

## ANNUAL REPORT OF THE HUMANITARIAN/RESIDENT COORDINATOR ON THE USE OF CERF GRANTS

<b>Country</b>	Yemen
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<b>Reporting Period</b>	2007

### I. Executive Summary

In 2007, the humanitarian country team in Yemen received two separate CERF allocations, for two very different sorts of emergencies

In June, The United Nations Resident Coordinator applied for funding to control a fast spreading outbreak of Desert Locust. If the Desert Locust swarms were not stopped by the last quarter of the year, they could have moved into the most important agricultural production zones of Yemen. An incursion of Desert Locust swarms into these areas could have potentially dramatic consequences on national food security and livelihoods. Therefore, Some \$2.4 million in CERF funding was allocated to the Food and Agriculture Organization (FAO)

The CERF funding supported emergency reinforcement of the locust control capacity of Yemen to effectively deal with the outbreak before the livelihoods of the rural and nomadic communities were affected. The support was predominately geared towards setting up effective rapid intervention in remote and insecure areas of the interior of Yemen in order to stop the outbreak before it destroyed agricultural production.

The second CERF allocation for Yemen in 2007 went to provide urgent humanitarian assistance to the population in Sa'ada, Yemen, which had been continuously affected by a long-lasting insurgency that caused serious disruptions to health, shelter and livelihoods.

Following a multi-sectoral assessment in August, an additional \$1 million in CERF funding was allocated to WHO and UNICEF whose projects target more than one million beneficiaries. The CERF grant was used, for example, to provide Emergency Medical Kits to address the urgent needs of the affected population, particularly of the IDPs. A Disease Early Warning System was also established to enable a rapid response in the event of any outbreak of communicable diseases or life-threatening health conditions, including malnutrition. In addition, vaccinations were provided to all vulnerable children and women in the Sa'ada governorate, where health services were seriously disrupted.

The CERF funding was also used to ensure that the affected population gained access to safe potable water with adequate sanitation facilities whilst providing technical and material support to implementing partners, and supporting the restoration of some collapsed water schemes. UNICEF also sought to reduce malnutrition in children under five and pregnant/lactating women. The agency will consolidate and expand the screening system for acute severe and moderate malnutrition in communities, health units and centers in the affected areas as well as assist the education authorities and provide psycho-educational activities for affected children in the IDP camps.

## II. Background

### Rapid Response – Locust Outbreak

Unusually heavy rainfall in the areas of the Horn of Africa and the Near East in late 2006 and early 2007 provided favourable ecological conditions for the Desert Locust<sup>1</sup> to breed. As a result, local outbreaks occurred in Eritrea, northern Somalia and Sudan.

Surveys carried out in late May 2007 by Yemen's national Desert Locust Monitoring and Control Centre (DLMCC) of the Ministry of Agriculture and irrigation (MOAI) together with the Food and Agriculture Organization of the United Nations (FAO) found an outbreak in the interior of Yemen where widespread Desert Locust breeding was in progress within a very remote area of roughly about 30 000 km<sup>2</sup> on the southern fringe of the Empty Quarter. The analysis of the survey results and of the climatic conditions indicated that the Desert Locust situation was the worst that Yemen had faced in 15 years. If unchecked, Desert Locust swarms could move into the Highlands and onto the Red Sea and Gulf Aden coastal plains at the end of the summer, with dramatic implications for national food security and livelihoods.

Faced with this major threat, the Government of Yemen requested FAO to provide emergency assistance to control the Desert Locust outbreak. Three days later, a project proposal of US\$ 2 432 110 was submitted to the UN Central Emergency Response Fund (CERF) in New York.

The objective of the assistance was to strengthen the response capacity of the DLMCC in Yemen to cope with the developing Desert Locust threat in order to prevent damage to the livelihood of the rural population and to mitigate further spreading of the Desert Locust into neighbouring countries. To this end, all supplies and actions, as outlined under the project agreement "Emergency response to Desert Locust outbreak in remote and insecure area of interior Yemen", were initiated immediately. The project funded the procurement of several key inputs such as twenty vehicle-mounted ULV sprayers, 50 backpack ULV sprayers, 50 ULV hand-held sprayers and various other survey, field and communication equipment. In addition, six international consultants were recruited from early July until early October to support the national survey and control teams in the field.

The replenishment of the limited pesticides reserves in Yemen faced serious delays because of an acute shortage of pesticides on the world market. Therefore, FAO requested assistance from the Government of Mauritania in providing 70 000 litres of chemical pesticide for the control operations in Yemen from national stocks that were left over from the 2003-2005 campaign. The pesticides were airlifted by World Food Programme (WFP) cargo planes in two installments on 1 July and 1 September.

Air survey and spray operations were secured through the contracting of one aircraft from Saudi Arabia. A campaign mobilization plan was elaborated jointly in consultation with the national Locust Monitoring and Control Centre (DLMCC) and the international consultants. On 1 August, all necessary preparations for the campaign were finished and intensive operations by ground and by air in the Hadhramout region were launched.

Ground surveys proved to be difficult because of the rough and remote terrain in the area of operation. Occasionally, operations could not be conducted due to adverse weather conditions caused by heavy rains and dust storms. Some infestations could not be sprayed because of the presence of bees. For this reason, the project procured the mycopesticide Green Muscle™ with

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<sup>1</sup> The Desert Locust, *Schistocerca gregaria* (Forskål, 1775), is a pest which in its gregarious phase poses a considerable threat to agriculture and livestock over a vast area that extends from North Africa to the Sahel and from the Atlantic through the Middle East to Southwest Asia.

the objective to create awareness of the advantages of bio-control in ecologically sensitive areas and carry out control operations without endangering bee populations.

Despite these constraints, the control operations had a significant impact on reducing Desert Locust populations and protecting important cropping areas. By the end of August, only a few infestations remained in Wadi Hadhramaut, which were too small and scattered for aerial control. Hence, the aircraft returned to Sana'a where it remained on standby. As the locust situation continued to improve, control operations progressively declined during September. On 23 September, the Yemeni Government declared most parts of the country as locust-free and the spray aircraft was demobilized the next day.

In all, nearly 30 000 litres of chemical pesticides were used during the campaign in treating an estimated 30 000 ha of infestations, in August and September, 2007.

During the campaign, FAO used several new approaches in responding to the outbreak. Besides the rapid response instrument provided under CERF, close collaboration with WFP was attempted for the first time, not only in aspects of logistical support such as airlifting pesticides from Mauritania, and secondment of a WFP logistician to the campaign and leasing ten fully equipped 4WD vehicles, but also by conducting jointly the vulnerability assessment of rural populations at risk.

By obtaining 70 000 litres of chemical pesticides from reserves in Mauritania, the project also contributed directly to reducing the risk that huge pesticide stocks remaining from the 2003-2005 locust campaign would become obsolete and pose a threat to the environment. In conclusion, the project OSRO/YEM/701/CHA reached its objectives; thus, contributing to safeguarding national food security and livelihoods through successful locust control operations.

### **Rapid Response -- Assistance to the population in Sa'ada**

The decision to address the priority humanitarian needs of Sa'ada governorate came after a joint UN Needs Assessment Mission to the governorate on 19 May 2007. That mission submitted its findings and recommendations to the UN Emergency Preparedness and Response Team (UNEPRT) and other stakeholders including ICRC, local and International NGOs and government authorities. In the initial phase of the Sa'ada emergency relief operation, different UN Agencies including UNFPA, UNHCR, UNICEF, WFP and WHO provided relief support to the affected population in Sa'ada governorate using their available funds. Since these limited resources can not meet the budgetary requirements of big size or long-term emergency operations, the Central Emergency Response Funds (CERF) support was critical to support the concerned UN agencies for meeting the humanitarian needs of the people.

The Charitable Association of Social Welfare (CSSW) conducted a rapid analysis on the situation of affected populations in Sa'ada. It is estimated that 5,000 families with 40,000 people (the majority of whom are children and women) have been forced into internal displacement. At least 700 families with their children are settled at very poor camps near Sa'ada city while other families are still dispersed all over Sa'ada districts particularly Sa'ada City, Sahar and Magz districts. The camps are scattered, with little organization, few latrines and poor water supplies. A rapid assessment of nutritional status of children was conducted in June 2007, outlining the fragility of the situation for children with high rate of acute moderate malnutrition and high incidence of diarrhea. The study also indicated that half of children covered reported diarrhea within the two weeks prior to the assessment.

As soon as the situation on the ground allowed, the Yemeni medical charitable society (YMCS) with UNICEF support started emergency relief operation and health-care activities in the

affected areas. Distribution of kitchen utensils, water jerry-cans and soap to 2,000 families in the existing camps and the accessible villages around Sa'ada town.

In coordination with the Governorate health office, YMCS also mobilized three medical teams to the affected districts of Sahar, Majz and As-Safra during the month of Ramadan where the situation became safe to do so. More than 2,600 cases received medical treatment and free medicines. Most of the beneficiaries were women and children. An emergency health kit was provided for this purpose. Another emergency health kit was given to the Governorate health office to use in Sa'ada health facilities.

In collaboration with the Yemeni Red Crescent, UNICEF also supported building latrines and washing basins and promoting hygiene education in the IDP camps to prevent the spread of diarrhea among infants and winter clothing was provided for infants and children.

## **UNICEF**

The emergency humanitarian needs for health and nutrition, water and sanitation, education, and child protection sectors for the conflict affected people in Sa'ada governorate include; provision of emergency medical supplies, establishing early warning system for diseases, capacity-building and developing inter-sectoral collaboration for effective response to the emergency and provision of EPI related services for eligible children and Women of Child Bearing Age women (WCBA).

## **WHO**

The conflict in Sa'ada governorate of Yemen, intensified in January 2007, resulting in internal displacement of many families to different parts of the country, particularly Sa'ada City and its surrounding areas. Some of the affected families were housed with their relatives and friends. But many others ended up in Internally Displaced People (IDP) camps or small settlements in Sa'ada city and its surrounding areas.

For food supplies, the displaced families used to be dependent on irregular aid from different Governmental and Non-Governmental Organizations (NGOs) and the Yemeni Red Crescent Society supported by ICRC. However, since June 2007, the World Food Programme (WFP) has been present in the field; has registered all the affected families and provide regular food ration to them. At present, the number of beneficiaries from the WFP food ration stands at 6,912 families or above 48,000 people. About 1,300 of those IDP families live in three camps, while the rest 5,612 families live in the Sa'ada City and other small settlements.

The health situation was assessed through two different missions. The first one, which took place on 19 May 2007, was a joint UN mission, while the second mission was undertaken by the WHO and the Ministry of Public Health and Population (MoPH and P) on 4 Aug 2007.

The main findings of the health assessment missions included:

1. Health services: all health services by the health facilities, except for a very few, were suspended for more than six months. There was severe shortage of medicines, vaccines and other supplies due to restricted movement,
2. Disease profile: The commonest diseases seen in Al-Jomhori hospital, a governmental tertiary level hospital, included diarrhea, acute respiratory infections and malnutrition. It was mentioned that there are many malaria cases in the community but we found that most of the samples were negative,

3. Al-Jomhori hospital: Most of the departments were visited including the statistics, vaccination, lab and the incinerator. The quality of the services in the hospital was good and the commitment of the staff was apparent. In general, the hospital was clean, well-organized and the patients were satisfied with the services. But, still there was need to provide the hospital with enough medicine and supplies especially laboratory equipment (ELISA machine). Also advanced training is needed for lab technicians.
4. Al Anad camp profile:
  - The IDPs in Al Anad camp are served through:
    - i. A governmental health clinic located in a corner of the camp. The clinic is staffed by a medical doctor, 2 midwives and a pharmacist. The services provided by the clinic include: outpatient, one immunization session per week, minor surgeries and dressing. There are no laboratory services in the clinic, so cases are referred to Al-Jomhori, the government hospital, or Al-Salam, a Saudi Arabia supported hospitals.
    - ii. The ICRC clinic, which is in a tent near the IDP tents, is served by two nurses. The services they provide include; minor surgery, dressing and pharmacy.
  - Disease profile: The commonest diseases seen in the health facility of the camp included diarrhea, acute respiratory disease and malnutrition. A few bloody diarrhea cases were also found with no follow up on either the diagnosis confirmation or the discharge status. The disease profile in the camp is almost similar to what we have seen in the main hospital which reflects the extent that the crisis had on the community in general.

(a) Please complete the matrix below:

<b>Total amount of humanitarian funding required and received (per reporting year)</b>	Required: US\$ 3,434,576  Received: US\$ 2,432,110 FAO US\$ 586,493 UNICEF US\$ 415,973 WHO			
<b>Total amount of CERF funding received by funding window</b>	Rapid Response: US\$ 3,434,576 Underfunded: US\$ _____  Grand Total: US\$ 3,434,576			
<b>Total amount of CERF funding for direct UN agency/IOM implementation and total amount forwarded to implementing partners</b>	Total UN agencies/IOM: US\$ 3,434,576  Total implementing partners: US\$ _____  <b>Note: The grand total must equal the total CERF funding allocated</b>			
<b>Total number of beneficiaries reached with CERF funding (disaggregated by sex/age)</b>	<b>Total</b>	<b>&gt; 5</b>	<b>Female</b>	<b>Male</b>
	<b>FAO</b> Not Applicable	<b>FAO</b> Not Applicable	<b>FAO</b> Not Applicable	<b>FAO</b> Not Applicable
	<b>UNICEF</b> 695,033 total target population	<b>UNICEF</b> 126,583 total U5 malnourished	<b>UNICEF</b> 64,557U5 20,000 school	<b>UNICEF</b> 62,025U5 20,000 school

	<b>WHO</b> 1,028,333 (695,033 = target population for medical supply)	<b>WHO</b> 14,500 = under 1 children target for routine EPI 318,800 = 9 months-15 yrs children, target for measles vaccine	students  <b>WHO</b> (Male / Female Ratio = 49/51)	students  <b>WHO</b> (Male / Female Ratio = 49/51)
<b>Geographic areas of implementation</b>	<b>FAO</b> Hadarmawt Governorate / Republic of Yemen  <b>UNICEF</b> Sa'ada Governorate / Republic of Yemen  <b>WHO</b> Sa'ada Governorate / Republic of Yemen			

### III. Coordination and Partnership-building

#### Rapid Response – Locust Outbreak

The immediate objective of the assistance was to provide the necessary means to control Desert Locust populations in a responsible manner and to strengthen the response capacity of the Locust Control Centre in Yemen to cope with the rapidly expanding Desert Locust threat in order to prevent damage to the livelihoods of the rural communities and to prevent further spreading of the Desert Locust into neighbouring countries.

More specifically,FAO planned to (a) prepare a comprehensive action plan for the summer campaign, (b) train seconded staff form other agricultural offices, (c) strengthen the survey and aerial and ground intervention capacity of the Locust Control Centre by providing aerial support and attaching international experts to the campaign, and (d) to undertake safe, effective and timely control operations to reduce locust populations and prevent further breeding and potential migration to other parts of the country and region.

The Ministry of Agriculture and Irrigation was responsible for the implementation of the project, through its national Desert Locust Monitoring and Control Centre. The Ministry designated the Director of the Locust Control Centre as national coordinator and provided all necessary staff that would cooperate with the FAO personnel involved in the Desert Locust operations as well as administrative and logistic support for the project.

The project was coordinated and supervised by FAO in close collaboration with DLMCC and MOAI as well as other Ministries involved in the crisis management such as the Ministry of Defense and the Ministry of Planning and Cooperation. Within the project, linkages were also established with the World Food Programme (WFP), United States Agency for International Development (USAID), the European Union, the Government of Japan, and the Kingdom of Saudi Arabia. Other governmental and non-governmental organizations were approached in order to achieve maximum impact of Desert Locust emergency assistance.

At FAO headquarters, technical supervision was ensured by the Locust and Other Migratory Pests Group of the Plant Production and Protection Division (AGP) while the Emergency

Operations and Rehabilitation Division (TCE) was responsible for the project operational management, under the umbrella of the Emergency Centre for Locust Operations (ECLO). The FAO Representation in Sana'a and the Secretariat of the Commission for Controlling the Desert Locust in the Central Region (CRC) and other FAO field staff played a major role in the coordination and supervision of the assistance.

FAO experts and consultants undertook several field visits in the target areas to evaluate the locust situation, to assist in the organization of the campaign, to define priorities and, if necessary, to redirect activities, to train seconded survey and control staff as well casual laborers, and to provide logistical and operational support.

**Rapid Response** -- Assistance to the population in Sa'ada

### **UNICEF**

Coordination and partnership was a key factor in the success of the emergency relief operations in Sa'ada. To ensure results, UNICEF worked closely with government authorities at nationally and locally, as well as with national and International NGOs to deliver emergency relief operations for Sa'ada IDPs. For example, UNICEF has worked with the Ministry of Education to facilitate clearance and transportation of education supplies to Sa'ada. Also working in cooperation and coordination with Sa'ada Governorate education office to restore the educational activities which were halted as a result of the conflict. Work is also be undertaken with the Sa'ada health office to provide life-saving health and nutrition interventions for severely malnourished children.

UNICEF worked in close partnership with the Yemeni Red Crescent, Charitable Society for Social Welfare, the Yemeni Medical Charitable Association, and Islamic Relief to deliver emergency life saving and protection interventions for Sa'ada IDPs. UNICEF worked closely with the ICRC team based in Sa'ada to identify areas of collaboration and to avoid duplication. UNICEF also coordinated with UN agencies in the field and took the lead in relevant fields such as nutrition, water and sanitation and education. UNICEF participated in the emergency preparedness and response team (UNEPRT) on the relief efforts for Sa'ada and attends monthly coordination meetings with all organizations working in Sa'ada.

### **Constraints**

1. Project activities were delayed due to the complex nature of the conflict, insecurity, , delayed signing of project agreements because of the critical period of big Islamic festivals and related holidays.
2. Due to the dynamic nature of the conflict and IDP movement, new IDPs were identified at Al-Anad, Sam and other scattered camps in Sa'ada and Al-Dhaher district.. Most of them came from Bani fadhel and Bani Zoeeb areas in Haidan district where the conflict renewed. Accordingly an increase in number of IDP families was observed at both camps.
3. There were no accounts or statistics of the exact number of IDP in the formal camps in Sa'ada or who are living with relatives in Sa'ada city..
4. Insecurity problems erupted in some targeted areas of Sa'ada such as Haidan, Sa'ada and Sahar districts due to the renewal of conflict caused inaccessibility to cover the targeted children.
5. Delivery of education supplies took longer than anticipated and lack of strong commitment by the local authorities as a primary duty bearer resulted in slow implementation.

### **WHO**

For its part, WHO collaborated with UNICEF and the MoPH and P to develop the proposal in which the priorities were identified. Increasing routine immunization coverage was one of the top priorities; conducting a measles campaign was another. Provision of different types of emergency medical kits was prioritized due to its urgent need in the health facilities, serving the war wounded and IDPs. The whole process of the proposal development was coordinated through the Office of the Resident Coordinator.

In general, no major challenges were faced. However, the MoPH and P staff could not reach four out of the 123 Ozlas (sub-districts) due to security problems. International staff were not authorized to go beyond Sa'ada City.

#### **IV. Implementation and Results**

- (a) How was the monitoring and evaluation of the CERF projects conducted?
- (b) How did other initiatives complement the CERF-funded projects?

#### **Rapid Response – Locust Outbreak**

On 21 June, the CERF Secretariat approved \$ 2 432 110 in FAO funding to undertake a control campaign against the locusts in Yemen. These funds were allocated to the project OSRO/YEM/701/CHA, "Emergency Response to Desert Locust outbreak in remote and insecure area of interior Yemen". Activities for the strengthening of national Desert Locust survey and control capacities in Yemen started immediately as planned after approval of the agreement. Arrangements were made for recruiting locust operations and logistics consultants, and for the procurement of all the inputs foreseen in the project document. The project was completed by the end of September 2007.

In order to make the best use of the remaining resources, it was deemed necessary to reallocate part of the funds to the procurement of bio-pesticides, to increase the allocation of the operations as well as for consultancies and travel. FAO sent a request to the UN Resident Coordinator on 28 August 2007 to obtain approval for a budget revision. In particular, it was proposed to reduce the funds for acquisitions and increase the funds allocated under the budget line "General operating expenses" in order to strengthen the field operations and for international consultancies and travel to support the introduction of bio-pesticides.

The following activities were undertaken as part of the project OSRO/YEM/701/CHA. They contributed to supplement the national efforts aimed at rapid reinforcement of the Desert Locust survey and control capacities in Yemen.

In anticipation of the CERF funding for fighting the developing emergency, advanced tenders of various supplies and services planned under the project were initiated by mid June 2007 as well as the recruitment of international consultants to assist DLMCC and the national control teams in their endeavors. In total, one

#### **Strengthening of the national capacities for Desert Locust survey and control**

The project funded the procurement of various non-expendable equipment such as twenty vehicle-mounted sprayers for the application of Ultra Low Volume (ULV) pesticides, 50 ULV hand-held sprayers, 50 ULV backpack sprayers, 20 HF radio transceivers, seven satellite telephones, VHF radios, eLocust2 equipment for real-time field data transmission to the Locust Information Office of DLMCC, Global Positioning Systems, ten pesticide loading pumps, three water pumps, two potable generators, five computers, one photocopier, and various survey equipment.



Other key expendable equipment was also purchased such as protective clothing for 100 pesticide operators, three cholinesterase blood testing kits to monitor the blood contamination level of the applicators with pesticides, camping material, fuel, as well as vehicle and sprayer spare parts. In addition, ten fully equipped 4WD vehicles were leased from WFP in Dubai to reinforce the survey capacities and to direct the spray aircraft. All these inputs were crucial to enable field teams to carry out their tasks and to allow better coordination of the field operations.

### **Procurement of pesticides for Desert Locust control operations**

The replenishment of the limited pesticides reserves in Yemen risked being dangerously delayed because of an acute shortage of pesticides on the world market. FAO therefore requested assistance from the Government of Mauritania to provide in total 70 000 litres of chemical pesticide Dursban for the control operations in Yemen from their remaining stocks from the 2003-2005 campaign. A first airlifting operation was organized in close collaboration with the Government of Mauritania and WFP on 21 July 2007, when an initial batch of 35 000 litres of certified pesticides from Mauritania was delivered to Yemen. A second operation was carried out in the last week of August with the same amount of pesticides. The cost for the transportation was covered by the project. Thanks to the rapid replenishment, a disruption of the control operations was avoided. Furthermore, this operation contributed not only to speed up the delivery of pesticides to Yemen and to reduce the overall cost but also to prevent the risk that pesticides left over from the campaign in West Africa would become obsolete and pose a threat to the environment.

The planned contracting of two helicopters for survey and control operations failed after the unfortunate incident near Marib on 2 July because of security concerns and increased insurance rates of the potential suppliers. Consequently, one fixed wing spray aircraft from a Saudi company was hired. It arrived at its base in Sayoun on 29 July to reinforce the control capacities. On 19 July a detailed mobilization plan was elaborated, and on 1 August all preparations for the campaign were finished. Intensive operations by ground and by air in the Hadhramout area were launched.

In order to limit human health and environmental risks, FAO promoted the introduction of alternative control methods, which are not toxic for non-targets. In anticipation of a possible opposition from the local community against chemical control, 200 litres of the mycopesticide Green Muscle™ had been procured in advance with the actual objective to raise awareness of the advantages of bio-control in ecologically sensitive areas. A first demonstration with this bio-pesticide was organized in mid September in the presence of senior Government officials, representatives from the University of Hadhramaut and from the national beekeeper association. Even 10 days after spraying, the bees did not show any signs of infection or unusual behaviour.

As a result of the successful demonstration with the bio-pesticide, additional 1 500 litres of the bio-pesticide Green Muscle™ were ordered, enough to cover 15 000 ha. With the aim to raise the understanding of the local population of the different mode of action of the product, various leaflets and information material in Arabic has been developed and produced. A second field demonstration with the bio-pesticide on beehives within a locust infested area was organized during the first week of October in cooperation with the Tihama Development Authority (TDA), farmers and beekeepers. The beehives were revisited 48 hours after application and no adverse effects observed.

### **Evaluation of the Desert Locust situation within the project implementation period**

As expected, it was extremely difficult to find locust infestations by ground survey teams for control operations due to the vast and rough terrain, cut by numerous big and small wadis (dry

creek beds). In this situation FAO requested assistance from the National Air Force to attach at least one military helicopter to the locust operations. Although under normal conditions heavy army helicopters are not the first choice for aerial surveys, it was however possible to quickly survey relatively large areas north of Wadi Hadhramout and to find suitable targets for aerial control.

By the end of August, only a few scattered infestations remained in Wadi Hadhramaut. A number of small swarms moved on the prevailing northeasterly winds to the west towards Shabwa, Marib and Al-Jawf on the eastern side of the Red Sea mountains. Some swarms continued to fly up into the mountains and reached the central plateau between Sana'a and Dhamar, where they raised public concern. But it was impossible in these mountainous and densely populated areas to conduct a sensible survey and control operations. Because of the shift of locust infestations it was decided to redeploy the aircraft to Sana'a on 4 September. Similarly, the majority of the ground survey and control teams were regrouped and directed to Shabwa and Aden areas in response to the locust movements and to control any detected infestations. The area around Marib could not be monitored as intensively as desired because it was not safe for the survey teams to operate. During the remainder of September, no further suitable targets for aerial control were found. On 23 September, the Government declared most parts of the country as locust free. The spray aircraft was demobilized the next day. Thereafter, only a few control operations were conducted by ground teams against small infestations until the end of the month.

### **Difficulties encountered during implementation**

Because of the vast and rough terrain as well as security concerns not all areas could be accessed and checked for locust infestations, which led to uncertainty about the magnitude of the problem and the amount of resources required for its control. However, the ground and aerial operations were not only hampered by the remoteness of the locust infestations, but also by insufficient coordination and lack of authority over the survey and control teams attached to the operations by the local governments. In some cases, permissions to operate aerial spraying were refused or delayed by the local authorities. In addition, some infestations could not be sprayed as wished because of the growing resistance from beekeepers who temporarily brought the control operations to a standstill.

Due to the difficulties mentioned above, it was not possible to completely prevent swarm formation and migration as originally hoped. A few small swarms moved into southern Oman in September and they were controlled immediately by the Omani teams already on standby. Some swarms crossed the Gulf of Aden and arrived in northwest Somalia and adjacent areas in Djibouti and Ethiopia in September and October. The swarms continued across northern Somalia and reached the Ogaden region in eastern Ethiopia (October) and northeast Kenya (November) and laid eggs.

### **Project Impact**

Activities completed in the framework of the project largely achieved the expected results, and thus contributed to reducing the Desert Locust populations before they could damage the livelihoods of the rural population. More specifically, the project had the following impact:

- A reduction in the number of locusts so that fewer and smaller less-dense swarms which in turn reduced the threat to agriculture and the risk of invading other countries in the region;
- Investigations carried out in collaboration with WFP revealed that only marginal crop damage occurred in few places without any live threatening consequences. Hence, no rehabilitation actions were required as a result of the rapid intervention;

- By obtaining 70 000 litres of chemical pesticides from Mauritania, the project did not only contribute to the rapid replenishment of the low pesticide reserves in Yemen, but also reduced the risk in Mauritania of huge pesticide stocks remaining from the 2003-2005 locust campaign become obsolete.
- By providing the bio-pesticide Green Muscle™ it was possible to immediately demonstrate the effectiveness of alternative and less harmful control means. Thus, the project contributed to awareness creation at all levels and promoted the registration and use of the bio-pesticide in locust control.

Another important aspect of the impact of the project is the contribution made by the Yemeni Government to the emergency response with the payment of the salaries as well as Daily Subsistence Allowance of all the staff involved in the Desert Locust ground survey and control operations. Furthermore, the Yemeni Government covered all communication charges and other operating expenses and various fees. Moreover, the project triggered the contribution of the Government of Saudi Arabia, which allocated about 1.6 Million dollars in kind to assist Yemen through the provision of 30 pick-up vehicles, 10 survey vehicles (station wagon), 3 trucks (4.5 ton), 40 vehicle-mounted sprayers, 50 backpack sprayers, and 10 ton of pesticides and of the Government of Japan, which contributed with about 2 million USD for a Regional Desert Locust control project covering Yemen, Eritrea, Ethiopia and Sudan.

### **Rapid Response -- Assistance to the population in Sa'ada**

#### **UNICEF**

Community Therapeutic Care for IDPs in Sa'ada

With CERF funds, UNICEF and the CSSW in Sa'ada governorate targeted malnourished children with the aim of reducing infant, young child morbidity and mortality through reducing malnutrition and providing improved quality health and nutrition care delivery services. This grant is helping to manage and treat the malnourished children who were screened and registered with the program in the IDPs communities. This grant will also help to expand to other IDPs areas which are far away and isolated when the security situation allows. The ongoing situation analysis will provide more information on the areas of need.

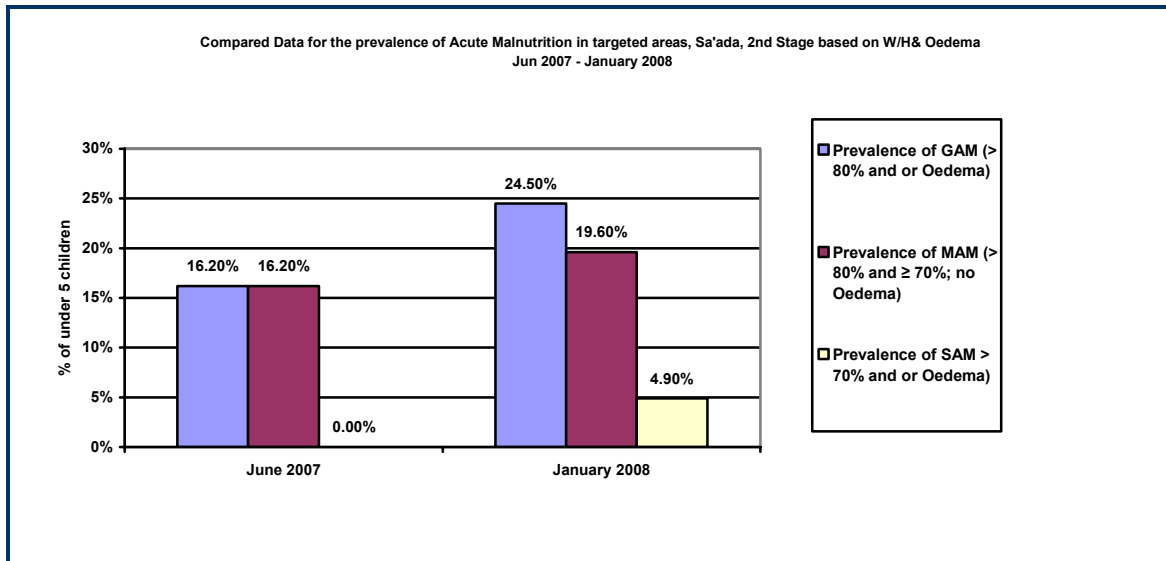
Alarming results from the first and second stage screening of acute malnutrition among under fives led to early action and timely nutritional intervention. The rapid assessment of the nutrition status of children presented the following conclusions on the second stage screening based on the weight for height ratio and detection of bilateral edema on the feet of the child. The results are shown in the graph below: The receipt of the CERF funding stabilized the nutritional interventions among the IDPs children. Since the severe malnutrition based on the weight for height measurement was low, any child less than 75 percent weight for height was enrolled in the Outpatient Therapeutic Program (OTP) and received Plumpy Nut.

UNICEF supported the introduction of a monitoring system in health centers where children under five are screened based on weight for height. Training for 50 community volunteers was undertaken to support community screening of malnourished children in Al-And camp where patients registered with severe acute cases being referred to the TFC unit at aljamhoree Hospital in Sa'ada town. Health education and breast feeding promotion sessions for mothers in targeted areas was conducted by health workers and volunteers.

Weekly and bimonthly field visits to monitor the activities at health facilities and community carried out by districts and Governors coordinators. Strong supervision and support is needed to ensure the continuation of the monitoring system. Health center staff were trained to conduct periodic screening at community level. For that, MUAC tapes were provided. The initial basic tools for assessment and supplies were handed over to the General Directorate of health. F75,

F100 therapeutic feeding formula and Plumpy nuts were provided for the treatment of malnourished children.

### **Prevalence of malnutrition in targeted areas**



### **Water and sanitation for affected population**

As a result of the sudden increase of the number of IDPs, the inadequacy of existing sanitation facilities, and the deterioration of the hygiene situation in the two camps of Sa'ada town, a Project Cooperation Agreement (PCA) was signed between UNICEF and the Yemeni Red Crescent (YRC) to support the promotion of hygienic practices, hygiene education, procurement of hygiene and cleaning materials, construction of latrines for children and women to be located closer to the tents for the exclusive use of women and children and in consultation of the IDPs. The YRC agreed to supervise operating and maintenance of latrines. UNICEF procurement services through Copenhagen supply division delivered water disinfection tablets, collapsible storage water tank, and portable water test equipment. The supplies arrived in Jan 2008 and delivered to Sa'ada by the General Authority for Rural Water-supply Projects (GARWP). Sa'ada water authority received 2 water test kits, water purification tablets, and 10 collapsible tanks of 20 cubic meters as part of CERF support to the IDP camps. GARWP is conducting water quality testing on regular basis at water source and tent levels to ensure safety of the water.

The following activities were implemented through the Yemeni Red Crescent (YRC);

1. 4-day training workshop was conducted for 24 Yemeni Red Crescent volunteers (12 men and 12 women) on communication tools and basic health and hygiene practices. The trainees are working in the camps to educate IDP families and to help them prevent water and sanitation related illness. This is part of a package to maximize the benefits of improved water and sanitation facilities.
2. 32 latrines (latrines with shower) and 5 washing basins were constructed in the two camps of Al-Anad and Sam camps. These latrines were located in carefully selected places easily accessible by women and children and exclusively devoted for their use in order to secure safe access at all times.
3. Installation of one 20 cubic meters collapsible tank for a village in Bani Muath area outside Saada town to provide safe drinking water for the population of the affected area.

The sanitation and hygiene situation was improved greatly in the camps as a result of this intervention. CERF funding was used to help improve the hygienic practices and provision of better sanitation. This component complemented the nutrition component in reducing infant and child morbidity and mortality through prevention of diarrhea and nutrition-related diseases.

### **Educational support for Sa'ada governorate**

The conflict in the Governorate of Sa'ada has affected many districts. Many schools were reported to be partly destroyed and few completely destroyed. Some schools were targeted as they were used as shelters for the fighting parties. Schooling in the affected areas was interrupted for the whole second term of the schooling year of 2006-2007. Till now the situation is still not clear in relation to children's return to school especially in conflict-prone areas. Most of the conflict-affected areas in Sa'ada are Sahar district (Especially the communities of Bani Mu'ath and A'al-Al-Sifi), Al-Safra, Sahar, Majz (especially the community of Dahian) and Saqeen districts. According to reports from NGOs there are still some camps for the displaced families in Sa'ada city where children do not receive any education since the conflict erupted in January 2007.

After the Qatari mediation and the official announcement of Al-Doha agreement between the government and the faithful youth (Hothies), it was hoped that the conflict in Sa'ada would come to a peaceful end. However, the situation of the IDP people in Sa'ada city has changed much due to the lack of confirmed news security situation in their own areas. There were some unofficial reports from local resources that the number of the IDP people had increased.

There was still need to continue providing emergency relief activities such as medical, food and shelter aids in some locations as well as need for psycho-social counseling for families and children. Also formal education has to be offered to the IDP children in the camps. Further, no assessment was conducted so far regarding the education situation of the children in the affected areas outside Sa'ada city. The IDP children in Sa'ada city who were not present in the camps were hard to identify. These conditions were assessed by a partner organization, the Social Fund for Development

#### **a) Provision of Educational Supplies**

- For the largest component of the educational support which is related to supplies, contact was made with the Ministry of Education (MoE) Projects Sector to assist in releasing the supply items coming from Copenhagen;
- The MoE Projects sector worked closely with UNICEF during the months of January-March to release the supply items and to disburse the items to Sa'ada city, specifically the warehouse of the education office;
- A distribution plan has been drafted in consultation with the education office in Sa'ada and also with the Islamic relief that has been contracted to monitor the targeting and distribution of supplies.

#### **b) Psycho-educational activities for the IDP children**

Sa'ada Women's Charitable Association was contracted to conduct psycho-education activities for the IDP children in Sa'ada city. The psycho-education activities were implemented for 400 children (200 boys and 200 girls) during February for 19 days plus three days training for the facilitators. The activities targeted the IDP children from two main camps (Al-Anad and Sam camps) as well as other IDP children in Sa'ada city.

Transportation was provided to transfer the IDP children out of the camp to a school where the activities were held after schooling hours. A three-day training was held for 25 facilitators

(teachers and social workers) on learning through playing, working with traumatic children and recreational activities. The activities conducted involved a variety of activities such as drawing, theater and awareness seminars (for the school children and others like mothers in the camps), discussion groups, and plying groups for young children, sport, competitions, handicrafts and singing. The social workers developed forms and recorded the most traumatized children who will require attention and follow up later on. Films that discuss child trafficking, education, child labor, and health hygiene also were shown to the children and discussion held afterwards. Till now, some of the awareness activities and skill training are still going on in the camps and supervised by the association. Incentives in the form of small prizes were constantly distributed to children for their achievements in different activities. Daily snacks and drinks were also given to children.

It should be noted that many organizations and institutions are supporting the IDP children by providing clothes, school uniforms, shoes, food rations (bean and sugar), school bags and stationery. These included the Governor of Sa'ada, Economic Foundation, the Women's Union, the Red Crescent and Shawdab Foundation.

### **c) Efforts in re-enrolling the IDP children**

The number of out-of-school IDP children was estimated at over 500 families, and there was a clear need to make more progress in bringing them back to school. Therefore, close follow-up and coordination with the education authorities in Sa'ada is currently ongoing. In addition, there has not been clear information on the situation of schooling in the other affected districts and this should be a focus for the coming period.

<b>Activity Description</b>	<b>Cost \$</b>
525 Tents, and school in a box kits	57,387
65 Recreation kits	12,607
50 ECD kits	5,717
School bags for children	39,260
Islamic Relief to monitor distribution	4,500
Support to Sa'ada Education office	4,004
Small Scale agreement NGO Sa'ada Charitable Women's Association	10,000
<b>TOTAL</b>	<b>133,475</b>

\* School kits and note books worth \$38,480 were funded by UNICEF to supplement the above supplies.

## **WHO**

The main activities with CERF-funding: I) Vaccination campaign in three rounds one month apart; II) Measles campaign for all children from 9 month to 15 years; III) Provision of Emergency Medical kits; and IV) Provision of diagnostic equipment.

### **One. Vaccination campaign**

#### **1. Implementation:**

The main implementing partner for WHO is the Ministry of Public Health and Population (MoPH and P), which was also the case in using the CERF funding too.

- (a) The added value of the partnership with MoPH and P was that, in addition to their contribution in supplying the vaccines and safety injection devices for the campaign, they were able to reach the normally unreachable children in the remote villages of the governorate.
- (b) As it was clear that due to the conflict, most of the health services were suspended for more than six months in 2007 and therefore, the routine Expanded Programme of Immunization (EPI) coverage of OPV3/Penta3 reduced to 56 percent.
- Three rounds of a vaccination campaign, one month apart, were implemented in the last quarter of 2007. The cost of this campaign was US\$ 60,000 as allocated in CERF.
  - During the campaign, all the 15 districts of Sa'ada governorate were reached except four (4) Ozlas (sub-districts) due to insecurity in this area.
  - The campaign was conducted through two strategies: (1): Outreach vaccination sessions through 172 vaccinators in the 86 health facilities. The sessions conducted in the nearby villages which are of distant less than 3 Km. (2) Forty five mobile teams which moved to all remote villages. Totally, 443 vaccination sessions were conducted during the campaign.
  - All children less than one year were targeted in the campaign and all routine vaccines were given in addition to tetanus vaccine which was given to Child Bearing Age Women (CBAW). Vitamin A was also administered to children with the 1<sup>st</sup> and 2<sup>nd</sup> dose of measles.

All health workers who participated in the campaign were well trained. There were two supervisors in every district. Four efficient central supervisors assisted in the campaign beside the 5 governorate supervisors.

(c) Partners roles:

The MoPH and P secured the needed vaccines and safety injection devices.

WHO assisted in developing the format of the micro plans and preparing guideline for developing the micro plans. Moreover, WHO assisted in reviewing the micro plans which were prepared by the district supervisors. WHO, through MoPH and P, paid the per-diem of the teams and supervisors in addition to paying for renting the vehicles of the mobile teams. The total cost of the operation, which was paid by WHO was around US\$ 60,000.

Local Community leaders at the village level and school teachers were involved in mobilizing the parents through encouraging people to vaccinate their children by demonstrating the importance of the vaccination in preventing their children from the dangerous disease.

## 2. Results:

(a) Major activities

1. Detailed micro plans were developed at the district level and health facility level by their supervisors. The micro plans included the composition of the teams and a map for every mobile team identifying the villages to be covered during the campaign. In addition, plan of vaccine and safety injection devices supply was also developed.
2. A meeting for district supervisors was convened two days before commencing every round. During the meeting, the micro plans were reviewed and then all supervisors received their supply of vaccine and safety injection devices in addition to their budget.

3. Refreshing training courses were conducted to all vaccinators in the governorate. Moreover, a course for district supervisors was conducted to train them on Mid-Level Management Modules which are 11 WHO modules on EPI.
4. Safety injection practices were applied through the use of auto-disabled syringes and safety boxes for collecting the used syringes and burning them in order to avoid any possible transmission of communicable diseases through the used syringes.
5. Review meeting for the district supervisors was convened after every round of the campaign to collect and analyze the results.

(b) Outcome of the campaign

- I. The main outcome of the campaign is that coverage of the 3<sup>rd</sup> dose of Pentavalent and Polio vaccine increased to 82 percent comparing with 56 percent annualized coverage attained till September just before the campaign.

During this campaign, (6,457), (5,483) and (4,817) children were vaccinated with the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> doses of Pentavalent and polio vaccine respectively. The coverage increased to 92 percent, 87 percent and 82 percent for the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> doses of pentavalent and polio vaccine respectively.

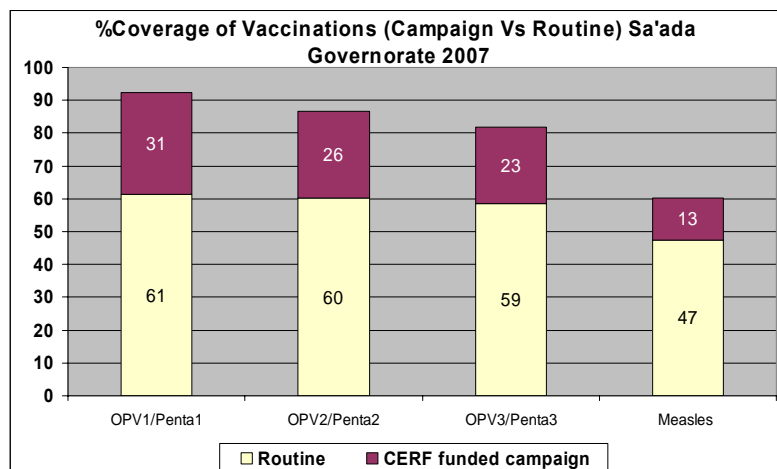
Measles coverage increased by 13 percent and reached 64 percent. Vitamin A was also administered to 1,520 children.

The following table shows the results of the campaign comparing with the total routine vaccinations for children less than one year:

Table (1) demonstrates the result of the vaccinations in 2007 comparing routine vaccinations with CERF funded campaign:

Vaccinations	Target (children <1 yr)	Pentavalent3/OPV3 vaccine						Measles 1 <sup>st</sup> dose	
		1 <sup>st</sup> dose		2 <sup>nd</sup> dose		3 <sup>rd</sup> dose		No.	%
		No.	%	No.	%	No.	%		
Routine	20758	12730	61 %	12509	60 %	12176	59 %	9775	47 %
CERF Funded Campaign	20758	6457	31 %	5483	26 %	4817	23 %	2753	13 %
Total	20758	19187	92 %	17992	87 %	16993	82 %	12528	60 %

Chart (1) shows the coverage of all antigens by routine and CERF funded campaign:

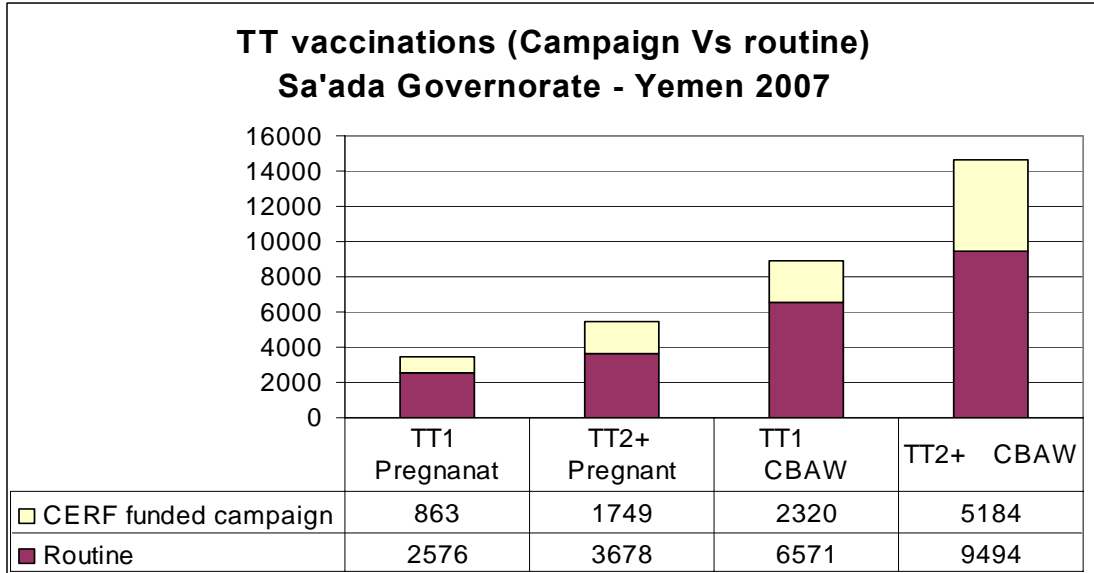




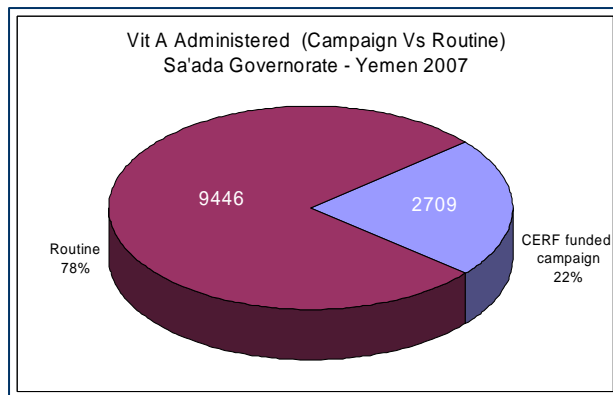
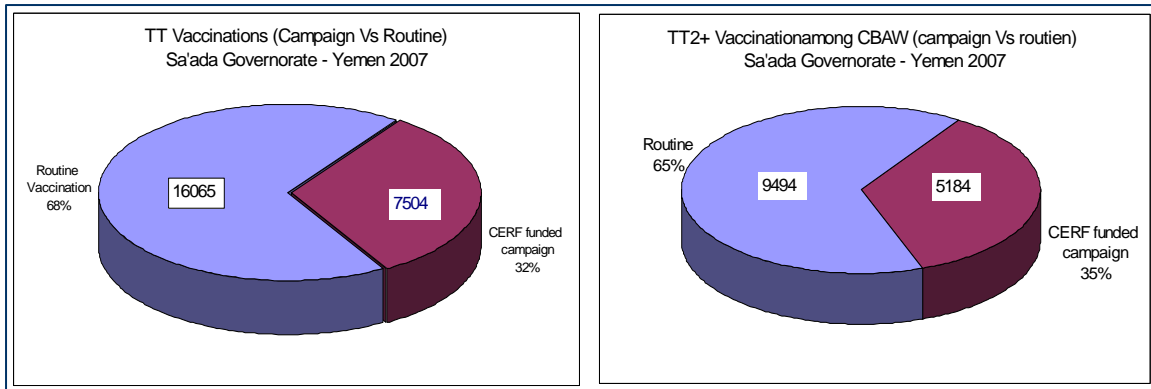
**3. Tetanus vaccine also was given to child-bearing age women.**

Some 7,504 (35 percent) Women were vaccinated in the CERF funded campaign while 16,065 women (65 percent) were routinely vaccinated. The campaign attributed by 35 percent of the total coverage of the TT2+ among CBAW.

The following charts show the detailed result of TT vaccinations:



**4. Vitamin A was also given to the children during the campaign: 22 percent of the total Vitamin A given was attributed to the campaign as in the following chart:**



**(a) Impact of the vaccination campaign:**

As per the above table, CERF funding played essential role in boosting the immunization coverage to 82 percent. The most important part of the campaign was that also covered to the hard-to-reach children where there was no health facility. By increasing the routine vaccination coverage in all over the governorate, the immunity of the community has been raised to the extent that prevent from occurring any killer outbreak of the vaccination-targeted diseases like measles or Haemophilus Influenza diseases.

Monitoring and evaluation of the campaign

As mentioned before, there were 30 supervisors at the district level in addition to 5 supervisors at the governorate level and 5 central supervisors. All of them used a unified supervisory checklist.

The vaccinator teams register name of vaccinated children in a long-lasting logbooks which were kept for tracing defaulters. The vaccinators also used the tally sheets from which they prepare their final reports. Every child was given a long-lasting immunization card in which all doses given are registered.

The teams' supervisors compile all the result of their teams in one report. The district supervisors compile all the reports of all teams' supervisors to prepare their district report which will be part of the governorate (campaign) report.

**Two. Measles Campaign:**

Due to the suspension of health services during the civil conflict, the immunity gap against measles substantially decreased, so five lab-confirmed cases were registered in Sa'ada out of only 13 cases in all over Yemen. The national catch-up campaign, conducted in 2006, resulted in dramatic decrease of measles cases from around 30,000 estimated cases to 13 lab confirmed cases. Since Yemen committed to the regional goal of eliminating measles from EMRO by 2010, MoPH and P decided to conduct local campaign in around 75 districts including all 15 districts of Sa'ada governorate. WHO has realized the need to fulfill the immunity gap therefore measles campaign was one of the main activities proposed in CERF application.

**1. Implementation:**

(a) As usual, the main implementing partner for WHO in conducting this campaign was the Ministry of Public Health and Population (MoPH and P). Many of the ministries and sectors were important partners like: Ministry of Education, Ministry of Religious Affairs, and Ministry of Information. UNICEF also was an important partner to complete this activity.

(b) The added value of the partnership: The wide range of partners played crucial role in the success of this campaign:

MoPH and P: organized the campaign and the HWs reached all districts of the Sa'ada. MoPH and P could also distribute the vaccines and the safety injection devices to all areas. MoPH and P also supported all social mobilization activities. MoPH and P succeeded in securing strong political commitment which was reflected by the wide range of ministries which participated in the campaign. Moreover, the launching of the campaign was made by the head of Shoura Council.

WHO assisted in preparing all technical issues for the campaign including the micro plans, guidelines, training and monitoring and evaluation.

WHO also supported the campaign in Sa'ada with \$ 96,000 as operational cost.

UNICEF also played an essential role especially in securing the vaccine with cost of around US\$70,000.

Ministry of Education: played essential role through assisting in organizing the vaccination in all 694 schools. All headmasters were actively involved in organizing the vaccination session in the schools. In addition, the teachers and students were very influential messengers to the parents to vaccinate their children.

Ministry of Information: played a very important role in announcing the campaign and increasing the awareness on the measles vaccination through all the mass media and local radios.

Ministry of Religious Affairs: The religious leaders played a very essential role through inviting parents during the praying times to vaccinate their children.

Governor and local councils at the governorate and district level played essential role in supervision and facilitating the work of the teams especially in the rural areas.

(c) The campaign conducted in the period 24-29 Nov 2007.

- The total target was 304,444 children from 9 months to 15 years. All districts were reached.

- 932 HWs participated in the campaign. 86 teams' supervisors and 60 district supervisors from the health Office and education Office participated in the supervision. In addition, two members of the local council in every district also participated. There were 6 supervisors at the governorate level including one member from the local council.

- 694 schools in all over the governorate were visited by the teams for vaccination.

- 84 vehicles were used to reach all rural areas.

- The vaccination was conducted in the fixed sites, schools and mobile teams in the rural areas.

- Vitamin A was given to children from 9 months to 5 years with total of 109,411 children

## **2. Results:**

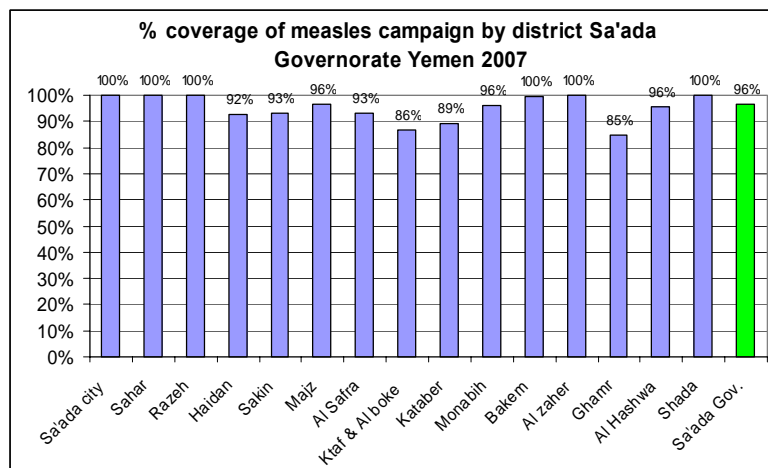
### **(a) Major activities:**

1. A partners' coordination meeting was convened to discuss the preparations and allocate the role of every sector.
2. A meeting was convened for all governorate and districts. Micro plans were reviewed and approved. Participants from all related sectors attended the meeting especially the health and education high officials.
3. The micro plans included the health workers, vaccine supply, social mobilization activities, supervision activities and list of the villages for every team in addition to sketch maps designed well and used by all mobile teams which helped in avoiding the overlapping and missed areas mainly in borders between the districts.
4. Another coordination meeting at the governorate level was conducted for the district supervisors from all related sectors.
5. Practical training was conducted for all HWs. 20 minutes training film was produced on video tape and CD and used in all training courses.
6. A comprehensive plan for waste management was prepared and properly implemented. Safety injection practices were applied through the use of auto-disabled syringes and safety boxes for collecting the used syringes and burning them in order to avoid any possible transmission of communicable diseases through the used syringes.

7. A comprehensive plan for social mobilization was prepared and implemented. Social mobilization was extremely effective. All avenues to inform the public about the campaign were used appropriately. Messages regarding the campaign were broadcast on the radios. Spots and interviews with health authorities were regularly showed on TV. Megaphones were mounted on the mobile teams' vehicles to reach remote communities. Messages were announced in mosques. Posters were available in city streets and in most fixed posts. Banners were visible in cities main streets (4 big banners per district). Knowledge about the campaign purpose, dates, complications of measles and targeted age-groups was very high in both the urban and remote rural communities visited.
8. Adverse Events Following Immunization (AEFI) was implemented during the campaign. All health workers were trained on reporting while supervisors were trained on investigation the cases. No serious cases of AEFI took place in the campaign.

**(b) Outcome of the campaign**

- I. The total coverage attained at the governorate level was high-- 96 percent. All district attained coverage of more than 90 percent except three districts attained between 85 percent to 90 percent.



- II. The vaccine wastage was 8 percent which reflected good quality of the usage of the vaccine.
- III. The total coverage of Vitamin A was 99 percent for children from 9 months to 5 years.

**(c) Impact of the vaccination campaign:**

The immunity gap which occurred due to low routine coverage has been closed through the high attained coverage during the campaign even at the district level. No confirmed measles case was registered after the campaign although of setting good case-based surveillance. The governorate also was provided from CERF funding with ELISA Machine to test the measles cases. In addition, blood sample transport from the villages to the governorate and then to the capital were allocated CERF funding also.

According to the result of this campaign we can expect that no measles outbreak will occur in the near future. Routine immunization needs to be maintained at high coverage of measles doses.

**(d) Monitoring and evaluation of the campaign:**

Booklets were provided to each vaccination team for recording campaign related activities (daily tally sheet, supervisors' visits signature, name of school absentees). Daily reports prepared by all level supervisors were sent to the central operational room which in its role compiled the daily vaccinated children and sent official feedback to the governorate on the shortcomings to be avoided in the next day.

Many levels of supervision were in place. A daily briefing of national supervisors was chaired by the DG of the governorate health office.

### **Three. Provision of emergency medical Kits**

#### **1. Implementation:**

The main implementing partner for WHO in this part was also the Ministry of Public Health and Population (MoPH and P),

(a) The added value of the partnership with MoPH and P in the case of supplying emergency medical kits was that they contributed with their own resources some of the supplies, which were procured locally. Also the transportation of the kits to the site, which is usually difficult was done by the MoPH and P.

#### **2. Results:**

The following emergency medical kits were procured through the CERF and they worth US\$ 168,600.

No.	Type of kits	No. of kits
1.	WHO New Emergency Health Kit (To treat 10,000 patients for 3 months for common diseases)	5
2.	Italian Emergency Kits (Kit A, Kit B)	3
3.	Italian Emergency (Kit D and Kit F) Diarrhea Profile	4

Most of the above supplies were ordered internationally, but some of it, especially the Italian Emergency Kits (Kit A) were procured locally and delivered to the Sa'ada Health Office for further distribution.

#### **3. Provision of diagnostic equipment:**

1. An ELISA machine, which is sophisticated diagnostic equipment, was provided to Al-Jamhori government hospital in Sa'ada to enable them conduct the lab tests for Measles, AIDS and Malaria.
2. Also, the hospital staff received training in the use of Eliza machine.
3. Cost for proper transport for lab samples was supported to get them from the suspected cases in its location to the governorate and then to the capital for quality control.

## V. Lessons learned

### Rapid Response – Locust Outbreak

The rapid release of the funds provided under the CERF instrument facilitated quick and timely mobilization of national and international resources to assist the Government of Yemen in its efforts to contain the Desert Locust threat. In June 2007, FAO briefed the Minister of Agriculture and Irrigation, the Deputy Minister and the Permanent Representative of Yemen to FAO on the seriousness of the situation and immediate actions were recommended and subsequently implemented. Shortly thereafter, the Minister declared state of emergency and addressed an official request to FAO for emergency support for controlling the Desert Locust outbreak. Finally, FAO submitted a project proposal of US\$ 2.4 million to CERF through the FAO Representative and the UN Resident Coordinator in Yemen, which was approved by the CERF Secretariat.

Although the control operations started two weeks later than targeted, due to the insecurity which caused a delay in the mobilization of the aircraft, the control operations had a significant impact on reducing locust populations. From early August to late September, nearly 30 000 litres of chemical pesticides were used to treat an estimated 30 000 ha of infestations that would have formed a significant number of swarms. The equipment remaining from the summer campaign is sufficient to cope with possible locust outbreaks in the winter season 2007-2008.

During the summer campaign in Yemen new approaches in managing the locust threat were attempted. Besides the response instrument provided under CERF, there was close collaboration with WFP not only in logistical aspects such as airlifting pesticides from Mauritania, secondment of one WFP logistician to the campaign and leasing of ten fully equipped 4WD vehicles, but also in the assessment of the vulnerability of rural populations at risk. This experience with WFP has proved to be very encouraging and will be further explored for future Desert Locust emergencies.

Challenging and new experiences have been made in the implementation of the project OSRO/YEM/701/CHA. The international consultants and FAO staff who visited Yemen during the project period proposed several important recommendations which should be considered in future Desert Locust emergency operations:

- I. Fast-moving and dynamic transboundary threats to the food chain such as the Desert Locust require flexible and regional funding within a broader emergency response system. In consultation with the donor community FAO should look into the possibility of setting up regional emergency response funding mechanisms that could be accessed quickly and used according to the movements and spreading of the threat. This would significantly reduce the likelihood of humanitarian crises due to bio-threats and the costs for emergency operations.
- II. Collaboration with WFP in various logistics questions should be further strengthened. Provided the agreement from the donor, FAO should make use of the WFP's infrastructure to preposition materials essential in locust operations such as pesticides, sprayers, vehicles and communication equipment, which could be used region-wide and not country specific. Amongst others, this would allow flexible, more rapid and targeted response to the actual needs and avoid oversupply of chemical pesticides and hence the danger of accumulating obsolete pesticide stocks.
- III. Funds should be made available to carry out risk and vulnerability assessment surveys in the onset of a Desert Locust emergency.
- IV. FAO should be made better aware of the requirements and their role in the process of a streamlined emergency response system.
- V. The national authorities should clearly define the chain-of-command during periods of increased locust activities so that everyone is informed of his task and responsibilities. The

Locust Directors should delegate campaign tasks and to concentrate more on strategic issues of the campaign.

- VI. The national Locust Control Units should take more care of training additional staff who could be kept on standby and attached to the field operations, in advance. The Directors of the national Locust Control Units should also insure permission to move seconded staff can be moved anywhere in the country if required.
- VII. Before aerial control operations are being considered, the national authorities should allow unrestricted use of airspace.
- VIII. The national governments should ensure that the locust management is being strengthened by sufficient support staff (secretary, administrative officer, accountant etc.) and funding during periods of increased locust activities.
- IX. Bio-pesticides should be preferably used for locust control in restricted or ecological sensitive areas and local communities should be informed in advance of such operations.\
- X. The Directors of the national Locust Control Units should ensure daily briefing with Locust Information Section to obtain an overview of the locust situation and the locations of the field teams.
- XI. FAO should continue lobbying for full structural and financial autonomy of the Locust Centres to ensure regular locust surveys and monitoring.

### **Rapid Response -- Assistance to the population in Sa'ada**

#### **UNICEF**

It was very important to bring together all those who are involved in the WASH sector such as YRC, ICRC, General Authority for Rural Watersupply Projects (GARWP) so that field experiences and resources could optimally be utilized. This includes agencies and local people who know the situation in the locality. Inputs from different entities complement each other.

Interventions should be looked at in terms of cultural and security aspects, particularly to make it gender sensitive and child-friendly. Good example of that is designing and locating latrines in places to be safe and accessible by women and children at all times,

Involving the relevant sectors at central level such as the Ministry of Education facilitated the release and the disbursement of the supply items to Sa'ada. Close cooperation with MoE at central level in this area assisted in looking for ways to speed up the re-enrolling the IDP children in Sa'ada IDP camps as well as the other affected areas.

The psycho-educational activities demonstrated the need and the demand of the IDP children to be engaged in constructive daily activities. The request to continue such activities for the children was strongly expressed by the families of the IDP children. Also the families of newly arrived or returned IDP children who were not in the initial group communicated their interest. These demands were also backed up by governorate officials, including the governor who paid several visits while the efforts were ongoing. Therefore, further coordination to conduct more recreational activities and informal education will be focus for the next months.

The local authorities needs to be strengthened and assisted in formulating concrete plans to offer formal education in the camps for IDP children and organize special acceleration programs in order for them to enroll in the regular schools when the next academic year starts.

#### **WHO**

Due to the security situations, the needs assessment was not comprehensive in all over the governorate. However, the two joint missions (UN and the Government) to Sa'ada city were fairly enough to draw inferences of the situations and the estimation of the urgent needs.

Strong political commitment and community involvement in all activities gives strong impetus for the successful implementation of activities.

Building wide partnership among national and international is very important to get activities conducted in high quality and on timely manner.

Inter-sectoral coordination and collaboration is very crucial to smoothly conduct activities and avoid any duplication of work which save time and allow proper use of the limited fund available.



## VI. Results

Sector/ Cluster	CERF projects per sector (Add project nr and title)	Amount disbursed (\$)	Number of Beneficiaries (by sex/age)	Implementing Partners	Expected Results	Actual results and improvements for the target beneficiaries
<b>Combatting Desert Locusts</b>	OSRO/YEM/7 01/CHA  “Emergency Response to Desert Locust outbreak in remote and insecure of interior Yemen”	2,400,000	All affected areas/ governorate s across the country	World Food Programme, Ministry of Agricultre and Irrigation	<ul style="list-style-type: none"> <li>Complete control of desert locust outbreak</li> </ul>	<ul style="list-style-type: none"> <li>With the complete control of desert locust outbreak, the farmers of Yemen were able to secure their crops and feed their livestock. Hence securing and improving their livelihood and thus achieve a reasonable degree of household food security and consequently national food security.</li> </ul>
<b>Nutrition</b>	Community therapeutic care to the Yemeni IDP under five children in response to Sada'a conflict	352,978.86	18,000 under five Yemeni child	Sa'ada Governorate Health Office, The Charitable Society for Social Welfare (CSSW)	<ul style="list-style-type: none"> <li>To help to reduce acute severe and moderate malnutrition for under five children and pregnant/lactatin g women</li> <li>To consolidate and expand the screening system for moderate malnutrition in the community, health units and centers in the</li> </ul>	<ul style="list-style-type: none"> <li>All required supplies including nutrition measuring tools, medications and therapeutic food were procured and delivered to the affected areas,</li> <li>7 physicians were trained as trainers,</li> <li>39 health workers were trained and assigned to give complete nutritional care for children in the IDP camps,</li> <li>50 volunteers were trained on screening and orientation of mothers on malnutrition and exclusive breastfeeding for under 6 months,</li> <li>6 OTP were established in the camps and non camps areas</li> <li>Ongoing situation analysis to elaborate more on the other areas where IDPs are still on the move.</li> <li>1,500 U5 child were targeted in the</li> </ul>

<sup>2</sup> OTP: Outpatient therapeutic program

<sup>3</sup> TFC: Therapeutic Feeding Center

					<p>affected areas.</p> <ul style="list-style-type: none"> <li>▪ To continue supporting and reinforce local capacity of health workers in the health centers and hospitals in the affected areas on management of acute severe malnutrition. Establishment of OTP<sup>2</sup>, TFC<sup>3</sup></li> </ul>	<p>Camps,</p> <ul style="list-style-type: none"> <li>▪ 151 children were referred to OTP facilities,</li> <li>▪ 17 children U5 of severe malnutrition referred to OTP and TFC,</li> <li>▪ 102 children screened in the 2nd stage at health facilities,</li> <li>▪ 174 of acute malnourished children were treated.</li> </ul>
<b>Water and Sanitation</b>	Emergency requirements in Water and sanitation sector for affected population in response to Sa'ada conflict	91,330.46	4,235 IDPs in 605 families in two Sa'ada camps	The Yemeni Red Crescent (YRC)	<ul style="list-style-type: none"> <li>▪ The affected population are served by adequate water and sanitation services,</li> <li>▪ They are well informed on the appropriate hygienic practices</li> <li>▪ Appropriate technologies and interventions are addressed.</li> </ul>	<ul style="list-style-type: none"> <li>▪ 4-day training workshop was conducted for 24 YRC volunteers (12 men and 12 women) on communication tools and basic health and hygiene practices. The trainees are working in the camps to educate IDP families and to help them prevent water and sanitation related illness. This is part of a package to maximize the benefits of improved water and sanitation facilities.</li> <li>▪ 32 latrines (latrines with shower) and 5 washing basins were constructed in two camps of Al-Anad and Sam camps. These latrines were located in carefully selected places easily accessible by women and children and exclusively devoted for their use in order to secure safe access at all times.</li> <li>▪ Installation of one 20 cubic meters collapsible tank for a village in Bani Muath area outside Saada town to provide safe drinking water for the affected families.</li> </ul>

<b>Education</b>	Educational support for Sa'ada governorate	103,789.91	40,000 school students, 400 displaced children and 1706 children in destroyed schools.	<ul style="list-style-type: none"> <li>• Sa'ada Education Office,</li> <li>• Sa'ada Women Charitable Association,</li> <li>• Islamic Relief.</li> </ul>	<ul style="list-style-type: none"> <li>▪ To assist the education authorities with immediate actions such as providing temporary schools (30 school in box and 19 tents )for students in destroyed schools</li> <li>▪ To provide 40,000 students in affected areas with school kits and stationery</li> <li>▪ To provide psycho-educational activities for affected children in the DIP camps</li> </ul>	<ul style="list-style-type: none"> <li>▪ The following supplies were provided; <ul style="list-style-type: none"> <li>○ 30 school-in-a-box kit for 80 students each</li> <li>○ 65 Recreation kits</li> <li>○ 50 ECD kits</li> <li>○ 13,993 School bags for students</li> <li>○ 35 Rectangular Tent,</li> <li>○ 160,000 notebooks</li> </ul> </li> <li>▪ The education office capacity to cope with the emergency was supported to provide education for all affected children in Sa'ada.</li> <li>▪ The psycho-educational activities have resulted in a giving hope for the IDP children for the first time since they and their families were displaced to Sa'ada.</li> </ul>
<b>Health</b>	07-WHO-049 Emergency requirements in health sector for Sa'ada governorate	415,973	1,028,333 = Total beneficiaries ----- --- 318,800 = 9 months-15 yrs children, target for	Ministry of Public Health and Population (MoPH and P)/ Yemen	<ul style="list-style-type: none"> <li>▪ Health sector response based on identified needs and gaps;</li> <li>▪ Targeted children and CBA women protected against vaccine-preventable diseases;</li> <li>▪ Improved health</li> </ul>	<ul style="list-style-type: none"> <li>▪ Three rounds of vaccination campaign, one month apart, were implemented, covering totally (19,187), (17,992) and (16,993) children with the 1st, 2nd and 3rd doses of pentavalent and polio vaccine and increasing the coverage to 92 percent, 87 percent and 82 percent for the 1st, 2nd and 3rd doses of pentavalent and polio vaccine respectively.</li> <li>▪ 304,444 children from 9 months to 15 years were reached with measles</li> </ul>

			<p>measles vaccine 14,500 = under 1 children target for routine EPI 695,033 = target population for medical supply (Male / Female Ratio = 49/51)</p>		<p>sector coordination at governorate level;</p> <ul style="list-style-type: none"> <li>▪ Outbreaks of communicable disease early detected and responded to;</li> <li>▪ Improved access to basic health care for the population</li> </ul>	<p>vaccine,</p> <ul style="list-style-type: none"> <li>▪ Vitamin A was given to 109,411 children of age from 9 months to 5 years.</li> <li>▪ For treatment of casualties and other emergency related health conditions, Emergency Health Kits were provided to Sa'ada governorate as the following: <ul style="list-style-type: none"> <li>▪ 5 WHO New Emergency Health Kits</li> <li>▪ 3 Italian Emergency Kits (A and B)</li> <li>▪ 4 Italian Emergency Kits (D and F) diarrhea profile</li> </ul> </li> <li>▪ Provision of a multipurpose diagnostic equipment (ELIZA machine), enabling the health authoring for rapidly carrying out different test at the governorate level, saving them time and transportation cost.</li> <li>▪ Improved coordination among the various sectors in response to emergencies.</li> </ul>
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## **CERF IN ACTION: Success stories with photographs**

### **Water and Sanitation**

*Emergency requirements in water and sanitation for affected population in response to Sa'ada conflict*



The number of latrines in the two Sa'ada IDP camps was limited. The women and children were not able to go at night to the latrines due to darkness and inappropriately located latrines far from IDP tents. Women were forced to wait until next morning to use latrines and children to do it near the tents. UNICEF agreed with the YRC to build 32 latrines and 5 washing basins in the two IDP camps of Sa'ada town to be carefully located close enough from the IDP tents and to be for the exclusive use of women and children.

Some 32 latrines (latrines with shower) and five washing basins were constructed in the two camps of Al-Anad and Sam. These latrines were located in places easily accessible by women and children and exclusively devoted for their use in order to secure safe access at all times. This was accompanied by hygiene promotion activities to improve the cleanliness of the camps and promote personal hygiene.

### **Education: Psycho-educational activities for the IDP children**

Sa'ada Women's Charitable Association was contracted to conduct psycho-education activities for the IDP children in Sa'ada IDP camps. The psycho-education activities were implemented for 400 children (200 boys and 200 girls) during the month of February 2008.



The activities targeted the IDP children from two main camps (Al-Anad and Sam camps) as well as other IDP children in Sa'ada city



## Measles Campaign

It's worth mentioning that during the measles campaign and vaccination campaign 2,194 villages were reached.

The total routine coverage with the third dose of Pentavalent and Polio vaccine increased to 82 percent from 56 percent before conducting the campaign. Around quarter of the total coverage was attributed to the total coverage.

During the vaccination campaign: 7,504 women were vaccinated against tetanus which protect against Maternal Neonatal Tetanus. Some 35 percent of the TT2+ was attributed to the total vaccinations of TT2+.

During the measles campaign, 306,118



The emergency medical kits in the MOH stock in Sa'ada governorate



Staff of the Sa'ada hospital being trained in the use of Eliza machine

children were vaccinated with measles vaccine. In addition, 109,411 children were given Vitamin A which will increase the general immunity among children.

The provision of the emergency medical kits covered the urgent needs of the health facilities in terms of both medicines and equipment.

The provision of diagnostic equipment (Eliza machine) enabled the health authority to carry out most of the diagnostic tests including Measles, HIV/AIDS, Malaria, etc. in the governorate for quick decision making, saving them time and resources.