



**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR
REPORT ON THE USE OF CERF FUNDS
YEMEN
UNDERFUNDED EMERGENCIES ROUND I 2013**

HUMANITARIAN COORDINATOR

Mr. Johannes Van Der Klaauw

REPORTING PROCESS AND CONSULTATION SUMMARY

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

An After Action Review was conducted on 23 April, 2014.

The meeting participants were IOM, WHO, UNFPA, UNICEF, UNDP, and FAO. For the other CERF recipients who did not participate in the meeting, all the comments and inputs were shared, discussed and briefed through emails.

- b. Please confirm that the Humanitarian Coordinator (RC/HC) Report was discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators as outlined in the guidelines.

YES NO

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

YES NO

The final version of the report was shared with IOM, UNHCR, FAO, OHCHR, UNDP, WFP, WHO, UNFPA and UNICEF.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 706 million (originally 716 million)		
Breakdown of total response funding received by source	Source	Amount
	CERF	16,800,822
	EMERGENCY RESPONSE FUND	11,312,494
	OTHER (bilateral/multilateral)	5,469,091
	TOTAL	33,582,407

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 6 March 2013			
Agency	Project code	Cluster/Sector	Amount
UNICEF	13-CEF-042	Child Protection	599,142
UNICEF	13-CEF-043	Education	894,477
UNICEF	13-CEF-044	Nutrition	450,001
UNICEF	13-CEF-045	WASH	1,036,591
WHO	13-WHO-019	Health	1,391,439
IOM	13-IOM- 013	Food Security and Agriculture	300,000
IOM	13-IOM- 009	WASH	406,707
FAO	13-FAO- 015	Food Security and Agriculture	1,693,311
WFP	13-WFP-017	Coordination and Support Services	659,923
UNFPA	13-FPA-014	Protection/GBV	770,463
UNFPA	13-FPA-015	Health/Reproductive Health	458,024
IOM	13-IOM-010	Multi-Sectorial (Refugees and Migrants)	1,395,553
IOM	13-IOM- 011	Health	402,320
IOM	13-IOM-012	Nutrition	148,715
UNDP	13-UDP-006	Mine Action	2,301,225
UNHCR	13-HCR- 023	Protection/Human Rights/Rule of Law	955,897
OHCHR	13-CHR-003	Protection/Human Rights/Rule of Law	99,726
UNHCR	13-HCR-024	Shelter and Non-Food Items	2,837,308

TOTAL	16,800,822
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TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies /IOM implementation	11,183,531
Funds forwarded to NGOs for implementation	4,878,847
Funds forwarded to government partners	738,444
TOTAL	16,800,822

HUMANITARIAN NEEDS

The political turmoil that swept Yemen during 2011-2012 pushed the country to the brink of civil war. The impact of political instability, coupled with the protracted conflict between the Government and Al-Houthis in the north and the 2012 offensive of Government of Yemen armed forces against the Al-Qaida in the Arabian Peninsula (AQAP) in Abyan governorate in the south, resulted in considerably increased humanitarian needs in Yemen in 2013.

Thirteen million people did not have access to safe water or sanitation, and six million had no access to health care. About 10.5 million Yemenis were food insecure with more than 5.3 million in urgent need of food assistance. Approximately one million Yemeni girls and boys under 5 suffered from acute malnutrition, of whom more than 250,000 were afflicted by life-threatening severe acute malnutrition and 90,000 children did not have access to education due to conflict in Aden, Abyan, Lahj, and Sa'ada. Disease epidemics too were a significant concern, with 170 children having died from measles in 2012.

The weakness of rule of law institutions and protection systems, as well as the frequent conflicts, makes women, children, internally displaced persons (IDPs), returnees, migrants, refugees and other groups vulnerable to grave violations of their rights. The consequences of these lead to significant exposure to exploitation and gender-based violence (GBV). Women, girls and boys are particularly vulnerable because of their lack of access to protection, education, health care and economic opportunities. Children continued to be subjected to extreme violence: in 2012, at least 50 children were killed and 165 were maimed, far surpassing the numbers for 2011.

As of January 2013, more than 100,000 internally displaced persons (IDPs) returned to Abyan Governorate. Prior to June 2012, the UN and NGOs had little or no access to this area. UN agencies and NGOs were able to provide humanitarian assistance in this area at the time of the CERF application due to opening of access. In the north, the protracted humanitarian crisis meant that more than 300,000 people continued living in displacement.

The political and economic situation in the region continued to impact Yemen. In 2012, 107,000 refugees and migrants arrived in Yemen – the vast majority from the Horn of Africa. This meant that the country was hosting at least 237,000 refugees. In addition, an estimated 100,000 vulnerable migrants were thought to be stuck in the country, a major concern to humanitarian actors.

Yemen is also disaster prone and has been identified by the World Bank and the UN International Strategy for Disaster Reduction (UNISDR) as having a “very high vulnerability” to floods and landslides. In 2012, it experienced regular, small-scale natural emergencies and less frequent large-scale crises.

Extreme poverty, volatile food and commodity prices and an increase in the cost of living increased food insecurity and reduced access to basic services and livelihoods for millions of Yemenis. This situation was likely to be further compounded by localized armed conflicts that caused displacement, and limited the capacity of the Government to provide basic social services.

Given the increased opportunities to provide assistance to people in need of immediate humanitarian assistance through increased humanitarian access, it was imperative to scale up humanitarian response in 2013 to reach those in need, including returnees and those affected by conflict. Failure to respond to the humanitarian crisis in Yemen due to lack of funding would put the lives of those affected by conflict or otherwise in need of assistance at risk.

II. FOCUS AREAS AND PRIORITIZATION

A 2013 analysis of humanitarian needs revealed that 13.1 million people required humanitarian aid across the country. However, due to access, security, implementation capacity and resource constraints, humanitarian partners at the beginning of 2013 initially targeted 8.1 million people, a number that was further revised by mid-year to 7.7 million people. Due to poor funding of the 2012 Yemen Humanitarian Response Plan, humanitarian partners identified high-priority projects for the rest of the year during its mid-year review, in an effort to increase fund raising. The strategy for the humanitarian response in 2013, with which the CERF request was aligned, included the following priorities:

- Save lives and prevent further increases in mortality through the provision of nutrition, water and sanitation, primary health services, and food aid
- Strengthen the response to violations of human rights and international humanitarian law, and improve the protection of vulnerable and conflict-affected people

The humanitarian requirements for 2013, as per the Yemen Humanitarian Response Plan, were \$706 million. By the end of the year, \$396 million were available, a funding level of only 56 per cent. The CERF was the fifth-largest funding channel for the response plan and substantially contributed to the humanitarian response in Yemen in 2013, in particular given the low funding level.

The locally managed Emergency Response Fund contributed \$11.3 million to the overall humanitarian response. The ERF and the CERF were used in a complementary way in 2013. While preparing the CERF application, ERF funds were used to provide urgent humanitarian assistance needed to save lives. By making ERF fund available to the agencies, it enabled the humanitarian actors to respond to acute timely needs, while mobilizing CERF and other resources to meet the overall needs.

Funding by sector was roughly aligned between the two funds, with the highest amounts from both funds going to the health cluster (see graph). Last year, examples of complementary use of the two funds include the following:

- In 2013, The ERF and the Central Emergency Response Fund (CERF, the ERF's global counterpart) were used in a complementary way. The two funds were aligned between the two funds. For instance, the CERF supported UN agencies in surveying, marking, and clearing mine fields, as well as raising awareness of the risk of explosive remnants of war and mines in conflict affected communities. The ERF supported a project to provide medical and other assistance to victims of war, including victims of mines. On other hand, the CERF funded a UN agency, while the ERF funded a Yemeni NGO to rehabilitate damaged health centres, educational facilities, and shelters in Abyan. As a result, the two OCHA-managed funds was the fifth-largest provider of humanitarian funding in the country
- The CERF supported UN agencies in surveying, marking, and clearing mine fields, as well as raising awareness of the risk of explosive remnants of war and mines in conflict-affected communities. The ERF supported a project to provide medical and other assistance to victims of war, including victims of mines.
- The CERF funded a UN agency, while the ERF funded a Yemeni NGO to rehabilitate damaged health centres, educational facilities, and shelters in Abyan.

Complementarity between the ERF and CERF by cluster in 2013
ERF (\$11.3 million), and CERF Under-funded window \$16.8 million)

The priority needs identified included: emergency shelter for IDPs and returnees; emergency water, sanitation and hygiene (WASH) services for IDPs, returnees and migrants; emergency education for children of IDPs and returnees; food insecurity and agriculture-related emergency needs for IDPs, returnees and conflict-affected host communities; emergency reproductive health care and health services for IDPs, returnees, migrants and conflict-affected host communities; emergency nutrition intervention for those affected by acute malnutrition and micronutrient deficiency - in particular boys, girls and pregnant and lactating mothers; logistical support for all cluster responses; protection of the most vulnerable populations, including refugees, migrants, children and victims of gender-based violence (GBV) and human rights violations; early recovery mine action and rehabilitation of essential public facilities for IDPs and returnee services in Aden, Abyan and Lahj governorates in the south of Yemen and in the northern Sa'ada and Hajjah governorates.

III. CERF PROCESS

On 19 December 2012, the ERC announced that Yemen had been selected to receive up to US\$17 million from the 2013 CERF underfunded window Round I allocation. The decision on overall priorities, allocation to sectors and division of funds to geographical areas was undertaken under the leadership of the Humanitarian Coordinator and Yemen Humanitarian Country Team. Sector-specific priority activities were subsequently decided in each cluster.

The HCT discussed and agreed on the prioritisation strategy that defined the primary thematic and geographic focus for the CERF funding. The HCT decision on the priorities for the CERF funding was informed by the inadequate funding levels at the time and the priorities set in the 2013 Yemen Humanitarian Response Plan as outlined earlier.

Subsequently, the clusters consulted their members and identified priority lifesaving and protection needs for the CERF funding. The prioritization of activities was based on the overall needs assessment by clusters, including assistance to prevent already vulnerable households from falling into a deeper crisis and to address dangers of mines contamination in conflict areas. Further consideration was also given to the capacity of agencies to implement. In order to ensure impact, only a limited number of activities were agreed to be funded, with a thematic and geographical focus. UN agencies and their partner NGOs prioritized this funding to meet the most urgent underfunded humanitarian needs. Agencies funded through the CERF were required to have an NGO or Government partner involved at all stages in developing the proposal. All activities also considered gender as an integral part of the intervention. While OCHA's Humanitarian Financing Unit, which serves as the ERF secretariat, supported the CERF application, the ERF structures, systems, and processes were not directly used for the CERF prioritization process.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 13.1 million				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Health	715,443	582,785	1,298,228
	WASH	58,857	60,088	118,945
	Protection	123,206	81,021	204,227
	Education	16,208	17,560	33,768
	Nutrition	101,274	65,171	166,445
	Food Security and Agriculture	23,983	36,705	60,688
	Coordination and Support Services	203	472	675
	Mine action	1,831,605	1,831,605	3,663,210
	Shelter and NFI	21,763	20,430	42,193

BENEFICIARY ESTIMATION

The beneficiaries reached were estimated based on the type of provided assistance. It is assumed to have minimal overlaps among the sectors. Surveys and assessments were conducted by the agencies which indicated the number of people in need in the most affected areas in the country, and that was used as a basis for planned beneficiary figures

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	2,640,200	2,892,542
Male	2,543,759	2,695,837
Total individuals (Female and male)	5,183,959	5,588,379
Of total, children <u>under</u> age 5	1,029,768	1,042,633

CERF RESULTS

HEALTH

In the Health Cluster, CERF funding helped aid agencies achieve the following main objectives:

- **Basic healthcare:** Health Cluster partners provided life-saving, essential primary healthcare services, control and management of potential communicable disease outbreaks among population in need due to the protracted emergency in many governorates in Yemen. In Abyan, aid agencies provided healthcare in some of the hardest-to-reach districts (Al Mahfd, Geishan, Ahwar). Aid agencies responded immediately to the health needs of populations following the massive floods hitting Geishan and Ahwar districts in Abyan in July 2013.
- **Reproductive health and gender-based violence:** Humanitarian organizations implemented reproductive health (RH) activities through the health cluster; and gender-based violence (GBV)/protection activities through the protection cluster. They provided humanitarian and protection assistance to 303,181 IDPs and conflict-affected host communities in the six governorates of Lahj, Aden and Abyan in the south, and Sa'ada, Hajjah and Amran in the north. Ad Dhale'e and Shabwah were recently added to the targeted areas as a result of the emergency onset and the crucial needs for RH and GBV activities. Other specific results achieved included 115 pregnant women with complications during delivery were referred to the nearest hospital for life-saving treatment; 17 health centres and 5 hospitals were equipped and their capacities scaled up to provide RH services. A total of 24,000 dignity kits were distributed to displaced women in the six governorates; 200 awareness sessions were conducted on reproductive rights issues and GBV for a total of 12,000 beneficiaries; three minimum initial service package for reproductive health-in-crisis trainings were conducted in Abyan, Lahj and Aden in the South and Sa'ada, Hajjah and Amran Governorates in the North, targeting 72 (mostly female) health workers; clinical management of rape trainings were conducted for 80 health workers, Family planning training targeting 60 service providers mainly midwives, Sexual Transmitted Infection training targeting 60 health workers from the six governorates of Aden, Lahj and Abyan in the South and Sa'ada, Hajjah and Amran in the North; and GBV in humanitarian settings training was conducted in Sana'a for 50 participants from different local and international NGOs; 100 professionals from targeted areas in South and North trained on psychosocial support; training on identification of SGBV survivors was conducted for 60 participants, mainly community-based network members, as well as women groups who are directly involved in identification of GBV survivors at district and village levels; Safe confidential methods for working with GBV survivors and support training for counsellors and individuals involved in interacting with survivors; and 50 professionals from targeted areas trained on referring GBV Cases. Furthermore, 4072 reported GBV cases received the response services (Multi-Sector response), the first database for reporting GBV cases was established at a national NGO hub for accurate figures of GBV survivors.
- **Support to health facilities:** Aid agencies revitalized life-saving services in major health facilities in target governorates through rehabilitation and provision of equipment. Health workers and community volunteers were trained on priority health topics to increase their capacity to detect and respond to disease. A strategic stock of essential, life-saving medicines and supplies was stockpiled to support the operations of fixed and mobile medical teams, as well as respond to unforeseen crises. These services reached close to 1 million individuals, as direct beneficiaries, across 6 affected governorates during the life of the project, with the potential to reach far more beneficiaries for an indefinite time period, as revitalized health facilities continue to provide services to large sections of vulnerable populations. Aid agencies conducted capacity-building activities for service providers, including 57 health personnel (doctors and nurses) from Abyan Governorate's health office who were trained on community management of acute malnutrition (CMAM) and 20 community midwives who were trained on Infant and Young Children Feeding (IYCF) and CMAM in emergencies. No major outbreaks of communicable diseases occurred, and health workers and health facilities had an increased capacity to provide life-saving services.
- **Relief for migrants:** In Haradh, in response to a substantial increase in the number of stranded migrants, aid agencies provided comprehensive humanitarian assistance, directly contributing to saving the lives of thousands of migrants. CERF funding also served to leverage additional funding throughout the rest of 2013 (ECHO and DFID), which allowed humanitarian assistance for migrants to be expanded beyond Haradh.

MINE ACTION

With 2013 CERF contribution to the project, "Support to Eliminate the Impact from Mines and Explosives Remnants of War (ERW)" in Yemen, key staff, including field units, of the Yemen Executive Mine Action Center (YEMAC) were trained and equipped with the necessary knowledge and skills on modern training methods and techniques; and on MRE mine awareness dissemination

During the same period, 65.4 million square meters were technically surveyed (58 million square meters reduced and 7.4 million square meters marked as mine fields) and a total area of 4.2 million square meters was cleared.

In addition to marking and clearing activities, 323,301 members of conflict affected communities (45 per cent females) benefited from MRE activities in partnership with UNICEF in Hajjah, Amran, Shabwah and Hadhramaut Governorates; 911 survivors in Abyan and Hajjah (28 per cent females, 28 per cent children) were surveyed by the victims assistance department and 208 landmine/UXO survivors

underwent medical examination. More than 300 items of medical support were also distributed to 192 landmine/UXO victims from 24 villages in Abyan, Hajjah and Amran governorates.

In total, more than 3 million people, including 164,900 returning IDPs and more than 700,000 children under 5, benefited from life-saving mine action activities, enjoying increased protection from the risks of explosive remnants of war. Medical treatment and referral has also contributed to strengthening victims of conflict resilience and ability to cope with future shocks, especially in rural conflict affected areas. As the majority of the population depend on agricultural livelihoods, the release of arable land for grazing and farming represent one major contribution to Yemen's early recovery and progress towards self-reliance.

WASH

Under the WASH cluster for emergency WASH response in Abyan, sanitation services were provided through the rehabilitation of seven water schemes and water was supplied to 25,076 people through the distribution of 300 water tanks (size 1,000 litres). A total of 5,110 individuals benefited from water trucking in Lawder Modieh, Alwadih and Ahwar for six months, while 300 families received water filters in the most scattered areas. 300 family latrines were constructed in the most vulnerable communities serving 2,181 IDPs. To ensure that the latrines continue to be cleaned and properly used by families, hygiene promotion activities were also carried out within the community by volunteers. The hygiene promotion activities were conducted at community level, including household visits and community cleaning campaigns.

NUTRITION

Under the nutrition cluster, UNICEF used the CERF funding to assist 36,445 beneficiaries in total, among them 33,472 were girls and boys under 5 who received various nutrition services and 2,973 pregnant and lactating women who received micronutrients (fersoline and folic acid tablets) against 3,000 targeted. A total of 7,408 children under 5 suffering from severe acute malnutrition (SAM) were identified and treated, which is a 212 per cent achievement against the target of 3,500 children. The cure rate was 66 per cent at the government facilities and 73 per cent at clinics run by a local NGO. This over-achievement reflects an underestimation of the target at the beginning of the project. In addition, over five times more than the planned target of children under 5 were reached with Vitamin A (26,064 versus 5,000). This is because the delivery modality was changed from passive (facility based delivery) to active by using community based campaigns.

SHELTER

A CERF-funded shelter/NFIs project ensured that IDPs, returnees, marginalized groups, conflict-affected and host communities were provided with life-saving assistance through emergency response, NFIs distribution and shelter delivery in a timely manner. UNHCR constructed 1,402 transitional shelters (477 built through the Norwegian Refugee Council and 925 through the Society for Humanitarian Solidarity, a local NGO) targeting totally destroyed buildings or returnees living in makeshift shelters. NFIs were also distributed throughout 2013 to more than 34,490 individuals in Abyan, Shabwa and Ahwar governorates.

PROTECTION

A CERF-funded protection project supported the protection cluster activities, especially focusing on life-saving and time critical protection and assistance response. The life-saving assistance included identifying violations that, if not addressed, would have life threatening, psycho-social and health implications for the concerned parties which may lead to the loss of life or impairment of mental and/or physical well-being. UNHCR recorded 1,127 protection cases, 471 of which were referred to appropriate service providers, including INGOs, NGOs, UN agencies, clusters and government service institutions. Protection activities included the following:

- Reached 3,997 individuals through information campaigns conducting 10 theatre role-plays and 11 radio talk shows
- Reached 3,443 individuals through information campaigns conducting 39 community level awareness sessions
- 100 per cent of IDPs identified cases were registered
- Strengthened the presence and increased the number of the Community Based Protection Networks (CBPNs)
- 11 awareness sessions were held in 11 schools in Abyan Governorate. Teachers between 10th and 12th grades received training on self-referral model.

AGRICULTURE

A total of 2,000 returnee households in Abyan benefited from the distribution of seeds (millet, sorghum, sesame and maize), fertilizers (80 kg urea bag) and assorted farm hand-tools (set of pickaxe, shovel, hoe and rake). Beneficiaries confirmed having received the inputs according to the quantities provided by FAO. The surveyed households expressed satisfaction with both the quality of seeds and fertilizers provided. In general, beneficiaries receiving agricultural input support, including seeds, farming hand-tools, and fertilizers, expressed great satisfaction on the assistance provided.

A total of 1,399 households in Abyan and Hajjah benefited from the distribution of dry fodder and feed concentrate for 18,600 small ruminants and 930 cows. All surveyed beneficiaries, who mainly own goats, stated having used all the provided feed and fodder for the purpose of improving feeding practices of their livestock. The quality of feed and fodder was rated as very high and evidently resulted in a physical improvement of livestock and significant increase in milk production. Beneficiaries stated that the distribution of animal feed was very beneficial in that it helped to increase animal productivity and health, which had decreased in the last three years following the general worsening of household living conditions. In addition, a total of 59,400 sheep, goats and cows were vaccinated against the major diseases recorded in the project implementation areas. Training of Trainers (ToT) sessions were organized for 60 female community animal health workers on basic animal health and on improved dairy production.

A total of 1,670 households in Hajjah benefited from the distribution of vegetable seedlings (tomato, onion, and hot pepper) and were assisted in establishing home gardens equipped with affordable watering equipment (plastic water tanks) provided by the project. New vegetables were introduced and surplus sold to the local vegetable markets in urban and peri-urban commercial/trading centers. ToT sessions were organized for 80 female community workers on basic home gardening and nutrition/feeding practices.

The same number of beneficiaries have also benefited from the distribution of egg-laying chicken and chicken coops. Beneficiaries were extremely pleased with this activity and clearly expressed their interest in rearing more chicken in order to improve family income and provide dietary diversification. The surveys indicated that the quantity and type of chicken was perfectly adapted to the local conditions and the fact that chickens were already laying eggs when distributed was an additional incentive for the communities to preserve that asset.

A total of 200 households in Abyan were allocated fishing kits including 2 fishing nets, 4 bundles of nylon ropes, 2 bundles of cotton ropes, 70 buoy balls and 2 bundles of nylon threads. The number of beneficiaries is higher than initially planned, mostly due to the doubling of fishing kits beneficiary households, as a result of the economies of scale realized through bulk purchases of fishing tools by FAO. All surveyed beneficiaries have confirmed receiving the kits in the quantities and quality provided by FAO, and reported that the quality of distributed items was of high quality. Over 90 percent of households used the kits for their own fishing activities while 10 percent made an alternative use of them, including renting out some items to other fishers, selling items in the market or barter them for other fishing-related equipment such as refrigerators. These latter options refer to female-headed households who gain their livelihood through renting out kits to fishers in exchange of food and other allowances. Excellent feedback was received by the representatives of the fisher associations, who defined the implemented activities as the most efficient interventions to restore the livelihoods of coastal areas communities and to contribute to the revitalization of local economy. They also added that it would be very important to provide fisher associations with refrigeration systems allowing them to store their fish for longer than one day and therefore make up for the lack of income during the days where the catch is reduced (due to the season or sea conditions).

COORDINATION AND SUPPORT SERVICES

The CERF funding of US\$ 659,923 enabled WFP to sustain the Special Operation for the period of nine months. In the context of volatile security situation, the provision of air passenger service to the humanitarian community in Yemen played a vital role in ensuring the continuity of the life-saving assistance. Thanks to the CERF contribution, WFP could ensure the availability of routing Sana'a-Sa'adah-Hudaydah-Sana'a through four flights per month. Given challenges in accessing the affected populations in the north of the country, at times this operation provided the only way that humanitarians could reach those in need.

CERF's ADDED VALUE

- a) **Did CERF funds lead to a fast delivery of assistance to beneficiaries?**
YES PARTIALLY NO

CERF funds were disbursed before other funding came in, making it possible to ensure uninterrupted life-saving activities. CERF funds enabled a speedy response for the IDPs and returnees in the affected districts. For example, WHO was able to ensure uninterrupted life-saving primary healthcare, reproductive health, referral and surgical services to vulnerable target population comprising IDPs, host communities returnees and migrants in the governorates of Saada, Hajjah, Al-Hodeida, Abyan, Lahj and Aden through CERF funding. This was strengthened by ensuring readiness in terms of availability of medicines/supplies, technical assistance and operation room functionality at the national level from Sana'a. Life-saving medicines, supplies and equipment were provided to the health facilities in need, particularly in Saada governorate, where the need was and continues to remain grave. Communicable disease surveillance through the electronic disease early warning system (eDEWS) was supported in the four pilot governorates of Abyan, Aden, Taiz and Lahj using CERF funding.

b) Did CERF funds help respond to time critical needs¹?

YES PARTIALLY NO

Through CERF, deaths, injuries and harm from mines, UXOs, grave violations and the impact of conflict on vulnerable were prevented, mitigated and responded to. In addition, UN agencies and their partners were able to cover the operation cost under CERF funding. In general, however, since the CERF funding came from the window for underfunded emergencies, time critical needs played a less important role than the strategic allocation of funds to the highest-priorities, most underfunded sectors and activities.

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

YES PARTIALLY NO

In the 2012 humanitarian response plan, out of a requirement of US\$585 million, 58 per cent of the requested fund (US\$338 million) was raised. This meant that a number of clusters did not receive sufficient funding to be able to respond to the needs of the targeted population. In 2013, funding requirement to address the humanitarian needs increased to US\$716 million and by the end of February 2013, only about US\$33 million was received. It was imperative that the humanitarian partners have access to quick funding to provide urgent life-saving assistance to those in need, including returnees and those affected by conflict. The CERF allocation of US\$17 million at the beginning of the year provided the recipient agencies the bridge funding to cover operations and provide services in different regions in the country. It allow an essential rapid injection of resources to carry forward programmes and to leverage complementary resources from other donors, notably the US, Netherlands, Sweden, Japan, French National Committee for UNICEF. Additional funding was allocated by Belgium specifically to directly complement activities carried out by the CERF.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

CERF funding helped the Humanitarian Country Team (HCT) and also the Inter-Cluster Coordination Mechanism (ICCM) plan across clusters to improve inter-cluster coordination. Funding through the CERF helps clusters to focus on urgent humanitarian issues, collectively develop strategies, and set priorities, thereby solidifying the relationship between the cluster coordinator and cluster partners. CERF also enhanced coordination and partnership between agencies thereby building on their comparative advantages.

¹ Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>CERF guidelines, particularly those detailing equipment/supplies that fall under life-saving criteria are not detailed enough to facilitate selection of the items.</p> <p>Also, the agency submitting the proposal should be allowed to have the final say, with reasonable justification, on the items considered life-saving, being the technical expert on the relevant sector. WHO had some back and forth contact with CERF focal persons in the country in order to clarify whether the items discussed were life-saving or not.</p>	<p>It would facilitate the whole process of identifying the exact equipment/supplies by the recipient agency if the CERF guidelines are more clear. Also, the agency should be able to make the final decision as to whether particular equipment/supplies are deemed life-saving, after sufficient justification is provided to CERF.</p>	CERF Secretariat
<p>The timeframe allocated for the implementation does not necessarily match the agriculture calendar hence the likelihood for a no-cost extension request.</p>	<p>Allow flexibility for time sensitive activities to be implemented within respective agricultural and livestock production calendars.</p>	CERF Secretariat

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
<p>Procurement of the oxygen station for Al-Jumhury Hospital in Saada governorate and equipping Tabzah Center with renal dialysis equipment, which fall under essential, life-saving equipment and supplies, are a means to ensure service-provision to the population of the entire governorate as well as those of neighbouring districts of nearby governorates in urgent need. The agreement to provide oxygen free of charge to government health facilities in the governorate will ensure long-term sustainable solutions to this chronic problem, without burdening the MoPHP with extra costs.</p>	<p>It is essential to look into rehabilitation and provision of equipment to health facilities in order to ensure long-term solutions to the health system of the country. As the acute phase of the nation-wide conflict has passed, despite sporadic outbreaks of violence, it is important to focus on early-recovery activities and durable solutions to boost the health infrastructure, in parallel with capacity building of the existing health staff while agreeing with the Ministry of Planning that trained staff will be deployed to Government health facilities where there is shortage of qualified personnel.</p>	Humanitarian actors including UN agencies, international and local NGOs, and the MoPHP from the Government side
<p>Female health workers have been identified by all stakeholders on the ground including the Governorate Health Office(GHO) in different governorates, Executive Committee of Al-Houthis in Saada, humanitarian agencies and MoPHP to be far more responsible and duty-bound than their male counterparts. They were noticed to have better attendance rates and greater output of work.</p>	<p>Active involvement of female health workers, not only in the medical teams supported by humanitarian actors but also in government positions, has the potential to improve service-provision and output on beneficiaries.</p>	Humanitarian actors including UN agencies, international and local NGOs, and the MoPHP from the Government side
<p>Provide a wider variety of seeds, possibly including those of seasonal plants (such as watermelons and melons) that allow for the</p>	<p>Ensure more exhaustive and systematic needs assessments at district levels.</p>	FAO and Ministry of Agriculture and Irrigation

household to generate some income sooner than with grains and in multiple times throughout the year.		
Vary the type of seeds distributed to farmers within the same community in order to ensure variety of products at the local market and avoid the dumping of prices. Also for this component, stronger training should be provided on seeds storage and use, in order to minimize cases of post-harvest loses.	Ensure more exhaustive and systematic needs assessments at district levels.	FAO and Ministry of Agriculture and Irrigation
Purchase of fodder locally, when available, is important in order to make sure animals are fed with fodder varieties they are used to and, at the same time, promote local economy, thus having a greater impact on community livelihoods.	Maximise local procurements taking into strict consideration relevant agro-ecological conditions and livelihood zones.	FAO and Ministry of Agriculture and Irrigation
Further support to the fisheries sector can be provided through the provision of refrigeration systems allowing for longer preservation of fresh fish products.	Ensure a comprehensive Value Chain needs analysis of the sector.	FAO and Ministry of Fish Wealth
The CERF contribution for the project in the South and North had a catalytic effect for other donors (ECHO and the Government of Japan) to fund more activities	Maximize visibility of the CERF contribution to achieve a catalytic effect in resource mobilization with other donors.	UNHCR
Whether for under-funded or life-saving interventions, reaching the life-saving element of the CERF funding requires a speedier process of prioritization, fund allocation both at the ICCM and cluster levels and final availability of the funding, so that humanitarian partners are able to deliver life-saving interventions at the earliest time window.	The prioritization process for allocation of fund should be kept to the minimum applicable duration.	Whether for under-funded or life-saving interventions, reaching the life-saving element of the CERF funding requires a speedier process of prioritization, fund allocation both at the ICCM and cluster levels and final availability of the funding, so that humanitarian partners are able to deliver life-saving interventions at the earliest time window.
The approval of project activities and budget was done in a timely manner, while the transfer of funds to UNHCR field operation could be accelerated, to avoid any delay in the starting of the implementation.	Improve the flow of information between the CERF Secretariat and UNHCR for closer follow up on project management.	UNHCR
There is a potential cultural barrier for women and girls to access obstetric care in general. The nature of the mobile health units as being mobile presents additional barrier to utilization of services – service not being available at the right time, such as when a woman or girl goes	This lesson learned should be taken into account in any future health/reproductive health activities	Aid agencies implementing health activities

<p>through labour, or any pregnancy-related complications. Further assessment on utilization of reproductive health care is warranted. The number of under-five beneficiaries is also lower than targeted. Although a large proportion of health promotion messages were focused on child health, notably nutrition and immunization, more community outreach is needed in order to catch a bigger proportion of under-fives.</p>		
<p>Managing cool-chain Reproductive Health kits by Ministry of Health is a challenge, especially with fuel and electricity shortage.</p>	<p>This lesson learned should be taken into account in any future health/reproductive health activities</p>	<p>Aid agencies implementing health activities</p>
<p>High dependency from MoPHP on the RH commodities and disposable lifesaving drugs.</p>	<p>This lesson learned should be taken into account in any future health/reproductive health activities</p>	<p>Aid agencies implementing health activities</p>
<ul style="list-style-type: none"> - Addressing GBV was a constraint falling within restricted customs and traditions among the targeted communities, through awareness raising survivors are opening up and likely filing their cases looking for justices against perpetrators. - The data base that was establish for the implementing partner is the first in the country, difficulties in maintaining the system relies on electricity and internet connections in the field. - Involving men and boys to advocate on behalf of GBV survivors is an effective mechanism. 	<p>This lesson learned should be taken into account in any GBV activities</p>	<p>Aid agencies implementing GBV activities</p>

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-IOM-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Life-Saving WASH Assistance for Returnees & Conflict-Affected Communities in Abyan		
7. Funding	a. Total project budget:	US\$ 4,091,900	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,300,000	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 406,707	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	47,500	31,062	Discrepancy in numbers is due to a miscalculation of total estimated planned beneficiaries (in section 8) at the time of project formulation, as confirmed by the fact that approved planned beneficiary numbers are not reflected in section 10b "Activities" and 10c "Expected outputs and indicators" of the approved CERF project. Accordingly, planned outputs should have been as follows: a. Female: 31,530 b. Male: 31,530 c. Total individuals (male + female): 63,060 d. Of total, children <u>under</u> 5: 8,828
b. Male	47,500	33,383	
c. Total individuals (female + male):	95,000	64,445	
d. Of total, children <u>under</u> 5	16,910	9,194	
9. Original project objective from approved CERF proposal			
<p>General objective: The overall objective of this project is to provide urgently needed life-saving relief to families and individuals displaced by on-going violent conflict and returning to conflict-affected communities in southern Yemen, specifically within Abyan Governorate.</p> <p>Specific Objective: To reduce levels of morbidity and mortality among vulnerable populations returning to conflict-affected communities where critical WASH infrastructure has been destroyed or made inoperable, with special attention accorded to women, children, the sick and elderly and those with special needs, the project will provide delivery of critical relief services, the provision of material aid and the installation of emergency infrastructure throughout affected areas of Abyan Governorate. Specifically, IOM's proposed intervention consists of: 1) distribution of essential material aid to address the water, sanitation and hygiene (WASH) needs of displaced men, women and children, 2) rehabilitation of small-scale water infrastructure</p>			

damaged in the conflict within returnee communities, 3) the delivery of critical hygiene and sanitation awareness messages through community water resource management committees and IOM hygiene promoters.

10. Original expected outcomes from approved CERF proposal

1. Continued identification of families and individuals displaced from and within Abyan and returning to communities of origin throughout the six-month project period;
2. Increased knowledge among relief agencies working in Abyan on water-insecurity affecting returnee communities through implementation of a rapid assessment of settlements of returnee populations to evaluate their proximity and secure access to adequate water sources over a six-month project period;
3. Rehabilitation of 30 water sites in the conflict and made inoperable through will provide adequate access to 45,000 returnees (7,500 households) in water-insecure returnee communities over a six-month project period;
4. 3,000 returnee families (18,000 individuals) provided with hygiene consumables;
5. Enhanced community ownership of WASH relief and recovery interventions within returnee communities through establishment and essential training and technical support to 15 gender-balanced four-member water management committees supported by IOM's 12 hygiene and sanitation community action leaders over a six-month project period;
6. Continued delivery of sanitary water through IOM's installation and rehabilitation interventions through water quality control tests on supported water sources throughout the six-month project period;
7. Continued compilation of relevant age and gender-disaggregated data to inform future interventions targeting returnee populations within the six-month project period;
8. Improved communication and information-sharing among UN agencies, international and local NGOs, and thus more efficient and effective emergency response to needs of Abyan's returnee population over a six-month project period;
9. Equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen.

11. Actual outcomes achieved with CERF funds

1. **Continued identification of families and individuals displaced from and within Abyan:** the process of return has been followed within the relevant inter-agency fora, with particular reference to the Shelter/NFIs/CCCM, WASH and ER cluster, and information on identified returnee communities shared as appropriate with partners;
2. **Implementation of a rapid assessment of settlements of returnee populations:** the process of return has been followed within the relevant inter-agency for a and all information gathered by IOM teams during the implementation of this project shared with relevant WASH cluster partners through monthly Single Reporting Form (SRF) submissions and consultations within the framework of the cluster meetings. It was not considered necessary to conduct an ad hoc comprehensive assessment of the settlements since several were undertaken by other agencies. Further, community-level technical assessments were deemed to better complement the generic data provided by larger-scale assessments;
3. **Rehabilitation of 30 water sites:** IOM rehabilitated 23 water sites – instead of the planned 30 – that were selected as the ones serving most vulnerable communities. Though the number of sites is lower, the type of intervention in targeted areas have been above average, allowing to target bigger communities and reaching a total estimated 45,050 beneficiaries (sex-, age-, location-disaggregated data below), thus exceeding by 50 beneficiaries the target number.
4. **Hygiene consumables to 3,000 returnee families:** the hygiene awareness campaign has been compounded by a parallel water quality promotion one targeting the same beneficiaries, for a total of 19,194 beneficiaries (sex-, age-, and location- and period-disaggregated data below), exceeding the planned number by 1,194 individuals. It is important to note that campaigns number 9 and 10 conducted in September 2013 and targeting Jayshan and Ahwar districts have complemented IOM WASH, health and shelter/NFIs interventions to provide relief assistance to vulnerable communities affected by the August 2013 torrential floods. Such campaigns funded through CERF programming have provided life-saving support to affected communities, in particular by preventing the spread of waterborne diseases and diseases related to the lack of hygiene that are typical of the post-disaster context.
5. **Formation of 15 Water Management Committees:** throughout the implementation period, IOM has by far exceeded the established target by forming 32 Water Management Committees - one for each of the 23 rehabilitated water sites, in addition to the formation of 9 others in areas where conflict over scarce water resources represents a major concern. The activity has targeted 183 community members;
6. **Continued delivery of sanitary water:** this component has been implemented in parallel to the hygiene awareness campaigns as described in point 4 above;

<p>7. Continued compilation of relevant age and gender-disaggregated data to inform future interventions targeting returnee populations within the six-month project period;</p> <p>8. Coordination: 12 inter-agency coordination meetings have been attended by IOM staff throughout the project implementation period, in addition to 15 <i>ad hoc</i> bilateral meetings.;</p> <p>9. Equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen was ensured throughout the implementation process, with the mainstreaming of gender issues and the constant prioritization most vulnerable communities.</p> <p>Project outputs not included in the approved CERF proposal:</p> <ul style="list-style-type: none"> - Training: one ToTs for hygiene awareness and water quality was organized by IOM for implementing staff and relevant government counterparts. The training reached 18 people, of whom 13 men and 5 women. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Discrepancy in numbers is due to a miscalculation of total estimated planned beneficiaries (in section 8) at the time of project formulation, as confirmed by the fact that approved planned beneficiary numbers are not reflected in section 10b “Activities” and 10c “Expected outputs and indicators” of the approved CERF project.</p> <p>Accordingly, planned outputs should have been as follows:</p> <ol style="list-style-type: none"> a. Female: 31,530 b. Male: 31,530 c. Total individuals (male + female): 63,060 d. Of total, children <u>under</u> 5: 8,828 	
<p>13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>2a</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Monitoring visits during distributions have been conducted by IOM implementing staff and in particular by M&E staff A comprehensive M&E work could not be completed as planned due to access restrictions but is currently being compiled to identify gaps, success stories and lessons learnt.</p> <p>The following bullet points summarise the findings of the monitoring visits conducted by IOM M&E team throughout the project implementation period:</p> <ul style="list-style-type: none"> ▪ Flexibility of CERF funding allows for the provision of life-saving response to unforeseen emergencies, complementing projects in other sectors and positively impacting targeted vulnerable communities; ▪ Need to intervene in health facilities for the rehabilitation of water and sanitation structures, since such buildings require enhanced hygiene conditions and, at the same time, represent a focal point for local communities where to seek remedy against diseases; ▪ Recommended organization of a governorate-level training on water chlorination and water quality promotion involving government counterparts (political and technical) at various levels, as well as member of the formed Water Management Committees, in order to ensure raising awareness on the importance of water quality control, as well as provide technical skills and equipment for water quality testing; ▪ Very strong effect of traditions on hygiene practices of community members, in particular the elderly. Furthermore, trends identified by the hygiene promotion teams highlight the fact that most families do not wash their hands with soap mainly because soap is not available in the market or too expensive, but they acknowledge the importance of such practice for their hygiene. Recommended increase of soap bars in distributed hygiene kits and continued supply of the same in the future; ▪ Need for mapping of incomplete water projects for which rehabilitation materials are partially already with the General 	

Authority of Rural Water (GARW), in order to provide missing items and complete water systems;

- Recommended prioritizing rehabilitation of rainwater collectors (reservoirs) in areas where there are no wells and that are not subject to floods (such as Yafa'a region of Abyan);
- Recommended piloting installation of manual water pumps for sites with shallow water tables and where electricity is not provided and access to fuel is limited.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	20 Mar. 2013- 31 Dec. 2013
2. CERF project code:	13-WFP-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Coordination and Support Services		
4. Project Title:	Air Passenger Service and Logistics Cluster Coordination in Support of the Humanitarian Response in Sa'ada (WFP Special Operation 200130)		
7. Funding	a. Total project budget:	US\$ 1,600,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,148,223	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 659,923	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	88	203	Due to the ongoing humanitarian crisis and difficulties in accessing areas, the demand from the humanitarian community significantly increased. As a result, the number of reached beneficiaries exceeded that of planned.
b. Male	200	472	
c. Total individuals (female + male):	288	675	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			
Provide air passenger services to support the humanitarian community in Yemen in ensuring safe movement of staff in the country, and to guarantee the continuity of the life-saving activities. The operation will also enhance the predictability, timeliness and efficiency of the emergency response to the affected population in Yemen.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Enhanced predictability, timeliness and efficiency of emergency response under the Logistics Cluster approach The provision of both scheduled and ad-hoc air passenger flights and cargo services to the humanitarian community in Yemen, particularly to Sa'ada, ensuring operational continuity. Access to fuel for humanitarian agencies 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Enhanced predictability, timeliness and efficiency of emergency response under the Logistics Cluster approach by providing regular flights, in particular from Sana'a to Sa'ada The provision of both scheduled and ad-hoc air passenger flights (for 675 aid workers) and cargo services to the 			

<p>humanitarian community in Yemen, particularly to Sa'ada, ensuring operational continuity.</p> <ul style="list-style-type: none"> Some 47 humanitarian agencies received fuel for their generators, vehicles and water trucks that provided water supply for displaced population. On average, around 30 litres of fuel was distributed on a monthly basis. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): GM code: N/A</p> <p>This project does not have direct contact with affected populations, and does not directly affect or determine the selection or use of resources, goods or services accessed by affected populations</p>	
14. M&E: Has this project been evaluated?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>A performance review, conducted in September 2013, highlighted the following findings:</p> <ul style="list-style-type: none"> Excellent implementation and facilitation of the logistics services such as passenger air service, fuel provision, coordination and information management in response to the emergency in the Sa'ada governorate; Timely and consistent provision of diesel and petrol to the humanitarian community operating in Sana'a, Haradh and Aden; Partners' request to expand the fuel provision service to include the short and long term storage of fuel for the humanitarian community. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	5 Apr. 2013 - 31 Dec 2013
2. CERF project code:	13-WHO-019	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Supporting life-saving Primary Health Care/Emergency Medical Services and Mass Casualty Management and responding to disease outbreaks in the affected southern and northern Governorates, with focus to Abyan, Saada and Hajjah		
7. Funding	a. Total project budget:	US\$ 2,099,786	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,391,439	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 1,391,439	▪ Government Partners: US\$ 450,000
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	571,729	491,687	Due to administrative procedures, there was a slight delay in obtaining the fund and actual implementation on the ground began in mid-April 2013.
b. Male	549,309	472,405	
c. Total individuals (female + male):	1,121,038	964,092	
d. Of total, children <u>under 5</u>	146,464	171,608	The procurement process for the oxygen station took longer than expected due to the unavailability of the item with the required specifications in-country, the subsequent import, and clearance at the port and installation process. This resulted in the oxygen station becoming operational only in November. In addition, certain life-saving priorities, which fall under CERF criteria, were identified during the year that were not in the original project proposal, e.g., procurement and installation of the oxygen station in Sa'ada, which had an effect on the number of beneficiaries reached, as opposed to the estimated target beneficiaries. This accounts for a difference in beneficiary numbers.
9. Original project objective from approved CERF proposal			
<p>General objectives:</p> <ul style="list-style-type: none"> ➤ To save lives through ensuring continued access to essential health care, including primary health care, emergency medical services and referral services in Abyan, Saada and Hajjah governorates. ➤ To reduce, mitigate and respond to public health risks to vulnerable populations with focus on control of communicable diseases and hence to prevent avoidable morbidity and mortality among vulnerable population in the target areas. 			

10. Original expected outcomes from approved CERF proposal	
<p>Outcome 1: Target population has continued access to essential, lifesaving, preventive and curative health services resulting in maintaining an acceptable threshold in morbidity and mortality levels</p> <p>Outcome 2: 24/7 availability of the referral system for emergency management of medical emergencies and for efficient management of critical cases</p>	
11. Actual outcomes achieved with CERF funds	
<p>Outcome 1:</p> <ul style="list-style-type: none"> Affected populations received timely, uninterrupted access to standardized package of life-saving PHC services; alerts/outbreaks were predicted, prevented and responded to, resulting in maintaining an acceptable margin of morbidity/mortality. Major health facilities, including Al-Jumhury and Al-Talh hospitals (Saada) and Tabzah Health Center (Hajjah), have been variably rehabilitated and equipped Health workers and community volunteers were trained on health topics which were identified as priority to enhance their capacity to detect and respond to disease A strategic stock of essential medicines was maintained and distributed to the medical teams as per need. <p>Outcome 2:</p> <ul style="list-style-type: none"> MoPHP ambulances and referral system for management of medical emergencies and critical cases was made available 24/7 in Haradh, Aden and, Abyan. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
Due to administrative procedures, there was a slight delay in obtaining the fund and actual implementation on the ground began in mid-April 2013 which was the main reason for the lower beneficiaries.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a WHO/MoPHP provide services to all affected population, including men, women, boys and girls. Special services, like RH and immunization target women and children respectively. The medical teams are comprised of male and female health workers to cater to the need of the community, where it is sometimes difficult for male health workers to serve female patients.</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If yes, please describe relevant key findings here and attach evaluation report or provide URL: WHO's field coordinators conducted continuous monitoring of primary healthcare activities of fixed and mobile teams, the provision and distribution of essential medicines, the rehabilitation of and provision of equipment to health facilities, and other activities. In addition, field monitoring visits were paid from WHO Sana'a office to areas where rehabilitation/equipment was done. All trainings were conducted by WHO staff. Therefore, a continuous monitoring of all project activities was done by WHO but no end-of-project evaluation was undertaken.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-CEF-042	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Child Protection Sub-Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Child Protection in Emergency		
7. Funding	a. Total project budget:	US\$ 7,875,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 599,142	▪ NGO partners and Red Cross/Crescent: US\$ 276,888
	c. Amount received from CERF:	US\$ 599,142	▪ Government Partners: US\$ 195,522
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	25,970	22,368	A higher number of beneficiaries was reached due to the fact that for both Mine Risk Education (MRE) and Psychosocial support (PSS), more community volunteers were trained than planned (planned: 50 volunteers for MRE and 60 for PSS) which enabled increased coverage of both interventions. This resulted in reaching more beneficiaries through MRE (28,331 people including children vs. 20,000 people including children) and 35,465 children and adults (planned figure was 32,700) through PSS.
b. Male	27,030	41,427	
c. Total individuals (female + male):	53,000	63,795	
d. Of total, children <u>under 5</u>	5,000	6,200	
9. Original project objective from approved CERF proposal			
Address the life-threatening impact of conflict and grave violations on children through enhanced protection monitoring, community awareness, prevention and response services.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 10,000 children and 10,000 community members are able to identify life threatening dangers of landmines, unexploded ordinances (UXO), explosive remnants of war (ERW) and improvised explosive devices (IED) in northern Yemen, know how to behave when in a mixed contaminated location, and where to seek help in their community, with specific focus on promoting the participation of girls, boys, men and women; 50 teachers and community volunteers (male and female) are providing MRE in affected communities; Members of 30 child protection committees (comprising of 5-10 community members each) are able to effectively monitor violations affecting children and referring victims to appropriate support services in accordance with international standards; 30 community/school based child friendly spaces are established and able to effectively provide critical support services to 			

<p>32,700 vulnerable children affected by conflict and grave violations in accordance with international standards;</p> <ul style="list-style-type: none"> • Psychosocial support provided to vulnerable conflict affected children through a network of 60 teachers, NGO staff and community volunteers in accordance with international standards. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 16,714 children (girls: 4,907, boys: 11,807) and 11,617 community members (female: 3,550, male: 8,067) are able to identify life threatening dangers of landmines, UXOs, ERWs and IEDs in northern Yemen, know how to behave when in a mixed contaminated location, and where to seek help in their community, with specific focus on promoting the participation of girls, boys, men and women; • 50 teachers and community volunteers (male and female) are providing MRE in affected communities; • Members of 30 child protection committees are able to effectively monitor violations affecting children and referring victims to appropriate support services in accordance with international standards; • 30 community/school based child friendly spaces are established and able to effectively provide critical support services to 35,465 vulnerable children (girls: 13,911, boys: 21,554) affected by conflict and grave violations in accordance with international standards; • Psychosocial support is provided to vulnerable conflict affected children through a network of 60 teachers, NGO staff and community volunteers in accordance with international standards. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The implementation of MRE and PSS services provided by Democratic School and Shawthab Foundation in Sa'ada were interrupted frequently by the de-facto authority, Al-Houthi/Ansar Allah. This was due to their preference towards local organizations based in Sa'ada and not national organizations such as Democratic School and Shawthab Foundation with local branches in Sa'ada. The implementation of MRE in particular was hampered significantly. Accordingly, to overcome this obstacle, UNICEF coordinated with the Yemen Mine Action Centre (YEMAC) and channelled the remaining funds to YEMAC where funds were further transferred to the two NGOs by YEMAC for MRE together with other local NGOs and MOSAL who have an excellent relationship with the de-facto authority. It was accepted for a while, but stopped again when YEMAC withdrew the demining teams because of the unsafe security situation when the conflict erupted in Kitaf between the Houthis and Salafists.</p> <p>Because of MOSAL's excellent relationship with Houthis, other NGOs and with governmental partners such as the Ministry of Education, they were able to coordinate with Houthis to access areas that could not previously be reached, such as AL-Azmoor in Razeh District; Al-Shat and Al-Nakaa in Al-Safraa District; and Madarah in Ghamer District. Accordingly, it was therefore possible to reach a higher number of people than planned, as mentioned in the Result section above</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>Regular monitoring visits were conducted by UNICEF staff at central and field level as well as by concerned partners in the Ministry of Social Affairs and Labour, and Yemen Executive Mine Action Centre (YEMAC). This also included the quarterly and mid-year reviews as well as bilateral meetings to improve the implementation and overcome any obstacles faced.</p> <ul style="list-style-type: none"> • During 2013, UNICEF with its partner DRC monitored the situation of children affected by the conflict situations in Hajjah and Sa'ada which has hampered children's safety and security as well as denied basic child rights. • 50 per cent of children in Hajjah (7 per cent) and Sa'ada (43 per cent) were reported and verified as either killed or maimed; 11 per cent of children were recruited and used in Hajjah (8 per cent) and Sa'ada (3 per cent); and 18 per cent of attacks on schools and hospitals took place in Sa'ada. Out of the child casualties 22 per cent were victims of mines or UXOs/ERWs. • There is a significant increase (89 per cent) of child casualties in the northern governorates compared to 2012 due to the conflict between Al Houthi/Ansar Allah and Salafist in Sa'ada and in the neighbouring governorate of Hajjah. In addition to the conflict, better networks were established in the north which attributed to the increase (79 per cent) of verified reports of 	

recruitment and use by UNICEF supported partner. Schools and hospitals continued to be in the centre of attacks which hampers children's right to education and health, however the number of incidents nearly halved (44 per cent) compared with 2012.

- Three bi-monthly reports and an annual report on grave child rights violations in Yemen were prepared based on regular data collected and analysed at field level. These reports were sent to the Office of the Special Representative for Children and Armed Conflict (SRSG-CAAC) for onward transmission to the UN Security Council Working Group on Children and Armed Conflict.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	02 Apr. 2013 - 31 Dec. 2013
2. CERF project code:	13-CEF-044	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Scaling up the integrated management of severe acute under nutrition among under 5 girls and boys approach in the most vulnerable communities in Yemen.		
7. Funding	a. Total project budget:	US\$ 24,824,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 20,613,729	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 176,065
	c. Amount received from CERF:	US\$ 450,001	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	7,165	19,374	The project has reached higher than the target numbers of beneficiaries for the following reasons: 1- The number of SAM children treated was over twice the target (7,408 versus 3,500). This is mainly due to the better access that was ensured through FMF and also the increased number of government OTPs that were established during 2013. 2- Over five times as many children under 5 were reached with Vitamin A (26,064 versus 5,000). This is because the delivery modality was changed from passive (facility based delivery) to active by using community based campaigns.
b. Male	4,335	17,071	
c. Total individuals (female + male):	11,500	36,445	
d. Of total, children <u>under 5</u>	8,500	33,472	
9. Original project objective from approved CERF proposal			
Overall project goal: To contribute towards the reduction of mortality and morbidity related to acute malnutrition among girls and boys under 5 and Pregnant and Lactating Women (PLW) through quality lifesaving nutritional interventions. Specific objective: Improve access to quality equitable life saving therapeutic and preventive nutrition services for children under 5 and PLW.			
10. Original expected outcomes from approved CERF proposal			
1- 3,500 Severe Acute Malnutrition (SAM) children enrolled in the Community Management of Acute Malnutrition (CMAM) programme with at least 60 per cent cure rate 2- 5,000 Under 5 girls and boys receive multiple micronutrient supplementations 3- 3,000 PLW receive micronutrient interventions			

4- 510 SAM children receive consumable hygiene kits twice	
5- 24 Health workers trained on emergency CMAM (at least 50 per cent women) and 6 on Infant and Young Children Feeding IYCF (100 per cent women) from six health facilities.	
11. Actual outcomes achieved with CERF funds	
1- 7,408 SAM children were enrolled in the CMAM programme, from them 1,722 through Field Medical Foundation, a local NGO (211 per cent of the target) with a cure rate of 66 per cent at the government facilities and 73 per cent at FMF clinics, 2- 26,064 under 5 girls and boys received Vitamin A supplementation (micronutrient supplementations). 3- 2973 PLW received micronutrients interventions (Fersoline and folic acid tables). 4- 1,721 SAM children received consumable hygiene kits twice during the course of their treatment. 5- 57 health workers were trained on the CMAM and 20 were trained on IYCF (100 per cent women).	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The project has reached higher than the target numbers of beneficiaries for the following reasons: 1- The number of SAM children treated was over twice the target (7,408 versus 3,500). This is mainly due to the better access that was ensured through FMF and also the increased number of government OTPs that were established during 2013. 2- Over five times as many children under 5 were reached with Vitamin A (26,064 versus 5,000). This is because the delivery modality was changed from passive (facility based delivery) to active by using community based campaigns.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
The project has been daily monitored by our Field Colleagues but a full set evaluation has not been done. This project is part of a multi sectoral response which will be evalauted at a later stage.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	2 Apr. 2013 - 31 Dec. 2013
2. CERF project code:	13-CEF-045	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency WASH Response in Abyan		
7. Funding	a. Total project budget:	US\$ 27,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,036,591	▪ NGO partners and Red Cross/Crescent: US\$ 779,265
	c. Amount received from CERF:	US\$ 1,036,591	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	20,400	27,795	A higher number of beneficiaries was reached than anticipated with awareness raising activities, which are low cost interventions.
b. Male	19,600	26,705	
c. Total individuals (female + male):	40,000	54,500	
d. Of total, children <u>under 5</u>	4,800	6,500	
9. Original project objective from approved CERF proposal			
1. Men, women, boys and girls in the targeted population in Abyan Governorate have increased access to, and make optimal use of, water and sanitation facilities, and increased awareness of hygiene promotion to take actions for protecting themselves against threats to public health.			
2. Local authorities in Abyan have improved capacity to carry out sustainable restoration of urgent WASH related services in the area			
10. Original expected outcomes from approved CERF proposal			
	Outcomes	Indicators	
WATER	Target communities have access to sufficient quantity and quality of potable water and water points are properly maintained by the beneficiaries.	70 per cent of the target areas have access to at least 7-15 liters of water per person per day	
		2 water systems & 4 shallow wells are rehabilitated, water committees selected and trained to manage their water systems	

		646 water filters are distributed among the selected families with training imparted for proper use and safe water is available as a result for drinking
		95 per cent of the targeted drinking water sources installed/rehabilitated by the project in targeted areas of Abyan are free of microbial contamination at water points
SANITATION	Target communities are supported with access to safe and appropriate sanitary facilities.	350 family latrines constructed and used by families
		8000 people benefit from improved garbage disposal
HYGIENE	Target populations have increased awareness of safe hygiene practices and are engaged in positive public health practices.	300 hand washing facilities installed 2,700 families receive hygiene kits and hygiene consumables.

11. Actual outcomes achieved with CERF funds

Outcome 1 Water:

- 7 water schemes have been rehabilitated and are supplying water to 25,076 people, with distribution of 300 water tanks (size 1,000 litres).
- 5,110 individuals benefited from water trucking in Lawder modieh, alwadieh, and Ahwar for six months.
- 300 families have received 646 water filters in the most scattered areas.

Outcome 2 Sanitation:

- 300 family latrines were constructed in the most vulnerable communities served 2,181 IDPs. To ensure that the latrines continue to be cleaned and properly used by families, hygiene promotion activities were also carried out within the community by volunteers.

Outcome 3 Hygiene:

- The hygiene promotion activities were conducted at community level, which composed of household visits and community cleaning campaigns. As a result, 54,500 targeted community members took part in awareness raising activities on how keep the environment clean, use latrines, the importance of hand washing before eating and after using latrines.
- 745 families were given consumable hygiene kits on a monthly basis.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

The numbers of IDPs returning back from Aden to the main business centres of Abyan, such as Ja'ar and Ahwar, has exerted pressure on the population already living with vulnerability and without sufficient support for basic services. This further weakened the already minimal capacity of existing basic government services.

The project was however able to target a higher number of beneficiaries than planned using a community oriented approach.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

'YES', what is the code (0, 1, 2a, 2b): 2b

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?

YES NO

No evaluation was conducted as the CERF project funded activities were part of the overall emergency response, which continued beyond the project period.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	9 Apr. 2013 to 31 Dec. 2013
2. CERF project code:	13-CEF-043	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Education		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Providing conducive learning environment to conflict affected children through provision of educational materials		
7. Funding	a. Total project budget:	US\$ 13,861,885	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 894,477	▪ NGO partners and Red Cross/Crescent: US\$ 147,352
	c. Amount received from CERF:	US\$ 894,477	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	20,000	24,897	Despite initial delays due to access issues in Sa'ada where fighting renewed in Kitaf District shortly after the beginning of the project 6,266 more children were reached with recreational materials. This was achieved through targeting more populated schools in Sa'ada with a focus on girls' schools,
b. Male	19,002	20,371	
c. Total individuals (female + male):	39,002	45,268	
d. Of total, children <u>under 5</u>	NA	NA	
9. Original project objective from approved CERF proposal:			
To ensure conducive learning environment for 39,002 conflict affected children through the provision of educational materials and furniture: 6,000 children in Sa'ada, 12,600 children in Lahj and 20,402 children in Abyan.			
10. Original expected outcomes from approved CERF proposal			
The main outcomes of the project are:-			
<ul style="list-style-type: none"> • 39,002 children access suitable learning environment in accordance with International Network for Education in Emergencies (INEE) minimum standards for education. • 39,002 children benefit from educational supplies, furniture and recreational materials. • Awareness of quality education among principals and teachers in 249 schools increased. 			
11. Actual outcomes achieved with CERF funds			

<ul style="list-style-type: none"> • Through the provision of educational and recreational materials and furniture, the quality of education for conflict affected children has significantly improved. In order to reduce the burden on parents and to also provide quality support to children in the learning process, 5,980 children have been given learning materials. Besides, 70 recreational kits were distributed in 70 schools, benefiting 17,500 children. • Educational materials distributed to 27,768 children • In total, 45,268 children were reached (17,500 plus 27,768) • The awareness raising component has done much to make communities aware of the importance of education. In Lahj and Abyan, the focus has been on raising the quality of education through awareness raising with governorate and district education staff. Working with NGO partner Norwegian Red Cross (NRC) and local education authorities, 24 trainers and 171 teachers were trained. Father and Mother Council members have also been trained in 12 schools. In Lahj and Abyan, 400 teachers were trained. In Sa'ada, a campaign was launched to create awareness on quality education with high profile stakeholders such as the Deputy Governor and General Director of education. This was covered by the local and national media. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<ul style="list-style-type: none"> • The number of schools in which awareness of quality education was increased among education staff was 119. The target number was 249, but this was not possible to reach for two reasons, 1) schools were very scattered and 2) insecurity in Sa'ada. • An extra number of 6,266 children in Sa'ada benefited from recreational kits as distribution covered schools with a larger number of students than planned. • The total number is 45,268 reached which is more than the targeted 39,002 	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2b If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No evaluation was conducted as the CERF project funded activities were part of the overall emergency response, which continued beyond the project period.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	FAO & IOM	5. CERF Grant Period:	FAO: 27 Mar. 2013 – 31 Mar. 2013 IOM: 25 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-FAO-015 13-IOM-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food Security and Agriculture		
4. Project Title:	Protection and restoration of essential agricultural livelihood assets of displaced families and their host communities in Hajjah, and returnees in Abyan governorates		
7. Funding	a. Total project budget:	US\$ 2,500,000	d. CERF funds forwarded to implementing partners: ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 40,000 ▪ <i>Government Partners:</i> US\$ 92,922
	b. Total funding received for the project:	US\$ 1,993,311	
	c. Amount received from CERF:	US\$ 1,993,311	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	22,496	14, 460	The number of planned beneficiaries represented about 7,530 households and the reached beneficiaries account to 6,837 households in total. The project targeted 693 households (representing 4,158 people) less than planned. This discrepancy can be explained by the fact that there were less women led of household found in some targeted districts. The number of male beneficiaries is higher than initially planned as a result of the economies of scale realised through bulk purchases for components mainly targeting this group of beneficiaries.
b. Male	22,676	26, 562	
c. Total individuals (female + male):	45,172	41,022	
d. Of total, children <u>under 5</u>	8,150	8,895	
9. Original project objective from approved CERF proposal			
Improved food and nutrition security, and coping mechanisms of the most affected households of IDPs and their host communities in Hajjah Governorate, and returnees in Abyan Governorate by safeguarding, restoring and improving their productive assets.			
10. Original expected outcomes from approved CERF proposal			
<p><u>Outcome 1:</u> Increased and diversified household food production in 1,670 severely food and nutrition insecure IDP and host households (particularly women of childbearing age and children) in Hajjah Governorate.</p> <ul style="list-style-type: none"> - 80 per cent of backyard gardens producing nutritional rich food by the end of the project. <p><u>Outcome 2:</u> Increased livestock production and improved coping mechanisms through livestock safeguarding of 800 most affected IDP and host households (particularly women of childbearing age and children) in Hajjah, and 11,900 most affected returned households in Abyan Governorate.</p> <ul style="list-style-type: none"> - 90 per cent of animals treated are healthy by the end of the project; - 90 per cent of animals receiving feed have increased production. 			

<p><u>Outcome 3:</u> Agricultural farm production and fishery production restored in 2,000 and 100 most affected returnee households respectively.</p> <ul style="list-style-type: none"> - 80 per cent of farming households have harvested the crop with an average expected productivity; - 80 per cent of fishing families are capturing average quantities by the end of the project. 	
<p>11. Actual outcomes achieved with CERF funds</p>	
<p><u>Outcome 1:</u> 1,670 IDPs and host households (10,014 people) in Hajjah Governorate have increased and diversified their food production by receiving vegetable seedlings (onion, tomato, hot pepper) and watering equipment (water tanks) for the establishment of home gardens. This was carried out in parallel with Training of Trainers (ToT) sessions for female community workers on basic home gardening and nutrition/feeding practices through backyard production. .Egg-laying chicken and chicken coops (directly linked to the home gardens component) were also provided to create an integrated backyard production unit at household level <i>Outcome 1 was implemented in direct coordination with Yemeni Women Union and the Ministry of Agriculture and Irrigation. (MoAI).</i></p> <p><u>Outcome 2:</u> 869 IDPs and host households (5,214 people) in Hajjah and 530 returnees households (3,180 people) in Abyan Governorate have increased their livestock production and improved their coping mechanism by receiving dry fodder and concentrate feeds for 18,600 small ruminants and 930 cows. . Vaccination campaigns and treatments were carried out for 59,400 animals (including small ruminants and cattle) belonging to 1,568 households (IDPs and returnees) in addition to ToT sessions for 60 NGO staff and female community animal health workers on basic animal health and on improved dairy production. <i>Outcome 2 was partly implemented in direct coordination with IOM and MoAI.</i></p> <p><u>Outcome 3:</u> 2,200 returnee households (12,000 people), have restored their agricultural farm production by receiving staple crop seeds (millet, sorghum, sesame and maize), fertilizers (80 Kg urea bag) and assorted farm hand-tools (set of pickaxe, shove, hoe and rake), and other 200 returnees households have restored their fishery production with the fishing kits provided (including 2 fishing nets, 4 bundles of nylon ropes, 2 bundles of cotton ropes, 70 buoy balls and 2 bundles of nylon threads). <i>Outcome 3 was fully implemented in direct coordination with IOM and partly with MoAI.</i></p> <p>Agriculture component: The following are the responses obtained through the survey and focus group discussions on the beneficiaries sample in Khanfar and Zingibar districts of Abyan Governorate:</p> <ul style="list-style-type: none"> - 92.5 per cent confirmed having harvested at the moment of the evaluation mission; - 92.5 per cent confirmed having witnessed an increased productivity, equal to 100 per cent of sample beneficiaries who had harvested at the moment of the evaluation mission. Increase in productivity ranges from 10 per cent to 80 per cent, with an average of 30 per cent; - 2,000 households received agricultural inputs (seeds, fertilizers, farming tools) as planned. <p>Fisheries component: The following are the responses obtained through the survey and focus group discussions on the beneficiaries sample in Khanfar and Zingibar districts of Abyan Governorate:</p> <ul style="list-style-type: none"> - 90 per cent of beneficiary households confirmed using provided kits for fishing purposes - 6.6 per cent rented them out to provide other sources of livelihoods (fish + allowance) and 3.4 per cent sold them and used the proceeds to deal with unforeseen emergencies. The latter combined 10 per cent consists of women heads of households; - 100 per cent of beneficiaries who used the nets for fishing purposes witnessed an increased catch allowing additional quantity to be sold at the local market; - 200 households, received fishing kits. 	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>There was a discrepancy in the number of households reached for outcome 2. This can be explained by the fact that there were less women headed households within returnees in the targeted districts of Abyan Governorate. On the other hand, the number of beneficiaries for the fishing component was doubled due to economies of scale gained through procurement.</p> <p>The FAO part of the project was granted a no-cost extension until 31 March 2014 (instead of the original end date of 31 December 2013). This was linked to procurement activities which were complex and lengthy given the very limited choice of reliable suppliers within the country even for simple items available locally. Price changes, delays in deliveries, and non-respect of clearly defined technical specifications were amongst the major contractual issues between FAO and the suppliers. Security conditions in some areas also delayed the start of certain activities but did not have an impact on time critical activities. The vegetable gardening and crop components were implemented according to the agricultural calendar while other activities were not bound to a particular season including those related to fisheries which were the ones implemented during the no-cost extension period.</p>	
<p>13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>

<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Monitoring visits during distributions have been conducted by IOM, YWU and MoAI staff. Reports for YWU and MoAI still being finalised. The following bullet points summarise the main evaluation findings based on the beneficiaries sample identified by the IOM M&E team:</p> <ul style="list-style-type: none"> ▪ 100 per cent of beneficiaries have received farming, animal feed/fodder and fishing inputs in the quantities provided by FAO; ▪ Over 90 per cent of surveyed beneficiaries on average have expressed satisfaction with the quality of provided items in all three sectors, namely farming (seeds, fertilizers, tools), livestock support (dry fodder, feed concentrate) and fisheries (fishing kits, including nets, buoy balls and different threads); ▪ Recommended strengthening of the beneficiaries training component, with particular focus on use of fertilizers, seeds storage, administration of feed concentrate, storage of dry fodder; ▪ Where possible, recommended increase of number of women heads of households targeted by fishing kits in coastal areas, since it allows support to both the vulnerable households and the fisher households to whom the kit is rented out; ▪ Where applicable and feasible, recommended purchase of inputs from the local market in order to ensure compatibility with implementation context, as well as stimulation of local economy. 	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNDP	5. CERF Grant Period:	6 May 2013 - 31 Dec. 2013
2. CERF project code:	13-UDP-006	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Mine Action		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Support to Eliminate the Impact from mines and Explosives Remnants of War(ERW) in Yemen		
7. Funding	a. Total project budget:	US\$ 10,094,940	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,858,013	▪ NGO partners and Red Cross/Crescent: US\$ 0
	c. Amount received from CERF:	US\$ 2,301,225	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,831,605	1,831,605	
b. Male	1,831,605	1,831,605	
c. Total individuals (female + male):	3,663,210	3,663,210	
d. Of total, children <u>under 5</u>	738,642	738,642	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Population is protected from the risks of explosive remnants of war by efficient and effective mapping of areas of risk, technical marking of explosive devices and mine/ERW/IED Clearance operations. Enhance capacity of YEMAC to maintain effective and safe operations. . Support to Mine Risk Education (MRE) Support information sharing to the Government of Yemen affected populations and the Humanitarian Community 			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome 1. In the North, map and mark out approximately 17,818 km² (75 per cent) area suspected to be contaminated by remnants of war (SHA) in Amran, Hajjah and Sada'a In depth technical understanding of SHA to define the scope of Confirmed Hazardous Areas (CHA). Indicator 1. Land Release of approximately 16,927km² (95% of A.1 Area).</p> <p>Outcome 2. In the South, map and mark out approximately 2,830 km² (50 per cent) to identify SHA in Abyan In depth Technical identification of SHA and a defined scope of Confirmed Hazardous Areas (CHA) Indicator 2. Land Release of approximately 2,689km² (95% of B.1 Area).</p>			

Outcome 3. Other contaminated areas of Yemen
Maintain overview of 'Legacy' CHA.
Indicator 3. Technical operations, where possible, in 'legacy Areas.

11. Actual outcomes achieved with CERF funds

This CERF contribution was fully and timely utilized as planned. It was used to contribute towards the costs of: mapping and marking of suspected hazardous areas (SHA); a deep technical inspection to identify precise risks and return to the local population areas that are not contaminated; and Mine / ERW / IED clearance operations to make contaminated areas safe; primarily in the Abyan (in the south) and Sa'ada and Hajjah governorates (in the north) It made a major contribution towards 1) improving the safety of the 164,900 returning IDPs; 2) safety of unknown numbers of people who stayed in their areas of origin throughout the fighting 3) ensuring clear and safe routes for all humanitarian assistance packages; and 4) release arable land for daily subsistence farming. The mine action project is a gender neutral project, in that all in the community are affected by ERW and benefit from the Mine Action project.

This CERF contribution constituted 60% of the grants received by phase IV project and 68% of amounts utilized from these grants during the period.

The main achievements, by outcome, of this important CERF grant, together with other grants from UNDP, US – Department Of State and Norway enabled the Yemen mine action phase IV project which was signed in late February 2013 and commenced implementation in April 2013, were as follows:

Outcome 1:

Implementation of a non-technical survey plan in the three districts of Sa'dah : Al – Dhaher, Haidan and Shada resulting in the identification of a suspected area of 58.6 million M². As follows:

High impact:	4,040,000 m ²
Medium impact:	23,150,000 m ²
Low impact:	31,404,000 m ²

Technical survey of 1,550,000 m² in Sa'dah

Marking 3,058,011 m² as mine fields distributed among 16 mine fields in Sa'dah

Clearance of 7,219,017 m² of landmine/ERW contaminated areas across Yemen, including Sa;dah and Abyan governorates

Outcome 2:

Implementation of a non-technical survey plan in the two districts of Abyan governorate: Khanfar and Zinjbar resulting in the identification of a suspected area of 93,535,016 M². As follows:

High impact:	9,145,000 m ²
Medium impact:	10,0000 m ²
Low impact:	84,380,016 m ²

Technical survey of 72,965,000 m² in Abyan governorate

Marking 9,888,047 m² as mine fields distributed among 54 mine fields in Sa'dah

Land released: 6,209,010 m²

Conducting MRE, with financial support from UNICEF, in a number of governorates including Hajjah, Amran. Shabwah and Hadhramaut. benefitting 323,301 of the affected population in these governorates 144,214 of whom were females

Conducting medical survey of landmines/ERW victims in Hajjah and Abyan registering 911 landmine/ERW victims from 51 villages as follows:

161 male children, 494 male adults, 97 female children and 159 female adults

<p>Conducting landmine/ERW medical examination benefitting 322 victims from 79 affected villages in 10 districts in Abyan, Amran and Hajjah governorates</p> <p>Provision of 438 items of medical support to 258 landmines/ERW victims from 42 villages in 10 districts of Abyan and Amran governorates</p> <p>Outcome 3:</p> <p>Technical operations were implemented in legacy areas covering affected areas in 6 governorates: Ibb, Taiz, Lahej, Hadhramaut, Al-Dhale'a and Al Baidha</p> <p>Marking 75,400 m² as mine fields distributed among five mine fields in Ibb, Lahj and Taiz governorates</p> <p>Destruction of 4,332 explosive devices as follows:</p> <p>82 anti-personnel, 14 anti-vehicles, 4,234 UXOs and 2 booby traps</p> <p>Land released: 22,545 m²</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>N/A</p>	
<p>13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Gender marker code 1</p> <p>While survey and clearance operations are inherently a gender neutral activity, insofar it benefits the whole populations of the areas cleared, there is some evidence that the majority of the victims of landmines/ERWs are men and children. The number of disabled adults is higher, as the main form of income is from farming & stone quarrying etc. and several men were injured when trying to remove mines manually from their land.</p> <p>With regards to the victims' assistance component of the project, the specialised teams for victims' survey are composed of both men and women in equal proportions to ensure that women interviews are conducted by women assessors. Furthermore the project provides individual care to women and girls and supports them to gain equality of treatment on a par with men and boys which they otherwise might not access.</p> <p>Beneficiaries of mine action activities were estimated according to the districts' population as accounted for by the Central Statistics Office.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>Direct monitoring of field activities – survey and clearance – was not possible due to security constraints, however regular flow of information with YEMAC has allowed UNDP to follow the project's progress. In March 2014 the project has also undergone a general review in terms of Project's timeliness, the planned completion date and level of compliance with the Project document, and UNDP guidelines. No exceptions were raised. (Please see the attachment)</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	19 Mar. 2013– 31 Dec. 2013
2. CERF project code:	13-FPA-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/GBV Sub Cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Improving the identification of GBV cases and the access to quality care services		
7. Funding	a. Total project budget:	US\$ 1,044,962	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 770,463	▪ NGO partners and Red Cross/Crescent: US\$ 237,951
	c. Amount received from CERF:	US\$ 770,463	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	30,000	100,838	The beneficiary figures include those reached by prevention and response services to Gender-based Violence (GBV) survivors' of women, men, boys and girls, as well as beneficiaries of awareness raising activities targeting communities, community leaders and government. At the same time, beneficiaries also include service providers (health, legal and psychosocial) who received GBV capacity building trainings supported by this technical programme. Number of beneficiaries has significantly increased under awareness raising activities where the implementing partners called for open events in different areas and an unexpected number of people attended.
b. Male	50,000	39,594	
c. Total individuals (female + male):	80,000	140,432	
d. Of total, children <u>under 5</u>	N/A	N/A	
9. Original project objective from approved CERF proposal			

<p>Strengthen the prevention of and response to Gender Based Violence against women, girls, men and boys affected by conflict: Specific objective:</p> <ul style="list-style-type: none"> - Increase the capacity of professionals and paraprofessionals to detect GBV and provide quality care and support to survivors affected by the conflicts. - Strengthen coordination, reporting and referrals between service providers. - Address basic dignity needs of vulnerable women and girls in camps and the IDPs gathering such as hygiene and proper clothing. - Raise awareness among the displaced and host communities of GBV issues.
<p>10. Original expected outcomes from approved CERF proposal</p> <ul style="list-style-type: none"> • A total of 100 professionals trained on psychosocial and SGBV response • A total of 24,000 dignity kits will be procured and distributed • A total of awareness sessions on SGBV prevention. <p>The following indicators will be used to measure the impact of the project:</p> <ul style="list-style-type: none"> • # of professionals trained on psycho social support and SGBV response. • # of women girls, men and boys in IDP camps who benefited from psycho social support. • # of awareness session conducted in the humanitarian settings on SGBV prevention. • # of women and girls who receive prevention and protection services. • # of women and girls who received dignity kits. • # of men, women, girls and boys receive health services. • # of local and international NGOs train in prevention and response to GBV.
<p>11. Actual outcomes achieved with CERF funds</p> <ul style="list-style-type: none"> • A total of 360 professionals trained on psychosocial and SGBV response: <ul style="list-style-type: none"> - 50 health workers from targeted areas trained on Clinical Management of Rape (CMR) - 100 professionals from targeted areas in South and North trained on psychosocial support. - 50 representatives of NGOs and Government entities trained on GBV in Humanitarian Settings. - 60 health workers from targeted areas trained on Identification of GBV Survivors. - 50 professionals from targeted trained on Safe and Confidential methods for working with GBV Survivors (Code of Conduct). - 50 professionals from targeted areas trained on referring GBV Cases. - Database for reporting GBV cases, established and scaled-up in the targeted 6 governorates, AIDala'a and Shabwah governorates were recently added as a result of the eruption of clashes and urgent needs for GBV prevention and response services. - Total of 4072 GBV survivors received response services during the reporting period of 2013. • A total of 24,000 dignity kits procured and distributed to vulnerable women and girls in targeted areas as a prevention measure to GBV. • 200 awareness raising sensitization campaigns through different channels including mobile theatres, radio messages, flyers, posters and communication kits, concluded: <ul style="list-style-type: none"> - 16 days of activism campaigns concluded in the targeted areas, 60 NGOs were involved in the campaign targeting roughly 100,000 men, women, boys and girls. - 30,000 flyers posters were produced and disseminated throughout the targeted communities. - 100 awareness raising sessions in the North and 100 sessions in the South conducted, targeting 12,000 women, men, boys and girls.
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>
<p>There was no significance discrepancy between planned and actual outcome.</p>

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2b</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>No formal M&E were conducted by the CO due to the prevailing security situation. However, two national field coordinators were appointed under this project to daily follow up on activities implemented on the ground and report against progress, challenges and gaps to UNFPA CO.</p> <p>Nevertheless, no major discrepancies were noticed. The project has fulfilled the proposed objectives and outcomes as in the original proposal</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	19 Mar. 2013 – 31 Mar. 2013
2. CERF project code:	13-FPA-015	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health/Reproductive Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Implementation of Minimum Initial Service Package for Reproductive health in crisis.		
7. Funding	a. Total project budget:	US\$ 2,123,070	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 458,024	▪ NGO partners and Red Cross/Crescent: US\$ 52,160
	c. Amount received from CERF:	US\$ 458,024	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	91,737	120,924	The beneficiary figures include those reached by reproductive health services provided to women and men by mobile clinics, hospitals and health centres supported by this programme, as well as health education for sexually transmitted infections, family planning services, Clinical Management of Rape (CMR), antenatal and postnatal care and importance of safe delivery in health facilities.
b. Male	37,879	41,825	
c. Total individuals (female + male):	129,616	162,749	
d. Of total, children <u>under 5</u>	0	0	Each kit is meant to serve a certain number of beneficiaries, - 1 st bulk of the RH kits are to serve a 400 beneficiaries, - 2 nd bulk are to serve 1,200 beneficiaries and, - 3 rd bulk are to serve 6,000 beneficiaries. Beneficiaries can benefit from an item in the kit and not the whole kit. Therefore the number of beneficiaries has increased significantly. Other beneficiaries have been reached through awareness raising and referral mechanisms.
9. Original project objective from approved CERF proposal			
General Objectives: <ul style="list-style-type: none"> To reduce the excess maternal and neonatal morbidity and mortality caused by humanitarian emergencies. Specific Objectives: <ul style="list-style-type: none"> To enable 21,012 IDP women and girls to access Minimum Initial Service Package (MISP) services in the targeted areas. 			
10. Original expected outcomes from approved CERF proposal			

- 5 hospitals will be able to provide obstetric and neonatal emergencies treatment for IDPs, returnees and conflict affected communities.
- 17 health centres will provide integrated primary health care services that has strong Reproductive Health component.
- Targeted health centres and mobile clinic will provide Family planning counselling and services.

11. Actual outcomes achieved with CERF funds

UNFPA, through its Implementing Partner (Yemen Family Care Association) and in coordination with the Health Cluster and Ministry of Public Health and Population MoPHP, concluded the following activities/outcomes;

1. In coordination with government health offices and through the health cluster, UNFPA distributed Reproductive Health (RH) kits to 5 hospitals to provide obstetric and neonatal emergencies treatment for IDPs, returnees and conflict affected communities.
2. In total, 28 health centres/mobile clinics were equipped with emergency Reproductive Health kits and the capacities of the health workers have been scaled up through technical trainings. A range of RH services were introduced including treatment and prevention of STIs, family planning counselling and services, antenatal care follow ups and health education on birth preparedness and institutional or skilled birth attendance, and provision of iron and folic acid for pregnant women. The health centres and hospitals also provide reproductive health services during antenatal, perinatal, postnatal, serving a total of 162,749 individuals.
3. 5 hospitals and 28 health centres/mobile clinics provided family planning services and counselling.
 - 60 midwives and health workers from targeted governorates representing government bodies and NGOs received conflict-related trainings on Family Planning services and consultations.
 - 60 health workers from targeted governorates representing government bodies and NGOs were trained on Sexually Transmitted Infections, where most of the participants are females.
 - 30 service providers from targeted governorates received training on Clinical Management of Rape.
 - 73 health workers from targeted governorates received trainings on Minimum Initial Service Package for Reproductive Health in crisis; most are women health workers, who attended the MISP training.

Other beneficiaries

- 115 pregnant women with complications during delivery were referred to hospitals.
- 6,402 normal deliveries were assisted, through clinical delivery assistant kit (reusable and disposable equipment).
- 382 women received management of abortion and miscarriages services.
- 16,000 pregnant women received individual clean delivery kit.
- 621 GBV survivors received rape treatment.
- 79,347 received various reproductive health services.

In conclusion 223 service providers received a set of conflict-related capacity building trainings on Reproductive Health in crisis and were able to provide response services to 162,526 beneficiaries.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

International procurement and customs clearance of the Reproductive Health kits was concluded and UNFPA received the first batches of the RH kits in June 2013. Thus, UNFPA thought there was no need for requesting a No Cost Extension by then; however, a no cost extension was visible and submitted later until March 31 2014.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2b

If 'NO' (or if GM score is 1 or 0)

14. M&E: Has this project been evaluated? No

YES NO

No formal M&E were conducted by UNFPA due to security measures. However, two national field coordinators were appointed under this project to follow up on activities implemented on a daily basis and report on progress, challenges and gaps.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-IOM-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Nutrition		
4. Project Title:	Community based Management of Moderate and Severe Acute Malnutrition Among Boys and Girls under Five Years Old in Abyan Governorate		
7. Funding	a. Total project budget:	US\$ 947,940	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 271,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 148,715	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries please describe reasons:</i>
a. Female	87,000	81,900	The number of under-fives screened for malnutrition is lower than targeted as Community Health Volunteers (CHV) needed more time to practice their recently acquired knowledge and skills on nutrition, as well as supervision in the performance of their duties. Nevertheless, the target number of GAM cases identified and treated slightly surpassed project target.
b. Male	51,000	48,100	
c. Total individuals (female + male):	138,000	130,000	
d. Of total, children <u>under 5</u>	2,500 GAM cases 48,000 screened	2,901 GAM cases 17,390 screened	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To reduce mortality and morbidity among boys and girls under five years old in Abyan as a direct consequence of acute malnutrition; To improve the access of acutely malnourished under 5 girls and boys to CMAM services, IYCF and micronutrient interventions by adapting community based approach; To prevent malnutrition among under 5 girls and boys by addressing the underlying causes. 			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> Support to eight outpatient treatment programmes Outpatient Treatment Programme (OTPs)/supplementary feeding programmes Single Reporting Form (SFPs): monthly transportation and communication allowances and drug supply Through the eight OTPs/SFPs, at least 2,500 cases of SAM and MAM – with approximately equal gender distribution – are identified and managed; IOM will continue utilizing the standard monitoring and reporting system of the Ministry of Planning. 			

<p>3. 80 per cent of complicated cases of SAM identified by the OTPs are referred to designated Therapeutic Feeding Centres (TFCs) within Abyan as well as neighbouring governorates;</p> <p>4. At least 30 CHVs, including at least 15 women, are trained to identify and refer children with acute malnutrition, as well as to provide nutrition education to affected households and the general population.</p> <p>5. At least 48,000 under 5 boys and girls screened for malnutrition.</p>	
11. Actual outcomes achieved with CERF funds	
<p>1. IOM has managed to support thirteen OTPs/SFPs (monthly transportation and communication allowances and drug supply).</p> <p>2. Through the thirteen OTPs/SFPs, 2,901 cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) – with approximately equal gender distribution – were identified and managed (52 per cent boys and 48 per cent girls). 51 per cent of the identified cases were MAM, while 49 per cent were SAM cases. IOM continued to utilize the standard MOPHP monitoring and reporting system.</p> <p>3. 75 per cent of complicated cases of SAM identified by the OTPs were successfully referred to designated Therapeutic Feeding Centres (TFCs) within Abyan as well as neighbouring governorates; this was a total of three cases out of four cases in need to referral. Unfortunately, one complicated case was identified very late and the child died before the team was able to refer him.</p> <p>4. 50 CHVs were trained to identify and refer children with acute malnutrition, as well as to provide nutrition education to affected households and the general population.</p> <p>5. 17,390 under 5 boys and girls were screened for malnutrition.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The number of under-fives screened for malnutrition is lower than targeted as CHVs needed more time to practice their recently acquired knowledge and skills on nutrition, as well as supervision in the performance of their duties.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
No specific project evaluation was carried out. Regular field assessments were implemented to monitor achievements towards set objectives, including regular reporting through IOM health monitoring and evaluation system. Revision of planned versus actual activities as well as review of outputs against objectives were conducted regularly.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	20 Mar. 2013 – 31 Dec. 2013
2. CERF project code:	13-IOM-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project Title:	Providing Life-Saving Health and Psychosocial Care for conflict-affected communities in Abyan's hardest to reach areas		
7. Funding	a. Total project budget:	US\$ 2,600,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 402,320	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 402,320	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. <i>Female</i>	87,000	102,832	The number of health beneficiaries slightly exceeded project targets as health services were completely absent in most target areas prior to the implementation of the project. Through the Mobile Health Units (MHU), IOM managed to cover the hardest to reach communities in the targeted districts and reach more people than originally planned.
b. <i>Male</i>	58,000	68,555	
c. <i>Total individuals (female + male):</i>	145,000	171,387	
d. <i>Of total, children <u>under 5</u></i>	12,000	13,710	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To reduce mortality and morbidity among crisis affected populations of Abyan Governorate, IDPs, returnees and host communities, through direct health care provision; To contribute to health system strengthening in Abyan through operational support of selected primary health care facilities. 			
10. Original expected outcomes from approved CERF proposal			

1. IOM's three MHUs in Abyan are sustained, and three fixed public health facilities are supported, covering the districts of Zingibar, Khanifir, Jayshan, Ahwar, Al Mahfd, Alwade'a, Sara with the possibility of reaching out to other districts whenever the need arises;
2. Health promotion sessions are implemented covering the main health topics relevant to the local context, as well as general health messages, directly benefitting at least 40,000 individuals (20,000 females and 20,000 males), as well as the larger district communities – approximately 145,000 individuals females and 20,000 males);
3. Up to 6,000 boys and 6,000 girls under five years old will benefit from Integrated Management of Childhood Illness IMCI;
4. Up to 6,000 boys and 6,000 girls under five years old will benefit from immunization;
5. Up to 3,000 pregnant women and girls will be provided with individual home delivery kits as supplied by UNFPA;
6. Adequate supply of post exposure prophylaxis (PEP) and emergency contraception will be available in each health unit – initially 10 doses of each treatment per unit;
7. Each health unit will be equipped with adequate rape kits – initially 5 kits per unit;
8. Each health unit will be equipped with one needle crusher and all health care providers implementing universal precaution;
9. Up to 3,000 pregnant women and girls will be provided with ante-natal care, immunization, and nutrition supplementation;
10. Up to 300 women in labour assisted by health units are assisted by the health units with safe delivery
11. Up to 15 women with complicated labour assisted with emergency referrals;
12. Life-saving emergency health services, primary health care and safe medical referrals are provided to a population over 145,000 people, with at least 48,000 individuals directly benefiting from these services where priority will be given to women (30 per cent), boys(25 per cent), Girls (25 per cent) and those with special needs (5 per cent)
13. At least 18,000 individuals, of whom at least 5,400 women, 4,500 boys and 4,500 girls will directly benefit from psychological first aid, community based psychosocial activities and protection assessment; men will also be targeted, notably in focus group discussions as detailed above;
14. A health information system is maintained, linked with the national surveillance system.

11. Actual outcomes achieved with CERF funds

1. Throughout 2013, the three Mobile Health Units (MHUs) operated by IOM in Abyan were sustained, and five fixed public health facilities were supported, thanks to co-funding through CERF, ECHO and OFDA. As such, specifically through this CERF funding, IOM was able to sustain two MHUs and two fixed health facilities covering the districts of Zingibar, Khanifir, Jayshan, Ahwar, Al Mahfd, and Alwade'a for a period of nine months instead of six months as originally planned.
2. Health promotion sessions were implemented covering the main health topics relevant to the local context, as well as general health messages, directly benefitting 41,266 individuals including 22,253 females and 19,013 males. However, approximately 171,387 individuals in the larger community served had access to health promotion and education sessions (a conservative estimate based on MHUs catchment population).
3. 3,385 boys and 2,830 girls under five years old has benefitted from IMCI;
4. 1,020 boys and 1,544 girls under five years old will benefit from immunization;
5. 6,706 pregnant women and girls were provided with individual home delivery kits as supplied by UNFPA;
6. 10 dosages of PEP and emergency contraception were made available in each MHU – however none was used during the reporting period as no patient met the administration criteria.
7. Each health unit was equipped with adequate rape kits – 5 kits per unit; none was used during the reporting period.
8. Each health unit was equipped with needle disposal containers and all health care providers were implementing universal precautions;
9. 6,706 pregnant women and girls were provided with ante-natal care
10. No safe delivery reported although midwives from IOM supported health facilities were called to provide delivery assistance at beneficiaries' homes. IOM did not receive the records of these deliveries as they are not part of the health facilities reports.
11. Throughout project duration, no complicated case in labour was reported, thus, there was no need to refer any case.
12. Life-saving emergency health services, primary health care and safe medical referrals are provided to a population over 145,000 people, with 46,658 individuals directly benefiting from these services, in which priority was given to women (29 per cent), boys (26 per cent), and girls (24 per cent).Health services provided included general medical consultations, management of acute and chronic diseases, screening or communicable diseases and referral of complicated and severe cases to secondary and tertiary health care facilities.
13. 30,017 individuals benefitted from mental health and psychosocial services including community based activities, psycho-

<p>education, group discussions and individual activities. Of these, 1,319 individuals identified with acute stress reactions were provided with a one-time psychosocial counselling focusing on their positive coping mechanism.</p> <p>14. In collaboration with the MOPHP and WHO, the IOM health teams were trained on the Electronic Disease Early Warning System (eDEWS). IOM supported the eDEWS in areas where it operated, and as such strengthened the national surveillance system and improved the speed and efficiency of data collection in Abyan. Additionally, the Single Reporting Form (SRF) was utilized – filled and submitted on a monthly basis to the health cluster, as per standard requirements</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>The number of pregnant women and girls accessing reproductive health care at IOM's MHUs was higher than targeted, however no safe delivery assistance was recorded despite the large number of ANC recipients. This indicates a potential cultural barrier for women and girls to access obstetric care in general, as well as the nature of the MHUs being mobile presenting additional barrier to utilization of services – service not being available at the right time, such as when a woman or girl goes through labour, or any pregnancy-related complications. Further assessment on utilization of reproductive health care is warranted. The number of under-five beneficiaries is also lower than targeted. Although a large proportion of IOM's health promotion messages were focused on child health, notably nutrition and immunization, more community outreach is needed in order to catch a bigger proportion of under-fives. In response to this gap, through a different initiative IOM currently mobilizes community health outreach teams, which links up with supported fixed health facilities.</p>	
<p>13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>No specific project evaluation was carried out by the reporting time, although a general programme evaluation is due to be completed by the end of June 2014. Regular field assessments were implemented to monitor achievements towards set objectives, including regular reporting through IOM health monitoring and evaluation system.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	20 Mar. 2013 – 31 Mar. 2014
2. CERF project code:	13-IOM-010	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-sector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	The provision of life-saving emergency assistance, referral and information to vulnerable migrants in Yemen.		
7. Funding	a. Total project budget:	US\$ 10,925,857	d. CERF funds forwarded to implementing partners: <ul style="list-style-type: none"> ▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 592,705 <ul style="list-style-type: none"> - YRCS US\$ 239,400 - SSC US\$ 54,600 - DRC US\$ 204,885 - INTERSOS US\$ 93,820 ▪ <i>Government Partners:</i>
	b. Total funding received for the project:	US\$ 1,395,553	
	c. Amount received from CERF:	US\$ 1,395,553	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,801	2,592	
b. Male	18,494	18,427	
c. Total individuals (female + male):	20,295	21,019	
d. Of total, children <u>under 5</u>	15	9	
9. Original project objective from approved CERF proposal			
To reduce the immediate morbidity and mortality by addressing the identified gaps in the provision of the emergency assistance, referral and information to vulnerable migrants in Yemen.			
10. Original expected outcomes from approved CERF proposal			
IOM			
<ul style="list-style-type: none"> - 2 mobile emergency units are established and operational; - 1 migrant response point (MRP) is established and operational; - 6,000 vulnerable migrants are identified and provided with life-saving assistance at the MRC and MRP, including approximately 5,780 men, 100 women, 100 boys, and 20 girls; - 12,000 sick and injured migrants will be provided with life-saving health and psychosocial care, including 200 women, 200 boys and 40 girls; - Up-to 20 cases of tuberculosis, 20 cases of measles and 200 cases of malaria are detected and managed according to WHO and MOPHP protocols; 			

- Up-to 100 migrant men, women, boys and girls survivors of SGBV are provided with HIV prevention and reproductive health care; up-to 30 pregnant migrant women and girls are provided with maternal care;
- One safe shelter in Aden and one residential health care facility in Haradh are established and operational;
- 6,000 migrants are directly reached through awareness raising activities;
- 1,000 members of host communities and local authorities are directly reached through sensitization activities on migrants' rights and importance of referring vulnerable migrants to MRP and service providers;

DRC

- Daily protection patrols covering the area of north of Mokha district in Taiz
- Provision of information and offer of asylum assistance to all new arrivals encountered
- Provision of protection kits to 2,000 vulnerable migrants not desirous of seeking asylum, with specific kits tailored to the needs of female migrants
- Emergency health assistance provided to an estimated 25 injured refugees, asylum seekers or migrants
- 40 community information sessions with participation of at least 800 community members and representatives of local and traditional authorities in coastal and host communities.

Intersos (Initial)

- One Child Protection Centre operational
- Daily psycho-social support and counselling available through the Child Protection Centre
- 2 Child Friendly Spaces established and operational within the Child Protection Centre
- Informal education sessions held 5 times per week – targeting approx. 65 children per week
- Awareness sessions held 2 times per week- targeting approx. 55 children per week
- Two capacity building workshops for CPC and CFS staff- targeting approx.
- Re-integration of 15 Yemeni unaccompanied children in their families of origin

11. Actual outcomes achieved with CERF funds

IOM

15. 2 Mobile Emergency Units (MEUs) were operated in Taiz in collaboration with the Yemeni Red Crescent Society (YRCS). One MEU was assigned to patrol the coast south to north from Bab Al Mendep, Dubab District in Taiz, up north to Mokha, while the other MEU patrolled the coast west to east from from the same point.
16. 1 Migrant Response Point (MRP) is operational in Bab Al Mendep, Taiz, where shelter, food and NFIs are provided to vulnerable migrants. This was done in collaboration with YRCS.
17. 3,155 vulnerable migrants are identified and provided with life-saving assistance at the MRC and MRP, including 2,875 men, 48 women, 227 boys, and 5 girls;
18. 12,612 consultations were conducted to sick and injured migrants where 9,312, 1,002, 1,744 and 553 consultations were conducted to men, women, boys and girls respectively. 2,815 migrants were provided with mental health psychosocial support services (MHPSS) where 327 benefited from the individual sessions and 2,443 benefited from the group MHPSS activities including psycho-education, group discussions, and group counselling.
19. 30 cases of tuberculosis, 83 cases of measles and 171 cases of malaria were detected and managed according to WHO and MOPHP protocols;
20. 14 migrant women and girls, survivors of SGBV were provided with HIV prevention and reproductive health care; 27 pregnant migrant women and girls were provided with maternal care;
21. One safe shelter in Aden and one residential health care facility in Haradh were established and operational;
22. 3,155 migrants were directly reached through awareness raising activities;
23. 350 members of host communities and local authorities were directly reached through sensitization activities on migrants' rights and importance of referring vulnerable migrants to MRP and service providers, while general awareness raising for host community members on migrants' rights and safe migration reached the total population of Haradh.

DRC

1. Daily protection patrols were carried out north of Mokha district in Taiz – this complements IOM's MEU outreach which only covers the coastal area from Bab Al Mendep up to Mokha.
2. Information and offer of asylum assistance was provide to all new arrivals encountered by the patrolling teams.
3. Protection kits were provided to 846 vulnerable migrants not desirous of seeking asylum, with specific kits tailored to the needs of female migrants. The rest of the kits (of the 2,000 targeted) were distributed to migrants assisted by IOM at the Migrant Response Centre (MRC) in Haradh. The protection kits also included limited food and water supply.
4. Emergency health assistance provided to 2 migrants and urgent feeding to 12 others
5. 40 community information sessions with participation of at least 800 community members and representatives of local and traditional authorities in coastal and host communities.

INTERSOS

Following CERF's approval for project modification, the Intersos component was removed altogether from this project. Instead, the funding allocated for Intersos (USD 93,820.00) was redirected to support the urgent voluntary return of vulnerable stranded migrant children to their countries of origin. Through this funding allocation,

1. 897 children (849 boys and 48 girls) transferred from Haradh to Sana'a and safely accommodated in foster families for travel document issuance and preparations for onward travel to their homes;
2. 897 children (849 boys and 48 girls) were provided with the necessary travel documents to safely return to Ethiopia;
3. 897 children (849 boys and 48 girls) were medically screened for fitness to travel and provided with treatment prior to their return to Ethiopia as necessary;
4. 100 children were assisted with land transportation. The return assistance was co-funded by the US Department of State, Bureau for Population, Refugees and Migration. PRM funded the additional tickets as well as post-arrival assistance in Ethiopia.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

IOM

The number of migrants identified and provided with emergency assistance, as well as awareness raising was lower than predicted. This is due to the decrease in the number of migrants arriving to Haradh during the last few months of 2013. However, in other locations, the number of migrants was much higher compared to Haradh and assistance was provided to them through co-funding (ECHO, DFID, US DOS-PRM). Note that, during the first few months of 2014, the number of migrants arriving to Yemen started to increase again.

DRC

The number of migrants identified and provided with emergency assistance was much lower than the 2,000 targeted individuals. This is due mainly to the following reasons: the area patrolled by the DRC teams are new and much adaptation to the routes was needed in order to encounter more migrants, while at the same time the lack of security prevented the teams from accessing many important landing and transit points; the Government of Yemen stopped DRC's activities temporarily in August 2013, resulting in significant decrease in coverage. The Ministry of Planning and International Cooperation (MOPIC) insisted that DRC seek an additional sub-agreement with MOPIC Hajjah Governorate for the implementation of project activities. Negotiations took until the end of August 2013. Subsequently, increased sectarian violence in Hajjah Governorate did not allow field teams to perform intended patrolling duties. These factors combined resulted in IOM's request, on behalf of DRC, a three no-cost extension to complete the activities. All activities were completed by March 2014. The remaining kits were well-utilized by migrants assisted by IOM in Haradh as well.

INTERSOS

This component was removed from the project following CERF approval for a reprogramming. 897 children were assisted with voluntary return instead, of whom 100 were supported by CERF for their airplane tickets. 100 tickets were procured with CERF funding because IOM had other project funding sources that covered tickets costs for the 797 children. This enabled IOM to directly assist the immediate needs of 897 children while they were present in Yemen.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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No specific project evaluation was carried out. Regular field assessments were implemented to monitor achievements towards set objectives, including regular reporting through IOM health monitoring and evaluation system.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	21 Mar. 2013 - 31 Dec. 2013
2. CERF project code:	13-HCR-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter/CCM/NFIs		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Life-Saving Assistance through provision of Emergency Shelter, NFIs, Emergency Shelter Repair Kits and minor life-saving house repairs for IDPs and returnees in Abyan and Hajja, Yemen		
7. Funding	a. Total project budget:	US\$ 15,917,866	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 12,921,481	▪ NGO partners and Red Cross/Crescent: US\$ 1,952,540
	c. Amount received from CERF:	US\$2,837,308	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	22,210	21,763	The disaggregated data by age is not available/not recorded in the database.
b. Male	21,340	20,430	
c. Total individuals (female + male):	43,550	42,193	
d. Of total, children <u>under 5</u>	3,919	Not available	
9. Original project objective from approved CERF proposal			
The overall objective of this project is to ensure that IDPs, returnees, marginalized groups, conflict-affected and host communities are provided with life-saving assistance through emergency response and shelter delivery in a timely manner.			
10. Original expected outcomes from approved CERF proposal			
Ensure IDPs, returnees and conflict-affected households have equal access to safe and secure emergency shelter and basic household items (NFI) with particular emphasis being paid to female-headed households and other vulnerable individuals from the targeted groups.			
Indicators:			
1) #of returnee HHs provided with NFI kits. Target: 4,500.			
2) # of returnee HHs provided with shelter kits. Target: 4,500			
3) # of large families (6 or more family members) provided with emergency shelters in Abyan. Target: 925.			
4) # of families provided with emergency shelters in Haradh. Target: 200.			
5) # of families provided with small emergency shelters in Abyan. Target: 400			
6) # of extremely vulnerable families provided support to rehabilitate their houses. Target: 100			
7) % of transitional shelters constructed as per standards agreed with cluster. Target: 100%			

- 8) % of transitional shelters and rehabilitated houses occupied 3 months after handover. Target: 100%
- 9) % of shelters adequately maintained 3 months after handover. Target: 100%
- 10) % of beneficiaries finding the transitional shelter design and NFIs delivered relevant to their needs. Target: 80%
- 11) % of families provided with support being female-headed households. Target: 60%

11. Actual outcomes achieved with CERF funds

1) 4,500 returnee HHs provided with NFI kits

Outcome: Between January and December 2013, UNHCR, in collaboration with SHS, assisted 4,800 families (32,640 individuals) with NFIs (mattresses) in Abyan, Shabwa and Ahwar Governorates through multi donors (ECHO, etc.).

A series of assessments, in continued efforts to adjust the project to evolving needs of the returnees evidenced that there were no longer major needs for mass distribution of complete non-food items packages. The assistance was therefore provided to individual families on a case by case basis. The procurement plans were consequently adjusted and mattresses were procured for 4,800 families.

2) 4,500 of returnee HHs provided with shelter kits

Outcome: Between January and December 2013, UNHCR, in collaboration with SHS, assisted 4,800 families (32,640 individuals) with shelter kits in Abyan, Shabwa and Ahwar Governorates through multi donors (ECHO, etc.).

3) 925 large families (6 or more family members) provided with emergency shelters in Abyan

Outcome: Under SHS supervision, 925 transitional wooden shelters were constructed by the end of 2013. The distributions of these shelters began on 26 October and covered Khanfaar and Zinjibar districts in Abyan.

4) 200 families provided with emergency shelters in Haradh

Outcome: The overall objective of the shelter assistance in the camps was to provide a dignified physical protection to IDPs, through the construction of 600 transitional shelters, until durable solutions such as return or integration could be found. The transitional shelter, replacing the worn out tents, was designed with considerations to potential durable solutions. The transitional shelter provided is highly mobile and can be dismantled, moved and reused by the IDPs if return becomes a possible solution. The shelter lasts at least 7 times longer than a tent and can be used as a capital (sold or transported) when returning to the place of origin. Moreover, 86 incentive workers, mainly carpenters, and their families were also the beneficiaries of this project through enhanced income generating opportunities. NRC shelter provision in Haradh was of **200 families**.

5) 400 families provided with small emergency shelters in Abyan

Outcome: The overall objective of the shelter assistance in the camps was to provide a dignified physical protection to IDPs, through the construction of 600 transitional shelters, until durable solutions such as return or integration could be found. The transitional shelter, replacing the worn out tents, was designed with considerations to potential durable solutions. The transitional shelter provided is highly mobile and can be dismantled, moved and reused by the IDPs if return becomes a possible solution. The shelter lasts at least 7 times longer than a tent and can be used as a capital (sold or transported) when returning to the place of origin. Moreover, 86 incentive workers, mainly carpenters, and their families were also the beneficiaries of this project through enhanced income generating opportunities. NRC shelter provision in Abyan was reduced from 400 to 257 families (see point 12).

6) 100 extremely vulnerable families provided support to rehabilitate their houses

Outcome: The provision of 100 life-saving shelters was assured through minor repairs to damaged houses in Abyan.

7) 100% of transitional shelters constructed as per standards agreed with cluster

Outcome: In an effort for improved coordination, 100% of transitional shelters constructed as per standards agreed with cluster. UNHCR, NRC and SHS formed the Transitional Shelter Working Group for the purpose of standardizing the T-shelter intervention. The NFIs/CCCM/Shelter Cluster was contacted to verify and agree the shelters standards

8) 100% of transitional shelters and rehabilitated houses occupied 3 months after handover

Outcome: Following the construction and rehabilitation of shelters/houses, monitoring visits by UNHCR officers assured that those were occupied after the handover and occupants were satisfied with the construction/rehabilitation (see also point 14, M&E).

9) 100% of shelters adequately maintained 3 months after handover

Outcome: All the shelters were inspected few months after the handovers, to evaluate the conditions. All the shelters were adequately maintained

10) 80% of beneficiaries finding the transitional shelter design and NFIs delivered relevant to their needs.

Outcome: Following the construction and rehabilitation of shelters/houses, monitoring visits by UNHCR officers assured that those were occupied after the handover and occupants were satisfied with the construction/rehabilitation (see also point 14, M&E). More than 80% were satisfied with the TS and NFIs received.

11) 60% of families provided with support being female-headed households

Outcome: The disaggregated data of female-headed household is not available/not recorded in the database, but the total numbers of women that benefited from the action is 21,763 (52% of the total).

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:

NFIs

The project was initially based on the premise of providing standard NFI package as agreed by the cluster. As families started to re-establish their lives in Abyan, it became evident that the main unmet needs were to support the rehabilitation of damaged houses of vulnerable families and some basic livelihood support to help foster resilience and sustain the return. Reflecting the changing needs, only mattresses were procured under the project, while the target figure was not decreased.

Transitional shelters

Following further discussions within the CCCM/Shelter cluster, the design of the transitional shelters presented by SHS and NRC was modified and a revised model consisting of an 18m² floor area (suitable for the average family size of 5 as per the Sphere standards) equipped with a movable plastic sheet partition, corrugated iron sheet or bituminous sheet as roof cover and wooden wall cover, was adopted at cluster level.

The modifications in the design and composite materials resulted in an increase of the unit cost per shelter for NRC from \$780 to \$1,150 and a decrease for SHS from \$1,182 to \$1,150 (both NRC and SHS shelters without latrines).

As a result, the number of shelters constructed by SHS in Abyan was increased from 900 to 925 while the number of NRC shelter was reduced from 400 to 257, bringing the total to 1,182 units instead of the original 1,300. In Hajja Governorate the difference in cost was covered by UNHCR and NRC and NRC was able to build 220 T-Shelter, 20 more than initial target. A total of 1,407 T-shelter was built, instead of the foreseen 1,500.

Overall, an unspent balance of 276,254 USD has been refunded to CERF

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?

YES NO

N/A

If 'YES', what is the code (0, 1, 2a, 2b): 2a

If 'NO' (or if GM score is 1 or 0):

Gender was mainstreamed in the implementation of the project by giving specific consideration to the needs of women, men, boys and girls during the assessment phase, the design of activities and the delivery of the shelters and NFIs. Assistance prioritized female-headed households, and households with pregnant or lactating women. The project ensured that all participants had equal access to the resources made available through the CERF.

14. M&E: Has this project been evaluated?

YES NO

If yes, please describe relevant key findings here and attach evaluation report or provide URL YES NO

The internal evaluation, through the regular quarterly financial verification exercises and site visits, demonstrated that the partners were progressing in accordance with the agreed plan and that they had adequate internal financial control mechanisms. It was also evident that the budgetary allocations were respected and the interventions were completed in time thereby ensuring a positive impact on the well-being on the persons of concern. The projects were further audited by an external audit firm and no major observation was made.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR and OHCHR	5. CERF Grant Period:	UNHCR: 9 Apr. 2013 - 31 Mar. 2014 OHCHR: 9 Apr. 2013 – 31 Dec. 2014
2. CERF project code:	13-HCR-023 13-CHR-003	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Protection		
4. Project Title:	Enhancing the Protective Environment and Access to Life-Saving Services for Returnees and Conflict-Affected Populations in Yemen		
7. Funding	a. Total project budget:	US\$ 40,838,174	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 18,956,840	<ul style="list-style-type: none"> ▪ NGO partners and Red Cross/Crescent: US\$ 623,921 ▪ Government Partners: US\$ 0
	c. Amount received from CERF:	US\$ 1,055,623	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	142,908	143,211	
b. Male	125,310	143,288	
c. Total individuals (female + male):	268,218	286,499	
d. Of total, children <u>under 5</u>	34,868	34,112	
9. Original project objective from approved CERF proposal			
1. Enhance reporting, monitoring, and response to human rights violations and abuses. 2. Enhance the multi-sectoral mechanism targeting the prevention and response for violations and abuse. 3. Implement an appropriate referral model to be utilised by persons of concern, partners, services providers, and other protection actors.			
10. Original expected outcomes from approved CERF proposal			

1. Returnees to Abyan identified and registered.
2. Ensure the accuracy of the Ex. Unit database.
3. IDPs and returnees verified and/or profiled in the North.
4. Enhanced reporting and advocacy on human rights violations
5. A detailed and comprehensive mapping of services and referral pathways developed on where and how to access such services, and analysis of gaps in services in specific locations (at minimum district level) developed and shared
6. Standard Operating Procedures for how to respond to needs and requests for services utilised and created, when needed
7. Enhanced Multi-sectoral response mechanisms for victims of violence and human rights abuses.

11. Actual outcomes achieved with CERF funds

1) Returnees to Abyan identified and registered

Outcome: 100% of returnees in contact with the Executive Unit were registered in Abyan Governorate.

2) Ensure the accuracy of the Ex. Unit database

Outcome: The Executive Unit, WFP and UNHCR performed verification in Hajjah, Aden, and Amran. As a result, updated registration statistics were shared on a monthly basis and 4 Executive Unit offices in Hajja, Amran, Aden and Sana'a received a functional software database programme. UNHCR verified the accuracy of Ex.Unit database through the software

3) IDPs and returnees verified and/or profiled in the North

Outcome: 100% of returnees and IDPs in contact with the Executive Unit were verified or profiled in the North.

4) Enhanced reporting and advocacy on human rights violations

Outcome: DRC submitted 9 periodic reports on protection issues and concerns. DRC also reached out 3,997 individuals through information campaigns on human rights, conducting 10 theatre role-plays and 11 radio talk shows.

5) A detailed and comprehensive mapping of services and referral pathways developed on where and how to access such services, and analysis of gaps in services in specific locations (at minimum district level) developed and shared

Outcome: Oxfam conducted a mapping exercise, focused on identifying protection services provided, such as health services, availability of psychosocial counselling for Gender Based Violence (GBV), family tracing and reunification, demining, and child protection. The exercise gathered general information on the types of services provided by each organization, geographical areas of intervention and contacts details, but also practical information, i.e., opening hours of the clinics, service fees (if any), and emergency contacts numbers. Additionally, Oxfam's organized and conducted 18 awareness sessions on Oxfam's Self-Referral Model in the project targeted locations in Al Mazraq IDPs (Camp 1), 6 in Abs and 10 in Haradh. The population reached was 333 individuals, 214 were female and 119 were male. Several workshops, targeting different actors (Yemeni Women Union, Oxfam staff, teachers, community leaders) were organized during the implementation period on protection related issues.

In Hajjah Governorate, Oxfam partnered with the Yemen Women Union Hajjah (YWU) for the implementation of the protection project. YWU conducted individual interviews and FGDs awareness sessions in the targeted areas.

6) Standard Operating Procedures for how to respond to needs and requests for services utilised and created, when needed

Outcome: Following the mapping exercise, Oxfam developed and shared with other IPs and relevant stakeholders Standard Operating Procedures on how to respond to needs and requests for services.

7) Enhanced Multi-sectoral response mechanisms for victims of violence and human rights abuses.

<p>Outcome: Raqeeep trained and established the Community Based Protection Networks in the North as well as in the South of Yemen. These networks represented all segments of the community (teachers, preachers, students, community leaders, etc.). The Community Networks should be ready to monitor, report and respond to any violations. These committees also worked with an established team of volunteers to raise the awareness in the community and to refer the survivors to different service providers. SHS strengthened the presence and increased the number of the Community Based Protection Networks (CBPNs). Under this program, SHS organized 3 CBPNs in Zinjibar district, in Abyan Governorate. Each CBPN consisted of 6 persons. These three networks performed their duties under the supervision of a coordinator. These 19 persons were covering the whole district and ensure assistance was provided to the different communities. SHS also organized one group in Aden, in order to cover all the duties and protection task needed in the collective centers in Aden city. These four networks monitored and reported the protection needs of the IDPs and returnees. These Organizations were also involved in different assessments to identify the numbers of the IDPs and returnees in Abyan, which often experienced obstacles in accessing assistance and other services, as well as in exercising their legal rights, especially women and other vulnerable and marginalized groups. Women especially often faced various social and cultural barriers, which greatly limited their access to information as well as to services and assistance. At the same time, reaching this particular target group and the estimation of their numbers represented a major challenge (especially in the Hajjah Governorate), due to the security situation and geographical structure of the targeted areas. DRC conducted 15 coordination meetings with key stakeholders through the protection cluster and other coordination forums to improve protection.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>Volatile security situation and quickly evolving situation impacted the operational context and prompted constant needs for re-assessment and adjustments during the implementation period.</p> <p>In spite of the retaking of control of Abyan Governorate in July 2012, the security situation in the south remained far from being stable during the whole 2013. Most significantly, there was a surge in serious AQAP style attacks against military in Abyan, Shabwa and Hadramout. Threats were received by the UN for a possible kidnapping of international staff in Aden which resulted in a major limitation to all international staff movements in the area.</p> <p>In parallel, the quick return of IDPs and the rapidly changing situation in the areas of return have required an ongoing reassessment of needs from within the Cluster and close coordination to readjust and update the necessary responses. The fast evolving situation in the areas of return however had been coupled with a fluid security situation and difficulties in having a continuous access in the areas of return by UNHCR and its clusters partners.</p>	
<p>13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>Gender was mainstreamed in the implementation of the project by giving specific consideration to the needs of women, men, boys and girls during the assessment phase, the design of activities and their implementation, in particular during the awareness campaigns and the creation of the CBPNs.</p>	
<p>14. M&E: Has this project been evaluated?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p>The internal evaluation, through the regular quarterly financial verification exercises and site visits, demonstrated that the partners were progressing in accordance with the agreed plan and that they had adequate internal financial control mechanisms. Check spot interviews with beneficiaries were also conducted. It was also evident that the budgetary allocations were respected and the interventions were completed in time thereby ensuring a positive impact on the well-being on the persons of concern. The projects were further audited by an external audit firm and no major observation was made.</p>	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner	Comments/Remarks
13-CEF-042	Child Protection	UNICEF	Shawthab Foundation	NNGO	29,527.00	08/04/2013	15/04/2013	MRE and PSS suport in Hajja
13-CEF-042	Child Protection	UNICEF	Democratic School	NNGO	22,361.00	31/12/2013	20/03/2013	Democratic School – Partnership with Democratic school started earlier in 2013. Therefore, the payment made was one of the many payments we had made to the partners and regardless of it, the activities were being implemented before.
13-CEF-042	Child Protection	UNICEF	Danish Refugee Council	INGO	225,000.00	19/06/2013	16/06/2013	MRE, PSS and MRM in Hajja and Saada

13-CEF-042	Child Protection	UNICEF	Yemen Executive Mine Action Centre (YEMAC)	GOV	195,522.00	31/12/2013	20/03/2013	MRE in Hajja, MRE TV Film, and IEC materials. YEMAC – This entity is a semi-government institution in which we have a standing agreement/partnership with. And for this payment, the activities had started earlier (MRE in Hajja, development of IEC materials) however the payment was delayed as they had an outstanding payment that needed to be liquidated before any payments were to be made. The implementation of the activities started in January 2013 to end of April 2013. However, YEMAC had an outstanding liquidation for other payments/installments which delayed the disbursement of the CERF instalment until Dec 2013
13 CEF 043	Education	UNICEF	NRC	INGO	100,000.00	11/12/2013	01/09/2013	NRC prefinanced the activities.
13 CEF 043	Education	UNICEF	NFDHR (National Foundation for Democracy and Human Rights)	NNGO	47,352.00	23/12/2013	01/09/2013	NFDHR prefinanced the activities.
13-CEF-044	Nutrition	UNICEF	Field Medical Foundation (FMF)	NNGO	176,065.00	01/06/2013	01/06/2013	Advance provided from other sources. There was a need for extension of the emergency response in the South so we exceeded by 15%. This was to cover the health and nutrition interventions in the areas affected by the conflict through mobile teams to reach the areas where there health centers were damaged

13-CEF-045	Water, Sanitation and Hygiene	UNICEF	Oxfam	INGO	379,795.00	31/12/2013	01/07/2013	Rehabilitation of 5 water systems, Construction/rehabilitation/improvement of 100 family latrine, Distribution of hygiene kits to 2,000 returnee and IDP families. Due to the emergency nature of the work, the partner began activities using their own funds in advance of the transfer from UNICEF
13-CEF-045	Water, Sanitation and Hygiene	UNICEF	CSSW (Charitable Society for Social Welfare)	NNGO	399,470.00	31/12/2013	01/06/2013	Emergency support for safe water, sanitation and hygiene promotion community intervention for IDPs in Abyan
13-HCR-023	Protection	UNHCR	SHS (Society for Humanitarian Solidarity)	NNGO	118,357.00	05/06/2013	09/04/2013	UNHCR's resource allocation is not projectized. In this case the partner had a valid agreement with the proposed activities and an installment was made prior to the project start date of the CERF funded component. The first installment after the start of the funding period was 5 June 2013.
13-HCR-023	Protection	UNHCR	Raqeep (Raqeep Organization for Human Rights)	NNGO	200,980.00	09/04/2013	09/04/2013	
13-HCR-023	Protection	UNHCR	DRC	INGO	155,930.00	22/6/2013	09/04/2013	
13-HCR-023	Protection	UNHCR	Oxfam UK	INGO	109,158.00	29/6/2013	09/04/2013	
13-HCR-023	Protection	UNHCR	Oxfam UK	INGO	39,496.00	23/6/2013	09/04/2013	
13-HCR-024	Shelter & NFI	UNHCR	SHS	NNGO	1,211,440.00	05/06/2013	01/04/2013	13-HCR-024 started on 21 Mar 13 (not 14),and the date format is wrong, should be read as 1 April 13 (01/04/13).
13-HCR-024	Shelter & NFI	UNHCR	NRC	INGO	500,100.00	24/6/2013	04/01/2013	

13-HCR-024	Shelter & NFI	UNHCR	NRC	INGO	241,000.00	19/5/2013	04/01/2013	
13-IOM-010	Multi-sector refugee assistance	IOM	Yemen Red Crecent (YRC)	NNGO	239,400	21/04/2013	01/04/2013	
13-IOM-010	Multi-sector refugee assistance	IOM	Social Solidarity Centre (SSC)	NNGO	54,600	15/12/2013	14/04/2013	
13-IOM-010	Multi-sector refugee assistance	IOM	Danish Research Council (DRC)	INGO	204,885	03/10/2014	01/04/2013	
13-IOM-010	Multi-sector refugee assistance	IOM	INTERSOS	INGO	93,820	03/10/2014	01/04/2013	
13-FPA-015	Health	UNFPA	Yemen Family Care Association	NNGO	52,160	12/05/2013	12/05/2013	
13-WHO-019	Health	WHO	Ministry of Public Health and Population	GOV	450,000	05/04/2013	05/04/2013	
13-FAO-015	Agriculture	FAO	Yemen Women Union	NNGO	40,000	27/07/2013	01/07/2013	A Letter of Agreement (LoA) with the partner was signed but not financial allocation was made to the NNGO until actual fund transfer.
13-FAO-015	Agriculture	FAO	General Directorate for Agriculture and Irrigation (Hajjah)	GOV	36,434	10/09/2013	10/09/2013	
13-FAO-015	Agriculture	FAO	General Directorate for Agriculture and Irrigation (Abyan)	GOV	36,563	30/10/2013	30/10/2013	
13-FAO-015	Agriculture	FAO	Dhamar University	GOV	19,925	01/03/2014	01/03/2014	

13-FPA-014	Protection	UNFPA	Yemen Family Care Association	NNGO	107,000	27/05/2013	02/06/2013	<p>Due to access and security constrains as well as criticality of project activities, UNFPA was concerned of the timeline to deliver its emergency support to the most effected population and therefore has asked its IPs to implement on their behalf, to insure effective delivery of activities.</p> <p>UNFPA has conducted intensive and constant mentoring to assure that the activities included in the original project proposal where implemented with no discrepancy - to the utmost benefit of the affected population in a timely manne</p>
13-FPA-014	Protection	UNFPA	Yemen Women Union	NNGO	101,055	27/05/2013	02/06/2013	
13-FPA-014	Protection	UNFPA	INTERSOS	INGO	29,896	27/05/2013	02/06/2013	

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AQAP	Al Qaida in the Arab Peninsula
ASRRP	Abyan and Southern Region Response Plan
CBPN	Community-based protection networks
CFS	Child-friendly space
CHV	Community Health Volunteers
CMAM	Community Management of Acute Malnutrition
CSSW	Charitable Society for Social Welfare
CTF	Country Task Force
ERW	Explosive remnants of war
EVI	Extremely Vulnerable Person
FMF	Field Medical Foundation
GAM	Global Acute Malnutrition
ICCM	Inter-Cluster Coordination Mechanism
IMCI	Integrated Management of Childhood Illness
INEE	International network for education in Emergencies minimum standards for education
IRC	International Rescue Committee
IYCF	Infant and Young Children Feeding
MAM	Moderate Acute Malnutrition
MCH	Mother and Child Health
MHU	Maternal Health Unit
MIRA	Multi-Cluster Initial Rapid Assessment
MISP	Minimum Initial Service Package
MoPHP	Ministry of Public Health and Population
MoPIC	Ministry of Planning and International Cooperation
MRE	Mine Risk Education
MRM	Monitoring and Reporting Mechanisms (on grave violations against children)
OTP	Outpatient Treatment Programme
PHC	Primary Health Care
RH	Reproductive Health
PSS	Psychosocial support
SAM	Severe Acute Malnutrition
SGBV	Sexual- and gender- based violence
SMS	Supply Management Service
SRF	Single Reporting Form
SRSG-CAAC	Special Representative of the Secretary-General on Children and Armed Conflict
TFC	Therapeutic Feeding Centre
UXO	Unexploded ordnance
YEMAC	Yemen Executive Mine Action Centre