



ANNUAL REPORT ON THE USE OF CERF GRANTS IN YEMEN

COUNTRY	YEMEN
RESIDENT/HUMANITARIAN COORDINATOR	Jens Toyberg-Frandzen

I. SUMMARY OF FUNDING IN 2011 – US\$

Funding	1. Total amount required for the humanitarian response		230,000,000	
	2. Breakdown of total response funding received by source	2.1 CERF		14,834,581
		2.2 COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (<i>if applicable</i>)		N/A
		2.3 OTHER (Bilateral/Multilateral)		N/A
		2.4 TOTAL		N/A
	3. Breakdown of funds received by window	<input type="checkbox"/> Underfunded		N/A
		1. <i>First Round</i>		N/A
		2. <i>Second Round</i>		N/A
		<input checked="" type="checkbox"/> Rapid Response		14,834,581
	4. Please provide the breakdown of CERF funds by type of partner	4.1 Direct UN agencies/IOM implementation		11,900,510
		4.2 Funds forwarded to NGOs for implementation		2,430,100
		4.3 Funds forwarded to government partners		503,970
		4.4 TOTAL		14,834,581

II. SUMMARY OF BENEFICIARIES PER EMERGENCY

Total number of individuals affected by the crisis	Individuals	
Total number of individuals reached with CERF funding	Female	284,117
	Male	292,598
	Total individuals (Female and male)	576,715
	Of total, children <u>under</u> 5	110,636

III. GEOGRAPHICAL AREAS OF IMPLEMENTATION

Aden, Lahj, Hajjah, Sa'ada, Al-Dhale, Ibb, Sana'a, Amran, and Taiz, Al Hodaida, Abyan Governorate: Districts of Khanfir, Serar, Lawdar, Rasud and Sibah districts.

IV. PROCESS AND CONSULTATION SUMMARY

- i) Was the CERF report discussed in the Humanitarian and/or UN Country Team and by cluster/sector coordinators?
 YES NO

Remarks: The report was shared by CERF recipient agencies with their clusters in March 2012¹

- ii) Was the final CERF report shared for review with in-country stakeholders (i.e. the CERF recipient agencies, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

The report was shared by CERF recipient agencies with their clusters in March 2012. The report was shared with the HCT.²

¹ After identifying the needs, the CCCM/Shelter cluster, including the government counterpart at the national and field levels realized that there was a lack of funding to respond swiftly to life saving activities. Given that these needs were in areas covered by UNHCR as per the clusters, geographical locations and coupled with the fact that UNHCR is the last resort provider, it was decided, in April 2011, for the first submission and June 2011, for the second submission in consult with the HCT to mobilize resources through CERF. During the consultation meetings with the inter-cluster forum and the HCT, the amount was decided according to the needs and response capacity of each agency.

² In Sanaa, through communication exchanges, discussions in formal meetings in April 2011 for the initial CERF and June, for the second round of CERF funding.

V. ANALYSIS

1. The humanitarian context

First submission-May submitted on 6 May 2011 (Response to health and protection needs emerged from the civil unrest and fighting in country):

In February and March 2011, the country witnessed widespread civil unrest. The country faced demonstrations in different cities; mainly in Sana'a, Aden, Hodeidah and Taiz; and an escalation of violence.

The turmoil led to new displacements following fighting due to political unrest.

- Food insecurity affecting nearly one third of Yemenis (7 million), and nearly 2 million suffer from severe food insecurity. Yemen also records one of the worst malnutrition rates in the world. UNICEF reported that levels of acute malnutrition doubled from the pre-crisis levels of 15 per cent, with surveys in Hodeidah and amongst IDPs in Hajjah showing levels of global acute malnutrition of 32 per cent.
- The clashes erupted between pro and anti-groups led to death and injuries (125 deaths with 2191 reported injuries), which overwhelmed the already under-resourced health facilities in the country.
- GBV is considered one of the most urgent concerns; especially in a conservative society like Yemen. Seventeen reported cases of physical violence and injuries against women were reported in the major cities of Sana'a, Aden and Taiz. Among them, two women were kidnapped and four doctors kidnapped with an ambulance and threatened, and seven to 10 women activists were beaten. In addition, eight women were injured in Aden; two of them suffered from coma. Evidence of violations of child rights indicated the need to focus on child protection.

CERF submission July 2011 (Response to urgent humanitarian needs in Sana'a, Harad and Aden):

The political unrest continued in Yemen after the allocation of CERF grants in May 2011. Large demonstrations were carried out across the country, including Sana'a, Abyan, and Taiz. Various factions within the military, government and separatist movements in South supported the protests. Up to 25 June, during the preparation of the second CERF round, the civil unrest and government response had caused the following humanitarian needs:

- Death and wounded people overwhelmed health facilities and 3,617 people injured and 283 people were killed, according to WHO reports. UNICEF reports indicate that approximately 63 children have been killed (nine girls and 54 boys) during the period.
- 40,000 new IDPs caseloads in the south in July and around 3,000 registered migrants stranded in the north.
- Deterioration in the public and social services and increase in the prices of basic commodities.
- The on-going outbreak of severe diarrhoea in Abyan governorate, with 1,056 cases reported.

Since the beginning of the crisis, the UN Country Team has been carrying out on-going assessment and monitoring of the situation, especially in terms of the casualty numbers, protection incidents, and the needed life-saving services to be provided to victims. The agencies found that needs included the health and protection sectors.

WHO received funds when the civil unrest erupted in the country, but these funds had been absorbed by end of April. UNICEF diverted non-emergency funds to support response to civil unrest, but it was insufficient to meet needs. UNICEF has received very limited CAP funding for child protection. CERF grants were very important to continue WHO services to support mass casualty management. In addition, CERF funds covered the funding gap for UNICEF-related activities to monitor report and respond to violations against children's rights.

The CERF grant in May 2011 was also used to cover the emerged needs related to referral mechanisms for providing medical and legal support to the victims of violence, including gender-based violence, as requested by UNFPA for which no funds were available. It also covered funding gaps for enhancing national capacity for protection of victims of violence managed by UNHCR.

New displacement in the south, the needs of refugees and migrants in the north in May 2011 and the lack of funds required the HCT to approach CERF once again. Of the 11 projects submitted on 4 July 2011, eight projects were included in the CAP.

CERF funding in May:

To meet the humanitarian needs in health sector, a project for mass casualty management for injured people was identified as a priority. Protection-related humanitarian needs were met through the division of work among three UN agencies charged with the following:

- Protecting women involved in political activism against gender-based violence
- Monitoring, reporting and response to violations against children's rights
- Establishing a referral link between protection monitors and the medical response by enhancing national capacity to protect victims of violence.

CERF funding July:

The HCT prioritised response to the urgent needs of IDPs, populations affected by violence and civil unrest, and migrants through developing 11 projects covering seven sectors:

- Food security: emergency food assistance to populations displaced by civil unrest in the south. Emergency food assistance to stranded east African migrants in Haradh.
- WASH: provision of life-saving WASH assistance for the most vulnerable people affected by the escalating civil unrest in Yemen: Abyan and Sana'a governorates.
- Nutrition: a project for the management of acute malnutrition among children under age 5 in the southern Governorates (Abyan).
- Health: Delivery of an essential package of life-saving health services to IDPs from Abyan. Increase access to reproductive health and family planning services to IDPs in Aden and Lahj in the south.
- Protection: Protecting displaced women and girls against gender-based violence in Lahj and Aden governorates, and provide protection assistance to IDPs in the south.
- Shelter/ NFI/ CCCM: provision of NFI assistance to IDPs in southern Yemen

According to a WHO evaluation; the prioritisation strategy of CERF funding ensured the most urgent health needs were addressed, and the Case fatality Rate (CFR) due to communicable diseases were kept under emergency thresholds.

UNICEF for WASH and nutrition presented the same evaluation. Considering the fact that the number of beneficiaries reached for all three CERF-funded projects exceeded targets and implementation was successful, we consider the rationale for geographic prioritisation appropriate, as confirmed by humanitarian developments that took place later in 2011.

CERF funds allowed IOM to respond to the shelter and sanitation needs at the current departure centre in Haradh for vulnerable stranded migrants, namely unaccompanied minors (boys) and elderly men. At the same time, the project created a protection centre for vulnerable women, children, sick, and wounded persons; which is still running. Emergency services expanded to create a feeding centre for migrants outside the camp, in coordination with the World Food Programme. Addressing one of the greatest needs, the feeding centre offered daily meals to 3,000 stranded migrants. Also, health services and referrals expanded to provide greater assistance to all stranded migrants, including improved screening, treatment and prevention of communicable diseases.

Regarding food security sectors, the CERF grant averted food pipeline disruptions so that assistance could be provided continuously.

In the protection cluster, UNHCR emphasised that the CERF grant targeted the most vulnerable families, as agreed by the HCT and government.

Regarding child protection, CERF funding effectively supported the newly established monitoring and reporting mechanism, the results of which have been instrumental in launching advocacy efforts in Yemen and internationally.

Regarding gender-based violence, UNFPA procured and distributed emergency kits. This met the needs of women victims of violence. UNFPA also helped establish a referral system, mobile clinics as well as developed the capacity of local actors. These activities were conducted in the most affected areas to meet the unmet needs of IDPs and host communities.

As for the shelter/NFI/ CCCM sector; monitoring reports show that proposed activities met the most vulnerable households and provided them with the needed humanitarian assistance, including NFIs and a proper drainage system. This system helped improve the conditions of families in the camp and reached some 1,331 families. In addition, the shelter grants given to the most vulnerable families improved the protection of IDP communities.

2. Provide brief overview of CERF's role in the country

Given the expanding gap between humanitarian response and needs and the increasing difficulties confronting UN agencies capacity to fund response to increased needs, CERF allocated nearly \$14.8 million to the UN Country Team in Yemen. WHO, UNICEF, WFP, UNHCR, UNFPA and IOM received funding to respond to the life-saving needs and increasing displacement in the country due to the civil unrest. In 2010, Yemen was granted funding twice of some \$15 million through the underfunded window to minimise the gap in the humanitarian response plan. All funded projects were mainstreamed into the CAP and became part of the humanitarian strategy. Yemen is increasingly reliant on CERF to meet unexpected new needs and deliver the humanitarian response required.

3. What was accomplished with CERF funding

Nutrition

In the nutrition sector, CERF funds enabled UNICEF interventions that contributed to reducing the prevalence of severe acute malnutrition in the three southern governorates of Abyan, Aden and Lahj, mainly focusing on provision of an integrated package of nutrition interventions through fixed, outreach and community-based services. UNICEF targeted 4,939 children age 5 from both sexes who benefited from the intervention. Activities included Community Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding (IYCF) counselling, micronutrient supplementation, zinc in the treatment of diarrhoea, hygiene promotion, and identification and treatment of childhood illnesses (results detailed in Annex 1). Vulnerable severely wasted children were identified through screening of all children as part of mobile and outreach services and through community screening through a network of community volunteers. CERF funds also enabled immediate response to needs for curative medicines, operationalizing three mobile clinics and disseminating nutrition, health and WASH-related messages to the affected IDPs and host population. CERF funds were also utilised to sustain the nutrition supply pipeline for an estimated 16,000 malnourished children for 6 months.

WASH

In the water, hygiene and sanitation (WASH) sector, UNICEF partnered with Alkhair, a local NGO, for the provision of water and hygiene services and solid waste disposal for 67,200 people (half of whom were children) including internally displaced persons and vulnerable host communities in Hajjah (Haradh), Aden and Sa'ada. In Haradh, safe water was provided to 32,500 IDPs and sanitation and hygiene conditions were improved for 17,000 IDPs, while 4,500 schoolchildren were provided with safe water. In Aden, water and sanitation facilities for 13 alternative sites housing 13,200 IDPs were rehabilitated. UNICEF provided sanitation and hygiene services targeting displaced and marginalised children and their families across the country a range of water. Following a cholera outbreak in the south that affected 31,000 people (60 per cent children under 15 years) and caused 124 deaths, UNICEF provided and prepositioned 500,000 water purification tablets and water disinfection materials in Al-Dhale, Abyan, Ibb, Aden and Lahj and trained water committees on the disinfection of wells. In collaboration with WHO and the Ministry of Public Health, UNICEF conducted social mobilisation campaigns for cholera prevention and control. Through the provision of technical support, an emergency unit was established in the General Rural Water Authority, and an emergency preparedness and response strategy and plan was developed.

Protection

With CERF funds, UNHCR provided protection assistance to conflict-affected refugees/displaced through delivering shelter and provision of NFIs. Furthermore, protection assistance was given for victims of civil unrest in the main hotspots of Sa'ana, Sa'ada, Aden, Hodeidah, Taiz and al-Jawf through referral to existing support mechanisms supported by WHO, UNFPA, UNICEF and other national and international organizations. CERF funds were also able to verify and register and target the most vulnerable IDPs in northern Yemen with assistance.

The UNICEF-led child protection sub-cluster strengthened its preparedness and invested in capacity-building of partners by providing 250 participants in 16 governorates with knowledge and skills on child protection in emergencies, psychosocial support and MRE, while 1,485 (820 male and 665 female) teachers, NGO members and community volunteers were equipped with information and skills on preparedness and response in emergencies. Some 35,235 children (19,145 boys and 16,090 girls) were provided with psychosocial, legal aid and gender-based violence protection services through school-based and community-based child friendly spaces in the conflict/civil unrest areas of Sana'a, Amran, Hajjah, Sa'ada, Aden, Ibb, Taiz, Al-Dhale, and Lahj governorates. Of these, 5,216 (2,530 boys and 2,530 girls) conflict-affected children were further identified as extremely vulnerable and 82 per cent of them were referred to or received appropriate services. In addition, 26,099 children (10,202 girls and 15,897 boys) in the same governorates were equipped with knowledge and skills to be protected from abuse, violence and exploitation in emergencies.

UNFPA-led GBV

The sub-cluster incorporated the clinical management of GBV cases as well as in provided psychosocial support to 2,826 beneficiaries through developing the capacities of health providers. The awareness of the community was raised by conducting several activities through theatre play on the issues of domestic violence and early marriage. Reporting mechanism established to monitor the GBV cases related to the civil unrest. This protection was provided to the displaced women and girls through distributing cloths and hygiene items. This helped to protect vulnerable women and girls from violence, which may occur in displaced areas. In addition, the capacities of health providers were increased in order to identify GBV cases and provide psychosocial support when needed. This was achieved through procurement and distribution of reproductive health (RH) commodities to fixed health facilities and mobile clinics serving IDPs.

CCCM/Shelter/NFI

CERF contributions to UNHCR have enabled the agency to respond to the major crises that arose in 2011 in Northern, Southern and Sana'a governorates through life-saving activities and assistance to the most vulnerable people affected by civil unrest. Five projects targeting 78,050 affected individuals have been assisted through the provision of protection assistance to victims of civil unrest as well as to affect IDPs and returnees with safe shelter. Another intervention enabled at risk refugees in Sana'a to be resettled in Karaz camp in the south.

Food

The objectives of the WFP operation funded under CERF were to save lives and protect livelihoods during emergencies through the provision of WFP food commodities to IOM-operated feeding centres. The centres supplied hot daily meals to 3,000 vulnerable stranded migrants from East Africa. CERF funding also assisted 21,000 IDPs in Aden and Lahj governorates displaced from fighting in Abyan. CERF funding was used to procure 1,137 MT of wheat flour, 49.14 MT of vegetable oil, and 230.51 MT of high-energy biscuits (HEBs). For the north regions, WFP provided monthly rations to 16,690 conflict-affected households in Sa'adah governorate. CERF funding was used to procure 673.19 MT wheat flour, 509.60 MT vegetable oil, 107.50 MT sugar, 174.00 MT salt and 309.50 MT of high-energy biscuits (HEBs).

Health

In the Health cluster, CERF funding ensured provision of pivotal primary healthcare services to the most vulnerable and injured individuals due to political uprisings in the country. Humanitarian interventions limited the burden of disease and death and ensured the further deterioration of the health status of the most vulnerable was minimised. Mortality among IDPs living in schools in Aden and Lahj remained below the threshold of one per 10,000 per day. Eight mobile health teams (6 in Aden and 2 in Lahj) provided life-saving health services to Abyan IDPs in Lahj and Aden. Health service coverage was 100 per cent for Abyan IDPs settled in schools of Lahj and Aden governorates. Twelve Inter-agency Emergency Health Kits (IEHKs), 10 diarrhoeal disease treatment kits, six trauma kits A, and six trauma kits B were made available for IDPs. Some 54,692 health consultations were conducted reaching 10,170 (5,051 boys, 5,129 girls) children under

age 5, through eight mobile health teams. Some 1,985 reproductive health consultations took place for IDPs of which 76 were deliveries, 68 referred cases due to obstetric complications, 714 antenatal care, and 1,010 for family planning. Children were vaccinated against polio providing 90 per cent coverage, and 39 per cent increased coverage of measles vaccination in Abyan governorate. Some 3,011 civilian victims of armed clashes in Aden and Lahj governorates were transferred by ambulance to referral hospitals. Cholera/AWD outbreaks in Abyan, Lahj, and Aden controlled effectively. Two referral hospitals in Aden were supported with medical supplies and equipment for emergency life-saving health care services, including surgical wards.

CERF funding saved lives and substantially decreased the morbidity and mortality due to injuries sustained during the political uprisings in the country. Accomplishments entailed:

- 2,221 civilian victims of armed clashes in Sana'a city, Taiz, Hodeida and other governorates transferred by ambulance to referral hospitals;
- more than 4,000 injured civilians received emergency health care services;
- 230 medical professionals from Sana'a, Aden, Taiz and Hodeida were trained in mass casualty management;
- 26 IEHK, 3 diarrhoeal disease treatment kits, eight Trauma kits A and six Trauma kits B made available in fields hospitals and referral hospitals of Sana'a, Taiz, and Hodeida cities; and
- six referral hospitals in Sana'a, Hodeida, Taiz cities supported with medical supplies and equipment for emergency life-saving health care services including surgical wards.

Multi-sector

In Abyan, IOM has successfully addressed the humanitarian needs of more than 25,000 individuals displaced within the governorate who would have otherwise not received assistance as IOM was the only agency with access to the area and able to target this caseload. ICRC entered later and provided food and shelter assistance in areas where IOM was not active. During the project implementation period, there was regular coordination with ICRC to ensure complementarity of actions. The targeted IDP population in Abyan received life-saving shelter, WASH and health assistance and the project ensured that women and girls were accorded priority assistance to ensure their protection and dignity through the provision of dignity kits containing essential aid (gender-specific clothing and sanitation items).

In Haradh, in order to complement IOM's on-going emergency Assisted Voluntary Return (AVR) operations, IOM targeted a caseload of 12,000 stranded Ethiopian migrants in immediate need of humanitarian assistance. To ensure this was delivered, IOM registered the migrants, according to relevant biographical details, and provided the most vulnerable with shelter assistance at the IOM Departure Centre. Additionally, IOM made adequate drinking water and sanitation facilities available to all, provided 3,000 people with a daily hot meal as prepared at the IOM Feeding Centre and ensured the dignity and safety of those in need of material assistance through the provision of essential clothing items and WASH materials. IOM targeted women, children, the sick and those with special needs for additional assistance and ensured that these individuals were provided shelter at the IOM Protection Centre in the Yemen Red Crescent (YRC) facilities in Haradh.

4. An analysis of the added value of CERF to the humanitarian response

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries? If so how?

YES NO

Emergency medical supplies that had been procured locally with CERF funds and pre-positioned in Sana'a reached beneficiary populations in the south in less than 48 hours, as opposed to the 2 weeks that it would have taken to procure internationally and have supplies delivered. The advantage was reinforced as unrest led to the cancellation of an increasing number of international flights into Sana'a. In the child protection sector, CERF funds enabled UNICEF to respond promptly to conflict-affected IDPs and host communities in ten governorates – Sana'a, Amran, Hajjah, Sa'ada, Ibb, Taiz, Al-Dhale, Aden, Lahj and Abyan – and to monitor and report on grave violations of children's rights nationwide via a network of local partners that have been trained, prepared and equipped to respond to child protection needs in emergencies.

CERF funds enabled a fast response to the cholera outbreak in the south, which included the provision of water purification tablets, hygiene promotion and social mobilisation. CERF funds also helped to fill gaps in life-saving interventions targeting over 37,600 persons displaced by the Sa'ada conflict

CERF funding enabled IOM to provide immediate, life-saving relief to a caseload of over 25,000 IDPs in Abyan governorate and to address acute humanitarian needs of the critical mass of migrants stranded in Haradh which had taken to negative coping strategies including begging, scavenging and theft and was a huge burden on an increasingly weary host community. Had CERF funding not been made available in those circumstances, tensions among the targeted groups would have risen, displacement to already oversaturated host communities would have occurred and ultimately the stability of communities and lives of targeted populations would have been in much greater jeopardy. CERF funds were used to provide food and thus enabled WFP meet the needs of beneficiaries according to planned targets.

For UNFPA, CERF funds allowed for the purchase and delivery of dignity health kits. Funds also enabled UNFPA to support mobile clinics, mobile teams and tent clinics in the camps to provide MISP services.

Some projects faced delays in implementation. UNHCR requested a no-cost extension due to the evacuation of UNHCR staff and due to logistical challenges encountered in the procurement and distribution of NFIs and the camp drainage project in Harad. The no-cost extension will allow UNHCR to finalise the procurement of NFIs that had to be completely revisited as it was no longer possible to do procurement through Saudi Arabia.

UNICEF requested also a no-cost extension due to a change in its accounting system, which was granted by the CERF secretariat.

The IOM project in Harad encountered some delays in the kick-off of the project. Having received confirmation of the CERF grant on 11 May, IOM had only a few days to begin hiring staff, coordinate agreements with partners and make initial investments in Haradh to begin project implementation. By June 2011, staff were evacuated from Yemen, which hindered project implementation. For these reasons, the implementation of the IOM CERF-funded project in Haradh was effectively delayed for more than one month. Despite the complications experienced, IOM did manage to register all stranded migrants seeking humanitarian assistance and provided the most vulnerable migrants material aid, food, water, access to sanitation facilities, health services and further relief. IOM received \$1,270,465, spent \$1,022,919 and returned \$247,545.

For the UNFPA project, the shipment of reproductive health kits was procured by December 2011 and delivery was expected within a period two to four weeks maximum i.e. before January 18, 2012, the end date of the project. Unfortunately, even though the procurement process was done properly, the assembly process took longer than expected. Even though the RH kits have been received and distributed to IPs in the field, the shipment was received after the project's expiration date.

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

YES NO

Time critical needs were not addressed in the CERF allocations - all funded activities were for life-saving needs.³

c) Did CERF funds result in other funds being mobilized?

YES NO

In the WASH and Nutrition sectors, CERF funds triggered further donations from DFID, OFDA, and Australia. The rapid response and follow-up on violations against children encouraged other donors like DFID, SIDA and UNICEF's Global - Child Protection thematic fund to further support child protection emergency interventions.

³ In 2011, UNHCR's initial operation budget for the emergency situation was highly-limited. While the budget increase to the Operation took time at the Headquarter level, CERF funding enabled UNHCR to take prompt action for urgent needs.

WHO's performance helped mobilise more funding subsequently from the ERF on two occasions. In Haradh, IOM was able to secure limited additional funding from the Saudi fund and the US government. Additional donors may wish to follow on CERF's seed funding for humanitarian relief with contributions for activities such as: prevention of counter-trafficking, capacity building for the Go and awareness-raising activities. For WFP, projects received additional funds after CERF funding, from various donors.

UNFPA's internal Humanitarian Response Branch provided further resources to respond to needs and provide protection to the women and girls.

d) Did CERF improve coordination amongst the humanitarian community?

YES NO

CERF funding and consultations with ICCM ensured improved coordination by strategically targeting areas that immediately required humanitarian response and avoided duplication and waste of resources and services. There were several instances of joint programming between agencies. In response to the displacement from and within Abyan, the HCT engaged in mapping of agency capacities and gaps. This strengthened both HCT & ICCM as a credible coordination structures.

CERF funds enabled the child protection programme to provide quick response by means of expanding partnerships with national and international NGOs and also with the government.

CERF funds were also used to set up nutrition coordination mechanisms in Sa'ada. A technical officer recruited with CERF funding was the first technical person to be deployed to Sa'ada by humanitarian actors once access improved. He initiated coordination mechanisms and regular contacts with the de facto authority before OCHA was able to establish a permanent presence. Funding was provided for the establishment of a water and sanitation emergency unit and an emergency preparedness and response strategy and plan developed for the WASH sector. CERF funds also contributed to enhancing the capacity of the child protection sub-cluster at the central level and child protection working groups in Sana'a, Amran, Hajjah, Sa'ada, Ibb, Taiz, Al-Dhale, Aden, Lahj and Abyan governorates. This enhanced coordination of child protection response and the identification of gaps.

The health cluster led by WHO formulated a task force including MoPH&P, MSF France, MSF Spain and ICRC and YRC to coordinate the response to the new needs. WHO and UNICEF monitored those killed and injured and the geographic spread of casualties. UNFPA improved its partnerships with local organizations in partnership with Sister Arab Forum (SAF), a leading local SGBV/women's rights NGO, which monitored and registered cases of violence against women and girls, including SGBV.

During the second round preparation period, at least 15 humanitarian organisations including the government and local IDP committees, worked in coordination to assess the situation and provide water, shelter, NFIs, food assistance and health services. Coordination and linkages among the clusters, both in the south and in Sana'a, was established to ensure effective response.

The CERF process helped support a joint needs assessment which was undertaken by UN agencies and INGOs on 8 June 2011 to identify the most urgent needs. In June 2011, several joint needs assessment missions were conducted by local clusters with the participation of UN agencies and INGOs in Aden governorate and Lahj.

Through these projects, WFP strengthened coordination with IOM and Islamic Relief Yemen.

VI. LESSONS LEARNED

LESSONS LEARNED	SUGGESTION FOR FOLLOW-UP/IMPROVEMENT	RESPONSIBLE ENTITY
Due to insecurity/ inaccessibility in Abyan governorate, only specific districts could be reached for WASH and nutrition interventions (Zinjibar, Khanfar districts and some areas inside Lauder district were inaccessible).	Regular monitoring of the situation, and expansion of partnerships with local NGOs for implementation	UNICEF
All basic social services in the most conflict-affected districts in Abyan governorate (Zinjibar and Khanfar districts) had collapsed. As a consequence, the delivery of basic services was not expected to resume; the use of mobile clinics / outreach services was an alternative.	Regular monitoring of the security situation, and more robust partnerships with local NGOs	UNICEF
Greater flexibility is needed with regard to timeframe for projects in hard-to-reach areas. Such projects suffered from delays in negotiating access and agreeing on priorities with the de facto authority.	Grants are made on an annual basis	UNICEF
Evacuation of a substantial number of international staff from Yemen during periods of the 2011 civil unrest posed a challenge to the planning and execution of projects.	Business continuity was sought by expanding partnerships with civil society organizations, strengthening existing coordination mechanisms, and strengthening local capacity. Remote management modalities were also put in place to facilitate project implementation on a daily basis	UNICEF
The plans for the official establishment of the UN Task Force on MRM were delayed, due to the fact that there was a gap between the appointment of the RC/HC from September onwards. This caused constraints, particularly in furthering the advocacy for children.	UNICEF focused on strengthening the capacity of national and international organisations. Efforts to create diverse, neutral and impartial partnerships with civil society organisations prepared the ground for the establishment of the Task Force as soon as an RC/HC is on board	UNICEF
Involving the humanitarian and donor community early on ensured a decrease in the disease and death burden stemming from new crises; by avoiding duplication of services.	Involve humanitarian and donor community early on to ensure that rapidly emerging crises are addressed in an effectively and efficiently manner	UNFPA
It is imperative to establish and maintain neutrality and impartiality throughout the political crisis to ensure that all factions involved in a political crisis understand and permit provision of life-saving care to the injured in a timely manner.	The sooner impartiality and neutrality is maintained by the agencies and communicated to the warring factions, the better it will be in terms of translating the good will in providing life-saving care to injured individuals.	Humanitarian community involved in providing mass casualty management.
The capacities of health providers dealing with GBV cases are weak. During training, we noticed that the health providers were not aware of concepts of gender and gender equality. We must invest more in providing them background on gender before moving to issues related to the clinical management of GBV. In addition, it is important to procure and assemble dignity kits locally in Yemen and not rely on international procurement.	Enhance the capacity of health providers to identify and manage the clinical aspects of GBV cases.	UNFPA
During the implementation of the project there were no mechanisms in place for the reporting and monitoring of GBV cases.	Build the capacities of local NGOs that are already dealing with GBV issues to enhance monitoring and reporting capacity. Establish a system for GBV reporting data, i.e. the GBVIMS.	GBV sub cluster
Timely involvement, proper coordination and collaboration among stakeholders and implementing partners are crucial	Better communication among UN agencies and local humanitarian	UNFPA

in identifying needs, project planning and implementation.	organizations involved in the response required.	
Timely provision medical supplies and medicine and uninterrupted services are the mile stone of live saving MISP services.	<p>To continue to procure and distribute RH kits and to ensure uninterrupted MISP in the conflict affected areas.</p> <p>More organized M&E on RH kits distribution and services provision</p> <p>Training courses for the new actors and a refresher course on MISP for partners who have already been trained should continue</p>	UNFPA
In Yemen, when crises occur, are addressed and seem to become protracted, the UNHCT has become very dependent upon CERF funding. More needs to be done to ensure that donors that contribute to the CERF are aware that the issues may be addressed though not necessarily solved. After CERF appeals are made and the activities are carried out, there are rarely any durable solutions available to affected populations and once aid is cut off, they quickly slide back into a precarious situation.	Link CERF funding for specific responses to donors looking to fund early recovery/transitional activities to ensure complementarity and no gaps in assistance, thus preventing targeted beneficiaries from falling below critical thresholds in terms of their humanitarian needs. Enhance and expand local pooled funds in Yemen such as the ERF	OCHA and ICCM

ANNEX I. INDIVIDUAL PROJECT RESULTS BY AGENCIES

UNICEF – NUTRITION							
CERF PROJECT NUMBER	11-CEF-032-B	Total Project Budget	\$ 447,260	Beneficiaries	Targeted	Reached	Gender Equity
PROJECT TITLE	Management of acute malnutrition among under 5 children in the affected population in the southern governorates affected by Abyan conflict	Total Funding Received for Project	\$	Individuals			Children under age 5 from both sexes were addressed and benefited from the intervention. 4,939 SAM children rehabilitated in the 3rd and 4th quarter of 2011 in the three governorates Abyan, Aden, Lahj (IDPs, host and local residents; and the 1,800 wasted children are inclusive)
				Female	12,000		
				Male			
				Total individuals (Female and male) (screened)			
				Of total, children under 5(enrolled)	12,000	4,939 ⁴	
				TOTAL(enrolled)	24,000	4,939	
STATUS OF CERF GRANT	Completed (30 June 2011)	Amount disbursed from CERF	\$ 447,260				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
Capacity building of health staff on malnutrition.	<p>Capacity building of health staff on malnutrition.</p> <ul style="list-style-type: none"> Health workers have been trained to undertake nutrition rapid assessments in Aden, Lahj and Abyan. Doctors and nurses were trained to run mobile clinics for the displaced population in Abyan, Aden and Lahj. Volunteers were trained to identify and refer children to OTPs and follow up on defaulters through active case finding of children under age 5 affected by malnutrition in Abyan, Lahj, and Aden. Infant Young Child Feeding corners promoting exclusive breastfeeding were established at the hospital level in Aden and Lahj governorates, and roll-out to a targeted 60 health centres began. In total, 4,939 under-five children (including 1,800 wasted children) benefited from the direct intervention in the OTP (SAM children rehabilitated in the 3rd and 4th quarter of 2011 in Abyan, Aden and Lahj – IDPs, host and local residents). 					<p>A dedicated nutrition field monitor was hired to support programme delivery. In addition, the Aden nutrition working group met every two weeks. Rapid assessments were conducted soon after the onset of the crisis in Aden and Lahj, and in Abyan when security conditions improved. Overall, global acute malnutrition among 6-59 girls and boys was reported at 18.6 per cent (above 15 per cent emergency threshold).</p> <p>A response coordinated in those areas among partners was mounted. National level cluster coordinators provided direct guidance and technical support to the team on the ground.</p>	

⁴ Somebody has misread our proposal. The aim was to screen 12,000 boys and girls and to enrol 1,800 under 5 GAM children. In reality, enrolment was two to three times higher than target.

<p>Mobile Clinics</p> <p>Supplies for the nutrition programme</p> <p>Contracts</p>	<p>Mobile Clinics:</p> <ul style="list-style-type: none"> The fixed and mobile OTPs in Aden and Lahj reported screening of 2,164 IDPs children, out of whom 9 per cent had SAM and 18 per cent had MAM. In Lahj 2,775 IDP and host community children were screened, with SAM found to be 10 per cent and MAM 24 per cent; the detected cases were enrolled in the programme. <p>Provision of nutrition supplies:</p> <ul style="list-style-type: none"> Procured Ready to Use Therapeutic Food (Plumpy Nut) 2000 cartons, BP-100: 800, F-75: 30, F-100:50, in addition to anthropometric tools and medicines, as per the table below. Alternatives warehousing facilities were secured in Lahj to address logistical challenges due to insecurity in order to better support Abyan operations. Furthermore, a selection of items (desks, chairs, filing cabinets) were procured for the establishment of 60 Infant Young Child Feeding corners (promoting exclusive breastfeeding): <table border="1" data-bbox="552 511 1415 1182"> <tr><td>ReSoMal,42g sachet for 1 litre/CAR-100</td><td>30</td></tr> <tr><td>MUAC, Child 11.5 Red/PAC-50</td><td>30</td></tr> <tr><td>MUAC, Adult, without colour code/PAC-50</td><td>15</td></tr> <tr><td>Baby/child L-ghtmeal.system/SET-2</td><td>25</td></tr> <tr><td>Scale, electronic, mother/child,150kgx100g</td><td>60</td></tr> <tr><td>Scale,infant,springtype, 25kg x 100g</td><td>40</td></tr> <tr><td>Weighing trousers/PAC-5</td><td>20</td></tr> <tr><td>Scale,infant,clinic,beamtype, 16kg x 10g</td><td>60</td></tr> <tr><td>Multiple micronutrient pdr, sach./PAC-30</td><td>15000</td></tr> <tr><td>Zinc 20mg tablets/PAC-100</td><td>150</td></tr> <tr><td>Mebendazole 100mg chewable tabs/PAC-100</td><td>400</td></tr> <tr><td>Metronidazolpdr/o.s.200mg/5ml/BOT-100ml</td><td>6000</td></tr> <tr><td>Amoxici.pdr/oral sus 125mg/5ml/BOT-100ml</td><td>20000</td></tr> <tr><td>IEHK2006,kit,suppl.3-renewable</td><td>3</td></tr> <tr><td>IEHK2006,kit,suppl.1-drugs</td><td>40</td></tr> <tr><td>IEHK2006,kit,basic unit</td><td>30</td></tr> </table> <ul style="list-style-type: none"> Procurement against SM/2010/344 (rolled-over funds from 2010 CERF): Ready to Use Therapeutic Food (Plumpy Nut), and Anthropometric tools: 3000 Mid Upper Arm Circumference tapes (MUAC) and 25 mother and child scales (Uni-Scales) Contracts: Health and Nutrition specialist to supervise the activities done in Lahj, Aden and Abyan. 	ReSoMal,42g sachet for 1 litre/CAR-100	30	MUAC, Child 11.5 Red/PAC-50	30	MUAC, Adult, without colour code/PAC-50	15	Baby/child L-ghtmeal.system/SET-2	25	Scale, electronic, mother/child,150kgx100g	60	Scale,infant,springtype, 25kg x 100g	40	Weighing trousers/PAC-5	20	Scale,infant,clinic,beamtype, 16kg x 10g	60	Multiple micronutrient pdr, sach./PAC-30	15000	Zinc 20mg tablets/PAC-100	150	Mebendazole 100mg chewable tabs/PAC-100	400	Metronidazolpdr/o.s.200mg/5ml/BOT-100ml	6000	Amoxici.pdr/oral sus 125mg/5ml/BOT-100ml	20000	IEHK2006,kit,suppl.3-renewable	3	IEHK2006,kit,suppl.1-drugs	40	IEHK2006,kit,basic unit	30	
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UNICEF - WASH							
CERF PROJECT NUMBER	11-CEF-032-A	Total Project Budget	\$ 1,100,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency WASH assistance to affected population in northern Yemen	Total Funding Received for Project	\$1,001,1919	Individuals	18,000	27,950	School children (boys and girls) , children, female and male IDPs have been served by the project.
				Female	9,500	14,534	
				Male	8,500	13,416	
				Total individuals (Female and male)			
				Of total, children under 5	9,500		
				TOTAL	18,000	27,950	
STATUS OF CERF GRANT	Completed (26 February 2012)	Amount disbursed from CERF	\$ 553,939				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>The overall objective of the project is to preserve lives, reduce morbidity rates, and contribute to the well-being and dignity of IDPs and other affected populations in conflict areas through the provision of humanitarian WASH assistance.</p> <p>Other objectives include:</p> <p>Hygiene conditions in the hosting locations improved</p> <p>Measures to ensure privacy, dignity, special needs of the vulnerable groups(boys, girls, sick, elderly and women)</p> <p>Health status of the assisted people maintained/improved</p>		<ul style="list-style-type: none"> Hygiene promotion campaigns were conducted, with the active participation of IDPs. Distribution of hygiene consumables reached 7,600IDPs. Water and sanitation facilities were rehabilitated in 13 alternative sites used as schools; these serve over 13,200 schoolchildren whose schools have been occupied by IDPs. <p>TO NOTE: WASH rehabilitation was initially planned for schools that had been occupied by IDPs, but later vacated. However, as IDPs did not vacate those schools, UNICEF and other humanitarian agencies were compelled to seek alternatives to host the affected schoolchildren (in Aden some 80 schools have been occupied). Consequently, rehabilitation was conducted at the mentioned 13 alternative sites.</p>				<p>UNICEF's Aden office, supported by a WASH consultant, conducted field monitoring and provided technical support. Sana'a WASH team provided additional guidance. The WASH Cluster at Aden level was quickly activated and played a crucial role with its expanded membership, including government, in conducting assessment and mobilising response.</p> <p>This included the rehabilitation of school-alternative sites by cluster members such as the Aden cleaning fund and local water and sanitation cooperation, which ensured water supply and conducted water quality monitoring.</p>	

UNICEF - CHILD PROTECTION

CERF PROJECT NUMBER	11-CEF-026	Total Project Budget	\$ 535,500	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Monitoring and Reporting on Child Rights Grave Violations	Total Funding Received for Project	\$ 570,993	Individuals	30,000	36,054	Both IDPs and affected girls and boys, both mothers and fathers and NGO staff benefited from the child protection activities. Almost 50 per cent of girls and boys, as well as women and men, benefited from the child protection activities in spite of the sensitive culture towards involving girls and women and towards child protection activities in particular. Girls and boys have specific related activities such as some games, plays etc. Both women and men participated and received knowledge and skills on child protection in emergency equally.
				Female	15,000	16,477	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 250,000	Male	15,000	19,534	
				Total individuals (Female and male)	30,000	36,054	
				Of total, children under 5			
				TOTAL			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	

<p>Monitoring, Reporting and Advocacy: Set up and strengthen a mechanism for monitoring and reporting on child rights violations that takes into account the different risks faced by boys and girls. Advocate to raise serious concerns about issues related to the violations of children based on evidence and call for ensuring the protection of boys and girls. Enhance the capacity of the existing helpline and promote its use to ensure that a referral mechanism is in place in the event of rights violations.</p> <p>Community mobilisation: Establishment of child protection community-based committees is an important component to increase awareness on child protection, identify and monitor protection issues and assist in prevention and referrals. This will promote the participation of both men and women.</p> <p>Provision of psychosocial activities: This includes development of appropriate recreational activities for boys and girls including sports, drawing, clay, handicrafts, drama, music, dance, and group discussions on protection issues through the project staff. This is planned to take place in communities, schools or child friendly spaces. The participation of children in play with others can raise their spirits; occupy them in meaningful ways and will be a way in mastering both the cognitive and emotional aspects of what they have experienced.</p>	<ul style="list-style-type: none"> ■ Preparing for the official establishment of the country level Task Force for the monitoring and reporting mechanism on grave child rights violations as per SCR 1612, UNICEF and its partners have monitored and reported on the six grave violations. The information generated served as input to the bi-monthly Global Horizontal Notes required for submission to the Office of the Special Representative of the Secretary General for Children and Armed Conflict since September 2011. The generated reports also contributed to other advocacy fora, such as fact finding missions conducted by OHCHR, Special Envoy to the SG and press releases and statements made by UNICEF Executive Director, Regional Director, Representative, the UNCT in Yemen and several briefings in Geneva, resulting in strong recommendations for children within SCR 2014, SCR 1998 and the Human Rights Council (18/21). ■ 159 children were reported killed (138 boys and 21 girls) and 363 children (312 boys and 51 girls) were maimed in 2011. Three hundred and twenty two children (319 boys and 3 girls) also reportedly suffered from tear gas suffocation while participating in demonstrations. Two hundred and eleven attacks on schools were reported, affecting a total of 150 schools in multiple incidents, including in Sana'a (130), Taiz (72), Hajja (1), Abyan (7) and Sa'ada (1). In total, 23 incidents were reported as attacks on hospitals. As for denial of humanitarian access for children by humanitarian agencies, in total 46 incidents were reported. ■ The CPSC members under the leadership of UNICEF advocated for the protection of children during the civil unrest and political instability, stressing its grave concern about the escalation of violence, especially with regard to the increasing number of child casualties. This culminated in a public statement issued in July by the Protection Cluster, including the Child Protection sub-cluster. ■ Efforts continued in engaging with the government to end the use and recruitment of children, however with limited progress. The Cabinet, chaired by the Prime Minister, officially committed on this issue, followed by a decree issued on 15 November 2011. Following the signing of the GCC initiative, a Military Affairs, Security and Stability Committee was formed which will work to rehabilitate those who do not meet the conditions of service of the armed service. ■ CPSC members and Protection Cluster developed 2,000 copies of a poster as well as TV and radio programmes on the prevention of involvement of children in armed conflict. <ul style="list-style-type: none"> ○ A total of 118 community- based child protection committees were established and functioning in the 7 Governorates of Aden, Sana'a, Amran, Hajja, Saada, Ibb, and Dahle. ■ 34,235 children (18,625 boys and 15,610 girls) were provided with psychosocial, legal aid and violence protection services through school-based and community-based Child Friendly Spaces in the conflict/civil unrest areas of Sana'a, Amran, Hajja, Saada, Aden, Dhale, Lahej and Ibb governorates. Of this number, 5,216 (2,686 boys and 2,530 girls) conflict-affected children were further identified as extremely vulnerable and 82 per cent of them were referred to or received appropriate services. 	<p>UNICEF has staff deployed at the field level in northern and southern governorates, who are responsible for monitoring and supervision. Furthermore, UNICEF child protection specialists at the central level supervise and monitor the work in the field, including by periodic visits to locations where UNICEF does not have staff in the field. Project activities are monitored as per UNICEF standard procedures enabling timely, high quality and participative resource mobilisation. Several national and international partner organizations provide regular performance reports. Child protection sub-Cluster and Child Protection Working Groups at the national and governorate level coordinate interventions.</p>
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<p>Provision of supply assistance: This includes providing appropriate kits or materials required for the implementation of the activities in child friendly spaces, communities or schools, taking into account the different interests of boys and girls.</p> <p>Training of personnel: This includes providing awareness, training and orientation to teachers, animators, and community members on child protection in emergency issues, psychosocial concepts, and on their role in promoting the protection and psychosocial well-being of affected children. This will help the staff concerned, to understand children's different reactions to conflict, the importance of recreation in protection and healing, and will familiarise them with the various expressive and recreational activities to help children. Training will cater for both women and male teachers. It should also take into account the different psychosocial needs of boys and girls.</p> <p>Peer education and support to engage youth and adolescents in activities: Community members, especially adolescents and young boys and girls, will be empowered to raise awareness on child rights and protection, and HIV/AIDS, through peer education approach as well as through sporting events, plays and organised events, particularly for children not enrolled in school.</p> <p>Coordination is an important component that will be undertaken within the child protection sub-cluster and its working groups and networks at the local/Governorate levels. Coordination will be also strengthened within the protection cluster and the GBV Sub-Cluster as well as with the health cluster on referrals, information sharing and advocacy. Information management should ensure the collection and use of sex and age-disaggregated data.</p>	<ul style="list-style-type: none"> ■ A total of 250 recreation kits and art kits provided to local NGOs enabled them to establish the child friendly spaces. ■ The Child Protection Sub-Cluster (CPSC) led by UNICEF strengthened its preparedness and invested in capacity building of partners through equipping 250 participants in 16 governorates with knowledge and skills on child protection in emergencies, psychosocial support and MRE. Some 1,485 (820 male and 665 female) teachers, NGO members and community volunteers were equipped with information and skills on preparedness and response in emergency situations. ■ Some 26,099 children (15,897 girls and 10,202 boys) in the same governorates were equipped with knowledge and skills to be protected from abuse, violence and exploitation in emergencies, through 334 trained peer educators, and community volunteers in host communities, child friendly spaces and Child Protection Committees. ■ 334 (M: 162, F: 172) peer educators equipped with knowledge and skills on CPIE and were able to conduct outreach activities to other vulnerable children. ■ CPSC at central level and CPWGs in Aden, Hajjah, Amran and Sa'ada governorates were active coordinating child protection response and identify gaps through bi-weekly, monthly and ad hoc meetings to ensure proper and timely response and coordinate very closely with other related clusters such as the protection cluster, GBV sub-cluster, as well as the health and education clusters. 	
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WFP - FOOD SECURITY/AGRICULTURE

CERF PROJECT NUMBER	11-WFP-035	Total Project Budget	\$ 155,077	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Emergency Food Assistance to stranded East African migrants in Haradh	Total Funding Received for Project	\$ 162,250	Female		150	150	This project assisted vulnerable stranded migrants, irrespective of gender; the beneficiaries (migrants registered with IOM) received daily cooked meals. IOM anticipates that a protection centre for women, children and elderly persons will be established. This will ensure that vulnerable persons will have assured access to the feeding centres daily meals.
				Male		1,850	1,850	
				Total individuals (Female and male)		3,000	3,000	
				Of total, children under 5		150	150	
				TOTAL		3,000	3,000 ⁵	
STATUS OF CERF GRANT	Completed (WFP is continuing the project with IOM through the first half of 2012)	Amount disbursed from CERF	\$ 73,635					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
To save lives and protect livelihoods during emergencies – through the provision of WFP food commodities to IOM-operated feeding centres supplying hot daily meals to 3,000 vulnerable stranded migrants from East Africa		<ul style="list-style-type: none"> ■ To meet migrants' daily emergency food needs, IOM operated a wet feeding centre at which meals were prepared by a team of cooks or centre assistants and served to migrants in rotating shifts throughout the day. ■ WFP supplied fortified wheat flour, fortified vegetable oil, pulses, sugar and salt to provide 3,000 daily cooked meals; the daily ration provided 1,075 kcal per person, approximately 50 per cent of a person's optimum daily kcal requirement. ■ CERF funding was used to locally procure 99 MT of wheat flour. 					<p>IOM supplied monthly distribution reports</p> <p>IOM staff based in Haradh monitored the operation so as to ensure that the wet feeding centre operated according to the procedural and sanitation standards mutually agreed to by WFP and IOM.</p>	

⁵ The number of men was incorrectly stated in the final proposal beneficiary table (it read 1,850 but should have read 2,850). The narrative explicitly clarifies that this project targeted a total of 3,000 persons.

WFP - FOOD SECURITY/AGRICULTURE

CERF PROJECT NUMBER	11-WFP-036	Total Project Budget	\$ 2,393,962	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals				
PROJECT TITLE	Emergency Food Assistance to Populations displaced by natural disasters and civil unrest	Total Funding Received for Project	\$ 3,130,893	Female		10,458	56,100	<p>This project assisted registered IDPs regardless of gender. WFP worked to ensure that women and female-heads of households actively participated in food management committees established in schools hosting IDPs to facilitate food distribution.</p> <p>Food distributions took place during the day to reduce risks for women returning home after dark.</p> <p>It was determined that the prevailing situation did not require the establishment of a distribution centre only for women (as in northern Yemen).</p>
				Male		10,542	56,551	
				Total individuals (Female and male)		21,000	112,651	
				Of total, children under 5		4,305	32,186	
				TOTAL		21,000	112,651	
STATUS OF CERF GRANT	Completed (WFP is continuing to assist target beneficiaries under the nationwide emergency operation throughout 2012)	Amount disbursed from CERF	\$ 1,477,089					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
To save lives and protect livelihoods during emergencies through assisting 21,000 IDPs in Aden and Lahj governorates displaced from fighting in Abyan.		<ul style="list-style-type: none"> ■ Due to the rapidly deteriorating humanitarian situation in southern Yemen, and the subsequent increase in the number of IDPs, WFP provided assistance to significantly more IDPs than was originally planned (more than 16,000 families as opposed to a planned 9,000 families, which was itself a three-fold increase over the original planning figures) ■ IDPs living in school buildings and with host families in Aden received dry rations consisting of essential staple commodities (fortified wheat flour, fortified vegetable oil) and ready-to-eat high energy biscuits ■ The ration size for this activity provided targeted households with 100 per cent of their daily kilocalorie requirements ■ CERF funding was used to procure 1,137 MT of wheat flour, 49.14 MT of vegetable oil, and 230.51 MT of HEB 					<p>IOM supplied monthly distribution reports</p> <p>IOM staff based in Haradh monitored the operation so as to ensure that the wet feeding centre operated according to the procedural and sanitation standards mutually agreed to by WFP and IOM.</p>	

WFP - Food Security/Agriculture

CERF PROJECT NUMBER	11-WFP-030	Total Project Budget	\$ 155,077	Beneficiaries			Targeted	Reached	Gender Equity
				Individuals	116,830	161,546			
PROJECT TITLE	Humanitarian assistance to people affected by conflict in Sa'adah Governorate	Total Funding Received for Project	\$ 162,250	Female	58,882	81,420	116,830	161,546	This project assisted non-displaced conflict-affected persons in Sa'adah governorate regardless of gender. WFP worked to ensure that women and female-heads of households actively participated in food management committees.
				Male	57,948	80,126			
STATUS OF CERF GRANT	Completed (WFP is continuing to assist the targeted beneficiaries under the nationwide emergency operation throughout 2012)	Amount disbursed from CERF	\$1,808,332	Total individuals (Female and male)	116,830	161,546	116,830	161,546	Distributions were during the day to reduce risk for women returning home after dark.
				Of total, children under 5	33,230	46,156			
				TOTAL	116,830	161,546			
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS	
To save lives and protect livelihoods during emergencies through providing monthly rations to 16,690 conflict-affected households in Sa'adah governorate.		<ul style="list-style-type: none"> ■ Following the Al-Houthis' assuming de facto control of Sa'adah governorate in March 2011, WFP negotiated access to non-displaced conflict-affected people who had not previously received food or humanitarian assistance; WFP and the Al-Houthis' established criteria to identify vulnerable, food insecure households; ■ Six rounds of distributions were successfully conducted since negotiated access began; ■ WFP provided assistance to significantly more IDPs than was originally planned; ■ Beneficiaries received a ration basket consisting of fortified wheat flour, fortified vegetable oil, pulses, sugar and salt, as well as other commodities such as HEB or dates to complement the ration basket during Ramadan; ■ The ration basket provided targeted households with 100 per cent of their daily kilocalorie requirements. ■ In areas where WFP was able to properly sensitise targeted households, WFP provided blanket supplementary feeding for IDP/conflict-affected children under age 5 consisting of wheat-soya blend, vegetable oil and sugar; ■ CERF funding was used to procure 673.19 MT wheat flour, 509.60 MT vegetable oil, 107.50 MT sugar, 174.00 MT salt and 309.50 MT HEB; 						Negotiations with the de facto authorities to conduct either a comprehensive food security survey or a lighter rapid assessment within Sa'adah governorate is ongoing.	

IOM – MULTI-SECTOR

CERF PROJECT NUMBER	11-IOM-023	Total Project Budget	\$ 2,500,000	Beneficiaries			Targeted	Reached	Gender Equity
				Individuals	25,000	9,344 H ; 16,540 MA			
PROJECT TITLE	Emergency Assistance to IDPs From Abyan Governorate	Total Funding Received for Project	\$ 884,770	Female	12,500	5,571 H; 4,970 DK	25,000	9,344 H ; 16,540 MA	
				Male	12,500	3,773 H; 8,270 MA,			
				Total individuals (Female and male)	25,000	9,344 H; 16,540			
				Of total, children under 5	4,450	4,584 H			
STATUS OF CERF GRANT	Completed on 31 December 2011	Amount disbursed from CERF	\$ 884,770	TOTAL			25,000	25,884	
				H = Health MA = Material Assistance			DK = Dignity Kits		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						MONITORING AND EVALUATION MECHANISMS	
<p>Immediate delivery of material assistance to identified target beneficiaries in Abyan Governorate.</p> <p>Provision of life-saving emergency health services, primary care, mental health and psychosocial services and medical referrals for displaced individuals and families via mobile health units operating within affected areas of host and IDP populations.</p>		<p>Undertook assessments and registration of families displaced by ongoing violent conflict occurring in Abyan Governorate and identified priority beneficiaries based on criteria determining greatest level of vulnerability, with particular attention to women, children, the elderly and those with special needs.</p> <ul style="list-style-type: none"> 4,262 displaced families registered and verified in Khanfir, Serar, Lawdar, Rasud and Sibah districts. <p>Enhanced protection of families, with particular attention given to the most vulnerable</p> <ul style="list-style-type: none"> 3,308 displaced families provided with NFI kits, including blankets, mattresses, and a cooking kit in Khanfir, Serar, Sibah and Rasud districts. Procured and distributed 3,308 NFI shelter assistance kits to displaced families, targeting an estimated 16,540 individuals in Khanfir, Serar, Sibah, and Rasud districts. Procured and distributed 4,970 NFI/dignity kits to women and girls displaced from Abyan, to enhance the protection of women and girls in Khanfir, Serar, Sibah and Rasud districts. <p>Reduced the risk of disease and water-borne illness related to poor hygiene and sanitation, with particular attention given to the most vulnerable, including women, children, the elderly and those with special needs</p> <ul style="list-style-type: none"> Procured and distributed 3,308 complete hygiene kits and 3,108 water filters to families displaced from Abyan targeting an estimated 16,540 individuals. <p>Provision of health and psychosocial services to address life-threatening gaps</p> <ul style="list-style-type: none"> Equipped and staffed one mobile health clinic with necessary medicines and medical supplies and a team of health professional consisting of a physician, one male nurse, one female nurse/midwife, a psychosocial counsellor, a health promoter and two drivers. Responding to the urgent health needs of IDPs as well as host communities within Abyan Governorate, IOM began the operation of its first mobile health clinic in the Governorate in September 2011, providing a range of primary health care services. IOM's mobile health team is composed of five health professionals in charge of delivering preventive care and health promotion, treatment of acute and chronic illnesses, ante-natal care, assisted medical referrals; assessing children's and pregnant women's nutritional status; identifying protection risks; and conducting community-based psychosocial activities. 9,344 IDPs and conflict-affected host communities (3,773 male and 5,571 female) in Serar, Rasud and Sibah districts 						<p>Immediate delivery of material assistance to identified target beneficiaries in Abyan Governorate.</p> <p>Provision of life-saving emergency health services, primary care, mental health and psychosocial services and medical referrals for displaced individuals and families via mobile health units operating within affected areas of host to IDP populations.</p>	

were provided with primary health care and psychosocial care by IOM mobile health clinic, including referral of cases requiring further mental health care. The majority of beneficiaries were women and children (4,584), including 1,699 children under five years, 2,885 children between 5 and 17 years of age and 167 pregnant women. The mobile health team also identified and treated 52 cases of suspected measles among children under age 5 and an additional 31 cases among older children.

Beneficiaries by District, Target Group and Gender

SERAR

IDPs			Host community			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
134	262	396	557	912	1,469	691	1,174	1,865

- The total number of pregnant women assisted was 47 women, of whom 6 had anaemia and 1 AHT. Thirteen included cases of measles (7 male and 6 female). There were also eight cases of malnutrition among children under age 5 (two IDPs and six children from the host community; four male and four female, two of which were cases of severe acute malnutrition - SAM) and 46 gastroenteritis (16 Ascaris).
- 358 individuals benefitted from health awareness (146 male and 212 female).
- Of the 1,865 beneficiaries, 971 were children: 113 were IDP children under age 5 (66 male and 47 female) and 102 IDP children under age 18 (42 male and 60 female); 267 were children under 5 from the host community (146 male and 121 female) and 489 children under 18 from the host community (171 male and 268 female).

RASUD

IDPs			Host community			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
353	424	777	1,637	2,664	4,301	1,990	3,088	5,078

- The total number of pregnant women assisted was 70 women (nine IDPs and 61 from the host community), of whom six had anaemia and 1 AHT. There were also 64 cases of malnutrition among children under age 5 (26 male, 1 of whom had severe acute malnutrition and 38 female, one of whom had severe acute malnutrition - SAM) and 68 Gastroenteritis (10 bloody diarrhoea), one case of Schistosomiasis and two cases of chickenpox.
- 485 individuals benefitted from health awareness.
- Of the 5,078 beneficiaries, 2,334 were children: 140 were IDP children under age 5 (70 male and 70 female) and 234 IDP children under 18 (114 male and 120 female); 652 were children under age 5 from the host community (339 male and 313 female) and 1,308 children under 18 from the host community (534 male and 774 female).

SIBAH

IDPs			Host community			Total		
Male	Female	Total	Male	Female	Total	Male	Female	Total
57	65	122	1,035	1,244	2,279	1,092	1,309	2,401

- The total number of pregnant women assisted was 50 women (four IDPs and 46 from the host community), of whom 12 had anaemia and two AHT. There were also 51 cases of malnutrition among children, of whom 41 among children

<p>Emergency response preparedness through maintaining stockpiles of essential material assistance in strategic locations within proximity to urban centres in southern Yemen increasingly affected by the growing conflict and likelihood of thereof resulting protracted displacement of affected populations.</p>	<p>under five (19 male, one of whom had severe acute malnutrition - SAM and 22 female).</p> <ul style="list-style-type: none"> ■ A measles assessment was conducted, resulting in 83 cases of measles (29 male, of whom 17 are children under five; 54 female, of whom 35 are children under age 5). ■ 514 individuals benefitted from health awareness (181 male and 333 female) ■ Of the 2,401 beneficiaries, 1,279 were children: <ul style="list-style-type: none"> 35 were IDP children under five (18 male and 17 female) and 29 IDP children under 18 (13 male and 16 female); 492 were children under 5 from the host community (265 male and 227 female) and 723 children under 18 from the host community (363 male and 360 female). <p>The most common diseases: (1) Upper respiratory tract infection, (2) Parasitic infestation, (3) Skin diseases</p> <ul style="list-style-type: none"> ■ Two protection assessments were conducted by IOM in Rasud and Sibah districts, targeting IDPs and host communities in conjunction with the mobile health clinic work. A total of 7,510 cases have been screened. Some 64 cases of abuse were reported. ■ Additionally, due to the nature of its outreach work, the mobile health team has established a close rapport with conflict-affected communities which has served in increasing the level of understanding on the broader public health needs and challenges of the people of Abyan, such as specific unhealthy behaviors, inadequate child feeding practices, lack of health seeking behaviour, lack of trust in the public health system, etc. This information has been crucial for the larger humanitarian partners, notably the Yemen health cluster partners, in developing and expanding health initiatives in the Abyan Governorate. ■ Having responded to the most urgent NFI needs of IDPs in accessible areas of Abyan Governorate, IOM stockpiled 450 NFI kits in Aden in order to ensure a rapid response to emergency needs of newly displaced families in affected areas of the south. This material assistance is to be directed to IDP families displaced within accessible areas of Abyan or other affected areas where the shelter/NFI cluster identifies a gap in provision of humanitarian aid. 	<p>Emergency response preparedness through maintaining stockpiles of essential material assistance in strategic locations within proximity to urban centres in southern Yemen.</p>
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IOM - HEALTH, SHELTER, FOOD, NUTRITION, PROTECTION, WASH

CERF PROJECT NUMBER	11-IOM-018	Total Project Budget	\$ 3,860,256	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Emergency Assistance to Stranded African Migrants in Haradh.	Total Funding Received for Project 3	\$ 1,270,465	Individuals	12,000	8,546	IOM's activities in Haradh included specific interventions (i.e. shelter, protection) addressing the needs of the most vulnerable migrants, mainly women and children, sick/wounded migrants and the elderly. IOM provided priority assistance to women, including shelter, protection and distribution of dignity kits (including abayas, shawls, sanitary napkins, etc.) since women are at increased risk of trafficking and sexual abuse and exploitation at the hands of smugglers. IOM alerted partners in Haradh of the needs of migrant women so that, through a coordinated approach, the essential shelter, food, water and protection needs of migrant women can be met. IOM provided priority assistance also to unaccompanied children stranded in Haradh and works closely with partners in order to address their needs.
				Female	600	102	
Male	11,360 (20 per cent children)	8,444					
Total individuals (Female and male)	12,000	8,546					
Of total, children under 5	40	507					
TOTAL	12,000	8,546					
STATUS OF CERF GRANT	Completed (30 November 2011)	Amount disbursed from CERF	\$ 1,270,465				

OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES	MONITORING AND EVALUATION MECHANISMS
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<p>To urgently provide 12,000 stranded Ethiopian migrants with immediate life-saving humanitarian assistance through health, shelter, food, nutrition, WASH, and protection-related assistance to meet their basic needs, with particular consideration for vulnerable individuals, namely women, children, the elderly and people with health concerns.</p>	<p>Managed and facilitated migrants response centre (departure centre) in Haradh</p> <ul style="list-style-type: none"> ■ From May until November 2011, IOM registered 8,546 irregular migrants in need of emergency assistance. ■ Through the departure centre, IOM provided shelter for about 250 vulnerable youth and elderly men daily (overburdening the departure centre, the capacity of which is for 150 individuals max) ■ Improved living conditions through procurement and distribution of 1,700 essential non-food items including mattresses, blankets, jerry cans, undergarments, clothing and sandals for migrants residing at the departure and protection centres. ■ Improved hygiene and sanitation through provision of 5,278 hygiene kits, including towels, soap, combs, washing powder, etc.) ■ Improved sanitation and health through procurement and distribution of 102 dignity kits for women, (which include: abaya, head scarf, undergarments, shoes, soap and sanitary napkins). ■ Conducted awareness-raising sessions on the danger of irregular migration, hygiene and sanitation for 3,370 migrants (3,125 male and 245 female). ■ Improved hygiene and health of all migrants registering at IOM's departure centre through consistent access to clean water for drinking, namely reduction of water-borne diseases and renal failure. Some 15,000 liters of water per day were provided by UNICEF to cover WASH needs of migrants at the departure centre. ■ Managed sanitation needs, including provision and daily maintenance of latrines. ■ Disposed and collected solid waste disposal at the departure centre and surroundings – both migrants and host communities benefited from collection/disposal of solid waste. <p>Run feeding centre, with in-kind contribution from WFP</p> <ul style="list-style-type: none"> ■ Provided 3,000 meals per day. Sometimes portions were reduced in order to feed an increased caseload of migrants. 	<p>IOM's monitoring of this CERF-funded project consisted in daily visits by IOM staff to the Departure Centre, Feeding Centre, Medical Clinic and Protection Centre. IOM staff received daily updates from implementing partners on issues related to the implementation of activities and weekly and monthly reports with statistics, photos, information about beneficiary profiles and a narrative of successes and challenges. IOM staff from Sana'a conducted monthly monitoring visits to Haradh to visit facilities and to discuss/address challenges with project staff. At the end of the project, IOM prepared a comprehensive assessment of activities carried out by implementing partners in delivery of project objectives, providing critical feedback and identifying lessons learned in conjunction with partners in Haradh.</p>
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- The average caseload of migrants benefiting from daily food assistance was between 1300 and 1700. An average of 3,000 meals were provided each day, allowing migrants staying within the vicinity of the Departure Centre to access two meals daily. Meals were prepared with in-kind contribution of WFP food rations and augmented with supplementary ingredients purchased and processed by IOM's implementing partner, CSSW.
- Provided water for drinking and sanitation needs at the feeding centre.

Manage and facilitate the protection centre in Haradh

- IOM provided shelter and protection to 616 vulnerable migrant women, children and individuals with physical and mental health concerns (of whom 8 are women) between June and November 2011, overburdening the protection centre which has a capacity for an estimated 50 individuals. All migrants received at the Protection Centre were provided access to psychosocial counselling.
- Between June and November 2011, IOM addressed protection issues related to gender-based and other violence and provided the necessary care to 723 identified cases of abuse.
- Provided water for drinking and sanitation needs at the protection centre.

Provide emergency and primary health care to all stranded migrants:

- 11,955 migrants assisted with emergency and primary care at the health clinic from May until November 2011.
- 1,117 migrants provided with referral services to clinics and hospitals from May until November 2011. IOM arranged transportation for referral cases to hospitals and specialised clinics, along with medical escorts and a translator.
- Conducted 12 health awareness-raising sessions (four in September, four in October and four in November) targeting 3,370 migrants (3,125 male and 245 female).
- Enhanced management of communicable diseases through establishment of a Tuberculosis Centre (TB centre) and an Isolation space.
- Between May 14 and November 2011, 2,506 stranded migrants benefited from pre-departure medical check-ups, health referrals within Yemen for unstable and serious medical cases, and health referrals to Ethiopia for follow-up health management prior to their evacuation from Yemen.

Information sharing and Coordination

- Collected, analysed and shared critical data on abuse and other protection-related issues affecting stranded migrants.
- Coordinated with other international and national organisations to ensure humanitarian issues are addressed at both Haradh and Sana'a-level cluster meetings.
- Monitored mixed migration movements in Haradh in order to inform emergency programming and IOM strategy for addressing mixed migration flows from the Horn of Africa to Yemen and onwards.

TO NOTE: While this project expired on 30 November of last year, IOM only belatedly realised that a considerable amount of its funding remained unused. The Resource Management Officer was unable to return to Yemen for nearly two months following the security incidents and the restrictive UN staff ceiling hampered implementation in Yemen through much of the Summer (with a peak in June and September 2011).

Having received confirmation of a CERF grant on 11 May, IOM had only a few days to begin hiring staff, coordinate agreements with partners and make initial investments in Haradh that would permit further project implementation. By mid-May, the security situation in Yemen had begun to deteriorate considerably and many UN and INGO staff were recommended to take leave in anticipation of a possible evacuation. By the end of May/beginning of June, UNDSS did indeed evacuate staff from Yemen and impose stiff travel restrictions on staff trying to return. IOM was affected by the evacuation and UNDSS travel restrictions, and relevant staff in-charge of overseeing the project were not permitted to return to Yemen until July. For these reasons, implementation of the CERF-funded project in Haradh was effectively delayed by over a month. As of 30 November, a considerable amount of funding from the CERF Haradh project remained uncommitted, representing roughly one-sixth of total funding allocated under this project, and corresponding to the one-month period in which IOM was unable to implement activities due to security issues, evacuation of staff and continuing travel restrictions imposed by UNDSS.

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UNFPA - PROTECTION/GBV SUB-CLUSTER							
CERF PROJECT NUMBER	11-FPA-027	Total Project Budget	\$ 170,000	Beneficiaries		Reached	Gender Equity The project was designed to target both men and women as it focused on response to gender-based violence. Awareness activities targeted men, women, girls and boys.
				Individuals	Targeted		
PROJECT TITLE	Mass Casualty Management for injured people and protect women involved in political activism against GBV during the uprising in Yemen	Total Funding Received for Project ³	\$ 327,961	Female	9,200	9,000	
				Male	22,000	22,000	
				Total individuals (Female and male)	31,200	31,000	
				Of total, children under 5			
				TOTAL	31,200	31,000	
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 123,591				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Reduce the mortality, morbidity and disability among casualties resulting from violence through providing emergency first aid to about 1,500 injured people per week and ambulance services to around 1,000 injured people per week and intensive care to around 100 critically injured people per week. In addition, protect women involved in political activism against GBV.		<p>Support the local NGOs in monitoring and collecting reliable and accurate data on GBV cases in the target governorates.</p> <ul style="list-style-type: none"> Sister Arab forum managed to produce monthly report of recorded violence in the four targeted governorates (Sana'a, Aden, Taiz , and Al-Hodidah). Two focal points were assigned in each targeted governorate to record the GBV cases and forward it to SAF to compile and produce a monitoring report. <p>Building the capacities of the health workers in providing psychosocial support and on clinical management of GBV survivors.</p> <ul style="list-style-type: none"> 100 health workers trained in providing psychosocial support. 100 health workers trained in clinical management of GBV survivors in the targeted areas. Conducted several awareness-raising sessions on GBV prevention (12 sessions x 3 months x 4 governorates). 12,000 brochure developed and distributed in the four targeted governorates Provide an effective referral mechanism for victims of GBV to access legal and medical support.⁶ Four legal units established to receive GBV cases. Four rape kits procured and distributed in all the health facilities in the four targeted governorates. 				Several field visits were conducted by UNFPA staff to monitor the implementation of the project in the four governorates. ⁷ A UNFPA field visit reporting format was used. In addition, assigning two focal points in each governorate to record the GBV cases and make sure the data they received was accurate. In addition. Sister Arab Forum conducted monitoring visits to the targeted areas and provided technical support when needed. UNFPA was present for in each training activity to make sure that the activities were implemented according to the plan.	

⁶ The actual outcomes against the expected outcomes remain unclear, as mentioned in the final proposal.

⁷ It remains unclear what sorts of field visits were carried out, reports produced after each visit and the participation of partners.

UNFPA - HEALTH																			
CERF PROJECT NUMBER	11-FPA-029	Total Project Budget	\$ 750,000	Beneficiaries	Targeted	Reached	Gender Equity												
	PROJECT TITLE	Access to reproductive health and family planning services to Zinjibar's IDPs at Aden and Lahj	Total Funding Received for Project ³	\$ 199,996	Individuals														
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 199,996	Female	8,475	7,641	Women and girls benefited from the project.												
				Male	5,255														
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL	ACTUAL OUTCOMES				TOTAL			MONITORING AND EVALUATION MECHANISMS											
To reduce maternal mortality and morbidity through ensuring the establishment of MISP (basic EmONC services and establishing referral system) and the provision of family planning at Aden and Lahj to IDP women and girls of reproductive age.	<p>Emergency Reproductive Health (RH) kits are procured and distributed to the exiting health facilities as following:</p> <ul style="list-style-type: none"> Six government primary healthcare facilities (three in Aden and three in Lahj) which are near IDP gathering points, were equipped with adequate equipment, drugs and RH kits to provide MISP and EmONC services. The two main referral hospitals at Aden and Lahj are equipped with the necessary supplies to provide Basic and Comprehensive EmONC services. In addition, the health centres in Aden and Lahj was equipped to respond to rape case through the provision of post rape kits, etc. The local host community also benefited from the above health services. A total of 2,826 women accessed the services through the above-mentioned health facilities, (See table below for details). <table border="1"> <thead> <tr> <th>Type of Services</th> <th>No. of Beneficiaries</th> </tr> </thead> <tbody> <tr> <td>Antenatal Care</td> <td>2,160</td> </tr> <tr> <td>Normal Deliveries</td> <td>188</td> </tr> <tr> <td>Post-natal Care</td> <td>464</td> </tr> <tr> <td>Family Planning</td> <td>2,008</td> </tr> <tr> <td>Total</td> <td>4,820</td> </tr> </tbody> </table> <ul style="list-style-type: none"> UNFPA supported two NGOs (Charitable Society for Social welfare and Yemen Family Care Association) to operate two mobile clinics, with staff composed of one physician, one midwife, and one lab-technician. These mobile clinics were deployed in hard-to-reach areas in Lhag and Abyan Moodyah district to provide outreach reproductive health services, including antenatal and postnatal. 2,826 women were reached, (See table below for details). 				Type of Services	No. of Beneficiaries		Antenatal Care	2,160	Normal Deliveries	188	Post-natal Care	464	Family Planning	2,008	Total	4,820	<p>Four focal points were deployed at the field level (RH directors of the two health office in addition to the two mobile clinic coordinators) to coordinate with all stakeholders working with the IDPs at Aden and Lahj. This included monthly reports on the progress of advocacy efforts and meetings and health education sessions held, as well as covering on-going monitoring of RH/ FP services provision.</p> <p>UNFPA also conducted sporadic monitoring field visits to evaluate progress.</p> <p>In addition, government health facilities already have an effective data entry format that records prenatal, deliveries and postnatal care provision, as well as family planning services.</p>	
					Type of Services	No. of Beneficiaries													
Antenatal Care	2,160																		
Normal Deliveries	188																		
Post-natal Care	464																		
Family Planning	2,008																		
Total	4,820																		

⁸ The target population was women of reproductive age, who were estimated at 8,475. The number of beneficiaries reached was 7,641. Therefore, 90 per cent were reached.

Type of Services	No. of Beneficiaries
Antenatal Care	1,266
Normal Deliveries	110
Post-natal Care	273
Family Planning	1,177
Total	2,826

UNFPA - PROTECTION/GBV SUB-CLUSTER								
CERF PROJECT NUMBER	11-FPA-030	Total Project Budget	\$ 570,597	Beneficiaries		Targeted	Reached	Gender Equity The target group from this project are women and girls affected by the conflict in the South of Yemen but by distributing dignity kits, which contained items to serve both men and women such as hygiene items like shampoo and soap.
PROJECT TITLE	Protect displaced women and girls against GBV in Lahj and Aden Governorates	Total Funding Received for Project ³	\$ 204,370	Individuals				
				Female	8,000	8,000		
				Male				
				Total individuals (Female and male)	8,000	8,000		
				Of total, children under 5				
STATUS OF CERF GRANT	Completed	Amount disbursed from CERF	\$ 204,370	TOTAL	8,000	8,000		
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
Improve the situation of displaced women and girls and access to care and support for GBV survivors in Lahj and Aden governorates.		<ul style="list-style-type: none"> ▪ 8,000 dignity kits were procured and distributed to the most vulnerable groups of women and girls in Aden and Lahj governorates. ▪ 40 service providers have been trained in the identification and screening of GBV cases in Lahj and Aden governorates. ▪ 25 of health providers and community volunteers have been trained in providing psychosocial support to displaced people. ▪ Rape kits were procured and distributed in health facilities. 					Several field visits were conducted by UNFPA staff to monitor the distribution of dignity kits in Lahj and Aden governorates and direct meetings with the implementing partners.	

UNHCR - PROTECTION CLUSTER

CERF PROJECT NUMBER	11-HCR-022	Total Project Budget	\$1,150,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Enhancing national capacity for protection of victims of violence and responding to the current emerging crisis in Yemen	Total Funding Received for Project ³	\$ 603,726	Individuals	50,000	50,000	Protection monitoring and registration are both benefiting the entire population of concern without distinction of gender.
				Female	28,000	28,000	
				Male	22,000	22,000	
				Total individuals (Female and male)	50,000	50,000	
				Of total, children under 5	11,000	11,000	
TOTAL	50,000	50,000					
STATUS OF CERF GRANT	Completed (No cost extension until the 11th of February 2012)	Amount disbursed from CERF	\$ 320,176				
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
<p>Provide adequate protection and assistance to victims of the current civil unrest in the main hotspots of Sa'ana, Sa'ada, Aden, Hodeidah, Taiz and al-Jawf through referral to existing support mechanisms, such as those of WHO, UNFPA, UNICEF and other national and international organisations, including those providing psycho-social and legal support to IDPs.</p> <p>Verify and profile IDPs in Northern Yemen.</p>		<ul style="list-style-type: none"> ■ Protection and human rights monitoring networks have been established in affected locations providing more effective support to those in need. 66 community-based protection network were established which enabled outreach and monitoring activities to UNHCR for effective service delivery. ■ Access to information and understanding of recurring patterns of violations and abuses has been significantly enhanced with improvement of humanitarian programming and advocacy through reporting, direct engagement and the development of advocacy and public awareness strategies. ■ Access to vulnerable populations in areas of limited or no access by all humanitarian organisations, has been significantly improved. ■ Referral mechanisms are strengthened and legal and psychosocial support was provided by existing community centres throughout the country and seven community centres (located in Aden, Amran, Haradh, Saa'da and Sana'a) were supported. On average, 60-70 IDPs visited the community centres on a daily basis for psychosocial and other support (including counselling).⁹ <p>Verification of existing registration lists of IDPs and registration of new displaced persons in Haradh</p> <ul style="list-style-type: none"> ■ 100 per cent of IDP households in known locations have been registered ■ 100 per cent of registered IDP households have been assessed on food vulnerability ■ 100 per cent of cases with special needs have been identified ■ Data collected during field missions is available for analysis ■ Comparison between old and new registration lists conducted ■ All registered IDPs have been informed of available services in Hajjah, Amran and Aden 				<ul style="list-style-type: none"> ● Field missions were conducted to known IDP locations and to register IDPs present. ● Similarly, field visits conducted in new IDP locations based on Executive Unit information on locations of unregistered or newly displaced IDPs. ● During house visits, field teams conducted registration of IDPs in addition to a food vulnerability assessment provided by WFP ● IDPs were provided with pamphlets from different clusters and organisations, on their rights and services available to them. 	

⁹ See footnote 7.

UNHCR - PROTECTION CLUSTER

CERF PROJECT NUMBER	11-HCR-030	Total Project Budget	\$ 900,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Providing protection and assistance to IDPs in the South	Total Funding Received for Project 3	\$ 283,550	Individuals	20,000	20,000	The protection monitoring is gathering information about the entire population screened. In the other hand, assistance is provided upon vulnerability criteria and does benefit equally to men and women.
				Female	10,600	10,600	
STATUS OF CERF GRANT	Completed 31 December 2011	Amount disbursed from CERF	\$ 283,550	Male	9,400	9,400	
				Total individuals (Female and male)	20,000	20,000	
				Of total, children under 5	2,600	2,600	
				TOTAL	20,000	20,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Provide protection and assistance to conflict-affected returnees and IDPs in southern governorates including Lahj, Aden and Abyan governorates.		<ul style="list-style-type: none"> ■ 3,000 IDP families benefited from information and community services of the mobile teams. ■ 2,784 extremely vulnerable individuals were identified through protection monitoring and provided with individual assistance. ■ Humanitarian partners and government are provided with comprehensive understanding of the characteristics of the IDPs community including their locations. ■ Protection monitoring was conducted on a regular basis by two mobile teams and bi-weekly reports were shared and discussed during cluster meetings. ■ 100 per cent of IDPs in accessible areas have been registered. 				This protection project implemented by UNHCR has been monitored by the protection cluster coordinator and by the UNHCR Aden Sub Office.	

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-032	Total Project Budget	\$ 2,111,113	Beneficiaries		Targeted	Reached	Gender Equity
				Individuals		31,200	31,200	
PROJECT TITLE	Mass Casualty Management for injured people	Total Funding Received for Project ³	\$ 2,573,190	Female		9,200	9,200	Both male and female doctors were trained on mass casualty management, and disaggregated data by age and sex was collected and analysed on weekly basis.
				Male		22,000	22,000	
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 1,586,332	Total individuals (Female and male)		31,200	31,200	
				Of total, children under 5				
				TOTAL		31,200	31,200	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES						
<p>Reduced mortality among the critical casualties</p> <p>Timely provision (on the spot) of effective mass casualty management.</p> <p>Availability of life-saving medicines and supplies</p> <p>Enhanced ability of the referral hospitals to effectively manage the casualties and cover the trauma and surgical interventions</p> <p>Building the capacities of the health workers on providing psychosocial support and on clinical management on GBV survivors</p> <p>Provide an effective referral mechanism for victims of GBV to access legal and medical support.</p>		<ul style="list-style-type: none"> ■ Some 2,221 civilian victims of armed clashes in Sana'a city, Taiz, Hodeida and other governorates transferred by ambulances to referral hospitals. ■ More than 4.000 injured civilians received emergency health care services. ■ 230 medical professionals from Sana'a, Aden, Taiz and Hodeida trained on mass casualty management. ■ 26 Interagency Emergency Health Kits, three diarrhoeal disease treatment kits, eight trauma kits and six trauma kits B made available in fields hospitals and referral hospitals of Sana'a, Taiz, and Hodeida cities. ■ Six referral hospitals in Sana'a, Hodeida, Taiz cities supported with medical supplies and equipment for emergency life-saving health care services including surgical wards. ■ Emergency health services delivered neutrally and impartially according to an MOU signed between MoPHP and Youth volunteers mediated by WHO. 						<p>The project was monitored by WHO technical staff through collecting information on a daily/weekly basis and regularly analysing it to identify any gaps. Necessary technical support was provided to ensure quality and timely response to acute onset crises.</p> <p>Joint MoPHP –WHO technical staff also monitored the activities on weekly basis.</p>

WHO - HEALTH

CERF PROJECT NUMBER	11-WHO-038	Total Project Budget	\$ 9,450,200	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>81,200</td> <td>81,200</td> </tr> <tr> <td>Female</td> <td>33,700</td> <td>33,700</td> </tr> <tr> <td>Male</td> <td>47,500</td> <td>47,500</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>81,200</td> <td>81,200</td> </tr> <tr> <td>Of total, children under 5</td> <td>9,350</td> <td>9,350</td> </tr> <tr> <td>TOTAL</td> <td>81,200</td> <td>81,200</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	81,200	81,200	Female	33,700	33,700	Male	47,500	47,500	Total individuals (Female and male)	81,200	81,200	Of total, children under 5	9,350	9,350	TOTAL	81,200	81,200	Gender Equity
Beneficiaries	Targeted	Reached																										
Individuals	81,200	81,200																										
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Total individuals (Female and male)	81,200	81,200																										
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TOTAL	81,200	81,200																										
PROJECT TITLE	Delivery of essential package of life saving health services to IDPs from Abyan Mass casualty management for injured due to uprising in Yemen	Total Funding Received for Project ³	\$ 1,723,519				<p>WHO hired and ensured the presence of female medical staff in all mobile teams to be able to interact and respond to the needs of women and girls.</p> <p>Women and children benefited most from the project's special attention that was given to address their needs.</p> <p>Disaggregated data by age and sex collected and analysed on a weekly basis.</p>																					
STATUS OF CERF GRANT		Amount disbursed from CERF	\$ 2,200,984																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
<p>Reduced mortality and morbidity among the target population Improved access to life-saving essential package of health services</p> <p>Availability of life-saving medicines, supplies and equipment.</p> <p>9,350 children under age 5 have access to health care, including vaccination.</p> <p>Timely prevention and control of outbreaks.</p> <p>Enhanced ability of the referral hospitals to effectively manage casualties and cover the trauma and surgical interventions.</p>		<ul style="list-style-type: none"> ■ Mortality among IDPs living in schools of Aden and Lahj remained below the threshold of 1 per 10,000 populations per day. ■ Eight mobile health teams (six in Aden and two in Lahj) provided life-saving health services to Abyan IDPs in Lahj and Aden. ■ 100 per cent health services coverage of Abyan IDPs settled in schools of Lahj and Aden governorates. ■ 12 Inter-agency Emergency Health Kit, 10 diarrhoeal disease treatment kits, six Trauma kits and six Trauma kits B made available for IDPs. ■ 54,692 consultations, 10,170(5,051 boys, 5,129 girls) children under age 5, provided by eight mobile health teams. ■ 1,985 RH consultations for IDPs of which 76 deliveries, 68 referred cases due to obstetric complications, 714 antenatal care, 1,010 family planning. ■ Children were vaccinated thus achieving 90 per cent coverage of polio and 39 per cent increased coverage of measles vaccination in Abyan governorate. ■ 3,011 civilian victims of armed clashes in Aden and Lahj governorates transferred by ambulances to referral hospitals. ■ Cholera/AWD outbreaks in Abyan, Lahj, and Aden controlled effectively. ■ Two referral hospitals in Aden supported with medical supplies and equipment for emergency life-saving health care services, including surgical wards. 				<p>WHO offices in Sana'a and Aden closely monitored all activities and services through regular field visits and weekly data collection.</p> <p>The health cluster, together with the established sub-cluster in Aden, meets every two weeks to monitor and coordinate health services provided under this project and other health services provided by partner agencies.</p> <p>Health activities were also monitored by MoPHP district/governorate staff.</p>																						

UNHCR - SHELTER/NFI/CCCM

CERF PROJECT NUMBER	11-HCR-023	Total Project Budget	\$3,800,000	<table border="1"> <thead> <tr> <th>Beneficiaries</th> <th>Targeted</th> <th>Reached</th> </tr> </thead> <tbody> <tr> <td>Individuals</td> <td>31,174</td> <td>31,174</td> </tr> <tr> <td>Female</td> <td>17,457</td> <td>17,457</td> </tr> <tr> <td>Male</td> <td>13,717</td> <td>13,717</td> </tr> <tr> <td>Total individuals (Female and male)</td> <td>31,174</td> <td>31,174</td> </tr> <tr> <td>Of total, children under 5</td> <td>6,858</td> <td>6,858</td> </tr> <tr> <td>TOTAL</td> <td>31,174</td> <td>31,174</td> </tr> </tbody> </table>			Beneficiaries	Targeted	Reached	Individuals	31,174	31,174	Female	17,457	17,457	Male	13,717	13,717	Total individuals (Female and male)	31,174	31,174	Of total, children under 5	6,858	6,858	TOTAL	31,174	31,174	Gender Equity
Beneficiaries	Targeted	Reached																										
Individuals	31,174	31,174																										
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Total individuals (Female and male)	31,174	31,174																										
Of total, children under 5	6,858	6,858																										
TOTAL	31,174	31,174																										
PROJECT TITLE	Provision of cash grants for shelter and other support to conflict-affected population (IDPs, returnees) in northern Yemen.	Total Funding Received for Project	\$11,336,923				For the implementation of this project, an assessment of the most vulnerable households has been undertaken and the selection of the beneficiaries was based on vulnerability criteria developed by the protection cluster and the affected population.																					
STATUS OF CERF GRANT	No cost extension until 7 February 2012.	Amount disbursed from CERF	\$ 932,517																									
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS																						
Provide protection and assistance to the conflict-affected IDPs as well as returnees with safe and dignified shelter, through provision of shelter assistance, and essential settlement engineering support.		<p>3,200 families (22,400 IDPs, returnees) with specific needs area assisted with non-food items</p> <ul style="list-style-type: none"> ■ Distribution of 33,000 mattresses ■ Distribution of 10,000 sleeping mats ■ Distribution of 22,000 blankets ■ Distribution of 3,000 kitchen sets <p>Proper drainage systems are constructed to improve conditions in Camp-I and protect 1,331 families (8,774 IDPs)</p> <ul style="list-style-type: none"> ■ Refine excavations around tents and blocks, drilling channels, supply and building of concrete stones. ■ Shelter grants have been provided to 200 families. 				The monitoring and evaluation as well as the coordination of this project has been undertaken by the CCCM/Shelter/NFI cluster coordinator whose position was funded with this contribution.																						

UNHCR - SHELTER/NFI/CCCM

CERF PROJECT NUMBER	11-HCR-029	Total Project Budget	\$ 3,800,000	Beneficiaries			Gender Equity
				Targeted	Reached		
PROJECT TITLE	Provision of NFI assistance to IDPs in Southern Yemen	Total Funding Received for Project	\$ 1,393,675	Individuals	35,000	35,000	<p>This project benefited all individuals in the 5,000 families because the NFIs are distributed to the head of the household for the entire family without distinction of gender.</p> <p>The selection of the beneficiaries has been made according to vulnerability criteria.</p>
				Female	18,550	18,550	
STATUS OF CERF GRANT	Completed (31 December 2011)	Amount disbursed from CERF	\$ 1,393,675	Male	16,450	16,450	
				Total individuals (Female and male)	35,000	35,000	
				Of total, children under 5	4,550	4,550	
				TOTAL	35,000	35,000	
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES				MONITORING AND EVALUATION MECHANISMS	
Provide protection and assistance to conflict-affected IDPs with safe and dignified shelter, through provision of NFI/shelter assistance.		<p>5,000 families (35,000 IDPs) have been supported with NFI assistance</p> <ul style="list-style-type: none"> ■ Each family has been provided with 1 kitchen set ■ Each person has been provided with 1 blanket ■ 2 mats have been provided to each family ■ 2 water buckets have been distributed to each family ■ 1 mattresses per person has been distributed <p>1,000 families (5,000 IDPs) are supported with shelter assistance</p> <ul style="list-style-type: none"> ■ Each family has been provided with 1 plastic sheet ■ Procurement of 1,000 tents 				The monitoring and evaluation of this project has been realised by the CCCM/shelter/NFI cluster coordinator as well as the UNHCR staff of Aden sub Office.	

UNHCR - MULTI-SECTOR : REFUGEES, ASYLUM SEEKERS AND MIGRANTS								
CERF PROJECT NUMBER	11-HCR-031	Total Project Budget	\$ 2,800,000		Beneficiaries	Targeted	Reached	Gender Equity This project benefited all individuals of the 200 families assisted. The selection of the beneficiaries was made based on vulnerability criteria.
PROJECT TITLE	Provision of protection and material assistance including NFI to displaced refugees in Sana'a, Aden and other governorates in Yemen	Total Funding Received for Project	\$ 823,900		Individuals	6,500	628	
					Female	3,443	296	
					Male	3,055	332	
					Total individuals (Female and male)	6,500	628	
					Of total, children under 5	845	72	
TOTAL	6,500	628¹⁰						
STATUS OF CERF GRANT	Completed before the 31st of December 2011	Amount disbursed from CERF	\$ 823,900					
OBJECTIVES AS STATED IN FINAL CERF PROPOSAL		ACTUAL OUTCOMES					MONITORING AND EVALUATION MECHANISMS	
<p>Provide protection and assistance to conflict-affected refugees and displaced refugees with a safe haven, dignified shelter and through provision of NFI assistance.</p> <p>Provision of shelter assistance to 300 families (1,500 refugees) to meet their shelter needs, cover rent costs and to meet their immediate subsistence needs.</p>		<p>150 vulnerable families (628 individuals), affected by conflict and insecurity in Sana'a, received medical screening on departure and safely relocated to Kharaz camp in Aden.</p> <p>150 vulnerable families (628 individual) relocated to Kharaz camp in Aden received a cash grant to meet the needs of NFI (kitchen sets, plastic sheets, blankets, sleeping mats, jerry cans, lanterns, stoves, mosquito nets, sanitary napkins, soaps and mattress) and shelter.</p> <p>50 families (200 families) were identified as most vulnerable and received immediate cash grant assistance to cover the rent cost for shelters and subsistence needs.</p> <p>Due to the on-going civil unrest, UNHCR could identify only 150 families expressing interest in relocation to Kharaz camp. Considering the urgency of action, UNHCR initially relocated the families to Haradh IDP camps in Hajja instead of Kharaz camp in Aden. Then afterwards they were moved to Kharaz camp. This arrangement, coupled with extreme increases in the prices relating to logistical costs during wartime, increased the budget requirements for each activities. All budgets were disbursed in accordance with project objectives.</p>					<p>UNHCR Sana'a Office and partners assessed vulnerable families. The relocation was closely monitored by UNHCR Sana'a and Aden office as well as partners.</p> <p>UNHCR and partners registered the relocated families and provided the NFI and shelter assistance in Kharaz camp. Regular monitoring was conducted by UNHCR and partners.</p>	

¹⁰ A breakdown of beneficiaries has not been provided. This sum is 10 per cent of the target beneficiaries and does not explain why the rest of them were not reached.

ANNEX 2. CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS – NATIONAL AND INTERNATIONAL NGOS AND GOVERNMENT 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
11-FPA-027	Protection/ GBV	UNFPA	Sister Arab Forum (SAF)	NGO	23,500	20/08/2011	01/07/2011	
11-FPA-027	Protection/ GBV	UNFPA	Yemen Family Care Association (YFCA)	NGO	75,000	20/05/2011	30/05/2011	
11-FPA-030	Protection/ GBV sub cluster	UNFPA	Yemen Family Care Association (YFCA)	NGO	178,000	30/07/2011	01/08/2011	
11-FPA-029	Health	UNFPA	Aden and Lahj Health offices, Yemen Family Care Association, and Charitable Society for Social Welfare	Governmental IPs (health offices) NGOs IPs	All Amount given to NGOs was in kind as medical supply and medicine (RH kits) because all the procurement was done internationally and no operation cost was paid the IPs form the CERF ¹¹	12/07/2011 - 30/07/2011	01/08/2011	
11-IOM-018	Food, Health, WASH, Nutrition, Shelter	IOM	CSSW	NNGO	\$334,300	18/01/2012	01/07/2011	First payment to CSSW for services rendered has been provided. The remaining payment to be provided upon receipt of financial reports. Payment to the implementing partner was delayed due to an evacuation of project management staff at the beginning of the project and subsequent modification of the parameters of the original agreement.
11-IOM-018	Protection	IOM	YRC	NNGO	\$98,440	13/07/2011 02/10/2011	01/06/2011	Payment to the implementing partner

¹¹ In kind contributions need not be included.

								was delayed due to an evacuation of project management staff at the beginning of the project and subsequent modification of the parameters of the original agreement.
11-CEF-026	Child Protection Sub-Cluster	UNICEF	Seyaj HRITC, Al-Hekma Al-Yamania, Al-Takaful and Child Friend Association	Local and International NGOs	68,512	30/04/2011 - 11/06/2011	30/04/2011 - 11/06/2011	
11-CEF-026	Child Protection Sub-Cluster	UNICEF	Save the Children	Local and International NGOs	48,945	29/05/2011	29/05/2011	
11-CEF-026	Child Protection Sub-Cluster	UNICEF	HCMC	Government	13,000	16/07/2011	18/07/2011	
11-CEF-032-A	WASH	UNICEF	Aden Cleaning Fund	Government	55,986	15/02/2012	01/01/2012	
11-CEF-032-A	WASH	UNICEF	Centre for Social Services	Government	75,512	25/01/2012	01/01/2012	
11-CEF-032-A	WASH	UNICEF	CSSW	NGO	270,371	15/02/2012	01/01/2012	
11-CEF-032-A	WASH	UNICEF	Education Office-Aden	Government	90,150	1/10/2011	20/10/2011	
11-CEF-032-B	Nutrition	UNICEF	MOPHP (with the NGOs YFCA, YWU, and MSF-Spain)	Government	447,260.00	20/07/2011	26/01/2012	
11-HCR-22	Protection	UNHCR	Islamic Relief Yemen (IRY)	International NGO	USD 27,580	10/07/2011	01/06/2011	
11-HCR-22	Protection	UNHCR	Adventist Development and Relief Agency (ADRA)	International NGO	USD 18,400	15/08/2011	01/06/2011	
11-HCR-22	Protection	UNHCR	Charitable Society for Social Welfare (CSSW)	National NGO	USD 17,600	06/08/2011	01/06/2011	
11-HCR-22	Protection	UNHCR	Al Amal	National NGO	USD 14,600	27/09/2011	01/06/2011	
11-HCR-023	Shelter/NFI/CCCM	UNHCR	Al Amal	National NGO	270,000	27/09/2011	01 June 2011	
11-HCR-023	Shelter/NFI/CCCM	UNHCR	Charitable Society for Social Welfare	National NGO	19,200	06/08/2011	01/06/2011	
11-HCR-023	Shelter/NFI/CCCM	UNHCR	Islamic Relief Yemen	International NGO	28,000	11/12/2011	01/06/2011	

11-HCR-023	Shelter/NFI/CCCM	UNHCR	Adventist Development and Relief Agency	International NGO	29,920	27/09/2011	01/06/2011	
11-HCR-031	Multi-Sector: Refugees, Asylum Seekers & Migrants	UNHCR	SHS (Society for Humanitarian Solidarity)	National NGO	300,000	14/09/2011	01/08/2011	
11-HCR-031		UNHCR	IRD (International Relief & Development)	International NGO	27,000	21/08/2011	01/08/2011	
11-HCR-031		UNHCR	IDF (Interaction in Development Foundation)	National NGO	25,500	21/08/2011	01/08/2011	
11-HCR-031		UNHCR	ADRA (Adventist Development and Relief Association)	International NGO	60,000	21/08/2011	01/08/2011	
11-CEF-026	Child Protection Sub-Cluster	UNICEF	Seyaj	Local NGO	36,700.00	11/08/2011	31/12/2011	
11-CEF-026		UNICEF	HRITC	Local NGO	9,761.47	13/06/2011	12/09/2011	
11-CEF-026		UNICEF	Al-Hekma Al-Yamania	Local NGO	9,353.21	07/05/2011	6/08/2011	
11-CEF-026		UNICEF	Al-Takaful	Local NGO	8,110.09	02/05/2011	01/08/2011	
11-CEF-026		UNICEF	Child Friend Association	Local NGO	4,587.16	30/04/2011	31/07/2012	

ANNEX 3: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ADRA	Adventist Development and Relief Association
AHT	Arterial Hypertension
AWD	Acute Watery Diarrhoea
CAP	Consolidate Appeal Process
CCCM	Camp Coordination and Camp Management
CP	child protection
CSSW	Charitable Society of Social Welfare
DFID	Department for International Development
FP	Family planning
GBV	Gender-based Violence
GOY	Government of Yemen
H	Health
HEB	high energy biscuit
IDPs	internally displaced person
IEHK	Inter-agency Emergency Health Kit
IOM	International Organization for Migration
IRD	International Relief & Development
IRY	Islamic Relief Yemen
MA	Material Assistance
MISP	Minimal initial service package
MT	metric tonne
NFI	Non-Food Items
NGO	Non-Governmental Organization
OFDA	Office of U.S. Foreign Disaster Assistance
RH	Reproductive Health
SAM	Severe Acute Malnutrition
SHS	Society for Humanitarian Solidarity
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Programme
WASH	Water, sanitation and hygiene
WFP	United Nations World Food Programme
WHO	World Health Organization
YRC	Yemeni Red Crescent