

ANNUAL REPORT ON THE USE OF CERF GRANTS YEMEN

Country	Yemen
Resident/Humanitarian Coordinator	Pratihba Mehta
Reporting Period	1 January 2010 – 31 December 2010

I. Summary of Funding and Beneficiaries

Funding	Total amount required for the humanitarian response:	US\$ 224,874,248		
	Total amount received for the humanitarian response:	US\$		
	Breakdown of total country funding received by source:	CERF:	US\$	14,539,112
		CHF/ COUNTRY LEVEL FUNDS:	US\$	300,000
		OTHER: (Bilateral/Multilateral)	US\$	
	Total amount of CERF funding received from the Rapid Response window:	US\$		375,926
	Total amount of CERF funding received from the Underfunded window:	US\$		14,163,186
	Please provide the breakdown of CERF funds by type of partner:	a. Direct UN agencies/IOM implementation:	US\$	14,539,112
		b. Funds forwarded to NGOs for implementation (in Annex, please provide a list of each NGO and amount of CERF funding forwarded):	US\$	724,412
		c. Funds for Government implementation:	US\$	
d. TOTAL:		US\$ 14,539,112		
Beneficiaries	Total number of individuals affected by the crisis:	1,806,789 individuals		
	Total number of individuals reached with CERF funding:	1,806,789 total individuals		
		317,918 children under five		
		907,897 females		
Geographical areas of implementation:		Hajjah, Sa'adah, Aden, Ib, Amran, Al-Dhala, Raima Al Jowef Saada, Haradh, Khaiwan, Sayoun, Hadrmout		

II. Analysis

Overview of the humanitarian situation

The humanitarian situation in Yemen is worsened by chronic countrywide underdevelopment. The country has suffered years of internal conflict, creating disruptions to basic services, insecurity and high levels of displacement. Internal security threats include conflict in the north, a secessionist movement in the south, and the terrorist threat.

Fighting between government forces and members of the opposition group (Al-Houthi) in August 2009 triggered the displacement of more than 320,000 people in Sa'ada and neighbouring governorates in the north. Security conditions have not permitted significant returns since that time, and the humanitarian needs of IDPs and returnees remain high.

After war was declared in northern Yemen, more than 300,000 people were displaced in Sa'ada and surrounding governorates. A ceasefire in February 2010 led to gradual returns, and it is estimated that some 30 per cent of IDPs will return by the end of 2011. According to the Annual Statistics Report there were 220,994 IDPs and 94,712 returnees in 2010.

Security conditions have not yet been conducive to large-scale returns. Factors include the high prevalence of land mines and UXOs, destruction of housing, lack of basic necessities, and fear of attack. The situation is gradually improving and IDPs have started to return, especially in Sa'ada town and Malaheet. A profiling exercise conducted in September 2010 however showed that one in four IDPs do not want to return home even if peace and security is established.

Civil turmoil in the south is increasing due to the secessionist movement and increased terrorist activities. Fierce clashes between the government and armed elements in Shabwah, Abyan and Lahj governorates in late 2010 resulted in thousands of displaced people. Although the situation gradually calmed down and most of the IDPs were able to return to their homes, the atmosphere remains tense. In other areas of the country, an influx of refugees from the Horn of Africa, increased migration, flooding and other natural disasters have created additional vulnerability.

The CERF's added value

UNICEF received \$2.6 million from the CERF's underfunded emergencies window to provide child protection, water and sanitation, education, and nutrition assistance in Sa'ada, Amran and Hajjah governorates. The CERF allowed UNICEF to respond in a timely and effective manner.

In the water, sanitation and hygiene (WASH) sector UNICEF worked with its partners (including IOM, Al-Khair, CSSW, Al-Amel and local authorities) to respond to urgent needs in Amran, Hajjah and Sa'ada governorates. Sustained provision of safe drinking water was ensured for the Al-Mazraq camps, as well as water storage facilities at water points and within households. Safe water was also provided to at two schools in Hajjah governorate. Drainage systems were established at water points to improve hygiene and prevent the contamination of water points. Two water chlorinators and a chemical engineer from GARWP were used to monitor, manage and check the water supply on a daily basis. As a result of CERF funding, each displaced person (both within and outside the camps) received approximately 20 to 25 litres of water per day, in accordance with SPHERE standards. The CERF also enabled the distribution of 7,500 basic hygiene kits and monthly consumables for IDP and returnee families in Amran, Hajjah and Sa'ada governorates. More than 2,500 family latrines were constructed in the Al-Mazraq camps and within the surrounding host community.

UNICEF supported hygiene promotion local NGO Al-Khair. More than 50 volunteers from within the IDP community were trained as hygiene volunteers and water caretakers to raise community awareness and mobilize the community for cleaning campaigns, hand-washing, and improved personal hygiene. Volunteers worked at the household level to enhance community risk knowledge, as well as change attitudes and practices. Water and sanitation-related diseases such as diarrhoea were dramatically decreased.

In the education sector UNICEF worked with the Ministry of Education and other partners to roll out a "Back-to-School" campaign targeting at least 50,000 school-age children from the IDP, refugee, and host community population to enrol in schools in Amran, Hajjah and Sa'ada governorates. Special emphasis was placed on girls' enrolment in schools throughout the campaign period. The campaign impacted

approximately 80,000 girls and boys, exceeding the target population of 50,000. Additionally, a total of 1,941 teachers received training in communication skills and how to provide psychosocial support to children affected by the conflict. Teaching and learning materials were also distributed and acted as a pull factor for children who were out of school. Equipment such as 'Schools in a Box', blackboards, chalk and Early Childhood Development kits enabled teachers to use a wide range of teaching strategies. In Harad District of Hajjah Governorate, 4,000 students benefited from school bags containing learning materials such as exercise books, pencils, erasers, rulers, pens and pencil sharpeners.

In Sa'ada Governorate 60,000 educational items (including pens, pencils, etc.) were distributed to children at both government and opposition-controlled schools. Despite limited access to Al-Dhafer District, 545 school bags with school materials were distributed to two schools (Al-Salam and Althawrah). Seven tents were also provided to create additional learning spaces. Other districts will benefit from the supply of 52 tents and school equipment for 9,000 children is scheduled for distribution in Amran governorate.

The CERF contribution helped UNICEF to reduce the prevalence of Severe Acute Malnutrition (SAM) at IDP sites and within host communities through the enrolment of children in a CMAM therapeutic programme. This intervention helped to stabilize malnutrition rates and helped to ensure the supply of critical therapeutic supplies.

The CERF contribution was instrumental in strengthening the coordination of child protection. This includes the strengthening of monitoring, reporting and advocacy on grave violations against children's rights, including access to previously inaccessible areas. UNICEF has been able to provide psychosocial support and raise awareness of the dangers of landmines and UXOs (unexploded ordnances) in affected areas. UNICEF also provided protection training to improve the protection of children in conflict-affected areas.

WFP experienced severe funding shortfalls in 2010, which jeopardized its critical, life-saving operations. Without CERF funding WFP would have been forced to reduce the number of severely food-insecure persons assisted or reduce the ration basket, which would have left up to 1.8 million persons without life-saving food support. Families would have experienced increased household food insecurity and negatively impacting on the families' nutritional status. The timely receipt of CERF funding allowed WFP to continue delivering food assistance and humanitarian services to some 1.8 million food insecure Yemenis and 183,000 refugees. WFP was also able to continue its Special Operation for humanitarian logistics and air services, providing continuous access for humanitarian actors to Sa'adah governorate.

Health remains one of the lowest funded sectors and Yemen was already struggling to provide health services to its population. The presence of IDPs overstretched existing services and additional resources were needed to cater the health needs of IDPs as well as deprived host communities. WHO supported 10 medical teams and procured vital medicines. CERF funding not only ensured continuation of health services but also allowed them to be strengthened with disease surveillance and effective coordination. Disease surveillance ensured timely alerts for two potential outbreaks (one for measles in Sa'ada and one for cholera in Al-Mazark) and facilitated preventive measures to be undertaken. Communicable disease-related mortality remained less than 1 per 10,000 population per day within IDP camps. The CERF also enabled the provision of reproductive health services for women. Yemen already suffers high maternal mortality (365/100,000 in Yemen) and the absence of pre, intra and postnatal services for IDP women may have led to greatly increased mortality. Medical teams working within host communities carried out 552 deliveries, and availability of medicines and other supplies prevented shortages.

CERF funding allowed UNHCR to provide non-food items (NFIs) and emergency shelter materials to respond to an influx of IDPs in the beginning of 2010. The CERF contribution allowed UNHCR to respond with blankets to cope with the extreme cold, materials to shade 700 from the heat, distribution of plastic sheets, and community services and tents in camps devastated by storms.

In February 2010 the UN Country Team asked IOM to provide humanitarian assistance in Al-Jawf Governorate, where no UN agencies had operations at that time. IOM used CERF funding to rapidly procure life-saving non-food items, shelter materials, and WASH materials for displaced families in Al-Jawf in April 2010. Through these CERF-funded humanitarian activities, IOM fulfilled critical needs that would otherwise have been unmet. CERF Rapid Response funding allowed IOM to address the most urgent needs of displaced and conflict-affected communities in six Al-Jawf districts, and this initial intervention paved the way for further activities. In September 2010 IOM received support from the

CERF's underfunded emergencies window to further strengthen its humanitarian response in northern Al-Jawf and expand its life-saving activities. CERF-funded activities complemented US Agency for International Development's (USAID) funding, enabling a more comprehensive response.

Agriculture provides a livelihood for 80 percent of the population in conflict-affected areas and was severely affected. In addition to physical destruction of agricultural equipment and machinery, there was destruction of standing crops and, as fields had to be left idle before harvest, revenue losses from food, feed and cash crops. Irrigation infrastructure in the conflict-affected areas also suffered, including partial and complete destruction of public and private (on-farm irrigation) water infrastructure. CERF funding allowed support to be provided to displaced families and host communities in Hajjah governorate. The CERF project provided animal medical supplies, animal feed, feed and water utensils, shelters, and choppers to 1,800 IDPs and host communities as well as 120,000 heads of livestock.

Of the 250,000 people displaced an estimated 55 per cent were women. Women exhausted from walking long distances to flee the fighting, and sometimes traumatized, were living in precarious situations at new settlements and faced malnutrition, anaemia and a lack of basic health services. Pregnant women were vulnerable to miscarriages, stillbirths and other complications during deliveries. UNFPA conducted a rapid assessment at the Al-Mizraq camp in Hajjah governorate in September 2009. The assessment showed unmet maternal health needs, interruption in antenatal and nonexistent post-natal care, a poor hygiene environment for clean safe deliveries, and a burden on health services for obstetric complicated cases. UNFPA used the CERF to provide critical reproductive health services including emergency obstetric care accessed by IDPs in Sa'ada (Mandaba, Al-Ehsa, Sam, Al-Salam, Al-Buglat, Al-Gapanah And Alazgool camps), Hajja (Camp I and II, Alkafl, Mgaar, Khabt Maidi , Mehsam, Mehajabia, and Safan) and Amran (Khaiwan camp and IDPs outside the camp), as well as at hard-to-reach conflict-affected settlements outside the camps.

In Yemen acceptable clothing is essential for women to enhance their movement and participation in public activities. The dress code requires abayas (women dresses) and scarves to protect them from harassment and exploitation. The CERF was used to provide clothing items for women such as abayas (women dress) and scarves as well as hygiene items (soaps, sanitary napkins, etc). Proper clothing enhanced mobility for women and girls to access life-saving services for themselves and their families. Hygiene items were essential for women and girls to prevent the occurrence of diseases such as skin problems and infections. The project provided psychosocial support for women and girls to overcome traumas and stresses experienced during their displacement, and established women's committees in camps to facilitate access to services.

III. Results

Sector/ Cluster	CERF project number and title (If applicable, please provide CAP/Flash Project Code)	Amount disbursed from CERF (US\$)	Total Project Budget (US\$)	Number of Beneficiaries targeted with CERF funding	Expected Results/ Outcomes	Results and improvements for the target beneficiaries	CERF's added value to the project	Monitoring and Evaluation Mechanisms	Gender Equity
WASH	<p>10-CEF-013B</p> <p>Emergency water assistance and hygiene assistance to conflict-affected people</p> <p>YEM-10-WS-28743</p>	598,836	5,586,122	59,000 people living in conflict-affected districts (30 per cent are children under-five and 32,450 are female)	<ul style="list-style-type: none"> ▪ Access to safe water (20 litres per person per day) for 37,000 IDPs for three months through water trucking ▪ Access to safe water for 22,000 IDPs through provision of water filters 	<ul style="list-style-type: none"> ▪ 25,000 IDPs have access to adequate and safe water ▪ Communities maintain water points ▪ 7500 IDP families equipped with hygiene kits ▪ 3,400 IDP families (23,800 people) received water filters and training ▪ 800 IDP family latrines rehabilitated, for improved personal safety and privacy of women and girls 	CERF funds allowed the project to provide life-saving WASH services to the most vulnerable IDPs	<ul style="list-style-type: none"> ▪ Daily/ weekly progress reports shared UNICEF and its partners ▪ UNICEF and WASH cluster monitoring field visits ▪ Field assessments 	<ul style="list-style-type: none"> ▪ Water points allowed more girls to attend schools ▪ Family latrines installed to ensure safety, dignity, and privacy of girls and women

WASH	<p>10-CEF-053B</p> <p>Emergency WASH assistance to war-affected people in North Yemen</p> <p>YEM-10-WS-28745/124</p>	405,530	5,586,122	<p>40,000 people</p> <p>Females: 22,900,</p> <p>Males: 17,100</p> <p>Children under 18: 10,000</p>	<ul style="list-style-type: none"> ▪ Provide safe water for >16,000 conflict-affected people at Al-Mazraq camps 1 and 3 and for IDPs outside camps ▪ Improve hygiene conditions for >17,000 IDPs in Al-Jawf, Sa'ada and Amran ▪ >3,500 school children can use school sanitation units and hand-washing facilities at 10 targeted schools in Sa'ada ▪ Children at 10 public schools receive and use essential hygiene items 	<ul style="list-style-type: none"> ▪ IDPs have access to safe water in line with SPHERE standards (20 litres per person per day) through water tankering, distribution of water filters and water chlorination ▪ Family latrines installed for all IDP families in camps to improve the personal safety and privacy of women and girls ▪ Hygiene promotion conducted on a daily basis to improve safe handling of water, use of ceramic filters, safe storage of food and water, hand-washing, and cleanliness 	<p>CERF funds allowed the project to provide life-saving WASH services to the most vulnerable IDPs</p>	<ul style="list-style-type: none"> ▪ Daily/ weekly progress reports shared UNICEF and its partners ▪ UNICEF and WASH cluster monitoring field visits ▪ Field assessments ▪ Coordination with national /sub-national coordination mechanisms 	<ul style="list-style-type: none"> ▪ Water points allowed more girls to attend schools ▪ Family latrines installed to ensure safety, dignity, and privacy of girls and women
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Education	<p>10-IOM-025</p> <p>Emergency Water and Hygiene Assistance to conflict-affected IDPs and IDP host communities in Al-Jawf</p> <p>YEM-10/WS/26157/R/298</p>	91,977	392,476	<p>1,500 IDP families (12,000 individuals)</p> <p>10,000 further IDPs to benefit from hygiene promotion activities</p>	<ul style="list-style-type: none"> ▪ Hygiene improved amongst IDP families (1,000) and host families (1,200) in Al Jawf governorate ▪ Distribution of 1,000 hygiene kits to 1,000 IDP families ▪ Distribution of 1,000 water filters to 1,000 IDP families ▪ Specific needs of men, women and children taken into account in all activities and special consideration and assistance provided for the most vulnerable 	<ul style="list-style-type: none"> ▪ WASH materials and awareness-raising assistance provided to IDPs and conflict-affected families in northern Al-Jawf (500 hygiene kits and water filters from UNICEF). ▪ 1,048 IDP and conflict-affected families assisted with water filters and hygiene kits. Water filter distribution was accompanied by training in proper use and storage as well as basic hygiene and sanitation practices. ▪ An estimated 8,400 individuals in northern Al-Jawf benefited from material assistance. An additional 452 hygiene kits and water filters will be distributed to 3,616 individuals. ▪ Hygiene awareness activities carried out in Al-Jawf for 275 individuals in five communities. ▪ Hygiene and sanitation activities are expected to reach an estimated 10,000 individuals. 	<p>CERF funding allowed IOM to provide hygiene kits and water filters, providing immediate relief to intended beneficiaries while also collecting initial information regarding return and further displacement.</p> <p>Complementing IOM's health activities, hygiene awareness activities are being undertaken in parallel with the operation of mobile health clinics</p>	<ul style="list-style-type: none"> ▪ IOM field staff were present at all distribution sites in Al-Jawf, documenting distributions with photographs and verifying beneficiary names on government-provided lists. ▪ Final written reports were prepared and submitted to IOM and partners. 	<ul style="list-style-type: none"> ▪ 1,048 families were targeted with material assistance, reaching 8,384 individuals, including 5,030 women and 1,492 children under the age of five.
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<p style="text-align: center;">Child Protection</p>	<p>10-CEF-053A</p> <p>Increase Access to Quality Education for Children of Vulnerable Groups including IDPs in northern Yemen</p> <p>YEM-10/E/28750/R/124</p>	<p>502,040</p>	<p>1,647,800</p>	<p>Total: 100,000</p> <p>40,000 female and 60,000 male in Sa'ada and neighbouring governorates</p>	<ul style="list-style-type: none"> ▪ 100,000 students have access to function schools ▪ 100,000 students receive learning materials 	<ul style="list-style-type: none"> ▪ 80,000 students accessed schools in target areas ▪ 60,000 received learning materials 	<p>CERF helped in addressing gaps within education in emergency programmes in Sa'ada and neighbouring governorates.</p>	<ul style="list-style-type: none"> ▪ Field reports ▪ Field visits to monitor progress and effectiveness of interventions 	<ul style="list-style-type: none"> ▪ Special attention was accorded to girls during the "back-to-school" campaign given that they are the most marginalised in the community.
<p style="text-align: center;">Nutrition</p>	<p>10-CEF-053D</p> <p>Emergency assistance for protecting conflict-affected children from violence, abuse, neglect and exploitation</p> <p>YEM-10/P-HR-RL/28736/R/124</p>	<p>195,292</p>	<p>790,500</p>	<p>Males: 350</p> <p>Females: 350</p> <p>Children: 41,000</p> <p>>300 community members sensitized, trained and actively involved in protecting children</p>	<ul style="list-style-type: none"> ▪ 1,500 war-affected children with their parents provided with access to appropriate social and protective services ▪ 20,000 boys and girls in affected communities and IDPs camps benefit from psychosocial support ▪ 20,000 affected children and community members made aware of the risks mines and UXOs. ▪ >200 duty bearers and right holders sensitized, trained and actively involved in protecting children 	<ul style="list-style-type: none"> ▪ 2,953 children (1318 females and 1,635 males) with protection risks and vulnerabilities identified ▪ 836 children referred to services, 500 children provided with direct support, 16 children provided with specialized child protection support ▪ 20 child friendly spaces and 3 mobile teams provided for 70,767 children (32,026 females and 38,741 males) ▪ Mine risk education (MRE) activities carried out in Hajjah and Amran governorates ▪ 46 child protection committees established ▪ Psychosocial training conducted for 90 volunteers 	<p>CERF enabled the continuity and expansion of activities to newly accessible areas</p>	<ul style="list-style-type: none"> ▪ Regular field monitoring reports ▪ UNICEF staff field monitoring visits 	<ul style="list-style-type: none"> ▪ Focus on female adults and children. ▪ Almost 50 per cent of the beneficiaries were female. ▪ Training on gender marker for the Child Protection sub-cluster planned

Food and Agriculture	<p>10-WFP-015</p> <p>Protracted Relief and Recovery Assistance to Refugees in Yemen</p> <p>YEM-10/F/25966/R/561</p>									
	<p>10-WFP-068</p> <p>Targeted Emergency Food Support to Vulnerable Groups in Yemen</p> <p>YEM-10/F/25972/R/561</p>	<p>Total:</p> <p>5,499,770</p>								
	<p>10-WFP-016</p> <p>Targeted food support to vulnerable groups affected by high food price</p> <p>YEM-10/H/25988/R/561</p>	<p>10-WFP-015 1,000,000</p> <p>10-WFP-068 1,999,770</p> <p>10-WFP-016 2,500,000</p>	112,400,000	183,000 refugees	1,888,897 people	1,888,897 people				

- Prevent and reduce acute malnutrition among children under five in targeted populations
- Improve food consumption for targeted households
- Enhance government ownership, capacity and accountability while ensuring that hunger, food security and nutrition are reflected in national agendas.
- The target populations for each operation respectively are Somali refugees, mothers and children under five, and generally food-insecure persons.

- For CERF 10-WFP-15, food was provided to newly arrived refugees. Distribution cycles for refugees entirely dependent on food assistance were undisrupted. Nutritional support maintained for children under five and pregnant/lactating women.
- Regarding CERF 10-WFP-068, the attendance of women and children at health clinics for nutrition education increased. Also, a larger number of families were able to meet their basic caloric needs via general food distributions.
- Prior to the implementation of CERF 10-WFP-16, 38.3 per cent of targeted beneficiaries had a poor food consumption score (FCS) and 34.1 per cent had an acceptable FCS. After this project, 30.7 per cent had a poor FCS and 41.0 per cent were acceptable.

Without the timely support of the CERF, the nutritional status of refugees completely dependent on food assistance would have been critically jeopardized. If WFP had been forced to suspend this activity, 90 per cent of refugees would have fallen into food insecurity.

CERF funding allowed WFP to provide critical food support to families, mothers and children affected by high food prices, particularly during the hungry season (May through October) when families were most vulnerable.

- Mid-year and annual reviews are based on a performance monitoring plan, including monthly distribution reports and annual nutritional surveys.
- Regular pre-, mid- and post-distribution monitoring; employment of food distribution monitors; random in-home surveys to ensure adequate and timely receipt of food assistance.

- Families are encouraged to register the name of a female family member as the food entitlement holder. he number of women targeted exceeds that of men due to a focus on nutritional assistance for pregnancy/lactating women.
- Targeted focus on female-headed households and employment of local midwives increased the probability of women seeking assistance at health clinics.

Health	<p>10-WHO-012</p> <p>Support to primary health care services to facilitate delivery of essential health care to the affected communities</p>	1,100,000 754,469	3,204,469	<p>312,954 people Children under five: 58,522</p>	<ul style="list-style-type: none"> ▪ Monitor communicable disease outbreaks (and related mortality and morbidity) among target population ▪ 312,954 target beneficiaries have access to primary health care services 	<ul style="list-style-type: none"> ▪ Morality among IDPs living inside camps remained below 1 per 10,000 people per day. ▪ No major outbreak of communicable diseases ▪ 10 health teams (three static and 7 mobile) provided health services ▪ 100 per cent health service coverage of IDPs living inside camps 	<p>Due to limited resource availability the health sector was struggling to cater to the health needs of the target population.</p> <p>The CERF ensured availability of resources to cover the most urgent life-saving health needs.</p> <p>CERF funds enabled WHO to monitor communicable diseases and prevent outbreaks</p>	<ul style="list-style-type: none"> ▪ Health activities were monitored daily by MoPHP district/governorate staff. ▪ Joint MoPHP – WHO technical staff teams monitored activities on a fortnightly basis. ▪ Health cluster conducted weekly meetings for needs assessments and gap identification. 	<ul style="list-style-type: none"> ▪ Women and children benefited most from the projects and special attention was given to target their needs.
	<p>10-WHO-063</p> <p>Support to primary health care services to facilitate delivery of essential health to the affected communities</p> <p>YEM-10/H/27827</p>			<p>Females: 53,347 including 62,591 women of child-bearing age)</p> <ul style="list-style-type: none"> ▪ 62,591 women of child-bearing age have access to basic reproductive health care ▪ 58,522 children under five have access to health care including vaccinations ▪ Improved availability of essential medicines 	<ul style="list-style-type: none"> ▪ 249,948 consultations provided by the medical teams. ▪ 552 deliveries conducted ▪ More than 200,000 children vaccinated, achieving 83 per cent coverage of measles vaccination in target areas ▪ Eight IEHKs, six diarrhoeal disease treatment kits, three trauma kits A and three trauma kits B procured ▪ Effective coordination of the health sector 				

<p style="text-align: center;">Health</p>	<p style="text-align: center;">10-FPA-009</p> <p style="text-align: center;">Emergency Reproductive Health Response in conflict affected areas of Yemen</p> <p style="text-align: center;">UNFPA YEM 10/H/28015</p>	<p style="text-align: center;">330,810</p>	<p style="text-align: center;">410,910</p>	<p style="text-align: center;">2,000 women and girls</p>	<ul style="list-style-type: none"> ▪ Number of safe deliveries attended in health units in camps ▪ Number of complications referred and treated in district/governorate hospitals ▪ Number of women having received antenatal and post natal care from mobile clinics ▪ Number of women having received family planning (FP) services 	<ul style="list-style-type: none"> ▪ 3,698 beneficiaries. ▪ 374 safe deliveries attended in health units in camps ▪ 48 complications referred and treated in district/governorate hospitals ▪ 1,687 women received antenatal and post natal care from mobile clinics ▪ 1,589 women received family planning (FP) services 	<p>CERF enabled procurement of reproductive health kits</p> <p>CERF helped with operating mobile clinics, teams and tent clinics in camps</p> <p>CERF supported coordination with other partners in the field</p>	<ul style="list-style-type: none"> ▪ Field visits by UNFPA staff ▪ Monthly reports ▪ Photographs ▪ Continuous monitoring ▪ Field coordinator presence 	<ul style="list-style-type: none"> ▪ Beneficiaries were mainly women and girls
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Health	<p>10-IOM-026</p> <p>To replenish life-saving medical supplies in clinics and health facilities in Al Jawf Governorate</p>	100,002	313,189	30,000 IDPs and conflict-affected people	<ul style="list-style-type: none"> ▪ Estimated 30,000 people (including 8,000 IDPs) provided with improved access to life-saving medical supplies at clinics, mobile clinics and secondary and tertiary level health centres. 	<ul style="list-style-type: none"> ▪ IOM equipped and launched two mobile health clinics in northern Al-Jawf to serve IDP and conflict-affected communities ▪ Within first month of operation, over 5,000 individuals screened by IOM medical team ▪ 2,500 individuals provided medical attention and medication. ▪ Responded to a measles outbreak in Khabb wa'ash Shaf district, and provided symptomatic treatment. ▪ In coordination with the Ministry of Health and local officials, IOM is providing and coordinating disease surveillance for epidemics. ▪ Providing symptomatic medical treatment for existing cases and informing the Ministry of Health of high-risk areas where immunization campaigns did not reach and closer monitoring and contingency planning is required. 	<p>CERF funding allowed IOM to purchase essential medical supplies and medications to adequately equip IOM's mobile health clinics for operation in northern districts of Al-Jawf where existing health infrastructure had been destroyed in the conflict and where security does not allow for it to be rehabilitated and where medical professionals have fled the region under threat from Houthis.</p>	<ul style="list-style-type: none"> ▪ IOM medical teams kept detailed information of all places visited, recorded age and gender disaggregated data of all cases screened and assisted, and kept records of medicines distributed, equipment used, and all health issues encountered. ▪ Field staff in Al-Jawf present at all distribution sites. ▪ Photographs and weekly reports provided to the IOM Sana'a office and general reports compiled upon return from the field. 	<ul style="list-style-type: none"> ▪ Approximately 3,000 women were assisted by the mobile health clinics. ▪ Special attention was given to pregnant and lactating women, and there were special consultations for women with gender-specific issues and suspected cases of gender-based violence.
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Health	<p>10-FPA-038¹</p> <p>Ensuring un interrupted Emergency Reproductive health services for IDP girls and women in conflict affected areas (Sa'ada, Hajja and Amran governorates)</p> <p>UNFPA UOB62</p>	110,015	750,926	1,000 women and girls	<ul style="list-style-type: none"> ▪ Safe delivery services and counselling sustained to prevent maternal and neonatal mortality and morbidity among the displaced and conflict -affected population ▪ Implementation of the Minimum Initial Services Package (MISP) for reproductive health ensured ▪ Functioning referral pathway to higher levels for emergency obstetric complications and other cases which require specialized care in place 		Without the CERF MISP services for IDPs in Haradh would be interrupted	<ul style="list-style-type: none"> ▪ Field visits by UNFPA staff ▪ Monthly reports ▪ Photographs ▪ Continuous monitoring ▪ Field coordinator presence 	<ul style="list-style-type: none"> ▪ Beneficiaries were mainly women and girls
Logistics	<p>10-WFP-036</p> <p>Air Passenger Service and Logistics Cluster Coordination in Support of the Humanitarian Response in Sa'ada</p> <p>YEM-10/CSS/32557/R/561</p>	375,926	530,000		<ul style="list-style-type: none"> ▪ Increased access for humanitarian personnel, cargo and commodities for life-saving operations 	<ul style="list-style-type: none"> ▪ Enhanced predictability, timeliness and efficiency of the emergency response ▪ Greater access for humanitarian personnel and light cargo to affected areas. ▪ 27 chartered flights operated with 225 pax from UN, INGO and donor community. 	Rapid allocation of CERF funds ensured uninterrupted air transportation services to conflict-affected areas.		

¹ Input from agency missing
October 2011

Protection	10-IOM-024	450,005	450,005	3,000 Ethiopian migrants	<ul style="list-style-type: none"> ▪ Improved hygiene and health of 3,000 migrants through consistent access to safe water ▪ Improved hygiene and sanitation through provision of 3,000 hygiene kits ▪ Improved living conditions through provision of 3,000 non-food item kits ▪ Improved sanitation and health for 200 women through provision of dignity kits ▪ Reduction in vulnerability of women and children through protection and shelter activities ▪ Reduction in petty crime and tensions between Haradh host community and stranded migrants 	<ul style="list-style-type: none"> ▪ IOM operated a migrant reception and departure centre in Haradh for stranded migrants wishing to return to their places of origin. ▪ By the end of December 2010 IOM had provided basic WASH assistance to 1,544 migrants, including 269 unaccompanied children and 68 women. ▪ In coordination with UNICEF, IOM ensured that migrants had access to safe water and were able to shower before departing the centre. 6,000 litres of water per day was provided by UNICEF to cover WASH needs. ▪ Basic NFI assistance provided to all returning migrants (2,208 people), including provision of clothing items. ▪ Tents with blankets and mattresses at the provided at the departure centre for the most vulnerable including women and children, the sick, elderly, and those with special needs. ▪ Health services made available to migrants registered to return. 'Fit for travel' medical screening provided to 1,544 people, including 269 unaccompanied minors and 68 women. ▪ 10 tuberculosis cases referred for treatment in hospitals in Hodeidah, and two TB-related deaths reported to authorities. ▪ Specialized medical screening for 400 stranded migrants provided. 	<p>CERF allowed IOM to respond to the emerging crisis in Haradh and provide much-needed humanitarian assistance to vulnerable migrants wishing to return to their places of origin.</p> <p>CERF funding was essential in filling this gap, providing emergency humanitarian relief while longer-term strategies could be devised and funding secured.</p>	<ul style="list-style-type: none"> ▪ IOM staff in Haradh provided comprehensive weekly updates regarding ongoing return and relief operations in Haradh. ▪ Documentation of distributions provided in written records and photographs, prepared and submitted by IOM field staff. ▪ IOM requires its implementing partner to submit monthly reports. 	<ul style="list-style-type: none"> ▪ Activities in Haradh included specific interventions to address the needs of vulnerable migrant women at increased risk of trafficking, sexual abuse and exploitation. ▪ Provided priority assistance to women, coordinating with Government of Yemen border officials, the local authorities, other humanitarian actors. ▪ All women provided with dignity kits. ▪ Alerted partners in Haradh to the needs of migrant women. ▪ IOM coordinated with UNHCR and local police to ensure that women stopped while crossing into Saudi Arabia are given adequate protection. ▪ IOM provided NFI assistance to local authorities running a detention centre for women.
	2011					14			

<p style="text-align: center;">Protection</p>	<p>10-FPA-039²</p> <p>Protection and psycho-social support for displaced women and girls in conflict-affected areas of Yemen</p> <p>YEM-10/P-HR-RL/28737/R</p>	<p>200,090</p>	<p>438,738</p>	<p>8,000 females of reproductive age</p>	<ul style="list-style-type: none"> ▪ Dignity of women preserved and psycho-social support provided according to needs ▪ Referral system for victims of violence and women with serious psychological disorders effective ▪ Gender sensitive coordination mechanisms established 		<p>CERF enabled minimum services to be provided to women and girls to preserve their dignity and raise their awareness of GBV prevention.</p>	<ul style="list-style-type: none"> ▪ Regular field visits ▪ Quarterly technical and financial reports 	<ul style="list-style-type: none"> ▪ Project is targeted IDP women and girls of reproductive age. ▪ Project was coded as 2b by the gender marker tool.
<p style="text-align: center;">Shelter / NFI / CCCM</p>	<p>10-IOM-007</p> <p>Emergency Assistance to Vulnerable IDP Households</p> <p>YEM-10/S-NF/26164/298</p>	<p>100,011</p>	<p>679,557</p>	<p>18,400 people</p> <p>Women: 9,200</p> <p>Children under five: 3,275</p>	<ul style="list-style-type: none"> ▪ 720 IDP families (5,040 people) provided with life-saving NFIs including mattresses, blankets, and cooking kits. ▪ IOM distributed to beneficiaries from lists obtained from UNHCR as well as IDP families not captured by registration 	<ul style="list-style-type: none"> ▪ Distributions conducted in coordination with a local implementing partner, Friends of Al-Jawf for Development (FAJD). 	<p>Rapid allocation of CERF funds allowed IOM to commence operations in Al-Jawf governorate quickly.</p>	<ul style="list-style-type: none"> ▪ IOM field staff in Al-Jawf present at all distribution sites ▪ Distributions documented with photographs ▪ Beneficiary names verified on government-provided lists. ▪ Final written reports with accompanying pictures submitted to IOM and partners. 	<ul style="list-style-type: none"> ▪ 18,400 individuals targeted, including 9,200 women and 3,275 children under five.

² Information still to be provided by agency
October 2011

<p style="text-align: center;">CCCM/ Shelter/ NFIs</p>	<p style="text-align: center;">10/HCR/008</p> <p>Provision of NFIs and Shelter for IDPs in Conflict Affected Areas</p> <p style="text-align: center;">YEM-10/S-NF/29267/120</p>	<p style="text-align: center;">1,160,001</p>	<p style="text-align: center;">11,559,78</p>		<ul style="list-style-type: none"> ▪ 2,500 IDP families provided with NFIs and shelter items 	<ul style="list-style-type: none"> ▪ 2,500 IDP families received NFIs and shelter items (2,690 plastic sheets, 17,500 mattresses, 2,500 stoves, 2,500 jerry cans, 26,250 blankets, 3,750 kitchen sets, 17,500 sleeping mats, and 5,000 buckets) ▪ Additional NFIs (110,750 blankets and 5,800 mattresses) and 18,290 plastic sheets benefited approximately 11,500 families. ▪ 00 per cent of identified NFI and plastic sheet needs addressed in accessible UNHCR coverage areas. ▪ Special attention paid to ensure that people with special needs (PWSNs), women and children-headed families received assistance. ▪ IDP living conditions improved with shelter assistance. 	<p>CERF funding supported the humanitarian response to the sudden influx of IDPs in early 2010</p> <p>UNHCR had not received funds from any other donors except DFID at that time</p>	<ul style="list-style-type: none"> ▪ UNHCR and implementing partners carried out regular visits to IDP locations ▪ Delivery and stock reports, distribution lists, and implementing partner reports maintained. 	<ul style="list-style-type: none"> ▪ Gender equity approach followed during distribution of relief assistance to reach women and children by creating separate queues at distribution places.
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<p style="text-align: center;">CCCM/ Shelter/ NFIs</p>	<p style="text-align: center;">10-HCR-037³</p> <p>Provision of emergency shelter assistance for conflict affected population (IDPs, returnees, and host communities) in northern Yemen</p>	<p>1,000,001</p>	<p>11,559,738</p>	<p>64,195 IDPs</p> <p>Children under five: 8,987</p> <p>Women: 13,480 women</p>	<ul style="list-style-type: none"> ▪ 3,700 returnee families received emergency shelter tool kits and plastic sheets ▪ 500 families living in camps in Harad and 200 families living outside the camps provided with shading to protect from extreme heat ▪ 1,000 families in Al-Mazrak camps benefit from maintenance or repair of tents ▪ Improved storage of NFIs/shelter materials through proper drainage facilities in Harad ▪ Non-discrimination in provision of assistance for single-parent headed households, the elderly, and people with specific needs 	<ul style="list-style-type: none"> ▪ UNHCR purchased shading for 700 tents/families living inside and outside camps in Harad. ▪ 100 per cent of tents in need of maintenance at Al-Mazrak camps supported (total 632 households). ▪ Arrangements made to improve drainage facilities at warehouses in Hajjah and Malaheet to improve storage of NFIs/ shelter materials ▪ Separate distribution queues established to provide assistance to groups with special needs. 	<p>The CERF allowed UNHCR to respond to additional needs arising from the rainy season and storms in Harad.</p>	<ul style="list-style-type: none"> ▪ Field visits by UNHCR and implementing partners ▪ Periodic and annual monitoring reports ▪ Weekly situation reports from UNHCR field offices 	

³ Input from agency missing October 2011

Protection	10-HCR-007			167,000 people	<ul style="list-style-type: none"> ▪ Registration mechanism for IDPs in Sana'a established by local government authorities ▪ 100 per cent of IDPs (22,000 individuals) registered in accessible areas of Amran, Sa'ada, and Sana'a Governorates ▪ Enhanced and improved quality of registration of IDPs and documentation ▪ Staff from local government authorities and implementing partners trained ▪ Quality of assistance and services to the IDPs enhanced by reducing duplication ▪ IDP living conditions improved through access to humanitarian assistance and services 	<ul style="list-style-type: none"> ▪ Government established the Executive Unit (EU) in Amran and Al-Jawf in addition to already established units in Hajjah and Sana'a to strengthen registration activities. ▪ 100 per cent of IDP population in camps and majority of IDPs living in accessible areas in all governorates registered by EUs with UNHCR support. ▪ UNHCR provided equipment and furniture, software, and technical support to establish and strengthen EUs in Sana'a, Amran, Hajjah, and Sa'ada. ▪ Registration verification conducted in Hajjah, Amran, and Sana'a. 	CERF enabled support to be provided to the Government of Yemen for registration verification.	<ul style="list-style-type: none"> ▪ UNHCR paid frequent visits to the EU Sana'a offices as well as field offices. ▪ Worked closely with the government and other agencies to update IDP statistics on a monthly basis. ▪ Registration verification exercise done jointly by EU staff, implementing partners and UNHCR. 	<ul style="list-style-type: none"> ▪ Protection monitoring in IDP locations conducted with special focus on identifying and assisting people with special needs such as women and children.
	Protection Service Delivery to IDPs in Conflict-Affected Areas YEM-10/P-HR-RL/29271/120	140,000	4,133,772	Children under five: 23,380 Women: 35,070 women					

Protection	<p>10-HCR-038</p> <p>Protection and assistance for conflict affected IDPs and returnees in northern Yemen</p>	200,000	4,133,772	<p>52,500 IDPs</p> <p>Children under five: 7,350</p> <p>Women: 11,025</p>	<ul style="list-style-type: none"> ▪ Approximately 3,600 returnee families and 1,400 IDP families benefit from the information and community services centre in Malaheet ▪ Persons with Special Needs (PWSN) identified through regular protection monitoring and provided with assistance ▪ At least 170 persons/families with special needs (PWSNs) benefit from UNHCR assistance (i.e. transportation for counselling and medicine costs, wheel-chairs for persons with disabilities, sticks and eye glasses for elderly people, emergency assistance for pregnant women and SGBV cases, etc) ▪ Humanitarian and government actors are provided with comprehensive understanding of the characteristics of IDP communities 	<ul style="list-style-type: none"> ▪ UNHCR established an information and community services centre in Malaheet in October 2010. ▪ Profiling project undertaken in five conflict affected governorates - Hajjah, Sa'ada, Amran, Sana'a, and Al-Jawf. ▪ Reports shared with government authorities, inter-agency and protection cluster members. ▪ Protection monitoring in Hajjah done by CSSW for population outside camp. Islamic Relief conducted protection monitoring in Sa'ada city and surrounding areas, and established an information and community services centre in Sa'ada city. 10,819 cases reported in Hajjah and 567 cases in Sa'ada. ▪ 100 per cent of IDPs living in camps registered. ▪ Women's centre in Mazrak maintained with CERF funding. 	<p>CERF funding enabled the extension of protection monitoring activities and the establishment of an information and community services centre targeting returnees in Malaheet.</p>	<ul style="list-style-type: none"> ▪ Field visits by UNHCR and its implementing partners ▪ Periodic and annual monitoring reports ▪ Weekly situation reports from UNHCR field offices ▪ Distribution plan and distribution reports shared in cluster coordination meetings 	<ul style="list-style-type: none"> ▪ Protection monitoring in IDP locations conducted with special focus on identifying and assisting people with special needs such as women and children.
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Food and Agriculture	10-FAO-041 ⁴					<ul style="list-style-type: none"> ▪ Sustain food security, protect livelihoods and sustain the incomes of 1,800 households. ▪ Animal losses reduced by 25 per cent, diseases controlled and risk of disease outbreak reduced. Surviving animals kept productive. ▪ Increased efficiency of livestock production and improved nutritional status of low income rural households (particularly women of childbearing age and children) ▪ Animal Community Health Workers (ACHWs) trained ▪ 600 IDP host communities will indirectly benefit. ▪ Farmers producing sorghum in neighbouring districts will benefit as the main suppliers. 	<ul style="list-style-type: none"> ▪ Improved food security and income creation for livestock-keeping IDPs and host communities ▪ Productive assets of IDPs safeguarded ▪ Relief provided to vulnerable IDP families and host communities in the Hajjah Governorate (Harad, Bakil Al Mir, Abs and Mustaba districts) ▪ Livestock protected from increased vulnerability to diseases and high mortality through the provision of primary veterinary services ▪ Livestock shelter/management provided (health care, water and feeding) ▪ Supplementary animal feed provided (fodder/concentrates) ▪ Zoonotic and reproductive diseases prevented/eradicated ▪ Awareness of livestock health and production issues raised among female-headed households, livestock keepers and rural youth ▪ Training in animal health and management provided ▪ AHCWs trained 	<p>As livestock is for many IDPs the most important, if not exclusive, income source for the household economy, the CERF funding enables the provision of immediate relief to vulnerable IDPs families and their host communities in the Hajjah Governorate and the protection of livestock from increased vulnerability to diseases and high mortality through the provision of primary veterinary services and protecting livestock, and decreasing health risks associated with promiscuity of human beings and animals</p>	<ul style="list-style-type: none"> ▪ Activities are monitored by FAO and the Agricultural Office in Hajjah. ▪ FAO is conducting field visits and weekly meetings to follow up the delivery of activities. 	<ul style="list-style-type: none"> ▪ Women-headed households and children are benefiting from the project and given special attention
	Emergency provision of livestock feed and veterinary drugs and medicines to IDPs and their host families in the conflict-affected northern governorates of Yemen YEM-10/A/28231/R	357,209	1,000,000	14,400 people						

⁴ Input from agency missing October 2011

Annex 1: NGOs and CERF Funds Forwarded to Each Implementing NGO Partner

NGO Partner	Sector	Project Number	Amount Forwarded (US\$)	Date Funds Forwarded
Friends of Al-Jowf for Development	Shelter / NFI / CCCM	YEM-10/S-NF/26164	2,200	7 June 2010
Charitable Society for Social Welfare (CSSW)	Health / Protection	YEM-10-IOM-024	25,101	11 December 2010
Yemen Family Care Association (YFCA)	Reproductive Health	10-FPA-009	80,350	June 2010
Charitable Society for Social Welfare (CSSW)	Development	10-FPA-009	66,050	July 2010
Al-Amel	Protection	10-HCR-007 10-HCR-038	31,234	May 2010; December 2010
Al-Amel	Shelter/NFI	10-HCR-008	57,090	February 2010
DRC	Protection	10-HCR-038	61,256	November 2010
Private company	Shelter/NFI	10-HCR-008 10-HCR-037	106,500	February 2010; September 2010
CSSW	Protection	10-HCR-038	78,900	November 2010
IRY	Shelter	10-HCR-008 10-HCR-037	15,400	February 2010; September 2010
YRC	Shelter	10-HCR-008	12,131	February 2010
Yemen Family Care Association (YFCA)	Reproductive Health	10-FPA-038	10,800	January 2010
Charitable Society for Social Welfare (CSSW)	Development	10-FPA-038	17,400	November 2010
CSSW	Humanitarian and development	10-FPA-009	140,000	February 2010
YWU	Humanitarian and development	10-FPA-009	20,000	March 2010
TOTAL			724,412	

Annex 2: Acronyms and Abbreviations

CSSW	Charitable Society for Social Welfare
DRC	Danish Refugee Council
FAJD	Friends of Al-Jowf for Development
GOY	Government of Yemen
IDP	Internally Displaced Person
IRY	Islamic Relief Yemen
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-Governmental Organization
UXOs	Unexploded Ordnances
WASH	Water, Sanitation and Hygiene
YFCA	Yemen Family Care Association (YFCA)
YWU	Yemen Women Union