CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

YEMEN
UNDERFUNDED EMERGENCIES
ROUND II
VIOLENCE/CLASHES
2020

20-UF-YEM-45000

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Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	9 February 2022

The AAR was conducted on 9 February 2022 with participation of UNFPA, UNICEF, WHO, Health Cluster Coordinator, and Deputy Manager of YHF.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒	No ☐
Please confirm that the final version of this report was 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)?	Yes ☒	No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The CERF UFE allocation of $35 million has critical importance for the ability of the humanitarian community to continue providing life-saving health-related assistance to the most vulnerable people in Yemen and is based on very well-defined synergies and complementarity with other funding sources. It is, for instance, an integral part of a larger funding package for health response of around $80 million, which, at its core, includes the payment of allowances to health workers in prioritised health centers across Yemen to maintain the health system in the country. The CERF UFE will capitalize on this approach and will enable the continuation of top priority health-related interventions with a focus on women and girls, which are at risk of stopping due to lack of funding. The CERF allocation was also coordinated with and complemented the YHF Reserve Allocation of $21 million that focused on the Covid-19 response and the YHF Standard Allocation of $65 million that focused on key underfunded areas of the reprioritised HRP.

CERF's Added Value:

The allocation contributed to all key strategic added values listed below. In addition, UNICEF and WHO pointed out that CERF's flexibility in approving reprograming and non-cost extension was strategically very important for the two agencies. It allowed for implementing the response that corresponded to the evolving operational environment.

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

Yes ☒ Partially ☐ No ☐

CERF allocation was processed timely and led to swift delivery of humanitarian assistance to beneficiaries. UNFPA and UNICEF also made good use of early project start dates, which allowed for much needed flexibility in effective programming.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

Due to the shifting conflict dynamics, several districts targeted by this grant became front line areas during the implementation. The allocation was provided at the time in which strengthened humanitarian response in these areas was a critical humanitarian priority.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

All recipient agencies emphasised that CERF process largely contributed to improved coordination among them. There was also good interaction between agencies during the proposal development and good coordination by the health cluster in setting allocation priorities, agreeing on geographic targeting and ensuring complementarity between the projects.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

Agencies reported several examples of CERF's added value to resource mobilization efforts. For instance, UNFPA managed to secure a grant from ECHO, which funded the continuation of activities covered by CERF after CERF grant

expired; and UNICEF was able to leverage funds from the World Bank for fuel support beyond the period that was covered by this allocation.

Considerations of the ERC's Underfunded Priority Areas[1]:

The CERF UFE allocation to Yemen primarily focused on the first ERC priority: support for women and girls, including tackling gender-based violence, reproductive health and empowerment.

Support for women and girls was at the core of this allocation. The first strategic priority for this allocation was the provision of reproductive health services to the most-at-risk women and girls in the areas of the highest severity of needs in Yemen. The interventions focused on the delivery of Reproductive Health services, especially life-saving Emergency Obstetric and Neonatal Care. Priority was given to the facilities that had to discontinue service provision due to the decreased funding.

The second strategic priority for this allocation was the support to alleviate the nutritional impact of the crisis on children under-five years, women and girls. The interventions focused on providing life-saving services to severely malnourished under 5 children and providing counselling to mothers on adequate infant and young child feeding practices in 90 Targeted Feeding Centers across the country.

Protection with a specific focus on Gender-Based Violence was mainstreamed in the first strategic priority for this allocation through the provision of reproductive health services to the most-at-risk women and girls. The link with key GBV interventions was done through the established referral pathways.

Support to disabled people, although not explicitly covered in the priorities for this allocation, was addressed through regular mainstreaming of activities tailored to address the specific needs of disabled people across the prioritized programmes.

Support to education in protracted crises was not part of this allocation because the ERC targeted it to the health response.

[1] In January 2019, the Emergency Relief Coordinator identified four priority areas as often underfunded and lacking appropriate consideration and visibility when funding is allocated to humanitarian action. The ERC therefore recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and HCTs/UNCTs when prioritizing life-saving needs for inclusion in CERF requests. These areas are: (1) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (2) programmes targeting disabled people; (3) education in protracted crises; and (4) other aspects of protection. While CERF remains needs based, the ERC will be looking for country teams to prioritize projects and mainstreamed activities that systematically and effectively address to these four historically underfunded areas. Please see the questions and answers on the ERC four priority areas here.

Table 1: Allocation Overview (US$)

GUIDANCE (delete when completed): The amount reported under "total amount required" is pre-populated with the figure from section 1 in the CERF application. For the rapid response window, this amount reflects the humanitarian requirements for the crisis that triggered the application to CERF, for a six-month period. For the underfunded emergencies window, this amount corresponds to the overall annual humanitarian requirement in the country, e.g. the HRP requirements. The amount may have remained unchanged or may need adjustments based on new findings. Other information is to be prepared by the CERF focal point based on agencies' inputs.

Total amount required for the humanitarian response	**3,382,700,000**
CERF	34,999,937
Country-Based Pooled Fund (if applicable)	99,063,761
Other (bilateral/multilateral)	1,865,736,302
Total funding received for the humanitarian response (by source above)	**1,999,800,000**

Table 2: CERF Emergency Funding by Project and Sector/Cluster (US$)

Agency	Project Code	Sector/Cluster	Amount
UNFPA	20-UF-FPA-032	Health	9,999,995
UNICEF	20-UF-CEF-051	Water, Sanitation and Hygiene	7,999,971
UNICEF	20-UF-CEF-051	Nutrition	7,999,970
WHO	20-UF-WHO-032	Health	5,940,001
WHO	20-UF-WHO-032	Nutrition	3,060,000
Total			**34,999,937**

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US$)

GUIDANCE (delete when completed): The information is to be prepared by the **CERF focal point** based on agencies' inputs**.**

Total funds implemented directly by UN agencies including procurement of relief goods	**22,157,222**
Funds sub-granted to government partners*	2,241,053
Funds sub-granted to international NGO partners*	2,526,320
Funds sub-granted to national NGO partners*	8,057,342
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**12,842,715**
Total	**34,999,937**

* Figures reported in table 3 are based on the project reports (part II, sections 1) and should be consistent with the sub-grants overview in the annex.

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should provide an overview of the humanitarian situation this allocation responded to.

The language prepopulated in green below is taken from the allocation module on the CERF website where it was published following the approval of the application. Please **update** this paragraph wherever you see fit and note that this overview will again be **posted on the CERF website** upon the clearance of this report.

The humanitarian situation in Yemen kept escalating as fighting continued to erupt on multiple frontlines around the country in 2020. An estimated 24.3 million people, 80 per cent of the entire population, required some form of humanitarian assistance. A decline in basic health service utilization was observed during the first quarter of 2020, which is primarily a result of defunding of the humanitarian response. The decline was also influenced by the violent conflict and the COVID-19 outbreak. The lack of funding led to the closure or reduction of many services, most notably health services supported by UNFPA, WHO and IOM as well as by the frontline NGO partners. The reports by Health Cluster partners indicated that during June – September 2020, health services were suspended in 480 health facilities, affecting 5.6 million people. Further services would be reduced over the next months if funding was not made available.

The CERF allocation supported health facilities in the areas of high severity to ensure delivery of reproductive health services, especially life-saving Emergency Obstetric and Neonatal Care (EmONC). Priority was given to those facilities that had to discontinue service provision due to the decreased funding. The allocation also prioritised providing essential lifesaving health services based on the Minimum Services Package (MSP), a core component of which was water. In April 2020, the Nutrition cluster reported a drop of attendance to nutrition services of up to 50 per cent in some Therapeutic Feeding Centers (TFCs). The lack of funding also impacted the ability of nutrition partners to ensure logistic support, monitoring and supervision and maintenance of nutrition sites. The CERF supported the operational cost of those TFCs ensuring retention of health workers by paying allowances, rehabilitation, raising awareness and counselling sessions for mothers of malnourished children at TFCs.

Operational Use of the CERF Allocation and Results:

GUIDANCE (delete when completed): This paragraph of **max. 350 words** should describe the actual use of the CERF-funded assistance – laying out the (i) overarching operational achievements, (ii) the sectoral priorities it supported, (iii) the number of people reached, and (iv) the opportunities used to deliver a multi-sectoral response.

The language prepopulated in green below is taken from the allocation module on the CERF website where it was published following the approval of the application. Please **update** this language applying any post-implementation perspective and focussing on the impact or change that CERF funds made at the time? Please note that this paragraph will again be **posted on the CERF website** upon the clearance of this report.

The overall objective of this allocation was to prevent further loss of life by supporting the public health response with a specific focus on women and girls. Within the strategic direction provided by the HC, the allocation focused on the following three priorities as identified by the Health cluster and validated by the HCT:

1. Enhancing Reproductive Health services in prioritized areas; the CERF funding enabled UNFPA to target 300,000 women and girls in the areas of the highest vulnerability with reproductive health services, including integrated gender-based violence services.

2. Maintaining the health Minimum Service Package (MSP) in prioritized areas, including through the provision of WASH services; the CERF funding enabled WHO to target the most vulnerable 307,956 people with different components of the MSP, including trauma care, through 21 health facilities located in Lahj, Ibb and Al Dhale.

3. Alleviating the nutritional impact of the crisis on children under-five, women and girls; the CERF funding enabled UNICEF to target 370,000 children and mothers with critical nutrition services in all the governorates classified as IPC 4 and 3 and in the areas where there was a high concentration of malnourished children.

People Directly Reached:

The estimate of 3 million people reached was done based on a consultation with participating agencies, which led to the conclusion that the highest figure by agency is a good estimate of the overall people reached by this allocation. This method is based on an assumption that all other people reached by this allocation are a subset of this figure.

People Indirectly Reached:

In addition to the direct beneficiaries outline above, millions more benefited indirectly from this allocation.

Table 4: Number of People Directly Assisted with CERF Funding by Sector/Cluster*

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Health	96,454	79,316	62,483	69,703	307,956	96,550	79,100	62,450	70,010	308,110
Nutrition	21,085	2,343	216,580	214,000	454,008	1,990	17,907	240,758	237,074	497,729
Water, Sanitation and Hygiene	750,000	600,000	1,050,000	600,000	3,000,000	750,000	600,000	1,050,000	600,000	3,000,000

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

Table 5: Total Number of People Directly Assisted with CERF Funding by Category*

Category	Planned	Reached
Refugees	300,000	300,000
Returnees	0	0
Internally displaced people	600,000	600,000
Host communities	2,100,000	2,100,000
Other affected people	0	0
Total	**3,000,000**	3,000,000

Table 6: Total Number of People Directly Assisted with CERF Funding*			**Number of people with disabilities (PwD) out of the total**	
Sex & Age	**Planned**	**Reached**	**Planned**	**Reached**
Women	750,000	750,000	5,000	7,134
Men	600,000	600,000	0	0
Girls	1,050,000	1,050,000	1,000	1,439
Boys	600,000	600,000	0	0
Total	**3,000,000**	**3,000,000**	**6,000**	**8,573**

3.1 Project Report 20-UF-FPA-032

1. Project Information

Agency:	UNFPA	**Country:**	Yemen
Sector/cluster:	Health	**CERF project code:**	20-UF-FPA-032
Project title:	Providing the Minimum Initial Service Package for Reproductive Health (RH) to the most vulnerable women and girls in Yemen		
Start date:	15/10/2020	**End date:**	14/10/2021
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency: **GUIDANCE**: Figure prepopulated from application document.	**US$ 0**
Total funding received for agency's sector response to current emergency: **GUIDANCE**: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	**US$ 0**
Amount received from CERF:	**US$ 9,999,995**
Total CERF funds sub-granted to implementing partners: **GUIDANCE**: Please make sure that the figures reported here are consistent with the ones reported in the annex.	**US$ 7,338,211**
Government Partners	US$ 0
International NGOs	US$ 411,944
National NGOs	US$ 6,926,267
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through CERF support, UNFPA was able to provide RH services to over 330,000 women and girls, including 62,624 who received safe deliveries services. The beneficiaries include 70,891 who received family planning services. The overall target for the CERF project is to provide 240,000 women and girls with RH services, and 60,000 with safe delivery services. Hence, both targets were fully achieved.

CERF is directly contributed to the resumption of critical life-saving RH services in 55 health facilities for nine months. All the facilities were in districts with the highest severity indices. All the selected facilities have stopped providing these critical services on May 16th 2020 due to UNFPA's fund shortage. The supported facilities provided women and girls with the life-saving essential reproductive health services, particularly those related to complicated deliveries. 40 of these facilities were providing BEmONC services, and 15 CEmONC facilities. All the facilities will provide the Minimum Initial Service Package for RH, a first-line component in the extended HRP for 2020. The services include GBV integrated ones, which include the identification, treatment and referral of GBV survivors accessing the services.

CERF also supported 100 community midwives and outreach teams. These teams are reaching the most vulnerable women and girls in the most remote areas. This is an essential component to ensure the timely referral of women and girls with high-risk pregnancies or deliveries requiring life-saving medical interventions.

The project was implemented in the same facilities as planned. These facilities covered the women and girls in the districts with the highest severity indices.

3. Changes and Amendments

No changes or modifications were needed during the implementation of the project. The supported facilities were already running, hence the resumption was relatively smooth, in comparison to starting new facilities. The service providers were already identified and available, and the IP agreements and work plans were signed with the partners.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**					
Returnees	0	0	0	0	**0**					
Internally displaced people	85,000	0	15,000	0	**100,000**	[112,320]		[18,933]		**[131,253]**
Host communities	165,000	0	35,000	0	**200,000**	[211,143]		[50,730]		**[261,873]**
Other affected people	0	0	0	0	**0**					
Total	**250,000**	**0**	**50,000**	**0**	**300,000**	**[323,463]**		**[69,663]**		**[393,126]**
People with disabilities (PwD) out of the total										
	5,000	0	1,000	0	**6,000**	**[7,134]**		**[1,439]**		**[8,573]**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The indirect beneficiaries included the families of the women and girls utilizing the reproductive health services estimated at about 4 million people. Those benefited from awareness about RH and other health services available in their district; as well as the indirect impact to them, given the no cost for services provided, etc.

6. CERF Results Framework

Project objective	To improve access to lifesaving reproductive health services in districts with highest vulnerability indices
Output 1	Increased availability of emergency obstetric care services in districts with highest severity indices

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# of women assisted to deliver by a skilled birth attendant	60,000	[62,624]	[Facilities registries]
Indicator 1.2	# of women and girls receiving other RH MISP components services, including GBV survivors]	240,000	[330,502]	[Facilities registries]
Indicator 1.3	# of health facilities supported through the CERF	55	[55]	[Facilities registries]
Indicator 1.4	# of rape survivors receiving post-exposure prophylaxis within 72 hours of exposure, and emergency contraception within 120 hours of exposure	300	[263]	[GBVIMS]
Explanation of output and indicators variance:		[Indicator 1.2 was overachieved due to the increased demand than initially predicted]		

Activities	**Description**	**Implemented by**
Activity 1.1	Provide incentives to retain critical staff in health facilities to provide EmONC services	[BFD, CSSW, YFCA, RI, DEEM, FMF]
Activity 1.2	Procure and distribute essential IARH kits and supplies, including PPEs and post-rape kits	[UNFPA, BFD, CSSW, YFCA, RI, DEEM, FMF]
Activity 1.3	Provide technical supervision and oversight on EmONC service delivery at the health facilities, including monitoring of stocks status	[UNFPA, BFD, CSSW, YFCA, RI, DEEM, FMF]
Activity 1.4	Identification. medical and psychological care, and referral for survivors of gender-based violence	[BFD, CSSW, YFCA, RI, DEEM, FMF, YWU (not funded by CERF)]

Output 2	Increased availability of community-based reproductive health services targeting the most vulnerable women and girls

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☐

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Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# of women assisted to deliver by a skilled birth attendant	6,000	[6,310]	[Midwives registries]
Indicator 2.2	# of women and girls with complicated deliveries referred to health services	1,000	[971]	[Midwives registries]
Indicator 2.3	# of women and girls receiving other RH MISP component services through the outreach teams	20,000	[23,331]	[Midwives registries]
Explanation of output and indicators variance:		[No major discrepancies]		

Activities	Description	Implemented by
Activity 2.1	Procure and provide midwifery kits to 100 midwives	[BFD, CSSW, YFCA, RI, DEEM, FMF]
Activity 2.2	Conduct refresher session to midwives in BEmONC, CMR, PFA and identification and support to GBV survivors	[UNFPA, BFD, CSSW, YFCA, RI, DEEM, FMF]
Activity 2.3	Provide technical support and oversight to the midwives	[UNFPA, BFD, CSSW, YFCA, RI, DEEM, FMF]

7. Effective Programming

a. Accountability to Affected People (AAP) [2]:

The facilities followed the standards set by the Minimum Service Package, developed by the health cluster, and implemented by the health partners. Any woman or girl is entitled to access the facility and receive treatment free of charge.

The integrated GBV/SRH services is an efficient approach, which contributes to the "leaving no one behind" principle. The health facilities are an entry point for GBV survivors who are provided with the immediately needed services.

UNFPA also targeted women and girls with disabilities through the project, and ensured that the targeted health facilities were as disabled friendly as possible, in line with the UNFPA guidelines in facilitating the access of women and girls with disabilities to the health facilities

b. AAP Feedback and Complaint Mechanisms:

The complaint mechanism in place included different tools. These included complaints boxes and complaint hotlines run by the partners and UNFPA. These were advertised within the facility via BCC material. The existence of the mechanism and beneficiary awareness of the complaint mechanisms was monitored through UNFPA; and actions taken where grievances existed.

[2] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

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The mechanisms were communicated through different platforms and channels, including hotlines, social media, complaints boxes and exit interviews. This allowed the inclusion of different groups, including people with disabilities, illiterate or marginalized to have access to it. The UNFPA feedback mechanism allowed both anonymous complaints as well as those disclosing their identity. In case of the latter, follow-up was conducted to ensure the beneficiary is aware of the undergoing actions and provides feedback on their effectiveness. In case of anonymous complaints, we encouraged the complainant to continue providing feedback on the progress.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

UNFPA maintained its standard mechanism for recording and handling SEA-related complaints. The staff managing the complaints were trained in PSEA. Two focal points within UNFPA Yemen continued to follow-up on these complaints. The UNFPA management was immediately made aware of such complaints and they oversee the dealing with them, ensuring the aspects of confidentiality, accessibility and follow-up. No complaints came up in the CERF-supported facilities during the implementation period.

UNFPA and its implementing partners have all been trained on PSEA, including reporting, handling and follow-up actions.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

CERF supported the integrated gender-based violence services within the targeted facilities. This enabled GBV survivors, especially survivors of sexual violence, to receive a comprehensive package of medical services, continuum of care, and timely referral through the existing referral pathways. The other services supported by the GBV sub-cluster partners included those providing psychosocial support, protection (shelter), livelihood and legal support.

The health facilities were strengthened to continue offering clinical management of rape services. This was achieved through the procurement and distribution of post-rape kits (IARH kit 3), and providing refresher sessions through other funding sources to the facility providers on the medical management, psychological first aid, and referral to other services as required.

e. People with disabilities (PwD):

UNFPA targeted women and girls with disabilities and ensured that the targeted health facilities were as disabled friendly as possible; through the implementation of the UNFPA guidelines in facilitating the access of women and girls with disabilities to the health facilities. This included the physical safety of the facilities, as well as the orientation of the facilities staff. In practical terms, this included the instalment of necessary measures in the facilities to make them accessible, and training of the staff in providing services to women and girls with disabilities.

f. Protection:

The project targeted GBV survivors accessing the health facilities, through the identification, medical and psychological support, and referral to other types of services as relevant. The needs of different vulnerable groups such as married girls, women and girls with disabilities, female-headed households and those residing in the most remote areas with no access to services were also considered in the project design and implementation by the partners. The project design and implementation followed the protection mainstreaming principles, namely meaningful access through different delivery modalities, safety and dignity, through measures such as female service providers, reflecting and acting on the feedback mechanism, disabled friendly access, and others.

g. Education:

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Was not prioritised. Nothing to report.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	No	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

UNFPA supported CVA, through other donors, to refer women and girls in the most remote areas with high-risk pregnancies, and with no access to reproductive health services.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

1. Visibility of CERF-funded Activities

Guidance (to be deleted): Please list weblinks to publicly available social media posts (Twitter, Facebook, Instagram, etc.), videos and/or success stories, evaluations or other kind of reports on the agency's websites covering CERF-funded activities under this project.

Title	Weblink
Pandemic, conflict continue to upend life for women in Yemen – web story	*https://yemen.unfpa.org/en/news/pandemic-conflict-continue-upend-life-women-yemen* *https://www.unfpa.org/news/pandemic-conflict-continue-upend-life-women-yemen* *https://reliefweb.int/report/yemen/pandemic-conflict-continue-upend-life-women-yemen*
In Yemen's man-made catastrophe, women and girls pay the heaviest price – web story	*https://www.unfpa.org/news/yemens-man-made-catastrophe-women-and-girls-pay-heaviest-price* *https://yemen.unfpa.org/en/news/yemens-man-made-catastrophe-women-and-girls-pay-heaviest-price-1* *https://reliefweb.int/report/yemen/yemen-s-man-made-catastrophe-women-and-girls-pay-heaviest-price*

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UN News Story - In Yemen's man-made catastrophe, women and girls pay the heaviest price	*https://news.un.org/en/story/2021/02/1085802*
Yemeni midwives help deliver hope during Ramadan – web story	*https://yemen.unfpa.org/en/news/yemeni-midwives-help-deliver-hope-during-ramadan*
Delivering on the front lines – video	*https://yemen.unfpa.org/en/video/delivering-front-lines-one-midwifes-story*
Social media posts – Twitter	https://twitter.com/UNFPAYemen/status/1410173566222405637?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1410173566222405637?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1401802368090402825?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UN_News_Centre/status/1366025363961245696?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1354139063276736512?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1349411677327028226?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1349057037603373058?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1341805602570465280?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1341802838993854471?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1341798962429370369?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1329491797828128769?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA https://twitter.com/UNFPAYemen/status/1329128268063256579?s=20&t=0wJ-E9xNKfHL4IHH2rtsMA
Social media posts – Facebook	https://www.facebook.com/UnfpaYemen/posts/4027809260673473 https://www.facebook.com/UnfpaYemen/posts/3516001585187579 https://www.facebook.com/UnfpaYemen/posts/4239701999484197 https://www.facebook.com/UnfpaYemen/videos/1270320113400678/ https://www.facebook.com/UnfpaYemen/posts/4057427057711693
Monthly Situation Reports and Flash Updates	https://yemen.unfpa.org/en/publications/situational-report-02-july-sept-2021 https://yemen.unfpa.org/en/publications/situational-report-01-january-june-2021 https://yemen.unfpa.org/en/publications/flash-update-09-escalation-and-response-marib https://yemen.unfpa.org/en/publications/monthly-situational-report-12-december-2020 https://yemen.unfpa.org/en/publications/monthly-situational-report-11-november-2020

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Project Report 20-UF-CEF-051

1. Project Information

Agency:	UNICEF	**Country:**	Yemen
Sector/cluster:	Water, Sanitation and Hygiene Nutrition	**CERF project code:**	20-UF-CEF-051
Project title:	Lifesaving support for nutrition and WASH services in Yemen		
Start date:	28/09/2020	**End date:**	27/09/2021
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency: **GUIDANCE**: Figure prepopulated from application document.	**US$ 281,200,000**
Total funding received for agency's sector response to current emergency: **GUIDANCE**: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	**US$ 137,901,648**
Amount received from CERF:	**US$ 15,999,941**
Total CERF funds sub-granted to implementing partners: **GUIDANCE**: Please make sure that the figures reported here are consistent with the ones reported in the annex.	**US$ 2,437,548**
Government Partners	US$ 2,241,053
International NGOs	US$ 8,674
National NGOs	US$ 187,821
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF UFE grant, UNICEF provided lifesaving WASH and nutrition support to vulnerable communities in Yemen. A total of 457,935 children under five and 112,000 pregnant and lactating women (PLW) received preventive and curative nutrition services. Nutrition supplies were provided and delivered to management programmes in health facilities for the treatment of 67,563 children under five with Severe Acute Malnutrition (SAM) and 10,502 children with SAM and complications. UNICEF procured and delivered micronutrient powder (MNP) supplements for prevention of malnutrition and anaemia, covering the MNP needs of 379,870 children aged 6-59 months. Mobile teams (MTs) deployed in Hajjah, Taiz, Hodeidah, Sana'a, and Amran governorates provided an integrated package of nutrition and health services to children and women in the most hard-to-reach villages including communities with IDPs settlements. 7,563 children under five with SAM (3,152 boys and 4,411 girls) were treated; 29,995 PLW received Iron supplementation and educational messages on IYCF; 83,793 children (41,046 boys & 42,747 girls) received Integrated Management of Childhood Illnesses (IMCI) services; 21,635 children and 15,643 women received different types of routine immunization vaccines; and 26,278 women benefited from antenatal and postnatal care services through the MTs. The funding supported the functionality of five Therapeutic Feeding Centers (TFCs), where 502 children with SAM and medical complications were admitted for the inpatient management for an average of 10 -1 5 days. The treatment programme has achieved the minimum sphere standards of cure and defaulter rates. Furthermore, CERF funding has contributed to the continuity of the delivery of community-based preventive nutrition interventions through CHNVs and reached 29,870 children (15,262 boys & 14,608 girls), and 82,525 pregnant and lactating women.

To ensure access to safe potable water, prevention, and control of disease outbreaks, such as Cholera and Acute Watery Diarrhoea (AWD), UNICEF supported the provision of fuel and covered the cost of electricity to support Local Water and Sanitation Corporations (LWSC) covering 15 urban cities, including 7 mega cities. The fuel support for 33 Local Water and Sanitation Corporations (LWSC) ensured the provision of safe water supply for 3 million people daily whereas the electricity support ensured 1.58 million people had access to basic sanitation. The electricity support to Sana'a and Al-Hodeidah City was used for the operation of wastewater treatment plants in the two cities. In addition, 4,529 displaced people in Amran city had access to safe water by providing IDP sites with water distribution points connected to a public water supply system and installation of water storage tanks. In response to the flood crisis, UNICEF supported Dhamar, Amran and Sana'a LWSC with emergency maintenance of the collapsed sewage pipeline and cleaning and dislodging the sewage system. A total of 605,640 people benefited from the emergency sanitation interventions. UNICEF supported GARWSP Marib to increase the storage capacity and efficiency of the warehouse, in order to store WASH supplies (CHKs, BHKs, Plastic Tank, Chlorine, Water testing device) for the use/distribution to communities displaced or with high cases of, AWD and malnutrition. Through RRM first line response, UNICEF reached around 127,925 people (31,950 women, 30,890 men, 32,950 girls, 32,135 boys) newly displaced people across 49 frontlines in 22 governorates, procuring and distributing basic hygiene kits, as part of the RRM minimum package.

3. Changes and Amendments

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In 2021, conflict intensified across several frontlines in the country, mainly in Marib and the west coast area. The shifting of frontlines, heavy ground fighting and intensive bombing concentrated to the south and west of Marib city has triggered widespread displacement to overcrowded internally displaced persons (IDPs) sites in Marib City and Marib Al Wadi and into host communities in Al Hodeidah governorate, straining public services, infrastructures and humanitarian assistance. According to the RRM partners, around 500,000 people have been displaced and stranded across 49 frontlines across Yemen throughout the year, many of them for the fourth or fifth time. This has led to the need in shifting more of the CERF fund towards the first line response rather than implementing the WASH emergency secondary line interventions, for which other cluster partners stepped in to cover the gap. The need was enhanced by the delay faced by the UNICEF consortium planned partners in obtaining sub-agreement approvals, which halted their ability to reach underserved IDPs across frontlines and requiring a shift into first line response.

UNICEF submitted a request to re-programme budget lines under CERF for water quality monitoring and support to RRTs to support for fuel for one-month (February 2021). The re-programming was approved by RC/HC and used to cover the cost of fuel for February 2021. The re-programming allowed for the operation of the water supply system and continuity of the daily water supply for approximately 2.4 million people. The Activities 3.2 and 3.3 were removed and the budget line for activity 2.1 increased. The reprogramming did not affect the number of beneficiaries as the same population benefitted from fuel and electricity support.

Nutrition activities implemented through mobile teams (MTs) and Therapeutic Feeding Centres (TFCs) focused on governorates with highest needs and gaps in services, and the geographic focus was informed by the Integrated Food Security Phase Classification (IPC)-Acute Food Insecurity analysis conducted at the beginning of 2021. The supply component of the project met part of the national needs for essential nutrition supplies. For the activity 1.6, the ACF consortium was not able to secure access to the newly established IDP sites near frontlines within the implementation period and experienced delays due to the protracted procedures of getting sub-agreements requiring an immediate change of action to reach the beneficiaries. In order to address the urgent and critical needs faced by IDPs, and in light of obstacles faced by the consortium, activity 1.6 was implemented directly by e Mobile Teams (MT).

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	4,814	0	36,890	36,690	**78,394**	0	0	34,562	34,128	**68,690**
Host communities	0	0	179,690	177,310	**357,000**	0	0	195,395	193,395	**389,245**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**4,814**	**0**	**216,580**	**214,000**	**435,394**	0	0	230,412	227,523	**457,935**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

Sector/cluster	Water, Sanitation and Hygiene									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	75,000	60,000	105,000	60,000	**300,000**	75,000	60,000	105,000	60,000	**300,000**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	150,000	120,000	210,000	120,000	**600,000**	150,000	120,000	210,000	120,000	**600,000**
Host communities	525,000	420,000	735,000	420,000	**2,100,000**	525,000	420,000	735,000	420,000	**2,100,000**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**750,000**	**600,000**	**1,050,000**	**600,000**	**3,000,000**	**750,000**	**600,000**	**1,050,000**	**600,000**	**3,000,000**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**	**0**	**0**	**0**	**0**	**0**

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

More than 196,000 children and pregnant and lactating women (PLW) indirectly benefitted from integrated services provided by the same mobile teams and Community and Health Volunteers (CHVs) that provided nutrition services. Out of those, 112,500 PLW received counselling and educational messages on optimal practices of infant and young child feeding and received prophylactic supplementation of iron and folic acid tablets. 83,793 children received management for the common childhood illness as part of the IMCI services of the mobile teams, 21,635 children and 15,643 women received different types of routine immunization, including part of the children and PLW that received services through the MTs.

6. CERF Results Framework

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Project objective	Provide life-saving Nutrition and WASH support to vulnerable communities in Yemen
Output 1	Prevent deterioration of nutritional status through screening, referral and treatment.

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Number of U5 children with Severe Acute Malnutrition (SAM) who received treatment in outpatient management programs	60,000	67,563	Mobile teams and Out-patient Therapeutic Programmes (OTPs) monthly reports.
Indicator 1.2	Number of U5 children with Severe Acute Malnutrition (SAM) who received treatment in inpatient management programs	10,000	10,502	Therapeutic Feeding Centres (TFCs) monthly reports.
Indicator 1.3	Number of children aged 6 - 59 months who received micronutrient powder supplementation	350,000	379,870	HFs and CHNVs monthly reports
Indicator 1.4	Number of U5 children and PLW who received nutrition services as part of RRM	15,394	13,519	MT reports
Explanation of output and indicators variance:		The number of beneficiaries reached through the nutrition interventions saw an overachievement. The ACF consortium couldn't secure access to the newly established IDP sites near frontlines within the implementation period and experienced delays due to the protracted procedures of getting sub-agreements requiring an immediate change of action to reach the beneficiaries. In order to address the urgent and critical needs faced by IDPs, the Activity 1.6 was implemented directly by the Mobile Teams (MT). The indicator 1.6 indicated the number of IDPs that received nutritional support through the MTs, in line with Activity 1.2 and 1.4.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procurement and delivery of therapeutic food and essential nutritional medications for management of 70,000 children under five years with Severe Acute Malnutrition (60,000 SAM without complications and 10,000 SAM with complications)	The procurement of the essential nutrition supplies was implemented directly by UNICEF through supply division in Copenhagen for offshore supplies and through country office for local supplies. The delivery of the supplies was implemented through UNICEF's contracted transporters.

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Activity 1.2	Deployment of 10 mobile teams to provide integrated nutrition services to hard to reach villages and IDPs locations	The activity was implemented through the governorate health offices (GHOs) in Hajjah, Taiz, Hodeida, Sana'a, and Amran governorates.
Activity 1.3	Support the functionality of 10 Therapeutic Feeding Centers (TFCs) to provide inpatient management of Severe Acute Malnutrition (SAM) with complications at health facilities	In the governorates of Hodeidah, Sa'ada, Amanat Al Asima and Ibb, the activity was implemented through the GHOs. In Al Jawf, the activity was implemented through the national NGO Building Foundation for Development (BFD).
Activity 1.4	Support quarterly review meetings of community health volunteers to ensure the continuity of community services including the active case finding and referral of children with acute malnutrition from the community to the health facilities and mobile teams	The activity was implemented mainly by GHOs across the country under the lead of the Ministry of Health and Population (MoPHP) in Sana'a and Aden. The CERF funding has contributed to the national implementation along with other donors. Two NGOs (BFD, and - Addition for disaster assistance and development (ADD)) contributed to the implementation of this activity.
Activity 1.5	Support monitoring and supportive supervision on nutrition interventions at districts and governorate levels.	This activity was implemented by all the partners mentioned above.
Activity 1.6	Provide nutrition services to the most vulnerable U5 children and women among the IDPs communities as part of the rapid response mechanism (RRM)	This activity has been implemented through the MTs in line with activity 1.2 and 1.4

Output 2	Vulnerable populations, including host community and IDPs, continue to receive safe water supply and basic sanitation services at community and institutional levels.			
Was the planned output changed through a reprogramming after the application stage?		Yes ☐	No ☒	
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Number of people provided with improved access to drinking water supply through support to operation, maintenance and rehabilitation of public water systems	3,000,000	3,000,000	Third Party Monitoring (TPM) and UNICEF WASH Facilitators reports
Explanation of output and indicators variance:		The fuel support with CERF grants for 33 Local Water and Sanitation Corporations (LWSC) ensued the provision of safe water supply for 3 million people daily whereas the electricity support ensured 1.58 million people have access to basic sanitation and supported the operation of 47 water wellfields in Sana'a city with electricity power pump to compliment the fuel support. The same population benefitted both from water and sanitation services in Sana'a and Al Hodeidah City.		

Activities	**Description**	**Implemented by**
Activity 2.1	Support the provision of safe drinking water supply and sanitation in urban and rural areas at community level and to health facilities through operation and maintenance to LWSCs (including fuel, electricity, disinfectants, waste-water treatment plants/sewage stations)	Procurement and delivery of fuel to 33 Local Water and Sanitation Corporations (LWSC) by UNICEF was done in partnership with WFP.

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Output 3	IDPs and vulnerable populations affected by the crisis are provided access to gender responsive and life-saving emergency WASH services

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	Number of people provided with gender responsive standard hygiene kit (basic kit) and benefiting from household level water treatment in cholera high risk areas.	90,300	127,925	Weekly registry and verification of registration IDPs, implementing partners monthly reports, and Quarterly PDMs
Indicator 3.2	Number of people served by water quality surveillance and chlorination	3,000,000	0	NA
Indicator 3.3	Number of RRTs (two members, 1 male and 1 female volunteers) activated and responding as a first line response	350	0	NA
Explanation of output and indicators variance:		As per the approved re-programming, indicators 3.2 and 3.3 were removed as the activities 3.2) Water quality monitoring and chlorination to support access to safe water in support of health of vulnerable communities) and Activity 3.3) Support of Rapid Response Teams (RRTs) to support community response to prevent and respond to epidemic diseases such as cholera and COVID-19 were cancelled under this support.		

Activities	**Description**	**Implemented by**
Activity 3.1	Procurement, warehousing support and distribution of WASH supplies for disease preventive hygiene behaviours (including soap, basic hygiene Kits to support health of vulnerable IDP populations	UNICEF procured and delivered the basic hygiene kits.
Activity 3.2	Water quality monitoring and chlorination to support access to safe water in support of health of vulnerable communities	Removed
Activity 3.3	Support of Rapid Response Teams (RRTs) to support community response to prevent and respond to epidemic diseases such as cholera and COVID-19	Removed

7. Effective Programming

a. Accountability to Affected People (AAP) [3]:

GUIDANCE (delete when completed): In **max. 150 words**, please describe how crisis-affected people (including vulnerable and marginalized groups) were involved in the design, implementation and monitoring of the project. Please highlight the modality used to involve all groups in all project phases and how feedback might have led to the agencies adapting the project design as required.

The affected communities were engaged in the design of the project. UNICEF received feedback from the affected communities through the Post-Distribution Monitoring (PDM) of previous RRM actions. The feedback, collected through questionnaires in the registration forms, was reflected in the composition of the RRM packages and the distribution process.

[3] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

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TPM, WASH staff and WASH facilitators directly engaged with communities in the targeted areas to gather feedback and consult beneficiaries to strengthen effective communication and ensure transparency. IDPs were involved during the selection of water points and Non-food Items (NFIs) distribution.
For the nutrition activities, the targeted communities were involved in all phases of the implementation. The community-based component was mainly delivered by community health and nutrition volunteers (CHNVs), who are from the same targeted communities and selected in close collaboration with the leaders of the local villages, health facilities and district health offices (DHOs). The MT targeted locations were identified by community members and DHOs. Each MT had one CHVN working with the team in the daily sessions, who played an important role in the community mobilization prior to the sessions, tracking the defaulters of the management programmes and follow up the cases after the discharge.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In **max. 150 words**, please describe the feedback or complaint mechanism[4] implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

The results of the Post-Distribution Monitoring (PDM) showed a lack of awareness of the complaints mechanisms among the beneficiaries. Once the packages were distributed to newly displaced families, complaint mechanisms were implemented by the distribution partners, including face-to-face, toll-free hotlines, and complaint boxes at distribution sites, to increase the visibility of the mechanisms. During the distribution of the packages, UNICEF ensured that each kit had a leaflet describing the component of the kits, so that each family could identify and report any missing item through the complaint mechanism.

During the monitoring of LWSC, households were interviewed on: frequency and duration of water supplied by the LWSCs, adequacy of the amount of water, reasons why the amount of water from the LWSC was not adequate and level of satisfaction.

More than one complaint mechanism was in place during the implementation of the project. The free hotline mechanism was launched as part of the existing emergency health and nutrition project covering more than 40 per cent of the health facilities across the country. In addition to the mechanism, feedback from the communities was collected through a network of more than 20,000 community health volunteers who are engaging in a periodic review meeting with the health workers and districts and governorates nutrition focal points.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

GUIDANCE (delete when completed): In **max. 150 words**, please describe the mechanism used to record and handle Sexual Exploitation and Abuse (SEA)-related complaints, including aspects of confidentiality, accessibility and follow-up?

UNICEF has mandatory assessment for CSO implementing partners on their capacity on PSEA (Protection from sexual exploitation and abuse). All the new partnerships with local CSOs are conditioned to standard set of proved PSEA capacity.
UNICEF staff have been undertaking sessions on how to conduct the assessment and capacity building when necessary, receiving update on the mandatory assessment policy and procedure, monitoring/follow-up.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how the project is intended to contribute to gender equality and promoting the empowerment and protection of women and girls, as well sexual and gender minorities?

The nutrition activities for children under five targeted both boys and girls equally, most of the nutrition targets among adults are mainly for women and adolescent girls. All the community health & nutrition volunteers are women, and this was a strict criterion that aimed to empower women as key players in their communities. Furthermore, data on beneficiaries especially on treatment of severe acute malnutrition was monitored and disaggregated by gender to ensure no exclusion in the provision of services. The differentiated needs of women and young girls with respect to WASH services including water fetching burden and gender sensitive facilities (Hygiene kits) were systematically taken into account in project implementation. The continuity of water supply through the fuel and electricity support ensured people had safe access to water supply through the household connection and improved water sources closer to their houses. Water interventions in the IDP camps ensured the collection of water within the IDP's which reduce the risk of women and young girls' exposure

[4] A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to): complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

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to any risk of violence and abuse. Women and young girls were encouraged to participate and even to lead community hygiene promotion activities and management of water points and report any water violence and abuse during water collection.

e. People with disabilities (PwD):

GUIDANCE (delete when completed): In **max**. **150 words**, please describe how the project met the essential needs and ensured PwD accessibility and inclusion. Further, explain how the project addressed the specific risks and promotes protection and safety for PwD, in particular women and girls with disabilities?

The WASH and RRM activities were mainstreamed to ensure priority accessibility for people with special needs, especially in the sites of distribution and of basic hygiene kits.
The nutrition services promoted equal access of boys and girls and their caregivers. The specific needs of PwD were considered and included in the programme approach through the use of community health and nutrition volunteers, mobile and outreach services that took services closer to people with disability. Alternative measurement of children with disability were adopted e.g. MUAC, weight for height etc in order to ensure inclusivity of all children under five.

f. Protection:

GUIDANCE (delete when completed): In **max. 150 words**, please explain how protection of all affected persons and at-risk was mainstreamed in the project implementation and highlight all integrated protection outcomes obtained under this project?

RRM partners already received relevant training throughout the respective clusters. For field monitoring a protection focal point is part of the registry team and oversees the distribution process. Furthermore, relevant protection questions are included in the registry forms and in the PDMs questionnaires. This is subjective to the nature of the program implementation (Rapid response).

For the nutrition activities, there are general measures that are integral in the implementation that are related to the protection mainstreaming. These measures are not specifically for this project.

For Mobile Teams:
- locations of the services delivery are selected by the community members to ensure safe and suitable access for beneficiaries.
- Each mobile team has at least one female health worker to increase the access of women.
- Community volunteers– when available in the location – are supporting the MT session, and all of them are females.

For TFCs:
- All the TFCs are located in public hospitals and health centers which are supposed to be protected and safe from targeting.
- Only mothers / female caregivers are allowed to stay all the time with the admitted children, so privacy and a safe place for breastfeeding are ensured.
- All TFCs has female health workers

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

The project didn't focus on education or training. Training of community health volunteers has been funded through other programmes as it is a long-term development programme, and training of local water and sanitation technicians has not been prioritized through the CERF UFE funding.

8. Cash and Voucher Assistance (CVA)

If more than one modality was used in the project, please complete separate rows for each activity. 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).

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:

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No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

CVA has not been included in the activities, which relied on supplies, operational centres, and skilled health workers, access to safe water and hygiene and ensuring the functionality of water and sanitation systems, and provision of basic hygiene supplies to attend the needs of the beneficiaries.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
Project Photos	https://weshare.unicef.org/CS.aspx?VP3=SearchResult&VBID=2AMZVN02PJC9
Project Photos	https://weshare.unicef.org/CS.aspx?VP3=SearchResult#/SearchResult&VBID=2AMZVN02P9ID
Rebuilding life from a box – EN (UNICEF website)	https://www.unicef.org/yemen/stories/rebuilding-life-box
Rebuilding life from a box – AR (UNICEF website)	https://uni.cf/3AdPz1j

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Project Report 20-UF-WHO-032

1. Project Information

Agency:	WHO	**Country:**	Yemen
Sector/cluster:	Health Nutrition	**CERF project code:**	20-UF-WHO-032
Project title:	Provision of essential and lifesaving health services for vulnerable population		
Start date:	10/11/2020	**End date:**	08/02/2022
Project revisions:	No-cost extension ☒	Redeployment of funds ☐	Reprogramming ☒

Funding

Total requirement for agency's sector response to current emergency: **GUIDANCE**: Figure prepopulated from application document.	**US$ 54,100,000**
Total funding received for agency's sector response to current emergency: **GUIDANCE**: Indicate the total amount received to date against the total indicated above. Should be identical to what is recorded on the Financial Tracking Service (FTS). This should include funding from all donors, including CERF.	**US$ 41,200,000**
Amount received from CERF:	**US$ 9,000,001**
Total CERF funds sub-granted to implementing partners: **GUIDANCE**: Please make sure that the figures reported here are consistent with the ones reported in the annex.	**US$ 3,066,957**
Government Partners	**US$ 0**
International NGOs	**US$ 2,105,702**
National NGOs	**US$ 961,255**
Red Cross/Crescent Organisation	**US$ 0**

2. Project Results Summary/Overall Performance

The project supported the Minimum Services Packages (MSP), Therapeutic Feeding Centre (TFC) and Trauma care in targeted health facilities. WHO has reached 308,110 host community and IDPs beneficiaries in different governorates across the country. WHO nutrition programme has provided 410 essential drugs Paediatrics and SAM/kit, in 90 TFCs and treated 19,897 sickest children with severe acute malnutrition sustaining a 24/7 emergency lifesaving care. The trauma and emergency care services provided TESK, ICU and ER equipment to 23 hospitals across the country, refresh training courses have been conducted on Mass Causality Management and Basic Emergency Support, targeted 66 ER doctors and nurses in supported hospitals, including those close to the frontlines.

3. Changes and Amendments

-

The total number of children to reach is below the target because of administrative issues delaying partnership contracting and the fund were reallocated to the minimum service package implementation. And this reprogramming was approved by CERF. In addition, a no cost extension was requested and approved due to unforeseen delays in essential drugs supply provision due to lengthy administrative issue with local authorities. Variances under each output are justified in the results framework section.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**					
Returnees	0	0	0	0	**0**					
Internally displaced people	33,339	27,415	21,597	24,093	**106,444**	**33,350**	**27,600**	**21,650**	**24,200**	**106,800**
Host communities	63,115	51,901	40,886	45,610	**201,512**	**63,200**	**51,500**	**40,800**	**45,810**	**201,310**
Other affected people	0	0	0	0	**0**					
Total	**96,454**	**79,316**	**62,483**	**69,703**	**307,956**	**96,550**	**79,100**	**62,450**	**70,010**	**308,110**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**					

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**					
Returnees	0	0	0	0	**0**					
Internally displaced people	0	0	0	0	**0**					
Host communities	21,085	2,343	12,009	11,419	**46,856**	**1,990**	**17,907**	**10,346**	**9,551**	**39,794**
Other affected people	0	0	0	0	**0**					
Total	**21,085**	**2,343**	**12,009**	**11,419**	**46,856**	**1,990**	**17,907**	**10,346**	**9,551**	**39,794**
People with disabilities (PwD) out of the total										
	0	0	0	0	**0**					

* Figures represent best estimates of people directly supported through CERF funding. Disaggregation by sex and age represents women and men ≥18, girls and boys <18.

5. People Indirectly Targeted by the Project

The 90 TFCs in the most affected districts by acute malnutrition have a geographic coverage in which live more than 4,5000,000 children less than five years granting them accessibility to lifesaving care when needed.

6. CERF Results Framework

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Project objective	Maintaining the health Minimum Service Package and alleviating the nutritional impact of the crisis on children under-five years, women and girls
Output 1	Access to essential health care services through establishment of a basic system of primary and secondary healthcare functions

Was the planned output changed through a reprogramming after the application stage? Yes ☐ No ☒

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	# Health facilities supported with Minimum Services Packages (MSP)	21	37	Reporting, M&E visits
Indicator 1.2	# Of outpatient consultation conducted	307,956	308,110	Reporting, M&E visits
Explanation of output and indicators variance:		There is an overachievement from the planned targets because of the reprograming of activities from Nutrition component to MSP. Reprograming has been approved by CERF.		

Activities	**Description**	**Implemented by**
Activity 1.1	Partnership with INTERSOS for provision of MSP in Ibb and Lahji governorates.	INTERSOS (INGO)
Activity 1.2	Partnership with FMF for provision of MSP in Al Dhale governorate.	FMF(NNGO)
Activity 1.3	Partnership with Human Access for provision of MSP in Mareb.	Human Access (NNGO)

Through partnership with INTERSOS, FMF and Human Access, WHO ensured the continuity of provision of lifesaving integrated health care services to host communities and IDPs in different governorates across the country by implementing emergency health care projects providing integrated health care service including general emergency and trauma care. As outcome, over 200,000 consultations have been conducted to host communities and IDPs beneficiaries. The table below shows the number of HFs reached in various districts with the partnership of INTERSOS, FMF, and Human Access.

Partner	No of HFs & Areas of Interventions
INTERSOS	Lahj: 10 HFs in 5 districts

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	Ibb: 6 HFs in 2 districts
FMF	Aldhala'a: 11 HFs in 3 districts
Human Access	Mareb: 5 HFs in 5 districts Abyan: 5 HFs in 4 districts

Output 2	Injured receive adequate essential trauma care services			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	# Health facilities supported with trauma supplies	23	23	Reporting, M&E visits
Indicator 2.2	# Minor and major surgeries conducted	59,200	59,100	Reporting, M&E visits
Indicator 2.3	# Health workers trained on trauma care, triage, safe administration of blood and blood products through refresher trainings	110	66	Reporting
Explanation of output and indicators variance:		The cost of refresh training of trauma was higher than expected so the achieved targets less than the planned		

Activities	**Description**	**Implemented by**
Activity 2.1	Procured and distribute trauma medical supplies	WHO
Activity 2.2	Provide refresher trainings to health staff on trauma care, triage, safe administration of blood and blood products	MoH under WHO support and supervision

Output 3	Support life-saving programmes on the management of Severe Acute Malnutrition (SAM)			
Was the planned output changed through a reprogramming after the application stage?			Yes ☐	No ☒
Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	# Of Therapeutic Feeding Centre supported with medical supplies to treat SAM children	90	90	[logistic reports, TFCs reports, M&E, TPM]
Indicator 3.2	# SAM children treated	23,428	19,897	TFCs reports, M&E, TPM
Indicator 3.3	Number of caregivers who benefitted from Admission kits and counselling sessions on IPC prevention, mental health and IYCF	21,428	19,897	TFCs reports, M&E, TPM
Explanation of output and indicators variance:		Planned targets have not been achieved because of reprograming occurred and approved from nutrition to MSP and that's why there is an		

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	overachievement occurred in the MSP component. Reprogramming has been approved by CERF.

Activities	Description	Implemented by
Activity 3.1	Procure and distribute admission kits	WHO
Activity 3.2	Procured and distribute medicines to treat SAM children	Not implemented reprogramed
Activity 3.3	Procured and distribute SAM kit to treat SAM children	WHO
Activity 3.4	Partnership with SOUL to provide life-saving health nutrition intervention in hard-to-reach area to treat SAM children	not implemented, reprogrammed
Activity 3.4	Partnership with PREMIERE URGENCE INTERNATIONALE (PU-AMI) to provide free of charge services for affected people in hard-to-reach areas	PU-AMI

Through the partnership with PU-AMI and sub grant provided, two TFCs have been supported in Raymah district, Al Jabin in order to provide free of charge services for affected people in hard-to-reach areas in addition to that WHO has provided essential drugs for these TFCs.

7. Effective Programming

a. Accountability to Affected People (AAP) 5:

Activities planned under the WHO project were based on actual gaps identified by the WHO field team, in close collaboration with local authorities and affected communities. Implementation occurred in coordination with the affected populations to ensure their satisfaction with the results and the gaps identified during the project cycle were corrected and adapted during the implementation. The number and composition of kits that was procured under the CERF project were identified jointly with the health facilities, as well as the composition of the admission kits was based on the feedback received from caregivers about the most needed hygiene items families need for the well-being of the SAM children and their mothers during the admission at the TFCs.

The WHO considers the Accountability to Affected People (AAP) as a priority and commitment to ensure that the individuals and communities are meaningfully and continuously involved in decisions that directly impact their lives. Thereupon, the WHO adopts an institutional strategy for scaling up AAP and strengthen the accountability concept at all stages of the project cycle. Therefore, the WHO implemented multiple mechanisms to engage the beneficiaries in the project cycles and to enable communities to report their feedback about the project activities: The WHO implemented the project activities based on actual gaps identified by WHO technical team on the ground, in close collaboration with local authorities that are represented in the ministry of health and affected communities. The WHO reviewed the requests list raised by the ministry of health and engaged with them in several meetings to revise the raised requests and approved the eligible and priority requests.

The monitoring and evaluation team (M&E team) conducted continuous assessment through field visits to track the project activities progresses and assess the impact of the support on the health facilities performance. Also, the M&E team carried out interviews with the beneficiaries to assess their satisfaction against services provided, where 88% of the beneficiaries reported that they are satisfied with the care received and 89% of the beneficiaries were satisfied with the health facilities environments.

b. AAP Feedback and Complaint Mechanisms:

GUIDANCE (delete when completed): In **max. 150 words**, please describe the feedback or complaint mechanism[6] implemented and accessible to targeted groups during the project implementation period, including aspects of confidentiality, accessibility and follow-up.

[5] AAP and PSEA are part and parcel of IASC commitments, and therefore mandatory for compliance for all UN agencies and partners. Agencies do not necessarily need to establish new AAP and PSEA mechanisms for CERF projects if functioning ones are already in place. For more information please refer to the IASC AAP commitments.

[6] A closed loop feedback/complaint mechanism allows for the confidential collection of feedback/complaints from all community members and ensures confidentially reverting to the individual complainants, indicating the results of how the complaint was addressed by the implementer. It should be permanently accessible to all community members and offer a secure line of communication between them and the implementer. Examples of mechanisms could be (and are not limited to):

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In order to increase the accountability toward the affected people, WHO has established a complaint mechanism to consolidate the engagement of beneficiaries and encourage them to raise their comments. They can raise their complaints and suggestions directly over the complaint channels. Toll-free number 8004090, Email: YEMgrmehnp@who.int, WHO social media. During the project period, the GRM Officer

The WHO is supporting and encouraging the health facilities to establish GRM boxes in the facilities. The M&E officers noted that there were more than 70% of the visited health facilities have GRM box, and 60% of the respondents were aware about the GRM boxes.

For the MSP component, complaints boxes are available in the health facilities that enable beneficiaries to register complaints. Collection of complaints and feedback has been captured to strengthen relationships with target communities, identify the gaps and areas for improvement within the project and provide the relevant aid for the context of the targeted groups.

For the HFs supported with MSP and TFCs, exit interviews have been conducted with implementing partners and WHO staff during supervision and monitoring visits

WHO has ensured the use of mobile-based groups for real-time exchange of information. Within the Nutrition program, WHO has activated a WhatsApp group whereby TFC workers can exchange feedback about the status of functionality of the TFCs, red-flag issues and needs that require WHO's support and response.

According to WHO policy, data protection of the targeted groups is ensured through keeping conditionality of data including identity and personal information in the interviews and

Findings from M&E: this applies to both MSP and Nutrition response. The feedback loop is closed through the M&E Action Log whereby WHO concerned technical officers are due to take actions according to the issues raised by beneficiaries through the different modalities of reporting described above. It is noted WHO does not disclose the identity of the beneficiaries who are being interviewed; in addition, beneficiaries are given the option of not disclosing their full personal details during the interviews.

c. Prevention of Sexual Exploitation and Abuse (PSEA):

WHO has a well-established complaints and feedback mechanism that extends to each of the implementing partners, with access to people of all genders, ages and abilities (focusing on groups most vulnerable to SEA). At the field level, the WHO M&E officer oversees verifying those effective systems are in place to prevent and respond to acts of sexual exploitation and abuse, and WHO provides support to implementing partners to this end.

d. Focus on women, girls and sexual and gender minorities, including gender-based violence:

WHO has embedded gender equality criteria in the planning and implementation of the project. The total beneficiary figure is disaggregated by age and gender. Specific numbers of women and girls have been recorded to benefit from this project. These gender specific numbers have been verified through the project cycle, documentation at facility level and through contracted monitoring and evaluation team.

Furthermore, WHO printed posters and flyers distributed in IDP sites, water points and community gathering locations for women to encourage women and girls to go and seek treatment for illnesses. M&E unit has conducted health facility visits and do spot checks on the records to assess the numbers of women and girls benefiting from the project, and which are reported in the breakdown of the total beneficiaries' number reached throughout the project. The entire intervention is a conscious step from WHO to address gender inequality in Yemen. WHO has devoted special attention to promoting and encouraging this component as an active best practice to be followed and further elaborated in future projects.

e. People with disabilities (PwD):

Because People with disabilities (PwD) are extremely vulnerable and their needs are present across all sectors especially health, the project has prioritized the essential needs of PwD in terms of ensuring accessibility and inclusion. The project significantly takes into consideration inclusion of PwD in the design, implementation, and significantly supporting their access to health services through TFCs in order to promote their safety, protection, and dignity. Throughout the project, TFCs are reflected in the secondary health facility structure which address the need for movement of disabled people in need. Most of the WASH facilities in the TFCs are based on the WHO structure

complaints boxes, hotline numbers, complaints desks (if they can ensure confidentiality), Staff on field missions or community consultations for example do not constitute viable feedback/complaint mechanisms, as they are not permanently available to communities and cannot guarantee confidentiality.

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standards has both toilets designs to fit people with disabilities. WHO and other nutrition response partners delivering nutrition services at the TFC do not collect data by people living with disabilities – the data collection and reporting from TFCs focuses on TFCs performance indicators and U5 SAM children are monitored in terms of nutrition related indicators. For the MSP including trauma care, one of the key objectives to secure quality MSP, including trauma care, is to reduce the risk of mortality and morbidities associated with all-inclusive traumatic and non-traumatic consultations. The ultimately goal is to improve quality of life of patients and further support provided by specialized partners. Through the sustainment of MSP, including its trauma care component, WHO sought to maintain in place the exiting network and system of referral for patients to prevent the risk of permanent or semi-permanent disabilities.

f. Protection:

Protection is a primary component that has been mainstreamed across the project sector, as part of the commitment to the "do no harm principle" and the "centrality of protection" in the humanitarian response. WHO ensured that all assistance promotes the protection, safety and dignity of the affected people, and WHO has ensured that women, girls, men, and boys have safe access to the assistance/services and measures will be adopted to safeguard equitable access for people with disabilities, the elderly, and minority groups. The assistance provided for the health facilities has enabled them to provide lifesaving and health services to protect communities living in hard-to-reach areas and delivering specific services for girls and women (i.e., ante-natal care) which consequently it enhances the protection of all affected groups. . WHO has analysed and disaggregated all data by sex, age and disability in addition to the needs of vulnerable and minority groups (such as adults and children with disabilities), throughout the program cycle (assessment, analysis, design, implementation, and monitoring) with identification of risk factors and rights violations impacting service provision for beneficiaries.

g. Education:

GUIDANCE (delete when completed): If relevant for this project, please explain in **max. 150 words** how aspects of education have been considered in the project design?

The project does not focus on education sector –related interventions; the project covered health promotion as part of public health response.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	[Fill in]

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered as a default response option, and multi-purpose cash (MPC) should be utilised wherever possible.

If **yes**, briefly note how CVA is being used, highlighting the use of MPC, and if any linkages to existing social protection systems have been explored.

[Fill in]

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

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[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. **Visibility of CERF-funded Activities**

Title	**Weblink**
Essential Health Services (MSP)	***Twitter English***: https://t.co/izw96Sal4E ***Twitter Arabic***: https://t.co/lUEYeJrWOx ***Facebook***: https://bit.ly/3GSBfhD
Beneficiary Nutrition	***Twitter English***: https://t.co/3K4aJDgTG3 ***Twitter Arabic:*** https://t.co/OTUfvshzCy ***Facebook***: https://bit.ly/3sNfU4f
Nutrition Services/ Lahj	***Twitter English***: https://t.co/izw96Sal4E ***Twitter Arabic:*** https://t.co/lUEYeJrWOx ***Facebook***: https://bit.ly/3sNfU4f
Emergency Services/Trauma	***Twitter English:*** https://t.co/nCGrz1QvxD ***Twitter Arabic:*** https://t.co/oGEnZt5vlr ***Facebook***: https://bit.ly/3sJUchr
Beneficiary/ Reproductive Health	***Twitter English:*** https://t.co/K0ZThK0u91 ***Twitter Arabic:*** https://t.co/3cqbKENge6 ***Facebook***: https://bit.ly/3JBWBl0
Mass Casualty Training	***Twitter English:*** https://t.co/E9ojge2LPe ***Twitter Arabic:*** https://t.co/pTAyttjTui ***Facebook:*** https://bit.ly/3HZnpeS
BEC Training	***Twitter English:*** https://t.co/ygPimBgbeD ***Twitter Arabic:*** https://t.co/uqs0wm4z1a ***Facebook:*** https://bit.ly/3LzRDHz
Fuel Support	***Twitter English:*** https://t.co/8lkvP81RpE ***Twitter Arabic:*** https://t.co/Pse2iDE6cA ***Facebook:*** https://bit.ly/3gQmvVR

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ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	CERF Sector	Agency	Implementing Partner Type	Total CERF Funds Transferred to Partner in USD
20-UF-FPA-032	Health	UNFPA	INGO	$411,944
20-UF-FPA-032	Health	UNFPA	NNGO	$2,956,692
20-UF-FPA-032	Health	UNFPA	NNGO	$1,063,629
20-UF-FPA-032	Health	UNFPA	NNGO	$1,635,888
20-UF-FPA-032	Health	UNFPA	NNGO	$830,056
20-UF-FPA-032	Health	UNFPA	NNGO	$440,002
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$940,586
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$202,156
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$31,577
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$7,101
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$9,627
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$37,039
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$79,829
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$213,936
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$463,198
20-UF-CEF-051	Water, Sanitation and Hygiene	UNICEF	GOV	$86,000
20-UF-CEF-051	Nutrition	UNICEF	GOV	$9,789
20-UF-CEF-051	Nutrition	UNICEF	GOV	$8,814

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20-UF-CEF-051	Nutrition	UNICEF	GOV	$5,047
20-UF-CEF-051	Nutrition	UNICEF	GOV	$58,870
20-UF-CEF-051	Nutrition	UNICEF	INGO	$8,674
20-UF-CEF-051	Nutrition	UNICEF	GOV	$44,501
20-UF-CEF-051	Nutrition	UNICEF	GOV	$42,985
20-UF-CEF-051	Nutrition	UNICEF	NNGO	$187,821
20-UF-WHO-032	Health	WHO	NNGO	$497,690
20-UF-WHO-032	Health	WHO	NNGO	$463,565
20-UF-WHO-032	Health	WHO	INGO	$1,805,702
20-UF-WHO-032	Health	WHO	INGO	$300,000

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