

**YEMEN
RAPID RESPONSE
DISPLACEMENT
2022**

22-RR-YEM-51296

William David Gressly

Resident/Humanitarian Coordinator

PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:

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

12/12/2022

The After-Action Review (AAR) meeting was conducted in person and through remote modality, as some CERF focal points were outside the country at the time. Nonetheless, all CERF recipient agencies, including program managers and reporting officers, attended the AAR meeting. Notably the United Nations Children's Fund (UNICEF), the International Organization for Migration (IOM), the United Nations High Commissioner for Refugees (UNHCR), the United Nations Population Fund (UNFPA), the World Food Programme (WFP), World Health Organization (WHO) and the United Nations Development Programme (UNDP). The AAR meeting facilitated the identification of key achievements, challenges and lessons learned.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and 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 ☐

Yes, the report was shared with key in-country stakeholders for review.

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

The \$20 million CERF grant has enhanced the humanitarian response priorities outlined in the Yemen Humanitarian Response Plan (HRP) 2022. In particular, it addressed the sudden discontinuation of essential humanitarian services and large-scale emergency onset needs resulting from a rapidly deteriorating security situation, further exacerbated by the ongoing socio-economic crisis. Additionally, it allowed to scale up of an integrated humanitarian response creating better multi-sectoral synergies focusing on Camp Coordination and Camp Management, Food Security, Health, Sexual and Reproductive Health, Multi-Purpose Cash, Nutrition, Protection, Child Protection, Gender-Based Violence, Mine Action, Shelter/Non-Food Items, and Water, Sanitation and Hygiene clusters. Recipient agencies primarily targeted several districts in the governorate of Ma'rib, where the conflict was the most intense and where the concentration of newly displaced persons (IDPs) was the highest.

CERF's Added Value:

The allocation supported around of 278,398 People with multi-sectorial life-saving assistance in a timely manner. It helped ensure the continuation of services to hard-to-reach locations across the country. It enabled the humanitarian community to respond rapidly to the most pressing needs, including through the Rapid Response Mechanism (RRM) component to newly displaced people due to the continued escalation of hostilities.

IOM managed to reach more affected individuals than the original target for CCCM, health, and WASH interventions. For example, IOM planned to provide primary healthcare consultation activity for 77,399 affected persons. However, with a significant increase in the newly displaced households that needed additional healthcare support in Ma'rib, IOM managed support 143,411 affected people. In terms of mine action, UNDP cleared 98,000 square meters of land, directly benefiting 9,243 people and 32 Explosive Remnants of War (ERW). Assistance was also provided to 1,450 explosive ordnance survivors through a referral mechanism. Through the CERF grant, UNFPA provided services in 12 health facilities, including supporting emergency obstetric and neonatal care services, serving 56,553 beneficiaries in Ma'rib, Hadramout, and Aljawf. Of these beneficiaries, 4,905 received normal and life-saving deliveries. In regard to the Protection and Shelter/NFIs sectors, UNHCR reached 169,355 affected people through its engagement. 1,600 emergency shelter kits (ESKs) were distributed to 9,600 individuals. It was reported that 5,766 families received NFIs to help them adjust to their new surroundings.

Moreover, UNICEF managed to conduct three integrated outreach rounds (IOR) in 12 districts in Al Jawf governorate and two IOR in ten districts in Ma'rib governorate, reaching 82,852 children under five and 36,323 pregnant and lactating women (PLW) with emergency health and nutrition services. These services included Integrated Management of Childhood Illnesses (IMCI), immunisation, and maternal health services (antenatal, postnatal care and skilled birth attendance). In addition, UNICEF and its sub-partners provided safe water to 130,970 internally displaced persons (IDPs) and safe, culturally appropriate sanitation to 37,841 beneficiaries. They also ensured 600 children received safe sanitation in temporary learning spaces. Finally, WFP, through, the Rapid Response Mechanism (RRM) component, reached 114,274 affected persons with food assistance and 34,516 children and PLWGs with nutrition assistance. WFP successfully continued operating the critical common air services for the entire humanitarian community in Yemen through UNHAS.

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

Yes ☒

Partially ☐

No ☐

All the AAR participants confirmed that the CERF grant enabled timely assistance to people in need, as the CERF funds allowed them to immediately support life-saving activities under different sectors. Implementation faced no specific challenges affecting the fast delivery of assistance.

Did CERF funds help respond to time-critical needs?

Yes ☒

Partially ☐

No ☐

The CERF grant supported the delivery of time-critical assistance, allowing for a response scale up when rapid resource mobilisation was needed.

Did CERF improve coordination amongst the humanitarian community?

Yes ☐

Partially ☒

No ☐

The coordination level was satisfactory during the CERF preparation stages. Yet, as the part of the AAR, agencies indicated that for future grants, additional improvements could take place during the implementation and monitoring phases. One of the highlighted points was about the gaps and needs, as there were some areas needing urgent assistance, yet they still needed to be included in the CERF strategies. Therefore, it was recommended to have a deep analysis of the gaps and needs to avoid such situations in the future.

Did CERF funds help improve resource mobilisation from other sources?

Yes ☒

Partially ☐

No ☐

Following the timely injection of CERF funding, additional donors scaled up funding for Yemen, given the fast-deteriorating humanitarian situation.

Considerations of the ERC's Underfunded Priority Areas¹:

This RR grant was based on the inter-sectoral needs analysis in Ma'rib, Shabwah, and Al Baydah and the need to urgently scale up inter-sectoral and interagency interventions. Protection and FSAC worked on a joint protection strategy to support protection mainstreaming. Child protection actors enhanced integration with nutrition and health actors to ensure referrals of children needing protection; GBV actors worked with health providers to integrate GBV and reproductive health (RH) services and carried out referrals to ensure people could benefit from RH services. The total number of beneficiaries reached with GBV prevention and response services was 46,788 vulnerable women and girls, including GBV survivors. Protection cluster partners, with support from relevant clusters, carried

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](#).

out protection assessments to better detect vulnerable communities and people at particular risk, including those at risk of marginalisation and exclusion, such as persons with disabilities, children and particularly adolescents, women, older people, and and Muhamasheen, so to alert other clusters and provide referrals to service providers.

Protection cluster partners also provided training for clusters/cluster members in protection mainstreaming and gender- and diversity-sensitive approaches to the delivery of assistance, to mitigate the risks, including exclusion from humanitarian assistance.

Table 1: Allocation Overview (US\$)

Total amount required for the humanitarian response	57,000,000
CERF	19,997,389
Country-based Pooled Fund (if applicable)	0
Other (bilateral/multilateral)	0
Total funding received for the humanitarian response (by source above)	19,997,389

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

Agency	Project Code	Sector/Cluster	Amount
IOM	22-RR-IOM-002	Water, Sanitation and Hygiene	2,488,032
IOM	22-RR-IOM-002	Health	1,376,358
IOM	22-RR-IOM-002	Multi-Purpose Cash	529,369
IOM	22-RR-IOM-002	Protection	476,432
IOM	22-RR-IOM-002	Camp Coordination and Camp Management	423,495
UNDP	22-RR-UDP-001	Protection - Mine Action	411,554
UNFPA	22-RR-FPA-003	Health - Sexual and Reproductive Health	1,003,990
UNFPA	22-RR-FPA-003	Protection - Gender-Based Violence	697,688
UNHCR	22-RR-HCR-003	Shelter and Non-Food Items	3,040,190
UNHCR	22-RR-HCR-003	Protection	960,060
UNICEF	22-RR-CEF-005	Nutrition	2,027,689
UNICEF	22-RR-CEF-005	Water, Sanitation and Hygiene	1,013,844
UNICEF	22-RR-CEF-005	Health	760,384
UNICEF	22-RR-CEF-005	Protection - Child Protection	709,691
UNICEF	22-RR-CEF-005	Shelter and Non-Food Items	557,614
WFP	22-RR-WFP-006	Nutrition	1,006,770
WFP	22-RR-WFP-006	Common Services - Humanitarian Air Services	1,006,770
WFP	22-RR-WFP-006	Food Security - Food Assistance	707,460
WHO	22-RR-WHO-004	Nutrition	432,000
WHO	22-RR-WHO-004	Health	368,000
Total			19,997,389

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

Total funds implemented directly by UN agencies including procurement of relief goods	15,905,565
Funds sub-granted to government partners*	1,257,251
Funds sub-granted to international NGO partners*	105,547
Funds sub-granted to national NGO partners*	2,729,026
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	4,091,824
Total	19,997,389

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

The situation in Yemen – already one of the world's most significant humanitarian crises – continued to deteriorate amid a funding crisis hampering life-saving aid's scale-up. Having endured six years of armed conflict and related violence alongside an economic blockade, Yemen's people face heightened food insecurity again. The latest test analysis shows that, in 2021, 20.7 million people, two out of every three Yemenis, need humanitarian and protection assistance. Of these, 12.1 million people are in acute need. Renewed hostilities since early September have significantly impacted civilians living in parts of Ma'rib, Shabwah and Al Bayda governorates, inducing casualties and displacement and restricting civilians' movements and humanitarian assistance organizations' access to people.

With continued fighting, more civilians are expected to flee toward Marib and Marib Al Wadi. The city's essential services are completely overstretched (having never been designed to support this number of people), and sites for displaced people are crowded; response capacities across almost all clusters are overstretched. Protection risks for people on the move and in existing displacement camps continue to be a concern as people flee. Humanitarian partners had developed a most likely scenario that estimates that 7,500 families (approx. 45,000 people) would be displaced between November 2021 and April 2022 towards Marib Al Wadi, Hadramawt, and potentially toward southern cities. By January 2022, the worse scenario materialized; in February 2022, the CERF grant kicked off.

Operational Use of the CERF Allocation and Results:

Under this allocation, the CERF funding enabled the continuation of response activities targeting displaced populations, primarily in and from Ma'rib. This allocation met the following operational objectives: 1) Enabling immediate response to the humanitarian needs of displaced people and likely to be displaced resulting from the recent escalation of conflict and moving frontlines in Ma'rib. The grant focused on water, sanitation and hygiene, shelter/NFIs, camp management, health, nutrition, protection, and RRM (the Rapid Response Mechanism), enabling emergency assistance to newly displaced people. 2) Enabling continuing scale-up of the response capacity of the humanitarian partners in Ma'rib through the provision of air transport, security, and operational support. One of the main obstacles to immediately mobilizing an adequate response was the limited partners' presence on the ground. The CERF allocation allowed partners to scale up their footprint and presence by expanding UNHAS and enabling a safer working environment.

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, 278,398 people reached reflects the various assistance received by people.

People Indirectly Reached:

In addition to the direct beneficiaries outlined 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
Camp Coordination and Camp Management	24,975	22,314	28,770	32,003	108,062	27,215	24,546	31,482	35,064	118,307
Food Security - Food Assistance	28,356	26,175	28,356	26,175	109,062	29,711	27,426	29,711	27,426	114,274
Health	24,385	17,339	19,932	15,743	77,399	36,323	3,314	42,254	40,598	122,489
Health - Sexual and Reproductive Health	37,612	4,012	7,522	1,002	50,148	43,868	2,661	9,296	728	56,553
Multi-Purpose Cash	1,380	1,320	1,619	1,681	6,000	1,078	977	1,374	1,256	4,685
Nutrition	73	43,880	72,797	70,364	187,114	52,269	0	75,331	77,302	204,902
Protection	22,826	19,875	26,105	27,200	96,006	23,462	20,528	26,393	27,371	97,754
Protection - Child Protection	7,475	7,525	12,571	12,829	40,400	6,704	7,295	41,665	36,994	92,658
Protection - Gender-Based Violence	34,000	0	11,000		45,000	35,286	0	11,502	0	46,788
Protection - Mine Action	270	315	450	465	1,500	1,230	6,113	940	960	9,243
Shelter and Non-Food Items	9,468	8,284	10,652	11,046	39,450	17,870	15,639	20,106	20,850	74,465
Water, Sanitation and Hygiene	20,370	18,430	37,588	28,130	104,518	17,184	15,036	20,048	19,333	71,601

* 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	0
Returnees	226	1,710
Internally displaced people	109,062	152,434
Host communities	88,454	118,034
Other affected people	8,847	6,220
Total	206,589	278,398

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

Number of people with disabilities (PwD) out of the total

Sex & Age	Planned	Reached	Planned	Reached
Women	58,382	65,224	6,668	5,227
Men	35,038	56,555	3,926	4,113
Girls	57,503	78,151	5,643	7,730
Boys	55,666	78,468	5,299	7,533
Total	206,589	278,398	21,536	24,603

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-IOM-002

1. Project Information			
Agency:	IOM		Country: Yemen
Sector/cluster:	Water, Sanitation and Hygiene Health Multi-Purpose Cash Protection Camp Coordination and Camp Management	CERF project code:	22-RR-IOM-002
Project title:	Providing emergency multisector assistance in response to displacement crisis in Ma'rib governorate, Yemen		
Start date:	01/02/2022	End date:	31/07/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input type="checkbox"/>	Reprogramming <input type="checkbox"/>
Funding	The total requirement for agency's sector response to current emergency:		US\$ 45,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 5,000,000
	The amount received from CERF:		US\$ 5,293,685
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through generous support from CERF, IOM scaled up its humanitarian support in response to the widespread displacements in Ma'rib that occurred between September 2021 and January 2022. The project provided internally displaced persons (IDPs) with a comprehensive package of multisectoral services to address their multifaceted emergency needs through camp coordination and camp management (CCCM) support, cash assistance, water, sanitation, and hygiene (WASH) services, health assistance, and protection support.

IOM continued providing site management and coordination (SMC) support to 118,307 unique beneficiaries or 22,367 households (HHs) in 35 IOM-managed sites in Ma'rib. IOM continued regularly monitoring and assessing services, gaps, and needs in addition to regular coordination with site focal points, community committees, partners, local authorities, and service providers. IOM supported 72,728 IDPs or 13,654 HHs in 22 sites with site care, maintenance works, and distribution of maintenance tools and materials in Ma'rib. The results included:

- Implementing internal drainage and soil embankments.
- Repairing the gabion wall in Al Jufainah.
- Distributing maintenance tools.

Also, IOM reached 32,540 IDPs through 84 awareness campaigns and sessions and trained 741 fire wardens in fire safety and 238 trainees in first aid services.

Additionally, IOM provided multi-purpose cash assistance to 4,685 newly displaced individuals (916 HHs) through the rapid response mechanism (RRM). Of this caseload, 641 HHs received a second round of cash assistance, and 627 HHs received a third round due to their identified level of vulnerability from the Cash Consortium of Yemen's (CCY) eligibility scoring system. The project improved IDPs' access to minimum basic needs such as food, health, water, transportation, and rent.

Furthermore, IOM reached 84,226 individuals (13,053 HHs) in Ma'rib with the provision of water and water tanks, rehabilitation and improvement of water systems, and water quality testing. IOM provided 62,460,000 litres of safe, chlorinated water to 25,828 people (4,081 families) in eight sites. IOM rehabilitated seven water systems to enable improved access to water benefiting 10,716 IDPs and 366 host community members (1,747 families) in seven sites. Also, IOM improved the hygiene conditions by constructing latrines, dislodging sludge, collecting solid waste, and conducting cleaning campaigns.

IOM contributed towards reducing avoidable morbidity and mortality through the provision of emergency, primary and secondary health services (including nutrition screenings due to the risk of famine and extreme hunger in Yemen) to vulnerable populations in response to acute needs. Project activities within two hospitals, one primary static clinic, and six mobile outreach teams (MOTs) provided healthcare services to 143,411 individuals in Ma'rib. IOM provided 10 Interagency Emergency Health Kits (IEHK) which contain medicines, medical devices, essential drugs, and equipment to the supported health facilities and to the General Health Office (GHO) to further meet the needs of other facilities in Ma'rib.

Lastly, IOM provided integrated protection services to 11,401 vulnerable individuals with vulnerability screenings, the establishment of Community Protection Committees (CPCs) from the targeted communities, protection monitoring, individual protection assistance (IPA), and safe and secure referrals to other services. IOM undertook a vulnerability-centered approach to the delivery of its protection services where women at risk, the girl-headed households, single mothers, and pregnant and lactating women were prioritized for referrals and direct assistance. IOM Protection Team also maintained a person with special needs (PSN) database to ensure these categories were prioritised for multisectoral assistance.

3. Changes and Amendments

Due to the substantial increase in newly displaced persons in IOM-managed sites in Ma'rib, IOM overachieved on several targets for CCCM, health, and WASH interventions. The impact of the conflict intensified safe water and hygiene needs, particularly for many families displaced for the second and third time because of shifting frontlines. Some IDPs moved to arid areas in the desert where there are no nearby water sources which IOM needed to especially focus on to reach their needs. Additionally, IDPs in Al Jufainah (the largest displacement site in Yemen) as well as in nine other sites experienced latrine pits flooding after the windstorms and flooding that occurred in July and August 2022. Therefore, IOM carried out rapid dislodging activities in these locations benefiting 14,958 IDPs and 492 migrants to prevent the spread of diseases and environmental contamination and damage.

Additionally, IOM experienced some difficulties with reaching the target for its cash intervention due to the considerable depreciation of the Yemeni currency. In April and May 2022, the value of the Yemeni rial fell as a result of the political instability in the south of Yemen. In the proposed budget, IOM indicated the unit cost as 150 USD equal to the minimum expenditure basket (MEB) amount of 147,000 YER. However, when conducting the first-round transfers on 20 April 2022, the unit cost increased to 185 USD when exchanging from USD to YER. In June and July, during the second and third rounds of the cash transfers, the currency stabilized and returned to a standard exchange rate. In addition, the constant movement of the IDPs caused several difficulties for the IOM field teams to track beneficiaries and follow up on assistance. While IOM registered 1,023 HHs in the first round of transfers, only around 5,496 individuals or 916 HHs, attended the distributions. Between the second and third rounds, IOM increased its outreach measures through SMS messaging and coordination with field teams to ensure that individuals could reach assistance.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Camp Coordination and Camp Management									
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	24,975	22,314	28,770	32,003	108,062	27,215	24,546	31,482	35,064	118,307
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	24,975	22,314	28,770	32,003	108,062	27,215	24,546	31,482	35,064	118,307
People with disabilities (PwD) out of the total										
	658	572	772	858	2,860	1,391	1,660	34	39	3,124

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	17,916	9,630	15,202	11,944	54,692	31,396	38,363	19,287	20,706	109,752
Host communities	5,119	2,637	4,343	3,412	15,511	7,849	9,591	4,822	5,177	27,439
Other affected people	1,350	5,072	387	387	7,196	2,723	2,041	752	704	6,220
Total	24,385	17,339	19,932	15,743	77,399	41,968	49,995	24,861	26,587	143,411
People with disabilities (PwD) out of the total										
	70	60	50	50	230	11	16	0	0	27

* 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									
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	1,612	1,313	2,240	2,451	7,616	4,398	1,872	2,444	2,687	11,401
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	1,612	1,313	2,240	2,451	7,616	4,398	1,872	2,444	2,687	11,401

People with disabilities (PwD) out of the total

	86	95	0	0	181	66	234	34	48	382
--	----	----	---	---	-----	----	-----	----	----	-----

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	4,707	5,276	6,051	6,766	22,800	18,120	16,472	23,061	24,709	82,362
Host communities	0	0	0	0	0	194	176	247	265	882
Other affected people	0	0	0	0	0	540	442	0	0	982
Total	4,707	5,276	6,051	6,766	22,800	18,854	17,090	23,308	24,974	84,226

People with disabilities (PwD) out of the total

	852	1,220	0	0	2,072	1,882	1,367	2,463	3,746	9,458
--	-----	-------	---	---	-------	-------	-------	-------	-------	-------

* 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	Multi-Purpose Cash									
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	1,380	1,320	1,619	1,681	6,000	1,078	977	1,374	1,256	4,685
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	1,380	1,320	1,619	1,681	6,000	1,078	977	1,374	1,256	4,685
People with disabilities (PwD) out of the total										
	207	198	242	253	900	260	282	75	72	689

* 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

As the targeted sites were in close proximity to host communities in Ma'rib, IOM indirectly supported more than 2,000 nearby families with common infrastructure works, such as flood risk reduction, site levelling, fire prevention, and access roads. Host community members living within the site were also integrated into camp leadership structures. A total of 882 individuals (147 families) from host communities were indirectly assisted through WASH services, including cleaning campaigns, animal waste, and solid waste collection and disposal activities in 12 sites.

Additionally, IOM procured essential chronic medicines and donated them to the GHO and different health facilities to cover the widespread needs amongst IDPs and host communities in Ma'rib. The medicines were delivered to support primary health care (PHC) and secondary health care (SHC) services. The content of the donation was in accordance with the WHO-published essential list of medicines ranging from antibiotics, analgesics, anticoagulants, anti-hypertensive, anaesthetic drugs, and antimalaria. IDPs, migrants, and host communities who received services from health facilities that were supplied with these medicines were indirectly targeted by the project. The estimated number of indirect beneficiaries is around 100,000 individuals.

6. CERF Results Framework

Project objective	To improve access to life-saving humanitarian assistance for IDPs in Ma'rib				
Output 1	Improved access to dignified living conditions, and life-saving services, through the implementation of enhanced site management and coordination support in 35 IDP sites				
Was the planned output changed through a reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Camp Coordination and Camp Management				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 1.1	CM.1 Number of displacement sites supported with appropriate site management services	35 sites	35	The sources are the Site resident list (SRL) and Site monitoring tool (SMT)	
Indicator 1.2	CM.3 Number of displacement sites with physical site improvements	10	22	[Payment lists, distribution list, CASH for work lists, and repair and maintenance documents]	
Explanation of output and indicators variance:		For Indicator 1.1, IOM met the target of supporting 35 IDP sites in Ma'rib. These include the already established 34 sites and an additional new site (Althaman) that IOM supported in response to the local authority's request. For Indicator 1.2, besides the 10 planned sites, IOM supported additional 12 sites with site care and maintenance interventions within the planned budget. Some site care and maintenance interventions had lower costs but higher impacts such as refilling fire extinguishers and creating soil embankments to reduce fire or flood risks. Therefore, IOM managed to reach more sites than planned.			
Activities	Description		Implemented by		
Activity 1.1	Monitor population size and movements (new arrivals and departures) and update the site resident database to maintain an accurate record of the site population. These figures will be shared in the regular CCCM ssite-		IOM		

	level coordination meetings, and with all partners working in the site.	
Activity 1.2	Ensure care and maintenance of the site's infrastructure, while mitigating the impacts of environmental degradation, through community-led projects, with labourers selected from the IDP sites in order to inject cash back into the community.	IOM
Activity 1.3	Service mapping and referral of gaps: monitor multi-sectoral humanitarian response in each site, to ensure it meets core humanitarian standards, including identifying and referring gaps in service provision, and advocating for partner response, via site coordination meetings and escalation to the CCCM Cluster.	IOM

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 <input type="checkbox"/>		No <input checked="" type="checkbox"/>
Sector/cluster	Water, Sanitation and Hygiene			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	WS.7a Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use, in line with SPHERE standards	22,800	36,910	Direct observation, water trucking logbooks, daily operation and chlorination reports of water sources, and household vouchers
Indicator 2.2	Number of people reached with appropriately designed and managed emergency sanitation services in vulnerable settlements and communities	6,035	20,458	WASH needs assessments, household surveys, registration, dislodging pits logbooks, as well as direct supervision and observation.
Indicator 2.3	WS.11 Number of people demonstrating safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/materials	22,800	40,618	Distributions lists for distributions of hygiene items. Hygiene promotion sessions reports for hygiene promotion activities
Explanation of output and indicators variance:		Indicator 2.1 was overachieved due to the significant increase of IDPs' water needs in the target sites due to the conflict escalation in Ma'rib at the end of 2021 and the beginning of 2022. The scarcity of water sources in these sites necessitated an emergency response through water trucking. In addition, Al Jufainah camp was targeted with water trucking for a certain period due to a malfunction of the pump and the transmission line of their water source. Indicator 2.2 was overachieved because there was an immediate need to dislodge fecal matter from flooded pits. Specifically, the need for immediate response to restore pits by desludging activities increased due to recent floods in Ma'rib during July and August 2022. Indicator 2.3 was overachieved because awareness raising was conducted in sites where IOM already had a stronger presence in hygiene promotion, and IOM targeted other areas such as schools and health facilities and international WASH dissemination events, among others.		

Activities	Description	Implemented by
Activity 2.1	Distribution of hygiene items and implementation of Hygiene Promotion campaigns and community engagement activities	IOM
Activity 2.2	Distribution of drinking water by trucks	IOM
Activity 2.3	Construction/rehabilitation of water points and latrines	IOM

Output 3	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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.7 Number of functional health facilities supported	10	10	Registers of the supported Health facilities
Indicator 3.2	Number of Noncommunicable Diseases kit (NCDK)	10	10	IOM Deed of Donation
Indicator 3.3	SP.2a Number of inter-agency emergency reproductive health kits delivered	500	500	IOM Deed of Donation
Indicator 3.4	H.8 Number of primary healthcare consultations provided	77,399	143,411	Documents of the supported Health Facilities
Explanation of output and indicators variance:		IOM achieved all the target indicators in line with the project by supporting 10 facilities (two hospitals, one field Hospital, one health unit, and six mobile teams) and around 143,411 consultations. IOM surpassed the target for indicator 3.4 due to the significant increase in newly displaced households that needed additional healthcare support in Ma'rib.		
Activities	Description	Implemented by		
Activity 3.1	Coordinate support with relevant health authorities, arrange incentives for the required health staff	IOM		
Activity 3.2	Procure and deliver medicines, medical supplies, NCD, RH, and equipment to targeted health facilities	IOM		
Activity 3.3	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		

Output 4	Improved access to timely and integrated protection assistance in underserved locations affected by new population movements			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection			
Indicators	Description	Target	Achieved	Source of verification

Indicator 4.1	Number of persons with specific needs identified and assisted according to their individual needs (includes people with disabilities (PwD) and extremely vulnerable individuals (EVI))	3,000	3,032	-PSN Database -Case Intake and Referrals Forms
Indicator 4.2	Number of community-based protection mechanisms established and trained (including CP, GBV, etc.)	3	3	Community Protection Committee (CPC) ToRs
Indicator 4.3	PG.1 Number of protection monitoring missions conducted that inform the humanitarian response	25	26	Protection Monitoring Reports

Explanation of output and indicators variance: IOM achieved all indicator in line with the targets.

Activities	Description	Implemented by
Activity 4.1	Conduct a comprehensive vulnerability screening exercise that will identify Persons with Specific Needs (PSNs) in the 4 sites	IOM
Activity 4.2	Identify and Train a Community Protection Committee (CPC) as part of Community Based Protection Networks	IOM
Activity 4.3	Conduct regular protection monitoring to identify protection risks and threats	IOM

Output 5 Newly displaced and highly vulnerable households are able to meet their critical needs through delivery of immediate, emergency one-off and multi-month unconditional cash stipends.

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

Sector/cluster	Multi-Purpose Cash			
Indicators	Description	Target	Achieved	Source of verification
Indicator 5.1	Cash.1b Total value of multi-purpose cash distributed in USD (through RRM)	348,000	351,832.86	Bank invoices
Indicator 5.2	Cash.1a Number of people benefitting from multi-purpose cash (through the RRM)	6,000	4,685	Distribution list, Cash vouchers and invoices

Explanation of output and indicators variance:

5.1) IOM successfully achieved the indicator and managed to distribute the full amount to 916 HHs under RRM in Ma'rib.

5.2) IOM reached less than the expected target due to several challenges included constant IDPs movement and the instability of the YER currency.

Activities	Description	Implemented by
Activity 5.1	Register newly-displaced households arriving or residing in displacement sites and within host community areas.	IOM
Activity 5.2	Distribute one-off and multi-month MPCA to newly-displaced households.	IOM

Activity 5.3	Conduct post-distribution monitoring among samples of recipient households.	IOM
--------------	---	-----

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas² often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)³:

IOM continued to promote community and accountability to affected persons (AAP) throughout its interventions by prioritizing the most vulnerable groups, the elderly, Persons with Disabilities (PWDs), female-headed families, and marginalized groups. Based on 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, older people, and people with disabilities, and analysed their vulnerabilities and capacities.

During the CCCM, WASH, and cash need assessments and registrations, regular meetings were conducted with community focal points to explain the project criteria and services offered to address the needs. All cash beneficiaries received an SMS notification with information about the location and time of the cash distribution as well as information on the IOM Complaint and Feedback Mechanism (CFM) 24 hours before the distribution to avoid the interference of other parties. Around 99 per cent of interviewees in the PDM report confirmed that the distribution occurred on the day and time they were originally told.

IOM considered the needs and expectations of the most vulnerable beneficiaries, regularly consulted with the targeted beneficiaries, and analysed their vulnerabilities and capacities. IOM teams supervised community mobilisation, coordinated with relevant clusters and local authorities, conducted technical field studies and designing interventions, supervised construction work, and training of officers and beneficiaries on the management of WASH infrastructure. This intervention strategy allowed IOM to build the capacity of local and IDP communities over the long term and ensured permanent technical support to the communities. Likewise, IOM strengthened relationships with local authorities and facilitated through increasing involvement and a sense of ownership of the interventions amongst all actors and stakeholders. IOM incorporated the communities' feedback and concerns in the services, including designing water distribution points not more than 500 meters away from HHs' shelters and constructing sanitation and waste collection facilities that reduce females' vulnerabilities and respond to age, gender, and cultural-specific considerations. These considerations were also taken in the hygiene promotion and the site representatives' participation in decision-making (sitting, design, and management of WASH facilities).

The health intervention was designed and located according to the needs of the vulnerable and marginalized groups in coordination with GH0 for the targeted health facilities and six medical teams provide the services in sites with limited access to health services. To optimize the quality of health services supported by IOM, quality management staff within the health unit conduct regular reviews with the IOM governorate focal points to ensure that beneficiaries received services of quality, at the right place, and the right time most efficiently and effectively.

² These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. 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](#).

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

b. AAP Feedback and Complaint Mechanisms:

To ensure accountability to the affected population, IOM ensured information sharing on the available CFM channels (free hotline toll, WhatsApp, emails, anonymous complaint boxes, site-specific help desks, and APP focal points in the field) through the installation of CFM banners, distribution of info materials, and during awareness sessions. Through the CFM, comments can be passed to IOM through telephone calls, short message service (SMS), or WhatsApp. The anonymity of the sender is protected as all comments are received and recorded by dedicated IOM staff with any identifying information removed from the comment. After the anonymization process, the comment is passed to the relevant unit to follow up on the case and take steps to rectify the situation. Throughout the project, IOM received 2,441 complaints and/ or feedback related to multisectoral needs from 35 sites in Ma'rib. IOM field teams responded and closed 1,281 cases while 1,160 cases were still being addressed by the end of the project. Furthermore, a PDM report for cash assistance showed that 98 percent of beneficiaries received information on the hotline, followed by face-to-face mechanisms (44%) and suggestion boxes (14%). When delivered, beneficiaries considered that the information was easy to understand (95%).

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

IOM ensured that the frontline workers were equipped with PSEA training as part of its compliance procedures. At the Coordination level, IOM also ensured that regularly engaged at the Country PSEA network provided shared practices with other UN agencies to support better coordination of policy discussions and many other aspects.

GBV risks related to WASH were systematically shared with the field teams for action whenever identified through CFMs or in the field. Accordingly, IOM 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.

IOM CFM is well-managed with standards for investigation and disciplinary measures that apply PSEA and data protection policies. IOM has dedicated lines for reporting and responding to any PSEA incidents. GBV risks related to programmes were systematically shared with the teams for action whenever identified through CFMs or in the field. Accordingly, IOM responded to urgent issues immediately and implemented/ adapted their activities such as establishing women committees, 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:

IOM undertook a vulnerability-centered approach to the delivery of its protection services where women at risk, girl-headed households, single mothers, and pregnant and lactating women were prioritized for referrals and direct assistance.

To empower and protect women, girls, minorities, and vulnerable groups were engaged in all the consultations throughout the project. Women and girls were also encouraged to join the CCCM and WASH community committees to ensure their participation in the decision-making. Protection principles and GBV risk mitigation measures were incorporated, including separate lines and groups for females and vulnerable groups during awareness sessions, distributions and latrine construction to stop defecation in open areas which posed protection risks for vulnerable groups, especially women and girls at night. Water points and family tanks were established to reduce the distance that women and children travel to get water. Additionally, a baseline assessment is to understand barriers to women's participation and how to support social and economic participation. Forming women committees was planned to enhance women participation.

A workshop was conducted with 33 women to discuss the findings of the assessments and agree on terms of reference of the women committee. The workshop included brief sessions on CCCM, protection mainstreaming, and Protection and Humanitarian principles. IOM's protection team also maintained a PSN database to ensure these categories were prioritized for any multi-sectorial assistance. Additionally, separate waiting areas and bathrooms are provided for men and women in all IOM-supported health facilities to ensure privacy, safety, and a sense of security are felt by all. Based on the assessment conducted by IOM third party to ensure that beneficiaries feel safe while provided with the services, 96 percent of respondents feel safe at the stage of delivering the services. The female medical staff was encouraged to apply to field positions to ensure safe and dignified healthcare services were available to women and girls.

e. People with disabilities (PwD):

Through the vulnerability screening exercise, IOM identified PWDs residing in key sites with multisectoral support in the new displacement sites. As part of the distributions, the IOM Protection team also prioritized the provision of disability kits (which include mobility aid devices such as wheelchairs, walking frames, crutches, walking sticks, and bed pans in coordination with Humanity International) to allow them to access these services. IOM's CCCM and WASH teams engaged PwDs, and vulnerable and minority groups in all activities and committees. This allowed them to contribute strongly to solutions that meet their unique needs. For example, CCCM teams referred and coordinated relevant responses to the PwDs, and the WASH field teams designed the water distribution points and latrines in suitable structures that reduce their vulnerabilities. IOM also delivered hygiene kits (which include items such as soap, washing powder, menstrual hygiene items, chlorine tablets, jerry cans, and more) for PWDs to their shelters. During the registration process, IOM's cash teams conducted house-to-house assessment and identification of PWD who were unable to attend the distribution center. To mitigate the risk of aid diversion, IOM activated mobile delivery mechanisms to all PWDs who had mobility constraints and ensured equal and safe access to MPCA.

f. Protection:

Through the Protection Mainstreaming training with field teams, IOM developed a protection mainstreaming plan that was to ensure that key protection mainstreaming principles such as safety and dignity, participation, and ensuring meaningful access were mainstreamed across the overall response. The IOM Protection team will use the action plan to keep track of aspects raised for follow-up through this and other projects being implemented in Ma'rib. All CCCM, WASH, and Cash services were provided in a safe, dignified, and do-no-harm manner to mitigate people's vulnerabilities to physical and psychosocial risks. All IOM staff were trained on IOM's Code of Conduct and the protection of beneficiaries. IOM ensured that beneficiaries have safe access to assistance and services especially beneficiaries with the most vulnerabilities or who had difficulties reaching their support. CFM posters were distributed by the CCCM team at distribution points and to all IDPs in IOM-supported displacement sites. IDPs were also briefed on how to report any misconduct or protection concerns to IOM through safe hotlines. IOM health and protection teams developed a joint-referral pathway to support the case management of survivors of gender-based violence (GBV) and the provision of required services in a timely and efficient manner. Furthermore, the health and protection teams collaborated to promote inclusion within the wider IOM health programme by facilitating referrals for the provision of assistive devices, such as hearing aids and wheelchairs, to those identifying as being physically disabled.

g. Education:

IOM's CCCM teams reached 32,540 IDPs through 84 awareness campaigns and sessions on prevention fire safety awareness, safe cooking practices, flood hazards, electrical, solid management and hygiene, available services, proper use of solar power systems, education, community, and feedback mechanism (CFM), solid waste management, and hygiene. The sessions were accompanied by the distribution of information materials (IEC). IOM hygiene promotion teams reached 4,671 IDPs in six sites, in Ma'rib, through 1,340 HP sessions on the use of the provided hygiene materials, participatory group-based HP sessions on best hygiene practices, and HP awareness sessions on international Environmental Day.

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	4,685 Individual

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.

Yes, as described in the project summary, IOM provided MPCA to newly displaced households in Ma'rib, the transfer value will be equal to the recommended value by the national Cash and Market Working Group (CMWG). The transfer value was set at 147,000 YER. 100 percent reported that food was the primary essential good that they purchased with cash assistance. Other key purchases were transportation (96%), health (87%), water (87%), other household items (86%), communications (85%), hygiene items (54%), rent (52%), fuel (24%) and baby items (5%).

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
5.1) Total value of multi-purpose cash distributed in USD (through RRM) 5.2) Number of people benefitting from multi-purpose cash (through the RRM)	4,685 Individual	US\$ 351,832.86	Multi-Purpose Cash Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Water Points And Latrines Maintain Dignity Of Displaced Women In Ma'rib (Story)	https://yemen.iom.int/stories/water-points-and-latrines-maintain-dignity-displaced-women-Ma'rib
CERF Facebook Post	https://www.facebook.com/IOMYemen/photos/a.819420438413899/1641925589496709/
CERF Twitter Post	https://twitter.com/IOM_Yemen/status/1587414579151347716

3.2 Project Report 22-RR-UDP-001

1. Project Information			
Agency:	UNDP	Country:	Yemen
Sector/cluster:	Protection - Mine Action	CERF project code:	22-RR-UDP-001
Project title:	Emergency Mine Action – Phase II - Ma'rib		
Start date:	01/02/2022	End date:	31/07/2022
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\$ 14,739,234
	Total funding received for agency's sector response to current emergency:		US\$ 7,311,402
	Amount received from CERF:		US\$ 411,554
	Total CERF funds sub-granted to implementing partners:		US\$ 0
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 0
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF UFE grant, UNDP through its national counterpart YEMAC (Yemen Executive Mine Action Centre) surveyed or cleared 98,000 square meters of land directly benefiting 9,243 people. 32 Explosive Remnants of War (ERW) were cleared allowing safe access to much-needed humanitarian aid and shorter transit times for commercial traffic, facilitating better access to medical treatment, and improving food security. Activities were conducted in 13 districts (Al Abdiyah, Al Jubah, Bidbadah, Harib, Harib Al Qaramish, Jabal Murad, Mahliyah, Majzar, Ma'rib City, Medghal, Raghwan, Rahabah, Sirwah). Assistance was also provided to 1,450 explosive ordnance survivors through a referral mechanism.

This grant allocation allowed YEMAC to open a branch in Ma'rib, which will be beneficial for YEMAC operations beyond the implementing period of this grant. YEMAC teams are now settled in Ma'rib and can deploy in the area more easily and expand as needed, depending on available financial resources.

3. Changes and Amendments

There was no change in the project from the original proposal. The project experienced some delays at the start with the rental of the YEMAC office in Ma'rib and the rental of vehicles for the demining teams.

Apart from these initial delays, targets were achieved by the end of the initial implementing period and the full allocation was spent. However, the needs for Mine Action activities are so large in Ma'rib (survey, clearance, and Explosive Ordnance Risk Education (EORE)) that this CERF grant only allows for addressing the most critical gaps but not the overall needs of the area.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Mine Action									
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	41	47	68	70	226	230	1,200	135	145	1,710
Internally displaced people	68	79	113	116	376	308	1,907	252	274	2,741
Host communities	135	158	225	233	751	674	2,906	531	514	4,625
Other affected people	27	32	45	47	151	18	100	22	27	167
Total	271	316	451	466	1,504	1,230	6,113	940	960	9,243
People with disabilities (PWD) out of the total										
	27	32	45	46	150	120	620	94	96	930

* 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

Indirect beneficiaries are defined by the “Standardizing beneficiary definitions in Humanitarian Mine Action” as people who may benefit from the cleared land as they are members of the same community as the direct beneficiaries, however without using the cleared land themselves. Such benefit may manifest itself in an overall improved economic situation in the community, and reduced risk of improved general livelihood.

For consistency across the country context, indirect beneficiaries should be using population data for the smallest administrative unit nearest to the cleared or reduced land minus the total number of direct beneficiaries. Based on this definition, the estimation at this stage of indirect beneficiaries will be around 51,000 girls, women, boys, and men.

6. CERF Results Framework

Project objective	The overall objective of the planned intervention is to reduce the impact of the mine and ERW contamination on civilians and humanitarian response times as part of and in support of the larger UNDP-implemented EMAP II project which is already active. The current emergency phase of EMAP II is focused on relieving those communities most heavily impacted.			
Output 1	ERW clearance and land release interventions are delivered in contaminated communities within the Governorate of Ma'rib			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection - Mine Action			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	PM.1 Number of areas/items surveyed for explosive hazards	20	19	Quality assurance conducted by YMACC
Indicator 1.2	PM.2 Number of areas/items cleared of explosive hazards	30	32	Quality assurance conducted by YMACC
Explanation of output and indicators variance:		The targets were made on best estimates at the time of planning. The minor differences are due to factual situation at time of implementation. While the number of areas surveyed was less by one than the estimates, the number of cleared items are higher by two due to the actual level of contamination on the ground.		
Activities	Description		Implemented by	
Activity 1.1	Release land through survey operations conducted using modern land release methodologies and processes, according to national standards (survey, clearance and dog detection teams). The survey teams precede the clearance teams on the ground. UNDP supports the survey teams (both technical and non-technical) with their daily work and provides professional advice, guidance and training.		Yemen Mine Action Centre (YEMAC)	
Activity 1.2	Release land through clearance operations conducted according to national standards (both manual and dog detection teams). The support is with daily allowances, on the job training and capacity building as well as equipping YEMAC teams with necessary items.		Yemen Mine Action Centre (YEMAC)	

Activity 1.3	Monitoring activities through field visits and third-party agents in addition to periodic survey and clearance reports from YEMAC. UNDP strives to complete regular field visits by its professional staff. All along, UNDP will provide professional advice to YEMAC so that their work aligns with IMAS thus increasing effectiveness and reducing accidents.	UNDP
--------------	---	------

Output 2	The communities at risk have increased their knowledge on identifying, dealing, and avoiding mines and unexploded ordnance
-----------------	--

Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	------------------------------	--

Sector/cluster	Protection Cluster - Mine Action AoR			
-----------------------	--------------------------------------	--	--	--

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PM.3 Number of explosive ordnance survivors benefitting legal, health, rehabilitation and psychosocial care, and/or economic support.	1,500	9,243	Quality assurance conducted by YMACC

Explanation of output and indicators variance:	N/A			
---	-----	--	--	--

Activities	Description	Implemented by
------------	-------------	----------------

Activity 2.1	Awareness of the threat posed by ERW is insufficient amongst resident population and IDPs, while it is essential for prevention of ERW related incidents and can mitigate to a degree the impact on society. Risk awareness provided to affected communities effectively reduces the number of ERW casualties. By disseminating targeted appropriate messages, YEMAC will aim at improving the knowledge and understanding of the proper attitudes and practices among the population.	YEMAC
--------------	--	-------

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁴ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁴ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. 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](#).

a. Accountability to Affected People (AAP) ⁵:

Areas designated for survey and clearance were identified in cooperation with the local authorities, other UN Agencies, and INGOs present in the field and the local population. Specific attention was paid to the most marginalized and at-risk people within the affected communities. The activities in the field were implemented based on discussions with and in cooperation with the local population: targeting priorities that have the most impact on their lives. During survey and clearance operations the principle of 'do-no-harm' was implemented to ensure the neutral effect of operations on the people and the environment.

Feedback from the local population was sourced before, during, and after the completion of the activities for it to be analysed and utilized for future interventions in the Governorate or wider.

b. AAP Feedback and Complaint Mechanisms:

The Community Liaison Officer [CLO] was actively engaged with local communities to coordinate before, during, and after the implementation of activities. Feedback and support were also sourced from other agencies and partners active in the area to ascertain beneficiaries have free access to provide feedback or if needed complaints. Data collected has been analyzed and used to provide corrections and guidance for future activities supported by the project. The reports from the UNDP third-party monitoring agent, conducting field visits and interviewing local populations to get their feedback on YEMAC interventions have never informed them of any misbehaviour or harm done by the national counterparts' teams.

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

UNDP as an organization is committed to being accountable to its beneficiaries and partners in the areas where it supports the activities of its counterparts (YEMAC in this instance). All staff and personnel are trained in the UNDP Code of Conduct, including PSEA and the Organization safeguarding policies, as part of the Organization's obligatory training processes and are contractually obliged to observe. Staff with supervisory roles are further trained in identifying and responding to any potential situations which may result in a breach of these policies. UNDP conducts due diligence on all partners and contractors to ensure that its policies, values, and standards are observed and adhered to.

The focus of the project, specific to this grant, is on Ma'rib, but its impact will be felt nationally as the conducted activities have a direct or indirect impact on the lives of many people living inland. To incorporate feedback from the affected communities and to provide easy contact, YEMAC has a dedicated line in the operations center, which response to calls from potential beneficiaries. The details of the same are distributed during EORE sessions and via dedicated EORE messages (which are not supported by this application but are part of the overall YEMAC work supported by UNDP).

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

UNDP is committed to addressing the gender elements during the planning, implementation, and monitoring phases. The target for clearance, risk education, victim assistance, and the decision-making processes, is to reach all segments of society. In addressing gender mainstreaming and gender balance the project will ensure that the capabilities, contributions, concerns, and needs of women, girls, boys, and men are either acknowledged or addressed within the scope of its activities. The project strives to have equitable representation of women, girls, boys, and men with access to and participation in mine action programmes as beneficiaries and employees. No information on acts of gender-based violence has been received on the interventions in the field by counterparts.

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

e. People with disabilities (PwD):

The target for clearance, risk education, and risk awareness processes, is to reach all segments of society. The capabilities of UNDP's national partners are not sufficient to fully support PwD, however, recognizing the specific needs of PwD the project strives to ensure that their needs and in particular of women and girls are acknowledged and addressed within the scope of the activities in the field.

f. Protection:

The activities supported by the project strived to prioritize safety and dignity of the beneficiaries and avoid causing harm. During implementation, field teams were advised to ensure any negative effects their work are avoided. Land release and clearance activities implemented by field teams enable end beneficiaries' access to medical and educational facilities, as well as assist people in need of shelter, food, water and sanitation, health, and education.

In broader terms, UNDP as co-chair of the Mine Action AoR, participated in the draft of the Mine Action AoR strategy, which is aligned with the Protection cluster strategy, and include protection mainstreaming component.

g. Education:

UNDP continues to support YEMAC with technical assistance in their coordination function regarding Explosive Ordnance Risk Education (EORE). YEMAC coordinators, working with UNICEF and INGOs, deliver these activities on the ground. UNDP advises YEMAC to include tailored messaging addressing the specific concerns and threats faced by the population in the affected areas including victims' assistance referral. UNDP has also assisted YMACC in developing the National Mine Action Standards (NMAS) on EORE. These standards endorsed by all partners will ensure coherence on the delivered messages.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	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.

The activities supported by this proposal are in line with the existing UNDP EMAP – Phase II project and the same does not utilise CVA.

9. Visibility of CERF-funded Activities

Title	Weblink
N/A	N/A

3.3 Project Report 22-RR-FPA-003

1. Project Information			
Agency:	UNFPA	Country:	Yemen
Sector/cluster:	Health - Sexual and Reproductive Health Protection - Gender-Based Violence	CERF project code:	22-RR-FPA-003
Project title:	Providing Lifesaving Reproductive Health and GBV Response Services for IDPs affected by escalating Crisis in Ma'rib		
Start date:	18/02/2022	End date:	17/08/2022
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\$ 15,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 1,500,000
	Amount received from CERF:		US\$ 1,701,678
	Total CERF funds sub-granted to implementing partners:		US\$ 1,499,054
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 1,499,054
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

The CERF project supported key areas of UNFPA's SRH and GBV interventions in Ma'rib, AlJawf, and Hadramout governorates. This came at a critical time to allow the continuity of these services, particularly during a time of continued escalation given that the truce was not effective and had many breaches during implementations while the situation was already exasperated the caseload and needs remaining high during the reporting period.

CERF made lifesaving services possible in 12 health facilities to provide emergency obstetric and neonatal care services (6 CEmONC and 6 BEmONC) and served 56,553 beneficiaries of which 4,905 normal and life-saving deliveries, in Ma'rib, Hadramout, and AlJawf. The project provided payment of incentives to retain health workers and provide other operational costs critical for the provision of the Minimum Initial Service Package for reproductive health and comprehensive reproductive health care.

In parallel the responses and prevention of GBV through the provision of MHPSS, legal aid, livelihood, and vocational services, and delivery of protection kits in 4 women and girls' safe spaces that aimed at restoring the sense of safety, human dignity through group and individual services and create a safe environment and opportunity for identified women and girls at risk from GBV and those identified as GBV survivors. The CERF fund enabled the provision of safety to women and girls whose physical integrity was under threat to be identified through case management for admission in safe shelter accommodation to survivors and their dependents. Cash assistance enabled serving those whose specific needs require additional support to the ones offered through WGSS and safe spaces, including

those who lived in remote areas and identified through mobile teams. The total number of beneficiaries reached with GBV prevention and response services is 46,788 vulnerable women and girls' beneficiaries, including GBV survivors.

The CERF allowed the provision of essential services to a total of 103,341 RH and GBV direct beneficiaries. 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 Ma'rib, Al Jawf, and Hadramout. The supported facilities provided women and girls with life-saving essential reproductive health services, particularly those related to complicated deliveries.

3. Changes and Amendments

There were no key changes or amendments to the project. The UNFPA opted for a series of measures to mitigate challenges during the project implementation, such as:

Accessibility to hard-to-reach areas, including security constraints, remained a regular periodic challenge. UNFPA closely worked with OCHA for timely de-confliction with warring parties. The pre-positioning in the strategic warehouses of kits and commodities made it feasible to timely respond in the case of access constraints.

The project estimated that 120k individuals are expected to be displaced in the second half of 2022 during the rainy season in the 3 targeted governorates in addition to those displaced due to the conflict although the truce is in place the numbers continue to be recorded but in a minimal scale compared to the figures prior to the truce. UNFPA and its implementing partners maintained their readiness to provide immediate assistance to those displaced and accommodate the additional caseloads within the supported Health Facilities and the Women and Girls Friendly Spaces.

National/local authorities did not collaborate /provide timely cooperation to enable clearances for the activities to be undertaken in accordance with the programme work plan and did not allow transportation of goods from DFA to IRG-controlled areas. The UNFPA through its risk mitigation measures, its field-based Coordinators, and its IPs closely worked with the local authorities in the north, followed by daily permits for partners to engage in the field, the SCMCHA was part of the project implementation in the field, and this helped alleviate access challenges in the Northern Governorates of Yemen. In the South, no major access challenges are encountered as the government is not interested in closely monitoring partners on their daily work Risk.

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	22,000	0	5,000	0	27,000	22,472	0	5,230	0	27,702
Host communities	11,000	0	5,500	0	16,500	12,008	0	5,811	0	17,819
Other affected people	1,000	0	500	0	1,500	806	0	461	0	1,267
Total	34,000	0	11,000	0	45,000	35,286	0	11,502	0	46,788

People with disabilities (PwD) out of the total

	1,100	0	500	0	1,600	615	0	342	0	957
--	-------	---	-----	---	-------	-----	---	-----	---	-----

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	18,806	2,006	3,761	501	25,074	21,125	1,742	4,064	608	27,539
Host communities	18,806	2,006	3,761	501	25,074	22,743	919	5,232	120	29,014
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	37,612	4,012	7,522	1,002	50,148	43,868	2,661	9,296	728	56,553

People with disabilities (PwD) out of the total

	1,881	201	376	50	2,508	1,556	117	398	17	2,088
--	-------	-----	-----	----	-------	-------	-----	-----	----	-------

* 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 153,000 people. These include those residing in the districts with the highest severity indices, and hence highest vulnerabilities.

6. CERF Results Framework

Project objective	To improve access and utilization of reproductive health, and of services responding to the needs of GBV survivors or women and girls at risk in context of escalating crisis in Ma'rib			
Output 1	Improved availability of emergency obstetric and new-born care, family planning and other lifesaving reproductive health services for communities affected by the escalation of fighting in Ma'rib			
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	H.7 Number of functional health facilities supported (to provide Reproductive Health services)	12	12	Reproductive Health Dashboards, Health facilities registries, UNFPA and IPs Reports
Indicator 1.2	RH.1 Number of live births assisted by a skilled health personnel (in the supported health facilities)	4,000	4,905	Reproductive Health Dashboards, Health facilities registries, UNFPA and IPs Reports
Indicator 1.3	H.8 Number of primary healthcare consultations provided (Number of other reproductive healthcare consultations provided in the supported health facilities)	46,158	56,553	Reproductive Health Dashboards, Health facilities registries, UNFPA and IPs Reports
Explanation of output and indicators variance:		The Project indicators were fully met. The number of RH consultations was higher than initially expected; possibly because many other services were forced to close down in the areas of intervention, and some private facilities were shut down. Hence more demand arose for UNFPA-supported services. The Mobile Teams and the outreach capacities were also contributing factors to the increased number of beneficiaries.		
Activities	Description		Implemented by	
Activity 1.1	[Provide incentives to retain critical staff in health facilities to provide EmONC and other reproductive health services]		BFD, Human Access	
Activity 1.2	Conduct monthly monitoring and supervision of the supported Health Facilities		BFD, Human Access, UNFPA	
Output 2	Available and accessible GBV lifesaving and services targeting the specific needs of women and girls at risk			
Was the planned output changed through a reprogramming after the application stage?			Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

* 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 - Gender-Based Violence			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	PS.1a Number of people benefitting from safe spaces and/or centres	30,000	32,860	GBV dashboard, UNFPA and IPs reports, SAFE spaces and centres registries and beneficiaries' lists
Indicator 2.2	PS.1b Number of safe spaces and/or centres rehabilitated	1	1	GBV dashboard, UNFPA and IPs reports
Indicator 2.3	PS.2 Number of people benefitting from core GBV services (e.g., case management, psycho-social support, clinical management of rape, PEP, etc.)	15,000	18,112	Women and Girls Safe Spaces and Shelters Registries
Indicator 2.4	Cash.2a Number of people receiving sector-specific unconditional cash transfers	260	260	GBV dashboard, UNFPA and IPs reports, cash beneficiary's registry books]
Indicator 2.5	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	51,948	51,948	Financial records and cash assistance GBV beneficiaries
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 to 4 women and girls' safe spaces (WGSS)	Human Access		
Activity 2.2	1 Support to safe shelter (SS) for women and girls GBV survivors and those at risk from GBV (and their dependants)	Human Access		
Activity 2.3	2 Mobile outreach teams with PSS, legal aid, midwife	Human Access, BFD		
Activity 2.4	Procurement of protection kits to be distributed at the WGSS/SS to the most vulnerable women and girls	Human Access, UNFPA		

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. 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](#).

* 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.

a. Accountability to Affected People (AAP) ⁷:

UNFPA continued to build its partners' capacities to ensure this accountability is in place, adherence to minimum standards is based on international best practices and apply a rights-based approach to ensure Do-No-Harm principles and a 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 sensitization of the providers in case of RH and GBV and specific interventions for girls who are married or about to be married.

b. AAP Feedback and Complaint Mechanisms:

The complaint mechanism was fully implemented within the CERF-supported activities in this project. A dedicated unit is in charge of receiving, redirecting, and addressing complaints received through the already established Feedback and complaint mechanisms and providing beneficiaries with feedback, as per the protocols on closures of each complaint.

The established 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 revolved around the quality of services according to the beneficiaries' perceptions. In such cases, the complaints were discussed with the IPs for the best possible outcome.

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 are 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 the 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.

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. Yearly updates on the PSEA e-training are compulsory for the UNFPA and the Implementing Partners staff members, including those based in the field.

⁷ 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](#).

* 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.

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, a 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. Referrals were also part of the identification and assistance provided to women and girls and gender minorities including GBV.

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 medical management, psychological first aid, and referral to other services as required.

The project staff, GBV, RH, and admin staff, including those in the supported HFs and WGSS are trained and oriented on dual GBV and RH issues for better identification referrals and catered responses. These are the efforts of so many years of investment in the service providers and social workers through thematic training.

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 and the Women and Girls Safe Spaces. This included the physical safety of the facilities, as well as the orientation of the facilities staff on how to deal with PwD. 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 that women and girls with disabilities are protected and have easier access to the different services provided through this project. The GBV mitigation and response services vulnerability criteria also include women and girls with a 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 means to allow the accessibility of women and girls with disabilities to the services, such as ramps, the orientation of the providers, and so on. These measures are also reflected in the supported Women and Girls Safe Spaces centres.

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, 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 other measures.

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

* 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.

g. Education:

GBV cases are taking anti-illiteracy classes as part of the GBV prevention package to support and empower them within the communities and their entrepreneurship.

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 Yes, CVA is a component of the CERF project	260 vulnerable women and GBV survivors

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 to refer women and girls in the most remote areas with high-risk pregnancies, and with no access to reproductive health and GBV services. The cash assistances provided through this project were discussed and coordinated through the MPCA and the Cash Consortium in Yemen (CCY) to complement the efforts at national and project-based levels]

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
[Number of GBV survivors receiving sector Specific unconditional cash transfer]	260	US\$ 51,948	Protection - Gender-Based Violence Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Reproductive Health emergency obstetric care elusive, pregnant women in Yemen face tragic consequences	https://www.unfpa.org/news/emergency-obstetric-care-elusive-pregnant-women-yemen-face-tragic-consequences https://yemen.unfpa.org/en/news/emergency-obstetric-care-elusive-pregnant-women-yemen-face-tragic-consequences https://reliefweb.int/report/yemen/emergency-obstetric-care-elusive-pregnant-women-yemen-face-tragic-consequences
Free maternal services are a lifeline to expectant mothers in Yemen	https://www.unfpa.org/news/free-maternal-services-are-lifeline-expectant-mothers-yemen https://yemen.unfpa.org/en/news/free-maternal-services-are-lifeline-expectant-mothers-yemen https://reliefweb.int/report/yemen/free-maternal-services-are-lifeline-expectant-mothers-yemen

* 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.

	https://www.usaforunfpa.org/free-maternal-health-services-are-a-lifeline-to-expectant-mothers-in-yemen/
Front-line workers restore health, hope and humanity in the best direct settings	https://yemen.unfpa.org/en/news/front-line-workers-restore-health-hope-and-humanity-direst-settings https://reliefweb.int/report/bangladesh/front-line-workers-restore-health-hope-and-humanity-direst-settings
In her words a child bride from Yemen forced to grow up too fast	https://yemen.unfpa.org/en/news/her-words-child-bride-yemen-forced-grow-too-fast https://reliefweb.int/report/yemen/her-words-child-bride-yemen-forced-grow-too-fast
Videos	https://www.unfpa.org/video/yemen-a-mothers-life-on-the-line https://www.unfpa.org/video/yemen-health-services-are-out-reach-displaced-people https://twitter.com/UNFPAYemen/status/1488415850881490944?s=20&t=YfbuGwmNuivAbseqnXuPOQ
Social Media Posts	https://twitter.com/UNFPAYemen/status/1488415850881490944?s=20&t=YfbuGwmNuivAbseqnXuPOQ https://twitter.com/UNFPA/status/1494080325575659520?s=20&t=YfbuGwmNuivAbseqnXuPOQ https://twitter.com/UNFPAYemen/status/1504195683783688192?s=20&t=YfbuGwmNuivAbseqnXuPOQ https://twitter.com/UNFPAYemen/status/1498187968426778626?s=20&t=YfbuGwmNuivAbseqnXuPOQ https://twitter.com/UNFPAYemen/status/1497984421349113861?s=20&t=YfbuGwmNuivAbseqnXuPOQ

* 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.

3.4 Project Report 22-RR-HCR-003

1. Project Information			
Agency:	UNHCR	Country:	Yemen
Sector/cluster:	Shelter and Non-Food Items Protection	CERF project code:	22-RR-HCR-003
Project title:	Provision of shelter support, NFIs and protection services to families displaced by conflict in Ma'rib and Hadramout		
Start date:	01/01/2022	End date:	30/06/2022
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\$ 16,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 500,000
	Amount received from CERF:		US\$ 4,000,250
	Total CERF funds sub-granted to implementing partners:		US\$ 799,000
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 799,000
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this CERF grant, UNHCR was able to provide urgent shelter, non-food items (NFIs), and protection interventions to displaced Yemenis impacted by the recent escalation in conflict in Ma'rib and Hadramout governorates.

The two sectoral interventions, Protection and NFIs, reached approximately 169,000 beneficiaries. 9,600 individuals benefited from the distribution of 1,600 emergency shelter kits (ESKs) to shelter from the elements and have a place to sleep. 5,766 families (some 34,569 individuals) received NFIs to help them adjust to their new surroundings. The most vulnerable displaced households in Ma'rib and Hadramout received the above distributions allowing them to live in dignity and with protection from severe environmental elements. Moreover, 30,044 individuals were supported with cash assistance, including rental subsidies (6,780 individuals), emergency cash (2,640 individuals), and multi-purpose cash (20,624 individuals) to assist with localized shelters.

UNHCR conducted vulnerability assessments in Ma'rib to identify the needs and vulnerabilities. Assessed individuals were then referred to life-saving services based on their identified needs. UNHCR operates two community centers in Ma'rib with attached mobile teams through which several protection services are provided. 42,649 individuals were assessed for protection needs. Among the 32,465 individuals receiving protection services, 9,825 were supported with legal aid (including counselling and representation), gender-based violence (GBV) and child protection interventions, psychosocial support (PSS), 2,640 received emergency cash assistance (ECA), and

* 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.

20,000 received awareness raising activities. Individuals not directly supported through the activities mentioned above were supported through referrals to relevant humanitarian actors.

3. Changes and Amendments

UNHCR has encountered challenges and delays in delivering the shelter component (distribution of Localized Shelter Kits in Ma'rib Governorate). As highlighted in the interim report, the procurement and distribution of localized ESK have witnessed significant delays due to lengthy negotiations between the Shelter/NFI Cluster and the local authorities who had to approve the kit's design. Procurement processes, now made further impacted by the disruption of global supply chains, will make it impossible to distribute localized ESK during the project implementation period.

For these reasons, UNHCR submitted a reprogramming and NCE request, which allowed us to meet the needs of the beneficiaries by changing the delivery modalities. CERF Secretariat approved the request in July after submission in June.

First, the number of NFIs distributed increased from 1,400 kits benefitting 8,400 individuals to 5,766 kits benefitting 34,596 individuals (the average household size is six). The transportation costs initially envisaged for the distribution of localized ESK supported the distribution of additional NFI kits.

Second, highly vulnerable households, including the most recently displaced, received cash assistance (multi-purpose). Based on UNHCR vulnerability assessments, the number of targeted households was 3,015 (20,620 individuals in total). UNHCR slightly exceed the target reaching 3,033 families (20,624 individuals) due to exchange rate savings. This type of intervention generated a double benefit, allowing families to meet their needs best while supporting local markets and boosting the economy.

* 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									
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	16,971	14,850	19,092	19,799	70,712	18,769	16,423	21,115	21,896	78,203
Host communities	4,243	3,712	4,773	4,950	17,678	4,693	4,105	5,279	5,474	19,551
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	21,214	18,562	23,865	24,749	88,390	23,462	20,528	26,393	27,371	97,754

People with disabilities (PWD) out of the total

	849	742	955	990	3,536	939	821	1,056	1,095	3,911
--	-----	-----	-----	-----	-------	-----	-----	-------	-------	-------

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	7,574	6,628	8,521	8,837	31,560	13,746	12,030	15,465	16,039	57,280
Host communities	1,894	1,656	2,131	2,209	7,890	3,438	3,006	3,868	4,009	14,321
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	9,468	8,284	10,652	11,046	39,450	17,184	15,036	19,333	20,048	71,601

People with disabilities (PWD) out of the total

	378	332	426	442	1,578	686	603	773	802	2,864
--	-----	-----	-----	-----	-------	-----	-----	-----	-----	-------

* 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 distributed shelter kits provided the entire family including children with a dignified and safe space to live, while NFIs provided them with the necessary tools to conduct their daily lives efficiently. Another indirect impact of this project is the support to the local workforce through cash-for-work for members of displaced and host communities associated with the daily loading and offloading of materials. In addition, the rent of distribution centres, and transportation expenses, including vehicle rental, inject funds into the local economy.

The distribution of multi-purpose cash benefitted members of the receiving households, helping them meet their basic needs and protecting them from negative coping mechanisms. In areas where markets are functioning and accessible, this type of intervention has a double positive impact on the displaced populations and the host community, as it activates local economies and contributes to market development, a critical aspect in the Yemen context.

6. CERF Results Framework

Project objective	Provide urgent life-saving shelter support, NFIs and protection services to the most vulnerable families displaced by the recent escalation in violence in Ma’ rib, as well as displaced in Hadramout			
Output 1	4,100 Localized/Emergency Shelter Kits (ESK) procured and distributed in Ma’ rib and Hadramout to support the humanitarian response to displaced families.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	SN.1b Number of in-kind shelter kits distributed (emergency shelter kits)	1,600	1,600	Activity Info., Stock Release, Monitoring and Verification Reports
Indicator 1.2 (no longer applicable)	SN.1b Number of in-kind shelter kits distributed (localized shelter kits)	2,500	0	Target no longer applicable following the reprogramming request
Indicator 1.3	SN.1a Number of people benefitting from in-kind shelter assistance (ESK) 1,600 HHs (9,600 individuals)	9,600	9,600	Activity Info., Stock Release, Monitoring and Verification Reports
Indicator 1.4 (no longer applicable)	SN.1a Number of people benefitting from in-kind shelter assistance (localized shelter kits) 2,500 HHs (15,000 individuals)	15,000	0	Target no longer applicable following the reprogramming request
Indicator 1.4 (revised)	# of households supported with multi-purpose cash assistance	3,015 (20,620)	3,033 (20,624 individuals)	Financial Service Provider Report, Verification report, Third Party Monitoring PDM
Indicator 1.5	# of post distribution monitoring (PDM) surveys conducted	1	1	Implementing partner PDM report
Explanation of output and indicators variance:		Despite reaching an overall target of 3,033 out of 3,015, the actual amount spent was 953,285 USD (vs. the budgeted \$1,329,614). Not all families received all three instalments (441 USD per instalment) because some families		

		were no shows for at least one round. Families that missed multiple rounds were phased out, and new ones came in to compensate.
Activities	Description	Implemented by
Activity 1.1	Procurement of emergency shelter kits	UNHCR
Activity 1.2	Distribution of emergency shelter kits	Implementing Partner – MCHR
Activity 1.3	Conduct post-distribution monitoring (PDM)	Third Party Monitoring – Blumen

Output 2 1,400 Non-Food Items kits (NFI) procured and distributed in Ma'rib and Hadramout to support the humanitarian response to displaced families.

Was the planned output changed through 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 NFI kits distributed	1,400	5,766 kits	Activity Info. Report, Stock Release, Partner Distribution Report, Verification Reports
Indicator 2.2	SN.2a Number of people benefitting from in-kind NFI assistance1,400 HHs (8,400 individuals)	8,400	34,596	Activity Info. Report, Stock Release, Partner Distribution Report, Verification Reports
Indicator 2.3	# of post-distribution monitoring (PDM) surveys conducted	1	1	Implementing partner PDM report

Explanation of output and indicators variance: The number of NFI kits was increased from 1,400 to 5,766 kits following a revision of the project, shifting funds for localized shelters to NFIs. This was due to challenges and delays in delivering the shelter component (distribution of Localized Shelter Kits in Ma'rib Governorate). As highlighted in the interim report, the procurement and distribution of localized ESK have witnessed significant delays due to lengthy negotiations between the Shelter/NFI cluster and the local authorities who had to approve the kit's design. Procurement processes, now made further impacted by the disruption of global supply chains, will make it impossible to distribute localized ESK during the project implementation period.

Activities	Description	Implemented by
Activity 2.1	Procurement of NFI Kits	UNHCR
Activity 2.2	Distribution of Non-Food Items Kits	Implementing Partner – MCHR
Activity 2.3	Conduct post-distribution monitoring (PDM)	Third Party Monitoring – Blumen

Output 3 1,075 households supported with cash subsidies in Ma'rib to help pay their rent and avoid imminent eviction

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

Sector/cluster	Shelter and Non-Food Items			
Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (rental subsidies) – Ma'rib 1,075 HHs (6,450 individuals)	6,450	6,780	Financial Service Provider Report, Verification report, ACT System, Third Party Monitoring PDM
Indicator 3.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	645,000	620,187	Financial Service Provider Report, Verification report, ACT System, Third Party Monitoring PDM
Indicator 3.3	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers (ECA) – Ma'rib 440 HHs (2,640 individuals)	2,640	2,640	Activity Info., Monitoring and Verification Reports
Indicator 3.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	88,000	111,134	Activity Info., Monitoring and Verification Reports
Indicator 3.5	# of post-distribution monitoring (PDM) surveys conducted	2	2	Third Party Monitoring PDM
Explanation of output and indicators variance:		<p>Due to exchange rate savings, UNHCR reached 330 families with rental subsidies. As the payments are made in local currency at an estimated value of 100 USD, UNHCR was able to use savings from fluctuating exchange rates per dollar to target more families. The full amount was not spent due to unpaid payment rounds, as some families missed at least one payment round.</p> <p>As for ECA, the transfer value is fixed at 147,000 YER, leading to an increase in expenditure beyond the planned budget to reach the targeted families.</p>		
Activities	Description	Implemented by		
Activity 3.1	Provision of cash for rental subsidies	FSP and Implementing Partner – HA and FMF		
Activity 3.2	Conduct post-distribution monitoring (PDM)	Third Party Monitoring – Blumen		

Output 4	Specific protection risks due to conflict and disasters are mitigated and addressed by providing 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 reprogramming after the application stage?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Sector/cluster	Protection				
Indicators	Description	Target	Achieved	Source of verification	
Indicator 4.1	# of protection analyses conducted that inform the humanitarian	1 (19,750 individuals)	42,649 individuals	Activity Info, Assistance cash tool (ACT)]	

	response (vulnerability/needs assessments) - Ma'rib			
Indicator 4.2	# of people receiving protection services through two community centres and attached mobile teams (PSS, GBV, legal assistance, child protection interventions) - Ma'rib	46,000 individuals	32,465 individuals	Activity Info., Monitoring and Verification Reports]
Indicator 4.3	Cash.2a Number of people benefitting from sector-specific unconditional cash transfers 440 HH (2,640 highly vulnerable individuals) benefitting from emergency cash assistance	2,640	2,640 individuals	Activity Info., Monitoring and Verification Reports
Indicator 4.4	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD	88,000	111,134	Activity Info., Monitoring and Verification Reports
Indicator 4.5	CC.2 of people reached through awareness-raising and/or messaging on prevention and access to services	20,000 individuals	20,000 individuals	Financial report

Explanation of output and indicators variance:

UNHCR assessed the protection situation of 42,649 individuals. The numbers reached were considerably higher than what initially foreseen. This was due to a low estimation at proposal stage, as well as a very efficient work by the Implementing Partner in the areas concerned. The number reported was achieved before the end of June 2022, and the information collected was used to inform other interventions (including specialized protection and cash interventions) as well as referrals, counselling or awareness raising.

Out of the 32,465 individuals reached by protection interventions, 9,825 individuals received specialized protection services (i.e., GBV survivor support). 2,640 received emergency cash services, and 20,000 benefited from awareness-raising activities.

Activities	Description	Implemented by
Activity 4.1	Vulnerability and protection need assessments targeting newly displaced are conducted to support the programmatic response of UNHCR and humanitarian actors in Ma'rib governorate and determine eligibility for CBI interventions	Implementing partner – HA FMF
Activity 4.2	The already established Community Centres run by UNHCR partners Human Access and Field Medical Foundation in Ma'rib governorate will offer a variety of protection services (PFA/PSS, legal assistance, child protection interventions, GBV interventions), hosting newly displaced populations, including through mobile teams visiting remote sites to increase outreach, support and referral to specialized protection services	Implementing partner – HA FMF
Activity 4.3	Limited Emergency Cash Assistance will be provided in Ma'rib governorate, prioritizing displaced Yemeni households and individuals in situations of distress,	Implementing partner – HA FMF

extreme need, and life-threatening conditions (according to established SOPs) to mitigate protection risks
--

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas⁸ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)⁹:

In compliance with the AAP framework and UNHCR age, gender, and diversity (AGD) policy, the project mainstreams protection and AGD considerations in all interventions to effectively identify and address the different protection and assistance needs of various segments of the population and with attention towards the most marginalized to limit exclusion and favour inclusiveness. The project considered the various capacities and priorities of women, men, girls, and boys of diverse backgrounds, minority groups such as the Muhamasheen, persons with disabilities, and older persons into all shelters/NFI and protection services and assistance. UNHCR and its partners employed participatory methodologies, such as systematic consultations with women, men, girls, and boys of diverse backgrounds to ensure meaningful participation and community ownership of the various activities included in the project and will facilitate communities' involvement in the monitoring of the interventions and the provision of feedback. Throughout the implementation, Community-Based Protection Networks formed by community outreach volunteers will be essential two-way communication channels through which UNHCR and partners will disseminate timely information and solicit feedback. UNHCR involves displaced populations in the evaluation phase through post-distribution monitoring exercises.]

Through emergency cash, UNHCR, and its implementing partners, targeted the families threatened with eviction and contributed to paying rental costs to guarantee these families don't lose their homes. Emergency cash assistance is also distributed to support life-threatening medical cases for those unable to access health services or obtain primary health services through a lack of financial resources. UNHCR, through its partner, also provided legal protection through legal advice, mediation, counselling, and psychological and social support for the special needs of children, the elderly, and people with disabilities.

b. AAP Feedback and Complaint Mechanisms:

UNHCR continued to support safe and accessible Community-Based Complaints Feedback Mechanisms (CFM) to gather feedback and complaints that may arise, including confidential pathways to report on sexual exploitation and abuse (SEA). Confidential feedback mechanisms were in place for UNHCR and partners, and hotlines, emails, physical complaints boxes in the community centers, partners' offices, and dedicated partners' staff to manage such mechanisms and ensure follow-up.

In total, 525 complaints were received. The complaints were received through the hotlines and complaint boxes and made in person at a complaints desk. Those complaints received by partners' hotlines and the partners' monitoring and evaluation assistants were referred to

⁸ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. 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](#).

⁹ 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](#).

the relevant team (e.g., protection monitoring team, social workers, psychologists, and/or lawyers) for follow-up. In addition, the complaints and feedback mechanism (CFM) team further followed up on all complaints, and then feedback was provided to all beneficiaries.

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

UNHCR trained all project staff in the complaints feedback mechanism (CFM), UNHCR Code of Conduct, and Protection against Sexual Exploitation and Abuse (PSEA). Furthermore, UNHCR ensures partners employ male and female staff to conduct awareness-raising activities 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. No PSEA complaints were reported during the implementation of this project.

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

Gender equality is central to UNHCR's AGD approach, which is applied to all interventions. The commitments to Women and Girls implicitly recognize the diversity among them, including older women; adolescent girls and female youth; women and girls belonging to national or ethnic, religious, and linguistic minorities or indigenous groups; women and girls with disabilities; and women and girls of diverse sexual orientations and gender identities. Though the focus of these commitments is on women and girls, UNHCR recognizes that gender inequalities also negatively impact men and boys. Therefore, it is essential to promote equal rights, integrity, well-being, and equitable access to services for all persons of concern.

Through this funding, UNHCR channelled cash funding directly towards those newly displaced in a highly vulnerable situation via its firmly established unconditional multi-purpose cash program, focusing on women, children, the elderly, and persons with disabilities. Beneficiaries of assistance through this project were identified via referral, self-referral (approaching community centres or humanitarian partners), social workers supporting vulnerable individuals as part of individual case management, and field protection monitoring and assessments. The project's implementation was based on the continuous needs assessment conducted by UNHCR through its needs assessment tools Protection Monitoring Tool (PMT) in the south. UNHCR defines priority needs and builds programmatic interventions based on field assessments carried out at the household level, which results in evidence-based programming, referral to protection services, and determination of eligibility for assistance, including for NFIs. According to the results, 95% of IDP families reported having at least one vulnerable family member at risk, including children and women. UNHCR prioritized female-headed households in the distribution of shelter, NFIs, and cash through this project.

e. People with disabilities (PwD):

The intervention covered persons with specific needs, including heads of households with disabilities, single parents taking care of a child with a disability, and other persons with disabilities unable to support themselves. UNHCR committed to targeting at least 4% of this project's beneficiaries with protection, shelter/NFI, and cash assistance. Through this intervention, UNHCR and its partners identified and assisted 2,864 persons with disabilities with shelter/NFI assistance, including rental subsidies and MPCA, and 1,779 with protection services, representing 4% of the total beneficiaries reached.

f. Protection:

UNHCR protection teams gave a training session on protection mainstreaming to implementing partners (FMF and HA) for the Protection, Shelter, NFI, and CCCM activities in April 2022. The training was designed to strengthen both knowledge and capacities of partners' staff in integrating protection principles into their work and promote mainstreaming of protection with other humanitarian actors. The training emphasized that mainstreaming protection is not the sole responsibility of UNHCR and the partners in ensuring that all activities have a protective lens. The UNHCR protection team also regularly monitored visits to ensure all services were provided safely and dignifiedly and adhered to the "don't cause harm" principle.

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:
Yes, CVA is a component of the CERF project	Yes, CVA is a component of the CERF project Yes, CVA is a component of the CERF project	30,044 individuals

If **no**, please describe why CVA was not considered. Where feasible, CVA should be considered 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.

Beneficiaries were selected through UNHCR's needs assessment tool, which was developed to identify the socioeconomic and protection needs of the most vulnerable displaced and host communities. UNHCR defines priority needs and builds programmatic interventions based on field assessments, carried out at the household level, resulting in evidence-based programming. This allowed UNHCR to target the most vulnerable and in need among Yemeni displaced communities in the prioritized areas of the intervention.

The distribution of multi-purpose cash benefitted members of the receiving households, helping them decide what their needs are and how best to meet them, which in turn gives them dignity and control over their lives. In areas where markets are functioning and accessible, this type of intervention activates local economies and contributes to market development, a critical aspect in the Yemen context.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from the results framework above)	Number of people receiving CVA	Value of cash (US\$)	Sector/cluster	Restriction
Multi-purpose Cash Assistance will be provided in Ma'rib governorate	20,624	US \$953,285	Multi-Purpose Cash Multi-Purpose Cash	Unrestricted Unrestricted
Provision of cash for rental subsidies	6,780	US \$620,187	Shelter and Non-Food Items Shelter and Non-Food Items	Unrestricted Unrestricted
Limited Emergency Cash Assistance will be provided in Ma'rib governorate	2,640	US \$111,134	Protection Protection	Unrestricted Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
UNHCR Operational Update 1-9 June 2022	UNHCR Operational Update 1-9 June 2022
Yemen Factsheet – September 2022	Yemen Factsheet – September 2022
Thank you post on Twitter	Thank you post on Twitter

3.5 Project Report 22-RR-CEF-005

1. Project Information			
Agency:	UNICEF	Country:	Yemen
Sector/cluster:	Nutrition Water, Sanitation and Hygiene Health Protection - Child Protection Shelter and Non-Food Items	CERF project code:	22-RR-CEF-005
Project title:	Multisectoral rapid response to critical needs of recently displaced IDPs and hosting communities in Ma'rib		
Start date:	23/02/2022	End date:	22/08/2022
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\$ 26,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 0
	Amount received from CERF:		US\$ 5,069,222
	Total CERF funds sub-granted to implementing partners¹⁰:		US\$ 2,153,094
	Government Partners		US\$ 1,257,251
	International NGOs		US\$ 105,547
	National NGOs		US\$ 132,447
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Through this grant, UNICEF conducted three integrated outreach rounds (IOR) in 12 districts in Al Jawf governorate and two IOR in ten districts in Ma'rib governorate reaching 82,852 children under five and 36,323 pregnant and lactating women (PLW) with emergency health and nutrition services including Integrate Management of Childhood Illnesses (IMCI), immunization services and maternal health services (antenatal, postnatal care and skilled birth attendance). To maintain the continuity of primary health care (PHC) services in the targeted districts in Ma'rib and Al Jawf, UNICEF supported the transportation and timely distribution of vaccines and essential medicines (from the governorates warehouse to the district's warehouse and the health facilities). Cold chain maintenance was supported for 50 refrigerators in Ma'rib to avoid any vaccine stockouts and loss. To ensure the quality of PHC interventions, over 452 health workers (HWs) at fixed health facilities in Ma'rib received different trainings including IMCI (164 HWs), EPI, and cold chain management (168 vaccinators). 20 midwives received training on Community Based Maternal and Newborn Care (CBMNC).

¹⁰ Does not include funds transferred to private companies for WASH interventions

The CERF funding enabled UNICEF to continue supporting lifesaving nutrition services in the governorates of Al Jawf, Hadramaut, and Ma'rib at both health facility and community levels, reaching 152,633 children under five (77,302 boys and 75,331 girls) and 52,269 PLWs with an integrated package of nutrition services. A total of 4,193 children under five (1,967 boys and 2,226 girls) with Severe Acute Malnutrition (SAM) received treatment. The MTs reached 46,316 children under five years of age (23,714 boys and 22,602 girls) and 14,828 PLWs through various services, such as screening for malnutrition and oedema check, SAM treatment, distribution of micronutrient supplementation, deworming medications, iron-folic supplementation, routine immunization, antenatal and postnatal care for PWLs, etc. 1,400 supported community health and nutrition volunteers (CHNVs) provided services to more than 48,766 beneficiaries (12,948 PLWs, 18,860 boys and 16,958 girls) and 66,619 children were screened using MUAC and bilateral oedema checked through outreach rounds.

UNICEF and its partners provided critical child protection services to 92,658 beneficiaries (78,659 children and 13,999 adults). Through this project, 78,659 IDP children (53 percent girls) received child protection services which provided the beneficiaries the opportunity to improve their resilience and well-being. A total of 51,351 children received mental health and psychosocial support (MHPSS), 475 children received case management support, and 40,772 community members received child protection messages.

UNICEF and its partners provided access to safe water to a total of 130,970 internally displaced persons (IDPs) and members of the host communities and access to safe and culturally appropriate sanitation to 37,841 beneficiaries, in addition to 600 children receiving access to safe sanitation in temporary learning spaces. UNICEF distributed hygiene kits reaching 96,000 beneficiaries with critical hygiene messages for the prevention of water-related disease outbreaks in Ma'rib City and AlWadi district in Ma'rib governorate. The project assisted 102,455 beneficiaries (23,573 women, 15,347 men, 31,768 girls, 31,757 boys) in the targeted areas through the distribution of 14,635 basic hygiene kits, as part of the Rapid Response Mechanism (RRM) minimum assistance package. The RRM provided an immediate life-saving response to people newly displaced, stranded, or affected by floods.

3. Changes and Amendments

The UN-mediated truce that came into effect in April 2022 and ended on 2 October 2022 brought some relief to the people in Yemen, and reduced war-related displacement in Ma'rib and other locations. The United Nations Special Envoy for Yemen Hans Grundberg cited important progress that was made during the truce such as the increased availability of fuel, resumption of commercial flights from Sana'a airport, and the reduction in civilian casualties. UNICEF coordinated with implementing partners to establish child protection activities in Ma'rib. Five out of the six proposed partners [Ministry of Social Affairs and Labour (MoSAL), Benevolence Coalition for Humanitarian Relief (BCHR), Ma'rib Dam Foundation (MDF), and Ma'rib Education Office (MOE)] entered partnerships with UNICEF to implement the planned activities. Tabasem that was identified as a potential partner at the time of the proposal declined the partnership due to the limited project duration. The target earlier planned to be achieved through Tabasem was therefore transferred to the other partners mentioned above, allowing UNICEF to meet the intended project target.

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	2,568	0	2,876	3,001	8,445	5,448	0	6,338	6,090	17,876
Host communities	10,798	0	14,998	14,661	40,457	30,875	0	35,916	34,508	101,299
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	13,366	0	17,874	17,662	48,902	36,323	0	42,254	40,598	119,175
People with disabilities (PWD) out of the total										
	1,337	0	1,787	1,766	4,890	3,632	0	4,225	4,060	11,917

Sector/cluster	Nutrition									
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	16,272	0	42,217	43,810	102,299	27,083	0	40,872	41,010	108,965
Host communities	27,608	0	28,147	28,987	84,742	25,186	0	34,459	36,292	95,937
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	43,880	0	70,364	72,797	187,041	52,269	0	75,331	77,302	204,902
People with disabilities (PWD) out of the total										
	4,388	0	7,036	7,280	18,704	5,227	0	7,533	7,730	20,490

* 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 ¹¹									
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	23,365	22,265	96,061	25,265	166,956	23,573	15,347	31,768	31,757	102,445
Host communities	5,093	4,608	7,518	7,033	24,252	16,525	14,951	24,393	22,819	78,688
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	28,458	26,873	103,579	32,298	191,208	40,098	30,298	56,161	54,576	181,133

People with disabilities (PwD) out of the total

	4,269	4,066	13,156	5,274	26,765	5,083	3,882	6,410	6,440	21,815
--	-------	-------	--------	-------	--------	-------	-------	-------	-------	--------

Sector/cluster	Protection - Child 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	7,475	7,525	12,571	12,829	40,400	6,704	7,295	41,665	36,994	92,658
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	7,475	7,525	12,571	12,829	40,400	6,704	7,295	41,665	36,994	92,658

People with disabilities (PwD) out of the total

	374	376	629	641	2,020	0	0	40	80	120 ¹²
--	-----	-----	-----	-----	-------	---	---	----	----	-------------------

¹¹ In line with the proposal, the total number of beneficiaries reached through the WASH outcome includes the beneficiaries of the RRM component

¹² The lower achievement for PwD was due to a lack of tools and equipment in all CFSs which helps facilitate the integration of children with disabilities with other children ; also, the CFSs animators are not trained on how to deal with PwD.

* 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

During the implementation of the nutrition activities, community health and nutrition volunteers (CHNVs) and mobile teams (MTs) reached an estimated 149,000 people (mainly adolescents and adults) with awareness raising activities related to maternal and child nutrition and optimal health practices that include but are not limited to: breastfeeding, proper child feeding, immunization for children and women, hygiene promotion, and safe storage of water.

6. CERF Results Framework

Project objective	Enabling immediate response to the humanitarian needs of displaced people resulting from the recent escalation of conflict and moving frontlines in Ma'rib			
Output 1	Children under five in conflict affected areas in Ma'rib and Al Jawf have access to quality IMCI and immunization services to prevent VPD outbreaks.			
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 1.1	H.4 Number of people vaccinated (children receiving their third dose of Pentavalent vaccines)	7,900	13,799	DHIS 2 data and MoPHP official activity reports
Indicator 1.2	H.4 Number of people vaccinated (children receiving their first dose of Measles Containing Vaccines (MCV1)).	7,147	10,998	DHIS 2 data and MoPHP official activity reports
Indicator 1.3	# of vaccine stock outs reported	0	0	DHIS 2 data and MoPHP official activity reports
Indicator 1.4	H.8 Number of primary healthcare consultations provided	48,000	55,509	DHIS 2 data and MoPHP official activity reports
Explanation of output and indicators variance:		The overachievement is due to a higher-than-average attendance rate recorded during the integrated outreach rounds reflecting the huge need for PHC services in the governorates of Ma'rib and Al Jawf. Service uptake was higher than anticipated due to IDP movements and when free quality services were provided.		
Activities	Description		Implemented by	
Activity 1.1	Conduct 2 rounds of Integrated outreach activities in Ma'rib, Al-Jawf governorates		UNICEF, MoPHP, Ma'rib and Al Jawf GHOs	
Activity 1.2	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.		UNICEF, MoPHP, Ma'rib and Al Jawf GHOs	
Activity 1.3	Conduct supportive monitoring and supervision to EPI and MNCH PHC services and health facilities in Ma' rib and Al Jawf		UNICEF, MoPHP, Ma'rib and Al Jawf GHOs	
Activity 1.4	Conduct capacity building for HWs on EPI, IMCI and IPC		UNICEF, MoPHP, Ma'rib and Al Jawf GHOs	

Output 2	Children 6 – 59 months, and PLW in host communities and IDPs sites in Ma'rib, Al Jawf and Hadramout have access to life-saving preventive and curative nutrition services.
-----------------	--

Was the planned output changed through a reprogramming after the application stage?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
--	------------------------------	--

Sector/cluster	Nutrition			
-----------------------	-----------	--	--	--

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme	4,310	4,193	SAM monthly database
Indicator 2.2	N.3b Percentage of people who were admitted for SAM treatment who recovered	> 75% (3,233 people)	96% (4,033)	SAM monthly database
Indicator 2.3	N.5 Number of people receiving vitamins and/or micronutrient supplements	143,161	112,789	SAM monthly database, CHNVs Monthly reporting compiler, IOR database
Indicator 2.4	Number of primary caregivers counselled on optimal infant feeding and caring practices	43,880	45,876	SAM Monthly Database, CHNVs Monthly reporting compiler, IOR database, IYCF corners database.

Explanation of output and indicators variance:	<p>Indicator 2.1: The estimated target was calculated as an average of the attendance rate as the actual attendance rate varies from month to month. The achieved target highly depends on the number of children attending the services, out of which UNICEF provided services to 100 percent of the children present.</p> <p>Indicator 2.2: The estimated target was set as per the minimum sphere standard for recovery rate and therefore the overachievement.</p> <p>Indicator 2.3 The underachievement is mainly related to the fact that some of the CHNVs did not share their reports with the health facilities, not reflecting the total number of people reached. Currently, 84 per cent of the CHNVs are regularly reporting to the health facilities.</p> <p>Indicator 2.4: The overachievement of the indicator indicates the high demand for the service shown from the community.</p>			
---	---	--	--	--

Activities	Description	Implemented by
Activity 2.1	Deployment of 15 mobile teams to provide integrated nutrition services in hard-to-reach villages and IDPs locations	GHOs/AL-Tamkeen Foundation
Activity 2.2	Support active case finding for acute malnutrition through mass screening and referral to management programmes	GHOs
Activity 2.3	Provision of management of severe acute malnutrition through support of the functionality of 30 health facilities in/around IDP camps and settlements	GHOs
Activity 2.4	Support the functionality of four Therapeutic Feeding Centres in the targeted governorates	GHOs
Activity 2.5	Support the referral costs of children with SAM with complications to TFCs for treatment.	GHOs
Activity 2.6	Provision of nutrition services at community level through community health and nutrition volunteers	GHOs/ AL-Tamkeen Foundation

Activity 2.7	Support monitoring and supportive supervision on nutrition interventions at districts and governorate levels.	GHOs/ AL-Tamkeen Foundation
Activity 2.8	Support the 5 days refresher training course for health workers on nutrition programme	GHOs

Output 3	Children and adolescents affected by conflict and living in humanitarian situations access better quality preventive and protection services, including Mental Health & Psychosocial Support (MHPSS), comprehensive case management support, and other 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	Protection - Child Protection
-----------------------	-------------------------------

Indicators	Description	Target	Achieved	Source of verification
Indicator 3.1	H.9 Number of people provided with mental health and psycho-social support services (girls, boys and caregivers)	12,750	51,351	Implementing partner's monthly reports.
Indicator 3.2	Number of children in need of protection services provided with critical child protection case management services including medical, educational, legal assistance, identification documents, food/ non-food item services, family tracing and reunification and placement in alternative care through case management services.	400	475	Implementing partner's monthly reports.
Indicator 3.3	Number child protection social and case workers working as frontline service providers trained on child protection in line with child protection minimum standards	60	60	Implementing partner's monthly reports.
Indicator 3.4	Number of individuals (boys, girls, women and men) benefitting from community awareness sessions on child protection and child rights.	25,000	40,772	Implementing partner's monthly reports.

Explanation of output and indicators variance:	<p>All planned targets were achieved, including overachievement in providing psychosocial support and awareness sessions on child protection. The overachievement in CP activities is reported due to the project implementation approach - the IDP locations enabled UNICEF to mobilize more beneficiaries, and the truce between parties to the conflict enabled parents and caregivers to allow their children to attend MHPSS activities.\</p> <p>To manage increased demand, all IPs activated the CFSs in two shifts (morning and afternoon) during the summer holidays. Trained animators accepted more children according to the humanitarian principle, and children were grouped into many groups to cover all activities.</p>
---	--

Activities	Description	Implemented by
Activity 3.1	Deliver psychosocial support to children and caregivers affected by the conflict.	Ministry of Social Affairs and Labour (MOSAL)

		Benevolence Coalition for Humanitarian Relief (BCHR) Ma'rib Dam Foundation (MDF) Ma'rib Education Office (MOE)
Activity 3.2	Provide context and culturally appropriate supplies, including standard School-in-a-box (SIB) and locally procured Recreational kits to facilitate MHPSS activities for children participating in MHPSS activities.	UNICEF
Activity 3.3	Identify, document, and develop care plans for vulnerable children in need of child protection services.	MOSAL, BCHR, MDF, MOE
Activity 3.4	Provide case management services including medical, educational, legal assistance, identification documents, food/ non-food item services, referrals to basic and specialized services to identified vulnerable children including children released from armed forces and groups, survivors of GBV and other forms of violence, and those requiring special protection measures.	MOSAL, BCHR, Human Access for Partnership and Development (HA)
Activity 3.5	Identify and register children at risk, separated, unaccompanied and missing children, provide family tracing and reunification services, including interim care (family-based) services.	MOSAL, BCHR, HA
Activity 3.6	Provide refresher training to social workers and child protection service providers on child protection, case management, standards procedures and referral pathways, family tracing, alternative care, data protection, and coordination.	MOSAL
Activity 3.7	Provide culturally appropriate, gender- and age-sensitive information to children at-risk and affected populations to prevent, minimize, and respond to violence, exploitation, abuse, neglect, and harmful practices, including child marriages, the worst form of child labour, family separation, recruitment and use of children, and gender-based violence.	MOSAL, BCHR, MDF, MOE

Output 4	IDPs and vulnerable communities affected by the crisis in Ma'rib are provided with access to 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 4.1	WS.7b Number of people who are using sufficient and safe water for drinking, cooking and personal hygiene use	191	130,970	Water trucking report, Monthly report
Indicator 4.2	WS.9b Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities	37,500	37,841	Latrine construction report, WASH facilitators monthly report

Indicator 4.3	WS.11 Number of people demonstrating safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/material	74,252	96,000	Distribution report, Partners monthly report
Indicator 4.4	SN.2a Number of people benefitting from in-kind NFI assistance (RRM)	96,061	102,445	Monthly reports of cluster partners, dashboards and Post Distribution Monitoring (PDM) reports
Indicator 4.5	SN.2b Number of in-kind NFI kits distributed (RRM)	13,723	14,635	Delivery notes of quantities and spot checks done by UNICEF to warehouses of RRM cluster partner

Explanation of output and indicators variance:

Overall, more people were reached than initially planned due to IDP movements because of which an increased number of people benefitted from water trucking and toilets. UNICEF has three long-term agreements (LTAs) with different suppliers; at the time of placing the order, the supplier with available kits in country provides the required supplies. Through the LTA used for this grant, UNICEF was able to purchase the available kits at a lower price and due to this more kits were purchased and distributed (RRM) than planned.

Activities	Description	Implemented by
Activity 4.1	Support access to basic water supply for the most vulnerable population in protracted emergency setups through Water trucking, installation of temporary water points (2,000-liter tanks), minor rehabilitation of the existing water supply system and extension of the pipeline from the existing urban water supply system to IDP camps, Water quality monitoring and chlorination of water supply source and distribution points in selected locations highly affected by acute water diarrhoea. The activity will reach a total of 120,313 beneficiaries)	GARWSP-EU, National Water and Sanitation Authority (NWSA), and private sector (LTA)
Activity 4.2	Support access to basic sanitation facilities for vulnerable populations (37,500 beneficiaries) through construction emergency latrines and operation and maintenance of existing toilet and sewerage facilities (rehabilitation, repairs, desludging of septic tanks).	GARWSP-EU, NWSA and private sector (LTA)
Activity 4.3	Support Hygiene promotion using different communication approaches (distribution of IEC materials, community meetings, house to house visits through trained HP, community volunteers and other volunteers) in coordination with SBC and distribution of WASH non-food items (NFI) integrated with HP for 74,252 beneficiaries	GARWSP-EU and BCHR
Activity 4.4	Transportation of WASH supplies from UNICEF existing stocks in Sana'a or Aden to Ma'rib	UNICEF and private sector
Activity 4.5	Procurement and delivery of 13,723 Basic Hygiene Kits reaching 96,061 IDPs (1 RRM kits per Household, /7 persons) as part of the RRM response	RRM cluster partners: <ul style="list-style-type: none"> • DEEM for Development (DEEM) • Vision Hope International (VHI) • Yemen Development Foundation (YDF)

		<ul style="list-style-type: none"> • Yemen Alkhair for Relief and Development Foundation (YARD) • Society for Humanitarian Solidarity (SHS) • Building Foundation for Development (BFD).
--	--	---

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹³ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)¹⁴:

The affected communities were involved in the design of the project. UNICEF received feedback from the affected communities through the Post-Distribution Monitoring (PDM) of previous RRM actions. The feedback, collected through questionnaires included in the registration forms, was taken into consideration for the composition of the RRM packages and during the distribution process. In addition, volunteers from the affected communities were involved in the distribution of the RRM kits. PDM, conducted quarterly, was used to check the quality of the response and to gather feedback from the communities on the distribution process, partners' capacity, and the quality of the items provided. During the implementation of the WASH activities, third-party monitoring (TPM), WASH staff, and WASH facilitators directly engaged with communities and consulted beneficiaries in the targeted areas to gather feedback and strengthen effective communication and ensure transparency. IDPs were involved during the selection of water points and non-food items (NFIs) distribution. For the health and nutrition activities, the targeted communities were involved in all phases of the implementation. The community-based component was mainly delivered by CHNVs, who are from the same targeted communities and were selected in close collaboration with the leaders of the local villages, health facilities, and district health offices (DHOs). The locations targeted by the MTs were identified by community members and DHOs. Each MT had one CHVN working with the team in the daily sessions and played an important role in mobilizing the community prior to the sessions (i.e., tracking the defaulters of the management programmes and following up on the cases after the discharge). For the social casework, the trained social workers, with the support of community members, identified vulnerable children who required child protection services. The child and caregivers were consulted about the services their child would have liked to access and how they would have liked 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. The awareness creation materials were developed and updated through community consultation to ensure safety, dignity, and preferences in the context of inclusiveness and non-discrimination.

b. AAP Feedback and Complaint Mechanisms:

More than one complaint mechanism was in place during the implementation of the project. UNICEF has a grievance redressal mechanism (GRM) accessible to those wishing to file their complaint and channel their eventual dissatisfaction. UNICEF operates a Call Centre 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 to beneficiaries in the reported and hard-to-reach areas. All grievances were analyzed and referred for action which include the support provided by a case management team to those in need of verification. Community committees, complaints boxes, question desks,

¹³ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. 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](#).

¹⁴ 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](#).

and direct communication with programme staff or community volunteers were used to receive complaints or feedback during the project implementation. For the distribution of the RRM kits, once the packages were distributed to newly displaced families, complaint mechanisms were implemented by the distribution partners, including face-to-face, toll-free hotlines, and complaint boxes at distribution sites, to increase the visibility of the mechanisms. During the distribution of the packages, UNICEF ensured that each kit had a leaflet describing the component of the kits so that each family could identify and report any missing item through the complaint mechanism. For the WASH intervention in Ma'rib, grievances were received and addressed by Camp Leaders and Committee members, UNICEF facilitators, and TPM.

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

UNICEF performs a mandatory assessment of civil society organizations (CSO) implementing partners on their capacity for Protection from Sexual Exploitation and Abuse (PSEA). All the new partnerships with local CSOs are conditioned to the standard set of proved PSEA capacity. UNICEF staff have been undertaking sessions on how to conduct the PSEA assessment and capacity building when necessary, receiving an update on the mandatory assessment policy and procedure, and monitoring/follow-up. Child Protection implementing partners have their complaints mechanism to address beneficiaries' concerns on possible protection concerns and sexual exploitation and abuse. All partnership agreements with partners include a "do no harm" approach which was adopted during project implementation. RRM cluster partners are trained to receive PSEA complaints. During the distribution, explanation flyers regarding the type of service provided were shared at the distribution points including steps to follow and the hotline to use in case of any immediate concern or for registering any claim.

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

UNICEF used gender-disaggregated data to monitor and promote gender equity across the different stages of implementation. The health and nutrition activities equally targeted boys and girls under five, women and adolescent girls (with a special focus on pregnant and lactating women for some of the nutrition activities). All the community health and nutrition volunteers are women, which is a key contributing factor to promoting women empowerment among the targeted communities. The supported mobile teams and health facilities had at least one female health worker to provide the required services for mothers. The differentiated needs of women and young girls with respect to WASH services, including water fetching burden and gender-sensitive facilities, were systematically considered during the project implementation. The continuity of the water supply ensured people had safe access to water through the household connection and improved water sources closer to their houses. Water interventions in the IDP camps ensured the collection of water within the IDP camps, which reduced the risk of women and young girls' exposure to the risk of violence and abuse. Women and young girls were encouraged to participate and even lead community hygiene promotion activities and management of water points and report any water violence and abuse during water collection. To ensure and promote a safe, dignified, and gender-balanced approach during the implementation of child protection activities, UNICEF's partners incorporated and mainstreamed gender approach and encouraged participation and interaction amongst children of different ages and gender in the community-based interventions, including mental health and psychosocial support (MHPSS) and awareness-raising activities. A gender approach was mainstreamed through the registry and distribution of the RRM kits and was ensured by providing proper settings for the affected population in the targeted areas. As 16 percent of registered RRM caseloads are female-headed households, having female humanitarian workers in the teams ensured that more women and girls could be reached.

e. People with disabilities (PwD):

The WASH and RRM activities were mainstreamed to ensure priority accessibility for people with special needs, especially in the sites of distribution of basic hygiene kits and NFIs. The specific needs of PwD were catered for through the health and nutrition interventions by promoting equal access to health and nutrition services for boys and girls, including children with disabilities, through the use of community health and nutrition volunteers and mobile and outreach services which took the services closer to people with disability in hard-to-reach areas. Alternative measurements were adopted for children with disabilities e.g., mid-upper arm circumference (MUAC), weight for height, etc. in order to ensure inclusivity of service for all children under five. The child protection services promoted equal access for boys and girls, including children with disabilities and their caregivers, to access child protection services without any discrimination. In the context

of displacement, child protection services including MHPSS are crucial to the well-being of affected children. The need for CP services for boys and girls has been seen as equal; however, CP service providers tend to focus on more vulnerable populations, such as girls. The participation of boys, including adolescents, is limited due to traditional perceptions of masculinity, leading to less use of CP services such as MHPSS by boys.

f. Protection:

The interventions were designed considering the protection of all beneficiaries who received support through UNICEF's implementing partners. WASH and health facilities considered the accessibility and safety of girls and women and ensured services for all. 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 intervention 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 acceptance. RRM partners previously received relevant training throughout the respective clusters. A protection focal point was part of the registry team and oversaw the distribution process. Furthermore, relevant protection questions were included in the registration forms and the PDM questionnaires. Protection was mainstreamed in the nutrition activities as follows:

Mobile Teams:

- locations of the services delivery were selected by the community members to ensure safe and suitable access for beneficiaries.
- Each mobile team had at least one female health worker to increase access to women.
- Community volunteers (all females)– when available in the location – supported the MT session.

TFCs:

- All the TFCs are in public hospitals and health centres which are believed to be protected and safe from targeting.
- All TFCs have female health workers
- Only mothers / female caregivers were allowed to stay all the time with the admitted children, so privacy and a safe place for breastfeeding were ensured.

g. Education:

The project included a component of capacity building for the health workers on the nutrition programme which aimed to enhance the technical knowledge and improve the practical skills of the service providers to deliver quality services. A total of 180 health workers were trained in Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding. Under the CP component, the interventions focused on building the capacity of the social workers to provide quality case management services for children who received case management support including identification and referrals.

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	

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, Nutrition, and Child Protection responses. The activities relied on the first-line response for newly displaced, health and nutrition service delivery support, water supply rehabilitation, and group-based service provisions 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.

9. Visibility of CERF-funded Activities

Title	Weblink
Press release– 21 Mar 2022-EN	https://uni.cf/3wtcs2a
Press release- 21 Mar 2022- AR	https://uni.cf/3L9yivT
Twitter – 17 Aug2022 - EN	https://twitter.com/UNICEF_Yemen/status/1559978373253849089
Twitter – 17 Aug 2022 - EN	https://twitter.com/UNICEF_Yemen/status/1559968314696269824
Facebook – 17 Aug 2022- EN	https://www.facebook.com/unicefyemen/posts/pfbid0wXBRXueGdSqooEYT8eBaQKhNS6U1VjwFX7pE6hs39o9pLkZ91nrxzuxNguJda1Dvl
Facebook – 17 Aug 2022 -AR	https://www.facebook.com/unicefyemen/posts/pfbid04WMHmnyCUPNY1SzvEhd427aXg9YfiF7siYQqLs4C32cLYeSddg9WbKaJMgLA35bhl
Human Interest Story 17 August 2022 -EN	https://www.unicef.org/yemen/stories/training-health-workers-improves-children-immunization-services
Twitter – 4 Sep 2022 - EN	https://twitter.com/UNICEF_Yemen/status/1566425854783041537
Twitter – 4 Sep 2022- AR	https://twitter.com/UNICEF_Yemen/status/1566410751778095105
Facebook – 4 Sep 2022- EN/AR	https://www.facebook.com/unicefyemen/posts/pfbid0CUYEYqH8zxbpk5g8BY5Q4b2kUhgPsHxtdS7e19cufGSSgfm79pR2QvDeoPUhjxwpl
Instagram – 4 Sep 2022	https://www.instagram.com/p/CiFI-QdtVI7/?utm_source=ig_web_copy_link

3.6 Project Report 22-RR-WFP-006

1. Project Information			
Agency:	WFP		Country: Yemen
Sector/cluster:	Nutrition Common Services - Humanitarian Air Services Food Security - Food Assistance		CERF project code: 22-RR-WFP-006
Project title:	Stock replenishment of emergency rations to IDPs, deliver nutrition treatment and prevention activities for children and PLWGs, and provide humanitarian air services in Yemen.		
Start date:	01/02/2022	End date:	31/07/2022
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\$ 57,000,000
	Total funding received for agency's sector response to current emergency:		US\$ 2,721,000
	Amount received from CERF:		US\$ 2,721,000
	Total CERF funds sub-granted to implementing partners:		US\$ 179,999
	Government Partners		US\$ 0
	International NGOs		US\$ 0
	National NGOs		US\$ 179,999
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Under this US\$ 2.7 million CERF UFE grant, WFP was enabled to continue the provision of assistance to the most vulnerable populations across Yemen through a multi-pronged approach. This encompassed three main activities: 1) Food Security Assistance through the activation of the Rapid Response Mechanism, which ensured the replenishment and distribution of food stocks to enable an immediate emergency response to the most urgent needs of newly displaced populations; 2) Moderate Acute Malnutrition (MAM) prevention and treatment assistance to children and pregnant and lactating women and girls (PLWGs) through the procurement, dispatch, and distribution of specialized nutrition commodities; 3) UNHAS.

During the reporting period (1 February – 31 July 2022), WFP reached 114,274 beneficiaries with food assistance through the Rapid Response Mechanism (RRM) component, 34,516 children and PLWGs through nutrition assistance, and continued operating the critical common air services for the entire humanitarian community in Yemen through UNHAS.

3. Changes and Amendments

During the reporting period, WFP experienced some challenges which did not lead to significant changes in the implementation of activities. These elements are explained below:

Shortages in specialized Nutrition commodities: At the end of the reporting period, WFP experienced some challenges in the supply of specialized nutrition commodities from the only authorized supplier for LNS Nutriset in the north due to contamination of some production lines with salmonella. While the issue was tackled by Nutriset and did not affect any of the stock received by WFP, the production, and delivery of LNS were suspended for several weeks. The commodities procured with CERF funding were delivered before the problem occurred, but this challenged the overall activity delivery.

Fuel: The Ukraine war led to an increase in fuel costs and the UNHAS operational costs increased. This did not impact the correct delivery of the flight plan.

Truce: the truce which started in April 2022 eased access constraints and allowed us to deliver the activities smoothly.

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	Nutrition									
Category	Women	Men	Girls	Boys	Planned Total	Women	Men	Girls	Boys	Reached 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 ¹⁵	16,098	0	9,264	9,154	34,516	16,098	0	9,106	9,312	34,516
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	16,098	0	9,264	9,154	34,516	16,098	0	9,106	9,312	34,516

People with disabilities (PWD) out of the total

	2,415	0	1,390	1,373	5,178	2,536	0	1,365	1,396	5,297
--	-------	---	-------	-------	-------	-------	---	-------	-------	-------

¹⁵ Figures communicated in this row include beneficiaries targeted under Blanket Supplementary Feeding and Targeted Supplementary Feeding programmes. Under BSFP, WFP reached 12,136 women, 4,682 girls and 4,853 boys. Under TSFP, WFP reached 3,962 Women, 4,424 Girls and 4,459 Boys.

* 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	Food Security - Food Assistance									
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	28,356	26,175	28,356	26,175	109,062	29,711	27,426	29,711	27,426	114,274
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	28,356	26,175	28,356	26,175	109,062	29,711	27,426	29,711	27,426	114,274
People with disabilities (PWD) out of the total										
	4,253	3,926	4,253	3,926	16,358	4,456	4,113	4,456	4,113	17,138

* 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

Not applicable

6. CERF Results Framework

Project objective	Replenish the stocks of immediate assistance food kits to newly displaced, provide vulnerable children and PLWGs with MAM treatment and prevention, and provide safe and reliable air services.
--------------------------	---

Output 1	109,062 Newly displaced persons in Ma'rib Governorate receive RRM kits within 72 hours of displacement alert
-----------------	--

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

Sector/cluster	Food Security - Food Assistance			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	Number of RRM kits procured and pre-positioned to distribution sites	21,300	22,318	FRNs issued from WFP Programme to WFP Supply chain to deliver the kits to UNFPA warehouses
Indicator 1.2	Number of RRM kits distributed to the newly displaced families	21,300	22,318	UFNFPA Report, UNFPA is the Rapid Response Mechanism lead
Indicator 1.3	FN.1a Number of people receiving food (RRM)	109,062	114,274	UFNFPA Report, UNFPA is the Rapid Response Mechanism lead
Indicator 1.4	FN.1b Quantity of food assistance distributed in MT (RRM)	275.9	275.85	UFNFPA Report, UNFPA is the Rapid Response Mechanism lead
Indicator 1.5	% of RRM kit distributions carried out within 72 hours of displacement alert	100	100	UFNFPA Report, UNFPA is the Rapid Response Mechanism lead
Explanation of output and indicators variance:		IRR kit weight is 12.36 kg. Results are in line with the targets.		
Activities	Description	Implemented by		
Activity 1.1	Procure and pre-position IRRs	WFP procured the kits, UNFPA prepositioned them		
Activity 1.2	Distribute RRM kits to the newly displaced families	UNFPA		
Activity 1.3	Monitor the activity	UNFPA		

Output 2	Treat and prevent acute malnutrition through the distribution of specialized nutritious food to 35,516 children and PLWGs.
-----------------	--

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

Sector/cluster	Nutrition			
Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.1 Number of people enrolled in MAM prevention programme	21,671	20,770	CPDRs

* 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.

	(specialized nutrition transfers to prevent acute malnutrition)			
Indicator 2.2	N.2a Number of people admitted in MAM treatment programme (specialized nutrition transfers to treat acute malnutrition)	12,845	11,507	CMAM monthly report
Indicator 2.3	FN.1b Quantity of food assistance distributed in MT (specialized nutritious foods provided)	367.3	367	CPDRs

Explanation of output and indicators variance: Results in line with the targets

Activities	Description	Implemented by
Activity 2.1	Procure and dispatch specialized nutrition commodities	WFP
Activity 2.2	Children aged 6–23 months and PLWG receive specialized nutritious foods that prevent acute malnutrition.	BFD and HA
Activity 2.3	Children aged 6–59 months and PLWG receive specialized nutritious foods that treat moderate acute malnutrition.	MoPHP, BFD, HA
Activity 2.4	Monitor the activity	TPM and WFP Field Monitors

Output 3 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 3.1	CS.4 Number of passengers transported	1,600 pax/month	1,598	UNHAS Reports
Indicator 3.2	Percentage of bookings served against requested	100 percent	100	UNHAS Reports

Explanation of output and indicators variance: Results in line with the targets

Activities	Description	Implemented by
Activity 3.1	Conduct regular flights as per the monthly flight schedule	WFP

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁶ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

¹⁶ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. 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](#).

* 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.

how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.

a. Accountability to Affected People (AAP) ¹⁷:

WFP undertakes process, output, and outcome monitoring of its activities through systematic data collection tools to assess the effectiveness of the assistance and ensure evidence-based decision-making. Output monitoring is based on quantitative information provided by partners monthly. Process monitoring is carried out through on-site visits to collect observations from partners and beneficiaries on the quality of the implementation. Food security outcome monitoring is based on data collected through post-distribution monitoring (PDM) interviews. Through the beneficiary verification mechanism (BVM), WFP aims to further strengthen its oversight over distribution processes and beneficiaries' management through outgoing phone calls to beneficiaries. The primary mandate of the BVM system is to verify that assistance consistently reaches the intended beneficiaries and create additional avenues to obtain beneficiaries' feedback on the access to assistance and the entitlements received.

b. AAP Feedback and Complaint Mechanisms:

As part of the efforts to remain accountable to the assisted populations, WFP and its cooperating partners continue strengthening beneficiaries' awareness of the assistance they receive, while developing avenues to promote beneficiaries' participation and channelling their feedback.

To ensure that WFP can effectively reach key stakeholders and the most vulnerable members of the community, WFP has a Complaints and Feedback Mechanism (CFM) to provide a direct channel for the interface. The CFM not only aims at strengthening accountability to communities but also at identifying issues and concerns related to the delivery of WFP assistance, thereby fostering continuous learning and better-quality programming.

The CFM consists of a toll-free hotline that is accessible from all telecommunication networks across the country. It is operated by dedicated WFP staff, including male and female operators. Calls are logged directly into an online database and each case is given an automated unique reference code that conceals the caller's personal information. There is a daily escalation of cases to different functional units and area offices that are responsible for actioning raised cases, with process flows and responsibilities defined in CFM Standard Operating Procedures.

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

WFP has zero tolerance for sexual exploitation and abuse and the corporate policies are in place for both WFP employees and its partners. Any SEA-related complaints are received by appointed and trained PSEA focal points at the Country, Area, or Field office level, through the hotline or directly to the OIG Hotline while ensuring that all employees and SEA Focal Points/Alternates maintain the confidentiality of all reported allegations, including the identity of complainant/s and subject/s.

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

Ensuring equal access for women and men to distribution sites is crucial. WFP is responding to the challenges faced by women due to ongoing insecurity. Examples include the formation of community-based food assistance committees with at least 50 percent of women members and organizing distributions with either specific days for women to collect their entitlements or separate queues for women and men to avoid any gender-based violence. WFP and Partner staff receive regular awareness sessions and training on PSEA highlighting their responsibility and obligation to adhere to WFP's corporate PSEA policy including reporting any type of misconduct through the formal reporting channels. WFP's partners are encouraged to have female staff undertake the verification of beneficiaries and issuance of vouchers. Furthermore, WFP seeks to empower women by making them the recipients of food assistance although male family members assist in picking up the food from the distribution points.

e. People with disabilities (PwD):

¹⁷ 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](#).

* 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.

Disability inclusion is one of WFP's Global priorities. WFP is committed that no one being left behind, specifically the vulnerable groups including persons with disabilities by including them in its beneficiary targeting exercises and enrolling them in programmes covering their needs.

f. Protection:

WFP's food assistance is designed and implemented in ways that contribute to the safety, dignity, and integrity of all persons with respect for people's needs, rights, and capacities. WFP developed the Yemen Protection and Accountability Strategy in 2021. The strategy will help in integrating Protection across all WFP activities and operations to expand the impact of food assistance. WFP recognizes its crucial role in identifying Protection risks associated with hunger and makes the necessary arrangements to mitigate and respond to them. Food assistance is a preventive and mitigative measure for the affected populations' exposure to further risks and resorting to negative coping mechanisms. It ensures people's safety and preserves their dignity.

WFP has also taken active steps to protect beneficiary data, through the introduction of the biometric registration (SCOPE) and assistance mechanism in addition to strict data-sharing policy in its agreements with Cooperating Partners and other external actors. WFP has also expanded its CFM scope by recruiting additional hotline operators to receive complaints, refer cases to relevant units and provide timely and meaningful feedback to the affected populations.

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

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post about Donor support to UNHAS	https://twitter.com/WFP_MENA/status/1535205129758027776
Twitter post about Donor support to UNHAS	https://twitter.com/GccWfp/status/1536219708692869121

* 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.

3.7 Project Report 22-RR-WHO-004Project Report 22-RR-WHO-004

1. Project Information			
Agency:	WHO	Country:	Yemen
Sector/cluster:	Nutrition Health	CERF project code:	22-RR-WHO-004
Project title:	Provision of lifesaving Trauma and Nutrition care services in response to the conflict in Ma'rib.		
Start date:	21/02/2022	End date:	20/08/2022
Project revisions:	No-cost extension <input type="checkbox"/>	Redeployment of funds <input checked="" 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\$ 800,000
	Total CERF funds sub-granted to implementing partners:		US\$ 118,526
	Government Partners		US\$ 0
	International NGOs		0
	National NGOs		US\$118,526
	Red Cross/Crescent Organisation		US\$ 0

2. Project Results Summary/Overall Performance

Nutrition Sector:

With the support granted from the CERF RR fund, WHO managed to reach 932 children with lifesaving services in the 6 supported TFCs and the pediatric wards linked to them in Ma'rib . Through WHO supported nutrition surveillance system in 6 sentinel sites and 10 mobile teams in Ma'rib, 1,552 children under five were screened for all forms of malnutrition, 37 % of them were referred for proper management in different health and nutrition services in the 6 supported hospitals. WHO assured the service quality by adhering to WHO norms and standards by providing continuous capacity building and supporting regular monthly monitoring and supportive supervision by DHO/GHO focal points as well as WHO hubs and central technical and M&E officers. During the project period, WHO covered the operation cost in the 6 supported TFCs, enabling quality service provision of case management for 932 children and a better accommodation environment for 932 accompanying caregivers. This operation cost payment covered the payment of the basic laboratory tests for the admitted children, provision of caregivers 3 meals over the hospital stays, WASH admission kits to provide basic sanitation and change of clothes ensure a dignified stay in the TFCs for the admitted children and their caregivers. To ensure the continuum of care in these TFCs, WHO, with the support from CERF RR fund, secured the incentives payment for 93 health workers for 6 months. The lifesaving support in these TFCs extended to provide counselling sessions on infant and young children feeding (IYCF) and mental health and psychosocial support (MHPSS). This project thus

* 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.

assisted a total of 1,864 children and caregivers with critical lifesaving services and counselling in addition to 1,2 screened children and allowed for maintaining the malnutrition indicators within SPHERE standards in Ma'rib during the project period. These 6 TFCs covers districts identified amongst the high priority areas for food insecurity, acute malnutrition and conflict affected.

Health Sector:

Ma'rib governorate is one of the most affected areas by the conflict and has the highest IDP population in the country. With generous support from CERF, WHO supported the two main hospitals in Ma'rib city and Ma'rib Al Wadi providing essential emergency care and supporting the referral system under the Minimal Service Package (MSP) in both districts. WHO deployed 2 surgical teams at Ma'rib General Hospital in Ma'rib City and Karaa Hospital in Ma'rib Al Wadi and supported 3 ambulances at each hospital. Whilst the ambulance system significantly increased the capacity to refer emergency cases from the community and primary health care facilities run by par to the hospitals, the deployment of the surgical teams increased the capacity of both hospitals to cope with the increased workload and to treat critical cases timely.

WHO also contracted YFCA to provide essential trauma and emergency care services in Ma'rib General Hospital and Karaa Hospital after a rapid need that specifically considered the status of health infrastructure and interventions in health service provision by other partners as much as key considerations for gender and protection mainstreaming. YFCA was funded by WHO for 2 months (the 15th of June till the 15th of August 2022) to support the emergency and referred system following the rainfalls and floods that occurred in Ma'rib during early August, which increased the needs of the IDP populations. YFCA recruited 14 health workers from different specialties to scale up emergency care provided in the emergency rooms and OTs. Furthermore, YFCA procured essential medicines and medical supplies to the supported health facilities. YFCA also recruited a referral focal point to coordinate trauma and medical cases management within IDP camps within the hospitals catchment population and eased the process of patients' transportation through the provision of registries and equipment. Capacities were further enhanced by the recruitment of additional ambulance drivers to secure services 24/7 and the provision of regular maintenance, spare parts, and fuel.

YFCA health staff were equally selected from both genders to ensure that the delivered health services are culturally appropriate for females and males of all ages, including older people and people with a disability. Concerning the implementation of the project activities, YFCA coordinated directly with local authorities and other Implementing partners through the health cluster to avoid any support duplication.

Through both modalities of support, DI from June-August 2022 and contracting YFCA from 17 July -15 August 2022, a total of 2078 surgeries were conducted, and 222 cases were referred via a supported referral system.

Fuel provision to HFs:

The ongoing conflict in Yemen, especially in Ma'rib governorate, interrupted the supplies of fuel and electricity for secondary health structures and thus affected the provision of emergency, trauma and critical care (ICUs) Scarcity of fuel in local markets also meant that hospitals were unable to run standby generators which impacted care, especially for casualties and injuries. WHO provided 57,600 liters of fuel to 4 below-listed hospitals in Ma'rib governorate for 6 months, from March-August 2022, to ensure the availability of lifesaving healthcare services at these hospitals.

* 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.

3. Changes and Amendments

WHO has requested a reprogramming of activities and a redeployment of funds of the CERF-funded grant 22- R-WHO-004 on 22nd May 2022 and endorsed by UNCERF on 29th May 2022. The request for a reprogramming of activities has already been discussed with and endorsed by the Yemen Health Cluster coordination team. WHO mobilized efforts and complement with other funding opportunities to continue provision of lifesaving Trauma care services and referral pathway in conflict affected districts in Ma'rib. WHO suggested reprogramming the budget lines for the activities of deployment of two surgical teams and operational costs for six ambulances in the North towards a new payment mechanism that be used for trauma care team through an NGO implementing partner (YFCA).

* 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*¹⁸

Sector/cluster	Health									
Category	Women	Men	Planned Girls	Boys	Total	Women	Men	Reached 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	318	855	140	241	1,554	1,713	1,636	1,225	1,323	5,897
Host communities	502	1,345	220	379	2,446	1,671	1,678	653	759	4,761
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	820	2,200	360	620	4,000	3,384	3,314	1,878	2,082	10,658

People with disabilities (PwD) out of the total: the total of people with disabilities who benefit from the project = 544 people

	0	0	0	0	0	120	103	158	163	544
Sector/cluster	Nutrition									
Category	Women	Men	Planned Girls	Boys	Total	Women	Men	Reached 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	229	26	132	122	509	745	0	387	357	1,489
Host communities	425	47	246	227	945	187	0	98	90	375
Other affected people	0	0	0	0	0	0	0	0	0	0
Total	654	73	378	349	1,454	932	0	485	447	1,864

People with disabilities (PwD) out of the total 280

	0	0	0	0	0	0	0	146	134	280
--	---	---	---	---	---	---	---	-----	-----	-----

¹⁸ The total beneficiaries in the HFs that supported with fuel was 147,138 People during the months from March to Aug 2022 (Please refer to Annex 4 list of HFs supported with fuel).

5. People Indirectly Targeted by the Project

The total indirect beneficiaries under the health component were 858,080 population, and the total IDPs were 760,094 population. As for the nutrition component, the total indirect beneficiaries under the nutrition component were 68,820 children under five, they will benefit indirectly from the project. Approximately, 49,000 are IDPs. Therefore, the total of indirect beneficiaries under this project was 953.2 K of the population, and around 752 K were IDPs.

6. CERF Results Framework

Project objective	Providing lifesaving Trauma care services and referral pathway in conflict affected districts in Ma'rib.			
Output 1	Lifesaving Trauma care services and referral pathway are available and accessible to conflict affected people in Ma'rib.			
Was the planned output changed through a reprogramming after the application stage?			Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Sector/cluster	Health			
Indicators	Description	Target	Achieved	Source of verification
Indicator 1.1	H.2 Number of people benefiting from surgical procedures for trauma	2,000	2,078	M&E MoPHP technical reports and YFCA technical reports.
Indicator 1.2	# of Trauma cases referred from scene to hospitals and to higher level of services by Ambulance.	2,000	222	M&E MoPHP technical reports and YFCA technical reports.
Explanation of output and indicators variance:		<p>WHO has reprogrammed this component and redeployment of funds (Please refer to reprogramming request approved by CERF)</p> <p>Deployment of Surgical Teams: Through this project, WHO planned to deploy four surgical teams (indicator 1.1: Nmber of Major and Minor Surgical Interventions conducted). However, at this stage, WHO has recruited only two such surgical teams in Ma'rib General Hospital and Kara Hospital. The planned support for the other two surgical teams at Harib and 26 September Hospitals, respectively, was denied by Sana'a Ministry of Health (MoH), who did not agree with the incentive payment rate for surgical team and ambulance support proposed and approved in the project. The MoH asked to increase the incentives by more than 50 per cent over the current rate, which does not comply with WHO regulations. For this reason, two surgical teams were not deployed in the selected health facilities as per the planned activities.</p> <p>Ambulances Operational costs: WHO also planned to provide operational costs for 12 ambulance vehicles (indicator 1.2: Number of Trauma cases referred from scene to hospitals and to higher level of services by Ambulance). However, a similar challenge occurred in relation to the planned support for the operational costs for six ambulances and the support can therefore not be provided. WHO will only support the referral system through provision of operational</p>		

		costs of six ambulances (three at Ma' rib general Hospital and three at Kara Hospital). This support started on 01 May 2022, due to a delay in obtaining the required approvals and supporting documents, including list of staff from MoH.
--	--	---

Activities	Description	Implemented by
Activity 1.1	Deploy 4 Surgical teams in Ma' rib General Hospitals, Kara Hospital, 26 Sept. Hospital and Hareeb Hospital (one team in each hospital).	WHO Yemen
Activity 1.2	Provide operational cost for 12 Ambulance vehicles	WHO Yemen
Activity 1.3	Provide fuel to targeted hospitals to ensure continuity of patient care	WHO Yemen

Output 2	Lifesaving nutrition service are maintained and accessible to affected children by Severe acute malnutrition with medical complication
-----------------	--

Was the planned output changed through a reprogramming after the application stage?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
--	---	-----------------------------

Sector/cluster	Nutrition
-----------------------	-----------

Indicators	Description	Target	Achieved	Source of verification
Indicator 2.1	N.3a Number of severely acutely malnourished people admitted to therapeutic feeding programme (children 0-59 months) 80% of the caseload (6,879 children) in 6 months	727	932 In addition, 1,552 children under five were screened for all forms of malnutrition where 37 % of them were referred for proper management in different health and nutrition services in the 6 supported hospitals	[TFCs monthly reports, M&E report]
Indicator 2.2	N.6 Number of people benefitting training and/or community awareness sessions on infant and young child feeding in emergencies	727	932	[TFCs monthly reports, M&E report]
Indicator 2.3	N.3b Percentage of people who were admitted for SAM treatment who recovered	98%	96%	[TFCs monthly reports, M&E report]

Explanation of output and indicators variance:	The achievement rate for the admission cases is more than 100%, this is mostly due to the increase screening in Ma' rib during the project period which increased the utilization rate in these hospitals.
---	--

Activities	Description	Implemented by
Activity 2.1	Sustain service delivery through incentive payment	WHO
Activity 2.2	Sustain operation cost of service free of charge for the most vulnerable population (admission kits, drinking water, meals for caregivers, transportation, stationery, cleaning materials, oxygen and gas refilling)	WHO

Activity 2.3	Equip a rehabilitated TFC closed because of damage reopen in an area with very high need (kitchenware, beds and accessories, refrigerators, minor rehabilitation work)	WHO
--------------	--	-----

7. Effective Programming

CERF expects partners to integrate and give due consideration to cross-cutting issues such as Accountability to Affected People (AAP), Protection from Sexual Exploitation and Abuse (PSEA), People with disabilities (PwD), Centrality of Protection as well as Gender and Age. In addition, the Emergency Relief Coordinator (ERC) has identified four underfunded priority areas¹⁹ often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate how cross-cutting issues and the ERC's four underfunded priority areas have been addressed through project activities and should highlight the achieved impact wherever possible.**

a. Accountability to Affected People (AAP)²⁰:

The WHO considers Accountability to Affected People (AAP) as a priority and commitment to ensure that individuals and communities are meaningfully and continuously involved in decisions that directly impact their lives. Thereupon, the WHO adopts an institutional strategy for scaling up AAP and strengthening the accountability concept at all stages of the project cycle. Therefore, the WHO implemented multiple mechanisms to engage the beneficiaries in the project cycles and to enable communities to report their feedback about the project activities:

1. The WHO implemented the project activities based on actual gaps identified by WHO technical team on the ground, in close collaboration with local authorities that are represented in the ministry of health and affected communities. The WHO reviewed the requests list raised by the ministry of health and engaged with them in several meetings to revise the raised requests and approved the eligible and priority requests.
2. The monitoring and evaluation team (M&E team) conducts continuous assessments through field visits to track the project activities progress and assess the impact of the support on the health facilities' performance. In the last survey, the M&E team carried out interviews with the beneficiaries to assess their satisfaction with the services provided, where 86% of the beneficiaries reported that they are satisfied with the care received and 80% of the beneficiaries were satisfied with the health facilities environments.
3. To increase accountability toward the affected people, WHO established a complaint mechanism to consolidate the engagement of beneficiaries and encourage them to raise their comments. They can raise their complaints and suggestions directly over the complaint channels. Toll-free number 8004090, Email: YEMgrmehnp@who.int, WHO social media. During the project period, the GRM Officer

The WHO is supporting and encouraging health facilities to establish GRM boxes in the facilities. The M&E officers noted that there were more than 64% of the visited health facilities had GRM box, while 34% of the mothers were aware of the GRM boxes. The low percentage of using the GRM is due to high illiteracy, particularly among Yemeni women, so they can't use the GRM. So, the M&E officers will encourage the HFs to establish GRM boxes and educate the mothers about the aim of these boxes during their field visits. Also, during the field visits, the M&E team conduct an interview with the mothers and ask them about their satisfaction with services, staff behaviours, and hospital environment.

¹⁹ These areas include: support for women and girls, including tackling gender-based violence, sexual and reproductive health and empowerment; programmes targeting people with disabilities; education in protracted crises; and other aspects of protection. The ERC recommended an increased focus on these four areas to ensure that they be given due consideration by RC/HCs and UNCTs/HCTs when prioritizing life-saving needs for inclusion in CERF requests. 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](#).

²⁰ 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](#).

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.

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 a 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 the facility level, and through the 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. The M&E unit has conducted health facility visits and accomplished spot checks on the records to assess the numbers of women and girls benefiting from the project, 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 ultimate 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 existing 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 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 deliver specific services for girls and women (i.e., ante-natal care) which consequently 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

8. Cash and Voucher Assistance (CVA)

Use of Cash and Voucher Assistance (CVA)?

Planned	Achieved	Total number of people receiving cash assistance:
No	Choose an item.	

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.

9. Visibility of CERF-funded Activities

Title	Weblink
WASH Support	<p>Twitter English: pic.twitter.com/onpxBpxrfk</p> <p>Arabic Twitter: https://t.co/KBEMaEVdqG</p> <p>Facebook: منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Fuel Supply	<p>Twitter English: https://t.co/PnMotRzxKK</p> <p>Twitter Arabic: https://t.co/lB9w7stC1c</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Trauma Care Ma'rib	<p>Twitter English: https://t.co/dFK5NhvzIO</p> <p>Twitter Arabic: https://t.co/lD4qQmQBOW</p> <p>Facebook: (2) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Incentive Payments (HCWs)	<p>Twitter English: https://t.co/qRKz03YujW</p>

	<p>Twitter Arabic: https://t.co/2DanBWluN</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Nutrition Services	<p>Twitter English: https://t.co/pr5U21cz42</p> <p>Twitter Arabic: https://t.co/zKHvzTt7H</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
TFCs	<p>Twitter English: https://t.co/tD6XQ35cMt</p> <p>Twitter Arabic: http://bit.ly/3ERyDTm</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Trauma Care	<p>Twitter English: https://t.co/8tkXz32l7p</p> <p>Twitter Arabic: https://t.co/w5whKBekJq</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Fuel Supply/ Maintaining Essential Services	<p>Twitter English: https://t.co/r9rKSalhEV</p> <p>Twitter Arabic: https://t.co/1RtgcSBL2j</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Nutrition Support	<p>Twitter English: https://t.co/3LEBaPXEug</p> <p>Twitter Arabic: https://t.co/TWgAxezha2</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p>
Video Impact	<p>Twitter English: https://t.co/LHh4ByLOTo</p> <p>Twitter Arabic: https://t.co/nM4JxiMqNI</p> <p>YouTube English: (684) WHO and UNCERF Supporting Yemen's right to health. - YouTube</p> <p>YouTube Arabic: https://www.youtube.com/watch?v=gob_gqtCvul</p> <p>Facebook Arabic: (1) Facebook</p>

	Facebook English: (1) Facebook
<p>Story Nutrition</p> <p>Attached is the full PHOTO STORY (PDF)</p>	<p>Twitter English: https://t.co/ADnpx8bVja</p> <p>Twitter Arabic: https://t.co/rBIB5maRhP</p> <p>Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts Facebook</p> <p>Web Arabic: https://t.co/yQzqaV5GpQ</p> <p>Web English: https://t.co/bWVDo68kkJ</p>

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-CEF-005	Health	UNICEF	GOV	\$ 344,663
22-RR-CEF-005	Health	UNICEF	GOV	\$ 180,983
22-RR-CEF-005	Health	UNICEF	GOV	\$ 102,639
22-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	GOV	\$ 81,400
22-RR-CEF-005	Water, Sanitation and Hygiene	UNICEF	GOV	\$ 74,768
22-RR-CEF-005	Child Protection	UNICEF	GOV	\$ 50,937
22-RR-CEF-005	Child Protection	UNICEF	GOV	\$ 191,848
22-RR-CEF-005	Child Protection	UNICEF	INGO	\$ 105,547
22-RR-CEF-005	Child Protection	UNICEF	NNGO	\$ 75,017
22-RR-CEF-005	Child Protection	UNICEF	NNGO	\$ 57,430
22-RR-CEF-005	Nutrition	UNICEF	GOV	\$ 18,829
22-RR-CEF-005	Nutrition	UNICEF	GOV	\$ 12,676
22-RR-CEF-005	Nutrition	UNICEF	GOV	\$ 97,911
22-RR-CEF-005	Nutrition	UNICEF	GOV	\$ 100,597
22-RR-WHO-004	Health	WHO	NNGO	\$ 118,526
22-RR-WFP-006	Nutrition	WFP	NNGO	\$ 10,947
22-RR-WFP-006	Nutrition	WFP	NNGO	\$ 169,052
22-RR-FPA-003	Health	UNFPA	NNGO	\$ 803,103
22-RR-FPA-003	Health	UNFPA	NNGO	\$ 115,611
22-RR-FPA-003	Gender-Based Violence	UNFPA	NNGO	\$ 580,340
22-RR-HCR-003	Protection	UNHCR	NNGO	\$ 324,261
22-RR-HCR-003	Protection	UNHCR	NNGO	\$ 354,739