CERF ALLOCATION REPORT ON THE
USE OF FUNDS AND ACHIEVED RESULTS

YEMEN
RAPID RESPONSE
ECONOMIC DISRUPTION
2022

22-RR-YEM-52742

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PART I – ALLOCATION OVERVIEW

Reporting Process and Consultation Summary:	
Please indicate when the After-Action Review (AAR) was conducted and who participated.	**19 Feb 2023**

The AAR was conducted on 19 February 2023. OCHA chaired the meeting both in person and online to include people outside the country. The meeting was attended by 11 participants representing United Nations Children's Fund (UNICEF), International Organization for Migration (IOM), United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), World Health Organization (WHO), and Food and Agriculture Organization (FAO). The CERF contribution to the humanitarian response in Yemen, its achievements and challenges were discussed openly.

Please confirm that the report on the use of CERF funds was discussed with the Humanitarian and/or UN Country Team (HCT/UNCT).	Yes ☒	No ☐
Please confirm that the final version of this report was shared for review with in-country stakeholders (i.e. the CERF recipient agencies and their implementing partners, cluster/sector coordinators and members and relevant government counterparts)?	Yes ☒	No ☐

1. STRATEGIC PRIORITIZATION

Statement by the Resident/Humanitarian Coordinator:

This US$ 20 million CERF allocation provided critical lifesaving assistance to some 827,355 highly food insecure people in IPC 4 and IPC 5 areas of Hajjah, Hodeidah, and Taiz Governorates, relying on the IFRR mechanism for prioritization. The impact of the integrated health, nutrition, WASH, food security, cash assistance, and protection services accompanied with complementary bilateral funding has positively resulted a reduction of food insecure people, with no areas classified as IPC 5 in 2023.

This CERF grant was pivotal in providing integrated lifesaving support to communities in need, thus reducing food insecurity through the provision of multi-purpose cash assistance to some 119,802 beneficiaries, This assistance allowed vulnerable households to afford food, purchase goods, and access services, while simultaneously creating a positive impact on displaced populations and the host community, further strengthening local economies and contributing to market development, a critical aspect in the Yemen context. Importantly, the CERF grant contributed to the improvement of the livelihood conditions of the women and girls in these areas; increased protection, and reduced vulnerability to GBV. It also ensured effective safe referral pathways for GBV cases.

CERF's Added Value:

This CERF grant has had a threefold impact. First, it has contributed to alleviate the suffering of the affected populations in IFRR (Integrated Famine Risk Reduction) priority districts in three Governorates (Hajjah, Hodeida and Taiz), which in addition to the grave food insecurity and acute malnutrition situation, have the highest concentration of Internally Displaced Persons (IDPs). Second, the CERF funding allowed fast and timely support to emergency interventions in the targeted districts, such as Primary Health Care and Child protection activities. Third, it enabled the continuation of critical lifesaving interventions and responded to the sudden discontinuation of basic services, and a rapidly deteriorating security situation and economic crisis.

With this funding, the women and girls' safe spaces (WGSS) allowed immediate access to GBV protection services for thousands of vulnerable women and girls. The targeted locations were supported with multi-sectorial live-saving assistance to both IDPs and host community, thus addressing their minimum basic needs including food, health, water, transportation, and rent through cash support. WFP, WHO and UNICEF provided integrated nutrition services. Furthermore, the allocation enabled life-saving health and nutrition service delivery, as part of the roll out of the IFRR response plan.

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

Yes ☒ Partially ☐ No ☐

All UN recipients confirmed that as soon as the projects were approved, they were able to immediately begin delivery of assistance through joint efforts. CERF allowed provision of vital services for a significant caseload, especially the provision of nutrition services for children at risk of slipping from MAM to SAM or from SAM to SAM in-patient . Recent displacements (due to both conflict and floods) were promptly supported with cash and voucher assistance to meet IDPs' minimum basic needs including food, health, water, and transportation. In the AAR, participants acknowledged the critical role of CERF as a fast delivery funding mechanism, which allowed them to immediately run emergency activities, such as water trucking, TFC support and other health interventions.

Did CERF funds help respond to time-critical needs?

Yes ☒ Partially ☐ No ☐

This CERF grant positively responded to the most vulnerable districts at risk of acute food insecurity (IPC 5) by providing urgent food security, livelihood and nutrition support, and preventing areas in IPC 4 from further slipping into IPC 5. The timeliness of multi-purpose cash assistance (MPCA) was critical and lifesaving for the targeted beneficiaries. As a result, fewer households had to borrow money

to cover their household needs. According to IOM post-distribution monitoring (PDM), 100% reported that food was a primary essential good that they were able to purchase with this assistance and 96% of respondents said that MPCA was the appropriate modality for them to receive the assistance. CERF maintained the continuity of primary health care (PHC) in facilities where critical services (ie. Reproductive health care) were at risk of scaling down.

Did CERF improve coordination amongst the humanitarian community?

Yes ☒ Partially ☐ No ☐

The CERF funding contributed to enhance the coordination among the humanitarian community by promoting geographical convergence of interventions and inter-sectoral programming. Clusters have been instrumental in supporting this approach and, therefore, the coordination both at sectoral and inter-sectoral level improved. In general, all UN agencies continued coordinating with the clusters during the project implementation.

During prioritisation, coordination was enhanced among the UN agencies and other IPs to ensure that (i) agencies target the governorates and districts with the highest need, (ii) use common assessment tools to verify needs and avoid duplication, (iii) assistance is going to households and individuals that are most in need or most vulnerable and to maintain minimum standards response, and (iv) provide a comprehensive and effective response.

One example of the positive practices implemented was between IOM and UNHCR during the prioritisation stage. They selected areas/districts based on the comparative advantage of each agency, thus avoid overlapping (MPCA). For child and women protection, many cases were referred between the partners and services were provided based on good coordination and clearly identified needs.

Did CERF funds help improve resource mobilization from other sources?

Yes ☒ Partially ☐ No ☐

As the HRP funding was very low, UN agencies continued to advocate for additional resources to meet the increasing needs. The CERF six months implementation window allowed UN agencies to advocate for these gaps. For example, UNFPA managed to generate additional funding from the EU and Sweden. Also, other districts within the same governorates were covered with cash and livelihood activities by FAO through bilateral funding to complement CERF funding.

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

This CERF grant primarily focused on three out of the four priorities, although Education was also indirectly addressed. GBV survivors were enrolled in literacy programs as part of the GBV prevention activities to reduce child marriage and to help school dropouts acquire essential livelihood skills and economic empowerment capacity.

Women and girls were at the centre of the response. Through this CERF grant, 60% of beneficiaries reached were women and girls. During the implementation, IPs ensured equal and active participation of women, girls, men, and boys in assessing, planning, implementing, monitoring, and evaluating programmes by using participatory methods in a systematic manner. Health volunteers (CHVs) were trained on PSEA; no PSEA allegation was reported during the implementation of this allocation.

[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.

The design of this CERF allocation also mainstreamed protection and implemented integrated GBV services. It provided safe spaces and established referrals to the nearest health facilities while providing cash. For cash and livelihood, IPs met with female beneficiaries to register them and identify their differential needs and priorities. Cash-based programming contributed to gender equality and women's economic empowerment. IOM and UNHCR directly targeted female-headed households to receive MPCA through the Vulnerability Analysis Framework (VAF) to effectively integrate the needs of women and girls. UNICEF's child protection partners made sure that community-based child protection activities, including mental health and psychosocial support (MHPSS), encouraged participation and interaction among children of different ages and genders. These activities particularly targeted girls, including adolescent girls who are most at risk for child marriages and other forms of gender-based violence. The health and nutrition activities for children under five were designed to be inclusive of both boys and girls, while specific activities were created solely for women and adolescent girls. All community health and nutrition volunteers (CHNVs) were female, which is an explicit programmatic design to consider cultural barriers and to be sensitive to the preference of communities' traditions. Additionally, at least one female health worker was part of each supported health facility to ensure that women in the communities can received the required services.

In 2022, according to FTS the related Protection (areas of responsibility) AoRs (general protection, GBV and child protection) received only 1.7% of HRP funding. This reflects how underfunded this cluster is despite the high needs and how women and girls are disproportionately affected.

Table 1: Allocation Overview (US$)

Total amount required for the humanitarian response	**600,000,000**
CERF	20,000,624
Country-Based Pooled Fund (if applicable)	21,521,625
Other (bilateral/multilateral)	481,339
Total funding received for the humanitarian response (by source above)	**42,003,588**

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

Agency	Project Code	Sector/Cluster	Amount
FAO	22-RR-FAO-019	Food Security - Agriculture	2,027,000
IOM	22-RR-IOM-018	Multi-Purpose Cash	2,000,000
UNFPA	22-RR-FPA-022	Protection - Gender-Based Violence	750,513
UNHCR	22-RR-HCR-019	Multi-Purpose Cash	2,000,185
UNICEF	22-RR-CEF-036	Nutrition	3,230,580
UNICEF	22-RR-CEF-036	Water, Sanitation and Hygiene	1,966,440
UNICEF	22-RR-CEF-036	Health	983,220
UNICEF	22-RR-CEF-036	Protection - Child Protection	842,760
WFP	22-RR-WFP-032	Nutrition	4,999,926
WHO	22-RR-WHO-022	Nutrition	1,020,000
WHO	22-RR-WHO-022	Health	180,000
Total			**20,000,624**

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

Total funds implemented directly by UN agencies including procurement of relief goods	**17,055,551**
Funds sub-granted to government partners*	1,236,263
Funds sub-granted to international NGO partners*	18,471
Funds sub-granted to national NGO partners*	1,690,339
Funds sub-granted to Red Cross/Red Crescent partners*	0
Total funds transferred to implementing partners (IP)*	**2,945,073**
Total	**20,000,624**

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

2. OPERATIONAL PRIORITIZATION:

Overview of the Humanitarian Situation:

Following intense fighting in the first months of 2022, the political and conflict environment shifted significantly in April upon the announcement of a UN-brokered truce. Still, localized clashes continued in some areas, including Taiz and Ad Dale', tensions have increased following the truce's expiry in November 2022, although no major military escalation or offensive has taken place.
The continued fragility of Yemen's economy in 2022 exacerbated vulnerabilities among poor families, including as a result of depreciation of the Yemeni rial (YER), macroeconomic instability, the de facto separation of economic institutions and issuance of competing monetary policies and decreasing household purchasing power. Being largely reliant on imported food and goods, Yemen is extremely vulnerable to fluctuations in global prices. According to the 2022 HNO analysis, 23.4 million people in Yemen required humanitarian assistance in 2022, of whom 12.9 million people were assessed to be in acute need. Some of the highest levels of vulnerability were concentrated in displacement hosting sites where very few services are available, and protection needs continue to be high across Yemen especially as the deteriorating humanitarian context incentivizes rising adoption of negative coping strategies. Natural hazards, such as floods, add to needs induced by the conflict and economic deterioration, necessitating urgent life-saving assistance and increased support for livelihood opportunities that focus on the empowerment of women and girls.

The findings of the latest **2022 Multi-Cluster Location Assessment (MCLA)** highlighted several types of vulnerabilities and the specific needs of vulnerable populations. Among population groups, migrants and refugees appeared more vulnerable because of lack of access to basic services and humanitarian assistance. Other vulnerable groups include female-headed households, single women, elderly, and child-headed households.

Operational Use of the CERF Allocation and Results:

In response to the crisis, the ERC allocated $20 million on 14 April 2022 from CERF's Rapid Response window for the immediate commencement of life-saving activities. This funding enabled UN agencies and partners to provide life-saving assistance to some 827,355 people, including 247,556 women, 98,161 men, 247,392 girls, 234,246 boys, and 81,244 people with disabilities, in Nutrition, WASH, Health, Protection, Multi-purpose Cash and Food Security sectors targeting 13 districts in Hajjah, Hodeidah, and Taiz Governorates.

With CERF funding, UN agencies and partners provided MPCA, nutrition, and livelihood assistance as well as improved safe access to water and promoted health sanitation and hygiene services. IOM and UNHCR coordinated the provision of MPCA to food insecure, displaced and host community households in the three targeted governorates. Nutrition activities were coordinated between WFP, UNICEF and WHO to avoid duplication and overlap based on the clear division of roles among the three agencies.

The integrated interventions were critical to addressing the threat of famine, while concurrently ensuring that the underlying determinants, such as access to nutritious foods, health, safe water and sanitation environments, and child-care practices were addressed. FSAC/MPCA activities were integrated with Nutrition, WASH, and Health and protection interventions as all are jointly implemented in the prioritized districts.

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9,500 Households of smallholder farmers were supported through the provision of unconditional cash transfers, complemented with agriculture productive inputs which resulted in promoting farmers' existing agriculture capacities and enabled them to better utilize their natural resources to become more resilient. 7,718 households (HHs) were supported with MPCA (by both IOM and UNHCR) which allowed the affected IDPs and host community to access minimum basic needs included but not limited to food, health, water, transportation, and rent. Two women and girl safe spaces were supported in addition to cash for protection-integrated case management services, and enhanced MHPSS which all aimed at restoring safety and human dignity.

UNICEF, WFP and WHO ensured that children under five in the targeted districts across three governorates had access to life saving, high impact and quality nutrition services. 18,596 children with SAM were treated in OTP by UNICEF, 11,792 children with SAM and complications were treated in TFCs running by WHO and UNICEF, and 23,672 children with MAM were treated in SFP covered by WFP. 122 HFs were supported with both health and nutrition services, 5 HFs were supported with fuel to maintain essential health and reproductive services.

People Directly Reached:

The total number of people reached with different services is estimated by adding the number of people reached under each sector. Therefore, the 827,355 people reached reflects the various assistances received by people.
The increased beneficiaries are due to multiple factors:
1. Cash programming, the estimated target was on average number of household members in Yemen (7 members) multiplied by the HHs target, however, the actual number of beneficiaries reached is calculated from the beneficiary's data after registration and distribution with the actual number of household members.
2. Nutrition: women were initially not put as a target, however they were supported with treatment, IYCF sessions, and allowances for TFCs, thus they were included in the achievements and raised the number of people reached through the project. Furthermore, the admission rate in the 19 TFCs was exceeded due to the increased caseload on the supported TFCs in these governorates, as more affected populations from the neighboring districts accessed these supported TFCs.
3. GBV: the WGSS received higher than planned caseload due to unavailability of similar services in the targeted areas.
4. MPCA: Due to the devaluation of the national currency (YER) in the South of Yemen throughout 2022 and savings in transactional fees, UNHCR was able to assist more individuals and households with cash assistance, which are paid in YER. While originally planning to reach 17,718 individuals, UNHCR was able to reach 19,167 individuals.
5. Health: The implemented activities were achieved as per the proposed plan even though the utilization and implementation rate achieved was beyond expected due to the worsening of the food security situation, IDPs movement and clustering of cases around functional health facilities. Also, UNICEF supported additional 12 HFs with PHC utilizing the savings from the project

People Indirectly Reached:

In addition to the direct beneficiaries outline above, approximately 4,822,688 people benefited indirectly from this allocation. This includes the catchment population of the targeted Health facilities, community committees, extension workers trained, CHNVs, HWs who received allowances, children screened, PLWs who received IYCF and folic acid, and children reached through reached with curative and preventive nutrition services.

Cash assistance also yielded a double positive impact on the displaced populations and the host community, as the cash pumped into the market activated local economies and contributed to market development, a critical aspect in the Yemen context suffering from a deteriorating economy over the last eight years of conflict.

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

	Planned					Reached				
Sector/Cluster	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Food Security - Agriculture	15,960	16,625	16,625	17,290	**66,500**	19,013	18,443	17,263	19,041	**73,760**
Health	0	0	15,300	14,700	**30,000**	25,105	15,704	40,056	40,252	**121,117**
Multi-Purpose Cash	25,867	25,392	28,607	29,704	**109,570**	9,517	8,321	12,210	13,150	**43,198**
Nutrition	123,028	0	61,711	60,974	**245,713**	127,562	304	78,262	74,498	**280,626**
Protection - Child Protection	750	750	10,500	10,500	**22,500**	3,122	3,429	8,116	7,997	**22,664**
Protection - Gender-Based Violence	5,000	0	5,000	0	**10,000**	5,807	-	6,707	-	**12,514**
Water, Sanitation and Hygiene	61,061	55,717	87,782	82,440	**287,000**	57,430	51,960	84,778	79,308	**273,476**

* 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	-
Returnees	0	32
Internally displaced people	118,483	269,236
Host communities	312,213	317,153
Other affected people	0	240,934
Total	**430,696**	**827,355**

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	163,869	247,556	26,042	26,552
Men	39,138	98,161	7,487	7,286
Girls	115,065	247,392	17,844	24,150
Boys	112,624	234,246	18,034	23,256
Total	**430,696**	**827,355**	**69,407**	**81,244**

PART II – PROJECT OVERVIEW

3. PROJECT REPORTS

3.1 Project Report 22-RR-FAO-019

1. Project Information

Agency:	FAO	**Country:**	Yemen
Sector/cluster:	Food Security - Agriculture	**CERF project code:**	22-RR-FAO-019
Project title:	Emergency Livelihood Assistance to Address the Negative Impact of Rising Food Prices in Yemen		
Start date:	27/05/2022	**End date:**	26/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 14,200,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 2,027,000**
Total CERF funds sub-granted to implementing partners:	**US$ 165,879**
Government Partners	US$ 28,705
International NGOs	US$ 0
National NGOs	US$ 137,174
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Between May and November 2022, through this CERF funded project, a total of 9 500 Households of smallholder farmers (73 760 individuals) in Ta'iz Governorate (5 500 households in Al Maafer district and 4 000 households in Al Mawasit district) were supported through the provision of unconditional cash transfers, complemented with agriculture productive inputs. The project distributed unconditional multi-purpose cash transfer of USD 65 per household to 9 500 households (total cash value of USD 617 148.29) combined with distribution of 9 500 agricultural kits (tomato, mallow, and pepper seeds) and training on good agriculture practices (GAP) training that are expected to be in the Integrated Food Security Phase Classification (IPC) Phase 4 conditions. The kits distributed provided vital supplemental nutrition to families, in as little as 5 weeks, with staggered and multiple harvests.

Through the endline survey outcome, the project resulted in promoting farmers' existing agriculture capacities and enabled them to better utilise their natural resources to become more resilient. For instance, the endline survey showed that 74 percent of the beneficiaries considered themselves more resilient because of the project support with better agriculture production, income, and knowledge about best farming practices. The provided assistance (vegetable seeds and cash) allowed farmers to increase their production by planting more land area, as 42 percent of the farmers cultivated more area of land than in the previous seasons with an average increase in cultivated land of 61 percent than the prior season area before the project. FAO provided the farmers with

high-quality seeds to increase their production and improve farmers' income. Farmers expected better yield from the provided seeds per area of land than the previous season. On average, 98 percent of the farmers also expect better yield from the provided three types of vegetable seeds. Farmers' knowledge on best farming practices improved after engaging in GAP training, as 85 percent of the farmers acquired skills and applied new information and techniques to grow vegetables. As a result of the cash assistance and vegetable seeds, fewer households had to borrow money to cover their household needs.

3. Changes and Amendments

The acute food insecurity and malnutrition situation in Yemen has continued to deteriorate in 2022, compared to 2021. Numbers increased throughout the year from some 17.4 million people (54 percent of the population) experiencing high levels of acute food insecurity (IPC Phase 3 or above) through May 2022 and increasing to around 19 million (60 percent of the analysed population) from June to December 2022.

This crisis is taking a heavy toll on the livelihoods of Yemeni population. However, the cash-based interventions play a large role in assisting affected populations in and after emergencies and empower them to meet their basic needs, as it was initially planned to distribute USD 50 per household. But with the situation in hand, FAO worked on reducing the implementing partners overall implementing cost though direct selection of active implementing partners in targeted governorates, in order to boost the unconditional cash entitlements of targeted Households up to USD 65, to enhance the project beneficiaries access to food.

The initial target of 66,500 was estimated from the FSAC average number of household members in Yemen (7 members) multiplied by the target (9,500 households). However, the actual number of individuals reached is calculated from the beneficiary's data after registration and distribution with the actual number of household members. The segregation is detailed further in section 4 below which indicates that the total number of individuals reached is 73 760.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Food Security - Agriculture									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	7	8	5	12	**32**
Internally displaced people	0	0	0	0	**0**	69	65	68	71	**273**
Host communities	0	0	0	0	**0**	18,937	18,370	17,190	18,958	**73,455**
Other affected people	15,960	16,625	16,625	17,290	**66,500**	0	0	0	0	**0**
Total	**15,960**	**16,625**	**16,625**	**17,290**	**66,500**	**19,013**	**18,443**	**17,263**	**19,041**	**73,760**
People with disabilities (PwD) out of the total										
	4,788	4,987	4,987	5,188	**19,950**	391	376	595	557	**1,919**

* 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 25 extension worker field staff of concerned government agencies received Training of Trainers (ToT) courses and benefited from increased knowledge and skills in vegetable production. Contracted local/national NGOs have also benefitted from the project's capacity building workshops on several aspects of the project implementation and partnership.

The indirect beneficiaries within the two areas of interventions acquired skills and adopted some of the GAP techniques that were put in place or employed to work as farm hands, thus generating extra income.

During the Monitoring and Evaluation (M&E) exercises and interactions with the beneficiaries, through focus group discussions, non-beneficiaries had an active role in increasing the awareness about the project criteria and facilitating the registration process. A total of 228 Members were elected for the community committees (153 males and 75 females) who did not directly benefit from the project yet but benefited from the use of local markets food with crops produced from the targeted farms, which were sold as surplus quantities at competitive prices. On the other hand, the project benefitted the community committee's capacity in selecting vulnerable households for assistance through engaging in the selection and orientation process of the committees.

6. CERF Results Framework

Project objective	Food security and livelihoods conditions of conflict and rising food prices-affected vulnerable 9,500 Households are improved through provision of agriculture kits
Output 1	Households' livelihoods and ability to maintain minimum food production are sustained through the provision of vegetable seeds

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

Sector/cluster	Food Security - Agriculture

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	Ag.1 Number of people receiving agricultural inputs (vegetable seed kits)	66 500	73 760	IPs' distribution lists Distribution final report PDM report
Indicator 1.2	Ag.6 Number of people receiving training on agricultural skills, practices and/or technologies	9 500	9 500	Training report Attendance Sheet PDM report

Explanation of output and indicators variance:	The initial target of 66,500 was estimated from the FSAC average number of household members in Yemen (7 members) multiplied by the target (9,500 households). However, the actual number of beneficiaries reached is calculated from the beneficiary's data after registration and distribution with the actual number of household members. The segregation is detailed further in section 4 above.

Activities	**Description**	**Implemented by**
Activity 1.1	Implementing partner (IP) identification and contracting	FAO
Activity 1.2	Identification of communities, coordination, beneficiary selection and registration for Agricultural Assistance	NNGOs: - Bena Charity For Human Development - Assistance for Response and Development
Activity 1.3	Provision of 9 500 kits containing short cycle vegetable seed packets	FAO

Activity 1.4	Training on Good Agricultural Practices to 9 500 trainees (one per household)	Governmental entity (General Department Extension and Agriculture Training)
Activity 1.5	Post Distribution Monitoring	FAO

Output 2	Households' basic needs are met through cash+ transfer

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

Sector/cluster	Food Security - Agriculture			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	Cash.1a Number of people receiving multi-purpose cash	66 500	73 760	Final CBI unit report Distribution Lists Final Distribution Report
Indicator 2.2	Cash.1b Total value of multi-purpose cash distributed in USD	475 000	617 148.29	Final CBI unit report
Explanation of output and indicators variance:		Due to non-stop inflation of the Food Basket Items in Yemen due to crisis and conflict, of which there is a regular review of the Minimum Food Basket (MFB) rate through FSAC (Food Security and Agriculture Cluster) every 3 months. Based on the last updated review of MFB rate, the rate was high. The monthly MFB rate for a household in the southern areas in Yemen was 121 USD in which FAO decided to increase the UCT (Unconditional Cash Transfer) rate from 50 USD into 65 USD under the CERF project to enable the beneficiaries to cover their basic immediate needs and in equivalence to the Half of Minimum Food Basket Rate. The number of beneficiaries increased as the number of individuals per household averaged 7.7 individuals; therefore, the total number of people reached increased.		

Activities	**Description**	**Implemented by**
Activity 2.1	Implementing partner (IP) identification and contracting	FAO
Activity 2.2	Beneficiary selection and registration	NNGO - Bena Charity For Human Development - Assistance for Response and Development
Activity 2.3	Cash Transfer under cash+ scheme of USD 50 to 9,500 individuals	FAO Financial service provider
Activity 2.4	Post distribution Monitoring	FAO

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 areas[2] 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]:

FAO involved the community in the decision-making process at all project phases. During the design phase, FAO consulted local communities and authorities about the intervention details and preferences of the community and the priority locations in Taiz governorate. During the implementation phase, FAO and the IPs introduced the Grievance Redress Mechanism (GRM) channels to the different groups and involved them in focus group discussions during field monitoring visits. Based on beneficiaries' feedback, Adaptive management decisions included contracting with a financial service provider (FSP) with branches and access to remote areas to reduce the time spent by beneficiaries to reach the distribution points, as people requested and adjusting the criteria to allow the inclusion of vulnerable households with limited land area. During the monitoring phase, the M&E team considered beneficiaries' complaints and feedback in designing verification questionnaires and the PDM survey to respond to and address beneficiaries' concerns, such as claims of registering ineligible beneficiaries. The verification results showed that the assistance reaches the most vulnerable beneficiaries in the targeted areas, as observed during the verification visit and verification report with photos and GPS coordinates of the registered farmers and their agricultural lands.

b. AAP Feedback and Complaint Mechanisms:

FAO Yemen has established a Grievance Redress Mechanism (GRM), which involves the development of arrangements for registering feedback and complaints from affected people, to ensure how the process of receiving complaints can be done and to provide multiple access points (toll-free telephone number, email, and WhatsApp application) so that beneficiaries know to whom they are in contact with, regarding to their concerns. Concerns are addressed at the closest appropriate level, i.e., at the project and programme management/technical levels. The staff treat complaints with respect by listening, accepting, and recording. FAO always maintains confidentiality. During the project, FAO call centre received 44 complaints\ feedback that FAO and the IPs addressed in coordination with the project team and M&E unit. In addition, FAO IPs distributed more than 9 500 leaflets during the beneficiaries' registration and distribution activities to increase beneficiaries' awareness about their rights and the GRM. The sub-IPs had a beneficiary complaints feedback mechanism as well, it was part of their agreement with FAO and the community.

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

FAO Yemen has two PSEA focal points who lead in the capacity building/awareness raising of staff and establishment of appropriate procedures for handling related complaints. Sensitive complaints are received and recorded in complete confidence and conducive environment. In addition, to the trained team at the call centre, PSEA focal point was reachable through mobile phone and a separate email account address (privacy); contact details are communicated through advocacy material, during input distribution campaigns and training sessions. Again, all complaints are treated in complete confidence. When complaint or grievance is received, the PSEA focal point addressed the complaint with a given priority and adherence to the safety of the survivor case. A referral to the FAO Representative is given within 24

[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.

hours and the complaint escalated to the FAO Office of the Inspector General or the Ethics Officer to review the case. Care is given to the resolution and closure of the case with full consideration given to the protection and safety of the victim and no action is taken without the victim's consent.

FAO has its mechanism on GBV and PSEA risk mitigation, '*Prevention* and *Response*' which include the following key elements:

- Created awareness on Prevention GBV/SEA/SH mitigation and response mechanisms within the implementing agency (IP) and contractors.
- Monitored GBV Risks, whilst ensuring they are adequately addressed through safeguard instruments.
- Stakeholder consultations, including the participation of the community that will take place throughout the life of the project, which will help to inform GBV risks mitigation in the project are adhered.
- FAO in collaboration with UN agencies include UNICEF and UNFPA, women protection sub cluster along with the IP mapped GBV service providers.
- Disseminated messages clearly prohibiting GBV/SEA/SH during the interventions, and dissemination of communication material outlining unacceptable behaviour on GBV/SEA/H. Any case or suspicion of sexual exploitation and abuse can be reported to [Telephone number: 800 19 19, Email: investigations-Yemen-Feedback@fao.org
- All staffs working on this project, Call centre, IP and any related partners must sign Codes of Conduct.
- Established GBV sensitive channels for reporting through the Grievance Redress Mechanism (GRM)
- Coordinate with the IPs to conduct awareness raising in the targeted communities and organize activities/disseminate information on GBV/SEA/SH targeting women and adolescent girls.

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

FAO with its IP met separately with female stakeholders to register and detect the differential needs and priorities of these groups including female-headed households, other women in the community, women and girls with disabilities, elderlies, etc. Following these meetings, and reflecting its gender-sensitive needs to programming, the project team engaged with women to review the project design and ensured that activities respected cultural norms and minimize risk of Gender-Based Violence (GBV). FAO used the following standards in targeting women beneficiaries:

- Fully engaged the community in understanding and promoting gender roles and power relations that protect and respect women and all vulnerable groups.
- Ensured equal and active participation of women, girls, men, and boys in assessing, planning, implementing, monitoring, and evaluating programmes by using participatory methods in a systematic manner.
- Integrated and mainstreamed gender equality, PSEA and GBV prevention measures into all project activities, including the marginalized and the disabled.

Although FAO is not a protection agency, it worked with the protection cluster to address any exposure of rural women to gender-based violence (GBV) and any concerns and grievances raised issues of those most affected by the food crisis (very poor farmers, women, people with disabilities, and the elderly) and ensured that the livelihood activities are in line with the priorities on Protection.

All staff and volunteers involved in GBV prevention and/or response to GBV understood and signed a Code of Conduct setting out the same standards of protection against sexual exploitation and abuse (PSEA).

In making deliberate efforts to adopt a gender transformative and equitable approach through our CBT programming in projects, as each beneficiary is different, and their needs are complex, but access and use of cash and financial services are important and what gives them the choice and rights. It's relevant to understand their needs, capacities, preferences, opportunities, and circumstances, and by using this approach (cash+) CBT for basic needs and inputs, helps to ensure responses are tailored to these differentiated needs, particularly those of women and girls affected by crises and displacement. The cash and agriculture inputs also help women who act as primary caregivers and

providers of food, water and fuel for their families and usually with no support. As women have reduced food intake and adverse health outcomes, the cash+ programme provides additional support to women to help address gender inequalities.

Cash-based programming can contribute to gender equality and women's economic empowerment, if context specific gender dimensions of cash are included and context specific/correct input packages are there, included in the project design. The influencing factors are context, the transfer purpose, duration, transfer value (as it was increased for example in this project, to be more adequate), also when appropriate for conditionality and complementary activities included.

e. People with disabilities (PwD):

FAO with its IP ensured that the selection criteria of beneficiaries are transparent, decisions are made objectively and without prejudice. FAO team also ensured that persons with hearing, psychosocial or intellectual disabilities could participate equally. The mandatory criteria were used in selecting beneficiary farmers for vegetable production support interventions (i.e., access to land and water, and exclusion from similar FAO interventions), the supplemental criteria used in targeting the beneficiary households included the following: (1) women-headed households; (2) households with disabled or elderly members; and (3) household with pregnant or lactating mothers. During the project period, we followed inclusion standards to integrate disabled groups within the project:

- Used disaggregated data to estimate the number of beneficiaries with disabilities as a baseline for monitoring access to different interventions.
- Adapted monitoring tools to collect data disaggregated by disability.
- Organize focus group discussions (FGDs) and key informant interviews (KIIs) with persons have disabilities to gather information on how the crisis is impacting them, their access to services, and local perceptions of disabled beneficiaries.
- Organized separate FGDs with women and girls with disabilities to identify the specific risks and barriers they faced.
- Ensured that persons with different impairment types are included in these consultations to promote disability inclusion through community meetings etc.
- Made activities related information available in multiple and accessible formats, e.g., print, pictures, and audio.
- Established outreach mechanisms to provide assistance to people with disabilities who are isolated in their homes.

f. Protection:

Based on the Do No Harm principle, FAO ensured that vulnerable groups' specific needs are taken into consideration and risks are mitigated during the project lifetime. During project implementation, Protection standards were mainstreamed through 4 basic elements:

- Prioritize Safety and Dignity and Avoid Causing Harm by prevented and minimised any unintended negative effects of FAO' interventions which can increase people's vulnerability to both physical and psychosocial risks.
- Meaningful Access which has been arranged for people's ease and safe access to assistance and services provided without barriers. FAO paid special attention to individuals and groups who have difficulty accessing assistance and services including elderly, orphaned and vulnerable children, disabled, minorities and displaced persons.
- Accountability by setting up appropriate complaints and feedback mechanisms, through which affected populations can measure the adequacy of interventions and address their concerns and complaints.
- Participation and Empowerment: through support and assisting people at risk, including not only women and girls, but also men and boys, elderly, orphaned and vulnerable children, disabled, minorities and displaced persons, to enable them to claim their rights, including – not exclusively – the rights to shelter, food, water and sanitation, health, and education.

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	9,500 Households

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.

In the project sites of Al Maafer and Al Mawasit Districts, Taiz Governorate, Yemen, FAO targeted 9 500 Households in total, 2 304 females and 7 196 males receiving cash of USD 65_per household under cash+ schemes. The total amount distributed is USD 617 148.29. The details of the households targeted per district are mentioned below. Regarding cash delivery, the project contributed to help the affected households targeted under this project to cover and meet their immediate food, other basic needs and to prevent the resort of coping strategies such as selling the livelihood assets or agriculture vegetable kits.

The targeted households accessed cash delivery points safely and timely. Further, FAO through the financial service providers (FSP), used mobile teams to ensure all beneficiaries (men and women) had access and received their cash. FAO also partnered Local Non-governmental Organization to be present during the cash delivery and ensured the coordination with the community committees that all beneficiaries received their cash without any issues. FAO also had established the approach *Beneficiaries Feedback Mechanism* (BFM) and distributed leaflets with hotline numbers to enable the beneficiaries/communities in the targeted areas to be included and reach FAO to participate in raising such issues/complaints and revert back confidentially.

The households' immediate needs had been met and the agriculture livelihoods were helped and restored through the cash delivery and the distribution of vegetable kits.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (USD)	**Sector/cluster**	**Restriction**
Cash Transfer under cash+ scheme of USD 65 in Al Mawasit District, Taiz Governorate.	4 000 Households (2 960 Males, 1 040 Females)	USD 259 894.74	Food Security - Food Assistance	Unrestricted
Cash Transfer under cash+ scheme of USD 65, Al Maafer District, Taiz Governorate.	5 500 households (4 236 Males, 1 264 Females)	USD 357 253.55	Food Security - Food Assistance	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
Inputs Distribution	AR EN
Project Consultation Meeting	https://twitter.com/FAOYemen/status/1536679961117040640
Success story (To be published)	Video-Story - Google Drive
Success story (To be published)	Written Story - Google Drive
Success story (To be published)	Written-Stories - Google Drive

3.2 Project Report 22-RR-IOM-018

1. Project Information

Agency:	IOM	**Country:**	Yemen
Sector/cluster:	Multi-Purpose Cash	**CERF project code:**	22-RR-IOM-018
Project title:	Providing emergency multipurpose cash assistance to crisis-affected populations in Yemen		
Start date:	15/05/2022	**End date:**	14/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 30,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 5,398,941**
Amount received from CERF:	**US$ 2,000,000**
Total CERF funds sub-granted to implementing partners: **GUIDANCE**: Please make sure that the figures reported here are consistent with the ones reported in the annex.	**US$ 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

In the project period from May to November 2022, IOM provided multi-purpose cash assistance (MPCA) to 4,751 unique households (HHs) (24,031 individuals) which allowed the affected IDPs and host community to access minimum basic needs included but not limited to food, health, water, transportation, and rent. Of those, 3,686 displaced households (HHs) and 1,065 host community (HHs) benefited from the project in Ta'iz (Al Ma'afer and Al Wazi-yah districts), Al Hodeidah (Al Tuhayta district), and Hajjah (Abs district) governorates. IOM supported 2,770 HHs with one round of cash assistance only, three HHs received two rounds of cash assistance only and 1,978 HHs received three rounds of cash assistance based on the CCY eligibility scoring system. This was achieved during a period when seven displacement sites in Al-Hayma sub-district, Al-Tuhayta district, Al Hodeidah governorate were isolated with limited access for humanitarian actors. However, IOM was able to provide MPCA in these seven sites where the humanitarian need for assistance was especially critical and which had been hard-to-reach due to their location along frontlines and the security risks related to that since March 2022. The cash transfers were conducted through financial service providers using cash-in-hand and transfer method. Each household was provided with 147,000 YER (equivalent to around USD 152) per round in the south and 116,000 YER (equivalent to around USD 210) in the north based on the minimum expenditure basket determined based on an economic analysis in Yemen and verified by the Cash Consortium of Yemen (CCY) and Cash and Markets Working Group (CMWG).

IOM's third-party monitor conducted two post distribution monitoring exercises, which found that 96 per cent of respondents said that MPCA was appropriate to address their needs. All the surveyed beneficiaries (100%) reported that food was the primary essential good that they were able to purchase with the assistance, followed by transportation (66%), health (62%), other household items (71%), communications (23%), hygiene items (57%), and baby items (13%). Almost all (99%) said that they were treated with respect by those

delivering the assistance and 82 per cent felt that the distribution point was easy to access. Around 86 per cent reported that they were engaged and received clear information regarding the assistance before it was delivered. Furthermore, 99 per cent were satisfied with the distribution process.

3. Changes and Amendments

During the project implementation, there were several modifications to the project considering the changes in the context. As the UN-brokered truce was signed in April 2022, there were fewer displacements in the three targeted governorates than anticipated. As the MPCA was initially intended to support new displacements from the frontlines, IOM shifted slightly its approach by targeting extremely vulnerable households with multiple rounds of cash assistance that had critical needs for basic goods and services. As such, IOM did not reach the full project target under Output 1.2 – reaching 24,031 individuals, rather than the planned 25,356 individual target. Nonetheless, IOM exceeded the transfer value target by providing 1,411,169 USD to beneficiaries instead of the target of 1,295,640 USD, given that there were higher numbers of vulnerable households identified that needed multi-round transfers. IOM was able to overachieve on this target by using cost savings to provide beneficiaries with additional rounds of MPCA.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-Purpose Cash									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	4,082	3,905	4,792	4,970	**17,749**	4,029	3,741	5,199	5,742	**18,711**
Host communities	1,750	1,673	2,054	2,130	**7,607**	1,239	1,196	1,392	1,493	**5,320**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**5,832**	**5,578**	**6,846**	**7,100**	**25,356**	**5,268**	**4,937**	**6,591**	**7,235**	**24,031**
People with disabilities (PwD) out of the total										
	875	837	1,027	1,065	**3,804**	961	889	1,098	1,040	**3,988**

* 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 MPCA delivered under this project supported an estimated 2,500 indirect beneficiaries that were part of the host communities in the nearby areas. The cash assistance provided to internally displaced persons (IDPs) and vulnerable host community members reduced the economic burden on host communities and injected cash flow into the local markets.

6. CERF Results Framework

Project objective	Improved access to food and other basic needs for 4,226 food insecure and displaced households in Hajjah and Taiz.
Output 1	MPCA for displaced and highly vulnerable, food insecure households to meet their essential basic needs, including and primarily food needs, through delivery of rapid, emergency one-off and multi-month cash assistance

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 1.1	Cash.1b Total value of multi-purpose cash distributed in USD	1,295,640	1,411,169	Bank invoices
Indicator 1.2	Cash.1a Number of people receiving multi-purpose cash	25,356	24,031	Distribution list, Cash vouchers and invoices, PDM report

Explanation of output and indicators variance:

1) IOM successfully achieved the indicator and managed to distribute the full amount to 4,751 HHs included IDPs and host community in Ta'iz, Al-Hodeidah and Hajjah Governorates.
2) IOM reached less than the expected target due to the aforementioned change in approach shifting from a focus on newly displaced households to highly vulnerable displaced households that require multi-month cash assistance. The high vulnerability scoring among IDPs, and host community's members required multi-month assistance to meet their basic needs.

Activities	**Description**	**Implemented by**
Activity 1.1	Register households for MPCA using the harmonized Vulnerability Assessment.	IOM
Activity 1.2	Distribute one-off and multi-month MPCA simultaneously	IOM
Activity 1.3	Conduct post-distribution monitoring among samples of recipient households.	IOM

7. Effective Programming

a. Accountability to Affected People (AAP)[4]:

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, elderly and people with disabilities, and analyzed their vulnerabilities and capacities. During 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.

To ensure a harmonized, systematic approach in targeting vulnerable households for multi-round distributions, IOM uses the Cash Consortium of Yemen (CCY) harmonized vulnerability assessment and vulnerability assessment framework (VAF) to assess eligibility for multi-month assistance. The CCY VAF has three components that together inform eligibility for multi-month MPCA. These are: 1) a Household Risk Table (HRT), which categorically weights household characteristics that, when combined, indicate the household is at greater risk of being unable to cope with the crisis and therefore unable to meet critical basic needs; 2) a Negative Coping Strategies Index (CSI), which weights according to severity the different behaviors households have resorted to over the previous 14 days; and 3) a Household Asset Table (HAT), which categorizes households as having no assets, or low, moderate, or high asset ownership.

b. AAP Feedback and Complaint Mechanisms:

During project implementation, IOM ensured information-sharing was available for the IOM Complaint and Feedback Mechanism (CFM) channels (free hotline toll, WhatsApp, emails, site-specific help desks, and APP focal points in the field) through installation of CFM banners, distribution of info materials, and during awareness sessions. All cash beneficiaries received SMS notification with information about the location and time of the cash distribution as well as information on the CFM 24-hours before the distribution to avoid the interference of other parties. Around 99 per cent of interviewees in the post monitoring report confirmed that the distribution took place on the day and time they were originally told. Additionally, the post monitoring report showed that beneficiaries had received information on the hotline through posters (83%), followed by face-to-face mechanisms (17%). Over 75 per cent of respondents reported that they can easily file a complaint and all of them trusted that the organization would address their complains and provide feedback. IOM received cash-related CFM cases from 146 HHs: 23 calls for first round distribution of multi-round distributions, 79 calls in the second round, and 44 calls for one-off distributions. Most of the first-round cases dealt with name/identification issues, while other cases dealt with not receiving the transfer number to receive cash. In all cases, IOM received the complaints by its CFM teams, who confidentially referred the case to IOM's cash teams, field teams were then able to follow up as needed to resolve the situation within 72 hours and all cases have been closed.

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

IOM used its CFM hotline to respond to PSEA cases anonymously and referred cases to two in-country PSEA focal points that are tasked to handle cases, in line with standard internal and confidential referral mechanisms. In this project period, IOM received no cases related to PSEA. IOM's field staff received trainings and briefings on IOM's Code of Conduct and PSEA. Through regular field visits and info materials, IOM supported on the dissemination of PSEA measures, available complaints and feedback mechanisms (CFMs), services, and rights during receiving humanitarian assistance to the vulnerable, conflict affected populations. IOM is also a part of the in country

[4] 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.

Inter-Agency PSEA Taskforce and has shared messages on PSEA and raising awareness where provision of services is available to ensure that the community are also able to report cases of SEA.

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

By design, IOM directly targets female-headed households to receive MPCA through the Vulnerability Analysis Framework (VAF) to effectively integrate the needs of women and girls. Over half of the participants in the design of the VAF were women, ensuring that women's voices were included in understanding local conceptions of vulnerability and cash eligibility. As MPCA is related to the Rapid Response Mechanism (RRM) and for households to receive critical cash assistance to meet their basic needs, the area around targeting and including female-headed household and persons with disabilities (PwDs) as a vulnerability criterion for cash eligibility is how the project contributed to empowerment of women and minorities. As IOM responds to the immediate needs of all newly displaced there is not a set percentage of female headed households that are targeted but they are always considered in the distribution; in this project, a total of 872 female-headed households received MPCA.

Additionally, all IOM teams are made up of both male and female staff, striving for a gender balance in the team.

e. People with disabilities (PwD):

IOM accounted for the sensitivity of vulnerable beneficiaries with special needs. During the registration process, IOM field teams conducted house to house assessment and identification of PWD who were unable to attend to the distribution centre. To mitigate the risk of aid diversion, IOM activated mobile delivery mechanism to the PWD who had mobility constraints and ensured equal and safe access to MPCA. IOM reached a total of 3988 persons with disabilities (PwDs), surpassing the target of 3,804. The disaggregation is at the individual level by women, men, girls, and boys.

f. Protection:

Multipurpose, unrestricted cash assistance in the context of Yemen offers a beneficiary-centered level of protection as it offers much greater choice and dignity than sectorial voucher assistance which can be limiting to households; MPCA allows people to meet their diverse needs in a personalized manner, including things like health and hygiene items that may be sensitive to disclose. The role of financial service providers in delivering humanitarian cash assistance is critical in Yemen, as they offer more protection and less susceptibility to fraudulence than cash in envelope modalities. Consistently beneficiaries have positive feedback regarding receiving cash as a form of assistance.

Cash assistance 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 protection of beneficiaries. IOM ensured that beneficiaries had safe access to assistance and services especially beneficiaries with the most vulnerabilities included (women headed-households, elderly and people with special needs) or who had difficulties to reach their assistance. CFM posters were distributed by the field team at distribution points. Through communication with communities at all the project stages, IDPs were briefed on how to report any misconduct or protection concerns to IOM through hotline numbers.

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 the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	24,031

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 sole design of the project was to provide MPCA to food insecure, vulnerable, displaced and host community households with a transfer value equal to the recommended value by the national CMWG through the Rapid Response Mechanism (RRM) Cluster. The amount disbursed depended on the shifting context, as well as the vulnerability criteria of beneficiary households. As this is an emergency cash intervention, it is not directly linked to longer term development interventions including linkages to social protection systems, however IOM is exploring sustainable solutions for protracted displacement situations, including linking cash programming to social protection systems in Yemen.

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
Activity 1.2 – Distribute one-off and multi-month MPCA simultaneously	4,751 HH (24,031 individuals) total (2,770 HHs one round; 3 HHs two rounds; 1,978 HHs three rounds)	$1,411,169 total (YER 147,000 (USD 152) in the south and 116,000 YER (USD 210) in north)	Multi-Purpose Cash	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
NA (IOM was not funded for visibility activities under the project and could not produce visibility outcomes (other than donor logos on external reports), however the link is for some project photos	https://unitednations-my.sharepoint.com/:w:/g/personal/gehan_alqaili_un_org/Ebsry8MfxnhJhQ8p3r97t3kB1lVzrfdS-DMqYXLT6McMlw?e=0LoZBg

3.3 Project Report 22-RR-FPA-022

1. Project Information

Agency:	UNFPA	**Country:**	Yemen
Sector/cluster:	Protection - Gender-Based Violence	**CERF project code:**	22-RR-FPA-022
Project title:	Reducing the risks from, and responding to GBV driven by food insecurity		
Start date:	01/05/2022	**End date:**	31/10/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 6,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 750,513**
Total CERF funds sub-granted to implementing partners:	**US$ 648,000**
Government Partners	US$ 0
International NGOs	US$ 0
National NGOs	US$ 648,000
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

The CERF project supported key areas of UNFPA's GBV interventions in Hajjah, Hodeidah and Ta'iz Governorates from May to November 2022. This came at a critical time to allow the continuity of these services, particularly during a time of continued escalation despite the truce agreed in April, many breaches continued during implementation of the activities.

Through this grant, UNFPA provided services in 2 facilities (WGSS, one in Hajjah city in Hajjah governorate, and the other one in Al-Taizyah District in Taiz governorate) through a national women-led NGO (Yemen Women Union), in addition to cash for protection, , integrated case management services, and enhanced MHPSS. A total of 12,514 beneficiaries from the IDPs and host communities, including Muhamasheen and migrants, were served through this grant in Hajjah, Hodeidah, and Ta'iz (2,514 additional beneficiaries were reached in additional to the original target). Women and girls under physical threat were admitted to safe shelters. About 10,000 beneficiaries from the IDPs and host communities were provided with cash assistance to enable them to access additional services. The beneficiaries include those living in remote areas were identified through the mobile teams.

In parallel, the trained service providers and social workers implemented multisectoral responses and prevention of GBV through provision of MHPSS, legal aid, livelihood and vocational services, and delivery of protection kits in 2 women and girls' safe spaces that aimed at restoring safety and 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 funding enabled the provision of essential services to a total 12,514 women and girls and 75,084 family members of the women and girls as circumstantial indirect beneficiaries of the cash assistance.

The CERF funding directly led to the continuation of critical lifesaving responses in MHPSS by enhancing service provision through GBV AoR (e.g., economic dependency of the beneficiaries), ensuring that the service provision through other agencies is strengthened by effective referrals and guided by the two safe spaces and accordingly to the severity indices in Hajjah, Hodeidah and Ta'iz.

Mobile teams were deployed to communities of women and girls who were not able to physically access the GBV services. The teams reached out to remote regions, IDP sites, and beneficiaries who were restricted from traveling to seek GBV services at the GBV service points. In addition to raising awareness and educating men and boys on women's rights, the mobile teams provided RH education to women and girls through the midwives included in the teams. The teams explored and established referral pathways available in the regions they worked on, and networked with the various GBV service providers as extension of the safe spaces.

3. Changes and Amendments

There were no key changes or amendments to the project. The UNFPA opted to 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 on access constraints.
- The UNFPA used its risk mitigation measures, field coordinators, IPs, and the local authorities in the north including SCMCHA to ensure smooth project implementation and remove access challenges. No major access challenges were encountered in the southern governorates.

The project supported an additional 2,514 beneficiaries to the original target. These increased beneficiaries were not targeted with cash assistance but with other GBV prevention and response services through the 2 WGSS in Hajjah and Taiz Governorates. The WGSS are the only specialized operational centres for women and girls, thus, these WGSS are overwhelmed with huge waiting lists of vulnerable women and girls awaiting to receive the services. This justifies the increase in the number of beneficiaries.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Protection - Gender-Based Violence									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	2,000	0	2,000	0	**4,000**	2,419	0	2,606	0	**5,025**
Host communities	3,000	0	3,000	0	**6,000**	3,388	0	4,101	0	**7,489**
Other affected people	0	0	0	0	**0**	0	0	0	0	0
Total	**5,000**	**0**	**5,000**	**0**	**10,000**	**5,807**	**0**	**6,707**	**0**	**12,514**
People with disabilities (PwD) out of the total										
	1,000	0	500	0	**1,500**	77	0	48	0	**125**

* 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 engaged in the project and utilized gender-based violence response services estimated at about 75,084 people.

6. CERF Results Framework

Project objective	Available, safely accessed and implemented reproductive health services, and providing livelihood support for 10,000 women and girls prevents/reduces their vulnerability to GBV.
Output 1	Available and accessible GBV lifesaving services for survivors/whose risk from GBV is driven by food insecurity.

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

Sector/cluster	Protection - Gender-Based Violence			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	PS.1a Number of people accessing women- and girl-friendly safe spaces and/or centres	10,000	12,514	GBV dashboard, Women and Girls Safe Spaces registries, Monitoring and PDM reports, UNFPA and IPs monthly, quarterly and reports
Indicator 1.2	PS.1b Number of women- and girl-friendly safe spaces and/or centres constructed, rehabilitated and/or supported	2	2	GBV dashboard, Women and Girls Safe Spaces registries, UNFPA and IPs reports
Indicator 1.3	PS.2 Number of people receiving GBV psycho-social support and/or GBV case management	10,000	12,514	GBV dashboard, Women and Girls Safe Spaces registries, UNFPA and IPs reports
Indicator 1.4	Cash.1a Number of people receiving multi-purpose cash	1,000	1,000	UNFPA's GBV/CVA Dashboard, beneficiaries lists/ receipts.
Indicator 1.5	Cash.1b Total value of multi-purpose cash distributed in USD	180,000	180,000	UNFPA's GBV / economic empowerment Dashboard, cash transfer confirmations, financial registries.
Explanation of output and indicators variance:		The Project indicators were fully met. The number of GBV beneficiaries increased to the initially projected. because the WGSS are solely provided by UNFPA through this project. Hence more demand arose for women and girls focused services. The referrals and the outreach capacities were also a contributing factor to the increased number of beneficiaries		

Activities	**Description**	**Implemented by**
Activity 1.1	Support to 2 safe spaces	YWU, UNFPA
Activity 1.2	Establish and operate 4 mobile/protection teams with PSS, legal aid, and case workers	[YWU, UNFPA

Activity 1.3	CVA provision through case management – urgent unconditional cash for 1,000 people / USD 180 per person accessing safe housing, basic needs including (safe access to) livelihoods kits	[YWU, 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 areas[5] 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) [6] :

UNFPA continued to build its partners' capacities to ensure adherence to the accountability framework and measures, minimum standards based on international best practices, and code of conduct to ensure do-no-harm principles. The partners provided beneficiaries with information about the type of assistance, eligibility criteria, locations of services and timing. They also assessed the beneficiaries' satisfaction with quality, timeliness, and relevance of the offered services once.

The project was informed by cumulative organizational knowledge that consulted the marginalized beneficiaries, underage married girls, young girls at risk of early marriage, people with disabilities, and Muhamasheen, in the design phase, implementation, monitoring, and evaluation processes. Modalities used included focus group discussions, surveys, and pilot testing.

A third-party company evaluated the impact of the intervention at the end of the project implementation. The IP also conducted quarterly evaluation and assessed the beneficiaries' satisfaction.

The UNFPA used guidelines from the national AAP framework as a participant in the OCHA-led AAP workgroup.

b. AAP Feedback and Complaint Mechanisms:

The complaint mechanism was implemented for the CERF-supported activities in this project. UNFPA M&E addressed 15 complaints and feedback received from the beneficiaries. The mechanism included hotlines, social media, phone number, and WhatsApp. The system is anonymous and confidential. UNFPA maintained confidentiality by not asking people to reveal their identity, assigning only the UNFPA officer in charge to receive and respond to the complainer, and not sharing the complaints with anyone, only the relevant program staff for his/her did follow-up. In addition to the UFNPA run feedback mechanism, the IPs had and acted on their own mechanisms (e.g., suggestion and complain boxes) and contributed to the CFM maintained by OCHA.

During the reporting period the UNFPA CFM received 15 complaints from the project beneficiaries and other community members. The average of the complaints varied from GBV-CVA beneficiaries selection criteria and time of enrolment to the income generation programs. All the received complaints were addressed by the UNFPA and reported as resolved in the CFMs system.

[5] 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.

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

No reports related to SEA were raised. The UNFPA standard procedure and measures which were implemented during this CERF-supported project in all sites and stated below:
UNFPA maintained its standard mechanism for recording and handling SEA-related complaints. No PSEA complaints were received during the CERF implementation period.
UNFPA and its implementing partner 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 Partner staff members, including those based at the field.

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

CERF supported the integrated gender-based violence services provided by the safe spaces and established referrals to the nearest health facilities, the project mainly targeted women and girls to promote female empowerment and protection. Case management enabled GBV survivors to receive a comprehensive package of medical services, continuum of care, and timely referral. Other services received by the beneficiaries include services provided by the GBV sub-cluster members such as psychosocial support, protection (shelter), livelihood and legal support. Moreover, the health facilities were strengthened to continue offering clinical management of rape services. This was achieved through the procurement and distribution of post-rape kits (IARH kit 3) and providing refresher sessions through other funding sources to the facility providers on the medical management, psychological first aid, and referral to other services as required. The cash assistance helped the GBV survivors' access desperately needed services and reduced their vulnerability to GBV. The cash assistance contributed to the economic independence of the GBV survivors as well as health wellness and legal protection.
The project staff are trained on integrated GBV and RH approaches to better identify potential GBV cases.

e. People with disabilities (PwD):

UNFPA targeted women and girls with disabilities and ensured that the targeted WGSS were as disabled-friendly as possible; through the implementation of international guidelines in facilitating the access of women and girls with disabilities to the Women and Girls Safe Spaces. This included the physical safety of the centers, as well as the orientation of the facilities staff on how to deal with PwD. UNFPA with its partner took into consideration 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.
The project took actions to ensure that women and girls with disabilities are protected and have easier access to the various services. The GBV mitigation and response services include disabled women and girls as a vulnerability criteria. The services available to them include the safe spaces, shelters, livelihood and economic empowerment, and cash assistance through a GBV-centred approach.

f. Protection:

The project targeted GBV survivors through multi sectoral responses that enabled them to access to national IDs, medical care, MHPSS, legal redress, case management, cash assistance, psychological support, and referral to health assistance such as disability services. The needs of different vulnerable groups such as married girls, women and girls with disabilities, female-headed households and those residing in the most remote areas with no access to services were also considered in the project design and implementation by the partner. The project design and implementation followed the protection centralization 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.

g. Education:

GBV cases are enrolled in illiteracy programs as part of the GBV prevention to reduce child marriage and to help school dropouts with literacy skills needed to acquire essential livelihood skills and economic empowerment capacity. UNFPA and its partner considered also referrals of dropouts to regular schools.

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	1,000 Vulnerable women and girls 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 especially those vulnerable and likely to be subjected to GBV /or are GBV survivors with no access to GBV services under unrestricted cash assistance modality. The cash assistances provided through the project was discussed and coordinated through the MPCA and the Cash Consortium in Yemen (CCY) to complement efforts at national and project-based levels and through the GBV sub cluster coordination forums.

Additionally, UNFPA's CVA focal point provided regular updates about CVA and the beneficiaries under this project to the respective coordination bodies to complement efforts and bridge gaps on critical needs. GBV survivors who benefited from the unrestricted cash assistance are achieved under the UNFPA GBV dashboard

The project help reaching 10,000 vulnerable women and girls' beneficiaries with unrestricted CVA.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
[Number of GBV survivors receiving sector Specific unconditional cash transfer]	1,000	US$ 180,000	Protection - Gender-Based Violence	Unrestricted

9. Visibility of CERF-funded Activities

Title	Weblink
[An Unforgettable Day' UNFPA's global campaign for the International Day of the Girl Child focuses on Yemen and a story of child marriage from Hajjah, a governorate supported through the project]	https://www.unfpa.org/an-unforgettable-day

[My brother married me off for the money': Child marriage rises in Yemen during war (International media coverage on child marriage in Yemen)]	https://www.independent.co.uk/independentpremium/world/child-marriage-saudi-yemen-war-b2110922.html
[Situation Report #03 July-Sept 2022]	https://yemen.unfpa.org/en/publications/situational-report-03-july-september-2022
[Social media posts, I]	https://twitter.com/UNFPA/status/1579728757211820032?s=20&t=tkyml-JDeBxNT7pDwJXI-w
[Social media posts, II]	https://twitter.com/UNGeneva/status/1579790413250154497?s=20&t=tkyml-JDeBxNT7pDwJXI-w
[Success Stories of project support]	https://drive.google.com/drive/folders/1qaLBrZ2Wfw_gDu-boQ79vhDFnGJf75-y?usp=share_link
Project related photos	https://drive.google.com/drive/folders/1dku9mCgAhbPFpq-PgS_1RkmserL7aNoF

3.4 Project Report 22-RR-HCR-019

1. Project Information

Agency:	UNHCR	**Country:**	Yemen
Sector/cluster:	Multi-Purpose Cash	**CERF project code:**	22-RR-HCR-019
Project title:	Provision of multipurpose cash assistance to displaced Yemeni families facing acute food insecurity		
Start date:	20/04/2022	**End date:**	19/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 65,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 8,000,000**
Amount received from CERF:	**US$ 2,000,185**
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

From April to October 2022 and through this CERF grant, UNHCR provided urgent multi-purpose cash assistance to the most vulnerable internally displaced and host communities in Yemen to address their immediate and basic needs. Some 19,167 individuals (2,967 households) received three instalments of multi-purpose cash assistance. The transfer value depended on the location, as per inter-agency agreements and due to the different transfer values between North and South Yemen. The transfer value in the North was YER 116,000, while in the South is YER 147,000 according to the Survival Minimum Expenditure Basket (SMEB) specified by the CASH and Market Working Group.

UNHCR reached an additional 1,449 individuals to the 17,718 planned at the proposal stage. It became possible to assist more individuals and households than initially planned due to the devaluation of the national currency in the South of Yemen and savings made on transactional fees.

In areas where markets are functioning and accessible to beneficiaries, cash assistance efficiently helped meeting the needs of those most vulnerable. The assistance allowed vulnerable households to afford food, purchase goods, and access the services they need most per their priorities. In addition, 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.

3. Changes and Amendments

There were no major deviations from the original project proposal. However, due to the devaluation of the national currency (YER) in the South of Yemen throughout 2022 and savings in transactional fees, UNHCR was able to assist more individuals and households with cash assistance, which are paid in YER. While originally planning to reach 17,718 individuals, UNHCR was able to reach 19,167 individuals.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Multi-purpose Cash									
	Planned					**Reached**				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	4,075	3,190	5,138	5,315	**17,718**	4,249	3,384	5,619	5,915	**19,167**
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	**4,075**	**3,190**	**5,138**	**5,315**	**17,718**	4,249	3,384	5,619	5,915	**19,167**
People with disabilities (PwD) out of the total										
	163	128	206	213	**710**	194	294	94	141	**723**

* 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

Through the provision of cash assistance, UNHCR helped targeted families meet their immediate needs freely as they see fit. In addition, cash assistance yielded a double positive impact on the displaced populations and the host community, as the cash pumped into the market activated local economies and contributed to market development; a critical aspect in the Yemen context that is suffering from a deteriorating economy over the last eight years of conflict.

6. CERF Results Framework

Project objective	Provide multi-purpose cash assistance in support of the most vulnerable internally displaced Yemenis facing high acute food insecurity in Al Hudaydah, Hajjah and Taizz
Output 1	Sectoral cash grants distributed to support 2,967 of the most vulnerable IDP HHs

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 1.1	Cash.2a Number of people receiving sector-specific unconditional cash transfers	17,718	19,167 individuals. (2,967 HHs received three instalments of multi-purpose cash assistance)	Bank reconciliation report, Project Control Unit, verification report (up to 10% sampling after every distribution to verify the receipt of the cash assistance), PDM
Indicator 1.2	Cash.2b Total value of sector-specific unconditional cash transfers distributed in USD (excl. cash transaction costs)	1,771,800	1,799,672.918	Bank reconciliation report and detailed paid list of beneficiaries
Indicator 1.3	# of post distribution monitoring (PDM) surveys conducted	1	1	PDM report shared by UNHCR Third Party Monitoring (Blumen)
Explanation of output and indicators variance:		There were no major deviations from the original project proposal. However, due to the devaluation of the national currency (YER) in the South of Yemen throughout 2022 and savings in transactional fees, UNHCR was able to assist 1,449 additional individuals with cash assistance. Assisted individuals were selected by adopting the same vulnerability criteria of the ones initially targeted.		

Activities	**Description**	**Implemented by**
Activity 1.1	Monthly provision of multi-purpose cash grants	UNHCR
Activity 1.2	Conduct post distribution (PDM) surveys conducted	Third-party monitoring service provider (Blumen)- the costs were not covered by this grant, and accordingly was not considered a sub grant.

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 areas[7] 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)[8]:

In compliance with the AAP framework and UNHCR age, gender and diversity (AGD) policy, the project mainstreamed protection and AGD considerations in all interventions. The project considered the various capacities and priorities of women, men, girls, and boys of diverse backgrounds, minority groups. UNHCR employed participatory methodologies. Throughout the implementation, Community-Based Protection Networks formed by community outreach volunteers were essential two-way communication channels through which UNHCR and partners disseminate timely information and solicit feedback.

UNHCR conducted a post-distribution exercise to evaluate the impact of the distributed cash assistance. Key results showed that the targeted households used cash assistance to meet their immediate basic needs. Respondents primarily spent their cash assistance on food, debt repayment, health costs, clothes/shoes, and rent. Some 58% of total respondents reported that they felt satisfied with the transfer value, which was in line with their expectations, the remaining were not satisfied with the received amounts. Almost 77% of respondents reported they could meet half or less than half of their households' basic needs. More than 50% preferred to receive assistance as a cash modality.

The most helpful means to inform respondents about the distribution of the cash assistance, as respondents stated, were via protection monitoring teams (enumerators), relatives, neighbours, and friends. Most respondents indicated receiving SMS texts with the transfer (hawala) number on time (90%).

b. AAP Feedback and Complaint Mechanisms:

Feedback mechanisms were in place for UNHCR, and the financial service providers (FSPs), including hotlines, emails, and physical complaints boxes staff to manage such mechanisms and ensure follow-up. Apart from the hotline operated by FSPs, UNHCR and central implementation locations, a complaint box was installed and monitored monthly. Complaints were duly recorded and follow up was ensured by the appointed focal points by partners (accountability officers) and UNHCR FOs in line with the CFM SOPs. Despite UNHCR's extensive efforts in sensitising information on CFM channels during assessments and distribution, only 25% reported they are aware of the CFM. This could be attributed to the beneficiaries' lack of attention to information not directly related to the cash assistance, such as amounts and distribution schedule (as most frequently asked questions are whether they are eligible for the assistance and when they will be receiving it). As lessons learned, UNCHR plans to increase efforts in raising awareness on the CFM system at assessment, distribution, and post-implementation stages in the coming projects. Post distribution monitoring exercise revealed that 92% of received complaints were through the hotline number, while 8% were via the complaints and suggestion box.

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

[7] 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.

[8] 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.

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 ensured partners employed 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. 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:

Beneficiaries assisted through this project were identified via referral, self-referral (approaching community centres or humanitarian partners), social workers, and field protection monitoring and assessments. Aside from income, shelter conditions, and demography, scoring vulnerability criteria included specific needs/profiles within the family, such as women heads of households with no other breadwinner support; pregnant and lactating women; adolescents heading households; older persons (over 60 years of age) with no family support. By targeting female-headed and adolescents-headed households, the cash assistance empowered them to make their own decisions in how to spend the money to address their needs as they see fit. It also helped in protecting them from resorting to negative coping mechanisms.
In addition, through field missions, UNHCR observed that the women who were targeted with both cash assistance and capacity building for small livelihood projects, utilised part of their received cash grants in starting their small projects for which they were trained. This overlay of assistance provided an extended positive impact in strengthening their resilience.

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 cash assistance. Through this intervention, UNHCR and its partners identified and assisted 723 persons with disabilities with MPCA, of which 267 were disabled persons heading their households.

f. protection:

Extremely vulnerable households were supported with multi-purpose cash assistance to mitigate their risks of harmful coping mechanisms, improve their food security and shelter conditions, creating a positive impact on their wellbeing, health, and protection situation. MPCA allowed beneficiaries the freedom and dignity to address their own needs in the way they see fit. Where specific protection risks – beyond socio-economic vulnerabilities – were identified at the individual level, the beneficiaries are referred to specific protection services (such as counselling GBV survivors, legal assistance, individuals in need of psychological first aid or psychosocial support, etc.).

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 the sole intervention in the CERF project	Yes, CVA is the sole intervention in the CERF project	19,167 individuals

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.

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 defined priority needs and built programmatic interventions based on field assessments 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 prioritised areas of the intervention.
The distribution of MPCA benefitted members of the receiving households, helping them decide their needs and how best to meet them, which in turn maintained their dignity and gave them control over their lives. In areas where markets were functioning and accessible, this type of intervention activated local economies and contributed 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$)	**Sector/cluster**	**Restriction**
[Multi-purpose Cash Assistance	19,167 individuals	US$ 1,799,673	Multi-Purpose Cash	Unrestricted
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.
[Fill in]	[Fill in]	US$ [insert amount]	Choose an item.	Choose an item.

9. Visibility of CERF-funded Activities

Title	**Weblink**
UNHCR Funding Update – 29 December 2022	https://reporting.unhcr.org/index.php/yemen-funding-2022
Yemen Factsheet September 2022	https://reporting.unhcr.org/index.php/document/3816
Social Media Post	https://twitter.com/UNHCRYemen/status/1585526812737765377

3.5 Project Report 22-RR-CEF-036

1. Project Information

Agency:	UNICEF	**Country:**	Yemen
Sector/cluster:	Nutrition Water, Sanitation and Hygiene Health Protection - Child Protection	**CERF project code:**	22-RR-CEF-036
Project title:	Multi-sectorial support to communities in IPC 4 and IPC 5 areas in Hajjah, Hodeidah, and Taiz with timely and high impact interventions (Health, WASH, Nutrition and Child Protection).		
Start date:	31/05/2022	**End date:**	30/11/2022
Project revisions:	No-cost extension ☐ Redeployment of funds ☐		Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 382,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 57,960,695**
Amount received from CERF:	**US$ 7,023,000**
Total CERF funds sub-granted to implementing partners:	**US$ 1,583,719**
Government Partners	US$ 1,207,558
International NGOs	US$ 0
National NGOs	US$ 376,161
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

Through the CERF grant and between May and November 2022, UNICEF delivered timely and high impact multi-sectoral assistance (health, WASH, nutrition, and child protection) to populations in IPC 4 (districts) and IPC 5 (pockets) areas of Hajjah, Hodeidah, and Taiz.

UNICEF ensured that children under five in 11 IPC category 5 districts across three governorates had access to life saving, high impact and quality health services, reaching over 31,543 children under five and 6,922 pregnant lactating women (PLW) with emergency health and nutrition services including Integrated Management of Childhood Illnesses (IMCI), immunization services, nutrition services as well as maternal health services [Antenatal (ANC) /Postnatal care (PNC) and Skilled Birth Attendance (SBA)] by supporting the provision of primary health care services in 122 health facilities). The support provided included operational costs for primary health care (PHC) facilities, and minimal maintenance cost. 620 health workers received allowance through the CERF RR grant and conducted the outreach rounds in the targeted districts. To ensure the provision of quality PHC services, UNICEF supported the distribution of 575 PHC kits and supplies to the selected 122 PHC facilities.

A total of 273,476 individuals had improved access to safe water and sanitation, including 255,808 through water trucking, minor repairs of WASH facilities, including the installation of a solar-powered water supply and water distribution network, 186,000 people through hygiene promotion and distribution of hygiene kits and 18,000 people through the rehabilitation of six communal sanitation facilities in six Outpatient Therapeutic Programme (OTPs).

The project provided critical child protection services to 22,664 beneficiaries, who received mental health and psychosocial support (MHPSS) in child-friendly spaces (CFS) and 1,154 children who received case management support meant to improve their resilience and well-being.

3. Changes and Amendments

Under the **nutrition** activities, UNICEF faced delays in implementing the active case finding for severe acute malnutrition (activity 2.1). The two planned rounds of mass screenings as part of this activity could not be implemented due to restrictions placed by MoPHP on conducting house to house campaigns due to security reasons. UNICEF changed the implementation methodology and implemented active case finding and referral through 1,494 community health and nutrition volunteers (CHNVs). Apart from the originally planned areas, the CHNVs also conducted the screening in additional priority districts adjacent to the districts already targeted through this CERF grant and under the three governorates of Hodeidah, Hajjah and Taiz. The additional adjacent districts were selected as the children/populations residing in these areas were then referred to and had access to services through the health facilities present in the existing/targeted districts. Furthermore, under activity 2.2, the TFC to be supported in Taiz required rehabilitation work which could not be completed as planned due to lack of anticipated complementary funding; subsequently, the TFC could not become functional. Therefore, UNICEF could only support 11 TFCs instead of 12 as originally planned. UNICEF used the available savings under activity 2.2 to support the implementation of activity 2.4, for which the planned budget slightly reduced as the cost to support the health facilities was lower than what was originally anticipated (the number of health workers per health facility was lower than expected). Because of this, UNICEF used use the cost savings on this line together with the available balance under activity 2.2 to procure and distribute additional hygiene kits for distribution to cover the whole need of 18,596 children with SAM. The additional hygiene kits were previously planned to be covered through other potential funding sources which could not be mobilised.

Under the **WASH** component, UNICEF faced delays with the implementation of activity 4.2. This activity originally planned for implementation in Hodeidah and Taiz, proceeded as planned in Hodeidah. For Taiz, the tendering process by the Ministry of Water and Environment (MoWE) for the four water points faced delays due to MoWE's limited internal capacity. As a result, it took longer than expected to complete the technical assessment and therefore, rehabilitation work could not start by September 2022. For this reason, UNICEF removed three of the four planned water points for Taiz under this project (these will be implemented through other available funding sources); and implemented only one water point in Taiz. With the reduction in target of water points for Taiz (from 4 to 1), UNICEF used the freed budget as follows:

- Inclusion of new activity "Supporting quick repairs of water supplies and sanitation facilities in IDP camps in the districts Ma'afer, Jabal Habashi and Mawasit districts in Taiz" implemented through Tayabah Foundation for Development. The activity did not change the objective and scope of the project and helped provide lifesaving services to IDPs in the districts targeted under this project.
- Water trucking in Hodeidah was extended from 3 months to 4 months to continue providing lifesaving services to internally displaced persons (IDPs) in the targeted locations.

Under the **child protection** activities, UNICEF worked with Ministry of Social Affairs and Labour (MOSAL) and Mozn Foundation (Mozn) in the targeted districts in Hodeidah, Taiz and Hajjah governorates. One of the implementing partners [Abs Development Organisation (ADO)] could not obtain the approval from Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) to implement some of the planned activities. Because of this, UNICEF changed the implementation location to ensure timely completion of the planned activities to Taiz governorate. Through this change of location, the approved child protection activities were implemented in

the districts of Jabal Habashy, As Silw, Al Ma'afer and Al Mawasit through MOSAL Taiz (both north and the south sides) through MOSAL Taiz (north side). The change of location did not impact the number of beneficiaries reached or the results achieved.

The modifications were communicated to OCHA in advance of the project end date, which confirmed that no formal request for reprogramming/redeployment of fund was needed to implement the abovementioned changes.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	2,295	2,205	**4,500**	1,038	0	2,413	2,318	**5,769**
Host communities	0	0	13,005	12,495	**25,500**	5,884	0	13,674	13,138	**32,696**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**15,300**	**14,700**	**30,000**	**6,922**	**0**	**16,087**	**15,456**	**38,465**
People with disabilities (PwD) out of the total										
	0	0	1,530	1,470	**3,000**	692	0	1,609	1,546	**3,847**

Sector/cluster	Nutrition									
	Planned					Reached				
Category	**Women**	**Men**	**Girls**	**Boys**	**Total**	**Women**	**Men**	**Girls**	**Boys**	**Total**
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	1,862	1,938	**3,800**	0	0	2,454	1,762	**4,216**
Host communities	0	0	7,448	7,752	**15,200**	0	0	9,818	7,050	**16,868**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**9,310**	**9,690**	**19,000**	**0**	**0**	**12,272**	**8,812**	**21,084**
People with disabilities (PwD) out of the total										
	0	0	670	698	**1,368**	0	0	1,277	881	**2,158**

* 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									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	24,881	22,512	36,729	34,360	**118,482**	40,650	37,050	60,450	56,550	**194,700**
Host communities	36,180	33,205	51,053	48,080	**168,518**	16,780	14,910	24,328	22,758	**78,776**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**61,061**	**55,717**	**87,782**	**82,440**	**287,000**	**57,430**	**51,960**	**84,778**	**79,308**	**273,476**
People with disabilities (PwD) out of the total										
	6,380	5,773	9,419	8,811	**30,383**	3,725	3,371	5,500	5,145	**17,741**

Sector/cluster	Protection - Child Protection									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	250	250	5,000	5,000	**10,500**	1,241	1,446	2,288	3,234	**8,209**
Host communities	500	500	5,500	5,500	**12,000**	1,881	1,983	5,828	4,763	**14,455**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**750**	**750**	**10,500**	**10,500**	**22,500**	**3,122**	**3,429**	**8,116**	**7,997**	**22,664**
People with disabilities (PwD) out of the total										
	0	0	562	562	**1,124**	0	0	436	374	**810**

* 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 community health and nutrition volunteers (CHNVs) reached a total of of 127,960 children under five, 16,695 adolescent girls, and 71,181 PLWs were reached with preventive nutrition services by community health and nutrition volunteers (CHNVs). While providing direct services, the CHNVs also promoted health awareness and education among the communities, reaching an estimated 66,700 women.

6. CERF Results Framework

Project objective	Alleviate the immediate suffering of food insecure populations in IPC 4 (districts) and IPC 5 (pockets) areas of Hajjah, Hodeidah, and Ta'iz with timely and high impact multi-sectoral assistance (Health, WASH, Nutrition and Child Protection)
Output 1	Children under five in 11 IPC category 5 districts across three governorates have access to life saving, high impact and quality health services

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	H.8 Number of primary healthcare consultations provided (Number of children under five receiving PHC services)	30,000	31,543	Administrative data and health facilities (HF) reports
Indicator 1.2	H.1a Number of emergency health kits delivered to healthcare facilities	550	575	Vision System/Waybills and HF reports
Indicator 1.3	H.7 Number of functional health facilities supported	110	122	Data received from GHOs and HFs and HF reports/ receipts

Explanation of output and indicators variance:	Indicator 1.1. The target was overachieved due to the increased utilisation of PHC services. Indicator 1.2 The actual cost of the emergency health kits was slightly lower than estimated, allowing UNICEF to procure additional 25 kits. Indicator 1.3. By integrating health and nutrition support, UNICEF was able to reach a higher number of PHC facilities utilizing the savings due to the exchange rate and as the number of HWs per HF proposed in average to be 4 to 6 HWs, however the actual number of health workers changed accordingly to the health facilities, as in some HFs the HWs were less than estimated

Activities	**Description**	**Implemented by**
Activity 1.1	Support 110 primary health care (PHC) facilities by providing operational costs and minor maintenance to ensure continuity of service.	UNICEF, Governorate Health Offices (GHOs)
Activity 1.2	Procure and distribute 550 Primary Health kits for 110 health facilities to ensure the immediate distribution and uninterrupted pipeline of emergency life-saving vaccines, medicines and other essential commodities at Primary Health Care (PHC) level	UNICEF
Activity 1.3	Conduct four rounds of integrated outreach rounds in the targeted districts	UNICEF, MoPHP, GHOs

Output 2	Children 6 – 59 months in Hajjah, Taiz and Hodeidah have access to life-saving preventive and curative nutrition services.			
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.3a Number of people admitted to SAM treatment programmes (therapeutic feeding)	17,000	18,596 (7,673 boys and 10,923 girls)	SAM Monthly database, OTPs and TFCs reports
Indicator 2.2	N.4 Number of people screened for acute malnutrition	220,000	156,033 (77,536 boys and 78,497 girls, included both children screens by CHNVs and HWs in the health facilities)	SAM monthly database, CHNVs monthly reporting compiler
Indicator 2.3	Cash.2a Number of people receiving sector-specific unconditional cash transfers	2,000	1,843 (995 girls, 848 boys)	SAM Monthly database, beneficiaries list, nutrition vouchers database
Indicator 2.4	Cash.2b Total value of sector specific unconditional cash transfers distributed in USD	336,000	309,680	Fund utilisation report
Indicator 2.5	N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	80%	90% in OTPs 97% in TFCs	SAM monthly database , OTPs and TFCs reports
Indicator 2.6	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies (health workers)	140	150 (104 men, 46 women)	Training reports
Indicator 2.7	N.5 Number of 6 – 59 months children receiving multiple micronutrient powder supplements	200,000	137,229 (67,349 boys and 69,880 girls- children reached through both CHNVs and health facilities)	SAM monthly database, CHNVs monthly reporting compiler
Explanation of output and indicators variance:	The underachieved shown under indicators #2.2 and #2.7 is due to the low reporting rates from the CHNVs (86 per of reports received for Taiz, 83 per cent of reports received for Hodeidah and 67 per cent for Taiz). For this reason, the number of children screened for malnutrition is estimated to be higher but not reflected in the target by the limited data available. Indicator # 2.3 and Indicator # 2.4: Among the total of 2,488 children admitted in the TFCs during the implementation period, 645 children were planned to receive nutrition vouchers through other funding sources and the remaining 1,843 children were then covered through the CERF RR grant, leading to a slight underachievement in the indicators. Indicator 2.5 was exceeded with high cure rates at Outpatient Therapeutic Program (OTP) and Therapeutic Feeding Centres (TFC) sites, demonstrating the effectiveness and quality of the management programme. The two planned rounds of mass screenings as part of this activity could not be implemented due to restrictions placed by MoPHP on conducting house to house campaigns due to security reasons. UNICEF changed the			

	implementation methodology and implemented the active case finding and referral through 1,494 community health and nutrition volunteers (CHNVs). Under activity 2.2, the TFC to be supported in Taiz required rehabilitation work which could not be completed as planned due to lack of anticipated complementarity funding; subsequently, the TFC could not become functional. Therefore, UNICEF could only support 11 TFCs instead of 12 as originally planned. UNICEF used the available savings to procure and distribute additional hygiene kits for distribution to cover the whole need of 18,596 children with SAM

Activities	**Description**	**Implemented by**
Activity 2.1	Support active case finding for severe acute malnutrition through two rounds of mass screening and referral to management programmes for 220,000 children in the targeted governorates (included as indirect beneficiaries)	UNICEF, GHOs in Hodeidah, Hajjah and Taiz
Activity 2.2	Support treatment of 2,000 children with SAM with complication by ensuring the functionality of 12 UNICEF supported TFC outside of the focus areas	UNICEF, GHOs in Hodeidah, Hajjah and Taiz
Activity 2.3	Provision of cash support to 2,000 mothers of children with SAM and complications for a total of $336,000 ($168 per mother)	UNICEF, GHOs in Hodeidah, Hajjah and Taiz
Activity 2.4	Support treatment of 17,000 children with SAM in the targeted governorates	UNICEF, GHOs in Hodeidah, Hajjah and Taiz
Activity 2.5	Support monitoring and supportive supervision of nutrition interventions at districts and governorate levels.	UNICEF, GHOs in Hodeidah, Hajjah and Taiz
Activity 2.6	Support the 5 days refresher training course for health workers on nutrition programme active case finding.	UNICEF, GHOs in Hodeidah, Hajjah and Taiz

Output 3	Children and caregivers affected by the conflict and living in Hodeidah and Hajjah governorates are protected from violence, exploitation, abuse, neglect, and harmful practices through access to quality and timely preventative and responsive child protection services.
Was the planned output changed through a reprogramming after the application stage?	Yes ☒ No ☐
Sector/cluster	Protection - Child Protection

Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 3.1	CP.4 Number of people accessing protection activities and/or services through child-friendly spaces (Number of people provided with mental health and psycho-social support services) (girls, boys and caregivers)	21,500	21,510 people (8,098 boys, 6,861 girls, 3,429 men and 3,122 women)	CP monthly dashboard and Implementing partner's reports
Indicator 3.2	CP.3 Number of children receiving protection support (case management services). Children in need of protection services provided with critical child protection case management services including medical, educational, legal	1,000	1,154 children (809 boys, 345 girls)	CP monthly dashboard and Implementing partner's reports

	assistance, identification documents, food/ non-food item services, family tracing and reunification and placement in alternative care through case management services.			
Indicator 3.3	PP.1a Number of protection referral mechanisms and/or pathways established and regularly updated	2	2	Implementing partner's reports
Explanation of output and indicators variance:		One of the implementing partners [Abs Development Organisation (ADO)] could not obtain the approval from Supreme Council for the Management and Coordination of Humanitarian Affairs (SCMCHA) to implement some of the planned activities. Because of this, UNICEF changed the implementation location to ensure timely completion of the planned activities to Taiz governorate. The planned targets were achieved. Indicator 3.2 showed a 10 per cent overachievement due to lower-than-expected costs for case management support allowing UNICEF to reach a higher number of children. During this project, the priority was placed on providing psychosocial support (PSS), including teaching positive parenting skills to adult caregivers, which led to an increase in adult participation. However, participation among children, particularly adolescents, was limited due to cultural barriers and security concerns.		

Activities	**Description**	**Implemented by**
Activity 3.1	Provide psychosocial support to children and caregivers affected by the emergency displacement through child-friendly spaces or other community-based interventions.	UNICEF, Ministry of Social Affairs and Labour (MOSAL) Mozn Foundation (Mozn)
Activity 3.2	Provide context and culturally appropriate supplies, including 200 standard School-in-a-box (SIB) and locally procured Recreational kits to facilitate MHPSS activities for children participating in MHPSS activities.	UNICEF and MOSAL.
Activity 3.3	Identify, register, and refer or develop care plans for vulnerable children including survivors of GBV and other forms of violence, children with no access to basic service and those requiring special protection measures.	UNICEF and MOSAL.
Activity 3.4	Provide case management services to identified vulnerable children including children released from armed forces and groups, UASC, survivors of GBV and other forms of violence, and those requiring special protection measures basing the response on the assessment and care plans developed by the social workers, which could include medical, educational, legal assistance, identification documents, food/ non-food item services, referrals to basic and specialized services. The service provider/social workers will provide the critical CP services utilizing the CERF fund while referring children to other service providers to provide additional core services such as health and nutrition.	UNICEF, Mozn and MOSAL.
Activity 3.5	Support/conduct monthly coordination meetings of the CP actors in the Governorate for the effective	UNICEF, MOSAL

	coordination, mapping and sharing of existing referral pathways for children.	

Output 4	Children, IDPs and local communities have equitable access to safe water and sanitation services and adopt hygiene practices in Hajjah, Taiz and Hodeidah

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

Sector/cluster	Water, Sanitation and Hygiene			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 4.1	WS.6 Number of people accessing sufficient and safe water for drinking, cooking and/or personal hygiene use as per agreed sector standard (47,353 men, 52,337 women, 72,276 boys, 77,260 girls)	249,226	255,808 (43,798 men, 48,408 women, 66,849 boys, 71,459 girls)	Implementing partners' (IPs) monthly reports, suppliers' invoices, daily logbook for water monitoring, field visit reports
Indicator 4.2	Number of people who report directly using safe and dignified toilet/latrines with functional handwashing facilities (3,420 men, 3,780 women, 5,220 boys, 5,580 girls)	18,000	18,000 (3,420 men, 3,780 women, 5,220 boys, 5,580 girls)	IPs reports, supplier invoices, Field visit reports
Indicator 4.3	Number of people demonstrating safe hygiene practices that have received hygiene promotion and/or distribution of hygiene items/material (35,530 men, 39,270 women, 54,230 boys, 57,970 girls)	187,000	186,000 (35,340 men, 39,060 women, 53,940 boys and 57,660 girls)	Beneficiaries' lists, IPs progress reports.
Indicator 4.4	WS.13 Number of communal sanitation facilities (facilities in health centres) and/or communal bathing facilities constructed or rehabilitated	6	6 health facilities (OTPs)	Completion certificates signed by GHO and GARWSP EU. Progress reports from IPs. Field visit reports and contractors invoices.

Explanation of output and indicators variance:

UNICEF removed three of the four planned water points for Taiz under this project under the activity 4.2;
With the reduction in target of water points for Taiz (from 4 to 1), UNICEF used the freed budget as follows:

1. Inclusion of new activity "Supporting quick repairs of water supplies and sanitation facilities in IDP camps in the districts Ma'afer, Jabal Habashi and Mawasit districts in Taiz" implemented through Tayabah Foundation for Development. The activity did not change the objective and scope of the project and helped provide lifesaving services to IDPs in the districts targeted under this project.

The overachievement for the indicator 4.1 reflected the change under activity 4.2, as the rehabilitation of the water point increased the number of beneficiaries reached.

The people who received hygiene promotion material (indicator 4.3) were part of the total of people with improved access to water (4.1). The data included in the table under "Number of People Directly Assisted with CERF Funding" does

	not include double counting. Due to the overlapping of the beneficiaries for two activities, the reached target is slightly lower than what originally estimated. 2. Water trucking in Hodeidah was extended from 3 months to 4 months to continue providing lifesaving services to internally displaced persons (IDPs) in the targeted locations.

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 to IDP camps	UNICEF, General Authority for Rural Water Supply Projects Emergency Unit (GARWSP-EU)
Activity 4.2	Support access to basic watery supply in the local communities through minor emergency rehabilitation and solarization of the rural water supply system	UNICEF, GARWSP-EU and GARWSP Hodeidah branch), Taybah Foundation for Development.
Activity 4.3	Support access to basic sanitation facilities for vulnerable populations through emergency rehabilitation of sanitation services in 6 Health facilities/OTPs	UNICEF, GARWSP EU
Activity 4.4	Support Hygiene promotion (HP) using different approaches (distribution of IEC materials, community meetings, house to house visits through trained HP, community volunteers and other volunteers, distribution of non-food items – not funder by CERF)	UNICEF, GARWSP-EU and Taybah Foundation for Development

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 areas[9] 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)[10]:

As the project was implemented in highly sensitive locations close to conflict, the Do Not Harm framework and the principles of the best interest of the child were applied during the implementation of the activities, holding the safety of staff and beneficiaries, as well as accountability to the beneficiaries as key to achieving the operating principles. Through the regular consultative process, information from beneficiaries were gathered at community levels and reflected by UNICEF staff field monitoring reports and third-party monitors' (TPM) field reports. UNICEF engaged targeted communities in all phases of the nutrition activities implementation. The community-based component was primarily delivered by CHNVs who were selected from within the targeted communities through close collaboration with local village leaders, health facilities, and district health offices (DHOs) to ensure that they could effectively engage with their communities. 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.

[9] 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.

[10] 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.

TPM, WASH staff and WASH facilitators directly engaged with communities in the targeted areas to gather feedback and consult beneficiaries to strengthen effective communication and ensure transparency. IDPs were involved during the selection of water points and basic hygiene kits (BHKs) distribution. In addition, IDPs were involved in the repair and maintenance of WASH facilities.

b. AAP Feedback and Complaint Mechanisms:

UNICEF has a grievance redressal mechanism (GRM); it 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 for beneficiaries that are in hard-to-reach areas. All grievances were analysed and referred for action which included the support provided by a case management team to those in need of verification. Community committees, complaints box, questions desks and direct communication with programme staff or community volunteers were used to receive the complaints or feedback during implementation.

The call centre agents were trained on health and nutrition grievances, categorization, and gender-based violence (GBV). UNICEF staff followed up on every complaint by contacting the person who made the complaint for further clarification if needed, checking internal records of lists of health facilities and health workers to be paid, tracing bank transactions and confirmations of funds delivery, sometimes conducting field visits and contacting the complainant again through the call centre. Throughout the project, UNICEF shared information on how to access and use the GRM with the targeted population. Overall, in 2022, the complaint and feedback mechanism (CFM) with the call centre in the grievance redress mechanism (GRM) reached 1.4 million persons throughout the country. Specifically, 67 complaints regarding access to health were received and addressed.

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

UNICEF has existing gender-based violence (GBV) and protection from sexual exploitation and abuse (PSEA) specialist posts which support office-wide programme delivery for UNICEF Yemen. As part of its PSEA commitment, UNICEF has a PSEA action plan, providing mandatory GBV risk mitigation and PSEA training to all UNICEF staff and implementing partners to ensure that GBV mitigating measures are integrated into all UNICEF supported programmes. UNICEF carried on mandatory assessment for implementing partners on their capacity on PSEA. All the new partnerships are conditioned to standard set of proved PSEA capacity. UNICEF staff have been undertaking sessions on how to conduct the assessment and capacity building when necessary, receiving update on the mandatory assessment policy and procedure, monitoring/follow-up. No PSEA cases were recorded during the implementation period.

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

UNICEF utilised gender-disaggregated data to monitor gender equality during all stages of the project implementation cycle. The health and nutrition activities for children under five were designed to be inclusive of both boys and girls, while specific activities were created solely for women and adolescent girls. All CHNVs are female, which is an explicit programmatic design to consider cultural barriers and to be sensitive to the preference of communities' traditions. The recruitment of women allows them to further their education, employability and to a degree, financial independence. Furthermore, at least one female health worker is part of each UNICEF's supported health facilities to ensure that women in the communities can received the required services.

The unique needs of women and young girls regarding WASH services were taken into consideration and addressed. The provision of WASH facilities close to the communities contributed to enhancing the protection of women and girls from violence and harassment as they are responsible to fetch the water. Women and young girls were encouraged to participate in community hygiene promotion activities, manage water points, and report any water-related violence or abuse during water collection. Through focus group discussions (FGDs), women and girls shared their feedbacks regarding WASH issues that specifically affect them, including menstrual hygiene management (MHM).

UNICEF's child protection partners made sure that community-based child protection activities, including mental health and psychosocial support (MHPSS), encouraged participation and interaction among children of different ages and genders. These activities particularly targeted girls, including adolescent girls who are most at risk for child marriages and other forms of gender-based violence.

e. People with disabilities (PwD):

Health services are accessible to all, including people with disabilities. The WASH activities were mainstreamed to ensure priority accessibility for people with special needs, especially at the sites of distribution and of basic hygiene kits (BHKs). People with disabilities were targeted without any additional criteria based on a verified list provided by the community leader. The BHKs were distributed directly to them or in suitable separate places. For the nutrition intervention, PwD are prioritized during the delivery of services. The admission criteria for malnutrition are simplified when screening children with disability, i.e., only Mid-Upper Arm Circumference (MUAC) measurement is required for admission.

f. Protection:

WASH and health and nutrition facilities all considered the accessibility and safety of girls and women and ensured services for all. The TFCs are located in public hospitals and health centres, which are intended to be secure and protected from any form of targeting ensuring that the beneficiaries can receive their nutrition assistance without any fear of harm or danger. Only mothers or female caregivers are allowed to stay all the time with the children who are admitted to the TFCs. This arrangement is in place to ensure privacy and a safe environment for breastfeeding. All TFCs are staffed by female health workers, further ensuring a secure and private space for mothers and children.

Well-trained Monitoring and Reporting Mechanism (MRM) monitors implemented the documentation and verifications of grave child violations to provide confidential and safe reporting. As part of the case management support activities, UNICEF partners worked closely with social workers to ensure children at risk were identified and provided or referred to case management support. In addition, the psychosocial interventions considered the safety of girls and boys in Child-Friendly Spaces (CFS) by deploying female facilitators and animators to ensure protection for the beneficiaries and social acceptances. Despite the truce, civilians including children continued to be killed and injured due to increased landmine and unexploded ordnance (UXO) incidents in the project governorates. To mitigate such risks, EORE was provided in Child- Friendly Spaces (CFS) during the PSS sessions.

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	1,843

UNICEF supported children with SAM and complication by covering the referral costs (for 1,843 children) from the Outpatient Therapeutic Programmes (OTPs) at primary health care facilities to the inpatient Therapeutic Feeding Centres (TFCs) in hospitals and health centres. UNICEF processed the payments for the voucher assistance system, while monitoring and validation was carried on by a third-party monitoring agency. The beneficiaries received nutrition voucher after the verification and admission in the TFCs. The value of transportation vouchers range between 20,000 – 40,000 YER based on the distances between the OTPs and TFCs, while the value of daily accommodation/meals voucher is 5,000 YER per day.

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	**Number of people receiving CVA**	**Value of cash** (US$)	**Sector/cluster**	**Restriction**
Activity 2.2: Cash support for 2,000 women with children with SAM with complication to support the treatment of 2,000 children	1,843	US$ 309,680	Nutrition	Restricted

9. Visibility of CERF-funded Activities

Title	**Weblink**
Twitter – 8 June 2022	EN: https://twitter.com/UNICEF_Yemen/status/1534475800640204802 https://bit.ly/3NIw2gQ AR: https://twitter.com/UNICEF_Yemen/status/1534522563849768964 https://bit.ly/3xzZ9x3
UNICEF Website -19 September 2022	https://www.unicef.org/yemen/stories/jouris-journey-fight-severe-acute-malnutrition-yemen

3.6 Project Report 22-RR-WFP-032

1. Project Information

Agency:	WFP	**Country:**	Yemen
Sector/cluster:	Nutrition	**CERF project code:**	22-RR-WFP-032
Project title:	Deliver nutrition treatment and prevention activities for children and PLWGs in Yemen		
Start date:	24/05/2022	**End date:**	23/11/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 55,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 0**
Amount received from CERF:	**US$ 4,999,926**
Total CERF funds sub-granted to implementing partners:	**US$ 547,475**
Government Partners	US$ 0
International NGOs	US$ 18,471
National NGOs	US$ 529,004
Red Cross/Crescent Organisation	US$ 0

2. Project Results Summary/Overall Performance

From May to November 2022, WFP delivered of Moderate Acute Malnutrition (MAM) treatment and prevention assistance to Pregnant and Lactating Women and Girls (PLWG), as well as children suffering from high levels of food insecurity, while Blanket Supplementary Feeding (BSFP) was provided to children aged 6-23 months old and PLWGs to prevent acute and chronic malnutrition in areas prioritized for integrated famine response, Targeted Supplementary Feeding (TSFP) was delivered to children aged 6-59 months and PLWGs treating acute malnutrition in the project locations..

Through this CERF grant, WFP procured, dispatched, and distributed 1,643.15 MTs of specialized nutrition commodities through communities and district health centres. With this quantity, WFP was able to reach 90,333 PLWGs and 98,666 children under prevention activities, as well as 28,264 PLWGs and 23,672 Children under treatment activities. CERF funds were distributed in alignment with the proposal in the geographical areas of Hodeidah (Al Hawak, Al Hali, At Tuhayat, Az Zuhrah), Hajjah (Abs, Hayran, Bakil Al Mir, Mustaba, Aslem) and Taiz (Al Ma'afer, Al Mawasit, As Silw, Jabal Habashy).

WFP Nutrition activities consistently met the programme performance minimum standards set by SPHERE guidelines for MAM treatment recovery, default, non-response, and mortality rates. The recovery rate further improved to reach 95 percent among PLWG and 91 percent among children, exceeding the SPHERE minimum standards (75 percent) by 20 and 16 percentage points, respectively. In addition, WFP has continued to achieve a zero percent mortality rate across all beneficiaries.
These positive results are attributed to the screening activities carried out by community volunteers which are undertaken both at the health facility and community level, where the malnourished cases are detected and referred on time for treatment.

3. Changes and Amendments

Earlier in 2022, WFP experienced an interruption in the supply of nutrition commodities from the only authorized supplier of the Lipid-based Nutrient Supplement (LNS) Nutriset due to a contamination of some production lines with Salmonella. This problem was immediately addressed by Nutriset and did not affect any of the stocks previously received by WFP. However, production and delivery of LNS was suspended for several months. This suspension, as well as funding shortfalls, resulted in an overall shortage of in-country stocks, thereby forcing WFP to prioritize MAM treatment over MAM prevention to stretch available resources and ensure sustained provision of assistance to the most vulnerable populations. Consequently, MAM prevention activities were gradually suspended after June 2022 until end of the year.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	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	123,028	0	61,711	60,974	**245,713**	118,562	0	61,431	60,941	**240,934**
Total	**123,028**	**0**	**61,711**	**60,974**	**245,713**	**118,562**	**0**	**61,431**	**60,941**	**240,934**
People with disabilities (PwD) out of the total										
	18,454	0	9,257	9,146	**36,857**	17,784	0	9,214	9,141	**36,139**

* 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

Nutrition awareness and sensitization remained crucial to ensure uptake of services, proper utilization of nutrition commodities, importance of breastfeeding and promotion of healthy diets. Sensitization is one of the critical activities that support in efforts to prevent malnutrition. As initially planned, a total of 93,004 beneficiaries were screened at health centres, receiving health and nutrition sensitization despite not being part of the nutrition assistance programme.

6. CERF Results Framework

Project objective	Provide vulnerable children and PLWGs with MAM treatment and prevention
Output 1	Treat and prevent acute malnutrition through the distribution of specialized nutritious food to 245,713 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 1.1	FN.1a Number of people receiving in-kind food assistance (specialized nutrition transfers to prevent MAM)(WFP Logframe: "Number of women, boys and girls receiving specialized nutrition transfers to prevent acute malnutrition")	192,900	188,999	Cooperating Partner Distribution Report and BFSP reports.
Indicator 1.2	FN.1a Number of people receiving in-kind food assistance (specialized nutrition transfers to treat MAM)(WFP Logframe: "Number of women, boys and girls receiving specialized nutrition transfers to treat acute malnutrition")	52,813	51,936	Community Management of Acute Malnutrition report.
Indicator 1.3	FN.1b Quantity of food assistance distributed in MT (specialised nutritious food)	1,643.1	1,643.15	Cooperation Partner Distribution Report, waybills and HF receipts.
Explanation of output and indicators variance:		The slight variation between target and achieved figures resulted from the procurement rates. Less commodities were procured; hence less beneficiaries were reached.		

Activities	**Description**	**Implemented by**
Activity 1.1	Procure and dispatch specialized nutrition commodities	WFP procures and dispatches all nutrition commodities
Activity 1.2	Children aged 6–23 months and PLWG receive specialized nutritious foods that prevent acute malnutrition.	Islamic Relief Yemen (IRY), Relief & Development peer Foundation RDP) Medical Mercy Foundation (MMF) and Building Foundation for Development (BFD).
Activity 1.3	Children aged 6–59 months and PLWG receive specialized nutritious foods that treat moderate acute malnutrition.	Islamic Relief Yemen (IRY), Relief & Development peer Foundation RDP), Medical Mercy Foundation (MMF) and Building Foundation for Development (BFD).

7. Effective Programming

a. Accountability to Affected People (AAP) [11]:

WFP and UNICEF-supported community health volunteers (part of the programme but not included in this contribution) screened and referred children in need for treatment programmes to the nearest health facilities for further assistance. WFP also ensured direct communication with beneficiaries through the complaints and feedback mechanism (CFM). This feedback enabled WFP to quickly address any concerns, and review programme design in alignment with beneficiaries' needs.

The project involved the Ministry of Public Health (MoPH) in the project design and implementation, as the health workers (HW) are the frontline workers who provide all services. The GHO (Governorate Health Officer) oversees all the nutrition programme in the governorate and coordinate with the facility managers and Health workers at district levels. They are all involved in the design and implementation of the project. During the reporting period, WFP staff also conducted several monitoring/field visits to sites where WFP nutrition assistance was provided. This increased overall understanding of beneficiary needs, concerns and suggestions, and enabled WFP to ensure sites were inclusive and safe for the affected populations.

b. AAP Feedback and Complaint Mechanisms:

WFP actively seeks feedback from beneficiaries throughout the programming cycle of all its activities. During the reporting period, WFP received 517 calls on its toll-free hotline, where beneficiaries were able to voice their concerns. In addition, WFP continued to reach people through its in-house call centre to inquire about their experiences, preferences, and concerns regarding WFP assistance. Throughout this process, operators were able to flag concerns on the WFP internal platform, ensuring that suitable and swift action was taken on a case-by-case basis. Once beneficiaries were called back, the feedback loop was closed.

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

No cases of PSEA were identified during the reporting period through CFM or monitoring systems.

WFP has a zero-tolerance policy for sexual exploitation and abuse committed by all WFP, cooperating partner, supplier, contractor, and service provider staff associated with WFP regardless of the contract type or duration, during and outside working hours. WFP has a toll-free hotline in place for beneficiaries in case they have feedback, queries, or complaints, including PSEA related issues, which are followed up at the Area Offices and at the Country Office level. It is accessible from telecommunication networks across the country and is staffed by both male and female operators that speak the local language. For any SEA related complaints, there is an internal dedicated channel for the cases to be reported and followed up, ensuring full confidentiality.

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

WFP provides specialized nutritious food to PLWGs, and boys and girls aged 6-23 months through its Blanket Supplementary Feeding Programme (BSFP) and supports Social Behavioural Change Communication (SBCC) activities through a network of Community Health Volunteers (CHVs). These activities include providing nutrition awareness to mothers and caretakers and screening and referring malnourished children and PLWG to mobile clinics and health facilities. Furthermore, a specific budget for gender mainstreaming has been allocated to each partner to support building their capacity and improve their contribution toward Gender Equality and Women Empowerment (GEWE) through nutrition activities.

WFP and Partner staff also received regular awareness sessions and trainings 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.

[11] 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):

Disability inclusion remained one of WFP's global priorities. The inclusion of persons with disabilities and the chronically ill is one of WFP's beneficiary targeting criteria. WFP is an active member of the Inclusion Taskforce and is involved in developing the capacity of Cooperating Partners and WFP staff on the importance of disability inclusion in its programmes through the collaboration with organizations specialized in different types of disabilities.

f. Protection:

WFP's assistance is designed and implemented in ways which contribute to the safety, dignity and integrity of all persons with respect for people's needs, rights and capacities. In 2021, WFP developed the Yemen Protection and Accountability Strategy. The strategy helps 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 it.

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	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.

N/A

Parameters of the used CVA modality:

Specified CVA activity (incl. activity # from results framework above)	Number of people receiving CVA	Value of cash (US$)	Sector/cluster	Restriction
N/A	N/A	N/A	N/A	Choose an item.

9. Visibility of CERF-funded Activities

Title	Weblink
Twitter post on International Day of Charity	https://twitter.com/WFPYemen/status/1566771873786073088
Twitter Post on World Kindness Day	https://twitter.com/WFPYemen/status/1591710601168187393
Twitter post on Thanksgiving	https://twitter.com/WFPYemen/status/1596174147197231104

3.7 Project Report 22-RR-WHO-022

1. Project Information

Agency:	WHO	**Country:**	Yemen
Sector/cluster:	Nutrition Health	**CERF project code:**	22-RR-WHO-022
Project title:	Maintaining Health/Nutrition Life Saving services in 19 TFCs and 5 hospitals covering targeted districts in Yemen		
Start date:	20/04/2022	**End date:**	19/10/2022
Project revisions:	No-cost extension ☐	Redeployment of funds ☐	Reprogramming ☐

Funding

Total requirement for agency's sector response to current emergency:	**US$ 20,000,000**
Total funding received for agency's sector response to current emergency:	**US$ 1,600,000**
Amount received from CERF:	**US$ 1,200,000**
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

From April to October 2022, WHO provided health and nutrition services in the 3 priority governorates of Hajjah, Hodeida and Taiz. Through the **Nutrition services**, WHO managed to reach **9,304** children with lifesaving services in the 19 supported TFCs and **134,446** children under five were screened for all forms of malnutrition through the nutrition surveillance system in 74 sentinel sites, where **34 %** of them were referred for proper management in different health and nutrition services in the **19** supported hospitals (including treatment of acute malnutrition in OTPs and TSFPs programs, health issues to paediatric services, feeding issues to IYCF corner in the facility to counsel the mother on proper feeding practices).

WHO assured the service quality 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 19 supported TFCs, enabling quality service provision of the case management for 9,304 children and better accommodation environment to **9,304** 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 (Hygiene kits) to provide basic sanitation and change of clothes ensuring 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 **316** health workers for 6 months. The lifesaving support in these TFCs extended to provide preventive measures represented by counselling sessions on infant and young children feeding (IYCF) and mental health and psychosocial support (MHPSS).

This project thus assisted a total of 18,608 children and caregivers with critical lifesaving services and counselling in addition to **134,446** screened children and allowed for maintaining the malnutrition indicators within SPHERE standards in **3** priority governorates during the project period. These **19** TFCs covers districts identified amongst the high priority areas for food insecurity, acute malnutrition and conflict affected.

Under the **health component,** WHO provided **48,700** litters of fuel to hospitals Al-Thawra hospital, Dar Al Salam mental Health Hospital and National Public Health Lab in Al Hodeidah governorate, Abs hospital in Hajjah governorate and Al Nashmah hospital in Taiz governorate, ensuring operationality for **2** months providing availability of lifesaving health care services for 82,652 of Yemenis, including IDPs.

3. Changes and Amendments

The implemented activities were achieved as per the proposed plan even though the utilization and implementation rate achieved was beyond expected due to the worsening of the food security situation, IDPs movement and clustering of cases around functional health facilities.

4. Number of People Directly Assisted with CERF Funding*

Sector/cluster	Health									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	352	39	0	0	**391**	2364	2042	3116	3224	10,746
Host communities	2,348	261	0	0	**2,609**	15819	13662	20853	21572	71,906
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**2,700**	**300**	**0**	**0**	**3,000**	**18183**	**15704**	**23969**	**24796**	**82,652**
People with disabilities (PwD) out of the total										
	270	30	0	0	**300**	2728	2356	3595	3719	**12,398**

Sector/cluster	Nutrition									
	Planned					Reached				
Category	Women	Men	Girls	Boys	Total	Women	Men	Girls	Boys	Total
Refugees	0	0	0	0	**0**	0	0	0	0	**0**
Returnees	0	0	0	0	**0**	0	0	0	0	**0**
Internally displaced people	0	0	203	187	**390**	1,170	40	593	617	**2,420**
Host communities	0	0	1,357	1,253	**2,610**	7,830	264	3,966	4,128	**16,188**
Other affected people	0	0	0	0	**0**	0	0	0	0	**0**
Total	**0**	**0**	**1,560**	**1,440**	**3,000**	**9000**	**304**	**4,559**	**4,745**	**18,608**
People with disabilities (PwD) out of the total										
	0	0	156	144	**300**	0	0	684	712	**1,396**

* 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 total indirect beneficiaries under the health component were 4,270,892 population, and the total IDPs were 555,216 population. As for the nutrition component, the total indirect beneficiaries under the nutrition component were 551,796 children under five, they will benefit indirectly from the project. Approximately, 71,733 are IDPs. Therefore, the total of indirect beneficiaries under this project was 4,822,688 of the population (host communities and IDPs), and around 626,949 were IDPs.

6. CERF Results Framework

Project objective	To reduce mortality for the vulnerable under 5 children affected by severe acute malnutrition (SAM) with medical complications by maintaining access to lifesaving Nutrition services in TFCs supported by WHO in the targeted areas, in coordination with the MOPHP
Output 1	Lifesaving nutrition service are maintained and accessible to affected 3,000 children by severe acute malnutrition with medical complication

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

Sector/cluster	Nutrition			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 1.1	• N.3a Number of people admitted to SAM treatment programme (therapeutic feeding)	3,000	9,304 In addition 134,446 children under five were screened for all forms of malnutrition where 34 % of them were referred for proper management in different health and nutrition services in the 19 supported hospitals	[TFCs monthly reports, M&E report]
Indicator 1.2	• N.3b Percentage of people who were admitted for SAM treatment who recovered (SAM recovery rate)	85% (2,250)	94% (8,749)	[TFCs monthly reports, M&E report]
Indicator 1.3	N.6 Number of people receiving training and/or community awareness sessions on maternal, infant and young child feeding in emergencies	3,000 caregivers	9,304	[TFCs monthly reports, M&E report]
Indicator 1.4	Number of people receiving meals	3,000 caregivers	9,304	[TFCs monthly reports, M&E report]
Explanation of output and indicators variance:		The admission rate in the 19 TFCs was overachieved due to the increased caseload on the supported TFCs in these governorates which compelled more affected populations from the neighbouring districts to come to these supported TFCs. This includes the IDPs movement causing clustering of cases around the supported facilities		

Activities	**Description**	Implemented by
Activity 1.1	Management of severe acute malnutrition with medical complication in inpatient care services (Indicator 1.1, 1.2)	WHO

Activity 1.2	Provision of support to mothers in with minimum acceptable diet and enabling environment during their hospital stay and counselling session on maternal, infant and young child feeding in emergencies, IPC, and food hygiene (Indicator,1.4)	WHO
Activity 1.3	Provision of technical and administrative supervision for service delivery quality assurance in the activities (Indicator 1.3)	WHO

Output 2	Maintain and increase service utilization and functionality of 5 TFCs

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

Sector/cluster	Health			
Indicators	**Description**	**Target**	**Achieved**	**Source of verification**
Indicator 2.1	H.9 Number of people provided with mental health and/or psycho-social support services	3,000 care givers	9,304	TFCs monthly reports, M&E report
Indicator 2.2	H.7 Number of functional health facilities supported	5	5	Monthly reports, M&E report Waybills and HFs receipts for fuel

Explanation of output and indicators variance:	The admission rate in the 19 TFCs, and consequently the number of the caregivers accompanying them who benefited from the counselling sessions was overachieved due to the increased caseload on the supported TFCs in these governorates which compelled more affected populations from the neighbouring districts to come to these supported TFCs. This includes the IDPs movement causing clustering of cases around the supported facilities. Due to this increased caseload, other contributions from other funds were shifted to the supported TFCs under CERF to support the operational cost of the TFCs.

Activities	**Description**	**Implemented by**
Activity 2.1	Provide counselling to caregivers on maternal, infant and young child feeding in emergencies, food hygiene, Infections, prevention and control (IPC) and mental health and psychosocial support (MHPSS) (indicator 2.1)	WHO
Activity 2.2	5 Hospitals (including TFCs) are provided with fuel, so they are functional and able to provide health care services to 107,000 people Indicator 2.2)	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 areas[12] often lacking appropriate consideration and visibility: women and girls, people with disabilities, education and protection. **The following sections demonstrate**

[12] 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.

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)[13]:

WHO considers the Accountability to Affected People (AAP) as a priority and commitment to ensure that the individuals and communities are meaningfully and continuously involved in decisions that directly impact their lives. 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) conducted continuous assessment through field visits to track the project activities progress and assess the impact of the support on the health facilities performance. The team carried out interviews with the beneficiaries to assess their satisfaction against 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.

Most unsatisfactory feedback from beneficiaries was related to the type of meals, according to that the meals were improved when receiving this feedback. Other feedback was also received regarding air conditioning in the rooms in the summer, and the problem was resolved accordingly.

b. AAP Feedback and Complaint Mechanisms:

To increase the accountability toward the affected people, WHO established different accessible complaint mechanisms to consolidate the engagement of beneficiaries and encourage them to raise their comments. Beneficiaries can raise their complaints and suggestions directly over the complaint channels. These mechanisms include Toll-free number 8004090, Email: YEMgrmehnp@who.int, WHO social media, exit interviews with patients/mothers that conducted by WHO staff during supervision and monitoring visits to assess the beneficiaries' satisfaction against services, staff behaviours, and hospital environment.

The WHO is supporting and encouraging the health facilities to establish GRM boxes in the facilities. The M&E officers noted that there were more than 64% of the visited health facilities have GRM box, while 34% of the mothers were aware about 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. The HFs were encouraged to establish GRM boxes and to educate the mothers about the aim of theses boxes.

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.

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

The Yemen country office has developed a plan to train all staff, integrate PRSEAH in programs/response. Those involved in the project were provided with training to develop knowledge of WHO policies on PRSEAH and channels of reporting. WHO have already established a network of 13 focal points covering all hubs, Aden Sub-Office and programmes/units to follow up on issues pertaining PRSEAH adopting a survivor-cantered approach. The complaint mechanisms are shared with stakeholders and beneficiaries through the CT PSEA network and directly through WHO PRSEAH focal points. WHO Yemen throughout the project has conducted awareness sessions and consultations with beneficiaries as part of the whole intervention especially nutrition to enhance the engagement of beneficiaries and encourage them to raise their comments and WHO will ensure confidentiality and referral approach for any complaint or concern received from the targeted groups. No PSEA case was reported during the project life.

[13] 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.

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 and has been verified through the project cycle (documentation at facility level and through contracted monitoring and evaluation team). One of the main drivers of malnutrition is due to care and infant and young feeding practices. So, this is integrated in all lifesaving nutrition responses. Providing mothers and caregivers accompanying their children during the admission period with at least 3 counselling sessions on best practices of health and nutrition messages and IYCF. In addition to the counselling, all mothers and caregivers are given support to improve their accommodation by providing them with admission WASH kits, 3 meals per day and 2 ways transportation cost. Provision of fuel support has enabled to continuation of provision of health care services in the targeted TFCs/HFs so women and girls can access these services with no interruption as MPHSS, lab services and other services.
WHO also ensured the following:

- Constant networking with GBV actors such as Yemen Women Union, GBV sub-Cluster and Gender network.
- GBV service mapping is available and is updated on an ongoing basis.
- GBV Officer responsible for technical issues related to GBV and gender equality.
- WHO staff are capacitated on GBV response and mitigation measures in the health intervention.
- WHO staff capacitated on gender equality and the implementation of gender marker, gender analysis and gender mainstreaming.

e. People with disabilities (PwD):

Throughout the project, WHO Yemen has supported the HFs with fuel to ensure the availability of lifesaving health care services at these hospitals that can be accessible for all, including People with Disabilities (PwD). The provision of fuel has contributed to ensure that MSP is running in the targeted facilities including the trauma care, in which priority in outpatient clinics and receiving services was given to the PwDs. Additionally, provision of fuel for the TFCs have supported them to continue provision life-saving services for the targeted beneficiaries including PwD.

f. Protection:

Protection is a primary component that has been mainstreamed across the project 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 that were adopted to safeguard equitable access for people with disabilities, the elderly, and minority groups. The provision of fuel support helped to keep the health system functioning and provided access to health care in the targeted HFs/TFCs.
WHO has analysed and disaggregated all data by sex, age and disability throughout the program cycle (assessment, analysis, design, implementation, and monitoring) while also identifying 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.	0

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.

NA

Parameters of the used CVA modality:

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

9. Visibility of CERF-funded Activities

Title	**Weblink**
Fuel Support	Twitter English: https://t.co/PnMotRzxKK Twitter Arabic: https://t.co/lB9w7stC1c Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts | Facebook
Nutrition Services	Twitter English: https://t.co/pr5U21cz42 Twitter Arabic: https://t.co/zKHzvzTt7H Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts | Facebook
Fuel Supply	Twitter English: https://t.co/r9rKSaIhEV Twitter Arabic: https://t.co/1RtgcSBL2j Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts | Facebook
Nutrition Support	Twitter English: https://t.co/3LEBaPXEug Twitter Arabic: https://t.co/TWgAxezha2 Facebook: (1) منظمة الصحة العالمية اليمن World Health Organization Yemen - Posts | Facebook
Video on the impact of WHO/UNCERF partnership	Twitter English: https://t.co/LHh4ByLOTo Twitter Arabic: https://t.co/nM4JxiMqNl YouTube English: (684) WHO and UNCERF Supporting Yemen's right to health. - YouTube YouTube Arabic: https://www.youtube.com/watch?v=gob_gqtCvuI Facebook Arabic: (1) Facebook Facebook English: (1) Facebook

ANNEX: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Sector	Agency	Implementing Partner Type	Funds Transferred in USD
22-RR-FAO-019	Agriculture	FAO	GOV	$28,705
22-RR-FAO-019	Agriculture	FAO	NNGO	$60,174
22-RR-FAO-019	Agriculture	FAO	NNGO	$77,000
22-RR-FPA-022	Gender-Based Violence	UNFPA	NNGO	$648,000
22-RR-CEF-036	Child Protection	UNICEF	GOV	$438,662
22-RR-CEF-036	Child Protection	UNICEF	NNGO	$97,558
22-RR-CEF-036	Nutrition	UNICEF	GOV	$140,464
22-RR-CEF-036	Nutrition	UNICEF	GOV	$25,720
22-RR-CEF-036	Health	UNICEF	GOV	$90,804
22-RR-CEF-036	Health	UNICEF	GOV	$43,596
22-RR-CEF-036	Health	UNICEF	GOV	$189,812
22-RR-CEF-036	Water, Sanitation and Hygiene	UNICEF	GOV	$84,510
22-RR-CEF-036	Water, Sanitation and Hygiene	UNICEF	NNGO	$278,603
22-RR-CEF-036	Water, Sanitation and Hygiene	UNICEF	GOV	$193,990
22-RR-WFP-032	Nutrition	WFP	NNGO	$373,815
22-RR-WFP-032	Nutrition	WFP	NNGO	$143,935
22-RR-WFP-032	Nutrition	WFP	INGO	$18,471
22-RR-WFP-032	Nutrition	WFP	NNGO	$11,254