



United Nations

**CENTRAL  
EMERGENCY  
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

**RESIDENT / HUMANITARIAN COORDINATOR  
REPORT ON THE USE OF CERF FUNDS  
YEMEN  
UNDERFUNDED EMERGENCY ROUND I 2014**

**RESIDENT/HUMANITARIAN COORDINATOR**

**Johannes Van Der Klaauw**

## REPORTING PROCESS AND CONSULTATION SUMMARY

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

*Due to the escalating conflict in Yemen, the UN was evacuated out of the country before the last grants expired in March. The CERF Secretariat exceptionally agreed to a process where project reports are collected directly from the recipient agencies.*

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

YES  NO

*The final report was shared with the Humanitarian Country Team (HCT) on 4 July, ahead of the 6 July HCT meeting, and all comments were integrated in the version that was submitted to the CERF Secretariat on 8 July.*

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

YES  NO

*The full report was shared on 15 June 2015 with the CERF recipient agencies, cluster coordinators and the Humanitarian Country Team for comments and approval.*

## I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total amount required for the humanitarian response: 592,000,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	13,897,833
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	19,312,078
	OTHER (bilateral/multilateral)	370,831,171
	<b>TOTAL</b>	<b>404,041,082</b>

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US\$)			
Allocation 1 – date of official submission: 21-Feb-14			
Agency	Project code	Cluster/Sector	Amount
WHO	14-UFE-WHO-014	Nutrition	340,463
WHO	14-UFE-WHO-013	Health	1,797,300
WFP	14-UFE-WFP-015	Coordination and Support Services	519,057
WFP	14-UFE-WFP-014	Nutrition	980,244
UNICEF	14-UFE-CEF-031	Water, Sanitation and Hygiene	1,988,756
UNICEF	14-UFE-CEF-030	Nutrition	1,169,679
UNICEF	14-UFE-CEF-029	Protection	666,666
UNHCR	14-UFE-HCR-010	Protection	666,664
UNFPA	14-UFE-FPA-011	Protection	666,611
UNFPA	14-UFE-FPA-010	Health	602,396
UNDP	14-UFE-UDP-002	Mine Action	1,500,000
IOM	14-UFE-IOM-012	Water, Sanitation and Hygiene	600,000
IOM	14-UFE-IOM-011	Health	600,000
FAO	14-UFE-FAO-007	Agriculture	1,799,997
<b>TOTAL</b>			<b>13,897,833</b>

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of implementation modality	Amount
Direct UN agencies/IOM implementation	7,520,432
Funds forwarded to NGOs for implementation	2,770,436
Funds forwarded to government partners	3,606,965
<b>TOTAL</b>	<b>13,897,833</b>

## **HUMANITARIAN NEEDS**

In 2014 an estimated 14.7 million people – 58 per cent of the population of Yemen – were affected by the humanitarian crisis and in need of some form of humanitarian assistance. Lack of development and poor governance, environmental stress, demographic pressure and continued political instability, including conflict contributed to vulnerability. This included extreme poverty – 54 per cent of Yemenis lived in poverty, underpinned by limited livelihoods opportunities that caused food insecurity for more than 10 million people, of which 4.5 million were severely food insecure (WFP, 2013). Malnutrition affects Yemenis throughout their lives, with half of Yemeni children being chronically malnourished. An estimated 1,058,000 Yemeni girls and boys under five years of age were suffering from acute malnutrition, of whom 279,000 (26.5 %) were suffering from severe acute malnutrition (Unicef, Ministry of Health 2013). The mortality rate for children under the age of five was estimated to be 60 per live births, by far the highest in the Middle East. The lack of access to health care, early pregnancies and inadequate birth spacing had led to the highest maternal mortality rate in the region at 200 per 100,000 live births (WHO, 2013).

Lack of basic services, weak state authority, dwindling natural resources and poor resource management also contributed to the underlying drivers of vulnerability in Yemen. About 13 million Yemenis had no access to improved water sources or sanitation, with rural areas worst affected (Ministry of Water and the Environment 2013, Unicef 2012). Yemen is the seventh most water scarce country globally, with water resources diminishing rapidly. The highland areas are the most water scarce. Further, some 8.6 million people lacked access to adequate basic health care. A problem compounded by lack of qualified staff and adequate equipment (Ministry of Health, WHO 2013). The provision of basic services was poor before the crisis in 2011 and has sharply deteriorated in most areas in the period since. Provision of basic services was particularly poor in conflict-affected areas in the north and the south of the country.

Political instability and conflicts both within Yemen and in the region have led to large-scale displacement. The conflict in Abyan in 2011-12 forced around 200,000 people to flee their homes. Nearly all of these people have returned but were struggling to re-establish their lives due to lack of livelihoods opportunities, mines and unexploded ordnance, as well as lack of access to basic services and protection under the rule of law. Fighting in 2013 displaced thousands of people in the north in Hajja, Amran, Sa'ada and Al Jawf. Many of these displacements were limited duration, but fighting had also affected more than 300,000 people already displaced in these areas. The number of refugees and migrants arriving in Yemen dropped significantly from 107,000 people in 2012 to 65,000 in 2013. Serious concerns remained about human rights violation against migrants, including trafficking and exploitation. There were some 243,000 registered refugees in Yemen, the majority of who were from Somalia. Asylum seekers, refugees, migrants and internally displaced persons (IDPs) were at high risk, with women and girls being particularly vulnerable. The child protection sub-cluster estimated 5 million children lived in areas where grave child rights violations were occurring (including physical injury from mines/unexploded ordnance, sexual exploitation and attacks on schools).

The situation of women and girls was of concern. The World Economic Forum's Gender Gap Index consistently ranks Yemen last of the countries it surveys looking at women's access to health, protection, income and education. It is clear that gender is a key determinant of vulnerability and addressing gender was, therefore, one of the strategic objectives of the 2014-2015 Yemen Humanitarian Response Plan.

## **II. FOCUS AREAS AND PRIORITIZATION**

A total of 7.6 million people were targeted for assistance in 2014. The highest priority humanitarian needs amongst vulnerable people were food and nutrition, livelihoods opportunities, water, sanitation and health services and protection of IDPs, refugees, migrants and other vulnerable groups, in particular children and women. These needs also included protection from mines and unexploded ordnance. Based on the relevant needs assessment findings (see data in section 1), the following humanitarian response was prioritised for CERF funding:

WFP's July 2013 Food Security Monitoring Survey (FSMS) indicated that some 4.5 million Yemenis were severely food insecure and 6 million were moderately food insecure, with 80% of food insecure households indebted, many were very vulnerable. It also found that 50% of the population had a poorly diversified diet, which combined with negative consumption measures likely to increase macro and micro nutrient deficiencies. Whilst food support was well funded in 2013, support to conflict affected people to re-establish livelihoods was critically low. Particularly support for agricultural interventions that would enable returning IDPs to re-establish livelihoods, improving their food security and the nutritional status of their children was critically underfunded.

There were more than one million acutely malnourished children in Yemen, of these around a third severely acutely malnourished and in urgent need of life-saving assistance. The governorates of Hudaydah and Hajjah were of particular concern as Global Acute Malnutrition (GAM) levels were rising to above 30% (double the emergency threshold of 15%) according to the latest Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys. A large number of acutely malnourished children did not receive the support they needed last year, putting them in danger of becoming severely acutely malnourished. Interventions designed to address malnutrition

included water and sanitation activities to reduce the impact of waterborne disease. It also included health and food interventions in the worst affected areas. More than half of Yemenis were not able to access safe water and sanitation services, leading to increase in risk of disease prevalence/morbidity. Water, Sanitation and Hygiene (WASH) interventions were aimed at reaching out to IDPs, returnees, refugees, migrants and host communities in the worst affected governorates.

Political instability and civil unrest in the country had reduced the capacity to deliver quality health care services. Service availability and readiness in the conflict areas was reduced to a bare minimum and the situation compounded by chronic underdevelopment throughout the country. An estimated 8.6 million people were without access to basic health services. Interventions to improve capacity of health workers and delivery of drugs and supplies including for maternal child health were planned. These interventions aimed to increase not only access to basic health care, but also reduction of maternal morbidity and mortality.

Protection gaps were to be addressed through three approaches: first, through responsive actions addressing identified patterns of risks and abuse and preventing or alleviating their immediate effects; second, through remedial action restoring dignified living conditions through rehabilitation, restitution and reparation; third, by creating or consolidating an environment conducive to full respect for the rights of individuals through building systems (legislation, infrastructure, human resources and protocols) which would underlay protective social services. In the last six months conflict had affected tens of thousands of people in the north of the country, particularly in Amran, Sa'ada and Hajja and Al Jawf. These were areas that already have a large number of displaced people. In areas in and around Abyan, people who had returned during 2013 were still struggling to re-establish their lives. Data on population movements remained not up to date and irregular. This was to be addressed by a planned IDP registration and profiling intervention, led by UNHCR. While many IDPs had achieved some level of integration and self-reliance, about 38,000 families were in immediate need of shelter and continuous support in terms of non-food items (NFIs).

As a result of the recent successive conflicts (2010 – 2012) in Sa'dah, Abyan, Amran and Hajjah, land that was previously cleared of any explosive remnants of war are now either suspected or physically confirmed as being contaminated or re-contaminated with 0.067% of the total land area of Yemen estimated to be in need of physical mine action processes. Saving lives through mine clearance action remained a high priority in Yemen. Safe and secure access remained hinged to safe and regular air travel to the affected regions. This was to be complimented by logistical support of UNHAS on a cost recovery basis.

Based on the findings of the CERF review undertaken in 2013, OCHA Yemen was seeking to pursue complementarities between the CERF funding and the Yemen Emergency Response Fund (ERF). In 2014, the ERF allocated US\$19.3 million targeting more than 1.2 million people. One of the advantages of the ERF is that eligible Yemeni NGOs can access it directly. The ERF achieved complementarity with the CERF by providing 70 per cent of the funding through NGOs; 28 per cent went to national NGOs. The CERF funding was allocated in the first quarter of the year from the first underfunded round whereas majority of the ERF funding was disbursed and allocated in the second half of the year; a third of the funds were allocated through two call for proposals in July and December for critical life-saving funding gaps in the Yemen Humanitarian Response Plan (YHRP).

### **III. CERF PROCESS**

The prioritisation of CERF allocation was discussed in the Inter Cluster Coordination Mechanism (ICCM). The meeting identified the key underfunded sectors to be prioritised in terms of life-saving activities, as well as the geographic focus for these activities. As part of the discussions, agency capacity to implement was also discussed, including their record of CERF implementation in 2013, as well as other factors. To increase the impact of funding, it was agreed to keep focus on a limited number of sectors and activities, as well as limited geographical scope to ensure the greatest impact of the CERF allocation. The discussion around prioritisation was based on funding levels for 2013 and priorities enumerated in the 2014-5 Yemen Humanitarian Response Plan, in accordance with the guidance.

The ICCM recommended four sectors to be prioritised: health, water and sanitation, protection and nutrition in terms of the criticality of gaps in response. It was further agreed that in support of these interventions, allocations would also be made to the Logistics Cluster (humanitarian flights), the Early Recovery Cluster (mine action) and the Food and Agricultural Support Cluster (agricultural support for IDPs). It was also decided to keep a focus on conflict-affected areas, particularly areas in the north and return areas in the south. The Cluster Leads also broadly defined the key activities to be undertaken. Based on the recommendations of the ICCM, OCHA developed a draft Prioritisation Strategy paper, setting out the overall approach to best utilise the CERF funding. This Strategy was then shared with the Humanitarian Country Team (HCT).

The prioritisation paper and the broad allocation of funding were then discussed at the HCT. In addition to the comments provided during the HCT meeting, comments were received from agencies prior to the submission of the prioritization paper. The Humanitarian Coordinator (HC) made it a requirement that all CERF projects should have a Government or NGO partner, that should be involved at all stages in the project development. The HC also stipulated as a requirement that all projects should have a gender component to ensure equal access for women and girls, in line with the strategic objective of the YHRP. Both these requirements are in line with the approach

set out in the overall humanitarian response plan. Agencies were also strongly encouraged to seek complementarities and synergies between activities. Based on the overall prioritisation set out in the prioritisation paper, the Clusters then identified the specific activities that were to be undertaken. NGOs and the Government of Yemen, through line ministries, participated in the decision-making process at the Cluster level. There is also NGO participation in the ICCM and at the HCT. The Government participated actively in the YHRP process, being part of setting out the overall priorities and objectives.

The CERF allocation process was coordinated and supported by OCHA Humanitarian Financing Unit that also manages the Yemen Emergency Response Fund. The Unit's knowledge on fund management as well as established network and ERF processes benefitted the CERF prioritisation and project management throughout the grant lifecycle.

#### IV. CERF RESULTS AND ADDED VALUE

<b>TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR</b>				
<b>Total number of individuals affected by the crisis: 14.7 million</b>				
<b>The estimated total number of individuals directly supported through CERF funding by cluster/sector</b>	<b>Cluster/Sector</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
	Nutrition	14,445	16,598	31,043
	Health	1,852,120	1,768,209	3,620,329
	Coordination and Support Services	178	415	593
	Water, Sanitation and Hygiene	56,551	53,406	109,957
	Protection	341,900	380,276	722,176
	Mine Action	206,767	239,750	446,517
	Agriculture	33,580	81,200	114,780

#### **BENEFICIARY ESTIMATION**

The beneficiary estimation indicated in the report refers exclusively to the number of individuals directly reached through the single CERF allocation that was granted in response to the Yemen emergency in early 2014. The CERF funding contributed in most cases to multi-donor projects and the number of reached beneficiaries were pro-rated to the CERF based on the total reached during the reporting period. The planned figures failed however to adopt this method of estimating beneficiaries at application stage. Major discrepancy between planned and reached beneficiaries was revealed during the reporting; grant-seeking agencies had estimated 10.2 million beneficiaries and estimated having reached less than half of the planned, 5 million beneficiaries. The UNDP's original mine action project proposal erroneously indicated the amount of direct beneficiaries planned for the overall project and not exclusively related to CERF funding and therefore reached 5 million beneficiaries less than in the original proposal. UNHCR protection project had initially included an extensive IDP profiling, which would have covered a good proportion of the IDP populations; however it was reprogrammed to exclude this activity and instead focused on smaller scale assessments and protection monitoring reaching 150,000 beneficiaries less than planned. UNFPA's health project recorded 100,000 beneficiaries less than planned is due to the cancellation of the procurement process for equipment which could not be completed within the duration of the project.

The likelihood of double-counting was not a major challenge due to the single grant and the fact that the activities of the 14 projects were divided between seven sectors in multiple geographic areas. Projects that targeted households rather than individuals, were multiplied by seven corresponding to the average size of a Yemeni family. Disaggregated data was not collected in all projects and was estimated based on similar project implementation. Obtaining database inputs from third party implementing partners was a challenge and had in few instances been estimated based on annual numbers.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	Estimated Reached
Female	5,153,955	2,505,541
Male	5,091,859	2,539,854
Total individuals (Female and male)	10,245,814	5,045,395
Of total, children <u>under</u> age 5	3,906,017	1,916,844

## CERF RESULTS

In 2014, the CERF funding made possible 14 projects in nutrition, health, protection, water and sanitation, mine action, agriculture and coordination worth of US\$13.9 million through underfunded window and implemented by eight agencies in Yemen. Ten projects reached the planned number of beneficiaries and outcomes of which five projects even exceeded the initial targets with larger geographic coverage or additional activities enabled by budgetary savings. Four projects did not reach the planned beneficiary level and outcomes due to delays in the procurement, lower distribution levels, partner refusal or insufficient capacity, cancellation of key activities and erroneous inclusion of beneficiaries planned for the overall project and not exclusively related to CERF funding in the grant application. Two projects were granted a three-month no-cost-extension, one was refused and one was refused a second no-cost-extension due to the nature of CERF funding enabling response to the urgent life-saving needs. Despite of the delays and deviations, in overall the planned targets as laid out in the initial CERF application were reached.

The key outcomes achieved through CERF funding were the following:

*Nutrition:* Total of 180,205 individuals benefitted from the timely and critical funding provided by the CERF. Severely acutely malnourished (SAM) and undernourished benefited from access to expanding life-saving nutrition services and physicians and health care providers got on-job supervision and training. Integrated management of severe acute under nutrition was scaled up and the operational costs of mobile clinics supported to provide nutrition and health services for IDPs in the targeted areas, including referral services for SAM cases. Mortality was significantly reduced though the default rate was significantly higher than the target. The continued defaulting of children in the system remains a concern and requires dedicated attention, though it is likely that the difference is associated with a change in reporting. Medical supplies were provided. WHO's project was implemented as planned, while UNICEF's project reached to higher beneficiary numbers due to an added component in nutrition and hygiene education. WFP reached to 20 per cent lower delivery than planned due to 25 per cent lower tonnage of distribution.

*Health:* Total of 3,620,329 individuals benefitted from the timely and critical funding provided by the CERF. Life-saving primary health care/emergency medical services were provided reducing morbidity and mortality in high-risk governorates affected by conflict, population displacement and high disease burden. The referral system for management of complicated cases and injured individuals was maintained in place in target governorates, while health personnel / facilities and Health Cluster partners were supported to be in readiness to deal with public health risks. Effective surveillance of and rapid response to communicable disease alerts and potential outbreaks was sustained and essential medical supplies, Intravenous (IV) fluids and oral rehydration salts (ORS) were made available in target governorates. Maternal health was improved through comprehensive emergency obstetric and neonatal emergency treatment for IDPs, returnees and conflict-affected communities, training of health care professionals, provision of reproductive health services including counselling of pregnant women. IOM's project was implemented as planned, while WHO's project covered more areas than initially planned, the reason being that areas in the new governorates were identified as those with priority needs for life-saving activities, which are the core of mandate of CERF funding, due to the communicable disease burden that faced the country in 2014 including Middle East respiratory syndrome coronavirus (MERS-COV) and Dengue Fever. UNFPA's project on maternal health couldn't reach to all targeted beneficiaries because the requested No-Cost-Extension was rejected and consequently, the planned procurement activities were cancelled. The unspent amount due to rejection of the No-Cost-Extension and cancelled procurement was \$49,000, which is returned to the CERF.

*WASH:* Total of 109,957 individuals benefitted from the timely and critical funding provided by the CERF. Integrated WASH response was provided with target communities getting access to sufficient quantity and quality of potable water, properly maintained water points, safe and appropriate sanitation facilities, increased awareness of safe hygiene practices and positive public health practices. Both UNICEF's and IOM's projects reached higher number of beneficiaries than planned as a result of rehabilitation of rain water harvesting tanks and protection of open wells installed with hand pumps and high participation in the hygiene campaigns. However, the

security situation affected considerably the implementation of the IOM's activities. Therefore all the procurement was done but some delivery of hygiene kits and water tanks in Abyan will be conducted later with IOM internal funding.

*Protection:* Total of 772,934 individuals benefitted from the timely and critical funding provided by the CERF. Life-saving interventions to protect vulnerable conflict-affected were provided to the most vulnerable girls, boys and duty bearers in the high priority districts to be protected from the life-threatening consequences of conflicts. Their rights were monitored and psychosocial support services and other referrals were provided. Training of teachers, social workers and community volunteers was provided on how to avoid the risk of mines and unexploded ordnance. Needs assessments helped identify cases in need of assistance, which were responded to also through inter-agency initiatives. Finally, progress was achieved towards enhancing knowledge on the norms and obligations in relation to sexual and gender-based violence (SGBV) while Gender-based violence (GBV) referral systems were established and strengthened and a number of GBV survivors received timely and proper assistance. Targeted communities awareness of the consequences of GBV, early/forced marriage, sexual exploitation and abuse (SEA) was increased. UNICEF's project was implemented as planned while the UNHCR submitted a reprogramming request in December 2014, which was subsequently accepted. The project plan had included an extensive IDP profiling, which would have covered a good proportion of the IDP populations; however it was reprogrammed to exclude this activity and instead focused on smaller scale assessments and protection monitoring, and reaching out to people with protection concerns. UNFPA reached the project targets though recruitment of an international expert to update the GBV standard operating procedures (SOPs) could not be finalised due to security constraints that regularly delayed the issuance of a visa and the travel into Yemen and one partner rejected the collaboration leading to reduced staffing costs.

*Mine action:* Total of 446,517 individuals benefitted from the timely and critical funding provided by the CERF. New suspected hazardous areas of about 20 million m<sup>2</sup> were mapped. Some 3.6 million m<sup>2</sup> were technically surveyed and 970,000 m<sup>2</sup> were marked as minefield with the remaining 2.6 million m<sup>2</sup> released to the community. In the same areas, 830,000 m<sup>2</sup> of mine fields were cleared from the threat of landmine/ERW and freed for the use of civilians. An additional 210,000 m<sup>2</sup> are ready to be handed over to local authorities. Eight cleared mine fields (total area of 19,000 m<sup>2</sup>) were handed to the local authorities. UNDP's original project proposal erroneously indicated the amount of direct beneficiaries planned for the overall project and not exclusively related to CERF funding. The numbers indicated in the report refer exclusively to beneficiaries reached through CERF funding – which in 2014 represented about 50% of total funding received and about 20% of the funding needed for the project to operate on full scale. In addition to this, reorganisation of the project from nationally implemented to direct implementation transferred a significant amount of responsibilities back to UNDP. While the results of this revision process were deemed more than satisfactory – implementation was considerably delayed. Critical shortage of funding has caused the targets for 2014 not to be achieved, although every effort has been done with the funding available. Without funding from CERF, the UNDP mines action programme, would have had to close down in March 2014.

*Agriculture:* Total of 114,780 individuals benefitted from the timely and critical funding provided by the CERF. The figure is higher than initially planned due to the inclusion of a livestock vaccination component. If excluding the latter the total number of beneficiaries would have been set at 24,780 individuals in line with the initial number of beneficiaries foreseen at the time the proposal was prepared.

*Coordination:* Total of 593 individuals benefitted from the timely and critical funding provided by the CERF. The humanitarian community was able to gain access to the vulnerable and conflict-affected populations in Yemen and the cluster activities supported the humanitarian community in responding to logistical needs in a coordinated and effective manner. This also included the timely and efficient provision of GIS mapping for supply chain and logistics maps, which boosted the logistics capacity of the humanitarian agencies. On average, 49 passengers were transported per month. Flights and cargo services were provided to 25 partners per month. The WFP's air passenger service via UNHAS was provided as planned.

OCHA has been at the forefront of promoting gender issues in Yemen, and the global Gender Standby Capacity Project (GenCap) programme identified the YHRP as a best practice for mainstreaming gender at its annual retreat in March. The deployment of a GenCap Advisor has created a better understanding and mainstreaming of gender issues across all programming. The GenCap advisor is leading capacity building workshops for Clusters, national organisations and OCHA field offices. Gender is also mainstreamed in CERF activities and ERF projects.

The scale of needs makes Yemen one of the largest humanitarian emergencies globally. Since 2011, conditions have severely deteriorated due to political instability, conflict, and an economic and fiscal crisis leading to the near-collapse of basic services. The situation worsened markedly in 2014, particularly in the second half of the year. Localized conflicts flared in Abyan, Amran, Al Bayda, Al Jawf, Marib, Sana'a and Shabwah Governorates, and continued to be a major humanitarian concern as civilians were killed or displaced during the conflict. In September 2014, the Al Houthis established camps blocking all the main arteries into the city and took full control of the city and security forces withdrew, leaving the situation highly insecure and volatile. In the first quarter of 2015, the conflict has further significantly escalated and on 26 March, a campaign of airstrikes began targeting Al Houthi areas and military installations. At the same time, fighting has escalated on the ground. Contamination from unexploded ordnances (UXOs) has been reported in 13 out of the 20 conflict affected governorates, due to indiscriminate shelling and aerial bombing. There are reports of civilian casualties, new



displacement and damage to civilian infrastructure. Satellite imagery analysis on Sa'ada, Sana'a and Aden show a considerable number of key infrastructures (including health facilities and market infrastructure) been destroyed or considerably damaged<sup>1</sup>.

The deteriorating situation challenged the implementation and two projects requested and received three-month no-cost-extensions until 31 March 2015. FAO was affected by the deteriorating situation in Al-Jawf (North Yemen) and had their chicken transportations stolen. IOM's implementation was delayed due to disputes with the local authorities, health cluster and IOM health team, where the local authorities prevented implementation of this project due to some other project reallocation to other areas in Yemen. In the South, in Abyan, due to the currency depreciation the procurement was delayed and tendering process had to be re-done. In addition, IOM was not able to transport the needed WASH items due to the difficulty in obtaining appropriate insurance for the transportation. The CERF Secretariat declined IOM's request for further extension. Due to the life-saving nature CERF does not extend projects beyond 1-year.

## **CERF's ADDED VALUE**

**a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?**

YES  PARTIALLY  NO

The CERF funding enabled jump-starting the 2014 response, which was critically under-funded at the time of the allocation. However, due to three simultaneous L3-level emergencies, Yemen was deprioritised in the supply pipeline and delayed delivery of procured items led to reduced distribution or even cancellations of some activities.

**b) Did CERF funds help respond to time critical needs<sup>2</sup>?**

YES  PARTIALLY  NO

The CERF under-funded grant provided life-saving critical support and enabled timely response when the humanitarian situation in the country continued deteriorating with increasing political instability and insecurity.

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

YES  PARTIALLY  NO

Without the CERF funding, the needs would not have been addressed. The overall funding level improved after the CERF under-funded allocation reaching \$353 million against the Yemen Humanitarian Response Plan (YHRP) that represented 59% of the requirements at the year-end. The five largest donors to the YHRP were United States (\$82 million), United Kingdom (\$52 million), European Commission (\$35 million), Germany (\$34 million) and Japan (\$32 million). Despite of the increased funding, the funding targets were not reached for the needed response.

**d) Did CERF improve coordination amongst the humanitarian community?**

YES  PARTIALLY  NO

The prioritisation of CERF allocation was discussed in the ICCM and the suggested strategy shared with the HCT strengthening the humanitarian leadership and coordination.

**e) If applicable, please highlight other ways in which CERF has added value to the humanitarian response**

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<sup>1</sup> Relevant UNOSAT products available at <http://www.unitar.org/unosat/maps/YEM>

<sup>2</sup> Time-critical response refers to necessary, rapid and time-limited actions and resources required to minimize additional loss of lives and damage to social and economic assets (e.g. emergency vaccination campaigns, locust control, etc.).

## V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity
Due to escalating crisis, four no-cost-extensions (NCE) requests were made, of which two approved. Major activities were cancelled or reduced on last minute due to the delays and consequent extension request refusals.	The strict policy on extensions relates to the life-saving nature of CERF. Suggest to emphasise the policy on NCEs to country teams during grant-making and throughout project life-cycle. Consider inclusion of a generic message in this regards in best practices at the beginning and mid-way of the grant life-cycle.	CERF
In an emergency context and when staff turnover is high, provision of pre-filled reporting templates are very helpful.	Good practise. However adding to the table 4 the compiled number of children reached per cluster would have facilitated reporting on the achieved results.	CERF

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons learned	Suggestion for follow-up/improvement	Responsible entity

## VI. PROJECT RESULT

TABLE 8: PROJECT RESULTS			
<b>CERF project information</b>			
1. Agency:	WHO	5. CERF grant period:	07.04.14 – 31.12.14
2. CERF project code:	14-UFE-WHO-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Supporting nutrition life-saving services at therapeutic feeding centres for malnourished cases		
7. Funding	a. Total project budget:	\$1,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 340,463	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$0
	c. Amount received from CERF:	US\$ 340,463	▪ <i>Government Partners:</i> US\$ 115,200
<b>Results</b>			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,428	1,234	The project was planned to cover 60% of all complicated SAM cases (2800) in the targeted areas which need in-patient care; the project faced some administrative problems in few centres. So the coverage was less than the expected.
b. Male	1,372	1,187	
c. Total individuals (female + male):	2,800	2,421	
d. Of total, children <u>under</u> age 5	2,800	2,421	
9. Original project objective from approved CERF proposal			
<p><b>General objectives:</b> To save lives through ensuring continued provision of nutrition services, and reduce morbidity and mortality associated with malnutrition by running and establishing stabilization centers for management of severe acute malnutrition cases with medical complications.</p> <p><b>Specific Objectives:</b></p> <ul style="list-style-type: none"> <li>To ensure access to essential care, life-saving nutrition services. through providing high quality nutrition services to treat acute malnutrition cases in the health facility level,</li> <li>To improve the working environment in the health facility level by equipping and supporting the target nutrition centers.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome 1: Target population has continued access to essential, lifesaving, preventive and curative Nutrition services resulting in maintaining an acceptable threshold in morbidity and mortality levels.</p> <p>Working closely with Ministry of Public Health and Population (MoPHP) and health partners, WHO endeavours to continue providing support to the existing health teams and facilities by resuscitating the resources and providing essential staff, trainings, equipment and supplies. WHO will work closely with government and local communities, to help deliver critical nutrition services</p> <ul style="list-style-type: none"> <li>Number of individuals benefited from services in the stabilization centers</li> <li>Number of physicians and health care providers got on-job supervision and training</li> <li>Number of medicine kits and supplies provided to the stabilization centers</li> <li>Number of 3 new hospitals supported as stabilization centers</li> </ul>			
11. Actual outcomes achieved with CERF funds			
Outcome 1: Target population has continued access to essential, lifesaving, preventive and curative Nutrition services resulting in			

maintaining an acceptable threshold in morbidity and mortality levels.	
<ul style="list-style-type: none"> <li>- 2421 of SAM benefited from services in the stabilization centres</li> <li>- 90 of physicians and health care providers got on-job supervision and training</li> <li>- Two tons of medicine kits and supplies provided to the stabilization centres</li> <li>- 3 new hospitals supported as stabilization centres (one in Dhalea and two in Hodeidah)</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
This project provided operational cost for the mobile clinics to provide nutrition and health services for IDPs in the targeted areas, including referral services for SAM cases.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b></p> <ul style="list-style-type: none"> <li>✓ Boys and girls were targeted and reached through life-saving nutrition services under this project funding.</li> <li>✓ Male and female health staff was deployed through therapeutic centres to meet the needs of all patients.</li> <li>✓ Male and female health personnel were trained during the workshops conducted under this project.</li> <li>✓ Female and male were given equal chance to be treated.</li> </ul> <p><b>If 'NO' (or if GM score is 1 or 0):</b></p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	WHO	5. CERF grant period:	21.04.14 – 31.12.14
2. CERF project code:	14-UFE-WHO-013	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Supporting life-saving Primary Health Care/Emergency Medical Services and reducing morbidity and mortality in high-risk governorates affected by conflict, population displacement and high disease burden		
7. Funding	a. Total project budget:	US\$ 21,797,771	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 10,101,221	▪ NGO partners and Red Cross/Crescent: US\$ 48,336
	c. Amount received from CERF:	US\$ 1,797,300	▪ Government Partners: US\$ 945,221
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	1,402,668	1,773,494	The project was calculated to cover all 9 months of provision of primary health care (PHC) services through fixed and mobile teams in Hajjah and Saada and therefore, the target beneficiaries were calculated based on the caseloads observed during the previous year. However, as additional funding was obtained for these services, 4 months in Saada and 1 month in Hajjah were covered by CERF for PHC services. The figures mentioned under “Reached” are the direct beneficiaries of this CERF funding. Meanwhile, CERF funding was used on a larger scale to cover electronic disease early warning system (eDEWS) services through the sentinel sites in the 10 governorates.
b. Male	1,347,661	1,703,945	
c. Total individuals (female + male):	2,750,329	3,477,439	
d. Of total, children <u>under</u> age 5	1,305,386	1,480,977	
9. Original project objective from approved CERF proposal			
<p><b>General objectives:</b></p> <ul style="list-style-type: none"> <li>➤ To save lives through improving access to essential health care, including primary health care; communicable disease and vaccine preventable diseases (VPDs) surveillance, outbreak prevention and management; emergency medical service-provision; and mass casualty management in target governorates.</li> <li>➤ To strengthen the weak health system through enhancing referral mechanisms and revitalization/equipment of health facilities.</li> </ul> <p><b>Specific Objectives:</b></p> <ul style="list-style-type: none"> <li>• To save lives through improving access to essential health care, including primary health care services, emergency medical services, referral care and mass casualty management.</li> <li>• To support the fragile health system in the affected areas through provision of life-saving equipment to fixed health facilities.</li> <li>• To maintain a strategic stock of essential, life-saving medicines and supplies.</li> <li>• To reduce, mitigate and respond to public health risks to vulnerable populations with focus on maternal, newborn and child health (MNCH)ᄁ, communicable diseases and VPD.</li> <li>• To ensure coordinated interventions, monitoring and reporting with national authority and other partners through the Health Cluster.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<b>Outcome 1: Target population is able to have increased and improved access to essential life-saving, preventive and curative health services resulting in decrease in morbidity and mortality.</b>			

- ✓ Vulnerable populations have improved access to regular immunization outreach services and “barrier-protection” against importation of WPV, particularly in high-risk areas.
- ✓ Access to essential primary and secondary health care and emergency medical services is restored and improved for affected populations.
- ✓ Reduced morbidity and mortality due to improved response to mass casualty incidents, early detection of and timely effective response to outbreaks of communicable diseases, enhanced MNCH services

**Outcome 2: Improved referral system for management of the critically-ill/injured, improved coordination in response to public health risks.**

- ✓ Improved service availability and readiness, including PHC, referral, immunization and MNCH services, in health facilities in target areas.
- ✓ Target governorates are prepared to respond to impending crises resulting from public health emergencies.

**Outcome 3: Improved capacities and enhanced rapid response to disease outbreaks and availability of essential medical supplies, IV fluids and ORS for case management of Diarrhea/cholera.**

- ✓ Disease outbreaks and other events of public health importance responded early and efficiently through effective functioning disease situation monitoring.
- ✓ Risk assessment and real time information sharing for disease monitoring and surveillance improved for informed public health decisions
- ✓ Surge capacity for rapid response to epidemic control and management improved
- ✓ Excess mortality from epidemic diseases prevented through improving case management and increasing access to care

11. Actual outcomes achieved with CERF funds

**Outcome 1: Target population was provided access to essential life-saving PHC and preventive and curative health services through fixed and mobile medical teams deployed in target areas and supervised by WHO offices at national and sub-national levels.**

- ✓ WHO supported fixed and mobile medical teams in Saada governorate where WHO supported operation of 7 fixed health facilities in seven out of the fifteen districts, delivering a range of PHC services, including RH and Immunization components. Under this funding, around 42,956 consultations were reported in Saada during 2014, 40% being children under five.
- ✓ Similarly, WHO continued supporting the Al-Jumhuri General Hospital in Sa’ada City with rehabilitation of Emergency ward, therapeutic feeding centre (TFC) and supply of equipment and essential medicines, as well as supported the Gynaecology and Mental Health departments with recruitment of medical specialists. A total of 667 surgical operations and 889 mental health consultations were reported from the hospital during 2014 for the months supported by CERF funding.
- ✓ In Hajjah governorate, WHO continued its support to both the District Hospital and running of the Health Center in the Al-Mazraq IDP Camp-I, delivering a comprehensive package of PHC services and basic medical emergency services to the IDPs and host communities in the area. WHO also supported two mobile teams providing essential health care services for IDPs living out of the camp among host communities in Haradh district.
- ✓ For the months the operation in Hajjah was supported by CERF funding, the total number of consultations reported from Al-Mazraq Camp-I was more than 1,750 whereas another 2,926 consultations were reported by the mobile medical teams in Haradh and Khairan areas.
- ✓ Through CERF funding, WHO also provided technical assistance, micro-planning, training and monitoring and evaluation in two governorates (Taiz and Al-Hodeida), which were among the high-risk areas, in the National Immunization Campaign covering all 333 districts of the country, that took place between 7<sup>th</sup> to 9<sup>th</sup> April 2014. The total number of targeted children in Taiz and Al-Hodeidah governorates was 554,748 and 532,516 under-five children respectively, with a coverage of 99% and 101% respectively during the campaign.as per Administrative survey, while the Independent Monitors survey showed a coverage of 99% for Hodeidah and 94% for Taiz. Details of the campaign are in the attached Independent Monitors survey report.

**Outcome 2: The referral system for management of complicated cases and injured individuals was maintained in place in target governorates, while health personnel / facilities and Health Cluster partners were supported to be in readiness to deal with public health risks.**

- ✓ In response to the conflict in the North and the South of the country, WHO responded by supporting the existing operations, delivery of Trauma and Emergency Health Kits, and strengthening the role of the Health Cluster at sub-national levels in Hajjah and Saada.
- ✓ As part of strengthening the health care delivery, WHO supported revitalization and capacity building of some priority sections of referral hospitals, as well as conducting training workshops and need assessments in governorates identified as priority by Health Cluster partners. The details are as follows:

- Rehabilitation and maintenance for Al-Taleh Hospital in Sada'a governorate
- Rehabilitation and maintenance for Ketaf Hospital Ketaf in Al Boka district in Sada'a governorate
- Rehabilitation and maintenance for Al Gharer Al salem Health Center in Sada'a governorate
- Conducted Health Rapid Needs Assessment on 3 levels (Health facility, District and Governorate levels) in Amran governorate, through 4 local NGOs (CSSW, MMF, NFDHR and YMCS). The report of this assessment is continuing to be used as a planning document for stakeholders planning interventions in Amran.
- Supported the conducting of Health Rapid Needs Assessment in Al-Jawf governorate, through ADRA.
- Conducted Capacity Assessment of hospitals preparedness for emergencies and Mass Casualty Management.
- Conducted a training course on mental diseases and post-traumatic distress management in 3 governorates
- Conducted training for ambulance nurses on First Aid in Sana'a city
- Conducted training for ambulances drivers in Sana'a city.

**Outcome 3: Effective surveillance of and rapid response to communicable disease alerts and potential outbreaks was sustained and essential medical supplies, IV fluids and ORS were made available in target governorates.**

- ✓ The Electronic Disease Early Warning System (eDEWS), with effective surveillance and timely response to disease outbreaks was maintained through 25 health facilities in each of the targeted governorates, acting as sentinel sites. For the months supported under this project, in the governorates of Hajjah, Sa'ada, Aden, Lahj, Taiz, Abyan, Hodeidah, Ibb, Hadhramawt and Sana'a City, the eDEWS system provided 2,379,598 consultations and detected and responded to 3,405 alerts. Of these, 2,451 vaccine preventable disease alerts (1,520 suspected Measles and 434 suspected Pertussis) were reported.
- ✓ In order to facilitate easy access of case definitions of the diseases in the eDEWS list to health workers, brochures highlighting the case definitions of these diseases were printed and put up in the health facilities serving as sentinel sites.
- ✓ A quarterly eDEWS team meeting was conducted to review the field work and address any gaps/needs identified.
- ✓ The following trainings were conducted to improve health workers' capacity on communicable disease surveillance and management:
  - Training course eDEWS mobile system for health care providers in Aden, Lahj, Taiz, Hadhramawt and Abyan
  - Field Epidemiological Training Program (FETP) Training on eDEWS
  - Practical training courses for physicians from sentinel sites on process of lumbar puncture and diagnostic methods for Meningitis.
  - In-country training course on appropriate infection control measures for infection prevention and control of Middle East Respiratory Syndrome Corona virus (MERS-COV) in health care facilities in Yemen
  - Training on Dengue Fever management in Al- Hodeidah governorate

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

Some of the project activities (mainly eDEWS activities) covered more areas than initially planned, the reason being that areas in the new governorates were identified as those with priority needs for life-saving activities (which are the core of mandate of CERF funding) due to the communicable disease burden that faced the country in 2014 including MERS-COV and Dengue Fever. Other than that, there is no other noteworthy discrepancy.

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

YES  NO

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

- ✓ Men, women, boys and girls from among the IDPs and other vulnerable population were targeted and reached through life-saving PHC activities under this project funding.
- ✓ Male and female health staff were deployed through fixed and mobile teams to cater to the needs of all groups of patients.
- ✓ Male and female health personnel were trained during the workshops conducted under this project.
- ✓ Female and male were given equal chance to be vaccinated. In Yemen, there is no history of discrimination of vaccination between male and female

If 'NO' (or if GM score is 1 or 0): Please describe how gender equality is mainstreamed in project design and implementation

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

For the immunization campaign, the Independent Monitors survey (attached) verifies the results of the reports issued at administrative level. This survey is considered as an evaluation of polio campaigns.

EVALUATION PENDING

eDEWS activities were evaluated by the team in a quarterly meeting.

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	02.04.14 – 31.12.14
2. CERF project code:	14-UFE-WFP-015	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Coordination and Support Services		<input checked="" type="checkbox"/> Concluded
4. Project title:	Air Passenger Service and Logistics Cluster Coordination in Support of the Humanitarian Response in Sa'ada (WFP Special Operation 200130)		
7. Funding	a. Total project budget:	US\$ 2,247,092	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,012,862	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 0
	c. Amount received from CERF:	US\$ 519,057	▪ <i>Government Partners:</i> US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	180	178	
b. Male	420	415	
c. Total individuals (female + male):	600	593	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
The WFP Logistics Cluster Coordination Special Operation will provide air passenger services to support the humanitarian community in Yemen in ensuring safe movement of staff in the country, and to guarantee the continuity of the life-saving activities. The operation will also enhance the predictability, timeliness and efficiency of the emergency response to the affected population in Yemen.			
10. Original expected outcomes from approved CERF proposal			
WFP, as lead agency of the global Logistics Cluster and custodian of the United Nations Humanitarian Air Services (UNHAS), will support the efforts of the humanitarian community to respond to the crisis in Yemen. CERF funding to the Logistics Cluster Coordination Special Operation will lead to the following key outcomes:			
<ul style="list-style-type: none"> <li>• Enhanced predictability, timeliness and efficiency of emergency response under the Cluster approach,</li> <li>• The provision of both scheduled and ad-hoc air passenger flights and cargo services to the humanitarian community in Yemen, particularly to Sa'ada, ensuring operational continuity.</li> </ul>			
11. Actual outcomes achieved with CERF funds			
The humanitarian community was able to gain access to the vulnerable and conflict-affected populations in Yemen and the cluster activities supported the humanitarian community in responding to logistical needs in a coordinated and effective manner. This also included the timely and efficient provision of GIS mapping for supply chain and logistics maps, which boosted the logistics capacity of the humanitarian agencies. On average, 49 passengers were transported per month. Flights and cargo services were provided to 25 partners per month.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			



N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b):</b> <b>If 'NO' (or if GM score is 1 or 0):</b>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	WFP	5. CERF grant period:	07.04.14 – 31.12.14
2. CERF project code:	14-UFE-WFP-014	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Safeguarding Lives, Improving Food Security and Nutrition, and Building Resilience (Protracted Relief and Recovery Operation 200636)		
7. Funding	a. Total project budget:	US\$ 28,300,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 26,002,922	<ul style="list-style-type: none"> <li>NGO partners and Red Cross/Crescent (PU-AMI, Save the Children International, Vision Hope International): US\$ 44,328</li> <li>Government Partners: Ministry of Public Health and Population US\$ 32,099</li> </ul>
	c. Amount received from CERF:	US\$ 980,244	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	12,105	9,155	Given that the original number of planned beneficiaries was supposed to be reached with 222.5 mt while actually 168 mt was distributed, the number of reached beneficiaries is lower than indicated under planned. However, no unspent balances remain as the rest of the commodity that was not distributed at that time (42 mt of Supplementary Plumpy) was prepositioned at the hospital. Given that the Best Before Date for Supplementary Plumpy purchased through CERF was April 2016, the Plumpy with a shorter expiry date was prioritized.
b. Male	14,795	11,189	
c. Total individuals (female + male):	26,900	20,344	
d. Of total, children <u>under</u> age 5	26,900	20,344	
9. Original project objective from approved CERF proposal			
<p>The nutrition component of the operation aims to:</p> <ul style="list-style-type: none"> <li>Ensure effective treatment of acute malnutrition among children 6 to 59 months and pregnant and lactating women in areas most affected by global acute malnutrition;</li> <li>Contribute to reduced acute and chronic malnutrition and micronutrient deficiencies through enhanced young child feeding, maternal nutrition and micronutrient intake among school-age children in most affected areas.</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<b>Expected outcome</b>		<b>Performance indicators</b>	
Stabilized or reduced undernutrition among children aged 6-59 months		Targets: Mortality <3%; Recovery rate >75%; Non-response rate <15%; Default rate < 15%	
11. Actual outcomes achieved with CERF funds			
<p>At the end of 2014, the following outcomes were registered:            Mortality &lt;0.3%;</p>			

Recovery rate >56.2%; Non-response rate <1.2%; Default rate <42.3%.	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
The default rate is significantly higher than the target. The continued defaulting of children in the system remains a concern and requires dedicated attention, it is likely that the difference is associated with a change in reporting; cases captured in previous years as non-responders may now have been registered as defaulters. The rate was unacceptable in comparison to the international acceptability threshold of 15 percent.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
The evaluation is supposed to take place after the completion of the project. Currently, this is a 2-year project that runs until June 2016.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	22.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-031	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		<input checked="" type="checkbox"/> Concluded
4. Project title:	Integrated WASH response for Hajja and Amran		
7. Funding	a. Total project budget:	US\$ 10,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 7,111,730	▪ NGO partners and Red Cross/Crescent: US\$ 815,471
	c. Amount received from CERF:	US\$ 1,988,756	▪ Government Partners: US\$ 210,521
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	30,822	43,694	The discrepancy is due to the rehabilitation of two rain water harvesting tanks and the protection of ten open wells installed with hand pumps, which meant that a higher number of beneficiaries were reached.
b. Male	32,550	40,801	
c. Total individuals (female + male):	63,372	84,495	
d. Of total, children <u>under</u> age 5	32,320	43,093	
9. Original project objective from approved CERF proposal			
<p>1. Men, women, boys and girls in the target population in Hajja and Amran governorates have increased access to, and make optimal use of, water and sanitation facilities, and increased awareness of hygiene promotion to take actions for protecting themselves against threats to public health.</p> <p>2. Beneficiaries from target populations in Hajja have improved capacity to carry out management and maintenance of WASH related services in the area.</p>			
10. Original expected outcomes from approved CERF proposal			
	Outcomes	Indicators	
<b>WATER</b>	Target communities have access to sufficient quantity and quality of potable water and water points are properly maintained by the beneficiaries.	100% of the target populations have access to at least 15 liters of water per person per day	
		4 water systems are rehabilitated, water committees selected and trained to manage their water systems	
		1875 water filters are distributed among the selected families with training imparted for proper use and safe water is available as a result for drinking	
<b>SANITATION</b>	Target communities are supported with access to safe and appropriate sanitation facilities.	525 family latrines constructed and used by families	
		1461 latrines are rehabilitated for IDPs, schools and CFSs, and hospitals in the target areas	
<b>HYGIENE</b>	Target populations have increased awareness of safe hygiene practices and are engaged in positive public health practices.	2375 families receive hygiene kits and hygiene consumables 53,571 people reached in hygiene promotion campaigns	
11. Actual outcomes achieved with CERF funds			

<b>WATER</b>	Target communities have access to sufficient quantity and quality of potable water and water points are properly maintained by the beneficiaries.	100% of the target populations have access to at least 15 liters of water per person per day
		3 water systems are rehabilitated in Almazraq, Alquf and Alhumaidiah, and two rain harvestings in Sa'ada, water committees selected and trained to manage their water systems. Ten opened wells rehabikitated and protected with hand pump installations.
		8347 water filters are distributed among the selected families with training imparted for proper use and safe water is available as a result for drinking
<b>SANITATION</b>	Target communities are supported with access to safe and appropriate sanitation facilities.	525 family latrines constructed and used by families
		1,041 latrines are rehabilitated for IDPs, schools and CFSs, and hospitals in the target areas
<b>HYGIENE</b>	Target populations have increased awareness of safe hygiene practices and are engaged in positive public health practices.	449,5 families receive hygiene kits and hygiene consumables 84,495 people reached in hygiene promotion campaigns
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:		
The discrepancy is due to the rehabilitation of two rain water harvesting tanks and the protection of ten open wells installed with hand pumps, which meant that a higher number of beneficiaries were reached.		
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): If 'NO' (or if GM score is 1 or 0):		
14. Evaluation: Has this project been evaluated or is an evaluation pending?		EVALUATION CARRIED OUT <input type="checkbox"/>
		EVALUATION PENDING <input checked="" type="checkbox"/>
		NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	11.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Nutrition		<input checked="" type="checkbox"/> Concluded
4. Project title:	Scaling up the integrated management of severe acute under nutrition among under 5 girls and boys in the most vulnerable communities in Yemen		
7. Funding	a. Total project budget:	US\$ 24,000,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,169,679	▪ NGO partners and Red Cross/Crescent: US\$ 287,616
	c. Amount received from CERF:	US\$ 1,169,679	▪ Government Partners: UUS\$672,605
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	4,655	4,056	
b. Male	4,845	4,222	
c. Total individuals (female + male):	9,500	8,278	
d. Of total, children <u>under</u> age 5	9,500	8,278	
9. Original project objective from approved CERF proposal			
<p><b>Overall project goal:</b> To contribute towards the reduction of mortality and morbidity related to acute malnutrition among girls and boys under 5 through quality lifesaving nutritional interventions.</p> <p><b>Specific objective:</b></p> <ol style="list-style-type: none"> <li>1. Improve access to quality and equitable lifesaving nutrition interventions to prevent death and improve the nutrition status of the under 5 girls and boys in the most vulnerable communities in Hajjah and Hodeida governorates.</li> <li>2. Strengthen the government health/nutrition facilities capacities through staff training and community capacities through volunteers training as part of early recovery efforts to deliver a comprehensive nutrition intervention package in sustainable manner.</li> </ol>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>• Zero stock out report of nutrition supplies mainly (ready-to-use therapeutic food (RUTF) and anthropometric tools) reported in Hajjah and Hodaida governorates during the lifetime of this project.</li> <li>• 9,500 SAM girls and boys enrolled in the Community Management of Acute Malnutrition (CMAM) programme with at least 60 per cent cure rate in Hajjah and Hodaida .</li> </ul>			

<ul style="list-style-type: none"> <li>• Mobile teams are deployed to the most vulnerable communities in Hajjah and Hodeidah through action contre la faim (ACF) .</li> <li>• 50 Government staff (50% females) trained on out patient programme (OTP).</li> <li>• 108 Community Health Volunteers (90% females) received capacity building on integrated nutrition program (90% women).</li> <li>• 1,800 SAM children receive consumable hygiene kits twice.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<p>CERF funds enabled UNICEF to procure and distribute 8,278 therapeutic supplies which enabled partners on the ground to use and deliver the supplies in a timely manner especially in the emergency in Hajjah and Hodeidah areas and to conduct regular supervision and monitoring activities in these areas with Zero stock out report for RUTF reported.</p> <p>In addition the procured supplies enabled the enrolments and treatment of 4,056 girls and 4,222 boys affected by SAM with cure rate at 67%.</p> <p>UNICEF supported five mobile clinic teams in six villages in hard to reach areas of Hajja, in Abs, Kuidnah, Kheran Almuhrac, Bani qais and Aflah Al-Yemen. These mobile clinics provided screening, nutrition services, vaccination services and Ante-Natal care (ANC) services to mothers and children at the third level in the district. From these different services at least: 3,919 children affected with Severe Acute Malnutrition (SAM) were treated in these mobile Outpatient Therapeutic care centres (OTPs) part of the overall 8278 SAM children reached. In addition and using other funding resources for health supplies and components the same mobile clinics benefited. 8,077 pregnant women received ANC services including iron-folate distribution, 100 safe deliveries were conducted, 2,491 women received postnatal care visits and 2,795 pregnant or lactating women (PLW) received micronutrient supplementation and counselling on Infant Young Child Feeding (IYCF). 3,147 children under 5 received Vitamin A, 21,812 children were vaccinated and 9,452 PLWs received tetanus toxoid.</p> <p>60 nutrition coordinators received training on CMAM and 400 health workers were trained on CMAM.</p> <p>UNICEF in partnership with ACF established 23 OTP sites in Aslam, Mustaba in Hajjah, Jarahi and Munirah in Hodeidah in the third level with provision of on the job training and screening of 22,323 children under 5 through community-based and facility screening. Of the total screened children, 2,780 were diagnosed with SAM and treated. 1,157 children under 5 received Vitamin A supplementation with a total of 813 children receiving deworming tablets. During 2014, 9,370 children under 5 were enrolled in the health facilities and mobile sites targeted by ACF in 4 districts, with a cure rate of 83%, defaulters' rate of 8.4%, non-response rate of 7.9% and death rate of 0.4%.</p> <p>Capacity building through the Ministry of Health was done for 196 Ministry of Health Staff on project cycle management, child feeding counselling, communication skills and supervisory skills in Hodeida and Hajja (zuhrah, Al-luhiah, Tuhaita, Jarahi and Jabal ras). Also, 50 community health volunteers (CHV's) were trained in Hodeida and Hajja. This enabled health workers and volunteers to conduct review meetings in Aslam District (Hajja) and to discuss the progress of activities, challenges as well as to establish strong referral linkages between CHV's and health facilities to address technical gaps identified during the implementation period. Also, 3,569 health and hygiene promotion sessions were conducted, with 15,407 attendees (12,777 females and 2,630 males). Key topics included the proper use of Ready to Use Therapeutic Food, child care practices, safe and clean water, hygiene and sanitation, communicable diseases and causes and prevention of malnutrition.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
NA	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a or 2b): 2b If 'NO' (or if GM score is 1 or 0):	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
This project is part of a multi donor response and it is an ongoing activity. There is no evaluation in the meantime.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNICEF	5. CERF grant period:	22.04.14 – 31.12.14
2. CERF project code:	14-UFE-CEF-029	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Life-saving interventions to protect vulnerable conflict-affected children in northern Yemen		
7. Funding	a. Total project budget:	US\$ 1,500,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,266,000	▪ NGO partners and Red Cross/Crescent: US\$ 345,786
	c. Amount received from CERF:	US\$ 666,666	▪ Government Partners: US\$ 172,807
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	298,828	294,119	Due to the emerging needs on the ground and the lack of access by only one NGO, additional funds were provided to the NGO Mercy Corps, focusing on Sana'a Governorate, as well as to government counterparts Yemen Mine Action (YEMAC) and Ministry of Social Affairs and Labour (MoSAL) to ensure MRE outreach in all targeted governorates in line with planned beneficiaries.
b. Male	309,892	320,962	
c. Total individuals (female + male):	608,720	615,081	
d. Of total, children <u>under</u> age 5	N/A	N/A	
9. Original project objective from approved CERF proposal			
The most vulnerable girls, boys and duty bearers in the high priority districts are protected from the life-threatening consequences of conflicts and their rights are monitored and protected			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>80 per cent of those trained children or adults who in random post-tests show significantly higher knowledge on protecting themselves against mine risk injury</li> <li>30,000 children and 10,000 community members are able to identify life threatening dangers of landmines, UXOs, explosive remnants of war (ERWs) and improvised explosive devices (IEDs) in northern Yemen, how to behave when in a mixed contaminated location, and where to seek help in their community, with specific focus on promoting the participation of girls, boys, men and women;</li> <li>50 teachers and community volunteers (male and female) are providing mine risk education (MRE) in affected communities;</li> <li>Approximate population of 500,000 people (including children) covered by child rights Monitoring and Reporting Mechanisms (MRM);</li> <li>60 per cent of community based structures (CPCs and local civil society organisations (CSOs) with capacity to detect, monitor, report and refer victims of grave child rights violations and survivors of GBV</li> <li>40 per cent of reported child survivors who receive at least 2 of 3 services through direct service provision or through referral and follow-up;</li> </ul>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> <li>41,804 people, including 14,102 females (8,636 girls and 5,466 women) and 27,702 males (11,985 boys and 15,717 men)</li> </ul>			



<p>were equipped with knowledge and skills on how to avoid the risk of mines and unexploded ordnance (UXOs) in Sana'a, Sa'ada, Hajjah and Al Jawf Governorates. This was achieved through the training of 205 (female: 81 and male: 124) teachers, social workers and community volunteers on how to disseminate MRE to children and adults.</p> <ul style="list-style-type: none"> <li>• A catchment area of. 568,220 people (including children) was covered by child rights Monitoring and Reporting Mechanisms (MRM). During 2014, UNICEF in partnership with Danish Demining Group (DDG) and</li> <li>• Danish Refugee Council (DRC) and a range of local CSOs continued monitoring the situation of children affected by armed conflicts which has been hampering children's safety and security as well as their denial of basic child rights'. 86 Child Protection Committees either at sub-district or district level are functional, contributing to the Monitoring and Reporting Mechanism (MRM) on grave violations against children.</li> <li>• 5,057 individuals (1,553 girls, 3,005 boys, 36 women, 463 men) received psychosocial support services and other referral services due to grave violations monitoring, as well as awareness sessions on key child protection issues.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
N/A	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES X NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a          If 'NO' (or if GM score is 1 or 0):</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Planned for December 2015	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNHCR	5. CERF grant period:	23.04.14 – 31.12.14
2. CERF project code:	14-UFE-HCR-010	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection		<input checked="" type="checkbox"/> Concluded
4. Project title:	Conducting key protection activities for IDP populations in Northern and Southern Yemen		
7. Funding	a. Total project budget:	US\$ 14,510,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 6,007,149.74	▪ NGO partners and Red Cross/Crescent: US\$ 491,640
	c. Amount received from CERF:	US\$ 666,664	▪ Government Partners: US\$ 81,442
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	104,594	25,581	The initial project included an extensive IDP profiling, which would have covered a good proportion of the IDP populations; however it was reprogrammed to exclude this activity and instead focused on smaller scale assessments and protection monitoring, and reaching out to people with protection concerns through the IDP community centers and Community Based Protection Network. 19,566 beneficiaries' accessed IDP community centres, 1,171 beneficiaries received SGBV counselling and 456 beneficiaries received CBPN trainings. An additional 29,565 beneficiaries were reached during assessments and the camp survey. At present, some disaggregated data is missing and there is difficulty in obtaining partner database inputs; a total figure for the 2014 project is presented here and disaggregated taking the ratio from planned intervention.
b. Male	102,942	25,177	
c. Total individuals (female + male):	207,536	50,758	
d. Of total, children <u>under</u> age 5	n/a	n/a	
9. Original project objective from approved CERF proposal			
<p><b>IDP Registration, Assessments and Profiling</b>                      The key objective of this project is to gather reliable data on the needs of IDPs in northern and southern Yemen, to identify the main protection challenges and challenges to achieving durable solutions for IDPs and to develop comprehensive, inter-agency responses to address the unmet needs of IDPs and host communities in northern and southern Yemen.</p> <p><b>SGBV Support and Assistance</b>                      Establish women's groups to prevent and respond to SGBV by raising awareness of available services. will strengthen their capacity to help and support each other and collectively address discrimination within their communities.</p>			
10. Original expected outcomes from approved CERF proposal			
<p><b>IDP Registration, Assessments and Profiling</b></p> <ul style="list-style-type: none"> <li>to develop a comprehensive overview of the numbers and locations of internally displaced persons (IDPs) in Yemen by gathering disaggregated data nationwide on available and preferred durable solutions (return, integration or resettlement) and to assess the assistance required to achieve these;</li> <li>to obtain information regarding IDPs intention of achieving durable solutions and key challenges they have faced in trying to</li> </ul>			

achieve these;

- to identify the nature and scope of protection challenges that IDPs and host communities face, and to identify potential solutions to these challenges at the level of the individual and the community;

and, in particular:

- to identify vulnerable categories among the IDP population, including female heads of households, children in need of urgent assistance, extremely vulnerable individuals (EVIs) and persons with special needs (PSNs)
- identify IDPs without civil documentation and facilitate their access to humanitarian assistance and services

**Indicators:**

- # of newly arrived IDPs verified and needs assessed in Amran and Sa'ada governorates
- # of extremely vulnerable IDPs identified and provided with assistance
- # of persons with special needs identified among the newly arrived IDP populations, needs assessed and regularly shared with service providers

**SGBV Support and Assistance**

The overall objective of the intervention is to combat SGBV at the rural level by promoting gender equality, empower survivors and further women's involvement into decision-making process in their communities. Furthermore it will strengthen the response to SGBV by mobilizing and informing women on their rights and the services available to survivors of SGBV.

And, in particular, to:

- enhance the reporting, monitoring, and response to SGBV incidents;
- enhance the multi-sectoral mechanism targeting the prevention and response for SGBV;
- Support the implementation of an appropriate referral model established by other protection partners to be utilized by persons of concern, partners and services providers.

**Indicators**

- # of female and male support groups formed that meet regularly
- # of local authority officials provided with an induction to SGBV prevention and response
- # of protection complaints lodged by female IDPs responded to within 24 hours
- # of protection complaints lodged by male IDPs responded to within 24 hours
- # of SGBV incidents reported, documented and followed-up
- # of SGBV survivors who are self-reliant
- # of SGBV survivors have access to family and community support (target: 100%)
- Extent to which SGBV survivors no longer face social stigmatization or ostracism from the community

11. Actual outcomes achieved with CERF funds

**Overall IDP Registration**

During the reporting period, more than 7,000 IDPS status were corrected (majority in Abyan) between duplication and fraud. In addition, UNHCR partner, Executive Unit (Ex.U) updated and corrected of statuses of IDPs in the data management system.

Verification exercises have been implemented in Sana'a, Amran and Hajja. Multiple missions visiting the field were carried out in coordination with the UNHCR team, checking for duplications. Lastly, the data base system for logging all IDPs has been updated.

**Assessments:**

Due to the deteriorating security situation in the country, in Amran Governorate and Sana'a in particular, UNHCR and its partners conducted assessments on a smaller scale instead of a larger scale profiling exercise as per the reprogramming request.

During the reporting period a total of four assessments, one intention survey and on-going participatory assessments were conducted.

In March 2014, a participatory assessment was conducted in Al Mazrak camp 1 & 3 and Masrooh Al Muharraq through 30 focus group discussions (FGDs) covering 300 IDP families. 20 multi-functional teams were composed from staff of 15 agencies. In August 2014, following the most recent round of conflict, a joint participatory assessment was conducted with affected IDPs from Amran in Sana'a through discussions with key informants and FGDs. The assessment was conducted over two days by three assessment teams covering 38 families (266 individuals) while the FGDs were conducted with 21 IDPs (13 male, 6 female and 3 minors).

Two more participatory assessments were conducted in Amran and Sana'a in November 2014 by multi-functional teams consisting of UNHCR and partner staff, including IOM, IRY, ADRA, YRCS, ICS, YWU, Islamic Help, Sama Yemen Faidh, WFP, MoSAL and SC. In Sana'a, five sub-teams conducted focus group discussions with 60 participants each. In Amran, eighteen sub-teams conducted focus group discussions with 120 participants each. The sub-teams conducted discussions separately with adult men,

adult women, girls (10 – 17 years) and boys (10 – 17 years).

Over the year, ADRA's community mobilizers continued to assess the needs of displaced families residing in Sana'a city. A total of 1,725 families consisting of 15,713 individuals were assessed. Of these, 435 families were from Sa'ada governorate, included 17 female headed households, 1,200 families were from Amran governorate including 149 female headed households, 58 families was from AL-Jawf governorate including 7 female headed households, 13 families were from Arhab district Sana'a governorate, 15 families were from AL Bayda governorate and the remaining 4 families were from Marib governorate.

During the assessments, numerous pertinent points were identified related to protection (including child protection), registration, livelihoods, education, basic assistance and the intentions of IDPs through the assessments.

Al-Mazrak IDP Camp Survey: As per the ExU database, the total population of the two camps is 12,102 individuals (1,755 families). 91% of this population originates from Al-Daher (69%) and Haydan (22%) districts of Sa'ada governorate. The remaining (9%) are from others districts in Sa'ada. Through the exercise, the breakdown of preferences is as follows: Return to Sa'ada: 1,227 families (8,392 individuals). Integration in places of displacement: 131 families (982 individuals). Relocation to other parts of Yemen: 7 families (43 individuals). The overwhelming majority would like to return to former places of residence namely Al-Daher and Haydan districts. The remaining 390 families (2,685 individuals) did not come forward to register either for lack of interest or were not in the camps at the time of exercise. In Al-Daher and Haydan, the presence of armed groups and unexploded ordnances (UXOs) still needs to be addressed. Assistance requested to facilitate returning to their homes includes: shelter rehabilitation support, livelihood assistance, core relief items, basic services and transportation to their final destination. Assessment final recommendations include: better inform IDPs on what agencies and the government are able to do, formulate a time bound road map for the camp closure, complementing the existing municipal infrastructures and sectorial services and enhancing the capacity of the protection cluster in Sa'ada to carry out effective protection monitoring in the areas of return.

Based on the data collected through the survey a pilot return project was developed for implementation in early 2015. The project would be carried out over the course of the year in three phases with a first group facilitated to move to locations that were known to be uncontaminated by explosive remnants of war (ERWs). The second and last phase would be of IDPs who would be able to return to links that had been de-mined and declared safe. Under the pilot project and in order to facilitate returns a return package was developed, comprising of NFIs, hygiene items, a return allowance and food rations

#### **Trainings to Community Based Protection Network (CBPN) members:**

The CBPN consists of community volunteers, who report protection issues to UNHCR, the IDP community centres and reach out to IDPs in a broader area than the centres can cover for information sharing and community empowerment. The CBPNs consisted of 51 active groups with 456 members in 4 governorates by the end of 2014.

A total of 12 capacity building trainings were provided to CBPN members, covering topics such as child protection, documentation and legal awareness: 3 trainings in Sana'a by ADRA, 4 trainings in Amran by and IRY and 5 trainings in Hajjah by IRY.

#### **IDP Community Centres:**

In Sa'ada, 5,542 individuals received assistance in counselling services, financial assistance, awareness activities and referrals at the IDP community centre run by UNHCR partner Al Bena.

The ADRA IDP community centre in Sana'a provided social, legal and psychosocial counselling to 3,144 individuals and awareness sessions to 379 individuals.

The CSSW IDP Community Centre in Hajjah provided community, legal, psychosocial counselling to 5,126 individuals and awareness sessions to 280 during the reporting period.

IRY IDP community centre in Amran provided counselling to a total number of 2,609 cases as follows: legal counselling 285 cases, social counselling 1,777 cases and 547 psychosocial cases.

The Womens Centres in AL-Mazrak Camp had 3,145 IDP visits during the reporting period. Livelihood programs in the women's centre benefited 200 women with literacy classes and business classes.

#### **SGBV response:**

At the ADRA community centre, 414 individuals were provided with SGBV counselling sessions.

At the CSSW community centre, 256 individuals were counselled with SGBV cases requiring further support.

<p>At the Al Bena community centre, 501 individuals were supported with SGBV counselling.</p> <p>In Amran and Hajjah, 25 IRY staff was trained on SGBV, human rights and child protection. Following the training, 160 members of the CBPN were trained on SGBV with a distribution of leaflets on SGBV to the IDP community. The protection hotline in Amran, received 14,927 calls - out of which 357 related to GBV violence and 125 calls related to other kinds of violence; 12,381 calls related to food; 650 calls related to shelter; 1,414 calls related to IDPs registrations' issues.</p> <p>As a result of these achievements, the outcome is that the objectives of the project were met and the situation of IDPs in Yemen improved. As a consequence of registration-related activities, the quality and reliability of the data was enhanced, enabling a better understanding of the scope, needs and profile of IDPs. At the same time, the capacity of the CBPNs, which are a vital source of collecting protection information and for IDP empowerment, was strengthened through training activities. In addition, needs assessments helped identify cases in need of assistance, which were responded to also through inter-agency initiatives. Finally, progress was achieved towards enhancing knowledge on the norms and obligations in relation to SGBV while a number of GBV survivors received assistance.</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>UNHCR submitted a reprogramming request in December 2014 which was subsequently accepted.</p> <p>Based on this, an amount of \$310,520 initially budgeted for activities related to the IDP registration, assessments and profiling activities was reallocated to activities aiming at strengthening of the protection monitoring mechanism in the northern governorates. Reprogrammed activities included training to CBPN members on protection monitoring, as well as activities related to protection monitoring and SGBV response and referral mechanism through the three community centres and the women centre in Al-Mazrak Camp.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b):</b> N/A  <b>If 'NO' (or if GM score is 1 or 0):</b> The design and implementation of the project was based on the UNHCR's age, gender and diversity mainstreaming strategy.</p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>While no formal evaluation was planned, an evaluation of the IDP community centres were planned for April 2015 for programming and planning purposes. This exercise had to be cancelled with the escalation of conflicts and changes in the work modalities with a majority of the international staff working remotely.</p> <p>UNHCR however collected informal feedback from the partners running the centres and UNHCR field staff, which suggested that the centres had a significant value particularly in relation to social and psychosocial counselling. UNHCR plans to continue with the IDP community centres in the targeted governorates, with an option of opening additional centres during the current emergency period. UNHCR will also continue to work with the CBPN on the network expansion and capacity building to further strengthen protection monitoring and outreach especially in areas with limited access.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>

**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	09.04.14 – 31.03.15
2. CERF project code:	14-UFE-FPA-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/GBV		<input checked="" type="checkbox"/> Concluded
4. Project title:	GBV prevention and response in Yemen: targeting IDPs, returnees, refugees and conflict affected communities		
7. Funding	a. Total project budget:	US\$ 4,034,250	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,291,093	▪ NGO partners and Red Cross/Crescent: US\$ 555,867
	c. Amount received from CERF:	US\$ 666,611	▪ Government Partners: US\$ 0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	20,000	22,200	These figures include prevention and response services provided to women, men, boys and girls who are GBV survivors, as well as beneficiaries of awareness raising activities targeting communities, community leaders and government bodies. It also represents service providers (health, legal, ethical and psychosocial) who received GBV Inter-Agency Standing Committee (IASC) capacity building trainings supported by this very technical programme. The project also strengthens the existing Gender Based Violence Information Management System (GBVIMS) and the coordination/referral mechanisms. Despite men and boys remarkable involvement into the awareness activities and campaigns at community level, the target was slightly missed.
b. Male	35,000	34,137	
c. Total individuals (female + male):	55,000	56,337	
d. Of total, children <u>under</u> age 5	0	0	
9. Original project objective from approved CERF proposal			
<p><b>General objective</b></p> <ul style="list-style-type: none"> <li>- The overall objective of the project is to prevent new incidents of GBV and scale up response services for GBV survivors from within the IDP, returnee, refugee, migrant, asylum seeking and other conflict-affected communities in crisis-impacted areas in southern and northern Yemen.</li> </ul> <p><b>Specific objectives</b></p> <ul style="list-style-type: none"> <li>- Establish and strengthen the GBV referral/coordination and reporting mechanisms between service providers and beneficiaries.</li> <li>- Provide capacity building trainings for professionals and paraprofessional service-providers to detect immediate GBV cases and be able to provide on-the-spot quality care and support to survivors affected by conflicts.<sup>3</sup></li> <li>- Provide survivor-focused services (health, psychosocial-rehabilitation of survivors, legal and safe shelter).</li> <li>- Raise awareness of displaced people and host communities on GBV.</li> <li>- Introduce and roll out the GBV IMS for verified data collection and reporting as well as provide training on the IMS usage.</li> </ul>			

<sup>3</sup> The trainings will target service providers working in the conflict areas and identified as part of the GBV referral pathways.

#### 10. Original expected outcomes from approved CERF proposal

- 2 GBV referral systems are established and strengthened; 1 in south covering 5 governorates; 1 in north covering 3 governorates.
- GBV survivors received timely/proper assistance in-line with the international standards ISAC on GBV.
- Service providers including government bodies, NGOs, INGOs and UN agencies/IASC clusters received capacity building trainings and are aware of the IASC GBV guidelines
- Targeted communities aware of GBV, early/forced marriage, sexual exploitation and abuse (SEA) consequences.
- GBVIMS established and rolled out in targeted governorates.

#### Indicators

# GBV referral systems established and strengthened.

# of service providers from Government bodies, NGOs, INGOs and UN agencies/clusters received capacity building trainings and are aware of the ISAC GBV guidelines and provided timely and safe response services to survivors.

# of GBV survivors received timely/proper assistance

# of community-based awareness campaigns sessions conducted.

% of targeted communities including men, boys, women and girls, are aware of GBV issues, including early/forced marriages and SEA consequences.

# of GBVIMS established and rolled out in targeted governorates

#### 11. Actual outcomes achieved with CERF funds

- 2 GBV referral systems are established and strengthened; 1 in south covering 5 governorates; 1 in north covering 3 governorates.

The two GBV referral mechanisms are active and functioning in the North and South covering 13 Governorates overall. CERF funding has been allocated to cover the costs of 8 of these Governorates as originally planned. Funding contributed to effective referral mechanisms for identifying GBV cases through the selection of 50 national associations as part of the project referral mechanisms in targeted governorates.

- GBV survivors received timely/proper assistance in-line with the international standards ISAC on GBV.

GBV cases were identified by the community networks and other members of the WGs; 1,125 cases were reported between April 2014 and December 2014, of which; 30% physical assaults (including domestic violence), 21% psychological abuse, 26% denial of resources, services and opportunities (including family abandon) and deprivation from school, 6% sexual assault, 9% forced marriage (including child marriage) and 8% rape cases. Perpetrators were mostly intimate partners (husband), other family members (i.e. brothers, uncles) and community members (often unknown). All 1,125 survivors were promptly supported through psychosocial counselling by the Focal Points in communities and the counsellors of the associations. Individual management plans and follow up were ensured by the associations to all cases, be it medical referral, legal redress and safe shelter.

Complicated cases with medium/long intervention needs, and afraid of stigmatization or honour killing are referred to a shelter house for special care and follow up.

- Service providers including government bodies, NGOs, INGOs and UN agencies/IASC clusters received capacity building trainings and are aware of the IASC GBV guidelines

Capacity building activities were carried out for service providers and paraprofessionals, in line with the referral mechanisms and the GBV SOPs (including but not limited to – identification of GBV survivors, ethics in handling survivors, referral system theory and practice, etc.). A total 360 service providers and paraprofessionals were trained, with CERF funding supporting 300 of these beneficiaries. All trainees were, after the trainings, linked to the appropriate referral mechanism to support GBV survivors.

- Targeted communities aware of GBV, early/forced marriage, sexual exploitation and abuse (SEA) consequences.

During 2014, the 50 local associations participating into the referral mechanism in the North and South organized a total 296 awareness-sessions. During these sessions the following topics were addressed: Gender based violence, addressing domestic violence, types of violence and discrimination against women, rape and its causes, and how to reduce it in the community, GBV and Social deprivation (HR law), forced marriage, FGM, breast feeding, nutrition for pregnant women and children, children's rights.

180 Women Group Discussions were organised by the associations involving women who were selected to participate by the associations among GBV survivors, women at risk and other community members. The discussions tackled different topics, i.e. domestic violence, child marriage, prenatal health care, sexual assault, denial of resources, gender discrimination, human and women's rights, child psychological abuse, family planning, complementary child feeding.

CERF funding contributed directly to support the organisation of 160 of these sessions.

<p>- GBVIMS established and rolled out in targeted governorates.</p> <p>CERF funding contributed to establish 8 out of the total 13 GBV-IMS in targeted Governorates. UNFPA along with its implementing partner established and strengthen a database system for reported GBV cases. 24 Data officers received trainings under this project and mentoring on the usage of the GBVIMS (along with the ethics and code of conduct training).</p>	
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>	
<p>No significant discrepancies are highlighted between the original proposed activities and the activities implemented. Noticeably an recruitment of an international expert to update the GBV SOPs could not be finalised due to security constraints that regularly delayed the issuance of a visa and the travel into Yemen.</p> <p>In addition, one of the three planned implementing partners did not accept to collaborate with the project and therefore activities assigned to the IP were shifted to two implementing partners only. This signified a reduction in proposed staff costs as per the original budget.</p>	
<p>13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?</p>	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b>  <b>If 'NO' (or if GM score is 1 or 0):</b></p>	
<p>14. Evaluation: Has this project been evaluated or is an evaluation pending?</p>	<p>EVALUATION CARRIED OUT <input type="checkbox"/></p>
<p>Given the presence of two field coordinators assigned to closely monitor activities in the field (both North and South) it was felt that their presence, plus frequent field visits by the UNFPA CO to monitor the implementation and quality of the activities, was sufficient to guaranteed that the project activities were delivered timely, efficiently, and to a high standard.</p>	<p>EVALUATION PENDING <input type="checkbox"/></p>
	<p>NO EVALUATION PLANNED <input checked="" type="checkbox"/></p>



**TABLE 8: PROJECT RESULTS**

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNFPA	5. CERF grant period:	25.04.14 – 31.12.14
2. CERF project code:	14-UFE-FPA-010	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Emergency Obstetric (EmONC) and Neonatal care for IDPs, Returnees and Conflict affected communities in Yemen (north and south)		
7. Funding	a. Total project budget:	US\$2,375,942	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,309,443	▪ NGO partners and Red Cross/Crescent: US\$ 62,627
	c. Amount received from CERF:	US\$ 602,396	▪ Government Partners: US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	76,232	10,924	The figures includes beneficiaries (men and women) of reproductive health services provided by mobile clinics, hospitals and health centres supported by this very programme, as well as paraprofessionals and service providers trained on EmONC and family planning, and recipient of awareness raising activities on antenatal and postnatal care and the importance of safe delivery in health facilities. The remarkable discrepancy in beneficiaries is due to the cancellation of the procurement process for Comprehensive Emergency Obstetric and Neonatal Care (CEmONC) and Basic Emergency Obstetric and Neonatal Care (BEmONC) equipment which encountered delays and could not be completed within the duration of the project. This procurement component constituted the bulk of the activities and the mean to reach the vast majority of beneficiaries planned. The unspent amount due to rejection of a No-Cost-Extension and cancelled procurement was US\$ 49,000, which is returned to the CERF.  Children U5 were reached as follows: 378 infants safely delivered during normal deliveries 49 infants safely delivered during C-sections 9,575 Infants benefited from antenatal care services/ awareness
b. Male	31,151	408	
c. Total individuals (female + male):	107,383	11,332	
d. Of total, children <u>under age 5</u>	10,000	10,002	
9. Original project objective from approved CERF proposal			
<b>General objective</b> To reduce maternal and neonatal morbidity and mortality for IDPs, returnees and other conflict affected communities in targeted governorates.			
<b>Specific objective</b> To enable 107,383 women, girls, men and boys to access safe and timely maternal health and family planning services in the targeted areas.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> <li>2 referral hospitals will be able to provide Comprehensive Emergency Obstetric, Neonatal emergency treatment for IDPs,</li> </ul>			

returnees and conflict affected communities.

- 20 health centers will provide integrated primary health care services with strong Reproductive Health component.
- Targeted health centers will provide Family planning counseling and services.
- Pregnant women as well as girls, men and boys in community, will receive awareness sessions/counseling on RH, including safe delivery, ANC, FP, etc.

**Indicators:**

**# of hospitals, health centres equipped with CEmONC and BEmONC**

**# of health workers received capacity building trainings and provided timely and safe RH services**

**# of pregnant women with complications who received EmONC services**

**# of pregnant women with complications who received CEmONC service**

**# of pregnant women who receive ANC follow ups per month and other counselling**

**# of men and women who receive FP services**

**11. Actual outcomes achieved with CERF funds**

- Two referral hospitals will be able to provide Comprehensive Emergency Obstetric, Neonatal emergency treatment for IDPs, returnees and conflict affected communities.

The procurement of the CEmONC and BEmONC equipment had been processed internationally through UNFPA-Procurement Service Branch in Copenhagen, where there was shortage in some items due to priority given to internationally recognised L3 emergencies, including Iraq, however the first batch of equipment has been assembled, received and distributed to AL Jumhuri hospital in Sa'ada. The last batches of the RH equipment were expected to reach Yemen as of January 2015 but unfortunately a no-cost extension was not granted to the project and the procurement had to be cancelled.

The project hired a gynaecologist to provide maternity services to Sa'ada Governorate and surrounding Governorates in the north of Yemen. The expert was able to provide :

- Support to pregnant women to guarantee safe delivery in a health facility (378 cases during the reporting period)
- Support to pregnant women with complicated deliveries and C-sections (49 cases during the reporting period)
- Provide consultations on maternity and ante-natal care, including family planning services (9,575 cases during the reporting period)

The project also provided CEmONC training to 10 service providers in the two target hospitals (5 staff respectively for the north and south of Yemen)

- 20 health centers will provide integrated primary health care services with strong reproductive health component.

Due to the delays in procurement (see above) the health centres could not be supplied with the necessary equipment and thus this outcome was not achieved. However UNFPA supported health facilities in four Governorates with BEmONC equipment supplied from its own stocks while the international procurement process was on going. BEmONC training was also provided to 60 service providers in the targeted health facilities.

- Targeted health centers will provide family planning counselling and services.

Capacity Building was provided to 60 midwives and service providers on Family planning (FP) and insertion of IUDs.

- Pregnant women as well as girls, men and boys in community, will receive awareness sessions/counseling on RH, including safe delivery, ANC, FP, etc.

Outreach activities and counselling at the community level, including the referral of complicated cases to the nearest health facility reached more than 1,200 beneficiaries. Eighteen sessions in total were conducted across 6 governorates targeting women, girls, men and boys.

The project supported the design, printing and distribution of 30,000 flyers on safe delivery by skilled birth attendants, posters and booklets, (5,000 for each targeted governorate).

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

UNFPA's project on maternal health couldn't reach to all targeted beneficiaries because the requested No-Cost-Extension was rejected and consequently, the planned procurement activities were cancelled. The procurement of the CEmONC and BEmONC equipment had been processed internationally through UNFPA-Procurement Service Branch in Copenhagen, where there was shortage in some items due to priority given to internationally recognised L3 emergencies, including Iraq, however the first batch of equipment has been assembled, received and distributed to AL Jumhuri hospital in Sa'ada. The last batches of the RH equipment were expected to reach Yemen as of early 2015 but unfortunately a no-cost extension was not granted to the project and the procurement had to be cancelled.

The No-Cost Extension was submitted on time to OCHA (3 weeks before the expiration dates) as per the guidance notes. However, it was rejected despite three rounds of explanations on the delays of the international procurement. The cancellation of the procurement activities had a remarkable impact on project activities and on the number of beneficiaries reached. The unspent amount due to rejection of the No-Cost-Extension and cancelled procurement was US\$ 49,000, which is returned to the CERF.

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

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
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Given the presence of two field coordinators assigned to closely monitor activities in the field (both North and South) it was felt that their presence, plus frequent field visits by the UNFPA CO to monitor the implementation and quality of the activities, was sufficient to guaranteed that the project activities were delivered timely, efficiently, and to a high standard.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	UNDP	5. CERF grant period:	09.04.14 – 31.12.14
2. CERF project code:	14-UFE-UDP-002	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Mine Action		<input checked="" type="checkbox"/> Concluded
4. Project title:	Support to Eliminate the Impact from Mines and Explosives Remnants of War (ERW) in Yemen Phase IV		
7. Funding	a. Total project budget:	US\$ 7,786,376	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 3,132,264	▪ NGO partners and Red Cross/Crescent: US\$ N/A
	c. Amount received from CERF:	US\$ 1,500,000	▪ Government Partners: US\$ 1,310,902
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	2,785,224	206,767	The original project proposal erroneously indicated the amount of direct beneficiaries planned for the overall project and not exclusively related to CERF funding. The numbers indicated in the report refer exclusively to beneficiaries reached through CERF funding – which in 2014 represented about 50% of total funding received and about 20% of the funding needed for the project to operate on full scale. In addition to this, in 2014 challenges arose in the relationship between UNDP and the implementing partner – YEMAC. These challenges were successfully tackled through a thorough management review and a new setup for the project that transferred a significant amount of responsibilities back to UNDP. While the results of this revision process were deemed more than satisfactory – implementation was considerably delayed.
b. Male	2,777,972	239,750	
c. Total individuals (female + male):	5,563,196	446,517	
d. Of total, children <u>under</u> age 5	2,458,933	299,103	
9. Original project objective from approved CERF proposal			
<p>These are based on the main Outputs of the project:</p> <ul style="list-style-type: none"> <li>• Population are protected from the risks of explosive remnants of war by efficient and effective mapping areas of risk, technical marking of explosive devices and Mine/ERW/IM clearance operations.</li> <li>• Support victims of explosives through medical treatment and referrals.</li> <li>• Enhance capacity of YEMAC to maintain effective and safe operations.</li> <li>• Support information sharing to the GoY, affected populations and the Humanitarian Community</li> </ul>			
10. Original expected outcomes from approved CERF proposal			
<p><b>Outcome 1. In the North Map and mark out approximately (75%) area suspected to have SHA in Amran, Haijah, Al Jawf and Sada'a.</b></p> <ul style="list-style-type: none"> <li>• In depth Technical investigation of SHA to define the scope of Confirmed Hazardous Areas (CHA).</li> <li>• Clear mines/ERW from CHA.</li> <li>• Indicator 1. Land Release of approximately 16,927km<sup>2</sup> (95% of A.1 Area).</li> </ul>			

<p><b>Outcome 2. In the South Map and mark out approximately 2,830km<sup>2</sup> (50%) to identify SHA in Abyan.</b></p> <ul style="list-style-type: none"> <li>• In depth Technical investigation of SHA to define the scope of Confirmed Hazardous Areas (CHA)</li> <li>• Clear mine/ERW from CHA</li> <li>• Indicator 2. Land Release of approximately 2,689km<sup>2</sup> (95% of B.1 Area).</li> </ul> <p><b>Outcome 3. Other contaminated areas of Yemen</b></p> <ul style="list-style-type: none"> <li>• Maintain overview of 'Legacy' CHA.</li> <li>• Indicator 3. Technical operations, where possible, in legacy Areas.</li> </ul>	
11. Actual outcomes achieved with CERF funds	
<p><b>Outcome 1. In the North Map and mark out approximately (75%) area suspected to have SHA in Amran, Haijah, Al Jawf and Sada'a.</b></p> <p>Non – technical survey was conducted in 3 districts in Sa'dah governorate (As Safra, Sa'dah city, Sehar) and in 2 districts in Sana'a (Arhab, Bani Al Harth) identifying new suspected hazardous areas of about 14.6 million m<sup>2</sup> in Sa'dah and of about 2.9 million m<sup>2</sup> in Sana'a.</p> <p>2,193,800 m<sup>2</sup> were technically surveyed in the districts Al Dhaher, Razeh, Haidan, Shatha in Sa'adah governorate and the district of Bani Al Hareth in Sana'a, and 789,906 m<sup>2</sup> were marked as minefield with the remaining 1,403,894 released to the community. In the same areas, 370,795 m<sup>2</sup> of mine fields were cleared from the threat of landmine/ERW and freed for the use of civilians. An additional 88,109 m<sup>2</sup> are ready to be handed over to local authorities.</p> <p><b>Outcome 2. In the South Map and mark out approximately 2,830km<sup>2</sup> (50%) to identify SHA in Abyan.</b></p> <p>Non – technical survey was conducted in 4 districts in Abyan governorate and 1,360,000 m<sup>2</sup> were technically surveyed in the districts of Khanfar and Zinjbar. 168,622 m<sup>2</sup> were marked as minefield with the remaining 1,191,378 m<sup>2</sup> released to the community. In the same areas, 466,681 m<sup>2</sup> of mine fields were cleared from the threat of landmine/ERW and freed for the use of civilians. And additional 123,306 m<sup>2</sup> are ready to be handed over to local authorities.</p> <p><b>Outcome 3. Other contaminated areas of Yemen</b></p> <ul style="list-style-type: none"> <li>• Maintain overview of 'Legacy' CHA.</li> <li>• Indicator 3. Technical operations, where possible, in legacy Areas.</li> </ul> <p>YEMAC handed over 3 cleared mine fields (total area of 6,153 m<sup>2</sup>) to the local authorities in Al Hasha district, Al Dhale'e Governorate and 5 cleared mine fields to the local authorities in Al Waziyah district, Taiz governorate (total area 13,100 m<sup>2</sup>).</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
As mentioned in the beneficiaries section, targets for activities were erroneously set for the entire project and not specifically for the CERF contribution. Critical shortage of funding has caused the targets for 2014 not to be achieved, although every effort has been done with the funding available. In addition, the reorganisation of the project from nationally-implemented to directly-implemented by UNDP, and the thorough revision of YEMAC's capacities – have considerably slowed down implementation of activities so that our targets were missed. It is envisioned that under the new implementation modality, allowing for a much stricter monitoring by UNDP, the implementation of activities will proceed in the future in a more efficient and transparent way.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p><b>If 'YES', what is the code (0, 1, 2a or 2b): 1</b></p> <p><b>If 'NO' (or if GM score is 1 or 0):</b> The project's activities – inherently gender neutral as they benefit all people living in the communities which are marked and cleared – have particular beneficial effect on men and boys, as they are found to be most affected by landmines. Needs assessment and records of incidents clearly show that about 82% of the victims of ERWs are men and boys. However particular care is taken to ensure that the routine mine risk education activities that accompany survey and demining activities reach also women and children in the target communities – as children represent a sizeable minority of victims of ERWs. Data on beneficiaries reached is, to the extent possible, collected gender and age disaggregated to identify trends in needs and adjust response accordingly.</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>

Audit evaluation of YEMAC was carried out, together with a thorough management evaluation of the organisation (including funds utilization and project's assets) – in order to highlight gaps and shortcoming. No evaluation of the project per se was conducted over the reporting period, in light of the limited field work carried on.	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	IOM	5. CERF grant period:	01.04.14 – 31.03.15
2. CERF project code:	14-UFE-IOM-012	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Water, Sanitation and Hygiene		
4. Project title:	Emergency WASH assistance for new IDPs in al Jawf and conflict-affected underserved communities in Abyan		
7. Funding	a. Total project budget:	US\$ 2,700,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 600,000	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$0
	c. Amount received from CERF:	US\$600,000	▪ <i>Government Partners:</i> US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	6,811	12,857	The number of beneficiaries reached increased as a result of the high participation in the hygiene campaigns
b. Male	4,589	12,605	
c. Total individuals (female + male):	11,400	25,462	
d. Of total, children under age 5	798	1,782	
9. Original project objective from approved CERF proposal			
To prevent the dramatic increase of morbidity and mortality of IDP and host communities in Barat Al Anan, Al Maton and Khabb wa ash Sha'af districts of Al Jawf governorate, as well as conflict-affected and underserved communities of Jayshan, Rosod, Sibbah, Sarar, Al Wadea, Moudia, Mahfad and Ahwar remote districts of Abyan governorate, by enhancing access to safe drinking water, hygiene and sanitation, as well as water storage and water resources management.			
10. Original expected outcomes from approved CERF proposal			

Objectives/Outputs	Indicators	Baseline/Target	Assumptions
Objective: To prevent the dramatic increase of morbidity and mortality of IDP and host communities in Barat Al Anan, Al Maton and Khabb wa ash Sha'af districts of Al Jawf governorate, as well as conflict-affected and underserved communities of Jayshan, Rosod, Sibbah, Sarar, Al Wadea, Moudia, Mahfad and Ahwar remote districts of Abyan governorate, by enhancing access to safe drinking water, hygiene and sanitation, as well as water storage and water resources management			
Outcome 1: Life-saving access to water, hygiene and sanitation for IDP and host communities in northern Al Jawf is enhanced			
Output 1.1: 400 most vulnerable IDP and host community households have access to family water and hygiene materials	# of water storage sets distributed	Target: 400 HH over the 9-month implementation period	Security allows for access to targeted areas Rehabilitation materials are available in the market Government partners remain committed to support interventions
	# of hygiene and sanitation kits distributed	Target: 400 HH over the 9-month implementation period	
Output 1.2: Increased access to safe drinking water and to WATSAN in health facilities	# of drinking water sites rehabilitated	Target: 10 sites over the 9-month implementation period	
	# of WASH structures in health facilities rehabilitated	Target: 10 structures over the 9-month implementation period	
Output 1.3: Increased IDP and host community awareness on hygiene, sanitation and water resources quality and management	# of beneficiaries reached by hygiene awareness campaigns	Target: 5,400 individuals over the 9-month implementation period	
	# of Water Management Committees formed and trained	Target: 10 committees over the 9-month implementation period	
Outcome 2: Life-saving access to water, hygiene and sanitation for conflict-affected and underserved communities in Abyan governorate			
Output 2.1: 500 most vulnerable IDP and host community households have access to family water and hygiene materials	# of water storage sets distributed	Target: 500 HH over the 9-month implementation period	Security allows for access to targeted areas Rehabilitation materials are available in the market Government partners remain committed to support interventions
	# of hygiene and sanitation kits distributed	Target: 500 HH over the 9-month implementation period	
Output 2.2: Increased access to safe drinking water and to WATSAN in health facilities	# of drinking water sites rehabilitated	Target: 15 sites over the 9-month implementation period	
	# of WASH structures in health facilities rehabilitated	Target: 15 structures over the 9-month implementation period	
Output 2.3: Increased awareness amongst conflict-affected and underserved communities on hygiene, sanitation and water resources quality and management	# of beneficiaries reached by hygiene awareness campaigns	Target: 6,000 individuals over the 9-month implementation period	
	# of Water Management Committees formed and trained	Target: 15 committees over the 9-month implementation period	
11. Actual outcomes achieved with CERF funds			



Target activity	Achievements as of the 31st of March 2015	
400 most vulnerable IDP and host community households have access to family water and hygiene materials	# of water storage sets distributed  # of hygiene and sanitation kits distributed	169 Water tanks were procured and provided to Barat Al Anan district for distribution, 231 tanks to Al Matoon district.  399 HHs received WASH kits in the districts of Barat Al Anan , Al Matoon & , Khabb wa ash Sha'af (120 HH in Khabb wa ash Sha'af, 134 HH in Al Matoon & 145 HH in Barat Al Anan).
Increased access to safe drinking water and to WATSAN in health facilities	# of drinking water sites rehabilitated  # of WASH structures in health facilities rehabilitated	Rehabilitation of 11 water sites in Aljawf in the districts of Al Matoon, Azzaher, Khabb wa ash Sha'af & Barat Al Anan have been assessed and procurement done.  Rehabilitation of WASH structures in 8 sites at health facilities in the districts of Al Matoon, Al Maslub, Azzaher, Khabb wa ash Sha'af & Barat Al Anan have been assessed and procured.
Increased IDP and host community awareness on hygiene, sanitation and water resources quality and management	# of beneficiaries reached by hygiene awareness campaigns  # of Water Management Committees formed and trained	A total of 1,488 HHs were targeted by the H&S teams' awareness sessions in Barat Al Anan , Al Matoon & , Khabb wa ash Sha'af (a total of 11,557 individuals: 4,487 female, 7,070 male). Breakdown per district is: 470 HH in Khabb wa ash Sha'af, 547 HH in Al Matoon and 471 HH in Barat Al Anan  11 Water Management Committees were formed.
500 most vulnerable IDP and host community households have access to family water and hygiene materials	# of water storage sets distributed  # of hygiene and sanitation kits distributed	500 Family Water tanks and Hygiene kits were procured and stored in the IOM warehouse in Aden, the distribution could not take place in due time due to the eruption of the conflict and consequent lack of access to the warehouse. The situation is ongoing but the tanks will be distributed as soon as the access to the warehouse is granted using its own resources.
Increased access to safe drinking water and to WATSAN in health facilities	# of drinking water sites rehabilitated  # of WASH structures in health facilities rehabilitated	14 water points were rehabilitated in Ahwer (4), Al Wade'a (2), Gayshan (1), Sibbah (2), Rusod (1), and Al Mahfad (2)  Rehabilitation of WASH structures in 12 health facilities in Abyan have been assessed and rehabilitated.
Increased awareness amongst conflict-affected and underserved communities on hygiene, sanitation and water resources quality and management	# of beneficiaries reached by hygiene awareness campaigns  # of Water Management Committees formed and trained	IOM teams distributed hygiene materials during conducted hygiene sessions in the districts of Mudiya, Sibbah & Mahfad to a total of 13,905 individuals (8,370 female and 5,535 male)  15 Water Management Committees were created and trained in target areas of Abyan.
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:		
The security situation affected considerably the implementation of the activities. Therefore all the procurement was done but some Delivery (Hygiene kits and water tanks in Abyan) is to be conducted later with IOM internal funding.		
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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

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

The lack of access to water resulting from the distance of wells and their inadequate conditions reflects negatively on the quality of hygiene and sanitation, as well as on the quality of drinking water, leading to a dramatic worsening of the health status among targeted populations, primarily impacting categories at major risk.

While many of these health conditions that directly result from lack of access to safe water largely affect women and children, it is also women and children (under 12) who are involved in the physically demanding task of collecting water. Moreover, the distance or inaccessibility of wells is forcing affected communities to resort to alternative water sources, though unsafe. Such fall back solution would in most cases force women to take long walks to fetch water, exposing them to protection violations whilst travelling insecure routes.

Gender was mainstreamed at every stage of project implementation to ensure sensitivity of interventions being carried out considering the very delicate environment where humanitarian operators will be. Beneficiaries' selection procedure foresaw the presence of representatives of women and youth in the committees that were formed to identify the neediest households. Moreover, IOM teams in both Abyan and Al Jawf are sex-balanced in order to be able to access vulnerable communities in a non-intrusive or culturally-insensitive way.

14. Evaluation: Has this project been evaluated or is an evaluation pending?

EVALUATION CARRIED OUT

Due to the conflict, IOM final evaluation could not be carried as the targeted areas in both governorates are not accessible anymore

EVALUATION PENDING

NO EVALUATION PLANNED

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	IOM	5. CERF grant period:	25.03.14 – 31.12.14
2. CERF project code:	14-UFE-IOM-011	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project title:	Provision of life-saving health care and psychosocial care to hardest-to reach conflict-affected communities of Abyan and Al-Jawf Governorates		
7. Funding	a. Total project budget:	US\$ 2,150,000	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 650,000	▪ NGO partners and Red Cross/Crescent: US\$0
	c. Amount received from CERF:	US\$ 600,000	▪ Government Partners: US\$0
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	80,000	67,702	85% of the total planned beneficiaries reached 92% of the planned under 5 children beneficiaries reached No significant discrepancy in the planned and achieved beneficiaries.
b. Male	75,000	63,856	
c. Total individuals (female + male):	155,000	131,558	
d. Of total, children <u>under age 5</u>	55,000	50,844	
9. Original project objective from approved CERF proposal			
<ol style="list-style-type: none"> <li>To reduce mortality and morbidity among conflict affected populations of Abyan and Al-Jawf Governorates, IDPs, returnees and host communities, through direct health care provision;</li> <li>To contribute to health system strengthening in Abyan and Al Jawf through operational support of selected MOPHP primary health care facilities and essential technical trainings of health care providers.</li> </ol>			
10. Original expected outcomes from approved CERF proposal			
<ol style="list-style-type: none"> <li>IOM's three MHUs are sustained, and eight MOPHP fixed public health facilities are supported, covering the districts of Jayshan, Ahwar, Al Mahfd, Al Wade'a and Khanfir in Abyan, Barat Al Anan, Rajuzah and Al Humaydat in Al Jawf, with the possibility of reaching out to other districts whenever the need arises;</li> <li>Health promotion sessions are implemented covering the main health topics relevant to the local context, as well as general health messages, directly benefiting at least 50,000 individuals (25,000 females and 25,000 males), as well as the larger district communities – approximately 155,000 individuals.</li> <li>Up to 6,500 boys and 6,500 girls under five years old will benefit from IMCI;</li> <li>Up to 6,500 boys and 6,500 girls under five years old will benefit from immunization;</li> <li>Up to 6,000 pregnant women and girls will be provided with individual home delivery kits;</li> <li>Up to 6,000 pregnant/ lactating women and girls will benefit from ante and post natal care, immunization, and nutrition supplementation;</li> <li>Up to 100 women in labour assisted by the health units with safe normal delivery;</li> <li>Up to 10 women with complicated labour assisted with emergency referrals;</li> <li>Life-saving emergency health services, primary health care and safe health referrals are provided to a population of over 155,000 people, with at least 54,000 individuals directly benefiting from these services where priority will be given to women (30%), boys (25%) and girls (25%) and older people, those with disabilities and special needs (5%);</li> <li>At least 20,000 individuals, of whom at least 6,000 women, 5,000 boys and 5,000 girls, will directly benefit from psychological first aid and community based psychosocial activities; men will also be targeted, notably in focus group discussions as detailed above;</li> <li>A health information system is maintained, linked with the national surveillance system; and</li> </ol>			

12) Up to 50 health care providers, 25 men and 25 women, are provided with essential technical trainings on nutrition, maternal and child health.	
11. Actual outcomes achieved with CERF funds	
<p>Of the 85% or 131,558 total number of beneficiaries, 45,900 of them including males, females and children directly benefited the health services provided through the project primary health care, safe delivery, ante-natal and post-natal care, immunization and nutrition supplementation.</p> <p>Of the 92% or 50,844 children reached, 8,064 (4,252 boys and 3,812 girls) of them directly benefited the health services including Integrated Management of Childhood Illnesses (IMCI), immunization and nutrition services.</p> <p>In addition, distribution of safe delivery kits, assisted deliveries, nutrition supplemental material to pregnant and lactating women and ante-natal and post-natal care were the other services provided to women.</p>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No significant discrepancy in the planned and achieved outcomes.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a or 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): N/A</p>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
	EVALUATION PENDING <input type="checkbox"/>
	NO EVALUATION PLANNED <input checked="" type="checkbox"/>

**TABLE 8: PROJECT RESULTS**

CERF project information			
1. Agency:	FAO	5. CERF grant period:	21.04.14 – 31.03.15 (a no cost extension was approved up to 31/03/15).
2. CERF project code:	14-UFE-FAO-007	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Agriculture		
4. Project title:	Emergency provision of livelihoods inputs to IDPs and host communities in Al Jawf		
7. Funding	a. Total project budget:	US\$ 1,931,996	d. CERF funds forwarded to implementing partners:
	b. Total funding received for the project:	US\$ 1,799,997	▪ <i>NGO partners and Red Cross/Crescent:</i> US\$ 118,764
	c. Amount received from CERF:	US\$ 1,799,997	▪ <i>Government Partners:</i> US\$ 66,168
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	9,270	33,580	19,130 Households or 114,780 individuals benefitted from this project. The figure is higher than initially planned due to the inclusion of a livestock vaccination component. If excluding the latter the total number of beneficiaries would have been set at 24,780 individuals in line with the initial number of beneficiaries foreseen at the time the proposal was prepared.
b. Male	13,680	81,200	
c. Total individuals (female + male):	22,950	114,780	
d. Of total, children <u>under</u> age 5	4,380	N/A	
9. Original project objective from approved CERF proposal			
<p>Overall Objective: To support the food security of conflict affected IDPs and host communities in Al Jawf governorate through support to their livelihoods and production capacity.</p> <p>Specific Objective 1: To enhance host communities' production capacity through provision of agricultural and home gardening inputs, combined with targeted and appropriate training.</p> <p>Specific Objective 2: To support the long-term livelihoods of IDPs through provision of livestock, targeted training and veterinary care services.</p>			
10. Original expected outcomes from approved CERF proposal			
<p><b>Outcome:</b> 2,550 vulnerable households have improved their coping mechanisms and livelihood due to access to more agriculture inputs and livestock.</p> <p><b>Indicators:</b></p> <ol style="list-style-type: none"> <li>1) 1,550 households have improved agricultural production and access to inputs by the end of the project.</li> <li>2) 600 female-headed households have access to more diverse food stuffs by the end of the project timeframe.</li> <li>3) 400 IDP households have access to livestock-based income generation opportunities capacity.</li> <li>4) 80% of IDPs has increased their purchasing power through sale of dairy products within three months following livestock distribution.</li> <li>5) 90 % of total beneficiaries are satisfied with the quality of inputs provided.</li> </ol>			
11. Actual outcomes achieved with CERF funds			
- 1650 HHs (IDPs and host families) have improved agricultural production and access to inputs which contributed to the food ration of 13,200 people for 12 months.			

<ul style="list-style-type: none"> <li>- 500 female headed HHs (IDPs and host families) have benefited from home gardening with diversified food stuffs for the production of 3,600 MTs of vegetables generating up to US\$ 502,200 of income from surplus sales.</li> <li>- 1,500 HHs (IDPs and host families) have benefited from the distribution of 15,000 poultry raising packages, producing so far around 187,500 eggs per month for an estimated value of US\$ 28,125.</li> <li>- 480 HHs (IDPs and host families) have access to livestock-based income generating opportunities through the distribution of 1,400 sheep and 60 MTs of animal feed concentrate generating a total of 1,440 lamb within the next 3 months (from the date of reporting), contributing to HHs income by generating an estimated US\$ 72,000 every 5-7 months.</li> <li>- 15,000 HHs (IDPs and host families) have benefited from animal health protection services through vaccinating 300,000 animals (cows, sheep and goats) against trans-boundary diseases and training of 25 Community Animal Health Workers who were equipped with basic veterinary kits.</li> </ul>	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
No major discrepancy other than the addition of a livestock vaccination component which allowed the project to target a far greater number of HHs as initially planned. This was made possible by savings made on various budget lines of the project.	
13. Are the CERF funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<b>If 'YES', what is the code (0, 1, 2a or 2b): 2a</b> <b>If 'NO' (or if GM score is 1 or 0): N/A</b>	
14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT <input type="checkbox"/>
Final evaluation is pending given the No-cost extension. The findings so far are still to be fully validated which should be done by mid-June 2015. The report will be submitted to OCHA once ready.	EVALUATION PENDING <input checked="" type="checkbox"/>
	NO EVALUATION PLANNED <input type="checkbox"/>

## ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Implementing Partner Name	Sub-grant made under pre-existing partnership agreement	Partner Type	Total CERF Funds Transferred to Partner US\$	Date First Installment Transferred	Start Date of CERF Funded Activities By Partner*	Comments/Remarks
14-UFE-CEF-031	Water, Sanitation and Hygiene	UNICEF	IHUK	Yes	INGO	\$149,543	31-Dec-14	11-Sep-14	
14-UFE-CEF-031	Water, Sanitation and Hygiene	UNICEF	CSSW	Yes	NNGO	\$210,825	31-Dec-14	3-May-14	
14-UFE-CEF-031	Water, Sanitation and Hygiene	UNICEF	Alkhair	Yes	NNGO	\$160,358	31-Dec-14	15-May-14	
14-UFE-CEF-031	Water, Sanitation and Hygiene	UNICEF	Alamal	Yes	NNGO	\$225,670	31-Dec-14	5-May-14	
14-UFE-CEF-031	Water, Sanitation and Hygiene	UNICEF	DRC	Yes	INGO	\$69,078	31-Dec-14	2-Jun-14	
14-UFE-CEF-031	Water, Sanitation and Hygiene	UNICEF	GARWSP	Yes	GOV	\$81,002	31-Dec-14	10-May-14	
14-UFE-CEF-031	Water, Sanitation and Hygiene	UNICEF	EU of IDPs	Yes	GOV	\$129,519	31-Dec-14	8-May-14	
14-UFE-HCR-010	Protection	UNHCR	Islamic Relief Yemen	Yes	INGO	\$160,516	24-Mar-14	23-Apr-14	UNHCR's resource management is not projectized and the funding was for part of the annual project. For this reason the first instalments were released before the CERF project start dates, however, the CERF funding were applied towards activities/expenditures for the project period.
14-UFE-HCR-010	Protection	UNHCR	Adventist Development and Relief Agency	Yes	INGO	\$130,591	30-Jan-14	23-Apr-14	
14-UFE-HCR-010	Protection	UNHCR	Al Amal	Yes	NNGO	\$5,209	30-Jan-14	23-Apr-14	
14-UFE-HCR-010	Protection	UNHCR	Executive Unit	Yes	GOV	\$81,442	29-Jan-14	23-Apr-14	
14-UFE-HCR-010	Protection	UNHCR	Charitable Society of Social	Yes	NNGO	\$145,719	30-Jan-14	23-Apr-14	

			Welfare						
14-UFE-HCR-010	Protection	UNHCR	Al Bena	Yes	NNGO	\$49,605	30-Jan-14	23-Apr-14	
14-UFE-UDP-002	Mine Action	UNDP	YEMAC	Yes	GOV	\$1,310,902	30-Apr-14	4-Apr-14	
14-UFE-FAO-007	Agriculture	FAO	ACTED	No	INGO	\$118,764	1-Aug-14	3-Aug-14	Distribution of project inputs
14-UFE-FAO-007	Agriculture	FAO	Directorate General of Animal Health and Vet. Quarantine, Ministry of Agriculture and Irrigation	No	GOV	\$41,759	24-Mar-15	5-Mar-15	Livestock preventive vaccination
14-UFE-FAO-007	Agriculture	FAO	Yemen Veterinary Medicine Association	No	GOV	\$24,409	24-Mar-15	23-Feb-15	NCE granted. Training course for animal health community workers
14-UFE-WFP-014	Nutrition	WFP	Ministry of Public Health and Population	Yes	GOV	\$32,099	19-Jun-14	1-May-14	
14-UFE-WFP-014	Nutrition	WFP	PU-AMI	Yes	INGO	\$27,395	24-Jun-14	1-May-14	
14-UFE-WFP-014	Nutrition	WFP	SCI	Yes	INGO	\$9,265	24-Jun-14	1-May-14	
14-UFE-WFP-014	Nutrition	WFP	VHI	Yes	INGO	\$7,668	24-Jun-14	1-May-14	
14-UFE-FPA-010	Health	UNFPA	Yemen Family Care Association	Yes	NNGO	\$62,627	5-Aug-14	1-May-14	Disbursement was delayed as requested by IP while waiting for the procurement activities to be completed.
14-UFE-FPA-011	Protection	UNFPA	INTERSOS	Yes	INGO	\$375,787	18-May-14	15-Apr-14	
14-UFE-FPA-011	Protection	UNFPA	Yemen Women Union	Yes	NNGO	\$180,079	18-May-14	15-Apr-14	
14-UFE-WHO-014	Nutrition	WHO	Ministry of Public Health and Population	Yes	GOV	\$115,200	28-Mar-14	15-Jun-14	
14-UFE-WHO-013	Health	WHO	Ministry of Public Health and Population	Yes	GOV	\$945,221	14-Apr-14	30-Apr-14	
14-UFE-WHO-013	Health	WHO	ADRA	Yes	INGO	\$20,917	14-Apr-14	30-Apr-14	
14-UFE-WHO-013	Health	WHO	CSSW	Yes	NNGO	\$27,419	14-Apr-14	30-Apr-14	
14-UFE-CEF-030	Nutrition	UNICEF	MoPHP and Hodeidah GHO	Yes	GOV	\$672,605	1-Apr-14	31-Dec-14	Including US\$ 434,929 supplies



14-UFE-CEF-030	Nutrition	UNICEF	IMC	Yes	INGO	\$495	1-Apr-14	31-Dec-14	
14-UFE-CEF-030	Nutrition	UNICEF	ACF	Yes	INGO	\$287,121	15-Jun-14	31-Dec-14	
14-UFE-CEF-029	Protection	UNICEF	YEMAC	Yes	GOV	\$172,807	25-Apr-14	22-Apr-14	
14-UFE-CEF-029	Protection	UNICEF	DRC	Yes	NNGO	\$345,786	25-Apr-14	22-Apr-14	

## ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

ACF	Action Contre la Faim
ADRA	Adventist Development and Relief Agency
ANC	Ante-Natal Care
BEmONC	Basic Emergency Obstetric and Neonatal Care
CBPN	Community Based Protection Network
CEmONC	Comprehensive Emergency Obstetric and Neonatal Care
CERF	Central Emergency Response Fund
CHA	Confirmed Hazardous Area
CHV	Community Health Volunteers
CMAM	Community Management of Acute Malnutrition
CSO	Civil Society Organisations (CSOs)
CSSW	Charitable Society of Social Welfare
DDG	Danish Demining Group (DDG)
DRC	Danish Refugee Council (DRC)
eDEWS	Electronic Disease Early Warning System
ERF	Yemen Emergency Relief Fund
ERWs	Explosive Remnants of War
EVI	Extremely Vulnerable Individuals
Ex.U	Executive Unit of IDPs
FETP	Field Epidemiological Training Program
FGS	Focus Group Discussions
FP	Family Planning
FSMS	Food Security Monitoring Survey
GAM	Global Acute Malnutrition
GBV	Gender-based violence
GBVIMS	Gender Based Violence Information Management System
GenCap	Gender Standby Capacity Project
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HH	Households
IASC	Inter-Agency Standing Committee
ICCM	Inter Cluster Coordination Mechanism
IDP	Internally Displaced Persons
IED	Improvised Explosive Devices
IMCI	Integrated Management of Childhood Illnesses
IMs	Improvised Munitions
IOM	International Organization for Migration
IRY	Islamic Relief Yemen
IV	Intravenous
IYCF	Infant Young Child Feeding
MERS-COV	Middle East Respiratory Syndrome Coronavirus
MNCH	Maternal, Newborn and Child Health
MOPHP	Ministry of Public Health and Population
MOSAL	Ministry of Social Affairs and Labour
MRE	Mine Risk Education
MRM	Monitoring and Reporting Mechanisms

NCE	No-Cost-Extension
NFDHR	National Foundation for Development and Human Rights
NFI	Non-Food Items
NGO	Non-Governmental Organisation
ORS	Oral Rehydration Salts
OTP	Out Patient Programme
PHC	Primary Health Care
PLW	Pregnant or Lactating Women
PSN	Persons with Special Needs
RUTF	Ready-to-Use Therapeutic Food
SAM	Severely acutely malnourished
SEA	Sexual Exploitation and Abuse
SGBV	Sexual and Gender-based violence
SHA	Suspected Hazardous Area
SMART	Standardized Monitoring and Assessment of Relief and Transitions
SOP	Standard Operating Procedures
TFC	Therapeutic Feeding Centre
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHAS	United Nations Humanitarian Air Services (UNHAS)
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOSAT	United Nations Operational Satellite Applications Programme
UXO	Unexploded Ordnance
VPD	Vaccine Preventable Diseases
WASH	Water, Sanitation and Hygiene
WATSAN	Water and Sanitation
WFP	World Food Programme
WHO	World Health Organisation
YEMAC	Yemen Executive Mine Action Center
YHRP	Yemen Humanitarian Response Plan (YHRP)
YWU	Yemen Women's Union