16 ASMTs and security briefing to NGOs	UNDSS		
Activity 1.2	Production of Security Risk Assessment (SRA) reports and Mission Security Risk Assessment (16 MSRA)	UNDSS		
Activity 1.3	Produced 36 Weekly reports and advisories annex	UNDSS		

<b>Output 2</b>	Safe and secure access to the people in need			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	% of UN missions carried out with the support of the LSAs (assessment, implementation and monitoring phase)	75%	100%	Reports
Indicator 2.2	# number of road assessment missions implemented	At least 6 (one per month)	16	Reports
Indicator 2.3	# number of meeting with local authorities	At least 24 (weekly basis)	50	Minutes, media, others
<b>Explanation of output and indicators variance:</b>		[Indicator 2.1 increased to 100% since all missions were supported fully by the LSAs, indicator 2.2. increased to 16 based on needs and indicator 2.3 increased to 50 based on needs]		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Liaison with the local authorities and key stakeholders	UNDSS LSAs		
Activity 2.2	Participation in UN missions and roads assessment	UNDSS LSAs		

<b>6. Accountability to Affected People</b>
N/A since UNDSS is providing services to the humanitarian community, enabling humanitarian actors to reach beneficiaries, while UNDSS is not directly delivering assistance. Therefore, the accountability to the affected population lies with the operational agencies and organizations.
A) <u>Project design and planning phase:</u> N/A
B) <u>Project implementation phase:</u> N/A
C) <u>Project monitoring and evaluation:</u> N/A
<b>7. Cash-Based Interventions</b>
N/A

7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		Choose an item.		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	N/A	Choose an item.	Choose an item.	Choose an item.
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Continuous internal (UNDSS) evaluation has been carried throughout the project cycle duration.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.2. Project Report 18-RR-HCR-003 - UNHCR

1. Project information			
1. Agency:	UNHCR	2. Country:	Yemen
3. Cluster/Sector:	Protection - Protection	4. Project code (CERF):	18-RR-HCR-003
5. Project title:	Provision of Shelter and Protection Assistance to IDPs in Yemen		
6.a Original Start date:	15/01/2018	6.b Original End date	14/07/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 52,063,037
	b. Total funding received for agency's sector response to current emergency:		US\$ 10,563,399
	c. Amount received from CERF:		US\$ 5,970,599
	d. Total CERF funds forwarded to implementing partners		<b>US\$ 1,014,999</b>
	of which to:		
	▪ Government Partners		N/A
	▪ International NGOs		US\$ 575,666
	▪ National NGOs		US\$ 439,333
	▪ Red Cross/Crescent		N/A

2. Project Results Summary/Overall Performance
<p>The project, Provision of Shelter and Protection Assistance to IDPs in Yemen, was implemented and carried out as planned. UNHCR was able to support a total of 231,000 people with life-saving assistance across Yemen through the CERF grant. The project was complemented by funds from other donors, so UNHCR exceeded the planned targets through contributions by other donors. The project was implemented in 133 districts in 11 governorates. Priority was given to 27 priority districts outlined in the project proposal, but also to displaced families from Al Hudaydah.</p> <p>In anticipation of the imminent attack on Al Hudaydah port, and the growing number of displaced people and families fleeing Al Hudaydah or being displaced within Al Hudaydah governorate, UNHCR's assistance came as a life-saving intervention and part of an integrated IDP response of protection, and shelter/non-food item (NFI) services. Beneficiaries were assessed through a common tool and depending on their level of vulnerability, the protection, shelter and NFI services were provided to the same beneficiaries.</p> <p>There was no discrepancy between planned and actual outcomes, outputs and activities.</p>

3. Changes and Amendments
N/A

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	97,020	41,580	<b>138,600</b>	64,680	27,720	<b>92,400</b>	161,700	69,300	<b>231,000</b>
<b>Reached</b>	97,020	41,580	<b>138,600</b>	64,680	27,720	<b>92,400</b>	161,700	69,300	<b>231,000</b>
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)				Number of people (Reached)				
Refugees					N/A				
IDPs					231,000				
Host population					N/A				
Affected people (none of the above)					N/A				
<b>Total (same as in 4a)</b>					<b>231,000</b>				
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									

5. CERF Result Framework	
<b>Project objective</b>	Providing Shelter/NFI and Protection Support to IDPs in Yemen

Output 1	Shelter and NFI Support for vulnerable IDPs			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of persons receiving Non-Food Items	105,000	105,000	UNHCR and partner distribution lists
Indicator 1.2	Number of persons receiving Rental Subsidies	28,000	28,000	UNHCR CBI disbursement lists
<b>Explanation of output and indicators variance:</b>		N/A		
Activities	Description	Implemented by		
Activity 1.1	Identification of 105,000 beneficiaries and distribution of 15,000 NFI kits	UNHCR/ YARD, YDF, ADRA		
Activity 1.2	Identification of 28,000 beneficiaries and distribution of 4,000 Rental Subsidy Grants	UNHCR/ YARD, YDF, ADRA		
Activity 1.3	Replenishment of UNHCR stockpile (15,000 kits)	UNHCR		



<b>Output 2</b>	Protection Support for IDPs			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of Persons Assessed through Protection Monitoring	60,000	60,000	UNHCR Partner Data recorded through Activity Info
Indicator 2.2	Number of Persons Receiving Cash Grants (Protection Cash)	28,000	28,000	UNHCR CBI disbursement lists
Indicator 2.3	Number of Persons Receiving Psychosocial Support	10,000	10,000	UNHCR Partner Data recorded through Activity Info and monthly UNHCR partner reports
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Protection Monitoring Assessment of 60,000 IDPs	UNHCR/ Al Hudaydah Girls Foundation, ADRA, INTERSOS		
Activity 2.2	Verification, Distribution and PDM of 4000 Protection Cash Grants	UNHCR/ Al Hudaydah Girls Foundation, ADRA, INTERSOS		
Activity 2.3	Provision of Psychosocial Support for 10,000 IDPs	UNHCR		

## 6. Accountability to Affected People

### A) Project design and planning phase:

UNHCR used its expertise in providing Shelter, NFI and Protection assistance to displaced populations for the design of the project. UNHCR conducted regular field missions throughout its five offices in Sanaa, Sa'ada, Ibb, Al Hudaydah and used the feedback of the displaced and host population through the various Community Based Protection Networks (CBPNs) it supports on the community's protection needs. In the design of this project, UNHCR made use of IDPs' preference to an integrated Protection-Shelter-NFI response provided through its community centres. Furthermore, it took into consideration beneficiaries' preference to an assistance that combines both cash and in-kind assistance.

### B) Project implementation phase:

Throughout project implementation, UNHCR conducted visits to IDP households and followed up on the assistance received. UNHCR conducted focus group discussions and post distribution monitoring through its Community Based Protection Networks. UNHCR also regularly monitored partner performance through regular follow-up and through the feedback of beneficiaries. Furthermore, the CBPNs delivered important messages to the communities regarding UNHCR's protection work, types of assistance and complaint mechanisms, and similarly, received from the community and deliver constant feedback on UNHCR's performance. This allowed UNHCR to respond to and address complaints or challenges quickly and efficiently.

### C) Project monitoring and evaluation:

UNHCR was able to closely monitor the implementation of the project through its offices in Al Hudaydah, Ibb, Sanaa, Sa'ada and Aden. UNHCR uses a common cloud-based reporting platform for its partners to ensure quality data is always available; and both partners and UNHCR staff report monthly, thus allowing for any interventions during implementation. UNHCR Sanaa Protection and Programme team also carried out quarterly monitoring. Furthermore, at the end of the project, UNHCR carried out a post distribution monitoring through a third party for all in-kind and cash-based interventions through phone interviews and household level surveys.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned		Actual		
Yes, CBI is a component of the CERF project		Yes, CBI is a component of the CERF project		
7.b Please specify below the parameters of the CBI modality/ies used.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Hawala transfer through FSP Al Amal Bank	US\$ 1,200,000	Sector-specific	Unconditional	Unrestricted
Hawala transfer through FSP Al Amal Bank	US\$ 800,000	Multi-purpose cash	Unconditional	Unrestricted
<p><i>Supplementary information (optional)</i></p> <p>CBI for Protection and Rental (Shelter) needs has been used as the most cost effective and efficient disbursement mechanism for in the ongoing emergency. Cash helped PoCs to make their own informed choices on how to address specific protection and shelter needs and, at the same time, benefitted the local economy.</p>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
<p>No evaluation has been planned for the project; however, UNHCR has several monitoring and evaluation mechanisms in place. UNHCR has indeed carried out a post distribution monitoring for all in-kind and cash-based interventions through phone interviews and household level surveys. This is done through a third party and results are currently being finalised.</p> <p>In addition, UNHCR partners are audited by independent auditors on an annual basis. Furthermore, the operation is regularly audited and evaluated by the UN's Office of Internal Oversight.</p>	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

### 8.3. Project Report 18-RR-CEF-010 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Yemen
3. Cluster/Sector:	Water Sanitation Hygiene - Water, Sanitation and Hygiene	4. Project code (CERF):	18-RR-CEF-010
5. Project title:	Integrated Emergency WASH Response in prioritized areas affected by malnutrition and in areas with influx of IDPs affected by the recent conflict.		
6.a Original Start date:	15/01/2018	6.b Original End date	14/07/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 158,232,609
	b. Total funding received for agency's sector response to current emergency:		US\$ 158,232,609
	c. Amount received from CERF:		US\$ 6,434,013
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 1,876,435</b>
	▪ Government Partners		US\$ 1,158,543
▪ International NGOs		US\$ 552,332	
▪ National NGOs		US\$ 165,560	
▪ Red Cross/Crescent		N/A	

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, UNICEF and its partners provided support to 421,932 people (206,746 female, 215,186 male) with lifesaving Water, Sanitation and Hygiene (WASH) services in the priority targeted areas facing heightened risk of famine and influx of new Internally Displaced People (IDPs) due to conflict.</p> <p>The outcome of the WASH response for both envelopes contributed to enhance child survival and reduce morbidity and mortality of children affected by the conflict. This was made possible by the integrated response that was coordinated with other agencies targeting the newly IDPs affected in areas where conflict has escalated.</p>

3. Changes and Amendments
Project was delivered as planned with no significant changes or amendments to report.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children	Adults (≥ 18)	Total

							(< 18)		
<b>Planned</b>	88,088	84,633	<b>172,721</b>	91,682	88,088	<b>179,770</b>	179,770	172,721	<b>352,491</b>
<b>Reached</b>	105,484	101,262	<b>206,746</b>	109,702	105,484	<b>215,186</b>	215,186	206,746	<b>421,932</b>
<b>4b. Number of people directly assisted with cerf funding by category</b>									
<b>Category</b>	<b>Number of people (Planned)</b>					<b>Number of people (Reached)</b>			
<i>Refugees</i>	N/A					N/A			
<i>IDPs</i>	129,400					156,115			
<i>Host population</i>	223,091					265,817			
<i>Affected people (none of the above)</i>	N/A					N/A			
<b>Total (same as in 4a)</b>	<b>352,491</b>					<b>421,932</b>			
<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 distribution of diesel fuel to Local Water Sanitation Corporations (LWSCs) to increase their pumping capacity resulted in an additional 69,439 beneficiaries in urban areas such as Hodeida and Hajjah City.								

<b>5. CERF Result Framework</b>	
<b>Project objective</b>	The overall objective of the proposed project is to support 352,491 people (179,770 children, 84,633 women and 88,088 men) with lifesaving WASH services in the priority targeted areas facing heightened risk of famine and influx of new IDPs due to conflict.

<b>Output 1</b>	242,491 people (19,400 IDPs and 223,091 host communities) having access to integrated emergency WASH services in 27 priority districts with high rates of malnutrition and food insecurity.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Number of people (men, women, boys and girls) have sustainable access to sufficient and safe water. (activities contribute to this indicator are 1.1, 1.2 and 1.5)	242,491 (123,670 children, 58,222 women and 60,599 men)	258,394	Field Office Reports
Indicator 1.2	Number of people (men, women, boys and girls) have sustainable access to adequate sanitation infrastructure and services (latrines, liquid and solid waste management) – (Activities contribute to this indicator are 1.4 and 1.6)	121,245 <sup>1</sup> (61,835 children, 29,111 women and 30,299 men)	135,600	Field Office Reports
Indicator 1.3	Number of children under five with severe acute malnutrition have access to consumable hygiene items along with hygiene promotion. (Activities contribute to this indicator are 1.7, 1.8, 1.9 and 1.10)	242,491 (123,670 children, 58,222 women and 60,599 men)	255,000	Distribution Reports
Indicator 1.4	Number of people accessing 90 health facilities provided with WASH services which includes latrine rehabilitation, water system repairs and	60,623 people (30,918 children, 14,556 women and 15,150 men)	70,320	Technical Reports

<sup>1</sup> These individuals coincide with figures under indicator 1.1.

	hygiene awareness (Activity contribute to this indicator is 1.3)			
<b>Explanation of output and indicators variance:</b>		No significant variance to report in the output or indicators.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide lifesaving support for operation of (8) water supply system (Supply of spare-parts and water disinfection)	UNICEF provided the 8 LWSCs with Calcium Hypochlorite powder for the disinfection of water in the treatment plants before distribution through pipe networks. A total of 220,000 people have benefited from this intervention.		
Activity 1.2	Repair, rehabilitate or augmentation of (28) water supply systems	<p>UNICEF has completed the rehabilitation of 14 water supply systems in Sa'ada and Hajjah Governorates for the benefit of 38,394 people. Furthermore, technical studies have been completed for 14 rural water supply schemes bringing the total targeted water supply systems to 28. Kindly see below some examples of rehabilitated systems:</p> <ul style="list-style-type: none"> <li>• Construction of a control room for the main generator in Tolomus (Sa'ada Governorate)</li> <li>• Rehabilitation of 7 rural water schemes including installation of solar powered systems in Sa'ada Governorate.</li> <li>• Rehabilitation of 4 water wells in Sehar District in Sa'ada Governorate.</li> <li>• Completion of a water network for the village of Do Hunish in Sa'ada.</li> <li>• Rehabilitation of water supply schemes in Hajjah Governorate etc.</li> </ul>		
Activity 1.3	Rehabilitation of WASH services in (90) health centres (water systems and toilet rehabilitation with hand washing facilities)	UNICEF has supported a comprehensive rehabilitation of the WASH infrastructure in Al Ketaf Hospital and supported connection to the water network of AL Jumbori Hospital in Sa'ada Governorate. UNICEF worked to rehabilitate WASH infrastructure in the Al Hudaydah Haemodialysis centre. The rehabilitation work in the centre included repair of water and sanitation networks, installation of nine PVC tanks, installation of new mini solar pumps, provision of hygiene kits for the patients and training of staff about water chlorination and sterilization of medical waste. Moreover, A total of 23 Health Facilities in Al Jawf are undergoing rehabilitation and are in advance stages of completion. A total of 70,230 people benefited from this intervention.		
Activity 1.4	Provide lifesaving support for operation of (2) waste water treatment plants (WWTP) and (3) sewage stations. (Supply of Fuel/spare-parts)	UNICEF provided fuel and spare part for the operation of waste water treatment plants in Hodeida, Hajjah and Sanaa for the benefit of 135,600 vulnerable people. This activity was critical in a context characterized by a steady increase in Cholera/AWD cases.		
Activity 1.5	Provide fuel Assistance to (8) operate water supply and sanitation systems	UNICEF provided fuel assistance to operate water supply and sanitation systems in 8 Governorates with high rate of malnutrition. A total of 6,137.022 litres of diesel fuel were procured by WFP on behalf of UNICEF and US 380,823 paid to the Yemen Power Company (YPC) for electricity provision services to the LWSCs. The diesel fuel and electricity were distributed to LWSCs in Abyan, Aden, Al Hudaydah, Hajjah, Lahj, Taizz, Sana'a and Sa'ada. A total of 220,000 people have benefited from this critical intervention.		
Activity 1.6	Repair, rehabilitate or augmentation of (16) sanitation/sewage systems	A total of 16 sanitation/sewage systems experiencing regular overflow and spillage in streets have been cleaned in Hodeida and Hajjah Governorate for the benefit of more than 135,600 vulnerable people.		
Activity 1.7	Procurement of (158,000) consumable Hygiene Kits	A total of 158,000 Consumable Hygiene Kits were procured by UNICEF using its Long-Term Agreements (LTAs) with local suppliers. All kits were received without significant delays. A total of 255,000 people benefited from this critical intervention.		
Activity 1.8	Transportation and distribution of (158,000) consumable hygiene kits	All kits were received by implementing partners and distributed to target households by UNICEF's Rapid Response Teams (RRTs). A total of 255,000 people benefited from this critical intervention.		

Activity 1.9	Hygiene Promotion on Safe messages/C4D	RRTs have delivered Hygiene messages at household level focused on key behaviours such as Handwashing with Soap (HWWs), Food Hygiene and appropriate use of latrines. A total of 255,000 people have benefited from this critical intervention.
Activity 1.10	Training of partners on hygiene promotion and other technical aspects	UNICEF Rapid Response teams were given a refresher training on hygiene promotion and community engagement. A total of 220 teams of 440 people have benefited from this capacity building exercise.

<b>Output 2</b>	110,000 IDPs (56,100 children, 26,411 women and 27,489 men) have access to integrated emergency WASH services in targeted areas having new influx due to sudden escalation of conflict			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of IDPs and Host communities (men, women, boys and girls) gaining access to emergency safe water supply (emergency water trucking) – (Activities contribute to this indicator are 2.1, and 2.2)	82,511 (56,100 children, 26,411 women and 27,489 men)	90,515	Field Office Reports
Indicator 2.2	Number of IDPs and Host communities (men, women, boys and girls) gaining access to emergency sanitation facilities (IDPs in collective centres) through construction of latrines. – (Activity contribute to this indicator 2.3)	82,511 (56,100 children, 26,411 women and 27,489 men)	2,703	Field Office Reports
Indicator 2.3	Number of IDPs and Host communities (men, women, boys and girls) provided with provision of basic hygiene kits and have increased awareness on safe hygiene practices – (Activities contribute to this indicator are 2.4,2.5,2.6,2.7 and 2.8)	82,511 (56,100 children, 26,411 women and 27,489 men)	90,080	Distribution Reports
Indicator 2.4	Number of partners trained on water disinfection and free residual chlorine (Activity reference to this indicator is 2.9)	8 Partners (20-25 participants)	8 partners and 50 people	Attendance Sheet
<b>Explanation of output and indicators variance:</b>		Regarding Indicator 2.2, the planned target was not reached because IDPs settled in areas where sanitation facilities (latrines) were already available in hosting communities.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Short term emergency water trucking for conflict affected communities both IDPs and host communities. (minimum 7.5 litre/person/day with a free residual chlorine at 0.2-05 mg range)	UNICEF engaged in short term water trucking in support of 8,515 IDPs who have settled in Majz district in Sanaa Governorate. Water of required quality was provided to the IDPs and regular water quality checks were implemented by UNICEF partners.		
Activity 2.2	Repair, rehabilitate or augmentation of (20) water supply systems (cost-effective with immediate and lifesaving)	In Hodeida, UNICEF has supported the LWSCs to increase its water pumping capacity and install 14 water points and 30 PVC tanks for IDPs in various locations. A total of 82,000 IDPs were provided with safe water through this initiative.		
Activity 2.3	Construction of (500) emergency latrines in collective places for IDPs	UNICEF has supported the construction of 30 emergency latrines for 1,500 IDPs in Hodeida. In addition, has supported the installation of a mini-solar powered water systems in two districts of Ibb (Al Mashannah and Ad Dihar) to allow IDP women to use available sanitation facilities at night. A total of 1,203 IDPs have benefitted from this intervention.		
Activity 2.4	Procurement of (15,750) basic hygiene kits for benefiting (110,000) affected people	A total of 15,570 Basic Hygiene Kits (BHKs) were procured by UNICEF using its Long-Term Agreements (LTAs) with local suppliers. All kits were received without significant delays. A total of 90,080 people benefited from this critical intervention.		

Activity 2.5	Distribution of (15,750) basic hygiene kits for benefiting (110,000) affected people	All kits were received by implementing partners and distributed to target households by UNICEF's Rapid Response Teams (RRTs). A total of 90,080 people benefited from this critical intervention.
Activity 2.6	Procurement of water disinfectants (1 000 aqua tabs packs of 33mg & 1,500 of 1.67 packs and 100 drums of calcium hypochlorite each 40 kg) for benefiting (110,000) affected people	A total of 1,000 aqua tabs packs of 33mg & 1,500 of 1.67 packs and 100 drums of calcium hypochlorite each 40 kg were procured by UNICEF using its Long-Term Agreements (LTAs) with offshore suppliers. All kits were received without significant delays. A total of 90,080 people benefited from this critical intervention.
Activity 2.7	Distribution of water disinfectants for benefiting (110,000) affected people	All chlorine products were received by implementing partners and distributed to target households by UNICEF's Rapid Response Teams (RRTs). A total of 90,080 people benefited from this critical intervention.
Activity 2.8	Hygiene promotion for benefiting (110,000) affected people	RRTs have delivered Hygiene messages at household level focused on key behaviours such as Handwashing with Soap (HWWS), Food Hygiene and appropriate use of latrines. A total of 90,080 people benefited from this critical intervention.
Activity 2.9	Training of partners on water disinfection and free residual chlorine (FRC) testing and water quality monitoring in all IDP locations	UNICEF Rapid Response teams' supervisors and cluster partners were given a refresher training on water disinfection and free residual chlorine (FRC) testing and water quality monitoring. A total of 50 people benefited from this capacity building exercise.

## 6. Accountability to Affected People

During the project preparation phase, UNICEF considered beneficiaries' opinions and desires which were reflected in the project design/planning based on the ongoing advice received from implementing counterparts and UNICEF field offices.

While implementing the project, accountability related information was collected on a regular basis to help inform any emerging need or deviation in the context. Local communities were involved in the planning and implementation of the programme, their opinions were received through government and NGOs counterparts, as well as UNICEF's field offices, either through focus group discussions or direct contact with beneficiaries. Communication with beneficiaries helped ensure their ownership and the relevance of the interventions. The community-based feedback was used to determine the appropriate needs-based response and in case the implementation is already ongoing, adjustments were made to meet changed needs where possible. Communities were systematically informed about the availability of services through implementing partners and their existing communications channels with the communities. UNICEF's mechanisms to ensure accountability to targeted communities are in line with IASC Commitments to Accountability to Affected Populations.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	Choose an item.

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

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

No evaluation is planned but in this specific project, UNICEF carried out post distribution monitoring of supplies and measured the satisfaction of beneficiaries.

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED



#### 8.4. Project Report 18-RR-CEF-011 - UNICEF

1. Project information			
1. Agency:	UNICEF	2. Country:	Yemen
3. Cluster/Sector:	Nutrition - Nutrition	4. Project code (CERF):	18-RR-CEF-011
5. Project title:	Emergency lifesaving Nutrition Response to the most affected children and women in the 27 priority districts of Yemen		
6.a Original Start date:	01/02/2018	6.b Original End date	31/07/2018
6.c. No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 113,093,609
	b. Total funding received for agency's sector response to current emergency:		US\$ 44,615,698
	c. Amount received from CERF:		US\$ 2,729,299
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 664,333.03</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners</li> <li>▪ International NGOs</li> <li>▪ National NGOs</li> <li>▪ Red Cross/Crescent</li> </ul>		US\$ 489,333.3 N/A US\$ 175,000 N/A

2. Project Results Summary/Overall Performance
<p>This CERF funded project aimed to provide nutrition interventions for the most vulnerable individuals living in one of the 27 highest priority districts at risk of famine which were selected for integrated programming.</p> <p>This final progress report covers the period from February - July 2018.</p> <p>The activities and outputs of this project have been achieved as planned. By the end of the reporting period (July 2018), <b>129,374</b> children under five years and <b>101,008</b> pregnant and lactating women received nutritional services.</p> <p>The project achieved all its targets, per the agreed indicators. The CERF funds have increased the access to quality lifesaving and preventive nutrition interventions in the highest priority districts through the mobilisation of both mobile teams and provisions at fixed health facilities.</p>

3. Changes and Amendments
<p>There have been no significant changes/ amendments in the implemented activities as compared to the planned activities. The implementing partners for mobile teams were changed from NGOs to governmental health offices (GHOs) in some governorates because of the limitation in access for NGO mobile teams from local authorities; for example, Première Urgence – Aide Medicale Internationale (PU-AMI) in Hodeida and Relief International in Hajjah. To avoid a delay in implementation of the mobile teams, due to extensive negotiations, GHOs were asked to support with the start of mobile teams. The mobile teams have been implemented by Soul foundation (local NGO) in Taizz governorate and by GHOs in Hodeida, Hajjah, Abyan and Aden governorates.</p>
4. People Reached

4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	77,477	84,374	<b>161,851</b>	80,640	N/A	<b>80,640</b>	158,117	84,374	<b>242,491</b>
<b>Reached</b>	63,344	101,008	<b>164,352</b>	66,030	N/A	<b>66,030</b>	129,374	101,008	<b>230,382</b>
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees				N/A			N/A		
IDPs				19,400			18,400		
Host population				223,091			211,982		
Affected people (none of the above)				N/A			N/A		
<b>Total (same as in 4a)</b>				<b>242,491</b>			<b>230,382</b>		
<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>No significant discrepancy between the planned and reached beneficiaries:</p> <ul style="list-style-type: none"> <li>– 93% of the planned children to be enrolled in management programs of malnutrition were reached.</li> <li>– 82% of children targeted for screening for malnutrition were reached by this project.</li> <li>– The small differences between the figures of children planned and the reached because the planned figures are estimated numbers of affected and targeted population who will attend the service delivery points i.e. mobile teams. The rates of attendance could be plus/minus 20%.</li> <li>– For pregnant and lactating women, the reached figure is 120% of the planned figures due to the same reason of attendance rates.</li> </ul>								

5. CERF Result Framework	
<b>Project objective</b>	Support lifesaving nutrition interventions for U5 children and PLWs in 27 prioritized districts from 6 targeted governorates.

Output 1	Provide emergency lifesaving and preventive nutrition interventions for 158,117 U5 children (including children U2) and 84,374 PLW in IDPs and host communities in 27 priority districts in 6 Governorates.			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of children under five screened for acute malnutrition	158,117 children (77,477 Girls and 80,640 Boys)	<b>129,374</b> children 6 – 59 months (63,344 Girls and 66,030 Boys)	Mobile teams & Outpatient Therapeutic Programme data bases
Indicator 1.2	Number of children under five with severe acute malnutrition enrolled in the therapeutic care programs	21,010 children with SAM (10,295 Girls and 10,715 Boys)	<b>19,627</b> children 6 – 59 months with SAM (11,283 Girls and 8,344 Boys)	Mobile teams & Outpatient Therapeutic Programme data bases

Indicator 1.3	Percentage of children under-5 treated for SAM who have been cured	More than 75% (Sphere standards)	<b>82%</b> Achieved	Mobile teams & Outpatient Therapeutic Programme data bases
Indicator 1.4	Number of children under two who received micronutrient supplementation	14,865 children (7,284 Girls and 7,581 Boys)	<b>25,789</b> (12,773 Girls and 13,016 Boys)	Mobile teams' reports.
Indicator 1.5	Number of pregnant and lactating women who received iron-folate supplementation	84,374 PLW	<b>101,008</b> Pregnant and Lactating women	Mobile teams' reports.
Indicator 1.6	Number of Mobile teams established to provide lifesaving interventions	27 Mobile Teams	28 Mobile teams	Mobile teams' reports.
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Provide lifesaving interventions for U5 children with severe acute malnutrition through fixed HFs	GHOs (Hodeida, Lahj, Hajjah, Abyan & Aden). SOUL foundation (a local NGO; Taizz)		
Activity 1.2	Support establishment of 27 new mobile teams to provide the lifesaving and preventive interventions to children and women in the IDPs locations and hard to reach areas	GHOs (Hodeida, Lahj, Hajjah, Abyan & Aden). SOUL (Taizz)		
Activity 1.3	Micronutrient supplementation for children U2 (micronutrient powder) and pregnant and lactating women (PLW will receive Iron foliate) through fixed HFs and mobile teams as well as through Community Health Volunteers (CHV) network in the targeted districts	GHOs (Hodeida, Lahj, Hajjah, Abyan & Aden). SOUL (Taizz)		
Activity 1.4	Procurement the essential nutrition supplies (Ready to Use Therapeutic Food (RUTF), routine medications for SAM cases (including Amoxicillin, folic acid & mebendazole) and micronutrients supplements.	UNICEF supply section.		
Activity 1.5	Ensure intact nutrition supplies pipeline for nutrition interventions in the targeted districts including in country transportation/distribution and monitoring of stocks situation	UNICEF and implementing partners.		
Activity 1.6	Regular monitoring of the project implementation through programmatic field visits, TPM and implementing partners monitoring visits.	UNICEF, implementing partners and third-party monitors (TPM).		

## 6. Accountability to Affected People

### A) Project design and planning phase:

Community-based feedback was used to determine the appropriate needs-based response during both the design and implementation phases. 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

### B) Project implementation phase:

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, Community Health Volunteers (CHVs), Sheikhs and community leaders at the targeted districts. UNICEF worked with these community representatives, especially CHVs to encourage their communities to access the services being provided.

### C) Project monitoring and evaluation:

UNICEF's mechanisms to ensure accountability to targeted communities are in line with Inter Agency Standing Committee (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. According to the monitoring reports received by the mobile teams, more than 90% of beneficiaries were satisfied with the services provided by UNICEF.

**7. Cash-Based Interventions**

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

Planned	Actual
No	No

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.

*Supplementary information (optional)*

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

[Field monitoring visits were conducted, however, evaluation of the project remained difficult as it was a project of very short duration.]	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.5. Project Report 18-RR-WFP-004 - WFP

1. Project information			
1. Agency:	WFP	2. Country:	Yemen
3. Cluster/Sector:	Logistics - Common Logistics	4. Project code (CERF):	18-RR-WFP-004
5. Project title:	Logistics Augmentation and Coordination to Support Humanitarian Operations in Yemen		
6.a Original Start date:	05/02/2018	6.b Original End date	04/08/2018
6.c No-cost Extension	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
6.d Were all activities concluded by the end date (including NCE date)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (if not, please explain in section 3)	
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 26,307,354
	b. Total funding received for agency's sector response to current emergency:		US\$ 24,658,547
	c. Amount received from CERF:		US\$ 5,500,008
	d. Total CERF funds forwarded to implementing partners		N/A

2. Project Results Summary/Overall Performance
<p>Through this CERF grant, the Logistics Cluster facilitated access to common services (air cargo transport, sea cargo and passenger transport, overland transport and common temporary storage) on behalf of 25 organisations and ensured coordination and IM services for the humanitarian community working in Yemen.</p> <p>The project, which lasted from February to early August 2018, allowed the Logistics Cluster to provide, through WFP, the following:</p> <ul style="list-style-type: none"> <li>- 25 cargo airlifts from Djibouti to Sana'a, carrying 437 mt of relief items;</li> <li>- The transport of 1,238 mt of relief items by sea to Aden and Al Hudaydah from Djibouti;</li> <li>- The transport of 429 humanitarian staff between Djibouti and Aden;</li> <li>- The transport of 5,157 mt of relief items by land within Yemen;</li> <li>- The temporary storage of 8,594 mt of relief items in Sana'a, Aden and Al Hudaydah.</li> </ul> <p>A total of 35 humanitarian organisations (UN agencies and NGOs) benefitted of these activities.</p> <p>In addition, in the reporting period the Logistics Cluster ensured coordination and IM services by holding 13 coordination meetings across Sana'a, Al Hudaydah, Aden and Djibouti, and by publishing 58 IM products on the Logistics Cluster webpage (<a href="https://logcluster.org/ops/yem10a">https://logcluster.org/ops/yem10a</a>); products include maps, meeting minutes, Standard Operating Procedures, and services snapshots. Through coordination and IM, the Logistics Cluster aims to reach the whole humanitarian community working in Yemen, comprised of 9 UN and 115 NGOs.</p> <p>As the beginning of 2018 saw a need for humanitarian organisations to increase their reach of population in need in Yemen, through the CERF grant the Logistics Cluster was able to scale-up the provision of common services through WFP. Through all the activities above, the Logistics Cluster ensured access to sufficient and reliable logistics services and operationally relevant information to ensure a timely and uninterrupted supply of life-saving relief items, an efficient delivery of life-saving items to the affected populations, and to allow humanitarian actors to scale up their interventions within Yemen.</p>

3. Changes and Amendments
<p>Based on the targets in the project proposal, the following observations need to be made:</p> <ul style="list-style-type: none"> <li>- Six out of eight targets were achieved, with a significant margin; this is due to the fact that targets were defined on the basis of past trends, however throughout the first half of 2018 the logistics needs and requests increased due to the worsening of</li> </ul>

the humanitarian situation in Yemen, such as the escalation of the conflict around Al Hudaydah city. For instance, the Rapid Response Mechanism was launched in the Al Hudaydah and Sana'a hub at the end of June 2018, which led to higher quantities of cargo stored and transported overland.

- One of the two targets that was not reached is the number of chartered dhows to ship relief cargo from Djibouti to Al Hudaydah. Only two dhows were chartered, but this is because the Logistics Cluster, instead of continuing using dhows to serve Al Hudaydah, chartered through WFP a dedicated vessel, VOS Theia. This change was agreed upon with OCHA. VOS Theia started its service in March 2018, and overall performed nine trips from Djibouti to Al Hudaydah in the reporting period. This, in addition to the two dhows, leads to a total of 11 trips from Djibouti to Al Hudaydah to deliver 964 mt of relief items.
- The second target that was not reached is the number of passengers transported between Djibouti and Aden on the other WFP-chartered vessel, VOS Apollo. This is because, with the United Nations Humanitarian Air service (UNHAS) serving Aden twice a week, in addition to the gradual resumption of commercial airlines flying to Aden, the number of passengers using the boat services has been gradually decreasing. In addition, three voyages were cancelled throughout the reporting period: one due to administrative issues at Djibouti level, one due to the security situation in Aden, and one because the vessel was used to carry out an assessment mission to Mukalla.

4. People Reached									
4a. Number of people directly assisted with cerf funding by age group and sex									
	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Reached</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4b. Number of people directly assisted with cerf funding by category									
Category	Number of people (Planned)			Number of people (Reached)					
Refugees				N/A			N/A		
IDPs				N/A			N/A		
Host population				N/A			N/A		
Affected people (none of the above)				N/A			N/A		
<b>Total (same as in 4a)</b>				N/A			N/A		
<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>	9 UN and 115 NGOs were reached. This number refers to the number of organisations working in Yemen and registered with OCHA, and that were reached through coordination and Information Management services; the number includes the users of logistics services.								

5. CERF Result Framework	
<b>Project objective</b>	Increase the Logistics Cluster capacity facilitate the transport of life-saving cargo via air, sea and land, including medical supplies, NFIs and food, as well as the storage capacity within Yemen, thus allowing an unimpeded access to the humanitarian community to continue its assistance to the affected population.

<b>Output 1</b>	Humanitarian relief cargo can be transported and stored into and within country, until the destination where beneficiaries have access to the assistance.			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 1.1	Cargo Airlifts facilitated by the Logistics Cluster from Djibouti to Sanaa. (1 airlift: airlift of cargo from Djibouti to Sana'a; cargo is offloaded in Sana'a; and the aircraft returns empty to Djibouti)	15	25	Relief Items tracking Application (RITA)
Indicator 1.2	Mt of humanitarian cargo transported by air from Djibouti to Sana'a	360 MT	437 MT	Relief Items tracking Application (RITA)
Indicator 1.3	Total number of passengers transported via sea between Djibouti and Aden on the VOS Apollo	760 (average of 109 per month)	429 (average of 72 per month)	Logistics Cluster booking records
Indicator 1.4	Dhows facilitated by the Logistics Cluster from Djibouti to Hodeida	6 (one per month)	2	Relief Items tracking Application (RITA)
Indicator 1.5	Cargo accepted into storage across Yemen (Activity 1.4)	1,700 MT	8,594 MT	Relief Items tracking Application (RITA)
Indicator 1.6	Cargo transported within Yemen by land	1,000 MT	5,157 MT	Relief Items tracking Application (RITA)
Indicator 1.7	Service Users of transport and storage Organizations using the cargo transport and storage services, without overlap (meaning, if one organization uses sea, air, land transport and storage it will be counted only once)	25	35	Relief Items tracking Application (RITA)
Indicator 1.8	Number of IM products published	30	58	Logistics Cluster website
<b>Explanation of output and indicators variance:</b>		<p>Six out of eight targets were achieved, with a significant margin; this is because targets were defined based on past trends, however throughout the first half of 2018 the logistics needs and requests increased due to the worsening of the humanitarian situation in Yemen, such as the escalation of the conflict around Al Hudaydah city. For instance, the Rapid Response Mechanism was launched in the Al Hudaydah and Sana'a hub at the end of June 2018, which led to higher quantities of cargo stored and transported overland.</p> <p>One of the two targets that were not reached is the number of chartered dhows to ship relief cargo from Djibouti to Al Hudaydah. Only two dhows were chartered, but this is because the Logistics Cluster, instead of continuing using dhows to serve Al Hudaydah, chartered through WFP a dedicated vessel, VOS Theia. This change was agreed upon with OCHA. VOS Theia started its service in March 2018, and overall performed nine trips from Djibouti to Al Hudaydah in the reporting period. This, in addition to the two dhows, leads to a total of 11 trips from Djibouti to Al Hudaydah to deliver 964 mt of relief items.</p> <p>The second target that was not reached is the number of passengers transported between Djibouti and Aden on the other WFP-chartered vessel, VOS Apollo. This is because, with the United Nations Humanitarian Air service (UNHAS) serving Aden twice a week, in addition to the gradual resumption of commercial airlines flying to Aden, the number of passengers using the boat services has gradually decreased. In addition, three voyages were cancelled throughout the reporting period: one due to administrative issues at Djibouti level, one due to the security situation in Aden, and one because the vessel was used to carry out an assessment mission to Mukalla.</p>		

Activities	Description	Implemented by
Activity 1.1	Cargo Airlifts from Djibouti to Sana'a (Indicator 1.1. and 1.2)	WFP
Activity 1.2	Sea transport between Djibouti and Aden (Indicator 1.3)	WFP
Activity 1.3	Sea cargo transport to Al Hudaydah via dhow	WFP
Activity 1.4	Provision of temporary storage to humanitarian organizations across Yemen	WFP
Activity 1.5	Land transport of cargo across Yemen	WFP
Activity 1.6	Coordination and IM	Logistics Cluster

## 6. Accountability to Affected People

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 35 organisations providing crucial assistance to the population in Yemen affected by the crisis. The cargo included relief items belonging to the following sectors: Early Recovery, Health, Logistics, Nutrition, Protection, Shelter and WASH. This shows the encompassing nature of the services that the Logistics Cluster offers to the humanitarian community working in Yemen, ensuring that all kind of relief cargo reaches the population in need. 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.

### A) Project design and planning phase:

The CERF contribution supported the transport of emergency life-saving humanitarian cargo into Yemen by air from Djibouti to Sana'a; by sea from Djibouti to Aden and Al Hudaydah; and overland within the country, where security situation allows it. The CERF also covered the costs of staff and of storage facilities in three Logistics Cluster hubs, including increased storage space in Sana'a. The CERF contribution allowed the Logistics Cluster to cover six months of the operation, during WFP continued advocating for donor contributions to sustain the operation until the end of the year.

### B) Project implementation phase:

The Logistics Cluster provided Coordination and Information Management to support operational decision-making and improve the predictability, timeliness and efficiency of the humanitarian emergency response. The Logistics Cluster also facilitated access to common logistics services for the whole humanitarian community. The logistics Cluster coordinated the activities, which were provided by WFP, based on the priorities set by the HCT.

### C) Project monitoring and evaluation:

This operation was, and is, monitored regularly using the RITA (Relief Item Tracking Application) for any transport and storage services. In addition, regular coordination meetings took place in all locations where the Logistics Cluster has staff presence, and a mid-year survey was launched in June to evaluate the services rendered with all services users.

## 7. Cash-Based Interventions

### 7.a Did the project include one or more Cash Based Intervention(s) (CBI)?

Planned	Actual
No	Choose an item.

**7.b Please specify below the parameters of the CBI modality/ies used.** If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated **value of cash** that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.

CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	US\$ [insert amount]	Choose an item.	Choose an item.	Choose an item.



Supplementary information (optional)

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

[Evaluation was not part of the activities planned under the project.]

EVALUATION CARRIED OUT

EVALUATION PENDING

NO EVALUATION PLANNED

**8.6. Project Report 18-RR-WFP-005 - WFP**

**1. Project information**

<b>1. Agency:</b>	WFP	<b>2. Country:</b>	Yemen
<b>3. Cluster/Sector:</b>	Food Security - Food Aid	<b>4. Project code (CERF):</b>	18-RR-WFP-005
<b>5. Project title:</b>	Immediate, Integrated and Sustained Response to Avert Famine in Yemen		
<b>6.a Original Start date:</b>	05/02/2018	<b>6.b Original End date</b>	04/08/2018
<b>6.c. No-cost Extension</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	if yes, specify revised end date:	N/A
<b>6.d Were all activities concluded by the end date</b> (including NCE date)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
<b>7. Funding</b>	<b>a. Total requirement for agency's sector response to current emergency:</b>	US\$ 1,270,700,000	
	<b>b. Total funding received for agency's sector response to current emergency:</b>	US\$ 644,911,287	
	<b>c. Amount received from CERF:</b>	US\$ 19,989,834	
	<b>d. Total CERF funds forwarded to implementing partners</b> of which to:	<b>US\$ 788,041</b>	
	▪ <i>Government Partners</i>	US\$ 486,342	
▪ <i>International NGOs</i>	US\$ 205,033		
▪ <i>National NGOs</i>	US\$ 96,666		
▪ <i>Red Cross/Crescent</i>	N/A		

## 2. Project Results Summary/Overall Performance

The purpose of this grant was to provide in-kind General Food Distribution (GFD) for one month at full ration requirement for 792,068 people, as well as GFD support for 60% ration for 400,000 people for one month, voucher support for 175,588 people for two months at full ration, nutrition support for 88,367 pregnant and lactating women (PLW) for the duration of three and half months and a contingency stock of Immediate Response Rations (IRR), High Energy Biscuits (HEBs) to support populations fleeing from violence in Al Hudaydah for five days. Under this response, WFP rolled out its response for the GFD in the proposed 27 districts. Under the districts, WFP assisted a total of **1,583,429 people with GFD support**, mixed full and reduced ration against a target of 1,192,068 signalling an increase of 391,361 more people being reached. The additional people were reached under the reduced ration as WFP were able to purchase more commodities which led to a greater level of assistance. Under GFD, WFP assisted 787,770 people with a full ration and 795,659 people with a reduced ration. As part of the GFD under nutrition support, WFP assisted 100,800 PLW for three and half month of treatment. Further, under the contingency component, and as part of the GFD, WFP assisted 340,541 people with IRR. WFP did not purchase any HEBs due to the long lead time and as such, WFP used other donor contributions to distribute HEBs.

Under vouchers, against a target of 175,588 people for two months at full ration, WFP reached **102,833 people** under full ration for two months. **The total caseload assisted under this CERF grant is therefore 1,686,263 people.**

## 3. Changes and Amendments

Under this grant, WFP assisted more people under the GFD component than planned which was due to a higher tonnage purchased. Under the quantity of food provided, WFP purchased a total of 17,236 MT of GFD in-kind commodities (1,976 MT of yellow split peas, 1,219 MT of vegetable oil and 14,041 MT of wheat grain). In total, 16,014 MT was dispatched and distributed to beneficiaries (1,976 MT of yellow split peas, 1,219 MT of vegetable oil and 12,819 MT of wheat flour). Please note that 14,041 MT of wheat grain was milled into wheat flour and made 12,819 MT of wheat flour. A total of 17,236 MT was purchased against a planned 16,104.85 MT and the additional was distributed to additional 278,844 people. The additional commodities were purchased since HEBs were not purchased. Further changes should be noted as WFP did not purchase HEBs due to their long lead-time given the project timeframe and WFP was able to use alternative donor contribution to distribute HEBs. Finally, under vouchers, against a target of 175,588 people for two months at full ration, WFP reached 102,833 people under full ration for two months. There was a difference of 72,755 people who were not reached due to disagreements in

the Taizz area. In the Taizz enclave due to disagreements between WFP and the local authorities and community representatives in regard to registration in enclave districts, Al-Qahirah and Al-Mudaffar, WFP had to suspend the voucher distribution temporarily. However, to ensure that there was no impact on the beneficiaries, WFP distributed through the GFD modality in the two districts to ensure that beneficiaries were not neglected due to disagreement mentioned above.

#### 4. People Reached

##### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	323,338	348,181	<b>671,519</b>	335,198	360,939	<b>696,137</b>	658,536	709,120	<b>1,367,656</b>
<b>Reached</b>	421,566	404,703	<b>826,269</b>	489,016	370,978	<b>859,994</b>	910,582	775,681	<b>1,686,263</b>

##### 4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	N/A	N/A
IDPs	549,215	674,506
Host population	818,441	1,011,756
Affected people (none of the above)	N/A	N/A
<b>Total (same as in 4a)</b>	<b>1,367,656</b>	<b>1,686,263</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

There is a greater achievement in the overall beneficiaries reached which is due to a greater quantity of in-kind contributions purchased which led to a greater number of people to be assisted. This is detailed further in the report.

#### 5. CERF Result Framework

<b>Project objective</b>	Provide lifesaving food assistance to critically food insecure persons and address AM among pregnant and lactating mothers
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Output 1	Providing in-kind life-saving food assistance for needed people			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of women, men, boys and girls receiving in-kind assistance This is a combination of 787,770 people receiving full ration through IK GFD and 795,659 people receiving reduced IK GFD rations, and 400,000 people affected receiving a 1 month reduced IK GFD.	1,192,068	1,583,429	WFP Distribution Reports
Indicator 1.2	Quantity of food provided in MT	17,236	17,236	WFP Dispatch Report
Indicator 1.3	Number of 100 percent rations provided	132,011	131,295	WFP Distribution Report

Indicator 1.4	Number of reduced 60 percent rations provided	66,667	132,610	WFP Distribution Report
<b>Explanation of output and indicators variance:</b>		<p>Under this response, WFP rolled out its response for the General Food Assistance (GFD) in the proposed 27 districts. Under the districts, WFP assisted a total of 1,583,429 people with GFD support, mixed full and reduced ration. Under GFD, WFP assisted 787,770 people with a full ration and 795,659 people with a reduced ration.</p> <p>WFP purchased more commodities than anticipated at proposal stage and the reasons for this are two-fold. Firstly, due to the cost of commodities being less at time of purchase than at planning phase, WFP was able to purchase greater quantities of GFD in-kind assistance which enabled more people to be reached. Secondly, since WFP had sufficient quantities of High Energy Biscuits (HEBs), WFP chose to purchase additional quantities of GFD stocks, rather than HEBs.</p> <p>Due to the increase in food purchased and provided, this led to more people receiving 100 percent and 60 percent rations.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Procurement and delivery of food	WFP		
Activity 1.2	Distributions	Danish Refugee Council, CARE INTERNATIONAL YEMEN, SOCIETY FOR HUMANITARIAN (SHS), Ministry of Education, National Foundation For Development, Islamic Relief Yemen, Field Medical Foundation, Relief International, Vision Hope International, Norwegian Refugee Council, PREMIERE URGENCE AID MEDICAL INTERN, THE CHARITABLE SOCIETY FOR SOCIAL WELFARE, Tamdeen Youth Foundation, YEMEN FAMILY CARE ASSOCIATION.		
Activity 1.3	Process and Post-Distribution Monitoring	WFP		

<b>Output 2</b>	Providing commodity voucher-based life-saving food assistance			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Number of individuals receive commodity vouchers	175,588	102,833	Voucher distribution and redemption reports
Indicator 2.2	Total monetary value of vouchers distributed to targeted beneficiary household (USD)	4,214,115	4,204,743.58	WFP Distribution Reports
<b>Explanation of output and indicators variance:</b>		<p>Under vouchers, against a target of 175,588 people for two months at full ration, WFP reached 102,833 people under full ration for two months. There was a difference of 72,755 people who were not reached due to disagreements in the Taizz area. In the Taizz enclave due to disagreements between WFP and the local authorities and community representatives in regard to registration in enclave districts, Al-Qahirah and Al-Mudaffar, WFP had to suspend the voucher distribution temporarily. However, to ensure that there was no impact on the beneficiaries, WFP distributed through the GFD modality in the two districts to ensure that beneficiaries were not neglected due to disagreement mentioned above.</p>		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Contracting of CV-TN food suppliers	WFP Supply Chain Unit		
Activity 2.2	Voucher distributions to target beneficiaries	Cooperating Partners		
Activity 2.3	Food distribution to target beneficiaries	Suppliers		
Activity 2.4	Process and Post-Distribution Monitoring	WFP food monitors, CP staff and Third-party monitors		

<b>Output 3</b>	Pregnant and lactating women receive critical nutrition support			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	Number of pregnant and lactating women enrolled (for 3.5 months of treatment)	88,367	100,800	Distribution report
Indicator 3.2	Quantity of special nutritional foods (Wheat Soya Blend -WSB) + provided in MT	1,833	2,117	Distribution reports
<b>Explanation of output and indicators variance:</b>		WFP purchased 2,117 MT of WSB+ which enabled WFP to reach 100,800 PLW for three and half month of treatment.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Procurement and delivery of specialized nutritious foods	WFP		
Activity 3.2	Distribution through health facilities and mobile teams	HAD, FMF, ADRA, UNHCR, IMC, CSSW, SJ, IRY, MMF, ADO, PUAMI, SCI, RI, VHI, YFCA, MoPHP		
Activity 3.3	Process and Post-Distribution Monitoring	WFP		

<b>Output 4</b>	WFP beneficiaries receive life-saving Immediate Response Rations			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	Number of women, men, boys and girls received immediate response rations	400,000	340,541	Distribution report
Indicator 4.2	Quantity of immediate response rations provided in MT	746.67	630	Dispatch report
Indicator 4.3	Quantity of HEB provided in MT	400	0	Distribution report
<b>Explanation of output and indicators variance:</b>		Considering the commodity cost of the IRRs and the needs on the ground, WFP purchase 630 MT of IRRs which enabled WFP to reach 340,541 people. While for HEB, Considering the long lead time and availability of HEB, WFP distributed HEB using other contributions		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Procurement and delivery of food	WFP		
Activity 4.2	Distributions	DRC, ACF, NFDHR, SHS, ACF, ACTED, ADRA, DRC, BANAN, IOM, IRY, LMMPO, NPF, SDF, SDHGF, VHI, ADRA Care Int., DRC, NRC, FMF, Oxfam.		
Activity 4.3	Monitoring	WFP		

## 6. Accountability to Affected People

### A) Project design and planning phase:

WFP is an active member of the Community Engagement Working Group (CEWG), led by OCHA, which focuses on Accountability to Affected Populations. 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. Considering gender concerns, WFP is addressing the situation through various ways that include formation of community-based food assistance committees with at least 50 percent of women members, and organizing distributions with separate queues for women and

men to avoid any gender-based violence. WFP's partners are encouraged to have female staff to undertake verification of beneficiaries and issuance of vouchers. Furthermore, WFP seeks to empower women by making them the recipients of food assistance although male family members assist in picking up the food from the distribution points.

**B) Project implementation phase:**

Moreover, during project implementation phase, AAP is 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.

**C) Project monitoring and evaluation:**

The Monitoring and Evaluation Unit of WFP Yemen depends on several monitoring activities, tools, and partners with the purpose of monitoring food assistance distribution to beneficiaries including how well it is distributed at food distribution points, and how it is used by beneficiaries as well as how it contributes to their food security. In accessible areas, onsite monitoring visits are conducted by WFP field monitors complemented by third party monitoring (TPM) activities. Moreover, to ensure reaching larger numbers of beneficiaries, a call center in Jordan conducts remote post-distribution monitoring through mobile phone surveys monthly. Since January 2017, beneficiaries' acceptable food consumption levels increased steadily to reach 73 percent for general food distribution and 78 percent for commodity voucher beneficiaries during the second quarter (Q2) of 2018. When comparing results from Q1 2018 to Q2 2018, acceptable food consumption had increased by 12-13 percentage points for CVTN and GFD respectively. The improvement of food security situation can be credited to the continuous WFP assistance and the uninterrupted pipeline to the severely food insecure population since the start of the operation. In addition, when comparing food consumption scores between WFP beneficiaries (collected by the WFP Yemen M&E Unit) and the general population (collected by the Vulnerability Assessment and Mapping (VAM) Unit), it shows that WFP beneficiaries have comparable food consumption levels as the general population. It is critical to note that WFP is targeting the most vulnerable and severely food insecure population which without WFP assistance would have lower food consumption scores.

Similar to Q1 2018, the majority (99 percent) of the beneficiaries in Q2 2018 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 (85 and 91 percent respectively) continue to be satisfied with the quality of food assistance.

In terms of WFP's monitoring tools, during the second quarter of 2018, WFP conducted 673 onsite monitoring visits (GFD 240, CVTN 28, Nutrition 396, and SMs 9); made 2,318 calls through the call centre (CVTN 1141 and GFD 1177) and received 1,787 calls through the toll-free hotline (CVTN 751, GFD 1,009, Nutrition 23, School Feeding 3 and 1 call unrelated to activities). The monitoring mechanisms above covered all 21 governorates in which WFP is operating and over 260 districts. Under the hotline, the main findings are related to non-WFP beneficiaries requesting to be included and delays in distributing assistance. The number of cases addressed/closed is 1,471 (82.3%), and the number of pending/in-progress is 316 (17.7%). It is worth mentioning that the number of females who contacted WFP hotline for this quarter is 311 (17.4%).

WFP's Third Party Monitoring (TPM) report for CV-TN demonstrated that representatives are collecting food on behalf of the beneficiaries (14.2%) and that on average waiting time was less than two hours in 90% cases. However, around 10% waited for 5 hours and more. Through the remote Post Distribution Monitoring of the second quarter 2018, only 1 percent reported facing safety issues when going to, from, and at the distribution centre and/or shop among both GFD and CVTN beneficiaries. Moreover, less than one percent of the GFD/CVTN beneficiaries showed concerns regarding some organization aspects of the distribution sites (most issues were related to accidents occurred while the beneficiaries are waiting in queue or going to the site).

In response, WFP compiles and shares monitoring findings with concerned field offices and partners on daily basis and push for corrective actions/measures to be taken by concerned partner. WFP is also now in the process of finalizing a new contract for TPM (current TPM contract is ending September 2018). The tender is being finalized and WFP is planning to sign two different contracts with two TPM service providers to reduce dependency on only one partner.

**7. Cash-Based Interventions**

**7.a Did the project include one or more Cash Based Intervention(s) (CBI)?**

**Planned**

**Actual**

Yes, CBI is a component of the CERF project		Yes, CBI is a component of the CERF project		
<b>7.b Please specify below the parameters of the CBI modality/ies used.</b> If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated <b>value of cash</b> that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
Commodity vouchers	US\$ 4,204,743.58	Sector-specific	Unconditional	Restricted
<p><i>Supplementary information (optional)</i></p> <p>WFP has a corporate methodology for making an informed decision on the choice of transfer modality. The choice for the most appropriate modality is guided by the combination of cost and nutritional value achieved within that cost. A key determinant is the market dynamics i.e. availability of food in the market, market integration and price stability.</p> <p>The Commodity Voucher through Traders Networks (CV-TN) programme is implemented in urban/peri-urban areas with developed retail infrastructure, this ensures that existing market mechanisms are supported and maintained and are not affected by food aid assistance. In addition, voucher-based assistance is implemented in areas such as the Taizz enclave, where WFP has faced difficulties in delivering food due to restrictions of food movements.</p> <p>The main advantages of the voucher intervention over in kind are reduced lead times in implementation of assistance, especially in comparison to the in-kind modality where lead times often exceed four months, and support in reviving local economy by guaranteeing demand to the suppliers and injecting resources. Since the launch of the voucher-based assistance in February 2016 to date, WFP injected over 80 million US dollars into Yemeni economy and created 380 new jobs in the retail sector.</p> <p>Voucher assistance is currently implemented through paper-based delivery mechanism but WFP plans to shift to e-vouchers supported with biometrics in the coming months. WFP is in the process of contracting the technology service provider and works on integration of the commercial solution with SCOPE, WFP's beneficiary and transfer management platform, is underway.</p>				

<b>8. Evaluation: Has this project been evaluated or is an evaluation pending?</b>	
[No evaluation planned]	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

## 8.7. Project Report 18-RR-WHO-004 - WHO

1. Project information			
1. Agency:	WHO	2. Country:	Yemen
3. Cluster/Sector:	Health - Health	4. Project code (CERF):	18-RR-WHO-004
5. Project title:	Provision of essential and lifesaving health services and control of communicable disease outbreaks for vulnerable population groups in priority governorates		
6.a Original Start date:	08/02/2018	6.b Original End date	07/08/2018
6.c. No-cost Extension	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	if yes, specify revised end date:	07/11/2018
6.d Were all activities concluded by the end date (including NCE date)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		
7. Funding	a. Total requirement for agency's sector response to current emergency:		US\$ 230,000,000
	b. Total funding received for agency's sector response to current emergency:		US\$ 209,845,976
	c. Amount received from CERF:		US\$ 9,169,997
	d. Total CERF funds forwarded to implementing partners of which to:		<b>US\$ 2,544,524</b>
	<ul style="list-style-type: none"> <li>▪ Government Partners N/A</li> <li>▪ International NGOs US\$ 1,529,240</li> <li>▪ National NGOs US\$ 1,015,284</li> <li>▪ Red Cross/Crescent N/A</li> </ul>		

2. Project Results Summary/Overall Performance
<p>CERF funding enabled WHO to support essential health services, respond for cholera and diphtheria outbreak and nutrition services for 638,120 people from 7 February to 7 November 2018. Regarding Minimum Health Services Packages (MSP), WHO procured 458 MT of medical supplies and equipment including 250 Interagency Emergency Health Kits (IEHK) covering of 350,000 population, 50 kits of Non-Communicable Disease (NCD 1 a, 1b, 1 c and 1 d) covering of 140,000 population, 180 trauma and surgical kit covering of 18,000 interventions and reproductive health kit covering of 50,000 people. The fund enabled WHO to support 77 health facilities with Minimum Health Services Packages (MSP) which enable to reach 292,918 people with essential and live-saving health services in partnership with CHARITABLE SOCIETY FOR SOCIAL WELFARE (CSSW), RELIEF INTERNATIONAL (RI), and SUSTAINABLE DEVELOPMENT FOUNDATION (SDF).</p> <p>Health care workers in Yemen have not received a regular salary since 2016. Many health facilities in Yemen have already closed, and others are operating without doctors. The CERF funds have contributed to incentive payments for 112 staff members working at 9 Therapeutic Feeding Centers (TFC) and Stabilization Centers (SC) enable to treat more than 2,246 malnourished children on supported TFC. In addition, WHO procured and distributed 40 Sever Acute Malnutrition (SAM) kit covering of 2,000 malnourished children with complicated cases.</p> <p>The fund assisted to conduct trainings on diphtheria case management for 160 health workers enabling to treat 1,784 diphtheria cases. The fund also contributed to conduct diphtheria campaign in collaboration with UNCIEF and MoPH in most diphtheria affected governorates enabling to reach 1,390,280 children 6 week to &lt; 7 year with penta vaccine. In addition, the fund supported procurement of 20 cholera laboratory kit which helped to culture 2,000 samples to confirm the presence of Vibrio cholerae, strain information as well as resistance to antibiotics.</p>



### 3. Changes and Amendments

Between May and June 2018, WHO EMRO temporarily suspended the procurement operations for WHO Yemen due to a global backlog of the WHO global suppliers associated to an unprecedented surge in medical commodities, equipment, and supplies which delayed on the procurement of medical supplies and equipment under this grant.

Within the original proposal, WHO planned to sign Letter of Agreements (LoAs) with 3 implementing partners, namely: Sustainable Development Foundation (SDF), Charitable Society for Social Welfare (CSSW) and Relief International (RI). The activation of the LOAs for MSP has required longer than originally planned. To ensure the NGOs were fully able to implement the MSP, WHO had to undertake additional technical discussion and consultations with the partners on the ground.

Governorate Health Office (GHO) and NAMCHA at governorate took longer to authorize implementation of project through the Implementing Partners (IPs).

WHO requested no cost extension from 08 August 2018 to 07 November 2018 to ship the procured medical supplies and coordinate the implementation of the MSP in partnership with selected NGO's (CSSW, SDF and RI).

### 4. People Reached

#### 4a. Number of people directly assisted with cerf funding by age group and sex

	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
<b>Planned</b>	218,858	100,168	<b>319,026</b>	222,956	87,872	<b>310,828</b>	441,814	188,040	<b>629,854</b>
<b>Reached</b>	185,055	140,386	<b>325,441</b>	191,436	121,243	<b>312,679</b>	376,491	261,629	<b>638,120</b>

#### 4b. Number of people directly assisted with cerf funding by category

Category	Number of people (Planned)	Number of people (Reached)
Refugees	N/A	N/A
IDPs	188,956	191,436
Host population	440,898	446,684
Affected people (none of the above)	N/A	N/A
<b>Total (same as in 4a)</b>	<b>629,854</b>	<b>638,120</b>

*In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:*

During the implementation of the project, WHO customized primary health kits which enable to get with the less price compare to the individual items. With the same budget amount, WHO procured more primary health kits which able to support 8, 222 more people than targeted with essential health services.

### 5. CERF Result Framework

<b>Project objective</b>	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
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<b>Output 1</b>	Life-Saving program on the management of severe acute mal-nutrition in children established			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>

Indicator 1.1	# of boy and girls 0-59 months with severe acute mal-nutrition treated	4,500	2,446	Health facility records
Indicator 1.2	# of health facilities supported with SAM kits (as part of the MSP package)	10 Hospitals, 11 Health center and 37 health unit	19	WHO distribution plan. Way bill
Indicator 1.3	# of TFC centers supported with medical supplies	10	19	WHO distribution plan. Way bill
Indicator 1.4	# of health workers in TFC incentivised	100	112	List of payees and WHO Finance documents related to the authorized payment transfers.
Indicator 1.5	# of health workers trained	100	112	WHO's training report
<b>Explanation of output and indicators variance:</b>		Approval of NAMCHA for implementation of activities through NGO took longer time than anticipated. As the result, WHO didn't achieve some of targeted results.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 1.1	Equipped and rehabilitate health facility to provide treatment for children with SAM with medical complications	Provide furniture, medical and nonmedical equipment for TFC and playing corner. The activities implemented in collaboration with MoPH and IPs		
Activity 1.2	Provide Incentives payment for health workers who work on TFC/Stabilization Center	Provided incentive payments for eight TFC for 112 health workers. The activities implemented in collaboration with MoPH		
Activity 1.3	Provide monitoring and supervision support	Conducted integrated monitoring and supportive supervision with DHO/ GHO monthly. The activities implemented in collaboration with MoPH/ DHO/ GHO		
Activity 1.3	Provide trainings for relevant health workers/volunteers on specific topics	Provided foundation training for 112 health workers on screening Severe Acute Malnutrition (SAM) cases, delivering care according to national protocols and/ international guidelines. The activities implemented in collaboration with MoPH		

<b>Output 2</b>	Prevent mortality and morbidity from communicable disease outbreaks among the affected population			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 2.1	Proportion of disease alert generated, verified and responded within 48 hours	90%	90%	eDEWS
Indicator 2.2	# of health workers trained on managing key communicable diseases – according to the most likely disease group in Yemen (this target is a sub-group of the 100 trainees reported as targeted in Indicator 1.5)	40	160	Attendance sheet; training report
Indicator 2.3	% of suspected diphtheria cases hospitalised in DTCs tested by laboratory	100%	29%	CPHL records; health facilities record
Indicator 2.4	# DTC supported with chlorination tablets	10	10	Waybill and WHO distribution plan

Indicator 2.5	# of hospitals supported with diphtheria medical supplies	10	10	Distribution report; waybill
Indicator 2.6	# number of patients treated for cholera and diphtheria	200,000	1,784 (diphtheria patients) and 140,069 (cholera patients)	Health facility records; eDEWS report
<b>Explanation of output and indicators variance:</b>		WHO bring diphtheria lab reagents on April 2018 however it took six months to release the items from the airport. At the time of releasing the reagent the items already expired. Note that the shelf life of diphtheria reagents is 6-9 months.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 2.1	Strengthening risk communication campaign for cholera, diphtheria and other communicable disease in high risk district	WHO in collaboration with MoPH and UNICEF conducted diphtheria campaign to vaccinate 1,390,280 children with penta.		
Activity 2.2	Provide chlorination tablets to DTCs	WHO procured 4,000,000 chlorine tablets which can cover 4000 households in cholera affected governorates.		
Activity 2.3	Procure and distribute cholera and diphtheria medical supplies	WHO procured diphtheria reagents and 20 cholera laboratory kits which helped to culture 2000 samples to confirm the presence of Vibrio cholerae, strain information as well as resistance to antibiotics. However, releasing of diphtheria lab reagents from Sana'a airport took 6 months; lab reagents which was reached at Sana'a airport on April 2018 released on end of October 2018, but items were expired;		
Activity 2.4	Support the collection and testing of sample of suspected cases with laboratory	WHO supported Central Public Health Laboratory (CPHL) on collection and testing of samples with providing lab reagents called Tinsidal media without its supplement		
Activity 2.5	Provide incentive payment for health workers in Diphtheria/Cholera treatment centers	CERF fund contributed for incentive payments for 1,310 fixed teams, 964 mobile teams and 1,144 supervisors during diphtheria campaign		
Activity 2.6	Train health personnel on managing key communicable diseases – according to the most likely disease group in Yemen	WHO provided 3 days ToT on case management and lab diagnosis of diphtheria samples for 66 health workers. In addition, WHO provided trainings for 94 health workers in diphtheria affected districts.		
Activity 2.7	Screening and Treatment of cholera and diphtheria cases	WHO supported treatments of 1,784 diphtheria and 140,069 cholera patients with support of CERF fund in collaboration with MoPH.		

<b>Output 3</b>	Ensure continuous care for people with non-communicable /communicable disease through strengthening the delivery of lifesaving and essential healthcare services in affected regions and avoiding mortality and serious complications			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 3.1	# of consultation for non-communicable /communicable disease	552,718	585,837	Health facility records; NGO reports
Indicator 3.2	# of health personnel on managing key communicable diseases	40	24	Attendance sheet; training report; NGO report
Indicator 3.3	# of health facilities supported with fuel	4	21 health facilities included 3 DH, 5 HCs, and 14 HUs	Implementing Partner (IP) Report; way bill
Indicator 3.4	# of health facility supported with medicine and medical supplies (this also includes the diphtheria a cholera response)	10 Hospitals, 11 health centers and 37 health unit	77 health facilities including 6 hospitals, 13 health centres and 38 health unit provided with medical supplies	WHO distribution plan. Way bill and IP report

Indicator 3.5	Percentage NGOs benefiting by the WHO replenishment of stock reported by the Cluster	100%	100 %	RI, SDF and CSSW provided medical supplies
Indicator 3.6	# number of people reached by NGOs through medical supplies/replenishment of stock	100,000	50 Inter Agency Emergency Kits (IEHK) covering of 125,000 population and 20 Non-Communicable Disease (NCD) kit covering of 50,000 population distributed for health cluster partner	WHO distribution plan; Way bill
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 3.1	Provide adequate supplies including essential medicine and rehydration fluids for treatment	WHO provided medical supplies for 77 health facilities including 6 hospitals, 13 health centres and 38 health unit in collaboration of IP (SDF, CSSW and RI)		
Activity 3.2	Activation of a maximum of 5 Emergency Medical Mobile Team (EMMT) for live-saving services to the IDPs affected by the clashes/fighting, in complementarity with the nutrition services provided by the MT of UNICEF for MAM children and PLW.	Not implemented since WHO focused on making functional of fixed health facilities		
Activity 3.3	Support selected health facilities with fuel	During the reporting period, CSSW supported (21) health facilities with 15,300 liters of fuel (monthly 500 l/Hospital, and 200 l/HU or HC)		
Activity 3.4	Train health personnel on managing key communicable diseases – according to the most likely disease group in Yemen	24 health workers trained on managing key communicable diseases in collaboration with IPs.		
Activity 3.5	Replenishment of stock (Indicator 3.5 and 3.6)	50 Inter Agency Emergency Kits (IEHK) covering of 125,000 population and 20 Non-Communicable Disease (NCD) kit covering of 50,000 population procured for health cluster partners.		

<b>Output 4</b>	Affected population have access to key reproductive health services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 4.1	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per indirect total population of 500,000	10 Hospitals	6	Health facilities records; NGO's report
Indicator 4.2	Percentage of births assisted by a skilled attendant	90 %	65 %	Health facilities records; NGO reports
Indicator 4.3	# of monitoring and supervision conducted	116 visits (2 times in each health facilities supported)	81 visits	Monitoring report.
Indicator 4.3	# of hospitals health workers trained in BEmOC (average of 10 staff per target hospital, with 10 target facilities)	100	24	Training report; attendance sheet; NGO report
<b>Explanation of output and indicators variance:</b>		Approval of NAMCHA for implementation of activities through NGO took longer time than anticipated. As the result, WHO didn't achieve targeted results.		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 4.1	Support basic EmOC services in selected health facilities	6 health facilities supported (4 H, and 6 HC)		

Activity 4.2	Support a referral system to access comprehensive EmOC services (e.g. communication and transport) for complicated cases	Implementing Partners supported health facilities ambulances with fuel to transport emergency cases to referral hospitals.
Activity 4.3	Provide training to health workers on essential obstetric care where needed	Provided training on essential obstetric care for 6 Gynecologists and 18 Midwives from the three selected hospitals (Average 8 staff/hospital)
Activity 4.4	Provide medicines and supplies for basic emergency obstetric care	Procured ERH box 6A (10), ERH kit box 11 B (50), ERH kit box 6 B (10) and ERH Kit, box 11 A (10) covering of 50,000 population with reproductive health services.
Activity 4.5	Provide monitoring and supervision support	Monitoring visits conducted by the GHO and DHO to the health facilities to monitor and supervise the targeted health facilities

<b>Output 5</b>	Injured receive adequate essential trauma care services			
<b>Indicators</b>	<b>Description</b>	<b>Target</b>	<b>Achieved</b>	<b>Source of verification</b>
Indicator 5.1	# of surgical teams supported (Hospital)	10	6	NGO report; incentive payment list; team report
Indicator 5.2	# of trauma kit distributed	80	100	WHO distribution; way bill; NGO report
Indicator 5.3	# of health workers trained on emergency and specialized trauma care (6 person/surgical unit* 10 units)	60	18	Training report; attendance sheet; NGO report
<b>Explanation of output and indicators variance:</b>		N/A		
<b>Activities</b>	<b>Description</b>	<b>Implemented by</b>		
Activity 5.1	Procure and distribution of basic medication kits and medical supplies for emergency medical care	WHO procured 100 trauma kits and 80 surgical kit enabling to cover 18,000 interventions. The activities implemented with WHO regional office, WHO country office, Implementing partners and MoPH.		
Activity 5.2	Support 10 surgical unit in operating health facility through incentive payments	WHO supported 6 surgical teams with incentive payments in collaboration with MoPH and IPs.		
Activity 5.3	Provide trainings on emergency and specialized trauma care	Training about emergency and specialized trauma care delivered for 18 GP doctors from the three selected hospitals. The activities implemented with WHO country office, Implementing Partners (IPs) and MoPH.		

## 6. Accountability to Affected People

### A) Project design and planning phase:

WHO strategy to provide equitable access to the Minimum Services Packages (MSP) as close possible to vulnerable communities' dwellings was discussed in various fora and supported by the local health authorities and health cluster partners, as clearly meeting the essential needs of affected population. Lessons learnt from implementation of similar activities in other areas and discussions with health authority have informed project design.

### B) Project implementation phase:

Health authorities was 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/ WHO hired M&E consultant was conducted unannounced health facilities visits and interviews with beneficiaries. The feedback which received from health authorities, TPM company and M&E consultant helped WHO to made corrective measures. Feedback and complaints mechanism were established with implementing partners with providing hotline telephone for beneficiaries to report any of their concerns regarding the activity.

**C) Project monitoring and evaluation:**

The project has a built-in M&E component and WHO has an international M&E Officer to oversee monitoring and evaluation of the project. Monitoring of the effective use of procured medicines and supplies was done by WHO through a combination of methods: direct, joint with the MOPH/health cluster partners and remote with third party monitoring (TPM). Warehouse and distribution reports, as well as reports from health facilities that receive these supplies, was used to ensure that supplies reach the target population and to estimate the number of beneficiaries served.

WHO implementing partners use established mechanisms to collect, report, and analyze data from the supported facilities – both administrative data on beneficiaries and operational issues of the health facility, as well as medical records of patients. The NGOs during the implementation have ensured good information flow from the field locations through responsive data collection system, supportive supervision and team of field health care workers trained in collection and processing the data.

7. Cash-Based Interventions				
7.a Did the project include one or more Cash Based Intervention(s) (CBI)?				
Planned		Actual		
No		Choose an item.		
7.b Please specify below the parameters of the CBI modality/ies used. If more than one modality was used in the project please complete separate rows for each modality. Please indicate the estimated value of cash that was transferred to people assisted through each modality (best estimate of the value of cash and/or vouchers, not including associated delivery costs). Please refer to the guidance and examples above.				
CBI modality	Value of cash (US\$)	a. Objective	b. Conditionality	c. Restriction
	N/A	N/A	N/A	N/A
<i>Supplementary information (optional)</i>				

8. Evaluation: Has this project been evaluated or is an evaluation pending?	
Evaluation of the project not planned during planning stage. However, WHO is planning to conduct external evaluation of MSP strategy March/April 2019.	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS**

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US\$
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$375,112
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	NNGO	\$165,560
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$26,286
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	INGO	\$552,332
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$380,823
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$354,537
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$4,821
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$14,794
18-RR-CEF-010	Water, Sanitation and Hygiene	UNICEF	GOV	\$2,170
18-RR-CEF-011	Nutrition	UNICEF	NNGO	\$175,000
18-RR-CEF-011	Nutrition	UNICEF	GOV	\$151,037
18-RR-CEF-011	Nutrition	UNICEF	GOV	\$234,558
18-RR-CEF-011	Nutrition	UNICEF	GOV	\$38,559
18-RR-CEF-011	Nutrition	UNICEF	GOV	\$37,309
18-RR-CEF-011	Nutrition	UNICEF	GOV	\$27,871
18-RR-UDP-001	Common Safety and Security	UNDP		\$115,540
18-RR-HCR-003	Protection	UNHCR	INGO	\$338,333
18-RR-HCR-003	Protection	UNHCR	NNGO	\$101,000
18-RR-HCR-003	Protection	UNHCR	NNGO	\$101,000
18-RR-HCR-003	Protection	UNHCR	NNGO	\$237,333
18-RR-HCR-003	Protection	UNHCR	INGO	\$237,333
18-RR-WFP-004	Nutrition	WFP	GOV	\$486,342
18-RR-WFP-004	Nutrition	WFP	INGO	\$13,022
18-RR-WFP-004	Nutrition	WFP	INGO	\$4,006
18-RR-WFP-004	Nutrition	WFP	INGO	\$2,281
18-RR-WFP-004	Nutrition	WFP	INGO	\$67,750
18-RR-WFP-004	Nutrition	WFP	INGO	\$11,132
18-RR-WFP-004	Nutrition	WFP	INGO	\$2,699
18-RR-WFP-004	Nutrition	WFP	INGO	\$12,221
18-RR-WFP-004	Nutrition	WFP	INGO	\$64,237
18-RR-WFP-004	Nutrition	WFP	INGO	\$1,333
18-RR-WFP-004	Nutrition	WFP	INGO	\$26,350
18-RR-WFP-004	Nutrition	WFP	NNGO	\$16,254
18-RR-WFP-004	Nutrition	WFP	NNGO	\$1,423
18-RR-WFP-004	Nutrition	WFP	NNGO	\$24,391
18-RR-WFP-004	Nutrition	WFP	NNGO	\$45,032
18-RR-WFP-004	Nutrition	WFP	NNGO	\$9,568
18-RR-WHO-004	Health	WHO	NNGO	\$163,900
18-RR-WHO-004	Health	WHO	INGO	\$1,529,240
18-RR-WHO-004	Health	WHO	NNGO	\$851,384

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AAP	Accountability to affected populations
ADO	Abs Development Organization for Women and child
ADRA	Adventist Development and Relief Agency
ASMT	Area Security Management Team
AWD	Acute watery diarrhoea
BEmOC	Basic Emergency Obstetric Care
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
DSR	District Security Report
DTC	Diarrheal Treatment Centre
eDEWS	Electronic Disease Early Warning System
EHOC	Evacuation and Humanitarian <i>Operations Committee</i>
FLAs	Field Level Agreements
FMF	Field Medical Foundation
FSAC	Food Security and Agriculture Cluster
GAM	Global Acute Malnutrition
GFD	General Food Distribution
GHO	Government Health Office
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
INGOs	International Non-Governmental Organizations
IPC	Integrated Food Security Phase Classification
IRR	Immediate Response Rations
IRY	Islamic Relief Yemen
LSA	Local Security Advisors
LWSC	Local Water Sanitation Corporations
MAM	Moderate acute malnutrition
MC	Mercy Corps
MMF	Medical Mercy Foundation
MoE	Ministry of Education
MoPH	Ministry of Public Health
MoPHP	Ministry of Public Health & Population
MSP	Minimum Service Package
MSRA	Mission Security Risk Assessment
MT	Metric Tonnes
NCD	Non-Communicable Diseases
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	Premiere Urgence-Aide Medicale Internationale
RI	Relief International
RITA	Relief Items tracking Application
RRT	Rapid Response Team
RUTF	Ready-to-use therapeutic feeding
SAM	Severe acute malnutrition
SRA	Security Risk Assessments
TFCs	Therapeutic feeding centres
UNVIM	United Nations Verification and Inspection Mechanism for Yemen
VHI	Vision Hope International
YAD	Yemen Association for Development
YFCA	Yemen Family Care Association
YHF	Yemen Humanitarian Fund