

YEMEN
RAPID RESPONSE
VIOLENCE/CLASHES
2021

21-RR-YEM-47057

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

8 March 2022

The AAR was conducted on 8 March 2022. The session was chaired by the head of OCHA Yemen Coordination and Planning Unit. Focal points from recipient agencies, cluster coordinators, and the Monitoring and Evaluation Officer of YHF participated in the review.

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 allocation of US \$ 40 million enabled the humanitarian partners to continue responding to the most urgent needs of conflict affected people in Ma'rib and Al Jawf governorates of Yemen. In addition to providing critical Health, WASH, Protection and Shelter and Non-food items to targeted people, the allocation enabled the expansion of common services such as Emergency Telecommunication Services, Security Risk Assessments and UNHAS flights to Ma'rib allowing humanitarian actors to reach Ma'rib and provide critical life-saving assistance to crisis affected people in an area heavily impacted by ongoing conflict. Overall, the CERF allocation enabled the provision of immediate critical life-saving assistance to over 1.97 million people and scale up of the response capacity through the provision of air transport and logistics which previously was a key challenge to effective response.

CERF's Added Value:

The allocation contributed to all the four key strategic added values. In addition, the CERF allocation helped to ensure continuity of services in the affected areas particularly during in times of continued escalation.

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

Yes

Partially

No

The first component of the CERF allocation strategy was enabling immediate response to the humanitarian needs of displaced people in the targeted governorates. Accordingly, the allocation led to immediately availing critical lifesaving services to vulnerable people, for instance, UNFPA used the funding from the allocation to immediately mobilize and deploy mobile health teams that managed to reach the most vulnerable people in remote areas with critical health services including Reproductive Health (RH).

Did CERF funds help respond to time-critical needs?

Yes

Partially

No

The CERF allocation helped to respond to urgent needs of newly displaced people. UNICEF and IOM were able to respond to new influx of IDPs with water trucking and basic hygiene kits using the resources from this allocation. UNFPA also used the funding to provide rapid response life-saving kits of newly displaced people in Mari'b and Al Jawf.

Did CERF improve coordination amongst the humanitarian community?

Yes

Partially

No

The CERF allocation process improved interagency consultation and coordination as multiple agencies had to receive funding for similar sector services.

Did CERF funds help improve resource mobilization from other sources?

Yes

Partially

No

The CERF allocation helped to mobilize additional funding, for instance, IOM managed to mobilize funding from other sources to continue the services funded by CERF. The security structure set up in M'arib by UNDP using the CERF allocation received recognition by SMT and UNDSS HQ and this led the structure remain funded from the core UNDSS core budget after the CERF grant ended.

Considerations of the ERC's Underfunded Priority Areas¹:

The CERF allocation enabled the recipient agencies, and their implementing counterparts address the most urgent and critical need of women and girls in Ma'rib and Al Jawf. Overall, a total of 1,087,808 women and girls reached through the funding from this allocation. UNFPA reached a total of 70,481 women and girls with Gender Based Violence (GBV) services and supported 16 health facilities enabling the provision of emergency obstetrics and neonatal care for 100,531 women and girls. IOM used the CERF funding to provide secondary health services that included provision of neonatal ICU, delivery and caesarean sections, and distributed 5000 safe "Delivery Mama" kits and birth attendants kits. WHO and UNICEF also utilized the CERF funding to avail various health nutrition services that specifically benefited women and girls.

In addition to GBV services provided by UNFPA, the funding from the CERF allocation was used to enable provision of various protection related services. Through the CERF funding, UNICEF reached 1,712 children with various child protection services, 25,225 people received mental health and psycho-social support and 70,623 people were reached with various awareness-raising and Explosive Ordnance Risk Education (EORE). UNHCR reached 102,746 people with psycho-social support, legal assistance, child protection and GBV services. A total of 138,659 (41,701 men, 32,510 women, 33,417 girls and 31,031 boys) people with disabilities were among the beneficiaries that were reached through this CERF allocation.

Support to education in protracted crises was not part of this allocation.

Table 1: Allocation Overview (US\$)

| | |
|---|-------------------|
| Total amount required for the humanitarian response | 80,000,000 |
| CERF | 39,994,817 |
| Country-Based Pooled Fund (if applicable) | 6,610,683 |
| Other (bilateral/multilateral) | 0 |
| Total funding received for the humanitarian response (by source above) | 46,605,500 |

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

| Agency | Project Code | Sector/Cluster | Amount |
|--------|---------------|---|-----------|
| IOM | 21-RR-IOM-008 | Health | 1,702,338 |
| IOM | 21-RR-IOM-008 | Water, Sanitation and Hygiene | 1,513,189 |
| IOM | 21-RR-IOM-008 | Common Services - Logistics | 1,513,189 |
| UNDP | 21-RR-UDP-002 | Common Services - Safety and Security | 682,267 |
| UNFPA | 21-RR-FPA-009 | Protection - Gender-Based Violence | 1,856,800 |
| UNFPA | 21-RR-FPA-009 | Health - Sexual and Reproductive Health | 6,583,200 |

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](#).

| | | | |
|---------------|---------------|--|-------------------|
| UNHCR | 21-RR-HCR-008 | Shelter and Non-Food Items | 11,623,400 |
| UNHCR | 21-RR-HCR-008 | Protection | 1,436,600 |
| UNICEF | 21-RR-CEF-015 | Water, Sanitation and Hygiene | 4,616,634 |
| UNICEF | 21-RR-CEF-015 | Protection - Child Protection | 2,308,317 |
| UNICEF | 21-RR-CEF-015 | Health | 2,308,317 |
| WFP | 21-RR-WFP-011 | Common Services - Humanitarian Air Services | 1,200,960 |
| WFP | 21-RR-WFP-011 | Common Services - Emergency Telecommunications | 1,023,040 |
| WHO | 21-RR-WHO-012 | Health | 1,626,566 |
| Total | | | 39,994,817 |

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

| | |
|--|-------------------|
| Total funds implemented directly by UN agencies including procurement of relief goods | 30,284,491 |
| Funds sub-granted to government partners* | 1,984,570 |
| Funds sub-granted to international NGO partners* | 210,300 |
| Funds sub-granted to national NGO partners* | 7,515,455 |
| Funds sub-granted to Red Cross/Red Crescent partners* | 0 |
| Total funds transferred to implementing partners (IP)* | 9,710,326 |
| Total | 39,994,817 |

* 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:

At the beginning of February 2021 intense clashes broke out in several districts of Ma'rib and Al Jawf governorates leading to a large-scale displacement and further deterioration of living conditions of already displaced populations. Initial field reports indicated massive displacement within Ma'rib Governorate, especially from Sirwah District, which had seen the heaviest fighting. Ma'rib Governorate already hosts an estimated 800,000 internally displaced people (IDPs) – the largest IDP population in Yemen according to local authorities. According to the IOM, some people have been displaced three times and most newly displaced people had been living in displacement sites, with some reportedly carrying their shelters with them to their new locations. An estimated 60 per cent of newly displaced people are residing in informal settlements or crowded sites with limited access to basic services. Further reports received in March 2021 indicated an escalation of hostilities on the Sana'a-Marib-Al Jawf front lines and another large-scale population displacement in Al Hazem and Khab Wa Ash Sh'af districts in Al Jawf Governorate. At the end of March almost 5,500 people had been newly displaced in Al Jawf and according to the most likely scenario of the contingency plan, another 18,000 will be displaced in the coming months.

Operational Use of the CERF Allocation and Results:

The strategy for this allocation is based on 2021 Yemen Humanitarian Response Plan (YHRP), the Ma'rib Operational Plan and Al Jawf situation analysis. The strategy includes two interlinked components: (1) enabling immediate response to the humanitarian needs of displaced people resulting from the recent escalation of conflict and moving frontlines in Ma'rib and Al Jawf; and (2) expansion of key common services enabling the delivery of humanitarian assistance across Yemen. Within the first component, the CERF funding fills critical gaps in the delivery of life-saving response to the people who had already been displaced in Ma'rib and Al Jawf before the escalation of hostilities in March. The CERF allocation will also enable immediate delivery of critical assistance to newly displaced people in Ma'rib and Al Jawf. This allocation targets 768,302 displaced people and people from host communities' members with activities in the Protection (including child protection and protection from gender-based violence), Health, Water, Sanitation and Hygiene, and Shelter/Non-Food Items sectors. In addition, CERF funding enables immediate scale up of response capacity in Ma'rib and Al Jawf through the provision of air transport and logistics, which have been identified in the Ma'rib response plan as key limitations of effective response. Hence, the CERF funding will allow for kick-starting of life-saving response and will enable humanitarian organisations to demonstrate quick results putting them in a good position to attract further funding for Ma'rib and Al Jawf from other sources.

People Directly Reached:

The total number of people reached with different services is estimated by adding the number of people reached under each sector. Therefore, the 1.97 million people reached reflects the various assistances received by people.

People Indirectly Reached:

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

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

| Sector/Cluster | Planned | | | | | Reached | | | | |
|--|---------|--------|---------|--------|----------------|---------|---------|---------|---------|----------------|
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Common Services - Emergency Telecommunications | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Common Services - Humanitarian Air Services | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Common Services - Logistics | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Health | 74,683 | 61,413 | 48,379 | 53,969 | 238,444 | 259,257 | 162,728 | 217,649 | 189,839 | 829,473 |
| Protection | 16,525 | 15,746 | 19,344 | 20,725 | 72,340 | 23,471 | 22,364 | 27,475 | 29,436 | 102,746 |
| Protection - Child Protection | 8,462 | 3,731 | 14,377 | 22,140 | 48,710 | 9,980 | 12,164 | 34,725 | 40,691 | 97,560 |
| Protection - Gender-Based Violence | 50,000 | 0 | 10,000 | 0 | 60,000 | 58,168 | 0 | 12,313 | 0 | 70,481 |
| Shelter and Non-Food Items | 44,156 | 40,344 | 48,660 | 51,501 | 184,661 | 62,064 | 56,705 | 68,393 | 72,386 | 259,548 |
| Water, Sanitation and Hygiene | 86,191 | 81,258 | 103,294 | 98,459 | 369,202 | 141,595 | 133,427 | 172,718 | 167,131 | 614,871 |

* 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 | 0 | 46 |
| Returnees | 0 | 0 |
| Internally displaced people | 217,869 | 1,297,096 |
| Host communities | 550,433 | 669,693 |
| Other affected people | 0 | 7,844 |
| Total | 768,302 | 1,974,679 |

Table 6: Total Number of People Directly Assisted with CERF Funding*

| Sex & Age | Planned | Reached | Number of people with disabilities (PwD) out of the total | |
|----------------------|----------------|------------------|--|----------------|
| | | | Planned | Reached |
| Women | 266,744 | 554,535 | 59,241 | 41,701 |
| Men | 129,708 | 387,388 | 16,264 | 32,510 |
| Girls | 197,181 | 533,273 | 27,787 | 33,417 |
| Boys | 174,669 | 499,483 | 19,741 | 31,031 |
| Total | 768,302 | 1,974,679 | 123,033 | 138,659 |

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 21-RR-IOM-008

| 1. Project Information | | | |
|---------------------------|---|--|--|
| Agency: | IOM | Country: | Yemen |
| Sector/cluster: | Health | CERF project code: | 21-RR-IOM-008 |
| | Water, Sanitation and Hygiene Common Services - Logistics | | |
| Project title: | Providing emergency water, sanitation and hygiene (WASH) and health assistance, and a humanitarian hub for aid operations in Ma'rib governorate | | |
| Start date: | 27/05/2021 | End date: | 26/11/2021 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |

| | | |
|---------------------------------|--|------------------------|
| Funding | Total requirement for agency's sector response to current emergency: | US\$ 65,000,000 |
| | Total funding received for agency's sector response to current emergency: | US\$ 29,250,000 |
| | Amount received from CERF: | US\$ 4,728,716 |
| | Total CERF funds sub-granted to implementing partners: | N/A |
| | Government Partners | N/A |
| | International NGOs | N/A |
| National NGOs | N/A | |
| Red Cross/Crescent Organisation | N/A | |

2. Project Results Summary/Overall Performance

Through this CERF RR grant, the International Organization for Migration (IOM) contributed towards alleviating the immediate needs of vulnerable crisis-affected populations in Ma'rib governorate, Yemen. During the project period, IOM provided lifesaving multisectoral support including health assistance, water, sanitation, and hygiene (WASH) services, and logistical support to the humanitarian hub in Ma'rib. Following the continuous escalation of the conflict in Marib, this project responded to newly displaced families and the protracted

displacement of hundreds of thousands of internally displaced persons (IDPs) living in sites. In total, IOM supported 260,606 individuals with this multisectoral support to improve their health and sanitation conditions.

First, IOM responded to the acute health needs across Yemen by supporting primary healthcare centers and providing life-saving health assistance to vulnerable households. IOM supported two hospitals, one static clinic, and six mobile outreach teams (MOTs) that provided health services to 155,551 individuals (46,817 men, 53,602 women, 27,064 boys, 28,068 girls). IOM provided secondary health care services such as the admission of new cases, new natal ICU, and delivery and caesarean sections. Additionally, IOM provided 10 interagency emergency health kits (IEHKs), 5,000 safe “Delivery Mama” kits, birth attendant kits for 5,000 individuals, nutritional screenings for 4,540 children under 5, and Mental health and Psychosocial Support (MHPSS) for 190 individuals. In the efforts to support the national COVID-19 vaccination campaign, IOM vaccinated 402 IDPs (298 men, 104 Women) with the Johnson & Johnson vaccine in Ma'rib governorate.

Second, IOM improved the sanitation and hygiene conditions for 17,509 households or 105,055 individuals in Ma'rib in 39 sites. However, most of the reported sites were provided with more than one type of service, reaching both direct and indirect beneficiaries. Therefore, the target of 105,055 represents the final, unique total of people supported with WASH services. This target was estimated by accounting for households only once, even if households were supported with more than one type of service under the WASH intervention, including water, sanitation, and hygiene assistance. IOM increased access to water-trucking by providing 62,150,000 liters of safe, chlorinated water to 76,003 individuals and distributing of water tanks for 3,606 newly displaced people (601 families) in 19 IDP sites. IOM rehabilitated six water systems to enable improved access to water benefiting 19,458 people (3,243 families) in six IDP sites. IOM WASH team conducted water quality testing of 22 wells/ water sources for 22 water supply networks. IOM also constructed 446 latrines, 20 PWD latrines, and 19 shared pits for the latrines without pits to provide 4,064 people (677 families) safe access to sanitation facilities. IOM supported 13,296 people with 2,216 basic hygiene kits and 4,132 consumable hygiene kits. IOM also carried out 1,310 hygiene promotion and awareness sessions to 6,279 people.

Third, IOM scaled up its operations in humanitarian hub in Ma'rib, thereby enabling humanitarian actors to conduct field visits and the rapid delivery of humanitarian services for IDPs, migrants and host communities in Ma'rib. IOM established the UN Clinic and UNDSS office/radio, along with 40 accommodation rooms, power back-up system, 130 workstations and ample space for meetings and conferences. Common services were provided such as security, internet, conference facilities, transportation and evacuation capacity for UN Agencies and INGOs.

3. Changes and Amendments

IOM surpassed the target number of beneficiaries due to the escalation of the conflict in Ma'rib and the increased number of new arrivals in displacement sites. Approximately 29,804 households (HHs) were displaced between January to November 2021 in Ma'rib, which raised the WASH and health needs of new arrivals to IOM-supported sites. The project reached additional beneficiaries through its widespread water-trucking activities, hygiene promotion, and solid waste management and cleaning campaigns. Additionally, the further deterioration of health infrastructure of the already exhausted health facilities increased the demand on necessary health services. While reaching a higher number of beneficiaries and mobilizing all of IOM's resources to serve the increasing health needs of beneficiaries, IOM was not able to conduct its trainings for health workers. Considering the already overwhelmed and understaffed health system, all the health workers were on duty to respond to the high needs of newly displaced IDPs as a result of the intensification of hostilities. Removing 80 health workers from their duty for a week to conduct a training was not possible at a time when the emergency escalated so significantly. The programmatic and financial implications were minimal: the change in approach resulted in savings that allowed mobile teams to respond to the increased caseloads in IDP sites (see increased health consultations activities/indicator). While the implementation challenge was unavoidable in this case given the scale and scope of the new emergency, IOM is carrying out these health worker trainings in 2022, with the overall aim of rolling out all new/refresher trainings (example ICU management, case management,

integrated management of childhood illness, community health activities) in all facilities and teams supported by IOM by the end of the year.

Given that the challenge did not have significant impact on overall project goals and achievements, there was no formal communication. At the time of the interim report, IOM reported that the trainings were yet to be carried out - soon after the interim report submission, the displacement crisis in Ma'rib increased significantly yet again, between August and September 2021, making it challenging to carry out the trainings as detailed above.

| Sector/cluster | Common Services – Logistics | | | | | | | | | |
|--|-----------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Sector/cluster | Health | | | | | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 13,782 | 7,100 | 11,694 | 9,188 | 41,764 | 51,151 | 43,383 | 27,646 | 26,427 | 148,607 |
| Host communities | 3,938 | 2,029 | 3,341 | 2,625 | 11,933 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 298 | 5,072 | 298 | 298 | 5,966 | 2,451 | 3,434 | 422 | 637 | 6,944 |
| Total | 18,018 | 14,201 | 15,333 | 12,111 | 59,663 | 53,602 | 46,817 | 28,068 | 27,064 | 155,551 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 4,580 | 1,988 | 2,815 | 2,188 | 11,571 | 49 | 49 | 29 | 13 | 140 |

* 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.

| Sector/cluster | Water, Sanitation and Hygiene | | | | | | | | | |
|--|-------------------------------|--------------|--------------|--------------|---------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 3,565 | 3,410 | 4,030 | 4,495 | 15,500 | 22,966 | 20,855 | 27,822 | 28,924 | 100,567 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 780 | 740 | 1,015 | 1,053 | 3,588 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 900 | 0 | 0 | 900 |
| Total | 3,565 | 3,410 | 4,030 | 4,495 | 15,500 | 23,746 | 22,495 | 28,837 | 29,977 | 105,055 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 859 | 373 | 528 | 410 | 2,170 | 1,094 | 1,537 | 0 | 2 | 2,631 |

* 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.

4. People Indirectly Targeted by the Project

IOM WASH services supported/ impacted 900 migrants and 598 families from the host communities in Ma'rib through the cleaning campaigns and waste management activities across 12 IDP sites. These were families from the host community living in areas surrounding the water systems and cleaning campaigns and waste management. Out of the 598 families, 185 families also benefited from the rehabilitation of the six water systems in six IDP sites. Under its health intervention, IOM procured interagency emergency health kits (IEHKs) that contained essential medicines such as antibiotics, analgesics, anticoagulants, anti-hypertensive medicine, anti-diabetic medicine and antimalaria medicine. These provisions as well as safe "Delivery Mama" kits and birth attendant kits were donated for distribution to 10 different health facilities in Ma'rib to cover the widespread needs amongst IDPs and host communities in Ma'rib. It is estimated that these kits indirectly benefitted more than 105,000 individuals that used the different health facilities.

5. CERF Results Framework

Project objective To improve access to life-saving humanitarian assistance for IDPs, migrants and conflict-affected communities in Ma'rib

Output 1 Improved access, quality, and availability of emergency, primary & secondary health 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 1.1 | H.7 Number of functional health facilities supported | 3 | 3 | IOM Reports |
| Indicator 1.2 | H.1a Number of emergency health kits delivered to healthcare facilities | 10 | 10 | IOM deed of donation |
| Indicator 1.3 | Number of medical consultations (Emergency PHC services, specialized services, referrals, examinations etc) among IDPs, migrants & other conflict-affected populations | 59,663 consultations (14,201 men; 18,018 women; 12,111 boys; 15,333 girls) | 155,551 individuals (46,817 men, 53602 women, 27,064 boys, 28,068 girls) | IOM facility register |
| Indicator 1.4 | Number of Safe Delivery Mama Kit & birth attendant kits to be distributed | 500 | 5000 | IOM deed of donations and facility registers |
| Indicator 1.5 | Proportion of nutrition screenings done (>6 months, <5 years) | >90% | >90 (all children between 6 and 59 months are screened without exceptions) | IOM facility registers |
| Indicator 1.6 | CC.1 Number of frontline aid workers (e.g. partner personnel) who received short refresher training to support programme implementation (health workers and | 80 | 0 | N/A |

| | community health volunteers (CHV) 40 health workers 40 CHVs | | |
|---|---|--|--|
| Explanation of output and indicators variance: | | <p>IOM achieved indicators due to its preparation and coordination with local authorities and active partners in Ma'rib. IOM overachieved Indicator 1.3 due to the high number of new arrivals IDPs to existing targeted locations by IOM. The number of beneficiaries increased, thereby increasing the number of medical consultations needed.</p> <p>IOM overachieved Indicator 1.4 due to cost savings in the budget and changes in price due to inflation. Lastly, under Indicator 1.6, IOM was not able to conduct its training for health workers due to the need to mobilize all health workers to respond to the needs of newly displaced IDPs as explained in the "Changes and Amendments" section. Removing around 40 to 80 health workers from their duty for a week at least to conduct a training was not an option.</p> | |
| Activities | Description | Implemented by | |
| Activity 1.1 | Coordinate support with relevant health authorities, arrange incentives for the required health staff | IOM closely coordinated with GHO (local health authorities) that nominated staff in health facilities to be supported through incentives based on the needs of each facility. | |
| Activity 1.2 | Procure and deliver medicines, medical supplies, IEHK, and equipment to targeted health facilities | IOM procured medicines and medical supplies as well as 10 IEHKs and 5000 Safe Delivery Mama Kit & birth attendant kits that was delivered to supported health facilities and mobile clinics to better serve beneficiaries. | |
| Activity 1.3 | Provision of emergency, primary & secondary health care services to the most vulnerable individuals in the targeted areas through IOM supported facilities and mobile teams | IOM provided primary and secondary health services to our beneficiaries through three supported health facilities and six mobile clinics | |
| Activity 1.4 | Provision of access to sexual and reproductive health (SRH) as well as family planning services through IOM supported static and mobile clinics | IOM provided its facilities and mobile clinics with access to sexual and reproductive health as well as family planning services by our supported specialists (doctors and midwives). | |
| Activity 1.5 | Provision of malnutrition screening and management through mobile teams | IOM's malnutrition screening was performed by mobile teams and the static clinic to children aged from 6 until 59 months old and to all the pregnant ladies. If a case of malnutrition is detected, it is referred to a malnutrition treatment center. | |
| Activity 1.6 | Refresher trainings for health workers and CHVs | IOM was not able to conduct its trainings for health workers. Considering the already overwhelmed and understaffed health system, all the health workers were on duty to respond to the high needs of newly displaced IDPs as a result of the intensification of hostilities. Removing 80 health workers from their duty for a week to conduct a training was not an option for the health response. | |

Output 2 Improved access to safe and sustainable water, sanitation and hygiene solutions in conflict affected communities

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 reached with critical hygiene items and key hygiene messages in vulnerable settlements and communities with specific focus on disease transmission and prevention. | 15,500 | 16,756 | Field verification and IOM distribution reports |
| Indicator 2.2 | WS.6 Number of people accessing a sufficient quantity of safe water as per agreed sector/cluster coordination standards and norms (continued, equitable, safe, sufficient, and appropriate basic water supply in targeted locations for potable and domestic use) | 15,500 | 96,859 total beneficiaries including: 76,003 beneficiaries of the water-trucking 19,458 beneficiaries of the water systems rehabilitation 1,398 beneficiaries of the water tanks | Direct observation, water trucking logbooks, daily operation and chlorination reports of Water source, household vouchers |
| Indicator 2.3 | Number of people accessing equitable, safe, appropriately designed, and managed basic sanitation services in the targeted IDPs and non- IDP locations | 15,500 | 89,894 individuals | Household surveys, registration, and direct observation. |

Explanation of output and indicators variance:

Indicator 2.1 was close to the target.

Indicator 2.2 was overachieved due to the conflict escalation in Marib in the beginning of 2021. The number of IDPs in the target sites has increased significantly across the IDP sites, which required emergency response through water trucking. In addition, Aljufainah Camp hosting 61,974 IDPs/ 10,329 HHs, the largest camp in Yemen, was targeted with water trucking for a certain period due to a malfunction of the pump of their water source. The indicator was also overachieved because IOM prioritized IDP sites with high needs and vulnerabilities for the water systems rehabilitation reaching 18,348 IDPs/ 3,058 IDP HHs and 1,110 IDPs/ 185 HHs from the host communities in six sites and for the water tanks reaching 1,398 IDPs/ 233 IDP HHs in 13 IDP sites. These 19 sites are different from the sites targeted with water trucking; therefore, the total number of beneficiaries reached increased without overlapping.

Indicator 2.3 was overachieved because of the widespread displacements increasing the numbers of new arrivals in the targeted IOM sites in Ma'rib. IOM supported the solid waste management in 11 IDP sites hosting 24,498 IDPs/ 3,355 HHs and cleaning campaigns in Al-Jufainah.

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 2.1 | Distribution of hygiene items and implementation of Hygiene Promotion campaigns and community engagement activities | IOM supported 13,296 people (2,216 families) with 2,216 basic hygiene kits and 4,132 consumable hygiene kits in 10 IDP sites. IOM also carried out 1,310 hygiene promotion and awareness sessions in 21 IDP sites to sensitize 6,279 |

| | | |
|--------------|--|--|
| | | beneficiaries (3,750 families) on the use of the provided hygiene materials, safe ways to preserve water, and best hygiene and latrine practices. |
| Activity 2.2 | Distribution of drinking water by trucks | IOM provided 62,150,000 liters of safe, chlorinated water to 76,003 people (12,039 families) in 13 IDP sites. In addition, IOM provided 601 (500 L) water tanks to 3,606 newly displaced people (601 families) in 19 IDP sites. |
| Activity 2.3 | Construction/rehabilitation of water points and latrines | <p>IOM rehabilitated six water systems to enable improved access to water benefiting 19,458 people (3,243 families) in six IDP sites. IOM WASH team conducted water quality testing of 22 wells/ water sources for 22 water supply networks to check the chemical, physical, and microbiological qualities of water. The results of the tests showed that the sources were acceptable for drinking water.</p> <p>IOM also constructed 446 latrines, 20 persons with disabilities (PWD) accessible latrines, and 19 shared pits for the latrines without pits to assist 4,064 people (677 families) in nine IDP sites. The construction of the latrines was through two approaches: 99 latrines were constructed by the beneficiaries who received cash for materials and were supported with technical guidance and daily supervision; 347 latrines and 19 pits were constructed through identified contractors. Furthermore, a total of 3,492 cubic meter of waste was collected and disposed of benefiting 86,472 people (14,262 families) in 12 IDP sites through cleaning campaigns and regular waste collection in cooperation with the Hygiene and Improvement Fund (HIF).</p> |

| | | | | |
|--|--|---|---|---|
| Output 3 | Improved and rapid delivery of humanitarian services facilitated through the operation of a humanitarian hub | | | |
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | |
| Sector/cluster | Common Services – Logistics | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | Number of humanitarian hubs with office and accommodation facilities and other common support services | 1 | 1 | Procurement documentation, photos, field visits |
| Indicator 3.2 | Number of accommodation and office spaces provided for aid workers | 40 accommodation spaces 120 office/workspaces | 40 accommodation spaces, 130 workspaces | Procurement documentation, photos, field visits |
| Explanation of output and indicators variance: | | All indicators were achieved as planned. IOM established the humanitarian hub in Ma'rib, providing offices, accommodation, safety and security, telecommunication, and airport shuttle services for aid agencies, including: 40 accommodation rooms available (32 rooms for permanent staff and 8 rooms for short-term guests); 130 workstations and ample space for meetings and | | |

| | | conference; a UN clinic; and UNDSS offices and radio room. Security upgrades were completed, along with a power back up system and connectivity improvements. Towards the end of the project, as conflict neared Ma'rib city and frontlines expanded, further security enhancements were required by UNDSS, and IOM is in the process of seeking additional resources to install these.] |
|--------------|--|---|
| Activities | Description | Implemented by |
| Activity 3.1 | Establishment of functional humanitarian hub with required security, internet, accommodation and office enhancements | IOM supported in providing safe and secure accommodation and office space with necessary administrative support to sustain operations in Marib. This means safe and secure infrastructure that meets the UNDSS requirements (safe room, anti-blast protection, perimeter security (walls, barriers), emergency power, emergency water, necessary safeguarding of personnel and assets (armed and unarmed guards, access control (screening of visitors). Connectivity (internet) that allows all agency staff to communicate with their organizations (both email and video calls) and residents being able to connect with family via internet after office hours. |
| Activity 3.2 | Daily management of hub | IOM supported with the management of the hub which provides a multitude of tasks such as housekeeping, guest management, bookings, inventory control, supply management, maintenance/repair, airport shuttle management, and management of conference facilities. The Hub also facilitates personnel administration (including management of daily workers, cleaners, maintenance personnel, access control (guards), front office, back-office). |
| Activity 3.3 | Regular maintenance of facilities | IOM also supported in the regular maintenance and repair of water and sewer infrastructure (pipes, taps, toilets, drainages), frequent repair of water pumps and blocked sewer system. This also includes regular maintenance and repair of air conditioners, generator, pumps, electrical circuits, doors, windows, and locks. |

6. Effective Programming:

a. Accountability to Affected People (AAP)

IOM continued to promote community and accountability to affected persons (AAP) by prioritizing a beneficiary caseload that includes the most vulnerable groups, the elderly, Persons with Disabilities (PWDs), and female-headed families. Utilizing its vulnerability selection criteria, IOM prioritized female and child headed households, and households with PWDs in the registration and verification processes. IOM carried out regular consultations with beneficiaries, including women, children, elderly and people with disabilities, and analysed their vulnerabilities and capacities. To optimize the quality of health services supported by IOM, IOM's health unit conducted regular reviews with the field focal points to ensure that beneficiaries receive services of the right quality, right place and right time in the most efficient and effective manner. This approach was also incorporated through the design of water distribution points no further than 500 meters away from families' shelters and the construction of latrines that reduced females' vulnerabilities and responded to needs relevant to privacy and protection. These considerations were also considered in the hygiene promotion and the site representatives' participation in the decision-making processes on the design and management of WASH facilities.

b. AAP Feedback and Complaint Mechanisms:

IOM operated its Complaint and Feedback Mechanism (CFM) accountability systems which collect and respond to the feedback of the affected population in all areas of IOM operations. In all CERF project sites and during implementation (mobile team activities, distributions, etc.), information on the CFM was shared with beneficiaries – including mobile hotlines, anonymous complaint boxes, Whatsapp numbers, and site-specific help desks. The most used CFM was the hotline number. Recognising the uptick in beneficiary engagement, IOM has since received approval to operate a Toll-Free hotline – this will go a long way towards further improving accessibility. The CFM allowed the Health and WASH teams to timely respond to both urgent and non-urgent issues. Learning from the feedback through the CFM, context analysis, and community engagement, IOM tailored its services to meet the special needs of these vulnerable groups such as the hygiene materials, hygiene promotion, latrines, water points, and water trucking.

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

IOM's CFM ensured its standards for investigation and disciplinary measures that applied PSEA and data protection policies. IOM had dedicated lines for reporting and responding any PSEA incidents. GBV risks related to WASH were systematically shared with the WASH team for action whenever identified through CFMs or in the field. Accordingly, IOM WASH responded to urgent issues immediately and adapted WASH activities such as water distribution points and latrines in ways that minimized any reported GBV or protection risks.

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

To empower and protect women, girls, and minorities, vulnerable groups were engaged in all the consultations throughout the project period. In its health interventions, IOM encouraged female medical staff to apply to field positions to ensure safe and dignified healthcare services were available to women and girls. Separate waiting areas and bathrooms were provided for men and women in all IOM-supported health facilities to ensure privacy, safety, and a sense of security. Women and girls were also encouraged to join the WASH community committees to ensure their participation in the decision-making. Protection principles and GBV risk mitigation measures were incorporated, including separate lines for females and vulnerable groups during distributions and latrine construction to stop defecation in open areas which posed protection risks for vulnerable groups especially for women and girls at night. Water points and family tanks were established to reduce the distance that women and children travel to get water.

e. People with disabilities (PwD):

IOM Health and WASH units considered the special needs and vulnerabilities of PwDs throughout the project. IOM procured 500 wheelchairs and hearing devices, crutches, and nebulizers at the end of the project to coordinate with local authorities and other partners to identify those who are disabled and in need of wheelchairs. Health teams also constructed ramps to facilitate access at IOM managed health clinic and hospital entrances. Health teams also worked to cater health education sessions and awareness raising activities to suit the specific needs and conduct specialized referrals for persons in need of further assessments and treatment. In addition, IOM health mobile teams also aimed to conduct household visits to PwD beneficiaries to ensure their inclusion in health service provision, since they are the most vulnerable minority group. In terms of WASH, the team engaged PwDs, vulnerable and minority groups in all the WASH activities and WASH committees. This allowed them to contribute strongly to WASH solutions that meet their unique needs. The team designed the water distribution points and latrines in suitable structures to reduce travel needed to collect water and decreasing further risks. The team also delivered the hygiene kits for PwDs to directly to their shelters.

f. Protection:

IOM provided its services in a safe, dignified manner and upheld the principles of Do Not Harm to mitigate people's vulnerabilities to protection risks. All IOM staff were trained on IOM's Code of Conduct and protection of beneficiaries. IOM ensured that beneficiaries have safe access to assistance and services especially beneficiaries with the most vulnerabilities or had difficulties to reach their support. CFM posters were distributed by the CCCM team at distribution points and to all IDPs in IOM-supported displacement sites. The IDPs were also briefed on how to report any misconduct or protection concerns to IOM through safe hotlines. The IOM Health and Protection teams have been developing a joint-referral pathway to support the case management of survivors of GBV) and the provision of required services in a timely and efficient manner. Furthermore, IOM Health and Protection teams collaborated to promote inclusion within the wider IOM

health program by facilitating referrals for the provision of assistive devices, such as hearing aids and wheelchairs. Protection was also mainstreamed in the provided services such as latrines and water distribution points.

g. Education:

During the project period, IOM provided awareness sessions on the use of the provided hygiene materials, safe ways to preserve water, and best hygiene and latrines practices. IOM also carried out 1,310 hygiene promotion and awareness sessions in 21 IDP sites to sensitize 6,279 beneficiaries (3,750 families).

7. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | No | N/A |

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.

N/A

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 |
|---|--------------------------------|----------------------|----------------|-------------|
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |

8. Visibility of CERF-funded Activities

| Title | Weblink |
|--|---|
| Medical services on the move reach communities forced to leave Ma'rib. | https://yemen.iom.int/stories/medical-services-move-reach-communities-forced-flee-marib |
| Newly-rehabilitated hospital in Ma'rib provides lifeline to patients in need. | https://yemen.iom.int/stories/newly-rehabilitated-hospital-marib-provides-lifeline-patients-need |
| "We've worked here for several years but I've never seen the situation as desperate as it is now." | https://twitter.com/IOM_Yemen/status/1466376667572719628 |

Project Report 21-RR-UDP-002

| 1. Project Information | | | |
|---------------------------|--|--|--|
| Agency: | UNDP | Country: | Yemen |
| Sector/cluster: | Common Services - Safety and Security | CERF project code: | 21-RR-UDP-002 |
| Project title: | Additional security support for expansion of the humanitarian operations in specific area in Yemen | | |
| Start date: | 28/05/2021 | End date: | 26/12/2021 |
| Project revisions: | No-cost extension <input checked="" type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |

| | | |
|---------------------------------|--|---------------------|
| Funding | Total requirement for agency's sector response to current emergency: | US\$ 682,267 |
| | Total funding received for agency's sector response to current emergency: | US\$ 0 |
| | Amount received from CERF: | US\$ 682,267 |
| | Total CERF funds sub-granted to implementing partners: | N/A |
| | Government Partners | N/A |
| | International NGOs | N/A |
| | National NGOs | N/A |
| Red Cross/Crescent Organisation | N/A | |

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNDP/UNDSS provided additional security support for expansion of the humanitarian operations in specific area all the districts of the southern/eastern Governorates, Marib and Al -Jawf, and beyond as requested by humanitarian actors which enabled them to work in safe and secure manner and accessed the people in needs. In order to carry out this support, the following activities were undertaken: liaison with the local authorities to determine safe access of humanitarian missions, conduct Security Risk Assessments (SRAs) and provide analytical reports and advisories, increase security information sharing and cooperation on security issues to the humanitarian community through regular security briefings at UN Security Management Team (SMT), Area Security Management Team (ASMT) and Saving Lives Together (SLT) Framework with Partners/INGOs meetings, ensure situational awareness and effective operational planning through provisions of security reports (daily, weekly, alerts) to the humanitarian community, provide facilities assessment, manual security clearance, organizing and enable security escorts, issuance of security advisories rather than movements, mission tracking, general/particular security assessment for specific areas, advise on personnel ceiling and/or curfew hours and any other security requirement. As result of the CERF and mainly its results, the need to establish a permanent security structure in Marib was recognized by both the SMT and the HQ. Consequently, the structure will remain funded by both referred through the LCSSB and UNDSS Core budgets.

3. Changes and Amendments

The project experienced a slight delay due to the procurement and recruitment processes for the three national staff and delays in visa issuance by the National Authorities for one P-3 and one P-4, respectively. Funds were only reflected in ATLAS by UNDP in late June. These issues have been resolved. The three national and two international staff supported by the CERF RR funds have been successfully deployed and performing their activities as planned, although with a slight delay. The General Operational Expenditures (GOE) was on track as the necessary Armoured Vehicle (AV) has been rented and ICT, furniture and equipment have been procured and delivered. Must be noted that the unspent balance was related to the fact that the cost for P4 and P3 was budget, however UNDSS HQ sent the two surge offices (P4 & P3) without requesting for replacement cost to be paid for their parent agencies. The project requested an extension with no cost until the 26th December 2021, which was granted the 13th Oct 2021.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Common Services - Safety and Security | | | | | | | | | |
|--|---------------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Note: UNDSS does not directly assist beneficiaries, rather enable the humanitarian operations.

* 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 persons who will be indirectly targeted are affected people by the conflict who will benefit from humanitarian assistance provided in a safe manner. UNDSS cannot quantify the number of assisted people, which must be made by the delivering AFP's.

6. CERF Results Framework

Project objective The objective is to provide dedicated security support aiming allowing the expanded lifesaving humanitarian operations to address the famine issue in Yemen, hence enabling effective delivery of humanitarian assistance.

Output 1 Improved situational awareness and information sharing on the security situation in the Southern/eastern Governorates in order to enable the programme delivery.

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

Sector/cluster Common Services - Safety and Security

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|---|----------|------------------------|
| Indicator 1.1 | CS.6 Number of Security Risk Assessments conducted | 6 | 6 | UNDSS |
| Indicator 1.2 | CS.7 Number of security updates and/or reports shared with HCT (24 weekly analytical reports and advisories issued) | 24 | 24 | UNDSS |
| Indicator 1.3 | Increase security information sharing and cooperation on security issues through regular security briefings at UN Security Cell and INGOs meetings | 24 - weekly briefings provided at Security Cell and INGO meetings | 24 | UNDSS |

Explanation of output and indicators variance: N/A

| Activities | Description | Implemented by |
|--------------|--|----------------|
| Activity 1.1 | Production of Security Risk Assessment (SRA) reports and Mission Security Risk Assessment (MSRA)- compile and distribute respective documents. | UNDSS |
| Activity 1.2 | Establish and hold unforeseen/ last minute and security support briefings and security coordination at UN/INGO/ HoG meetings – built effective security cooperation through networking with relevant actors and national authorities. | UNDSS |
| Activity 1.3 | Establish effective security information collection and reporting mechanisms rather than the regular ones. Compile and share last minute situation reports, and/or or any other tool (radio/SMS/Signal/mail/eTA) to assist last minute demands and/or unpredictable incidents/demands. | UNDSS |

Output 2 Safe and secure access to the people in need

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

Sector/cluster Common Services - Safety and Security

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|---|----------|------------------------|
| Indicator 2.1 | % of UN missions carried out with the support of the FSCOs/ LSAs (assessment, implementation and monitoring phase) | 75% as per humanitarian priorities within southern/eastern governorates of Yemen. | 75% | UNDSS |
| Indicator 2.2 | # number of road assessment missions implemented | at least 12 (two per month)- | 12 | UNDSS |
| Indicator 2.3 | # number of meeting with local authorities on the ground | At least 24 (weekly basis) in the security concern of UN presence/ missions in the southern/eastern | 24 | UNDSS |

Explanation of output and indicators variance: N/A

| Activities | Description | Implemented by |
|--------------|--|----------------|
| Activity 2.1 | Liaison with the local authorities and key stakeholders. | UNDSS |
| Activity 2.2 | Participation in UN missions and roads assessment | [UNDSS |

Output 3 N/A

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

Sector/cluster Common Services - Safety and Security

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|-------------|--------|----------|------------------------|
| Indicator 3.1 | N/A | N/A | N/A | N/A |
| Indicator 3.2 | N/A | N/A | N/A | N/A |
| Indicator 3.3 | N/A | N/A | N/A | N/A |

Explanation of output and indicators variance: N/A

| Activities | Description | Implemented by |
|--------------|-------------|----------------|
| Activity 3.1 | N/A | N/A |
| Activity 3.2 | N/A | N/A |
| Activity 3.3 | N/A | N/A |

Output 4 N/A

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

| | | | | |
|---|---------------------------------------|-----------------------|-----------------|-------------------------------|
| Sector/cluster | Common Services - Safety and Security | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 4.1 | N/A | N/A | N/A | N/A |
| Indicator 4.2 | N/A | N/A | N/A | N/A |
| Indicator 4.3 | N/A | N/A | N/A | N/A |
| Explanation of output and indicators variance: | N/A | | | |
| Activities | Description | Implemented by | | |
| Activity 4.1 | N/A | N/A | | |
| Activity 4.2 | N/A | N/A | | |
| Activity 4.3 | N/A | N/A | | |

Output 5 N/A

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

| | | | | |
|---|---------------------------------------|-----------------------|-----------------|-------------------------------|
| Sector/cluster | Common Services - Safety and Security | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 5.1 | N/A | N/A | N/A | N/A |
| Indicator 5.2 | N/A | N/A | N/A | N/A |
| Indicator 5.3 | N/A | N/A | N/A | N/A |
| Explanation of output and indicators variance: | N/A | | | |
| Activities | Description | Implemented by | | |
| Activity 5.1 | N/A | N/A | | |
| Activity 5.2 | N/A | N/A | | |
| Activity 5.3 | N/A | N/A | | |

7. Effective Programming

a. Accountability to Affected People (AAP) ²:

N/A

b. AAP Feedback and Complaint Mechanisms:

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](#).

CSA monitored the implementation of the project in timeline and quality of security documentation provided and also feedback from the humanitarian partners on the quality of the service provided

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

FP for PSEA was appointed and zero tolerance for Sexual Exploitation and Abuse (SEA) and UN mechanism was implemented in the complaints. No complaints received.

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

N/A

e. People with disabilities (PwD):

N/A

f. Protection:

N/A

g. Education:

N/A

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | No | N/A |

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.

N/A

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 |
|--|--------------------------------|----------------------|----------------|-------------|
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|-------|---------|
| [N/A] | N/A |

Project Report 21-RR-CEF-015

| 1. Project Information | | | |
|---------------------------|--|--|---|
| Agency: | UNICEF | Country: | Yemen |
| Sector/cluster: | Water, Sanitation and Hygiene Protection - Child Protection Health | CERF project code: | 21-RR-CEF-015 |
| Project title: | Multi-sectoral Marib crisis response | | |
| Start date: | 01/06/2021 | End date: | 28/02/2022 |
| Project revisions: | No-cost extension <input checked="" type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input checked="" type="checkbox"/> |

| | | |
|---------------------------------|--|------------------------|
| Funding | Total requirement for agency's sector response to current emergency: | US\$ 11,000,000 |
| | Total funding received for agency's sector response to current emergency: | US\$ 600,000 |
| | Amount received from CERF: | US\$ 9,233,268 |
| | Total CERF funds sub-granted to implementing partners: | US\$ 3,240,157 |
| | Government Partners | US\$ 1,984,570 |
| | International NGOs | N/A |
| | National NGOs | US\$ 1,255,586 |
| Red Cross/Crescent Organisation | N/A | |

2. Project Results Summary/Overall Performance

With this CERF RR allocation, UNICEF and its partners focused on reducing vulnerabilities of children and their families affected by the conflict in Marib through health, child protection and water sanitation and hygiene (WASH) interventions. The project reached a total of 149,342 women and children providing access to Vaccine Preventable Diseases (VPD) vaccination, continued access of under-five (U5) children to Integrated Management of Childhood Illness (IMCI) services and access to free Maternal and Neonatal Health (MNH) services. UNICEF supported 34 health facilities, one hospital (Kara Hospital) and 11 mobile teams in Marib through procurement and distribution of medicines for IMCI. Three rounds of Integrated Outreach (IOR) were carried on in Al Jawf and two rounds in Marib, covering the health needs of children and women in the targeted area and providing the Minimum Service Package (MSP) health services. 30,957 children under five (15,633 boys, 15,324 girls) received IMCI services, 2,633 children under one received the Penta 3 vaccine. 5,785 women received anti-tetanus vaccine and 10,468 Pregnant and Lactating Women (PLW) received Reproductive Health (RH) services. Through UNICEF's support, free maternal and neonatal health care services were provided in Kara Hospital in Marib reaching 2,760 beneficiaries [383 critically ill newborn admitted to Neonatal Intensive Care Unit (NICU)], 173 women with complication received critical health care in the Intensive Care Unit (ICU), 238 women had Dilation and curettage (D&C) services, 608 women had caesarean section and 1,358 women had normal delivery).

To ensure a first line response for newly displaced, UNICEF and its partners reached 84,000 people (21,500 women, 19,500 men, 22,000 girls, 21,000 boys) people in Marib, procuring and distributing basic hygiene kits, as part of the RRM minimum package. These kits help reduce the vulnerability of newly displaced households to water and sanitation related issues.

A total of 509,816 people in Marib Alwadi, Aljubah, Sirwah, Marib City in Marib and Al Hazm, Al Khalaq, Al Zaher, Barat Alanan and Khab Wa Ash Sha'af in Al Jawf had access to safe water supply through water trucking, connection of Internally Displaced People (IDP) camps with public water supply, rehabilitation of water distribution pipelines, installation of new water distribution points in IDP camps, rehabilitation of existing water supply systems and installation of solar power systems, water quality monitoring of the existing water supply sources and chlorination of water sources. UNICEF supported maintenance and operation of three chlorine dosage pumps for the disinfection of the Water Public System in Marib City. A total 33,849 people were provided with access to safe, appropriately designed, and managed basic sanitation services through the construction of prefabs toilets in IDPs camps in Marib, rehabilitation of water and sanitation facilities in 15 health facilities in Marib city and Marib Alwadi and dislodging overflowing cesspits in Al Hazm city. UNICEF reached 285,921 people (IDPs and host communities) with hygiene messages, community level activities and distribution of critical hygiene items in 21 IDP camps in Marib city, Sirwah, Almadina, Aljubah districts in Marib Governorate and Al Hazm, Al Khalaq, Al Zaher, Barat Alanan and Khab Wa Ash Sha'af districts in Al-Jawf Governorates.

To ensure timely, objective, accurate and reliable data collection and reporting of grave violations, UNICEF collected and verified data on grave violations against children and submitted two quarterly reports through the United Nation's Country Task Force on Monitoring and Reporting (UNCTFMR) to the Office of the Special Representative of the Secretary-General for Children and Armed Conflict (SRSG-CAAC) and held 6 advocacy meeting on roadmap to end grave child rights violations in Yemen. In addition, 1,712 children were reached with child protection services, 25,225 people received mental health and psycho-social support services and 70,623 people were reached through awareness-raising and Explosive Ordnance Risk Education (EORE).

3. Changes and Amendments

During the project implementation, shifting in frontlines due to the intensification of the conflict caused significant displacement from the west of Marib governorates (Habi, Al Juba districts) to Marib City and Marib Al Wadi. In addition, due to the unexpected change of IDP locations, challenges related to movement and access restrictions in Al Jawf and delays in obtaining permissions from the authorities (both in the north and the south) required UNICEF to request for a reprogramming and no cost extension for the WASH and child protection activities for three months. The reprogramming/NCE was approved in October 2021, allowing UNICEF to replace the originally planned activity 1.1 focusing on construction of two harvesting tanks in Al Jawf (Indicator 1.1) with the following activities (this was done as the location of the two rainwater tanks were in difficult-to-access/hard to reach areas):

- Rehabilitation of 22 Health Facilities in Al Jawf
- Supply and installation of two solar power systems for two water wells in Al Jawf and provision of spare parts for Al Hazm local water supply cooperation
- WASH emergency interventions (distribution of WASH non-food items), maintenance of 80 water distribution points and maintenance of 400 temporary latrines in 80 IDPs settlements in al Jawf
- Technical studies and supervision
- Procurement of 7,000 ceramic water filters
- Water trucking for 4,000 IDPs in Al Jawf, and provision of WASH supplies (spare parts and water tanks) to Marib National Water Sanitation Authority

Through the reprogramming, UNICEF expanded WASH services to reach an additional 10,000 beneficiaries.

In addition, for child protection, the reprogramming allowed UNICEF to scale up the monitoring capacity in Marib as well as continuation of the Monitoring and Reporting Mechanism (MRM) activities – this was possible by repurposing the funds previously allocated to human

resources. For child protection, the reprogramming did not change the approved activities, targets or original allocation of the child protection intervention.

In December 2021, a second reprogramming request was approved for the replacement of the rehabilitation of WASH services in 22 Health Facilities in Al Jawf with the following activities: i) water trucking in Marib Alwali and Marin City, benefitting 12,000 IDPs in January and February 2022; ii) supporting the water quality monitoring, chlorination and hygiene promotion in February 2022 through the Rapid Response Team; iii) construction of additional 141 prefabricated toilets, benefitting 2,961 new IDPs. The requested replacement of the originally planned and budgeted activities of the rehabilitation of WASH services reduced the target for Indicator 1.2 by 6,901 people. Despite the reduction in the targeted beneficiaries for this indicator, the reprogramming of the budget ensued the continuity of water trucking for 12,000 IDPs in in Mareb Alwadi and Marib City for an additional two months, hygiene promotion and water chlorination for an additional one month and access to basic sanitation services for 2,961 new IDPs. Overall, UNICEF reached more beneficiaries than planned for the child protection and WASH interventions (more details available under section 6).

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Health | | | | | | | | | |
|--|-------------------------------|---------------|----------------|---------------|----------------|----------------|----------------|----------------|----------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 0 | 0 | 11,139 | 10,703 | 21,842 | 321 | 0 | 11,261 | 10,819 | 22,401 |
| Host communities | 0 | 0 | 63,124 | 60,648 | 123,772 | 1,818 | 0 | 63,813 | 61,310 | 126,941 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 74,263 | 71,351 | 145,614 | 2,139 | 0 | 75,074 | 72,129 | 149,342 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sector/cluster | Water, Sanitation and Hygiene | | | | | | | | | |
| Category | Planned | | | | | Reached | | | | |
| | 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 | 61,240 | 57,871 | 71,306 | 67,962 | 258,379 | 61,240 | 57,871 | 71,306 | 67,962 | 258,379 |
| Host communities | 24,951 | 23,387 | 31,988 | 30,497 | 110,823 | 56,609 | 53,061 | 72,575 | 69,192 | 251,437 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 86,191 | 81,258 | 103,294 | 98,459 | 369,202 | 117,849 | 110,932 | 143,881 | 137,154 | 509,816 |
| People with disabilities (PWD) out of the total | | | | | | | | | | |
| | 3,300 | 3,150 | 3,150 | 3,000 | 12,600 | 5,892 | 5,547 | 7,194 | 6,858 | 25,491 |

* 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.

| Sector/cluster | Protection - Child Protection | | | | | | | | | |
|--|-------------------------------|--------------|---------------|---------------|---------------|--------------|---------------|---------------|---------------|---------------|
| Category | Planned | | | | | Reached | | | | |
| | Women | Men | Girls | Boys | Total | Women | Men | Girls | Boys | Total |
| Refugees | 0 | 0 | 0 | 0 | 0 | 3 | 31 | 1 | 11 | 46 |
| Returnees | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Internally displaced people | 6,346 | 2,798 | 10,783 | 16,605 | 36,532 | 3,483 | 4,176 | 13,034 | 15,478 | 36,171 |
| Host communities | 2,116 | 933 | 3,594 | 5,535 | 12,178 | 6,494 | 7,957 | 21,690 | 25,202 | 61,343 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 8,462 | 3,731 | 14,377 | 22,140 | 48,710 | 9,980 | 12,164 | 34,725 | 40,691 | 97,560 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 1,269 | 560 | 2,157 | 3,321 | 7,307 | 120 | 110 | 663 | 370 | 1,263 |

* 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

Throughout the implementation of the health intervention, 34,000 families were reached through awareness raising activities about the health benefits of vaccine. In addition, the hospital support in Marib benefitted over 150 health care providers through the provision of operational support to ensure the continuity of critical services.

The rehabilitation of water pipelines, water quality and water chlorination (maintenance and operation of three chlorine dosage pumps for disinfection of the Water Public System in Marib city) indirectly benefitted the hosts communities in Marib city. Water quality mapping in Al Jawf governorate helped the National Water Resource Authority to understand the quality of groundwater and guide future water source development, technical studies and need assessment for the rehabilitation of Al Hazm Watery System and 33 health facilities in Al Jawf, which will benefit of the communities in the area.

6. CERF Results Framework

| | | | | |
|--|--|--|-----------------|--|
| Project objective | To reduce vulnerability of children and their families affected by the conflict in Marib through multi-sectoral interventions. | | | |
| Output 1 | IDPs and vulnerable populations receive gender responsive and life-saving emergency WASH services | | | |
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> |
| Sector/cluster | Water, Sanitation and Hygiene | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | Number of people reached with emergency water services in vulnerable settlements and communities. | 207,436 | 509,816 | Field monitoring report and IP progress report |
| Indicator 1.2 | Number of people accessing equitable, safe, appropriately designed, and managed basic sanitation services in the targeted IDPs and non- IDP locations (including Health care facilities) | 29,250 | 33,849 | Field monitoring report and IP progress report |
| Indicator 1.3 | Number of people reached with critical hygiene items and key hygiene messages in vulnerable settlements and communities with specific focus on disease transmission and prevention. | 252,403 | 285,921 | Field monitoring report and IP progress report |
| Indicator 1.4 | Number of individuals reached with Basic Hygiene Kits (BHKs) procured by UNICEF and distributed at household level | 84,000 | 84,000 | Cluster partners monthly reports and Post Distribution Monitoring Survey (PDMS). |
| Explanation of output and indicators variance: | | The replacement of the AIFao Water Wellfields pumping line in Marib city allowed to reach a higher number of beneficiaries than anticipated. The major components included the installation water pipes, including installation of valves, flow meters, galvanized Iron pipes, fittings and accessories. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Support access to basic water supply for the most vulnerable population in IDP's and protracted emergency | The activity was implemented by UNICEF and the National Water and Sanitation Authority (NWSA) in Al Jawf and | | |

| | | |
|--------------|--|--|
| | setups through water trucking to IDPs, rehabilitation and extension of the existing water supply distribution system Construction of rainwater harvesting tank, Water Quality Monitoring and Chlorination | Marib and the General Authority for Rural Watery and Sanitation Projects (GARWSP) in Al Jawf and Marib. |
| Activity 1.2 | Support access to basic sanitation facilities for most the vulnerable populations through emergency sanitation services such as latrine construction and rehabilitations. | GARWSP-Marib |
| Activity 1.3 | Support Hygiene promotion using different communication approaches (distribution of IEC materials, community meetings, house to house visits through trained HP, RRTs and other volunteers) in coordination with C4D and distribution of WASH non-food items (NFI) integrated with HP) | Yemen Alkhair for Relief & Development Foundation (YARD) and Tabassam Organization for Development (TOD) |
| Activity 1.4 | Procurement of Basic Hygiene Kits (BHKs) for RRM, to be distributed by UNFPA; distribution of BHKs by UNICEF as part of its WASH response | Basic hygiene kits were procured by UNICEF through Long Term agreement (LTAs) and distribution was led by UNFPA and implemented by RRM cluster partners. |

Output 2 Ensure timely, objective, accurate and reliable data collection and reporting of grave child rights violations and carry out preventative advocacy initiatives

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

Sector/cluster Protection - Child Protection

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|--------|----------|------------------------|
| Indicator 2.1 | % of reported incidents of grave child rights violations documented, reported and verified | 90% | 92% | MRM database |
| Indicator 2.2 | Quarterly reports on grave violations against children in Yemen finalized and ready for submission to the SRSG-CAAC | 2 | 2 | MRM database |
| Indicator 2.3 | # of advocacy meetings held with parties to the conflict on a roadmap to end grave child rights violations in Yemen | 6 | 6 | Meeting notes |

Explanation of output and indicators variance: The intended targets were achieved as planned.

| Activities | Description | Implemented by |
|--------------|--|---|
| Activity 2.1 | Collect and review timely and reliable data on grave child rights violations and carry out weekly updates of the MRM database | UNICEF leads on the collection, verification and coordination of the MRM activities and co-chairs the Country Task Force on Monitoring and Reporting (CTFMRM) which consists of mainly UN agencies and key INGOs. |
| Activity 2.2 | Conduct trends analysis on grave child rights violations and draft and share reports on the violations through the United Nations Country Task Force on Monitoring and Reporting | UNICEF |
| Activity 2.3 | Engage and advocate with parties to the conflict on the protection of children from the six grave child rights violations | The co-chairs (the Humanitarian Coordinator and the UNICEF Representative) engaged at the principal level |

| | | |
|--|--|--|
| | | while MRM technical team engaged at the technical level for an evidence-based advocacy with parties to the conflict. |
|--|--|--|

Output 3 Most vulnerable children and their caregivers affected by conflict receive lifesaving child protection services

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

| | |
|-----------------------|------------------------------|
| Sector/cluster | Protection -Child Protection |
|-----------------------|------------------------------|

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|--------|----------|---------------------------------------|
| Indicator 3.1 | Number of children reached with critical child protection services through case management, including medical education, legal, social and food or non-food services. | 1,400 | 1,712 | Implementing partners monthly reports |
| Indicator 3.2 | H.9 Number of people provided with mental health and psycho-social support services (children and primary caregivers) | 20,000 | 25,225 | Implementing partners monthly reports |
| Indicator 3.3 | CC.2 Number of people reached through awareness-raising and/or messaging on prevention and access to services (children and community members reached with life-saving mine risk education/ awareness messages) | 27,310 | 70,623 | Implementing partners monthly reports |

| | |
|---|---|
| Explanation of output and indicators variance: | Most of the indicators were overachieved, due to the significant needs found by the partners in the affected areas which allowed UNICEF to reach more beneficiaries. A relevant overachievement under Indicator 3.3 for Mine Risk Awareness and Education is due to the deployment of mass media campaigns, such as radio, as well as face to face awareness raising and education sessions to reach the communities. |
|---|---|

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 3.1 | Outreach, identify, register and refer vulnerable children to critical services, including medical education, legal, social and food or non-food services through trained social case workers, in line with case management standards | Ministry of Social Affairs and Labour (MoSAL), Human Access, Ministry of Education (MoE), Marib Dam Foundation (MDF) |
| Activity 3.2 | Conduct psychosocial support sessions for children and their care givers. | MoSAL, MDF, MoE |
| Activity 3.3 | Provide mine risk education/ awareness for children and caregivers | MoSAL, MoE, Yemen Executive Mine Action Centre (YEMAC) |

Output 4 Reduced vulnerability of the target population in conflict affected areas in Ma'rib and Al Jawf to prevent VPD outbreaks and continued access of U5 children to IMCI 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 4.1 | Number of children (boys and girls) received 3rd dose of Pentavalent vaccines | 14,300 | 28,096 | Admin data |
| Indicator 4.2 | Number of targeted children (boys and girls) vaccinated with 1st doses of Measle Containing Vaccines (MCV1) | 64,064 | 113,230 | Admin data |
| Indicator 4.3 | # of vaccine stock outs reported | 0 | 0 | Admin data |
| Indicator 4.4 | Number of U5 children received IMCI services | 67,250 | 76,358 | Admin data |

Explanation of output and indicators variance: The target was estimated based on the total population and expected IDP movements. Due to unexpected internal movement and an increased number of IDPs in the targeted locations, UNICEF was able to reach more people than anticipated through Primary Health Care (PHC) services, mainly Expanded Programme on Immunization (EPI) and IMCI. The provision of IMCI supplies also increased the uptake of PHC services.

| Activities | Description | Implemented by |
|--------------|---|--|
| Activity 4.1 | Conduct Integrated outreach activities in Ma'rib, Al-Jawf governorates and supplementary IOR in IDP camp in Ma'rib | Marib and Al Jawf Governorate Health Offices (GHO) |
| Activity 4.2 | Conduct Polio/measles vaccination campaign to cover the target population in IDP camp/Ma'rib | Marib GHO |
| Activity 4.3 | Maintain quality of Cold chain to ensure vaccines are stored in the optimum temperature, and distribution of vaccines and non- vaccine supplies to the service delivery points. | Marib GHO |
| Activity 4.4 | Procurement of IMCI supplies | UNICEF |
| Activity 4.5 | Clearance and distribution of IMCI supplies | UNICEF |
| Activity 4.6 | Monitoring of IMCI services | UNICEF and Third-Party Monitoring |

Output 5 Provision of free quality MNH services

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

| Sector/cluster | Health - Sexual and Reproductive Health | | | |
|---|--|---|----------|---|
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 5.1 | Number of women receive free delivery services | 621 | 1,358 | Hospital registries and admission files |
| Indicator 5.2 | Number of women receive free Caesarean Section | 302 | 608 | Hospital registries and admission files |
| Indicator 5.3 | Number of sick new-borns received free care in the NICU | 59 | 383 | Hospital registries and admission files |
| Indicator 5.4 | Number of women with complications receive free services | 79 | 173 | Hospital registries and admission files |
| Explanation of output and indicators variance: | | The overachievement was possible due to the availability of free services at the hospital that attracted more beneficiaries than anticipated. This speaks to the needs for such services. | | |
| Activities | Description | Implemented by | | |
| Activity 5.1 | Support operational cost of MNH hospital in Ma'rib | UNICEF | | |

7. Effective Programming

a. Accountability to Affected People (AAP)

As the project was implemented in highly sensitive locations close to conflict, the Do Not Harm framework and the principles of the best interest of the child were applied during the implementation of the activities, holding the safety of staff and beneficiaries, as well as accountability to the beneficiaries as key to achieving the operating principles. Through the regular consultative process, information from beneficiaries were gathered at community levels and reflected by UNICEF staff field monitoring reports and third-party monitors' (TPM) field reports. 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. The RRM Post Distribution Monitoring (PDM) provided information for future programming based on the feedback collected from the beneficiaries. The PDM showed lack of awareness of the communities on the complaint mechanism, hence requiring more visibility of the mechanism. For the social case work, the child and caregivers were consulted for the services they' would like to access and how they'd like to be assisted. During the psychosocial support activities, the communities including boys, girls, women, and men were consulted for their preferred locations and operational hours to ensure their dignity and safety.

b. AAP Feedback and Complaint Mechanisms:

UNICEF has a grievance redressal mechanism (GRM), accessible to those wishing to file their complaint and channel their eventual dissatisfaction. UNICEF operates a Call Center through a toll-free line and has developed a mobile app, connected to the MIS, to enable the collection of grievances in offline areas catering for beneficiaries in report and hard-to-reach areas. These mechanisms were also used for this CERF funded project. All grievances were analysed and referred for action which include the support provided by a case management team to those in need of verification. Community committees, complaints box, questions desks and direct communication with programme staff or community volunteers were used to receive the complaints or feedback during the course of implementation. Throughout the project, UNICEF shared information with the beneficiaries on how to access and use the GRM. In the south, volunteers were trained in AAP principles and complaints and feedback mechanisms equipped with phones to support especially the telephone-based system set up by the Supreme Coordinating Council to gather and address feedback and serve as a channel for dissemination of key information to the public.

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

UNICEF has existing gender-based violence (GBV) and Protection from Sexual Exploitation and Abuse (PSEA) specialist posts which support office-wide programme delivery for UNICEF Yemen. As part of its PSEA commitment, UNICEF has a PSEA action plan, providing mandatory GBV risk mitigation and PSEA training to all UNICEF staff and implementing partners to ensure that GBV mitigating measures are integrated into all UNICEF supported programmes. UNICEF carried on mandatory assessment for implementing partners on their capacity on PSEA. All the new partnerships 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:

UNICEF used gender-disaggregated data to be able to monitor and promote gender equity across the different stages of project implementation cycle. The health activities for children under five targeted both boys and girls equally and the RH activities specifically targeted women and adolescent girls. The differentiated needs of women and young girls with respect to WASH services were systematically taken into account and catered for. Women and young girls were encouraged to participate and to lead community hygiene promotion activities and management of water points and to report any water violence and abuse during water collection. RRM partners operated RRM referral pathways to women protection practices as part of the mainstreaming efforts as well as integration between Reproductive Health (RH) and GBV responses. Child Protection partners ensured that community-based child protection activities, including MHPSS and life skills activities, encouraged participation and interaction amongst children of different ages and gender. The child protection activities specifically targeted girls, including adolescent girls who are the most vulnerable for child marriages and other forms of GBV.

e. People with disabilities (PwD):

The WASH and RRM activities were mainstreamed to ensure priority accessibility for people with special needs, especially at the sites of distribution and of basic hygiene kits. UNICEF together with the partner YEMAC developed disability inclusive campaign materials for EORE. The MHPSS activities are designed to be inclusive for children with different impairments.

f. Protection:

The interventions were designed considering the protection of all beneficiaries who received support through authorities and INGOs. WASH and Health facilities considered the accessibility and safety of girls and women and ensured services for all. Well-trained MRM monitors implemented the documentation and verifications of grave child violations to provide confidential and safe reporting. As part of the case management support activities, UNICEF partners worked closely with social workers to ensure children at risk were identified and provided or referred to case management support. In addition, the psychosocial interventions and EORE activities considered the safety of girls and boys in Child-Friendly Spaces by deploying female facilitators and animators to ensure protection for the beneficiaries and social acceptances.

g. Education:

EORE was included in the child protection intervention as a tool to reduce the risks and fatalities linked to Unexploded Explosive Ordnance (UXO) and Improvised Explosive Devices (IED).

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | No | N/A |

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 was not included in the selected modalities to deliver WASH, RRM, Health, and Child Protection responses. The activities relied on first line response for newly displaced, health service delivery support, water supply rehabilitation and group-based service provision such as Mental Health and Psychosocial Support (MHPSS) and EORE. The case management support for identified children considered in-kind support to children and caregivers to ensure the required essential services were provided to children without diverting the funds for other family needs.

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 |
|---|--------------------------------|----------------------|----------------|-------------|
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| | | | | |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| Protecting children, protecting the future generation | https://www.unicef.org/yemen/stories/protecting-children-protecting-future-generation |
| Social media post: Twitter - English | https://twitter.com/UNICEF_Yemen/status/1472597595969277952 |
| Social media post: Twitter - Arabic | https://twitter.com/UNICEF_Yemen/status/1472567393268363264 |
| Social media post: Facebook - Arabic | https://www.facebook.com/unicefyemen/posts/4815588191840519 |
| Social media post: Facebook - English | https://www.facebook.com/unicefyemen/posts/4815584238507581 |

Project Report 21-RR-WFP-011

| 1. Project Information | | | |
|---------------------------------|--|--|--|
| Agency: | WFP | Country: | Yemen |
| Sector/cluster: | Common Services - Humanitarian Air Services Common Services - Emergency Telecommunications | CERF project code: | 21-RR-WFP-011 |
| Project title: | Provision of humanitarian air services and emergency telecommunication services to the humanitarian community in Yemen | | |
| Start date: | 27/05/2021 | End date: | 26/11/2021 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 1,900,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 736,447,455 |
| | Amount received from CERF: | | US\$ 2,224,000 |
| | Total CERF funds sub-granted to implementing partners: | | N/A |
| | Government Partners | | N/A |
| | International NGOs | | N/A |
| | National NGOs | | N/A |
| Red Cross/Crescent Organisation | | N/A | |

2. Project Results Summary/Overall Performance

During the reporting period, UNHAS consistently operated regular flights (2 flights per week), allowing humanitarian actors to reach Ma'rib and enabling them to implement their mandate in an area heavily affected by the ongoing escalation of conflict. During the period June-October 2021, with the support of this CERF allocation and other donors, UNHAS transported 6,313 humanitarian actors from 83 entities in, within, and out of Yemen, including the route in/out of Ma'rib. CERF funding was critical in establishing the route and the continuation of the current schedule has been considered as a priority given the importance of humanitarian needs in this conflict-affected area.

During the reporting period, ETC established emergency telecoms and information and communication technology systems and maintained connectivity services in 17 humanitarian hubs and radio rooms in Sana'a, Ibb, Sa'ada, Hodeidah, Aden, Mukalla, Mokha, Hajja and Ma'rib. CERF RR funding allowed 47 organisations and agencies to benefit from ETC services and see their capacity to respond to critical needs in Yemen empowered.

Pooled funds remain an essential source of funding for common services allowing a high value for money as supported activities support many organisations (UN and INGOS) in implementing their respective mandates.

3. Changes and Amendments

Since the CERF RR allocation in May 2021, the conflict episode in Ma'rib region did not cease. On the contrary, it continued to impact humanitarian needs and generate unprecedented waves of displacement. No specific challenges were faced during the reporting period. Consequently, no deviation from the project is to be reported.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Common Services - Humanitarian Air Services | | | | | | | | | |
|--|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Sector/cluster | Common Services - Emergency Telecommunications | | | | | | | | | |
|--|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Host communities | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

5. People Indirectly Targeted by the Project

UNHAS and the ETC provide support services to the humanitarian community to enable the humanitarian response in Yemen. People receiving assistance by the partners utilising these services can be accounted for as indirect beneficiaries.

6. CERF Results Framework

Project objective Provide safe and reliable air services and emergency telecommunication services

Output 1 Air transport services are provided to the humanitarian community through UNHAS

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

Sector/cluster Common Services - Humanitarian Air Services

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|------------------------|
| Indicator 1.1 | CS.4 Number of passengers transported [1000 pax/month] | 1000 | 1263 | UNHAS Booking system |

Explanation of output and indicators variance: Achieved figure is the monthly average for the full months of the reporting period namely June (1107 pax), July (1108 pax), August (1196 pax), September (1409 pax) and October (1493 pax). In the course of 2021, travel restrictions have been eased in several countries, which generated an increased demand of UNHAS services.

| Activities | Description | Implemented by |
|--------------|--|----------------|
| Activity 1.1 | Conduct regular flights as per the monthly flight schedule | UNHAS/WFP |

Output 2 Emergency telecommunication services are provided through the ETC

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

Sector/cluster Common Services - Emergency Telecommunications

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|--|--------|----------|------------------------|
| Indicator 2.1 | Number of emergency telecoms and information and communications technology systems established and continued connectivity provision to these | 10 | 17 | ETC statistics |

Explanation of output and indicators variance: ETC is providing on-demand services in response to humanitarian needs. During the period, ETC supported additional facilities with connectivity in Ma'rib, Ibb, an INGO guesthouse in Sana'a, and other sites in Hodeidah as the number of guesthouses there increased.

| Activities | Description | Implemented by |
|--------------|---|----------------|
| Activity 2.1 | Provide connectivity services in 11 humanitarian hubs and radio rooms in Sana'a, Ibb, Sa'ada, Hodeidah, Aden, Mukalla, Mokha, Turba, Hajja, Marib | WFP |

7. Effective Programming

a. Accountability to Affected People (AAP)

UNHAS and ETC do not reach affected populations directly. However, these services enabled other humanitarian partners to implement their respective mandate and lifesaving activities through the provision of key access and the delivery of secure and reliable connectivity

and IT services. UNHAS and ETC have set a number of KPIs to monitor its service provision performance on regular basis via satisfaction surveys and consultations with user organisations. For 2021 for instance, ETC reached 90% of satisfaction and UNHAS reached a 84% satisfaction rate.

b. AAP Feedback and Complaint Mechanisms:

UNHAS and ETC both have a dedicated hotline and email address where feedback on services is received. Through monthly user group meetings, feedback is actively encouraged from users on service satisfaction. For UNHAS, feedback is also received during the Steering Committee meetings as well as through passenger satisfaction surveys conducted at least once a year. Upon completion of the survey, results are shared with the UNHAS team, to be followed by a discussion with users to explain issues which are beyond UNHAS control and how to close gaps identified and which fall under UNHAS capacity/control and/or influence. Similarly, the ETC help desk is the first line of support for users, responsible for IT incident registration and user support. ETC produces monthly Situation Reports that are shared with partners and provide a clear overview of the services available on the ground, challenges and obstacles to keep users informed.

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

Not applicable to this project

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

Not applicable to this project

e. People with disabilities (PwD):

Not applicable to this project

f. Protection:

Not applicable to this project

g. Education:

Not applicable to this project

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|----------------|-----------------|--|
| No | N/A | N/A |

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.

Not relevant for the supported activities.

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 |
|--|---------------------------------------|-----------------------------|-----------------------|--------------------|
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|--------------|----------------|
| N/A | N/A |

Project Report 21-RR-WHO-012

| 1. Project Information | | | |
|---------------------------------|--|--|---|
| Agency: | WHO | Country: | Yemen |
| Sector/cluster: | Health | CERF project code: | 21-RR-WHO-012 |
| Project title: | Provision of essential and lifesaving health services in response to the conflict in Marib and Al Jawf | | |
| Start date: | 28/05/2021 | End date: | 26/02/2022 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input checked="" type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 8,358,127 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 5,487,479 |
| | Amount received from CERF: | | US\$ 1,626,566 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 240,000 |
| | Government Partners | | N/A |
| | International NGOs | | N/A |
| | National NGOs | | US\$ 240,000 |
| Red Cross/Crescent Organisation | | N/A | |

2. Project Results Summary/Overall Performance

Through this CERF grant, WHO continued supporting trauma and emergency care services by providing trauma supplies, ICU and ER equipment to the main governorate referral hospitals in Mareb and Aljawf governorates. WHO reached **299,653** host community and IDPs beneficiaries in targeted governorates. Moreover, training courses have been conducted on MCM-Mass Causality Management and BES-Basic Emergency Support, targeting 60 ER doctors and nurses in hospitals all over the country including those close to the frontlines. The training objective was mainly to train the first responders' medical staff to implement the right practice when dealing with mass causality incidents.

Because of increased military activity and continuous conflict at both Mareb and Al Jwof Governorates, the lack of proper and safe Blood transfusion services at the two main General Hospitals. The main Goal of this project is to provide the essential equipment, Virology diagnostic kits, Blood Bags and accessories to ensure a safe Blood Transfusion service at the two main General Hospitals. Total amount disbursed on the necessary equipment required to operate the blood bank is 151,600 \$ (75,800 for each Blood Bank unit) where the total amount for providing the lab. regents and kits. Blood bags and supplies is 251,280 \$ (125,640 \$). Total Beneficiaries for available screening kits = 11,520 at both Blood bank units

To maintain operations in health facilities across the country and to ensure continuity of health services for those who need them most, WHO provided fuel to generate electricity for 3 health facilities in Marib as below table:

| Gov | District | HF name | Fuel QTY/month in liters |
|-------|-------------------|----------------------|--------------------------|
| Mareb | Harib Al Qaramish | Hareeb hospital | 1,000 |
| Mareb | Marib | Al Jamieah Al Jadida | 500 |
| Mareb | Marib | Kara Hospital | 1,550 |

WHO has also supported 32 HFs with water supply of total 10.4 M litres of water, reaching approximately 49,558 Individuals in Marib and 32,572 in Al Jawf each month (The details of beneficiaries are attached in the Annex2).

In addition, as part of the project reprogramming of output 1, WHO managed to procure 6 mechanical ventilators to support emergency room and intensive care unit in supported hospitals.

3. Changes and Amendments

The project has received an approval for Reprogramming of output 1 by CERF on 8th December 2021. Initially the project included provision for essential and lifesaving health services, with the support to the MSP in Marib governorate and ensure access of integrated trauma care through the provision of trauma care package and continuity of care at supported hospitals, strengthening integrated referral trauma system, this intervention was established to be implemented in partnership with NGO Human Access. The NGO Human Access is a local NGO registered in the south unfortunately, the Human Access officially informed WHO that they can work only in areas under IRG's/Aden government control. The areas in Marib in which Human Access have been implementing their project in Marib used to be under IRG's government control but now those area is under Sana'a de facto government control, the NGO informed us that they lost the access to those areas since 15 October 2021, for that reason the allocated funds can't be utilized as the initially was proposed.

The request has not affected the overall project objective to maintain the health Minimum Service Package and alleviating the impact of the crisis on those affected by trauma-related injuries. Based on the approval of the reprogramming, WHO managed to procure 6 mechanical ventilators to support emergency room and intensive care unit in supported hospitals. The procurement of these equipment has strengthened the capacities of the Emergency Departments of the publics Hospital of targeted districts in Marib and Al-Jawf to deliver a better-quality medical care for trauma-related injury and war wounded that today represent the 50% of the patient attended in The Emergency Department in those Hospitals, what is in line with the project objective.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Health | | | | | | | | | |
|--|---------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 33,339 | 27,415 | 21,597 | 24,093 | 106,444 | 60,380 | 56,485 | 40,903 | 37,007 | 194,774 |
| Host communities | 41,344 | 33,998 | 26,782 | 29,876 | 132,000 | 32,512 | 30,415 | 22,024 | 19,927 | 104,879 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 74,683 | 61,413 | 48,379 | 53,969 | 238,444 | 92,892 | 86,899 | 62,927 | 56,934 | 299,653 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 7,468 | 6,141 | 4,837 | 5,396 | 23,842 | 13,934 | 13,035 | 9,439 | 8,540 | 44,948 |

* 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

A total of 5,927 beneficiaries indirectly benefited from the health awareness activities under the MSP project supported by this award. A total of 5,927 beneficiaries indirectly benefited from the health awareness activities under the MSP project supported by this award.

The awareness was carried out in health facilities and mobile clinics through health educators who were supported by the project. Awareness materials (posters and brochures) for health messages on cholera, Covid-19, pregnant care, and reproductive health were printed and provided them. Frequent patients and those accompanying them were targeted with awareness. Awareness was also carried out through visits to mobile clinics in camps, in classrooms and women's gatherings, the educator has contributed mainly to individual and group awareness, along with the doctor, midwife and mental health specialist.

6. CERF Results Framework

Project objective Maintaining the health Minimum Service Package and alleviating the impact of the crisis on those affected by trauma-related injuries

Output 1 Access to essential health care services through ongoing support to the health systems

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 | H.7 Number of functional health facilities supported (with Minimum Services Packages (MSP)) | 5 | 4 HFs and 2 mobile medical teams | Reporting M&E visits (later on) |
| Indicator 1.2 | # of outpatient primary care (urgent non-life-threatening injuries, blood transfusion and others medical conditions that can be treated without hospitalization) consultations conducted | 15,139 | 8,918 | Reporting M&E visits (later on) |
| Indicator 1.3 | # of outpatient emergency consultations (including the war-wounded, trauma and other medical emergency) conducted | 22,459 | 33 | Reporting M&E visits (later on) |

Explanation of output and indicators variance: The number of outpatient primary care and outpatient emergency consultations was less than the planned as the project duration was less than original planned. The NGO Human Access is a local NGO registered in the south, allowing the NGO work only in areas under IRG's/Aden government control. The areas in Marib, in which Human Access was implementing their project, used to be under IRG's government control but those area change under Sana'a de facto government control, the NGO lost the access to those areas since 15 October 2021, for that reason, the area for implement the project had to be re-localized inside the IRG control are. Resulting as consequence the project duration was less than original planned.

| Activities | Description | Implemented by |
|--------------|---|----------------|
| Activity 1.1 | Partnership with NGO Human Access for provision of MSP in Marib | Human Access |

* 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.

Output 2 Injured receive adequate essential trauma care services

| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
|---|---|--|----------|--|
| Sector/cluster | Health | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 2.1 | # minor and major surgeries conducted | 3,000 | 1,711 | M&E Monthly Data Collection Reports and NGO Human Access Reports |
| Indicator 2.2 | CC.1 Number of frontline aid workers (e.g., partner personnel) who received short refresher training to support programme implementation (health workers on trauma care, triage, safe administration of blood and blood products) | 60 | 60 | Training Reports |
| Explanation of output and indicators variance: | | Surgeries Number less than the planned as the project duration planned to be 2 months (Jan-Feb 2022) but the actual implemented duration was for only one month-Feb 2022 | | |
| Activities | Description | Implemented by | | |
| Activity 2.1 | 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 Ensure basic needs to sustain functioning of health facilities providing trauma care

| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
|---|--|---|----------|---------------------------------|
| Sector/cluster | Health | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 3.1 | # of health facilities supported with fuel | 3 | 3 | Reporting M&E visits (later on) |
| Indicator 3.2 | # of health facilities supported with clean water | 6 | 32 | Reporting M&E visits |
| Explanation of output and indicators variance: | | The list of healthcare facilities to be supported with clean water were changed later on in consultation with GHO's (governorate health offices) where the requirements of water supply were increased in these healthcare facilities. The increased need of water supply was also verified through WHO's hub offices and M&E team. The amended list of healthcare facilities were shared with OCHA and the approval was granted. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Provide fuel to health facilities to ensure continuity of patient care | WHO | | |

* 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.

| | | |
|--------------|---|-----|
| Activity 3.2 | Provide water to health facilities to ensure continuity of patient care | WHO |
|--------------|---|-----|

7. Effective Programming

a. Accountability to Affected People (AAP)

The WHO M&E team conducts monitoring exercises to all the supported activities to ensure that the implementation was achieved as planned, monitor the performance, and assess the capabilities of the supported HFs aiming to share the gaps and recommendations with the Technical Teams to conduct immediate corrective actions, as well as the M&E teams, verify the different supplies provided to including the different supplies provided through this project such as the fuel, and the clean water.

The verification for the support under this grant was conducted for the fuel, water, and other supplies delivered.

Also, the monitoring activities include the monthly data collection from the targeted HFs by the M&E Officers.

Also, regularly the M&E team conducts a monitoring exercise to all the supported training and workshops including the training implemented under this grant.

- For the WHO IPs (including the Human Access NGO) M&E team conducted a monitoring exercise to monitor the MSP performance of the supported HFs, to verify the inputs, and receive the feedback of supported HFs' Managers and beneficiaries as well.
- Also, the WHO IP (Human Access) implemented monitoring activities that included:
- Develop an Outcome-based monitoring plan to assess achieved against the planned targets throughout the course of the project implementation period.
- Conducting monitoring and update reports to the WHO-Yemen, Health cluster, and regions sub-cluster and GHOs.
- Collecting weekly and monthly gender and age disaggregated statistics of the number of people who benefited from the activities and interventions provided in the targeted districts.
- Conduct joint supervisions and monitoring visits by the project team and GHO staff to the implementation sites in monitoring visits.
- Prepare monthly reports and final reports and share them with the WHO-Yemen, clusters, GHO, and DHOs in the targeted locations.
- The intervention team including the Monitoring and Reporting team is also formed of males and female staff to better enable collections of data and dealing with communities and complaints as needed.
- The WHO MSP IP (Human Access) committed to the Humanitarian Accountability Principles and utilized the well-established accountability systems such as feedback mechanism within the organization. Women, girls, boys, and men in all age groups can provide confidential feedback or complaints about the delivered services through phone hotlines that publicized through posters, or dedicated staff or any other suitable way for them.

HUMAN ACCESS considered the principles of Do No Harm through keeping confidentiality of all complains recorded or collected from beneficiaries, community, or staff. As well, the respectful care and community awareness activities will deal with each community specific issues. There are clear messages that complaints will not affect access to services.

b. AAP Feedback and Complaint Mechanisms:

WHO established the following mechanisms in order to enable communities to report their feedback about the project: ☐ Complaint boxes at the health facilities – this applies to the locations targeted under the MSP component; ☐ Exit interviews with patients (to be conducted by the implementing partner and WHO staff during supervision and monitoring visits)- this applies to the health facilities supported with MSP; ☐ Use of mobile-based groups for real-time exchange of information; and ☐ Findings from M&E - this applies to MSP.

* 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.

The feedback loop is completed 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. Throughout the project, a complaint mechanism has been in place to consolidate the engagement of beneficiaries and encourage them to raise their comments and WHO ensured confidentiality and referral approach for any complaint or concern received from the targeted groups

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):

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 the quality of life of patients and further support provided by a specialized partner. Through the sustainment of MSP, including its trauma care component, WHO seeks to maintain in place the exiting network and system of referral for patients to prevent the risk of permanent or semi-permanent disabilities. For this project, Priority in outpatient clinics and receiving services was given to the PwDs and their companions. Some PwDs who could not attend the HFs, so the mobile teams visited them in their houses to provide services

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:

NA

* 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.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | N/A | N/A |

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.

N/A

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 |
|---|--------------------------------|----------------------|----------------|-------------|
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|----------------------|--|
| Water Supply Support | Twitter Arabic: https://twitter.com/WHOYemen/status/1493522822190321666?s=20&t=GNWc50RzdADjImtUv_Gx-w Twitter English: https://twitter.com/WHOYemen/status/1493522439774605314?s=20&t=GNWc50RzdADjImtUv_Gx-w Facebook: (2) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook |
| Fuel Support | Twitter Arabic: https://twitter.com/WHOYemen/status/1486680774115946496?s=20&t=GNWc50RzdADjImtUv_Gx-w Twitter English: https://twitter.com/WHOYemen/status/1486680732093329414?s=20&t=GNWc50RzdADjImtUv_Gx-w Facebook: (2) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook |

* 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.

Project Report 21-RR-FPA-009

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | UNFPA | Country: | Yemen |
| Sector/cluster: | Protection - Gender-Based Violence Health - Sexual and Reproductive Health | CERF project code: | 21-RR-FPA-009 |
| Project title: | Providing emergency RH services, GBV mitigation and response services, and RRM for the most vulnerable people from Marib and Al Jawf. | | |
| Start date: | 26/05/2021 | End date: | 25/11/2021 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 12,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 500,000 |
| | Amount received from CERF: | | US\$ 8,440,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 4,392,276 |
| | Government Partners | | N/A |
| | International NGOs | | US\$ 210,300 |
| National NGOs | | US\$ 4,181,976 | |
| Red Cross/Crescent Organisation | | N/A | |

2. Project Results Summary/Overall Performance

The CERF project supported three key areas of UNFPA's interventions in Marib and Al Jawf. This came at a critical time to allow the continuity of these services, particularly during a time of continued escalation in these two locations.

CERF made possible for 16 health facilities to provide emergency obstetric and neonatal care services. This allowed the provision of these services to 100,531 women and girls, including 15,004 who received safe delivery services. The CERF fund directly led to the continuation of critical life-saving RH services in health facilities in districts with the highest severity indices in Marib and Al Jawf. The supported facilities provided women and girls with the life-saving essential reproductive health services, particularly those related to complicated deliveries. CERF also supported six mobile teams in Marib and Al Jawf, who provided RH services to 20,234 women and girls. These teams reached out to the most vulnerable women and girls in the most remote areas.

Within the GBV programme, CERF allowed the provision of GBV mitigation and response services to 70,481 women and girls. CERF supported seven safe spaces provide survivor-centered multi-sectorial services (case management, psychosocial, medical, legal, livelihood). The safe spaces are a formal or informal place where women and girls feel physically and emotionally safe. The term 'safe,' in the present context, refers to the absence of trauma, excessive stress, violence (or fear of violence), or abuse. It is a space where

* 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.

women and girls, being the intended beneficiaries, feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm. CERF also supported a safe shelter for women and girls, which was a key intervention which can be life-saving.

CERF also supported the RRM in supporting those newly displaced from Marib and Al Jawf with immediate life-saving assistance. This allowed the reach of 108,308 newly displaced persons with immediate life-saving kits. The Rapid Response Mechanism (RRM) provides immediate in-kind assistance (Immediate Response Rations from WFP, basic hygiene kits from UNICEF and dignity kits from UNFPA) to newly displaced persons and those impacted by natural disasters within 72 hours of receiving the alert of displacement.

3. Changes and Amendments

There were no key changes or amendments to the project. However, two health facilities, in Al Abdiyah, and Al Jubah districts, faced a suspension of 1-2 weeks; due to the heavy escalations in these districts. However, these facilities were able to later resume services; initially with a lower number of providers, and a replacement of the female obstetrician with a male surgeon for a month.

The escalations were due to Ansarullah's escalation and taking over these two districts from the IRG. This led to the displacement of some of the providers, and complicated the movement of commodities which were stored in the IRG-controlled areas. The lines were later one changed again, and IRG retook most of these locations.

During the transition time when the districts were under AA, UNFPA engaged and advocated with both the IRG and the AA, to allow for the commodities to be available in these facilities. Eventually, commodities were availed from the AA side, making it possible to provide assistance. This applied to both the RH and RRM activities.

* 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.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection - Gender-Based Violence | | | | | | | | | |
|--|---|---------------|---------------|---------------|----------------|----------------|----------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 25,000 | 0 | 5,000 | 0 | 30,000 | 33,122 | 0 | 6,812 | 0 | 39,934 |
| Host communities | 25,000 | 0 | 5,000 | 0 | 30,000 | 25,046 | 0 | 5,501 | 0 | 30,547 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 50,000 | 0 | 10,000 | 0 | 60,000 | 58,168 | 0 | 12,313 | 0 | 70,481 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 0 | 0 | 0 | 0 | 0 | 2,908 | 0 | 616 | 0 | 3,524 |
| Sector/cluster | Health - Sexual and Reproductive Health | | | | | | | | | |
| Category | Planned | | | | | Reached | | | | |
| | 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 | 65,566 | 28,973 | 40,166 | 33,345 | 168,050 | 67,812 | 29,012 | 41,231 | 33,712 | 171,767 |
| Host communities | 40,000 | 0 | 10,000 | 0 | 50,000 | 42,812 | 0 | [10,349] | 0 | 53,161 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 105,566 | 28,973 | 50,166 | 33,345 | 218,050 | 110,624 | 29,012] | 51,580 | 33,712 | 224,928 |
| People with disabilities (PwD) out of the total | | | | | | | | | | |
| | 6,556 | 2,897 | 4,016 | 3,335 | 16,804 | 5,531 | 1,450 | 2,579 | 1,685 | 11,246 |

* 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 and gender-based violence mitigation and response services estimated at about 1 million people. These include those residing in the districts with highest severity indices, and hence highest vulnerabilities. To provide a practical example on the indirect benefits of the service, the alternative for some of the health services provided would be utilising private facilities. This would entail a major financial burden on many households, and lead to either further health complications to the woman or girl if they can't afford the service or bring a financial burden which can reflect in additional vulnerability to the whole household.

6. CERF Results Framework

| | | | | |
|--|--|--|-----------------|---|
| Project objective | Increased utilization of reproductive health and gender-based violence prevention and mitigation services for women and girls | | | |
| Output 1 | Increased availability of Emergency Obstetric and neo-natal care, and other emergency RH care to women in acute need | | | |
| Was the planned output changed through a reprogramming after the application stage? | | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> |
| Sector/cluster | Health - Sexual and Reproductive Health | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 1.1 | RH.1 Number of live births assisted by a skilled health personnel | 14,000 | 15,004 | Health facilities registrars |
| Indicator 1.2 | SP.2b Number of people benefiting from services enabled by inter-agency emergency reproductive health kits (RH MISP components services, including GBV survivors. The MISP components include Basic and Comprehensive Emergency Obstetric and Neonatal Care, clinical management of rape, syndromic treatment of RTIs and STIs, family planning, antenatal and postnatal care) | 86,000 | 105,230 | Health facilities and mobile teams registrars |
| Indicator 1.3 | [# of health facilities supported through the CERF] | 16 | 16 | Health facilities registrars |
| Explanation of output and indicators variance: | | All the indicators' targets were met. The number of RH consultations was higher than initially expected; possibly because many other services were forced to close in the areas of intervention, and some private facilities were shut down. Hence more demand arose for the UNFPA-supported services. | | |
| Activities | Description | Implemented by | | |
| Activity 1.1 | Provide incentives to retain critical staff in health facilities to provide EmONC services | BFD | | |
| Activity 1.2 | Procure and provide essential RH kits and supplies, including PPEs and post-rape kits | UNFPA, BFD | | |

| | | |
|--------------|---|------------|
| Activity 1.3 | Provide technical supervision and oversight on EmONC service delivery at the health facilities, including monitoring of stocks status | UNFPA, BFD |
|--------------|---|------------|

Output 2 [Increased availability of multi-sectoral GBV services through safe spaces, and women protection shelters]

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

Sector/cluster Protection - Gender-Based Violence

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|--------|----------|---------------------------------------|
| Indicator 2.1 | PS.2 Number of people benefitting from core GBV services (e.g. case management, psycho-social support, clinical management of rape, PEP, etc.) (multi-sector support (health, legal (includes access to justice), shelter, etc.)) | 15,000 | 19,321 | [safe spaces and shelters registrars] |
| Indicator 2.2 | PS.1b Number of safe spaces and/or centres constructed or rehabilitated | 8 | 8 | Safe spaces and shelter registrars |
| Indicator 2.3 | H.9 Number of people provided with mental health and psycho-social support services (persons at risk of GBV and survivors) | 15,000 | 20,122 | safe spaces and shelter registrars |

Explanation of output and indicators variance: The indicator targets were fully met; and exceeded due to the increased demand and community trust and acceptance of the services.

| Activities | Description | Implemented by |
|--------------|--|----------------|
| Activity 2.1 | [Support seven safe spaces and one safe shelter. The support includes that of the multi-sectorial services (case management, medical, psychosocial, legal, livelihood and economic empowerment. The support is provided through the payment of service providers, operational costs, and payment of services costs to survivors] | YWU, HA |
| Activity 2.2 | [Procure and distribute protection kits] | UNFPA |
| Activity 2.3 | [Support mobile outreach teams to provide basic PSS and refer most vulnerable women and girls] | YWU, HA |

Output 3 [Increased availability of RRM kits (IRR, hygiene and dignity kits) for the newly displaced persons]

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 3.1 | SP.1b Number of people benefitting from menstrual hygiene management kits and/or dignity kits | 117,950 | 108,120 | [RRM Records] |

| | | | | |
|---|---|---|--------|---------------|
| | (Number of newly displaced persons receiving RRM kits) | | | |
| Indicator 3.2 | SP.1a Number of menstrual hygiene management kits and/or dignity kits distributed (dignity kits procured and distributed for the RRM) | 27,500 | 27,500 | [RRM Records] |
| Explanation of output and indicators variance: | | The number of displaced persons was slightly lower than initially anticipated. However, all planned kits and other activities were implemented. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Procure and distribute the dignity kits | [UNFPA, NRC, BFD, IOM, DEEM, FMF, YARD] | | |
| Activity 3.2 | Procure and distribute the RRM kits | [WFP, UNICEF, NRC, BFD, IOM, DEEM, FMF, YARD] | | |
| Activity 3.3 | Enroll newly displaced persons to be on the beneficiary lists. These lists are used for the RRM distribution, but also to inform other actors, particularly MPCA (IOM and CCY), and FSAC (WFP), to provide follow-up assistance to those newly displaced. | [NRC, BFD, IOM, DEEM, FMF, YARD] | | |

7. Effective Programming

a. Accountability to Affected People (AAP) :

UNFPA continued to build its partners' capacities to ensure this accountability is in place, adherence to minimum standards are based on international best practice and apply a rights-based approach in order to ensure Do-No-Harm principles and code of conduct for service providers.

Within this project, partners provided beneficiaries with information about the type of assistance, eligibility criteria, locations of services and timing. They also asked them about the quality, timeliness, and relevance of the offered services once interventions start.

UNFPA put in place measures to ensure the inclusion of marginalized beneficiaries, including children who are married, those with disabilities, mouhamasheen populations and others who may be excluded from assistance. These measures included the enrolment within the RRM, sensitization of the providers in case of the RH and GBV, and specific interventions for girls who are married or about to be married. These measures will be implemented by the partners and overseen by UNFPA within this project

b. AAP Feedback and Complaint Mechanisms:

The complaint mechanism explained below was fully implemented within the CERF-supported activities in this project. The mechanism led to the receipt of feedback in multiple instances, both through the UNFPA and Implementing partners mechanisms. This triggered follow-up and corrective actions where needed. No major complaints were received, but most complaints were revolved around the quality of services according to the beneficiaries' perceptions, and the lack of RRM registration at instances. In such cases, the complaints were discussed with the IPs for the best possible outcome. In the case the RRM registration complaint, the beneficiaries were not newly displaced, and hence were referred to other clusters' responses. And in the case of the quality of services, they were related to the challenges of commodities due to the cross-line movement challenges and changes if the control in different areas. This was resolved once the commodities were available.

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.

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 complainants to continue providing feedback on the progress

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

During the implementation of the project, there were no reports related to SEA. The text below provides the UNFPA standard procedure and measures which are in place, including for this CERF-supported project.

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 services to make them accessible, and training of the staff in providing services to women and girls with disabilities.

In practical terms, the project took a few actions to ensure the women and girls with disabilities are protected and have easier access to the different services provided through this project. First, the RRM criteria include people with disabilities, and hence they are prioritised during distributions, as well as during the MPCA. The GBV mitigation and response services vulnerability criteria also include women and girls with disability as a priority group for interventions, including all available services. This includes safe spaces, shelters, and the range of services they provide, including livelihood and economic empowerment. In the health facilities, and within the RH services supported through the project, the measures included the availability of measures to allow the accessibility of women and girls with disabilities to the services, such as ramps, orientation of the providers, and so on.

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.

The project targeted GBV survivors accessing the targeted services, 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 are also considered in the project design

g. Education:

Nothing to report. Not prioritised.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

| Planned | Achieved | Total number of people receiving cash assistance: |
|---------|----------|---|
| No | N/A | N/A |

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 and GBV services. Additionally, the MPCA is provided by IOM and the Cash Consortium in Yemen (CCY). The enrolment supports this effort by alerting them early about those newly displaced

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 |
|---|--------------------------------|----------------------|----------------|-------------|
| N/A | N/A | N/A | N/A | N/A |
| N/A | N/A | N/A | N/A | N/A |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---|---|
| In her words: A child bride from Yemen forced to grow up too fast – web story | https://yemen.unfpa.org/en/news/her-words-child-bride-yemen-forced-grow-too-fast |
| Married at 12; a single mother at 16 in Yemen – web story | https://www.unfpa.org/news/married-12-single-mother-16-yemen https://www.list-nation.com/married-at-12-a-single-mother-at-16-in-yemen/ https://www.dailyadvent.com/news/ff27c68007d9bb3042f0e31f1c01b16d-Married-at-12-a-single-mother-at-16-in-Yemen |

| | |
|--|--|
| Rising from the ashes: A Yemen family's new home – photo story | https://www.unfpa.org/rising-ashes-yemen-familys-new-home |
| A mother's life on the line – video | https://twitter.com/UNFPAYemen/status/1488415850881490944?s=20&t=rVTmFICsjDBNimiNi2AusA |
| Delivering on the frontlines – one midwives story - video | https://yemen.unfpa.org/en/video/delivering-front-lines-one-midwives-story |
| Mobile teams take health services to displaced families in Marib - video | https://twitter.com/UNFPAYemen/status/1462683728887443459?s=20&t=rVTmFICsjDBNimiNi2AusA |
| Emergency relief through the RRM for displaced persons – video | https://twitter.com/UNFPAYemen/status/1455772786731872260?s=20&t=rVTmFICsjDBNimiNi2AusA |
| Situation Reports mentioning donor contribution | https://yemen.unfpa.org/en/publications/situational-report-03-october-december-2021 https://yemen.unfpa.org/en/publications/situational-report-02-july-sept-2021 https://yemen.unfpa.org/en/publications/situational-report-01-january-june-2021 |
| Flash updates mentioning donor contribution | https://yemen.unfpa.org/en/publications/flash-update-09-escalation-and-response-marib |
| Social media posts – Twitter | https://twitter.com/UNFPAYemen/status/1488415850881490944?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1481562738904420353?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1462683728887443459?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPA/status/1458096107628728323?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1456276171432235012?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1455772786731872260?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1455511799575433220?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1455144102505304067?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1453663215787790338?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPA/status/1441097938084585477?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1437474075643760643?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1433051758893301762?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1429753327915442177?s=20&t=rVTmFICsjDBNimiNi2AusA https://twitter.com/UNFPAYemen/status/1424981155804160002?s=20&t=rVTmFICsjDBNimiNi2AusA |
| Social media posts – Facebook | https://www.facebook.com/UnfpaYemen/posts/4837474056373652 https://www.facebook.com/UnfpaYemen/videos/2177285962448377/ https://www.facebook.com/UnfpaYemen/posts/4676338569153869 https://www.facebook.com/UnfpaYemen/videos/1263901767417485/ https://www.facebook.com/UnfpaYemen/videos/3098477687053197/ https://www.facebook.com/UnfpaYemen/posts/4431518286969233 https://www.facebook.com/UnfpaYemen/posts/4276173242503739 https://www.facebook.com/UnfpaYemen/posts/4239701999484197 https://www.facebook.com/UnfpaYemen/videos/1270320113400678/ |

Project Report 21-RR-HCR-008

| 1. Project Information | | | |
|---------------------------------|---|--|--|
| Agency: | UNHCR | Country: | Yemen |
| Sector/cluster: | Shelter and Non-Food Items Protection | CERF project code: | 21-RR-HCR-008 |
| Project title: | Provide life-saving shelter/NFI assistance and protection services to families displaced by conflict in Marib and Al Jawf | | |
| Start date: | 26/05/2021 | End date: | 25/11/2021 |
| Project revisions: | No-cost extension <input type="checkbox"/> | Redeployment of funds <input type="checkbox"/> | Reprogramming <input type="checkbox"/> |
| Funding | Total requirement for agency's sector response to current emergency: | | US\$ 46,000,000 |
| | Total funding received for agency's sector response to current emergency: | | US\$ 11,000,000 |
| | Amount received from CERF: | | US\$ 13,060,000 |
| | Total CERF funds sub-granted to implementing partners: | | US\$ 1,837,893 |
| | Government Partners | | N/A |
| | International NGOs | | N/A |
| | National NGOs | | US\$ 1,837,893 |
| Red Cross/Crescent Organisation | | N/A | |

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR and its partners provided urgent life-saving protection services (PSS, legal assistance, child protection and GBV), emergency cash, shelter/NFI assistance and rental subsidies to the most vulnerable internally displaced and host communities in Marib and Al Jawf governorates. Some 74,468 individuals were consulted or assessed through protection and need assessments; 2,500 displaced Yemeni received protection services through the community centres; 778 highly vulnerable displaced Yemeni benefited from the emergency cash assistance in Marib; 25,000 individuals benefitted from community-based initiatives in Al Jawf; 123,774 people benefitted from NFI and 69,486 benefitted from shelter assistance respectively. Besides, 11,248 households received rental subsidies.

The project assisted a total of 362,293 people affected by the conflict escalation in Marib and Al Jawf between May and November 2021. The overall achieved number exceeds the planned targets in both Protection and Shelter/NFI clusters by about 17,548 families. It became possible to assist more individuals and households than initially planned due to the devaluation of the national currency in the South of Yemen. UNHCR directly implemented 85% of the total funding while 15% of the funding was implemented through UNHCR's NGO partners.

3. Changes and Amendments

There were no major deviations from the original project proposal. However, due to the significant devaluation of the national currency (YER) in the South of Yemen throughout 2021, UNHCR was able to assist more individuals and households with rental subsidies, which are paid in YER.

4. Number of People Directly Assisted with CERF Funding*

| Sector/cluster | Protection | | | | | | | | | |
|-----------------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 12,820 | 12,597 | 15,475 | 16,580 | 57,472 | 18,209 | 17,892 | 21,979 | 23,549 | 81,629 |
| Host communities | 3,705 | 3,149 | 3,869 | 4,145 | 14,868 | 5,262 | 4,473 | 5,495 | 5,887 | 21,117 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 16,525 | 15,746 | 19,344 | 20,725 | 72,340 | 23,471 | 22,364 | 27,475 | 29,436 | 102,746 |

People with disabilities (PwD) out of the total

| | | | | | | | | | | |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | 1,442 | 1,245 | 1,517 | 1,609 | 5,813 | 2,048 | 1,768 | 2,155 | 2,285 | 8,256 |
|--|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|

| Sector/cluster | Shelter and Non-Food Items | | | | | | | | | |
|-----------------------------|----------------------------|---------------|---------------|---------------|----------------|---------------|---------------|---------------|---------------|----------------|
| Category | Planned | | | | | Reached | | | | |
| | 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 | 41,189 | 37,852 | 45,574 | 48,178 | 172,793 | 57,892 | 53,202 | 64,056 | 67,716 | 242,866 |
| Host communities | 2,967 | 2,492 | 3,086 | 3,323 | 11,868 | 4,170 | 3,503 | 4,337 | 4,671 | 16,681 |
| Other affected people | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 44,156 | 40,344 | 48,660 | 51,501 | 184,661 | 62,063 | 56,705 | 68,393 | 72,386 | 259,547 |

People with disabilities (PwD) out of the total

| | | | | | | | | | | |
|--|-------|-------|-------|-------|--------|--------|-------|--------|--------|--------|
| | 7,204 | 6,413 | 7,643 | 8,024 | 29,284 | 10,125 | 9,014 | 10,742 | 11,278 | 41,160 |
|--|-------|-------|-------|-------|--------|--------|-------|--------|--------|--------|

* 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

In addition to IDPs, UNHCR targets most vulnerable members of the host community with its interventions (15 to 20 percent), who are also in dire need of assistance, especially since they had to share their already scarce resources with displaced communities. Including host communities reduces feeling of resentment against displaced communities and promotes social cohesion. Other indirect beneficiaries included members from IDP and host communities who benefited from the cash-for-work modalities as they engaged in the execution of QIPs.

6. CERF Results Framework

| | |
|--------------------------|--|
| Project objective | Provide urgent life-saving protection services and shelter assistance to most vulnerable families displaced by conflict in Marib and Al Jawf |
|--------------------------|--|

| | |
|-----------------|--|
| Output 1 | Specific protection risks due to conflict and disasters are mitigated and addressed through the provision of quality and integrated protection and humanitarian services, to vulnerable displaced women, men, boys and girls including people with disabilities. |
|-----------------|--|

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

| | | | | |
|-----------------------|------------|--|--|--|
| Sector/cluster | Protection | | | |
|-----------------------|------------|--|--|--|

| Indicators | Description | Target | Achieved | Source of verification |
|-------------------|--|-------------------------------|-----------------|---|
| Indicator 1.1 | Number of persons directly consulted or assessed through protection and needs assessment (Marib) | 56,000 individuals | 74,468 | Partner report (Human Access), ActivityInfo |
| Indicator 1.2 | Number of displaced Yemeni receiving protection services (PSS, legal assistance and child protection/GBV) through the community centres (Marib) | 2,500 individuals | 2,500 | Partner report (Human Access), ActivityInfo |
| Indicator 1.3 | Number of highly vulnerable displaced Yemeni benefiting from emergency cash assistance (Marib) | 840 individuals (120 HH) | 778 | Partner report (Human Access), ActivityInfo |
| Indicator 1.4 | Number of persons benefiting from community-based initiatives on protection, including awareness raising, conflict prevention/resolution and peaceful co-existence (Al Jawf) | 15,000 individuals (2,500 HH) | 25,000 | Partner report (YARD), ActivityInfo |

Explanation of output and indicators variance: Through CERF funding, UNHCR assessed some 74,468 individuals through socioeconomic assessments and community-based initiatives conducted by UNHCR's partners, mobile teams and community-based protection networks.

| Activities | Description | Implemented by |
|-------------------|---|------------------------|
| Activity 1.1 | Vulnerability/protection needs assessments, targeting newly displaced, are conducted to support the programmatic response of UNHCR and humanitarian actors in Marib Governorate | UNHCR and Human Access |
| Activity 1.2 | The already established UNHCR/Human Access Community Centre in Marib governorate offers a variety | UNHCR and Human Access |

| | | |
|--------------|--|------------------------|
| | of Protection services (PSS, Legal Assistance, Child Protection, GBV), including through Mobile Teams to areas with newly displaced populations that allow for the referral to Specialized Protection Services | |
| Activity 1.3 | Protection Cash Assistance is provided in Marib governorate, prioritizing displaced Yemeni with disabilities, women-headed households and families with a high dependency ratio to mitigate protection risks they face | UNHCR and Human Access |
| Activity 1.4 | Quick impact Projects (segregated latrines for women facilities and accessibility for persons with disabilities in IDP sites) are implemented in five informal IDP settlements with a high density of displaced population in Al Jawf governorate. | UNHCR and YARD |

Output 2 19,600 Non-Food Items kits (NFI) are procured and distributed in Marib and Al Jawf to support the humanitarian response to families already displaced, or projected to be displaced in both governorates

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

Sector/cluster Shelter and Non-Food Items

| Indicators | Description | Target | Achieved | Source of verification |
|---------------|---|---------|----------|--|
| Indicator 2.1 | SN.2b Number of in-kind NFI kits distributed | 19,600 | 20,629 | Partner reports (SHS and YARD), ActivityInfo |
| Indicator 2.2 | SN.2a Number of people benefitting from in-kind NFI assistance (19,600 HHs) | 117,600 | 123,774 | Partner reports (SHS and YARD), ActivityInfo |
| Indicator 2.3 | # of Post Distribution Monitoring Surveys conducted | 8 | 8 | Partner reports (SHS and YARD) |

Explanation of output and indicators variance: Following the guidance from the authorities in the North not to use transitional shelters, ESK targets were decreased in general across the North. As a result, the target of the NFIs has been increased to factor in the underachievement in the ESK target. Based on the actual needs identified within the implementation period, NFI assistance was prioritized over Shelter (please refer to Output 3).

| Activities | Description | Implemented by |
|--------------|--|------------------|
| Activity 2.1 | Procurement of NFI Kits | UNHCR |
| Activity 2.2 | Distribution of Non-Food Items Kits | UNHCR, SHS, YARD |
| Activity 2.3 | Conduct a Post Distribution Monitoring | UNHCR, SHS, YARD |

Output 3 13,000 Enhanced Emergency Shelter Kits procured and distributed in Marib and AlJawf to support the humanitarian response to families already displaced or projected to be displaced in both governorates

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

Sector/cluster Shelter and Non-Food Items

| Indicators | Description | Target | Achieved | Source of verification |
|------------|-------------|--------|----------|------------------------|
|------------|-------------|--------|----------|------------------------|

| | | | | |
|---|--|---|--------|---------------------------------|
| Indicator 3.1 | SN.1b Number of in-kind shelter kits distributed | 13,000 | 11,581 | Partners' reports, ActivityInfo |
| Indicator 3.2 | SN.1a Number of people benefitting from in-kind shelter assistance | 78,000 | 69,486 | Partners' reports, ActivityInfo |
| Indicator 3.3 | # of Post Distribution Monitoring Surveys conducted | 5 | 5 | Partners' reports |
| Explanation of output and indicators variance: | | Based on the actual needs identified within the implementation period, NFI assistance was prioritized over Shelter (please refer to Output 2). Following the guidance from the authorities in the North not to use transitional shelters, ESK targets were decreased in general across the North. As a result, the target of the NFIs has been increased to factor in the underachievement in the ESK target. | | |
| Activities | Description | Implemented by | | |
| Activity 3.1 | Procurement of enhanced emergency shelter kits | UNHCR | | |
| Activity 3.2 | Distribution of enhanced emergency shelter kits | UNHCR, SHS and YARD | | |
| Activity 3.3 | Conduct 3 Post Distribution Monitoring | UNHCR, SHS and YARD | | |

| | | | | |
|--|---|--|-----------------|---|
| Output 4 | 6,000 HHs supported with cash subsidies in Marib help to pay their rent and avoid imminent eviction | | | |
| Was the planned output changed through a reprogramming after the application stage? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | |
| Sector/cluster | Shelter and Non-Food Items | | | |
| Indicators | Description | Target | Achieved | Source of verification |
| Indicator 4.1 | # of households assisted with cash for rental subsidies (Marib) | 6,000 HHs (36,000 individuals) | 11,248 | ActivityInfo |
| Indicator 4.2 | # of Post Distribution Monitoring Surveys conducted | 3 | 2 | TPM report to be finalized in 1Q of 2022. |
| Explanation of output and indicators variance: | | UNHCR could assist more HHs due to the significant devaluation of YER in the South of Yemen. | | |
| Activities | Description | Implemented by | | |
| Activity 4.1 | Provision of cash for rental subsidies | UNHCR and SHS | | |
| Activity 4.2 | Conduct a Post Distribution Monitoring | UNHCR and third-party monitoring contractor (Blumen) | | |

7. Effective Programming

a. Accountability to Affected People (AAP)

Throughout the implementation period on-going protection assessments throughout urban and rural displacement sites assessed the overall protection environment, causes of displacement and identify protection needs and risks in the Marib region for relevant intervention, including referral for assistance internally and to partners.

Qualitative focus group discussions were conducted with female heads of household to determine daily life practices, concerns regarding safety and security, and challenges faced accessing income. Based on the results, vocational programs were developed and administered including income-generating starter kits. Focus Group Discussion (FGD) inputs also led to the installation of children's recreational facilities at the Community Center and throughout several sites serving child-friendly spaces.

Key informants (KIs) were established throughout 6 Marib districts providing on-going input from communities and facilitating identification of intervention needs.

In response to de facto authorities' post September 2021 offensive creating substantial new waves of displacement to Marib City, UNHCR led a protection cluster initiative in a joint urban protection assessment of families recently displaced to Marib City to assess and address developing protection gaps.

b. AAP Feedback and Complaint Mechanisms:

UNHCR supported safe and accessible CFM for complaints that may have arisen, including confidential pathways to report on PSEA. Confidential feedback mechanisms were in place for UNHCR and partner organisations and included hotlines, email, physical complaints boxes in the community centre and partner offices, and existing community-based committees. These were managed according to the applicable SoPs for partners. In addition, UNHCR promoted multiple separate channels or entry points, hotlines, email and physical complaint boxes to make it safe, simple and easy for community members to complain or give feedback. Those channels considered specific needs based on age, gender and diversity, including disability and included child-friendly complaints mechanisms.

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

UNHCR ensured that confidentiality safeguards were in place to handle allegations of sexual exploitation and abuse (SEA) and fraud in a protection-sensitive manner. UNHCR trained all project staff in complaints feedback mechanism (CFM), UNHCR Code of Conduct and Protection against Sexual Exploitation and Abuse (PSEA). From the partners, male and female staff conducted awareness-raising to enhance access, facilitate communication, and mitigate the risk of SEA. Messages and information on PSEA channels were shared with communities during activities, at service points and distribution sites, and leaflets were available at the Community Centres. During the project implementation, no PSEA complaints were reported directly or referred to the UNHCR Inspector General's Office.

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

UNHCR strived to mitigate the protection risks of displaced populations by addressing their specific needs with due consideration for age, gender and diversity. UNHCR supported the qualitative and quantitative protection monitoring at the household and community level by strengthening its staff and partners' capacity. Protection monitoring enhanced timely identification and referral of persons with specific needs, including determining eligibility for assistance – such as emergency cash assistance and shelter, and trends analysis informed evidence-based programming and advocacy. UNHCR led specialized interventions for children, people with disabilities and survivors of gender-based violence.

e. People with disabilities (PwD):

The project aimed to reach internally displaced persons and host community members affected by the escalation of conflict in Ma'rib and Al Jawf, needing urgent life-saving assistance. Interventions covered the most vulnerable and critical cases, including single parents taking care of a child with a disability and persons with disabilities who, due to their disability, cannot support themselves, including persons with physical and mental disabilities. Through activities in the community centres and mobile team interventions to reach IDPs, UNHCR and partners identified and supported women, men, girls and boys with disabilities and ensured individual assessments, referrals to specialised services and individualised support in terms of case management and Emergency Cash Assistance, when it was required. UNHCR conducted several joint meetings between respective Shelter/NFI and protection partners (HA and SHS) to streamline internal referral processes and more quickly identify the most vulnerable (including families with disabled members) for priority assessment and potential referral for intervention.

f. Protection:

UNHCR used the protection monitoring tool (PMT) to capture the families affected by conflict escalation in Ma'rib and Al-Jawf, particularly those closer to the frontlines. The PMT helped provide an adequate protection analysis and capture protection risks and needs at the community and household level. UNHCR used the PMT results to inform its response, including targeting, interventions, and advocacy through the Protection Cluster.

g. Education:

The protection monitoring tools provided systematic information on education needs in Marib governorate, providing evidence-based advocacy on education gaps through the Protection Cluster and direct coordination with education actors. As the Protection Cluster, UNHCR has highlighted the gaps in education and child protection in the IDP sites in Marib, and specifically, in relation to the Marib Response Plan developed in October/November, emphasized the importance of supporting education along with child protection interventions as a key intervention to fill protection gaps. 150 displaced women benefitted from literacy classes in Serwah and Marib Al Wadi districts.

8. Cash and Voucher Assistance (CVA)**Use of Cash and Voucher Assistance (CVA)?**

| Planned | Achieved | Total number of people receiving cash assistance: |
|---|---|---|
| Yes, CVA is a component of the CERF project | Yes, CVA is a component of the CERF project | 67,865 |

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.

Emergency cash is used to enhance the protection and well-being of the most vulnerable members of IDP and host communities in need of urgent assistance. Cash-for-work modalities are used through community-led quick impact projects to ensure the improvement and maintenance of the sites' infrastructure while mitigating the impacts of environmental degradation.

UNHCR shelter strategy for internally displaced persons relies partially on cash transfers in rental subsidies to support displaced families in meeting their rent costs. These cash transfers are usually distributed quarterly (subject to availability of funds). Rental subsidies for three months were distributed from CERF funds by UNHCR under the Frame Agreement with the relevant Financial Service Provider.

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 |
|---|--------------------------------|----------------------|----------------------------|--------------|
| Emergency cash (Activity 1.3) | 778 | US\$ 27,675 | Protection | Restricted |
| Cash for Work (QIPs) (Activity 1.4) | 800 | US\$ 37,279 | Protection | Unrestricted |
| Rental subsidies (Activity 4.1) | 66,287 | US\$ 3,600,000 | Shelter and Non-Food Items | Unrestricted |
| Total beneficiaries | 67,865 | | | |

9. Visibility of CERF-funded Activities

| Title | Weblink |
|---------------------------------|--|
| UNHCR needs assessment in Marib | https://twitter.com/Refugees/status/1430518573991145477 https://twitter.com/UNHCRYemen/status/1464857502454067203 |
| Provision of NFIs | https://twitter.com/UNHCRYemen/status/1414131802248302592 |
| Cash assistance | https://twitter.com/Refugees/status/1420659114708029441 https://twitter.com/UNHCRYemen/status/1433008935297036291 |

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

| CERF Project Code | Sector | Agency | Implementing Partner Type | Funds Transferred in USD |
|-------------------|-------------------------------|--------|---------------------------|--------------------------|
| 21-RR-WHO-012 | Health | WHO | NNGO | \$240,000 |
| 21-RR-FPA-009 | Gender-Based Violence | UNFPA | NNGO | \$390,480 |
| 21-RR-FPA-009 | Gender-Based Violence | UNFPA | NNGO | \$600,120 |
| 21-RR-FPA-009 | Health | UNFPA | NNGO | \$2,601,300 |
| 21-RR-FPA-009 | Health | UNFPA | NNGO | \$182,600 |
| 21-RR-FPA-009 | Health | UNFPA | NNGO | \$205,899 |
| 21-RR-FPA-009 | Health | UNFPA | NNGO | \$201,577 |
| 21-RR-FPA-009 | Health | UNFPA | INGO | \$210,300 |
| 21-RR-HCR-008 | Shelter & NFI | UNHCR | NNGO | \$385,167 |
| 21-RR-HCR-008 | Shelter & NFI | UNHCR | NNGO | \$90,000 |
| 21-RR-HCR-008 | Protection | UNHCR | NNGO | \$1,362,726 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$16,386 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$7,023 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$16,386 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$7,023 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$7,074 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$11,143 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$44,955 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$5,586 |
| 21-RR-CEF-015 | Health | UNICEF | GOV | \$419,665 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | GOV | \$455,194 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | GOV | \$282,774 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$47,531 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$262,900 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | GOV | \$21,167 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | GOV | \$118,646 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | GOV | \$0 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | GOV | \$15,090 |
| 21-RR-CEF-015 | Water, Sanitation and Hygiene | UNICEF | NNGO | \$36,840 |
| 21-RR-CEF-015 | Child Protection | UNICEF | GOV | \$418,845 |
| 21-RR-CEF-015 | Child Protection | UNICEF | GOV | \$137,614 |
| 21-RR-CEF-015 | Child Protection | UNICEF | NNGO | \$227,538 |
| 21-RR-CEF-015 | Child Protection | UNICEF | NNGO | \$220,076 |
| 21-RR-CEF-015 | Child Protection | UNICEF | NNGO | \$460,701 |