



United Nations

**CENTRAL
EMERGENCY
RESPONSE FUND**



A SOUND HUMANITARIAN INVESTMENT

RESIDENT / HUMANITARIAN COORDINATOR REPORT 2012 ON THE USE OF CERF FUNDS YEMEN

RESIDENT/HUMANITARIAN COORDINATOR

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PART 1: COUNTRY OVERVIEW

I. SUMMARY OF FUNDING 2012

TABLE 1: COUNTRY SUMMARY OF ALLOCATIONS (US\$)		
Breakdown of total response funding received by source	CERF	23,460,435
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	8,470,253
	OTHER (Bilateral/Multilateral)	395,311,898
	TOTAL	427,242,586
Breakdown of CERF funds received by window and emergency	Underfunded Emergencies	
	<i>First Round</i>	0
	<i>Second Round</i>	0
	Rapid Response	
	Measles	4,985,101
	Conflict and Displacement	18,475,335

II. REPORTING PROCESS AND CONSULTATION SUMMARY

- a. Please confirm that the 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
- b. 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, cluster/sector coordinators and members and relevant government counterparts)?
 YES NO

This CERF report is a consolidated report of the achievements, challenges and lessons learned by UN agencies and their implementing partners who received funding through the CERF Rapid Response Window. These agencies have approved the final report.

PART 2: CERF EMERGENCY RESPONSE – MEASLES (RAPID RESPONSE 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
Total Amount Required For The Humanitarian Response: 9,700,000		
Breakdown of total response funding received by source	Source	Amount
	CERF	4,985,101
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (if applicable)	500,000
	OTHER (Bilateral/Multilateral)	2,493,319
	TOTAL	7,978,420

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US\$)			
Allocation 1 – Date of Official Submission: 14 March 2012			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	12-CEF-028	Health	2,420,116
WHO	12-WHO-024	Health	2,564,985
Sub-total CERF Allocation			4,985,101
TOTAL			4,985,101

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	4,265,361
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	719,740
TOTAL	4,985,101

Yemen experienced widespread political protest in 2011 that eventually plunged the country into political instability. This instability was compounded by armed conflict in the both north and south causing widespread displacement. By mid-2012, approximately half a million people had become displaced. Political instability and conflict also led to widespread destruction of basic social infrastructure, as well as disruption in the provision of basic services, including health care. These conditions created an environment conducive for outbreaks of infectious diseases.

The political turmoil interrupted disease control initiatives that had been scheduled in this period. Routine measles immunization coverage declined as a result. The planned national measles vaccination campaign for 2011, as part of Yemen's measles elimination strategy, did not take place. In parallel, the threat of the wild poliovirus spreading was considered a risk owing to disruption to the poliomyelitis vaccination programme. The accumulation of unimmunized children, coupled with displacement of large populations, many of whom were children at risk from preventable communicable diseases, lowered the herd immunity (especially in children). Inadequate and overcrowded shelters, high malnutrition rates, in addition to poor water, sanitation and health conditions, created conditions rife for

disease outbreaks and the spread infectious diseases such as measles. Between November 2011 and March 2012, the number of people infected by measles soared to 3,800 at an average rate of 760 cases per month. In 2010 a total of 100 cases were reported for the year. At the peak of the outbreak, an incidence rate of 135 cases per 1 million persons was recorded.

This prompted the Ministry of Public Health and Population (MoPHP), in collaboration with the World Health Organization (WHO) and UNICEF, to vaccinate all children aged 6 months to 10 years, regardless of their vaccination status or gender. Efforts were also undertaken to supplement children under age 5 with vitamin A, which is known to boost immunity and can decrease mortality by up to 24 per cent. Subsequently, the Humanitarian Country Team (HCT) and clusters identified other priority humanitarian needs beyond the measles and polio campaign. At the time, the first emergency response funding from CERF was sought for the measles outbreak, because the measles outbreak had spread beyond its index governorate of Abyan into neighbouring Shabwah, Aden and Lahj governorates. The outbreak was also threatening to engulf the populous governorates of Ibb, Taiz and Sana'a and spread to the western coast of Yemen. This would have had a deadly consequence, due to high and critical levels of severe acute malnutrition rates in coastal governorates, well above the emergency threshold of 15 per cent.

To maximize the impact of the campaign and ensure protection against other vaccine preventable diseases, polio vaccines for children under age 5 was considered a vital part of the measles mass vaccination campaign. After the initial CERF measles funding, a second CERF allocation was sought to kick start provision of life-saving basic services. This included provision of water and sanitation, protection, shelter and NFIs, essential health care services, including emergency reproductive health services, and food assistance to IDPs and people from the host communities affected by the conflict in both the south and north of Yemen.

II. FOCUS AREAS AND PRIORITIZATION

The needs and priorities presented in the CERF proposals were identified through the Health Cluster's rapid assessment methodology, an epidemiological investigation led by WHO in collaboration with the MoPHP, and UNICEF identified the index measles case in Abyan Governorate, where the measles outbreak was confirmed to have originated from. A total of 3,800 measles cases and 126¹ deaths were officially reported, and a mortality rate of 5 per cent was reported in some communities a figure established by MoPHP surveillance teams. The assessment indicated that more than 88 per cent of the measles cases were children under the age of 10 years old; with 28 per cent of the cases were amongst children aged between 5 and 10 years. With regards to gender, 53 per cent of cases reported were among boys, while 47 per cent were among girls. All deaths were among the children under five years of age. Some 95 per cent of deaths were reported in the last three and a half months of 2011, which indicates a steep upward trend according to standard international trend analysis. If left unchecked, the epidemic could have escalated to more than 30,000 incidences of measles resulting in 5,000 through the year. In the short term 4,500 cases and 250 deaths was expected over a period of six months. The result of this epidemiological assessment became the basis upon which WHO and UNICEF under the coordination and leadership of the Yemen MoPHP carried out the mass vaccination campaign.

III. CERF PROCESS

The HCT is the umbrella inter-agency coordination body that coordinated the mass vaccination campaign against measles and polio, as well as the vitamin A supplementation campaign. A planning committee comprised of UNICEF, WHO, and Ministry of Health Public Health and Population (MoPHP) and was formed. The committee met and agreed on targeted age groups and priority governorates for the vaccination mass campaign. Governorate level measles incidence data was used to prioritise interventions, resulting into the southern governorates being targeted for the first phase of the mass vaccination. The scope of the first phase of the measles and polio mass vaccination campaign was limited by the amount of funds available. WHO was able to mobilize internal agency grants, whilst UNICEF was able to mobilize internal loans. These funds enabled the initial response during the period when CERF and other funding were being mobilized. UNICEF took the lead to procure the vaccines through MoPHP. CERF fund, granted to UNICEF to kick-start the measles vaccination campaign, was instrumental in enabling UNICEF to mobilize more resources, including from CERF and from other donors.

IV. CERF RESULTS AND ADDED VALUE

¹ Source: WHO, 2012.

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR

<i>Total Number Of Individuals Affected By The Crisis: 7,970,000</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
		Health	4,391,628	3,593,151

The approach used by the HCT and the Health Cluster, in collaboration with relevant government departments and the local community, to estimate the number of beneficiaries included the Health Cluster's rapid assessment methodology. This was an epidemiological investigation led by WHO in collaboration with the MoPHP and UNICEF to estimate the magnitude of the measles outbreak. In addition, the September 2011 Nutrition Survey assessment conducted by UNICEF and the Ministry of Health, the IDP verification undertaken by the Government of Yemen Executive Unit in collaboration with UNHCR, and the FAO and WFP food security assessment results all informed the choice of the target population for the measles mass vaccination campaign. The epidemiological data collected through regular health system surveillance formed the backbone of the health response, including the measles morbidity and mortality information that triggered the measles CERF emergency request. A number of secondary data sources were also consulted to inform the response.

The major challenges faced by humanitarian actors in Yemen include insecurity which has limited access to many parts of Yemen that were affected by the measles outbreak, in addition to limited funding. Insecurity meant that the subsequent comprehensive assessment to determine medium to long-term needs could not be undertaken in a timely manner. In some cases such assessment were dropped because of insecurity, including the threat of being kidnapped or killed.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	4,391,000	4,391,628
Male	4,148,900	3,593,151
Total individuals (female and male)	8,540,000	7,984,779
Of total, children under 5	4,800,000	4,198,429

CERF Results

The activities and results accomplished by agencies through the measles emergency response through CERF funding is presented below. Section VI details achievements of the CERF response. The second section of this narrative is focused on the value added of CERF funding to Yemen during 2012.

CERF Results Achievements during 2012 in Yemen:

UNICEF received \$2,420,116 from the CERF during 2012, this funding enabled UNICEF and its partners to carry out life-saving humanitarian activities through mass vaccination campaign, reaching an estimated 8 million children below the age of 10 years across 21 governorates (see above table 5). The specific results achieved are as followed: for the measles campaign, more than 100 per cent of targeted children (6 months to 10 years old) were vaccinated. This was due to underestimation of the target figure.

WHO received \$2,564,985 from CERF in 2012. This amount enabled WHO and its partners to carry out response activities through the Health Cluster to provide life-saving emergency vaccination service and essential primary health care in emergencies. These services reached close to 8 million children below the age of 10 years across 21 governorates. This is the same population of children that were assisted by UNICEF, given that the UNICEF and WHO response were complementary in nature. The results achieved were the same as

those reported by UNICEF above. The effectiveness of this intervention was proven by no new cases of measles or polio reported after the completion of the campaign.

CERF Added Value during 2012 in Yemen:

The CERF value added is the timeliness and criticality of the CERF funding to provide humanitarian assistance during a time when the Government of Yemen was unable to provide comprehensive basic services, often because social infrastructure had been destroyed, and where conflict and displacement placed people's lives at risk. The contribution of the CERF funds to the life-saving mass vaccination campaigns activities is detailed below.

The HCT reported that child immunization programmes were collapsing and that without the external support these programmes would come to a halt. Without CERF's support, UNICEF and WHO in collaboration with the Yemen Ministry of Public Health and Population would not have been able to address the time-critical needs of children from affected areas. This included UNICEF being able to procure vaccines in a timely manner and WHO's subsequently support on mass vaccination and Vitamin A supplementation. Funding constraints was a critical element to the response that CERF funding helped overcome. Moreover, the CERF funding had an important signalling effect in that it underlined the United Nations' commitment to meet humanitarian challenges in Yemen; as a result, it also drew in additional funding from other donors.

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

YES PARTIALLY NO

CERF funding allowed agencies to procure essential supplies in a timely manner and provide services needed to save lives of people displaced by conflict and in need of basic services, shelter and protection.

b) Did CERF funds help respond to time critical needs²?

YES PARTIALLY NO

Time critical mass vaccinations and Vitamin A supplementation campaigns were made possible by the CERF funding.

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

YES PARTIALLY NO

The Yemen CAP was about 58 per cent funded in 2012. Funding through the CERF helped highlight urgent humanitarian needs in Yemen and not only covered urgent funding gaps, but also brought these needs to the attention of other donors.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Funding through the CERF helps the cluster focus around urgent humanitarian issues and helps solidify the relationship between the Cluster Coordinator and partners in the cluster. The Cluster Coordinator helping to bring resources to the cluster also strengthens the coordinators position. CERF funding helped the HCT and also the Inter-Cluster Coordination Mechanism (ICCM) plan across clusters to improve inter-cluster coordination.

² 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).

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE <u>CERF SECRETARIAT</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The timely disbursement of CERF funding was vital in securing a timely response. Potentially 5,000 lives were saved through the measles vaccination campaign.	CERF to maintain the speediness with which CERF approves the allocations.	CERF/OCHA

TABLE 7: OBSERVATIONS FOR <u>COUNTRY TEAMS</u>		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Early joint planning and coordination between UNICEF, WHO and MOPHP led to effective and timely response.	Continue the joint coordination and planning for future responses.	Health partners (UN and Government)
Predictability of funding from CERF allowed agencies undertaking procurement and other vital process to advance funding for this response.	CERF to maintain the currnt predictable CERF speedy approval process for RR window emergency response.	OCHA/CERF
The experince in Yemen has shown that the cluster approach is sometime in conflict with the internal programmatic procedures of some UN agencies hosting the Cluster Coordinator. The tensions between the agency procedures and the cluster approaches can delay the prioritization of needs, request and availability of funds.	There is need to reference the role of the UN agencies to provide better leadership in supporting the Cluster's Coordinators to effectively carry out their functions without being hindered by inter agencies constrains. There is also a need for refresher training on CERF and the cluster approach. The HCT and the HC needs to strenghtened the cluster coordination approach and provides an oversight to reduce the tensions between the Coordinators rules and the UN agencies internal procedures.	CERF secretariat with respective HQs and field inputs

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	15/02/12 -14/08/12
2. CERF project code:	12-CEF-028	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	CERF RR to Yemen: national measles/vitamin A and polio campaign		
7. Funding	a. Total project budget:		US\$ 7,127,000
	b. Total funding received for the project:		US\$ 6,450,190
	c. Amount received from CERF:		US\$ 2,460,116
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	4,383,500	4,391,628	There are no major discrepancies between the target number of beneficiaries and those reached. The number reached is slightly of higher than the planned figure. This was due to underestimation of the target figure.
b. Male	3,586,500	3,593,151	
c. Total individuals (female + male):	7,970,000	7,984,779	
d. Of total, children <u>under 5</u>	4,800,000	4,198,429	
9. Original project objective from approved CERF proposal			
Reduce avoidable excess mortality and morbidity due to measles among children under 10 years through mass vaccination campaign in the 21 targeted governorates.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Vaccinate with measles more than 90% of the targeted children (ages 6 months to 10 years) • Vaccinate with polio more than 90% of the targeted children (under age 5) • Administer vitamin A to more than 90% of the targeted children from (ages 6 months to 5 years) 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • 94% of the targeted children (6 months to 10 years old) were vaccinated with measles vaccine. • 90% of the targeted children (under 5 years) were vaccinated with polio vaccine. • 85% of the targeted children from (6 months to 5 years old) were given Vitamin A. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There is no major discrepancy between the planned and result, however the achieved result is slight more than the planned figures and this was simply due to underestimation of the target figure.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL :	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	20/03/12 – 30/09/12
2. CERF project code:	12-WHO-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Health		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Child mortality reduction through a national measles/vitamin A and polio campaign.		
7. Funding	a. Total project budget:		US\$ 2,564,985
	b. Total funding received for the project:		US\$ 2,564,985
	c. Amount received from CERF:		US\$ 2,564,985
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	4,383,500	4,391,628	There are no major discrepancies between the target number of beneficiaries and those reached. The number reached is slightly higher than the planned figure. This was due to underestimation of the target figure.
b. Male	3,586,500	3,593,151	
c. Total individuals (female + male):	7,970,000	7,984,779	
d. Of total, children <u>under 5</u>	4,800,000	4,198,429	
9. Original project objective from approved CERF proposal			
<p>General objective:</p> <p>Reduce avoidable excess mortality and morbidity due to measles among children less than 10 years old through mass vaccination campaign in the 21 targeted governorates.</p> <p>Specific Objective:</p> <ul style="list-style-type: none"> • Vaccinate with measles more than 90% of the targeted children 6 months to 10 years old) • Vaccinate with polio more than 90% of the targeted children under 5 years) • Administer vitamin A to more than 90% of the targeted children from 6 months to 5 years old) 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Reduced avoidable morbidity and mortality due to measles among children less than 10 years. • Measles outbreak to be stopped. • No polio case reported. • Enhanced immunity against measles and polio among the children. • Enhance the healthy status of the children. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • Coverage for both measles and polio immunizations campaigns were above 90% 			

<ul style="list-style-type: none"> No new cases of measles or polio reported 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
There is no major discrepancy between the planned beneficiaries and those reached. The achieved result is slightly higher than the planned target. This was due to an underestimation of the target figure.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL:	

PART 2: CERF EMERGENCY RESPONSE – Conflict and Displacement (Rapid Response 2012)

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US\$)		
<i>Total Amount Required For The Humanitarian Response:</i>		
	Source	Amount
Breakdown of total response funding received by source	CERF	18,475,335
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND <i>(if applicable)</i>	7,970,252
	OTHER (Bilateral/Multilateral)	392,818,579
	TOTAL	419,264,166

TABLE 2: CERF EMERGENCY FUNDING BY AGENCY (US\$)			
Allocation 1 – Date of Official Submission: 28 March 2012			
Agency	Project Code	Cluster/Sector	Amount
UNICEF	12-CEF-034	Water and Sanitation	2,656,836
UNFPA	12-FPA-019	Protection	280,276
UNHCR	12-HCR-024	Shelter and NFIs	1,724,089
IOM	12-IOM-009	Multi-Sector	1,902,431
WHO	12-WHO-030	Health	796,709
WFP	12-WFP-033	Food	2,611,919
Sub-total CERF Allocation			9,972,260
Allocation 2 – Date of Official Submission: 31 July 2012			
UNHCR	12-HCR-038	Shelter	2,400,023
UNDP	12-UDP-009	Mine-Action	250,000
UNICEF	12-CEF-091	Water and Sanitation	1,839,642
UNICEF	12-CEF-093	Health-Nutrition	406,332
IOM	12-IOM-021	Shelter and NFIs	518,629
IOM	12-IOM-022	Health	407,970
IOM	12-IOM-023	Health-Nutrition	343,342
WHO	12-WHO-056	Health	844,551
UNICEF	12-CEF-092	Protection	261,754
UNFPA	12-FPA-035	Multi-Sector	429,081
IOM	12-IOM-024	Water and Sanitation	466,413
IOM	12-IOM-025	Protection	335,338
Sub-total CERF Allocation			8,503,075
TOTAL			18,475,335

Table 3: Breakdown of CERF Funds by Type of Implementation Modality (US\$)	
Type of Implementation Modality	Amount
Direct UN agencies/IOM implementation	14,703,368
Funds forwarded to NGOs for implementation	3,771,966
Funds forwarded to government partners	719,740
TOTAL	18,475,335

The armed conflict between Government of Yemen and the Al Qaida in the Arab Peninsula (AQAP) and the affiliated Ansar Al-Sharia in the Abyan Governorate and its surrounding areas in the south of Yemen started in the wake of the Arab Spring and political turmoil caused by the popular uprising. The conflict in the area would last for much of 2012 and decimated social infrastructure, including homes and led to the large scale displacement of civilians. The conflict not only deprived people of access to basic services but also disrupted

economic activities and livelihoods leaving people affected by conflict, whether they were displaced or not, extremely vulnerable. Moreover, affected populations were also left exposed to the violence of the conflict, as well as explosive remnants of war (ERWs). The conflict also left a rule of law vacuum as well as few or any working government institution in the area.

By June 2012, the fighting in Abyan Governorate had displaced nearly 237,000 individuals (39,500 households) and severely affected the livelihoods of an estimated 180,000 to 210,000 individuals (30,000 to 35,000 households). The IDPs figure was subsequently revised downward to 169,271 IDPs from the initial following a verification exercise carried out by the Government of Yemen's Executive Unit for IDPs, UNHCR and WFP. This verification exercise established the average family size as five people, rather than six people that had been used for the initial estimate. The conflict also had spill-over effects not only in conflict-affected communities but in the southern region as a whole. Civil unrest, in some instances involving violence, had severely disrupted the delivery of basic social services, exacerbating widespread and chronic vulnerabilities. This situation necessitated expanded humanitarian action across the south. By early June 2012, the Government's armed forces regained control of significant parts of Abyan Governorate, opening up the possibility for mass return of IDPs in the south. Additional priority needs were identified by the HCT and the clusters in the areas of protection of civilians, child protection, shelter, non-food items (NFIs), food security, nutrition, health, water and sanitation, education, and the first phase of early recovery. All of these were characterized as time-critical, life-saving interventions which justified a third CERF allocation made in July 2012 to enable the humanitarian community in Yemen to finance time-critical, life-saving assistance for IDPs and conflict-affected communities in Abyan, Aden and Lahj Governorates, as well as provide the foundations for fundraising for medium- to long-term humanitarian and development needs for the country.

II. FOCUS AREAS AND PRIORITIZATION

The OCHA led Multi-Cluster Initial Rapid Assessment (MIRA) and other sector-specific assessments in Abyan indicated that the humanitarian response should focus its efforts on saving the lives of and restore livelihoods for IDPs and conflict-affected communities in Abyan, Aden and Lahj governorates, where the majority of IDPs were. The following were identified as strategic priorities for humanitarian action:

- Health: in particular provide emergency medical services; tackle mass causality and risk of disease outbreaks; and address the very weak primary health care services, reproductive health delivery system and surveillance system.
- WASH: provide access to safe water and sanitation facilities.
- Shelter: provide shelter to IDPs and host affected by the conflict.
- Protection: provide protection from explosive remnants of war (ERWs), as well as from sexual- and gender- based violence (SGBV) and other reported massive human rights violations.
- Nutrition and food security: address the gaps in management of severe acute malnutrition among children under age 5, as well as pregnant and lactating women.

III. CERF PROCESS

The Humanitarian Country Team (HCT) on behalf of the UN and INGOs is the umbrella inter-agency body that coordinates humanitarian assistance and protection activities in Yemen. From the Government's side, the Ministry of Planning and International Cooperation (MoPIC) and the Executive Unit for IDPs are the two key institutions that facilitate the coordination of humanitarian preparedness and response. These ministries are supported by technical specialized ministers like the Ministry of Public Health and Population.

From the moment the Government of Yemen deployed its troops to recapture the Ansar Al-Sharia and AQAP stronghold in the south, the HCT and the humanitarian sector/clusters started humanitarian preparedness and contingency planning, this plan culminated into the OCHA led Multi-Cluster Initial Rapid Assessment (MIRA). The outcome of the MIRA was used by the clusters to prioritize the humanitarian needs as the strategic priorities to prevent further loss of lives and livelihoods. The priorities were packaged into an appeal document called Abyan and Southern Region Response Plan (ASRRP). From this response, immediate strategic priorities were compiled for the CERF immediate funding. The HC and OCHA made strategic decision of allocating the ERF funding to the NGOs and UN agencies through the clusters. This ERF funds was used to provide urgent humanitarian assistance needed to save lives. By making ERF fund available to the agencies at the beginning of the response, it enabled the humanitarian actors to response to acute needs timely, while mobilizing the CERF and other resources to meet the overall needs.

The HCT under the leadership of the Humanitarian Coordinator then began to engage and advocate for humanitarian funding to allow humanitarian actors to respond in time to the crisis. The ASRRP was endorsed by the HCT and the Government of Yemen and was

presented to the donor community at the beginning of July 2012. This response plan was conceived as a complementary plan to the Yemen Humanitarian Response Plan for 2012.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
<i>Total Number Of Individuals Affected By The Crisis: 1,782,895</i>				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	Cluster/Sector	Female	Male	Total
	Water and Sanitation	71,964	68,289	140,253
	Protection	62,856	59,725	122,581
	Shelter and NFIs	94,986	85,859	180,845
	Multi-Sector	48,888	26,470	75,358
	Health	270,734	238,057	508,791
	Food	33,117	33,383	66,500
	Health-Nutrition	16,436	17,363	33,799
	Mine-Action	103,000	101,000	204,000
	Shelter	NA	NA	NA

The assessment results, which were used to estimate the number of beneficiaries were: (i) the two UNHCR/INTERSOS rapid assessments to assess the conditions of IDPs and their willingness to return to their home areas in Aden and Lahj, with support of UNHCR and the Government of Yemen's Executive Unit for IDPs; and (ii) the OCHA-led June 2012 Multi-Cluster Initial Rapid Assessment (MIRA) in Abyan.

The IDP assessments indicated that as of July 2012, the conflict in Abyan had displaced nearly 237,000 individuals (39,500 households) and damaged the livelihood of another 180,000 to 210,000 individuals (30,000 to 35,000 households). The IDP figures was later revised downward from 237,000 to 169,271 IDPs following verification exercises carried out by the Executive Unit for IDPs, UNHCR and WFP, which revealed the average family size to be five persons instead of the initial estimate of six persons. This finding from the two assessments resulted in the development of the Abyan and South Response Plan (ASRP). However, the rapid assessments conducted could not be followed by a comprehensive assessment due to insecurity which limited access to some parts of Abyan Governorate.

The target beneficiaries prioritized were IDPs in Aden, Abyan, Lahj and Hajjah was include as well as conflict-affected people who did not flee their homes, but were in dire condition. For the conflict and displacement emergency response, the humanitarian response prioritized further the gathering and analysis of data to comprehensively identify humanitarian needs, since the first priorities were identified through rapid needs assessments, by clusters and inter-cluster/multi-sectoral fora; implementation of life-saving activities to reduce mortality and morbidity levels; ensuring preparedness by working with local, national and international actors to plan timely responses to needs arising from new crises in Yemen's complex and volatile environment; monitoring, reporting and advocating for the rights of beneficiaries for protection and mitigating against abuse; as well as promoting early recovery and preparedness activities to strengthen livelihoods and facilitate first line rehabilitation of basic services.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING

	Planned	Estimated Reached
Female	4,064,700	4,391,628
Male	3,905,300	3,593,151
Total individuals (Female and male)	7,970,000	7,984,779
Of total, children <u>under</u> 5	4,064,700	4,808,054

Achievements/Results

UNHCR received \$4,124,112 from the CERF during 2012. This amount enabled UNHCR and its partners to carry out humanitarian response activities in the areas of shelter and non-food items and protection assistance to IDPs and conflict-affected host communities in the four Governorates of Hajjah, Lahj, Aden and Abyan.

Specific results were achieved: UNHCR procured and its partners distributed 10,952 emergency shelter repair kits and 10,000 core packages of NFI kits as assistance to the IDPs who voluntarily returned to their home areas in Abyan Governorate. The shelter repair kits included key means and tools for basic repairs – namely, two plastic sheets, one hammer, one saw, one digger, one shovel, one construction rubber bucket, one trowel and two ropes. The NFI kits aimed at giving families basic household tools for everyday life, containing mattresses, sleeping mats, blankets, kitchen sets, water bucket and plastic sheets. As of the end of December 2012, UNHCR had distributed some 10,950 shelter kits using the CERF grants.

In Hajjah Governorate, 5,500 IDPs received NFI packages. An additional 585 tents were procured and stockpiled as replacement for the tents distributed because this kind of tent would require frequent replacement due to damages likely to be caused by the severe weather conditions in Hajjah. For Aden Governorate, 2,493 IDPs received NFI packages for use in places where they took refuge.

The UNHCR results achieved in the area of protection included the following: In Hajjah, nine community-based protection networks (CBPN) were established, consisting of 48 volunteers from among IDPs and local communities. These CBPNs received five training programmes on protection monitoring and SGBV prevention to enable effective monitoring and reporting of IDPs' protection concerns in Hajjah. In Aden Governorate, six CBPNs were also established, comprising 36 volunteers from both IDP and local communities. The Aden-based CBPN members received a total of three trainings on protection monitoring and SGBV prevention, which equipped them with essential knowledge for effective referral of protection concerns to the relevant agencies that are to intervene in a timely manner to protect the IDPs from grave violations of human rights. Furthermore, 350 extremely vulnerable individuals received a one-time cash grant to subsidize their immediate housing and accommodation needs in Aden.

Major items procured were 10,000 kitchen sets; 10,000 plastic sheets; 256 tents; 20,040 water buckets; 20,160 sleeping mats; 60,000 mattresses; and locally procured items parts of the shelter kits. A temporary storage in the warehouse facilities in Aden and transportation to the distribution points were ensured by the implementing partners. Overall, UNHCR reported that it managed to fully achieve the planned targets outlined in the CERF grant request. The major challenge faced was access to some part of Abyan Governorate. This was mitigated by UNHCR working with local NGOs who could more easily access those insecure locations in contrast to UN agencies and their international staff.

UNICEF received US\$7,585,000 from the CERF during 2012. This amount enabled UNICEF and its partners to carry out humanitarian response activities in the areas of WASH, health and nutrition, and child protection services as life-saving humanitarian and protection assistance IDP children as well as adult and conflict-affected host communities (male and female) in four Governorates (Hajjah, Lahj, Aden and Abyan). The specific results achieved are as follows:

Under the WASH Cluster, UNICEF used the two CERF allocations to provide sanitation services to 10,530 new IDPs and host communities in Hajjah. A total of 15,563 new IDPs and host communities in Hajjah were also assisted with water supply and hygiene kits; and 684 IDP families in Aden, Lahj and Abyan were assisted with various WASH services. The second CERF allocation for WASH was used to install 35 water points to serve 2,000 families in Abyan for four months; seven water systems in Abyan were rehabilitated to serve 3,500 individuals; 15 shallow wells were rehabilitated to serve 7,500 individuals in rural areas of Abyan; two electricity generators and two water pumps were provided by UNICEF for AI Code water system to support the local water department to serve 10,000 Individuals. In Hajjah, water supply through trucking was also furnished to 15,560 new IDPs and sanitation services to 10,530 people.

Under the Nutrition Cluster, UNICEF used the CERF funding to assist 3,166 children suffering from severe acute malnutrition (SAM) who were identified and treated; this is a 90.4 per cent achievement against the target of 3,500 children. The under-achievement reflects over estimation of the target at the beginning of the project. Capacity-building activities were conducted for service providers, including of 25 health personnel (doctors and nurses) from Abyan Governorate's health office who were trained on community management of acute malnutrition (CMAM), 25 community midwives, and 17 health personnel from the local NGOs Field Medical Foundation (FMF) and Charitable Society for Social Welfare (CSSW) were trained on Infant and Young Children Feeding (IYCF) and CMAM in emergencies. In addition, 55 community health volunteers were trained from Abyan, of whom 30 volunteers are now serving the IDPs in Aden.

Under the Child Protection Sub-Cluster (sub-cluster of the Protection Cluster), UNICEF used the CERF funding to provide humanitarian emergency services to 21,902 people, including 5,209 children (2,337 girls and 2,872 boys) and 16,693 adults (7,391 women and 9,302 men), who were equipped with knowledge and skills on how to avoid the risks and hazards of ERWs. Of the assisted beneficiaries, 31 persons were victims of ERWs, who received timely and appropriate referrals to appropriate facilities for further assistance. A sub-working group on Mine Risk Education (MRE) was established under the child protection sub-cluster to coordinate 25 local NGOs on MRE activities in the south. As a result of advocacy, conducted by UNICEF in collaboration with the Country Task Force (CTF) on monitoring and reporting mechanisms (MRM) on grave violations of children's rights in situations of armed conflict in Yemen, the President of Yemen, subsequent to UNICEF-led advocacy, issued a Presidential decree banning the recruitment and use of children under the age of 18 by armed forces and armed groups, and established an inter-ministerial committee headed by the Minister of Legal Affairs to lead the implementation of the Presidential decree. A technical working group under this committee will serve as the main vehicle for developing an action plan with the Government. The Government of Yemen also endorsed the international Paris Commitments and Paris Principles on Children Associated with Armed Forces or Armed Groups in December 2012, following advocacy efforts by UNICEF and the Special Representative of the Secretary-General on Children and Armed Conflict (SRSG-CAAC). In addition, 65 full-time field monitors, members of community-based organizations/civil society organizations were trained on monitoring and reporting of grave child rights violations so as to be better able to conduct protection monitoring; 2,055 conflict-affected IDPs and vulnerable children (1,128 girls and 927 boys) were provided with access to psychosocial support services through child-friendly spaces; and 493 children separated from their families (231 Yemeni and 262 non-Yemeni) were provided with support services (psychological support, education and sport activities) in the child protection centre in Haradh, out of which 322 children (Yemeni and non-Yemeni) were reunited with their families and/or returned voluntarily to their countries of origin by IOM.

WHO received US\$ 4,101,376 from CERF during 2012, which enabled the organization and its partners to carry out humanitarian life-saving response activities. The achievement includes primary health care services for vulnerable populations to receive timely access to standardized packages of life-saving primary health care services. Diarrhoeal disease outbreaks were predicted, prevented and responded to, resulting in fewer incidences of morbidity/mortality. A Mother and Child Health (MCH) Centre and the Al-Razi Hospital were rehabilitated and equipped with medical equipment, including equipment for intensive care unit in Abyan. Seven mobile clinics were operated to provide health services to IDP and host populations, and the coverage achieved in terms of health services provision was 100 per cent in Abyan.

UNFPA received US\$709,357 from CERF during 2012. The funding enabled UNFPA and its partners to carry out humanitarian life-saving response activities, particularly reproductive health activities implemented through the Health Cluster; and protection activities through the Protection Cluster. In total, UNFPA and its partners were able to provide humanitarian and protection assistance to 162,000 IDPs and conflict-affected host communities in the three Governorates of Lahj Aden and Abyan. Other specific results achieved included 175 pregnant women with complications during delivery were referred to Al-Razi hospital in Abyan for life-saving treatment; two mobile clinics were provided with reproductive health services kits for Abyan Governorate; 5,500 dignity kits were distributed to displaced women in Abyan; 50 awareness sessions were conducted on reproductive rights issues for a total of 15,750 beneficiaries; three minimum initial service package for reproductive health-in-crisis trainings were conducted in Abyan, Lahj and Aden Governorates, targeting 100 (mostly female) health workers; clinical management of rape trainings were conducted for 30 health workers from the three governorates of Aden, Lahj and Abyan; an SGBV in humanitarian settings training was conducted in Sana'a for 25 participants from different local and international NGOs; training on identification of SGBV survivors was conducted for 27 participants, mainly community-based network members, as well as women groups who are directly involved in identification of SGBV survivors at district and village levels; and psycho-social support training for counsellors and individuals involved in providing psycho-social support for survivors was conducted for 30 participants.

UNDP received \$250,000 from CERF during 2012. This amount enabled UNDP and its partners to contribute to the safe return of the IDPs in the crisis-affected areas of Abyan and other southern governorates after the ERW clearance operations, thereby contributing to saving the lives of 204,000 IDPs and people from the conflict-affected host communities in the Governorate of Abyan at risk. UNDP utilized the CERF contribution fully and timely as planned to purchase demining equipment. Soon after the Government recaptured the capital of Abyan Governorate and other main towns in mid-June 2012, the projects on emergency survey, clearance, victim's assistance and mine risk education were deployed to these devastated localities, including Ja'ar, Zinjbar and Al-kod. The

successful results played a critical role in facilitating not only the quick return of most IDPs but also the ability of the UN humanitarian agencies and INGOs to access the cleared areas and directly provide humanitarian service to the local population.

IOM received \$3,974,123 from CERF during 2012, which enabled the organization and its partners to carry out humanitarian response activities in the areas of shelter, non-food items and protection to provide life-saving humanitarian and protection assistance to 454,906 IDPs and people from conflict-affected host communities in the four Governorates of Hajjah, Lahj, Aden and Abyan. The specific result achieved include contributed to identifying and verifying 23,853 returnees (11,073 female and 12,780 male) to Khanfir district, Abyan Governorate, in consultation and coordination with the Government of Yemen's IDPs Executive Unit to facilitate their access to life-saving humanitarian and protection assistance by operating from hubs in Khanfir; conducted a rapid assessment of 400 damaged houses in Akord area, Khanfir and Zinjibar districts to evaluate returnees' secure access to adequate, safe and dignified shelter; provided 3,201 vulnerable families with returnee kits containing essential NFIs and shelter materials to ensure dignity and protection; and distributed dignity kits to 8,520 returning women and girls in Zinjibar and throughout conflict-affected areas of Khanfir, including Akord, Ja'ar and al-Husn sub-districts.

Through the IOM Multi-Sector project funded by CERF, the following results were achieved: shelter kits distributed to 4,122 displaced families (24,770 individuals, or 15,319 females and 9,451 males) in six districts of Abyan and additional 300 beneficiaries were given tents as shelter assistance. A total of 9,451 women and girls were afforded greater protection and personal dignity through provision of dignity kits for women; 4,122 displaced families (24,770 individuals; or 15,319 females and 9,451 males) were provided with water filters and hygiene kits; 9,403 displaced and conflict-affected individuals (5,066 females and 4,337 males) were given safe access water through installation of emergency water tanks and water trucking services to 12 locations in Abyan; 14,685 individuals (8,128 females and 6,557 males) were provided with life-saving health care; 14,790 individuals (9,814 females and 4,976 males) were provided with health promotion and psycho-education as part of psycho-social care; and 171 individuals (119 females and 52 males) received individual psycho-social counselling; 1,889 Global Acute Malnutrition (GAM) cases (936 girls and 953 boys) were identified and treated for acute malnutrition, including 918 Severe Acute Malnutrition (SAM) cases (483 girls and 435 boys) and 971 Moderate Acute Malnutrition (MAM) cases (453 girls and 518 boys) against targeted 1,000 GAM cases; and 70 Community Health Volunteers (CHVs) were identified and trained, including 24 women and 46 men, surpassing the target of 50 CHVs.

Through the WASH project allocation by CERF, IOM was able to achieve the following results: installed 24 emergency water points and contracted water-trucking services for daily replenishment of 53 water sites (including 24 emergency water points) to improve access to water for over 14,600 beneficiaries in Abyan; rehabilitated 26 water sites in six returnees and conflict-affected in Abyan to provide adequate access to water for 14,310 returnees; distributed two sanitary storage containers (20-litre jerry cans and 500-litre tanks) to each of 3,000 identified returnee families in Khanfir district, increasing sanitary water storage capacities for an estimated 19,500 individuals; and supported water-trucking to 43 water stations in returnee areas and conflict-affected populations, enhancing provision of water to an estimated 10,400 beneficiaries. IOM also conducted quality control tests on 28 water sources in Khanfar, Lawder and Al-Wadea districts (Abyan) to ensure that water sources installed and rehabilitated by IOM continue to provide access to safe drinking water.

Through the health project allocation by CERF, IOM was able to achieve the following results for life-saving health and psycho-social care to IDPs, returnees and crisis-affected populations in Abyan: Four mobile outpatient and supplementary feeding centres were operational throughout the project by IOM, enabling treatment of 3,451 children (1,824 or 53 per cent girls and 1,627 or 47 per cent boys); 1,018 pregnant women were screened for anaemia and provided with food supplementation and two complicated SAM cases were identified and referred to the Aden Therapeutic Feeding Centre (TFC); 80 CHVs (32 women and 48 males) were trained to identify and refer children with acute malnutrition and malnourished pregnant and lactating women, as well as to provide nutrition education to the general population; 10,955 children under age 5, including 5,548 girls and 5,447 boys, were screened for acute malnutrition; and six monthly awareness campaign were carried out on nutrition, hygiene and sanitation and other popular health topics.

The IOM protection project on internally displaced and conflict-affected children (girls and boys) in Abyan, Aden and Lahj Governorates was granted a three month no-cost extension until 23 May 2013. Thus, the results from the project will be submitted in the next CERF report.

WFP received \$2,611,919 from CERF during 2012. This amount enabled WFP and its partners to assist 66,500 IDPs displaced from and to, Abyan and Lahj Governorates over the first three months of 2012 with general food rations, thereby covering their food security needs for a three-month period. WFP food rations were calculated to cover 2,130 Kcal per person/day based on an average household size of seven members. The CERF allocation enabled WFP to focus on resource mobilization for the remaining months of 2012 for both IDPs

and the host community in need of humanitarian food assistance, after the CERF contribution covered the immediate life-saving food needs of IDPs.

CERF Added Value during 2012 in Yemen:

The Humanitarian Country team (HCT) reported that the conditions of children displaced by conflicts in both south and north of Yemen were deteriorating so rapidly, that without the timely CERF support, UN agencies and their partners would not have been able to address the time-critical life-saving needs of IDPs and conflict-affected persons. Thus, the CERF funding enabled UNHCR to conduct the procurement in a timely manner and hence UNHCR was able to deliver timely humanitarian assistance. In addition, the mass voluntary returns of IDPs to Abyan Governorate, which started in June 2012 was unexpected. Therefore, UN agencies and their partners had not planned financial capacity to respond to the immediate assistance required by the returnees for their reintegration in Abyan. The timely and swift approval of CERF funding was therefore vital in enabling the immediate procurement and delivery of needed NFIs and emergency shelter repair kits and thus the start-up of emergency response. The timely CERF grant approval was of importance in view of the reduced emergency operational reserve fund available internally in UNHCR, given the heavy burden imposed on donors globally by other emergencies, such as the crisis in Syria.

For UNICEF, the CERF funding strengthened child protection networks on monitoring and reporting of grave child rights violations in Abyan. At the time, these activities were not well funded. The CERF funding improved the quality and quantity of revivification of human rights violation reports and timely referral of the victims for assistance. For UNDP timely and life-saving MRE awareness campaigns in contaminated areas were also enabled by the CERF funding, at the time, the Government of Yemen Mine Action department was struggling to clear the mines to allow for safe returns of displaced families once the security situation stabilized.

The high rates of malnutrition in the country coupled with the critical hygiene and water conditions are a recipe for a major epidemic and mortality. CERF funding supported rapid interventions in nutrition and WASH in both the north and south, averting a potential catastrophe in particular to IDPs.

The CERF allocation enabled WFP to focus on resources mobilization for the remaining months of 2012 for both IDPs and the host community in need of humanitarian food assistance, after the CERF contribution had covered the immediate life-saving food needs for IDPs.

The CERF allocation also enabled IOM to provide timely life-saving assistance to IDPs and returnee populations in Abyan Governorate, in particular timely recruitment of field teams and procurement of vital inputs. The flexibility of CERF funds allowed IOM to re-prioritize activities based on emerging needs in the dynamic humanitarian situation whereby new caseloads of returnees needed assistance, and the gender-mainstreaming pre-requisite for CERF funding ensured gender-balanced programming in the field.

Overall the CERF commitment to Yemen signalled to other donors the priority placed on the humanitarian situation in the country and the commitment of the UN to provide a timely, effective and well-coordinated humanitarian response.

On challenges, unpredictable access to certain areas, particularly in Abyan, prevented UN and NGO international staff from providing humanitarian and protection services; however, this was mitigated through collaboration with local NGOs and staff who were able to provide timely humanitarian response to the people in need. However, this approach is not sustainable because of the limited capacity of local NGOs. Thus, the HCT will continue to engage with all the parties in the country to improve humanitarian access and safety of humanitarian workers.

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

YES PARTIALLY NO

CERF funding allowed agencies to timely procure essential supplies needed to save lives of IDPs in both North and South who were in dire conditions.

b) Did CERF funds help respond to time critical needs³?

YES PARTIALLY NO

³ 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)

Several time-critical activities as articulated in the result section were achieved as a result of this CERF funding.

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

YES PARTIALLY NO

The Yemen CAP was nearly 59.4 per cent funding because the CERF funding showed other donors the critical importance attached to the response by the UN and allowed the projects to begin in a timely manner, which encouraged other donors to follow suit, and the results were used to draw the donor’s attention to critical humanitarian assistance and protection needs in Yemen.

d) Did CERF improve coordination amongst the humanitarian community?

YES PARTIALLY NO

Cluster Coordination was greatly strengthened because the role of specific clusters and inter-cluster coordination was given prominence during the prioritization of the needs for CERF funding.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
Timely disbursement of CERF funding is essential to life-saving humanitarian action. However, this needs to go hand in hand with strong cluster coordination.	To continue to enhance the role of Clusters in identifying critical priorities for life saving CERF funding when available.	HC, OCHA and Cluster Coordinators
Life-saving criteria should be expanded in order to accommodate country-specific realities; ie. Shelter rehabilitation as opposed to distribution of kits. Also, cost per capita is not necessarily the strongest indicator for the strength of proposed action in terms of ensuring life-saving results (sale of NFI kits in markets).	There are humanitarian country-specific needs that are critical but not exactly according to the prescribed life-saving criteria, thus CERF needs to be flexible in such situations to meet the time-critical needs	CERF, HC and OCHA

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS

Lessons Learned	Suggestion For Follow-Up/Improvement	Responsible Entity
The agencies hosting Cluster Coordinators need to better support the role of Cluster Coordinators as an independent position rather the submerging the Coordinator in the agency's many functions	Head of agencies to create an enabling environment for the role of Cluster Coordinators, especially during the allocation of CERF funding to life-saving priorities.	HC, Head of agencies and OCHA
The cluster does not necessary fits well with the internal programmatic procedures of individual agencies. Tensions between agency-based and clusters and agencies internal priorities can delay the effective and efficient allocation of resources	There is a need to reference the role of the UN agencies to provide better leadership in supporting the Cluster Coordinators to effectively carry out their functions without being hindered by intra-agencies constraints. There is also a need for refreshment trainings on CERF and the Cluster Coordination Approach to target both the heads of agencies and their respective senior staff to revitalize the humanitarian coordination role and responsibilities.	CERF Secretariat with respective HQs and field inputs

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	20/04/12-19/01/13
2. CERF project code:	12-CEF-034	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	WASH		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency WASH Project for the new IDPs		
7. Funding	a. Total project budget:		US\$ 4,500,000
	b. Total funding received for the project:		US\$ 2,656,836
	c. Amount received from CERF:		US\$ 2,656,836
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	56,036	21,503	One major cause is that a higher number of beneficiaries were expected due to the emergency. Additionally, the period of time for delivering services was extended, so activities lasted longer for the same number of people. Other causes are linked to the higher cost of operations and services (fuel rise, transportation, etc.). Access has also been a major constraint.
b. Male	60,464	19,848	
c. Total individuals (female + male):	116,500	41,351	
d. Of total, children <u>under 5</u>	20,970		
9. Original project objective from approved CERF proposal			
To provide basic WASH facilities and services to the newly displaced IDPs contributing to the public health by providing access to improved water, adequate sanitation (including solid waste management) and hygiene promotion.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 90% of the IDP population (girls, boys, women and men) will receive water as per the recommended quantity/quality by Sphere standards (15 litres per person per day/0 colliform in 100 ml of water). 90% of the IDP population (girls, boys, women and men) will have access to proper disposal of excreta and human waste through various levels of sanitation (sewerage) interventions. 90% of the IDP population (girls, boys, women and men) has a better means and awareness of linkages between health and water, sanitation and hygiene. 			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • Provision of Sanitation services to 42 %(49,014 persons) of new IDPs and host communities in target governorates • Provision of water supply services reaching 61% (70,834) of new IDPs and host communities in target governorates. • Provision of hygiene promotion services including distribution of hygiene kits and awareness to up to 67% (78,834 persons in 11,262 families) in Hajjah, Aden, Lahj and Abyan. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
One major cause is that a higher number of affected individuals was expected (and planned). Another cause is linked to the higher cost of operation and services (fuel rise, transportation, etc). Access has also been a major constraint, which is why an extension was granted for an additional three months. As a result, the period of service for the northern communities was longer than planned, and thus cost has increased, meaning fewer people were served but for longer.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2b	
If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL :	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	23/08/12-22/02/13
2. CERF project code:	12-CEF-092	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	WASH		
4. Project Title:	Emergency WASH Assistance to the conflict-affected population of Abyan		
7. Funding	a. Total project budget:		US\$ 2,769,892
	b. Total funding received for the project:		US\$ 1,839,642
	c. Amount received from CERF		US\$ 1,839,642
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	27,678	26,290	Access remains a problem in Abyan; however, the discrepancy is also due to the higher cost of operations in Abyan such as in the transportation of supplies and staff travel.
b. Male	27,266	24,270	
c. Total individuals (female + male):	54,944	50,560	
d. Of total, children <u>under 5</u>	5,656		
9. Original project objective from approved CERF proposal			
<p>The overall objective of this project is to provide urgently needed life-saving humanitarian assistance to families and individuals displaced by ongoing violent conflict and those returning to conflict-affected communities in southern Yemen, specifically within Abyan Governorate. The aim is to reduce levels of morbidity and mortality among vulnerable populations displaced within Abyan and returning to conflict-affected communities where critical WASH infrastructure has been destroyed or made inoperable, with special attention to women, children, the sick and elderly and those with special needs. To achieve this, the project will provide critical relief services, material aid and the installation of emergency infrastructure throughout affected areas of Abyan Governorate.</p> <p>As of June 2012, there were 545,310 IDPs in Yemen. The total estimated IDP population in the south was 237,000 persons (based on 39,500 families of 6), of whom 209,903 were registered. (ExU and UNHCR statistics-June 2012).</p>			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Water: Target communities have access to sufficient quantity and quality of potable water and that the water points are properly maintained by the beneficiaries • Sanitation: Target communities are supported with access to safe and appropriate sanitary facilities. • Hygiene: Target populations have increased awareness of safe hygiene practices and are engaged in positive public health practices 			
11. Actual outcomes achieved with CERF funds			
<p>The funding saved lives, especially those of the frail and vulnerable displaced populations who had no immediate alternative source of drinking water. Emergency water trucking by installation of 35 water points to serve 2,000 families in Abyan for four months, rehabilitation of seven water systems in Abyan to serve 3,500 individuals, rehabilitation of 15 shallow wells to serve 7,500</p>			

individuals in rural areas of Abyan, provision of 2 generators and 2 pumps for Al Code water system (support to Abyan local water department known as LWSCA to serve 10,000 Individuals). In Hajjah, water supply was provided through trucking to 15,560 new IDPs and sanitation services to 10,530 people.

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

Limited access constrained the training activities planned for the government water department staff and partners within Abyan. In Hajjah, Local Water and Sanitation cooperation has increased the cost of water trucking following the fuel price increase.

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

NO

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

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

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

NO

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	23/08/12-23/02/13
2. CERF project code:	12-CEF-093	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Nutrition		
4. Project Title:	Management of Severe Acute Malnutrition among children under 5, promotion of infant and young child feeding practices and micronutrient supplementation in Abyan Governorate.		
7. Funding	a. Total project budget:	US\$24,824,000	
	b. Total funding received for the project:	US\$1,667,314	
	c. Amount received from CERF:	US\$406,332	
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	60,000	1,259	<p>The project has reached 3,166 children with SAM the main focus of this life-saving project. The under achievement of about 10 per cent against target for SAM is due to limited access to beneficiaries as a result of insecurity during the project implementation. Although UNICEF intended to target 60,000 Pregnant and Lactating Women (PLW), the approved CERF fund was only sufficient to cater for the needs of children affected by SAM only. Thus UNICEF provided for the micronutrient needs of the PLW from another funding source that became available after the CERF funding.</p> <p>Limited information from the ground due to the hampered access and monitoring affected our efforts to collect information about the actual number of children and women reached by screening. However 94,500 children were screened for malnutrition. Of these children, 4 per cent were identified as severe acute malnutrition children out of which 60 per cent were treatment through the CERF supported health and nutrition facilities.</p>
b. Male	0	1,009	
c. Total individuals (female + male):	90,000	2,268	
d. Of total, children <u>under 5</u>	30,000 screening (girls 14,700 and 15,300 boys) (3,500 SAM treated)	3,166	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> • Treat severe acute malnutrition and micronutrients' deficiencies among children under 5. • Ensure availability of therapeutic and anthropometric, malnutrition-related essential medicines and micronutrient supplements. • Build capacity of health workers and community volunteers along with other government and partners functionaries to provide equitable life-saving nutrition assistance to the most vulnerable groups (children under 5 and pregnant/ lactating women). 			
10. Original expected outcomes from approved CERF proposal			

<ul style="list-style-type: none"> • At least 80% of the affected children by Severe Acute Malnutrition identified and treated (3,500). • All therapeutic, nutrition and related supplies are available in time at all levels of service delivery. • About 160 Health workers and 800 Community Health Volunteers from local NGOs and government capacity built. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> • 2,268 SAM children were identified and treated (this is close to the target 3,500 but misses information from January and February). • All therapeutic, nutrition and related supplies were procured and delivered to partners working in Abyan (IOM and IRC) No reports of the interruption of the supply pipeline were reported. • Capacity building activities have been conducted, supported by other grants, as follows: <ul style="list-style-type: none"> ○ 25 Health Personnel (doctors and nurses) from Abyan Governorate health office were trained on the CMAM programme. ○ 25 community midwives and 17 health personnel from local NGOs (FMF and CSSW were trained on IYCF and CMAM in emergency. ○ In addition 55 community health volunteers were trained from Abyan, 30 of whom are now serving the IDPs in Aden. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Limited access constrained training activities within Abyan for the health workers and volunteers. For this reason, combined nutrition training of displaced health workers was conducted in Aden/Lahj in conjunction with training in these two governorates. The CERF funds that were freed up from the training budget line as a result were used to sustain the supply pipeline of nutrition, with the supplies handed to IOM for delivery. The reprogrammed fund was about 13%, so UNICEF assumed this was within its acceptable decision rights according to CERF rules; thus there was no need to seek CERF approval.</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): Fill in 2b</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL: Fill in	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNICEF	5. CERF Grant Period:	23/08/2012 – 22/02/2013
2. CERF project code:	12-CEF-092	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Child Protection Sub-Cluster		
4. Project Title:	Child Protection in Emergency		
7. Funding	a. Total project budget:	US\$ 5,900,000	
	b. Total funding received for the project:	US\$ 1,600,000	
	c. Amount received from CERF:	US\$ 261,754	
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	79,500	15,197	Due to limited access, there were delays in implementation at the beginning of the project. However, access improved toward the end of the project, and the activities were ramped up leading to reaching 69,116 of the target. While this is still lower than the total planned beneficiaries, since beginning of 2013, especially in MRE, the partner that received the CERF funds continued to accelerate MRE activities, and this significantly increased the number of beneficiaries that received MRE. Note that for protection, monitoring of grave child rights violations covered all of Abyan.
b. Male	79,700	42,395	
c. Total individuals (female + male):	159,200	69,116	
d. Of total, children <u>under 5</u>			
9. Original project objective from approved CERF proposal			
<p>The CERF component of the project seeks to:</p> <ul style="list-style-type: none"> Protect vulnerable conflict affected populations, including girls and boys, from the threats and dangers of landmines and other indiscriminate and/or illicit weapons. Establish and operationalize a functional mechanism to monitor grave violations against children and other serious protection concerns, and refer victims to appropriate response services. Provide life-saving services to extremely affected and vulnerable children through child friendly spaces in communities and schools. Protect highly vulnerable children separated from their caregivers as a result of the emergency with interim care and response services, and facilitate their family reunification. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Children and community members are able to identify life threatening dangers of landmines and UXOs, how to behave when in a contaminated area, and where to seek help in their community. <ul style="list-style-type: none"> Total number of beneficiaries reached with MRE activities: 150,000 including parents, community members, local authorities, imams, etc., with 50% children (37,500 boys and 37,500 girls). 			

- Total beneficiaries mapped by sub-district.
- Monthly incident reports.
- Protection monitoring mechanism for grave child rights violations and response services for victims operational.
 - Monitoring and reporting mechanism established and functional with robust processes for the collection and reporting of grave violations against children using standardized tools and methodologies with attention to gender.
 - 45 field monitors, CSO members, child protection committee members and other stakeholders in Abyan able to conduct appropriate child protection monitoring in accordance with international standards.
 - Complaint mechanism and referral pathways functional in addressing identified cases of grave child rights violations.
 - Up to 100 identified child victims of grave violations supported with emergency services, including children associated with armed forces or armed groups and other vulnerable children at high risk.
 - Action plan signed by Yemeni armed forces/pro-government militias to end recruitment and use of children.
- The well-being of children affected by armed conflict is supported with psycho-social services
 - Up to 9,000 children affected by armed conflict provided psycho-social support including life skills, recreational and educational activities, and referrals for vulnerabilities, including 4,500 girls and 4,500 boys.
 - Up to 3,000 vulnerable children and women identified, registered and referred to service providers, including at least 1,000 boys, 1,000 girls and 1,000 women.
 - Up to 15,000 children and families are aware of child protection concerns and how to prevent or mitigate them, including 7,500 boys and 7,500 girls.
- Unaccompanied, separated and missing children are identified, documented, cared for and reunified with their families.
 - Up to 50 unaccompanied, separated and missing children identified, registered, traced and reunified with families; and provided with interim care arrangements.

11. Actual outcomes achieved with CERF funds

- **Children and community members are able to identify life-threatening dangers of landmines and UXOs, how to behave when in a contaminated area and where to seek help in their community.**
 - 21,902 people including 5,209 children (2,337 girls and 2,872 boys) and 16,693 adults (7,391 female and 9,302 male) were equipped with knowledge and skills on how to avoid the risks and hazards of mines and UXOs.
 - The above includes at least 31 child victims and their families who were provided with timely and appropriate referrals for response services.
 - A sub-group on MRE was established under the child protection working group in Aden run by Yemen Executive Mine Action Center (YEMAC) and under the supervision of UNICEF, within which over 25 local NGOs plan, implement and monitor the MRE activities in schools and communities.
- **Protection monitoring mechanism for grave child rights violations and response services for victims operational.**
 - The CTF on MRM in Yemen was officially established in October 2012, co-chaired by the UN Resident Coordinator/Humanitarian Coordinator and the UNICEF Representative, with wide representation from UN agencies and international NGOs.
 - The President issued a Presidential decree banning the recruitment and use of children under the age of 18 by armed forces and armed groups, and established an inter-ministerial committee, headed by the Minister of Legal Affairs, and included the Ministers of Human Rights, Defence and Interior. A technical working group of this committee will serve as the main vehicle for developing the action plan with the Government. To support this process and the work of the committee, UNICEF has seconded a full-time national consultant to the Ministry of Human Rights.
 - The Government of Yemen endorsed the international Paris Commitments and Paris Principles on children associated with armed forces or armed groups in December, following advocacy efforts by UNICEF and the SRSG-CAAC.
 - UNICEF also organized a one day orientation and brainstorming session in December on an action plan to address the recruitment and use of children for military purposes with key Government ministries, UN agencies and international NGOs working in Yemen.

<ul style="list-style-type: none"> ○ Three bi-monthly reports and an annual report on grave child rights violations in Yemen were prepared based on regular data collected and analysed at field level. These reports were sent to the Office of the SRSG-CAAC for onward transmission to the UN Security Council Working Group on Children and Armed Conflict. ○ The strengthened networks on monitoring and reporting of grave child rights violations in Abyan resulted in improved quality and quantity of verified reports. Twenty-five children (22 boys, 3 girls) were killed and 69 (67 boys, 2 girls) were maimed in Abyan, where 47 per cent were attributed to mines/UXOs; 37 per cent were due to live ammunition, including aerial bombardment; and 14 per cent were due to IEDs including suicide attacks. Reports of children being recruited and used by Ansar Al-Shari'a increased during this reporting period, making up 35 per cent of the 53 verified reports. ○ The funds allocated for planned 100 children were only sufficient to procure services for 31 child victims of mine/UXOs with severe injuries including for their rehabilitation. This was mainly due to cost escalation related to severity of the injuries sustained by the children. ○ 65 full time field monitors, members of community based organizations/civil society organizations were trained on monitoring and reporting of grave child rights violations so that they are better able to conduct protection monitoring. <ul style="list-style-type: none"> ● The well-being of children affected by armed conflict is supported with psycho-social services <ul style="list-style-type: none"> ○ 2,055 conflicted-affected displaced and vulnerable children (1,128 girls, 927 boys) were provided with access to psycho-social support services through child-friendly spaces. ● Unaccompanied, separated and missing children are identified, documented, cared for and reunited with their families <ul style="list-style-type: none"> ○ 493 children separated from their families (231 Yemeni, 262 non-Yemeni) were provided with support services (psychological support, education and sport activities) in the child protection centre in Haradh; out of which 322 children (Yemeni and non-Yemeni) were reunited with their families and/or returned voluntarily to their countries of origin by IOM. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>While the majority of IDPs had returned to Abyan by September 2012, the extended presence of ERWs caused not only fear amongst the returnees but also prevented full and safe access for humanitarian agencies to deliver humanitarian assistance in high risk areas in Abyan such as Zinjibar. This caused delays in setting up the child-friendly spaces in schools that provide psycho-social support to IDPs and returnees in Abyan. For this reason, the number of beneficiaries that received psycho-social support was less than planned (2,055 children instead of 9,000).</p> <p>In addition, the Government committed in November to signing an Action Plan to address the recruitment and use of children in the Yemeni Armed Forces; efforts have progressed towards the development of this Action Plan and are ongoing. This is required to put in place the formal screening and release procedures and provide for preventive measures.</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): yes</p> <p>If 'NO' (or if GM score is 1 or 0):</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
An evaluation of emergency child protection interventions was conducted focusing on the well-being of vulnerable, conflict-affected children.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	17/04/12– 17/10/12
2. CERF project code:	12-IOM-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Multi-Sector		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Assistance to new IDPs within Abyan Governorate		
7. Funding	a. Total project budget:	US\$ 7,861,392	
	b. Total funding received for the project:	US\$ 1,902,431	
	c. Amount received from CERF:	US\$ 1,902,431	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
Direct Beneficiaries	Planned	Reached	In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:
a. Female	42,600	79,500	In line with CERF's life-saving criteria, in estimating the total number of project beneficiaries within this intervention, IOM only counted recipients of material aid. However, in carrying out delivery of relief assistance IOM did continue to register and verify returnees in Abyan following new waves of displacement occurring during the implementation period, and included 21,497 individuals (10,255 female, 11,242 male) on official lists endorsed by the Government of Yemen IDPs Executive Unit. Registered and verified IDPs and returnees are not included in the total number of direct beneficiaries. IOM's CERF-funded Multi-Sector activities reached a total number of 75,358 individuals, a discrepancy with the original estimated caseload (85,200) owing to re-prioritization of specific needs in the WASH component and reallocation of shelter/NFI funding between component activities resulting from the Government of Yemen's embargo on tent distributions. Explanations for these deviations are provided in section 12 below.
b. Male	42,600	79,700	
c. Total individuals (female + male):	85,200	159,200	
d. Of total, children <u>under 5</u>	14,790	13,414	
9. Original project objective from approved CERF proposal			
<p>To ensure an adequate and timely response to the ongoing displacement of an estimated 4,000 families (24,000 individuals) displacement of thousands of families from Zinjibar to areas within Abyan Governorate and 61,200 individuals from host communities who will benefit from the public service components of health and WASH, and in line with strategies delineated in the IASC contingency planning for Yemen, IOM proposes a series of life-saving response measures that will address the most urgent shelter, NFI, nutrition, health, water, sanitation, hygiene and protection needs of populations implicated in the expanding violent conflict. IOM's CERF-funded emergency response strategy for addressing identified emerging humanitarian needs consists of five main activities:</p> <ul style="list-style-type: none"> i) immediate delivery of material assistance to identified target beneficiaries in Abyan Governorate; ii) provision of life-saving emergency health services, primary care, mental health and psycho-social services and medical 			

<p>iii)</p> <p>iv)</p> <p>v)</p>	<p>referrals for displaced individuals and families, as well as response to outbreaks via mobile health units operating within affected areas host to IDP populations;</p> <p>the installation of critical WASH infrastructure and operation of water trucking to IDP settlements and water-insecure host communities, in close coordination with UNICEF which is providing WASH services in Aden and Lahj;</p> <p>hygiene and sanitation awareness building among displaced and host communities through outreach by a gender-balanced team of community promoters;</p> <p>CMAM through a rapid nutrition assessment, medical screening, the provision of therapeutic and supplementary ready-to-use food, referrals, community training and awareness-raising on nutrition.</p>
<p>10. Original expected outcomes from approved CERF proposal</p>	
<ul style="list-style-type: none"> • Continued identification of families and individuals displaced within Abyan and registration of these throughout the three-month project period. • 4,000 displaced families (24,000 individuals) provided improved shelter and enhanced protection through provision of shelter kits within the three-month project period. • 4,000 displaced families (24,000 individuals) provided essential non-food assistance including blankets, mattresses, and cooking kits within the three-month project period. • 1,500 acutely shelter-insecure families provided with tents to ensure their dignity, privacy and protection throughout the three-month project period. • 8,000 women and girls afforded greater protection and personal dignity through provision of dignity kits including gender-sensitive clothing items and feminine hygiene products within the three-month project period. • 4,000 displaced families (24,000 individuals) provided with water filters and hygiene kits to reduce levels of water-borne and communicable disease related to inadequate access to clean drinking water and basic sanitation and hygiene materials within the three-month project period. • Estimated 4,800 individuals (20% of Abyan's IDPs) provided with safe access to sanitary water through installation of emergency water tanks and water trucking services to twelve strategic locations accessible to displaced populations, thus reducing risk to IDPs in accessing water and limiting incidence of illness related to lack of adequate water supply within the three-month project period. • Estimated 24,000 IDPs ensured adequate and safe access to sanitation facilities, in turn reducing incidence of disease among displaced individuals and host communities, limiting the burden upon host families in sharing their own facilities and affording vulnerable displaced women and girls' greater safety and dignity in addressing their personal sanitation needs. Reduced incidence of illness among an estimated 24,000 displaced individuals related to limited access to clean water sources and improper coping strategies for managing personal hygiene and sanitation is assured through provision of hygiene and sanitation awareness messages provided by hygiene and sanitation promotion staff. • Estimated 13,500 individuals (1,500 individuals per Maternal Health Unit (MHU) per month) provided access to life-saving health care, treatment of common ailments, and facilitated health referrals to secondary health facilities as needed within the three-month project period. • Estimated 4,500 individuals provided access to mental health and psycho-social support services. • Enhanced monitoring and surveillance of common communicable diseases, epidemics and compilation of relevant age- and gender-disaggregated data pertaining to health issues of displaced populations within the three-month project period. • Reduced levels of malnutrition among displaced populations resulting from lack of access to adequate and nutritious food as resulting from insecurity and inadequate, uninformed coping strategies through operation of two mobile Outpatient Treatment Programmes (OTPs) which will directly link to the IOM's MHU, identifying and managing up to 1,000 cases of SAM and MAM during a period of three months, with approximate equal gender distribution. • Enhanced treatment of complicated cases of SAM through referral of these to designated Therapeutic Feeding Centres (TFCs) identified in various governorates at the beginning of the project. • Ensured sustainability of the nutrition intervention through identification and training of 50 community health volunteers (CHVs), of whom at least 50% will be women, who will identify and refer children with acute malnutrition and provide nutrition education to affected households and the general population, with a particular focus on women and children. • Continued compilation of relevant age and gender-disaggregated data to inform future interventions targeting displaced populations within the three-month project period. 	

- Improved communication and information-sharing among UN agencies, international and local NGOs, and thus more efficient and effective emergency response to needs of populations displaced by conflict in Yemen.
- More equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen.

11. Actual outcomes achieved with CERF funds

- Contributed to IOM's efforts in identifying, verifying and registering 21,497 IDPs (10,255 female and 11,242 male) within Abyan Governorate, in consultation and coordination with the Government of Yemen Executive Unit on IDPs, who endorsed the official lists, thus facilitating their access to life-saving material aid through distributions by relief agencies.
- 4,122 displaced families (24,770 individuals; 15,319 females; 9,451 males) received improved shelter and enhanced protection through provision of shelter kits including tarpaulins, hammers, twine and other essential provisional shelter materials throughout six districts of Abyan.
- 4,122 displaced families (24,770 individuals; 15,319 females; 9,451 males) afforded improved shelter and enhanced protection through provision of NFI kits, including blankets, mattresses, cooking kits, and water storage containers throughout six districts of Abyan.
- IOM procured only 500 tents for distribution to IDP and returnee families in Abyan and distributed only 50 of these as per reasons indicated in section 12 below; 300 beneficiaries were reached (150 females, 150 males).
- 9,451 women and girls were afforded greater protection and personal dignity through provision of dignity kits, including gender-sensitive clothing items and feminine hygiene products.
- 4,122 displaced families (24,770 individuals; 15,319 females; 9,451 males) were provided with water filters and hygiene kits to reduce levels of water-borne and communicable diseases related to inadequate access to clean water and basic sanitation and hygiene materials.
- 9,403 displaced and conflict-affected individuals (5,066 females, 4,337 males) were afforded with safe access to clean water through installation of emergency water tanks and water trucking services to twelve strategic locations accessible to displaced populations, thus reducing risks to IDPs in accessing water and limiting incidences of illness related to lack of adequate water supply.
- No sanitation facilities were installed under this project as per reasons indicated in section 12 below.
- 14,685 individuals (8,128 females and 6,557 males) were provided with life-saving health care: emergency services, treatment of communicable diseases and chronic conditions, reproductive health care (477 pregnant women received ante-natal care and safe-delivery kits), and referral health care. This surpasses the target of 13,500 individuals.
- 14,790 individuals were provided with health promotion and psycho-education as part of psycho-social care (9,814 females and 4,976 males), and 171 individuals received individual psycho-social counselling (119 females and 52 males). This surpasses the target of 4,500 individuals.
- Monthly recapitulations of health beneficiaries broken-down by gender and age groups are generated and shared with the Health Cluster and Abyan Governorate Health Office. Specific communicable diseases of significant public health importance, notably acute watery diarrhoea and measles are reported separately for surveillance and alert/outbreak monitoring purposes.
- 1,889 GAM cases (936 girls and 953 boys) were identified and enrolled into treatment, including 918 SAM cases (483 girls and 435 boys) and 971 MAM cases (453 girls and 518 boys). This surpasses the target of 1,000 GAM cases.
- All complicated SAM cases (two identified) were referred to designated therapeutic feeding centres in Aden.
- 70 CHVs were identified and trained, including 24 women and 46 men, surpassing the targeted 50 CHVs.
- Relevant age and gender-disaggregated data was compiled to inform future interventions targeting IDP and returnee populations.
- IOM attended all relevant coordination *fora* to improve communication and information-sharing among UN agencies, international and local NGOs, including the Shelter/NFI/CCCM and Protection Clusters, Yemen Mine Action Centre (YEMAC) which is the government department that is responsible for mines clearance in Yemen), UNDP and OCHA coordination meetings; IOM also acted as cluster focal point for WASH activities in Abyan, in order to inform partners of emerging needs, coordinate response and lead joint assessments, ensuring that reports are shared with all cluster members and relevant government entities IDP Executive Unit.
- More equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen, as demonstrated through delivery of relief assistance to expanded beneficiary categories and new geographic areas.

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

- In line with CERF's life-saving criteria, in estimating total number of project beneficiaries within this intervention, IOM only counted recipients of material aid. However, in carrying out delivery of relief assistance IOM did continue to register and verify returnees in Abyan following new waves of displacement occurring during the implementation period, and included 21,497 individuals (10,255 female and 11,242 male) on official lists endorsed by the Government of Yemen IDPs Executive Unit. Registered and verified IDPs and returnees are not included in the total number of direct beneficiaries. IOM's CERF-funded Multi-sector activities reached a total number of 75,358 individuals, a discrepancy with the original estimated caseload (85,200) owing to reprioritization of specific needs in the WASH component and reallocation of shelter/NFI funding between component activities resulting from the Government of Yemen's embargo on tent distributions.
- With respect to distribution of tents (output number 4), IOM procured only 500 tents for distribution to IDP and returnee families in Abyan and distributed only 50 of these due to Government of Yemen reticence to provide such support to displaced families in a stated fear of conflict arising from protracted occupation of lands. Through distribution of 50 tents, IOM reached 300 individuals as compared to the estimated 9,000 to be reached through distribution of the 1,500 originally planned. Of the 500 tents procured through this project, 450 non-distributed tents have been stockpiled for contingency planning in southern Yemen and are currently being distributed under IOM's ongoing shelter project following the Government of Yemen's recognition of needs and concessions in providing such relief. Despite the Government's indications at the onset of the crisis that temporary shelter solutions, including distribution of family tents as well as response to the expanding shelter crisis, would be necessary once the security situation in Abyan improved, delivery of tents was not sanctioned by the IDP Executive Unit. This was due to the Government's evolving concerns for latent land disputes in Abyan and the wider south. While IOM did not intend to preposition or stockpile relief materials under this project, the IDP Executive Unit's prohibition of such relief actions was confirmed after materials had been procured. The Shelter cluster in Aden recognized subsequently the IDP Executive Unit's concerns and sought to pursue and promote alternative solutions to prevailing needs while negotiation with the IDP Executive Unit for tent distribution continued on a case-specific basis. IOM remained in possession of the tents, procured in the beginning of the project, while negotiation for their delivery was ongoing. The remaining funding balance under this budget line was reallocated for the procurement of other essential material aid and in support of more urgent and viable shelter operations. In reallocating funding within the shelter component to address evolving needs through actions sanctioned by the Government, IOM prioritized particular responses that were outlined and justified within the original project proposal. These actions were included within the portfolio of interventions, endorsed by CERF, and were appropriate and executable within the prevailing political and security context. Given the urgency of the action, the constantly evolving needs within the theatre of relief operations in Abyan and CERF's prior endorsement for the proposed range of responses, IOM proceeded with this re-prioritization, deemed responsible and appropriate within the prevailing context. Discrepancy in the overall number of beneficiaries reached through this project is partially attributable to planned versus executed actions within the shelter/NFI component.
- With respect to installation of emergency water tanks and water trucking services (output number 7), in carrying out relief operations throughout the project implementation period, and due to subsequent waves of returnees to Abyan governorate from Aden, Lahj and IDP settlements within Abyan itself, IOM identified a greater need to address insufficient access to water supply and thus reallocated funding for latrine installations to this component of the project, ultimately reaching an additional caseload of over 4,600 water-insecure individuals. In reallocating funding within the WASH component to address evolving needs through actions sanctioned by the Government, IOM prioritized particular responses that were outlined and justified within the original project proposal. These actions were included within the portfolio of interventions endorsed by CERF and were appropriate and executable within the prevailing political and security context. Given the urgency of the action, the constantly evolving needs within the theatre of relief operations in Abyan and CERF's prior endorsement for the proposed range of responses, IOM proceeded with this re-prioritization as deemed responsible and appropriate within the prevailing context.
- With respect to the installation of emergency latrines (output number 8), IOM carried out several field visits throughout the first three months of the project to IDP host communities in order to gauge the need and acceptance of latrine installation as a viable emergency response. In all sites visited, host community members as well as IDP populations confirmed that emergency latrines were not culturally appropriate nor a priority. Prior to submitting IOM's Multi-sector CERF proposal, IOM consulted with UNICEF and the WASH Cluster and was urged to include this component with the understanding such an intervention might not be viable given cultural norms as well as a dynamic security environment not permissive to installation activities. Funding for this activity was reallocated for the procurement of other essential material aid and in support of more urgent and viable WASH operations including installation of emergency water stations. In reallocating funding within the WASH component to address evolving needs through

actions sanctioned by the Government, IOM prioritized particular responses that were outlined and justified within the original project proposal. These actions were included within the portfolio of interventions endorsed by CERF and were appropriate and executable within the prevailing political and security context. Given the urgency of the action, the constantly evolving needs within the theatre of relief operations in Abyan and CERF's prior endorsement for the proposed range of responses, IOM proceeded with this re-prioritization as deemed responsible and appropriate within the prevailing context. In reallocating funding to family-based distribution actions as opposed to community-based latrine installation actions, and in adjusting the number installation projects providing capacity-specific water tanks and water trucking services to communities, the ultimate number of beneficiaries reached through this project component differed from estimates indicated in the project proposal.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): n.a.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL:	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	24/08/2012 – 23/02/2013
2. CERF project code:	12-IOM-021	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Shelter/NFI		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Emergency Material Aid to Returnees to Abyan Governorate		
7. Funding	a. Total project budget:	US\$ 3,047,390	
	b. Total funding received for the project:	US\$ 968,981	
	c. Amount received from CERF:	US\$ 518,629	
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	9,932	15,349	The purchase in bulk of NFIs and shelter materials for multiple IOM projects resulted in economies of scale allowing for IOM to distribute additional 3,520 dignity kits to returning women and girls, and additional 1,201 returnee kits to vulnerable families.
b. Male	4,932	7,247	
c. Total individuals (female + male):	17,000	22,596	In line with CERF's life-saving criteria, in estimating the total number of project beneficiaries within this intervention, IOM only counted recipients of material aid. However, in carrying out delivery of relief assistance IOM did continue to register and verify returnees in Abyan following new waves of displacement occurring during the implementation period, and included 23,853 individuals (11,073 female and 12,780 male) on official lists endorsed by the Government of Yemen IDP Executive Unit. Registered and verified returnees are not included in the total number of direct beneficiaries.
d. Of total, children <u>under 5</u>	2,136	2,988	
9. Original project objective from approved CERF proposal			
<p>To ensure an adequate and timely response to the return of an estimated 2,000 families (12,000 individuals) from safe havens in Aden, Lahj and elsewhere throughout Abyan, to reduce the burden on host communities in Zinjibar, Ja'ar and Lawdar, and in line with strategies delineated in IASC contingency planning for Yemen as well as the joint UN-Government of Yemen Abyan Response Plan, IOM proposes a series of life-saving response measures within the shelter sector that will address the most urgent shelter needs of 2,000 displaced families returning to damaged, temporarily uninhabitable dwellings in three urban centers of Abyan which experienced intense fighting and widespread destruction to family homes. IOM's emergency shelter strategy for addressing identified emerging humanitarian needs of IDPs, host communities and returnees in Abyan consists of the following three components:</p> <ul style="list-style-type: none"> i) immediate delivery of material shelter/NFI assistance to IDP families living in spontaneous settlements and within overcrowded host communities; ii) provision of transitional shelter kits to returnees in order to enable these to return to communities of origin and reoccupy dwellings that have been partially damaged and require light repair to ensure adequate safety, privacy and dignity of occupants; iii) Identification and provision of support to particularly vulnerable returnee families requiring substantial assistance in order to rehabilitate partially destroyed dwellings to a habitable state and so ensure the adequate safety, privacy and dignity of occupants. 			

With CERF seed funding, and in coordination and consultation with local authorities and partners providing shelter and NFI relief to IDPs, host communities and recent returnees in Abyan, in order to address the emergency shelter needs of 2,000 particularly vulnerable families and to reduce the burden upon host communities in areas of return in Abyan, IOM proposes to activate the first and second component of this project. Building on IOM's previous and current CERF-funded interventions targeting IDPs and host communities in Abyan since July 2011, and in light of recent developments enabling access to primary conflict sites throughout the governorate, through this project, IOM proposes to expand provision of emergency shelter relief to returnee families requiring substantial support to re-access dwellings damaged in the course of hostilities.

10. Original expected outcomes from approved CERF proposal

- Continued identification of families and individuals displaced from and within Abyan and returning to communities of origin throughout the six-month project period.
- Continued assessment and registration of families returning to target communities, identification of priority beneficiaries based on criteria determining greatest level of vulnerability, with particular attention given to women, children, the elderly and those with special needs over a six-month project period.
- Completion of a rapid assessment of settlements of returnee populations to evaluate their proximity and secure access to adequate shelter and to match priority needs of vulnerable returnee families to overall reconstruction objectives over a six-month project period.
- Up to 2,000 vulnerable families are afforded greater protection and dignity in resettling in communities of return through enhanced access to adequate shelter through provision of returnee kits containing essential NFIs and shelter materials to ensure their comfort, dignity and protection subsiding in return communities over a six-month project period.
- Enhanced safety and dignity of women and girls returning to destroyed dwellings and devastated communities through procurement, preposition and distribution of dignity kits to 5,000 returning women and girls in the communities of Zinjibar, Lawdar and throughout conflict-affected areas of Khanfir.
- Ensured effectiveness and continued relevance of IOM's relief activities through regular project reporting including the preparation of weekly reports detailing project progress, related challenges and recommendations for improvement and alternative implementation measures.
- Continued compilation of relevant age and gender-disaggregated data to inform future interventions targeting returnee populations within the six-month project period.
- Improved communication and information-sharing among UN agencies, international and local NGOs, and thus more efficient and effective emergency response to needs of Abyan's returnee population over a six-month project period.
- More equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen.

11. Actual outcomes achieved with CERF funds

- Contributed to IOM's efforts in identifying and verifying 23,853 returnees (11,073 female and 12,780 male) to Khanfir district, Abyan Governorate, in consultation and coordination with the Government of Yemen IDP Executive Unit.
- Contributed to IOM's efforts in registering 23,853 identified returnees on official lists endorsed by the Government of Yemen IDPs Executive Unit, thus facilitating their access to life-saving material aid through distributions by relief agencies operating from hubs in Khanfir.
- Conducted a rapid assessment of 400 damaged houses in Akord area, Khanfir and Zinjibar districts to evaluate returnees' secure access to adequate, safe and dignified shelter.
- Provided 3,201 vulnerable families with returnee kits containing essential NFIs and shelter materials to ensure their comfort, dignity and protection subsiding in return communities.
- Distributed dignity kits to 8,520 returning women and girls in Zinjibar and throughout conflict-affected areas of Khanfir, including Akord, Ja'ar and al-Husn sub-districts.
- Submitted regular weekly reports detailing project progress, related challenges and recommendations for improvement and alternative implementation measures, which were shared with relevant cluster partners and authorities.
- Compiled relevant age and gender-disaggregated data to inform future interventions targeting returnee populations.
- Attended all relevant coordination *fora* meant to improve communication and information-sharing among UN agencies, international and local NGOs, including the Shelter/NFI/CCCM and Protection clusters, YEMAC, UNDP and OCHA coordination meetings.
- More equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen, as demonstrated through delivery of relief assistance to expanded beneficiary categories and new geographic areas.

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The purchase in bulk of NFIs and shelter materials for multiple IOM projects, resulted in economies of scale allowing for IOM to distribute additional 3,520 dignity kits to returning women and girls, and additional 1,201 returnee kits to vulnerable families.</p> <p>In line with CERF's life-saving criteria, in estimating total number of project beneficiaries within this intervention, IOM only counted recipients of material aid (an estimated 17,000 individuals). However, in carrying out delivery of relief assistance IOM did continue to register and verify returnees in Abyan following new waves of displacement occurring during the implementation period, and included 23,853 individuals (11,073 female, 12,780 male) on official lists endorsed by the Government of Yemen IDPs Executive Unit. Registered and verified returnees are not included in the total number of direct beneficiaries.</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): n.a.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL: n.a.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	24/08/2012 – 23/02/2013
2. CERF project code:	12-IOM-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	WASH		
4. Project Title:	Emergency WASH Assistance to Returnees to Abyan Governorate		
7. Funding	a. Total project budget:		US\$ 1,463,333
	b. Total funding received for the project:		US\$ 1,105,965
	c. Amount received from CERF:		US\$ 466,413
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	21,372	24,171	In line with CERF's life-saving criteria, in estimating total number of project beneficiaries within this intervention, IOM only counted recipients of material aid. However, in carrying out delivery of relief assistance IOM did continue to register and verify returnees in Abyan following new waves of displacement occurring during the implementation period, and included 23,853 individuals (11,073 female, 12,780 male) on official lists endorsed by the Government of Yemen IDP Executive Unit. Registered and verified returnees are not included in the total number of direct beneficiaries.
b. Male	21,372	24,171	
c. Total individuals (female + male):	42,744	48,342	
d. Of total, children <u>under 5</u>	9,256	10,468	
9. Original project objective from approved CERF proposal			
<p>To ensure an adequate and timely response to the return of an estimated 4,000 families (24,000 individuals) from safe havens in Aden, Lahj and elsewhere throughout Abyan, and to reduce the burden on an estimated host community population of 61,200 individuals from host communities, and in line with strategies delineated in IASC contingency planning for Yemen, IOM proposes a series of life-saving response measures that will address the most urgent water, sanitation and hygiene needs of returnee populations facing destruction of essential WASH infrastructure in communities of origin wracked by 12 months of violent conflict. IOM's CERF-funded emergency WASH strategy for addressing identified emerging humanitarian needs consists of the following activities:</p> <ul style="list-style-type: none"> • immediate delivery of material assistance to identified target beneficiaries in Abyan Governorate • the installation of critical WASH infrastructure and operation of water trucking to IDP settlements and water-insecure host communities, in close coordination with UNICEF which is providing WASH services in Aden and Lahj • the rehabilitation of critical WASH infrastructure damaged in the conflict to restore primary water sources within communities of return <p>Given the breadth of identified humanitarian needs among the existing IDP population in Abyan and those of eager returnees to Abyan, and in coordination and consultation with the UNHCT, local and international NGOs and relevant Yemeni authorities, IOM has identified specific activities for prioritization that address outstanding gaps in assistance provision and allow IOM to respond while further establishing its presence and developing its capacity in Abyan as additional funding is sourced. With CERF seed funding with which to address the needs of new returnees, IOM will initiate the critical WASH components of this project and commence with the installation of emergency water infrastructure and rehabilitation of critical water sources in conflict-affected communities where</p>			

<p>infrastructure has been destroyed and returnee populations are suffering from an acute lack of access to water resources.</p>
<p>10. Original expected outcomes from approved CERF proposal</p>
<ul style="list-style-type: none"> • Continued identification of families and individuals displaced from and within Abyan and returning to communities of origin throughout the six-month project period. • Increased knowledge among relief agencies working in Abyan on water-insecurity affecting returnee communities through implementation of a rapid assessment of settlements of returnee populations to evaluate their proximity and secure access to adequate water sources over a six-month project period. • Installation of 20 emergency water points and maintenance of these with daily water trucking services to locations where returnee populations are acutely water-insecure over a six-month project period. • Rehabilitation of 30 water sites in the conflict and made inoperable through will provide adequate access to 12,000 returnees in water-insecure returnee communities over a six-month project period. • 3,000 returnee families provided with two sanitary water storage containers each, thus ensuring that returnee families have adequate means to store water for household use. • Continued delivery of sanitary water through IOM's installation and rehabilitation interventions through water quality control tests on supported water sources throughout the six-month project period. • Continued compilation of relevant age and gender-disaggregated data to inform future interventions targeting returnee populations within the six-month project period. • Improved communication and information-sharing among UN agencies, international and local NGOs, and thus more efficient and effective emergency response to needs of Abyan's returnee population over a six-month project period. • More equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen.
<p>11. Actual outcomes achieved with CERF funds</p>
<ul style="list-style-type: none"> • Contributed to IOM's efforts in identifying, verifying and registering on official lists 23,853 returnees (11,073 female and 12,780 male) to Khanfir district, Abyan governorate, in consultation and coordination with the Government of Yemen IDP Executive Unit, who endured the official lists, thus facilitating their access to life-saving material aid through distributions by relief agencies operating from hubs in Khanfir; • Conducted six field assessments (not with CERF funds, but to inform CERF-funded interventions) to identify needs and priorities, in addition to over 50 field visits to identify vulnerabilities and WASH-related needs among returnees and war-affected communities; • Installed 24 emergency water points and contracted water-trucking services for daily replenishment of 53 water sites (including 24 emergency water points installed by IOM) improving access to water for over 14,600 beneficiaries; • Rehabilitated 26 water sites in returnees and conflict-affected areas of Lawder, Khanfir, Sarar, Sabbah, Rusood and Al Wadea (Abyan) providing adequate access to water to 14,310 returnees. The number of rehabilitated water sites is slightly smaller than what initially estimated (30), as a result of IOM's re-prioritization of intervention sites allowing for the identification of areas with larger beneficiary community. • Distributed two sanitary storage containers (20-litre jerry can and 500-litre tank) to each of 3,000 identified returnee families in Khanfir district, increasing sanitary water storage capacities for an estimated 19,500 individuals. • Supported water-trucking to 43 water stations in returnee areas and war-affected populations, enhancing provision of water to an estimated 10,400 beneficiaries. IOM also conducted quality control tests on 28 water sources in Khanfar, Lawder and Al Wadea, to ensure that water sources installed and rehabilitated by IOM continue to provide access to safe drinking water. • Continued compilation of relevant age and gender-disaggregated data to inform future interventions targeting returnee populations within the six-month project period. • Acted as cluster focal point for WASH activities in Abyan, in order to inform partners of emerging needs, coordinate response and lead joint assessments, ensuring that reports are shared with all cluster members and relevant government entities including GARWAP / LAWSCA and IDP Executive Unit. • More equitable emergency response and preparedness capacity in conflict-affected areas of southern Yemen, as demonstrated through delivery of relief assistance to expanded beneficiary categories and new geographic areas.
<p>12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:</p>
<p>N/A</p>

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): n.a.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL: n.a.	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	24/08/012 – 23/02/13
2. CERF project code:	12-IOM-023	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Nutrition		
4. Project Title:	Community based Management of Moderate and Severe Acute Malnutrition Among Boys and Girls under Five Years Old in Abyan Governorate		
7. Funding	a. Total project budget:	US\$ 1,520,925	
	b. Total funding received for the project:	US\$ 566,844	
	c. Amount received from CERF:	US\$ 343,342	
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	15,950	15,177	The number of children under-5 screened for malnutrition is lower than targeted as CHVs needed more time to practice their recently acquired knowledge and skills on nutrition, as well as supervision in the performance of their duties. However, overall the number of children (below and above five years old) screened for malnutrition was above 30,000 children, i.e. 31,414 children.
b. Male	16,600	16,354	
c. Total individuals (female + male):	32,550	31,531	
d. Of total, children <u>under 5</u>	2,500 and 30,000 for screening	3,541 GAM cases treated out of 10,955 screened	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To reduce mortality and morbidity among boys and girls under 5 in Abyan as a direct consequence of acute malnutrition. To reduce maternal mortality and intra uterine growth retardation directly caused by maternal malnutrition. To improve the access of acutely malnourished under 5 girls and boys, wasted pregnant and lactating women to CMAM services, IYCF and micronutrient interventions by adapting community based approach. To prevent malnutrition among under 5 girls and boys, pregnant and lactating women by addressing the underlying causes. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> IOM's existing mobile OTPs/SFPs are sustained, and two additional units are established; Through the OTPs/SFPs, at least 2,500 cases of SAM and MAM are identified and managed at least 49% of them are girls, while malnourished pregnant and lactating women are identified and provided with essential food and non-food items; IOM will utilize the MOPHP monitoring and reporting system to ensure standardized reporting . Complicated cases of SAM are referred to designated TFCs within Abyan as well as neighbouring governorates; 			

<ul style="list-style-type: none"> At least 50 CHVs, including at least 50 women, are trained to identify and refer children with acute malnutrition and malnourished pregnant and lactating women, as well as to provide nutrition education to affected households and the general population. At least 30,000 under 5 girls and boys screened. Six community awareness campaigns mainly focusing on hygiene promotion, proper infant and child feeding and caring practices. 	
11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> Four mobile outpatient and supplementary clinics OPTs/SFPs were operational throughout the project implementation period – another funding permitted the establishment of three more mobile OTPs. 3,451 children suffering from GAM were identified and enrolled into treatment – 1,824 girls (53%) and 1,627 boys (47%). 1,018 pregnant women were screened for anaemia and provided with food supplementation; The Single Reporting Form (SRF) was utilized – filled and submitted on a monthly basis to the Health and Nutrition Clusters, as per standard requirements. Two complicated SAM cases were identified and referred to the Aden TFC. 80 CHVs, 32 women and 48 males, were trained to identify and refer children with acute malnutrition and malnourished pregnant and lactating women, as well as to provide nutrition education to the general population. 10,955 children under the age of 5, including 5,548 girls and 5,447 boys, were screened for acute malnutrition. Monthly awareness campaign (six in total) was carried out on nutrition, hygiene and sanitation and other popular health topics. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The number of children under the age of 5 screened for malnutrition is lower than targeted as CHVs needed more time to practice their recently acquired knowledge and skills on nutrition, as well as supervision in the performance of their duties. However, overall the number of children (below and above five years old) screened for malnutrition was above 30,000 children, i.e. 31,414 children.</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): n.a.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If yes, please describe relevant key findings here and attach evaluation report or provide URL:</p> <p>No specific project evaluation was carried out. Regular field assessments were implemented to monitor achievements towards set objectives, as detailed in section 11.</p>	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	24/08/12 – 23/02/13
2. CERF project code:	12-IOM-022	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project Title:	Providing Life-Saving Health and Psycho-social Care to IDPs, Returnees and Crisis Affected Populations in Abyan		
7. Funding	a. Total project budget:	US\$ 2,388,540.00	
	b. Total funding received for the project:	US\$ 1,087,722	
	c. Amount received from CERF:	US\$ 407,970	
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	96,480	112,977	Due to total absence of health care in the areas where IOM's mobile health units are operating, the number of individuals accessing the services has been constantly higher than what was expected. Thanks to another funding contribution, gaps in medicines and medical supplies procurement were fully overcome.
b. Male	64,320	102,993	
c. Total individuals (female + male):	168,000	215,970	
d. Of total, children <u>under 5</u>	7,200	10,995	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To reduce mortality and morbidity among crisis affected populations of Abyan Governorate, IDPs, returnees and host communities, through direct health care provision. To contribute to health system strengthening in Abyan through rehabilitation of selected primary health care facilities and train public health care providers. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> IOM's three MHUs in Abyan are sustained and geographical coverage capacity increased covering the districts of Sarar, Rusod, Sibah, Lawdar, Khanfar and the city of Zinjibar. Life-saving emergency health services, primary health care and safe medical referrals are provided to a population of over 350,000 people, with at least 36,000 individuals benefiting from these services where priority will be given to women, boys and girls and those with special needs. Up to 3,600 pregnant women and girls are provided with ante-natal care and nutrition supplementation; and up to 200 pregnant women are assisted with safe delivery and/ or assisted medical referrals for complicated obstetric cases as coordinated with UNFPA and its partners. IMCI is implemented for up to 7,200 children under 5. Psychological first-aid is provided to up to 36,000 individuals, focusing on the most vulnerable groups – women, children and those with special needs. 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 96,000 individuals. 			
11. Actual outcomes achieved with CERF funds			

<ul style="list-style-type: none"> IOM's three Maternal Health Unit (MHUs) in Abyan are sustained through the CERF, and four additional ones are established through a separate funding. The seven MHUs provide health services to conflict-affected populations in the districts of Sarar, Rusod, Sibah, Lawdar, Ahwar, Jayshan, Al Mahfd, Khanfar and the city of Zinjibar; IOM's life-saving emergency health services, primary health care and safe medical referrals covered a population of over 350,000 people, of whom 59,523 individuals directly benefited from these services, including 16,345 women, 11,727 men, 15,145 girls and 16,306 boys. <i>Target: 36,000 individuals.</i> 1,018 pregnant women were provided with ante-natal care and nutrition supplementation. <i>Target: up to 3,600 pregnant women and girls.</i> One pregnant woman was assisted with safe delivery, no complicated obstetric case was identified/ diagnosed. <i>Target: up to 200 women.</i> 5,548 under 5 girls and 5,447 under 5 boys were managed according to the IMCI guidelines. <i>Target: 7,200 children.</i> 58,947 individuals benefited from group health promotion and psycho-education, including 32,737 females and 26,210 males; 2,931 individuals benefited from individual psycho-social counseling, including 2,145 females and 786 males. <i>Target: 36,000 individuals.</i> Health promotion sessions and messages covered a population of approximately 97,500 individuals – 48,750 females and 48,750 males. <i>Target: 96,000 individuals.</i> 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>The number of pregnant women and girls accessing reproductive health care at IOM's MHUs, including for delivery assistance, was much lower than predicted, despite the number of women screened - prediction was made based on global estimation of pregnant women in a given population. This indicates a potential cultural barrier for women and girls to access reproductive health care in general, or that the nature of the MHUs being mobile presents additional barrier to utilization of services – service not being available at the right time, such as when a woman or girl goes through labour, or any pregnancy-related complications. Further assessment on utilization of reproductive health care is warranted.</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b): 2a</p> <p>If 'NO' (or if GM score is 1 or 0): n.a.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If yes, please describe relevant key findings here and attach evaluation report or provide URL:</p> <p>No specific project evaluation was carried out. Regular field assessments were implemented to monitor achievements towards set objectives, as detailed in section 11.</p>	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	IOM	5. CERF Grant Period:	24/08/12 – 23/05/13
2. CERF project code:	12-IOM-025	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Child Protection Sub-cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection of Internally Displaced and Conflict Affected Children (girls and boys) in Abyan, Aden and Lahj Governorates, Yemen		
7. Funding	a. Total project budget:		US\$ 5,900,000
	b. Total funding received for the project:		US\$ 597,060
	c. Amount received from CERF:		US\$ 335,338 (IOM)
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	79,500	21,260	A three month no-cost extension and reprogramming of activities was granted for this project and as such the grant period has been extended to 05/23/2013.
b. Male	79,700	26,057	
c. Total individuals (female + male):	159,200	47,317	
d. Of total, children <u>under 5</u>	0	0	
9. Original project objective from approved CERF proposal			
<p>The CERF component of the project seeks to:</p> <ul style="list-style-type: none"> • Protect IDP, returnees and conflict affected people, including girls and boys from the threats and dangers of landmines and other indiscriminate and/or illicit weapons. • Ensure a functional monitoring and reporting mechanism on grave violations and other serious protection concerns for children and development of a response and referral mechanism for addressing identified cases of grave child rights violations and other protection concerns including prevention and response to the use and recruitment of children by armed forces and groups, including release and reintegration. • Extremely affected and vulnerable children benefited from access to violence prevention, safe and psycho-social support services through child friendly spaces (CFSs) in communities and also in schools, if schools are functioning. • Ensure protection, care and well-being of children displaced and/or separated from caregivers as a result of the emergency are provided with the critically needed humanitarian aid and protection needs from violence, abuse, and exploitation. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • Coordination and Provision of Mine Risk Education (MRE) for conflict-affected IDPs and non-displaced in conflict affected areas. <ul style="list-style-type: none"> ○ Regular minutes of coordination meetings. ○ Total beneficiaries reached mapped by sub district. Affected communities to be reached with age, sex and language appropriate MRE messages. A total of 150,000 beneficiaries, including parents, community members, local authorities, imams, etc., received MRE messages 50% of which will be children 37,500 boys and 37,500 			

- girls.
 - Monthly incident report.
- **Monitoring and Reporting Mechanism and follow up for violations against children, in particular the prevention and follow up for violations against children, in particular the prevention, release, reintegration of children recruited by armed forces and groups.**
 - Monitoring and reporting mechanism established and functional with robust processes for the collection and reporting of grave violations against children using standardized tools and methodologies with attention to gender.
 - Capacity building/training provided to 45 field monitor, CSO members, Child protection committee members and other stakeholders in Abyan.
 - Complaint mechanism/response and referral mechanism functional in addressing identified cases of grave child rights violations.
 - Up to 45 identified child victims of grave violations are provided with emergency support through the special fund for victims.
 - Coordination of the monitoring, reporting, response and referral mechanism on child protection related issues in place with all clusters and actors on the ground.
 - Action plans signed by Yemeni armed forces/pro-government militias to end recruitment and for the reintegration of children associated with their groups.
 - Up to 50 children formerly associated with armed forces and armed groups provided with multidisciplinary support identified through case management by trained social workers.
 - Up to 20 selected groups of adolescents formerly associated with armed forces and armed groups provided with seed funds/stipends to implement their business plan/self-employment plans.
- **Provision of psycho-social support to children affected by armed conflict**
 - Up to 9,000 children affected by armed conflict provided psycho-social support including life skills, recreational and educational activities, and referrals for vulnerabilities, including 4,500 girls and 4,500 boys.
 - Up to 3,000 vulnerable children and women identified, registered and referred to service providers, including at least 1,000 boys, 1,000 girls and 1,000 women.
 - Up to 15,000 children and families receive child protection related messages, including 7,500 boys and 7,500 girls.
- **Identification, registration, family tracing and reunification of unaccompanied, separated and missing children**
 - Up to 50 Unaccompanied separated and missing children identified, registered, traced and reunified with families; and provided with interim care arrangements.

11. Actual outcomes achieved with CERF funds

- **Coordination and Provision of Mine Risk Education for conflict affected IDPs and non-displaced in conflict affected areas.**
 - Three coordination meetings have been held.
 - IOM has recruited 46 MRE Facilitators/Child Protection Monitors.
 - Capacity-building training workshops on MRE community outreach have been provided to all MRE Facilitators/Child Protection Monitors.
 - Total beneficiaries reached mapped by sub-district and affected communities have been identified. Awareness campaign is ongoing with age, sex and language appropriate MRE messages. Total number of beneficiaries to date 33,992 including parents, community members, local authorities, imams etc received MRE messages of which 75% were children (16,919 boys and 8,462 girls) and 25% were adults (6,558 men and 2,053 women) .
 - Monthly incident report has been included into the SRF monthly report.
- **Monitoring and Reporting Mechanism and follow up for violations against children, in particular the prevention and follow up for violations against children, in particular the prevention, release, reintegration of children recruited by armed forces and groups.**
 - Mechanism for monitoring, reporting and follow-up of violations against children , number of children have been subjected to a violation in 1518 , in particular the prevention and follow-up of violations against children , in particular the prevention and release and reintegration of child soldiers by armed forces and groups.

- Capacity building/training on MRM provided to 46 MRE Facilitators/Child Protection Monitors.
- Coordination of the monitoring, reporting, response and referral mechanism on child protection related issues in place with all clusters and actors on the ground.
- 74 vulnerable adolescents identified for the provision of assets (livestock and small equipment etc.) to implement their business plan/self-employment plans.
- **Provision of psycho-social support to children affected by armed conflict**
 - 13,325 children affected by armed conflict provided psycho-social support including life skills, recreational and educational activities, and referrals for vulnerabilities through the established Child Friendly Spaces, including 6,240 girls and 7,085 boys. This has been achieved through 27 Child Friendly Spaces identified and 120 Child Protection Facilitators (community volunteers) recruited.
 - IOM has established 25 child protection committees in Abyan (identified 318 Child Protection committee members in five district- five committees per district-approx.10-15 members per committee, including 43 women and 275 men)
 - Focus group discussions have been held with Child Protection Committee members to develop child protection related messages and identify needs for capacity building trainings.
- **Identification, registration, family tracing and reunification of unaccompanied, separated and missing children**
 - 33 unaccompanied, separated and missing children identified and registered for tracing and reunification, including 17 girls and 16 boys.

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

A three month no-cost extension and reprogramming of activities was granted for this project and as such the grant period has been extended to 05/23/2013. A major component foreseen under this project was the establishment and operation by IOM of 30 CFSs in Abyan, a pilot project for the region. Implementation relied on the identification of suitable locations and the recruitment of staff and volunteers. The slow pace of returns and continually shifting populations impeded identification and agreement on the most suitable locations. Returns to the region only accelerated in September and October and continually shifting population groups among communities made it difficult to anchor suitable sites for CFSs and recruit suitable staff and volunteers. This given also that upon initial return the sole focus of community members is access to basic survival necessities. The situation has now stabilized and over 150 CFS volunteers and staff have been recruited; however given the delays in identification of locations and recruitment, a no-cost extension was needed for these volunteers and staff members to complete implementation of psycho-social support through the CFSs (including life skills, recreational and educational activities and referral services). Furthermore, reprogramming through the reallocation of funds from the personnel (staff, consultants, travel) budget line to direct operational costs and equipment allowed for expanded life-saving interventions within the originally stated objectives.

Of the \$335,338 budget given to IOM, \$222,900 was allocated under the Personnel (staff, consultants, travel) budget line. As per the reprogramming of this project, IOM reallocated a portion of these funds to direct operational costs and equipment in order to increase the extent of life-saving activities. This reallocation is being used to enhance the provision of Mine Risk Education for conflict affected children and their communities through awareness raising, information sharing and sessions in schools; and increase the amount of assistance provided to vulnerable children.

In addition, in regards to the activities targeting children formerly associated with armed forces and armed groups, it was decided by all Child-Protection Sub-Cluster members that activities targeting these groups should be suspended until a standardized mechanism for working with these groups is agreed upon and finalized. As such, other vulnerable children are being targeted.

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code? YES NO

If 'YES', what is the code (0, 1, 2a, 2b): 2a
If 'NO' (or if GM score is 1 or 0):

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

If yes, please describe relevant key findings here and attach evaluation report or provide URL: Project is ongoing as per the no-cost extension which was granted.

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	01/08/12 – 28/02/13
2. CERF project code:	12-WHO-056	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project Title:	Supporting Primary Health Care, Emergency Medical Services and respond to disease outbreaks in Abyan and neighbouring Governorates		
7. Funding	a. Total project budget:	US\$ 17,120,000	
	b. Total funding received for the project:	US\$4,862,229	
	c. Amount received from CERF:	US\$ 844,551	
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	99,133	92,757	The slight difference between targeted and reached beneficiaries due to a higher number of beneficiaries planned at the beginning of the response.
b. Male	95,227	88,664	
c. Total individuals (female + male):	194,340	181,421	
d. Of total, children <u>under 5</u>	42,340	32,293	
9. Original project objective from approved CERF proposal			
The overall objective of the response is to provide emergency health care including high impact, critical life-saving services for vulnerable men, women and children of affected communities in Abyan through strengthening, provision of/and maintaining essential emergency health interventions.			
10. Original expected outcomes from approved CERF proposal			
<p>Outcome 1: Strengthened disease surveillance system and enhanced early detection and timely investigation and response to disease alerts/outbreaks and availability of essential medical supplies, IV fluids and ORS for case management of Diarrhea/cholera</p> <p>Outcome 2: Target population is able to have increased and improved access to immediate life-saving, preventive and curative health services resulting in decrease in morbidity and mortality.</p>			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Vulnerable populations received timely access to standardized package of life-saving primary health care (PHC) services; alerts/outbreaks were predicted, prevented and responded to, resulting in maintaining an acceptable margin of morbidity/mortality. Major health facilities (including MCH Center and Al-Razi Hospital among others) have been variably rehabilitated and equipped and are now functional and providing services 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

The slight difference between targeted and reached beneficiaries was due a higher number of beneficiaries at the beginning of the emergency.

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

YES NO

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

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

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

YES NO

If yes, please describe relevant key findings here and attach evaluation report or provide URL: **Fill in**

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	WHO	5. CERF Grant Period:	13/04/12 – 14/11/12
2. CERF project code:	12-WHO-030	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health		
4. Project Title:	Provision of life saving and Primary Health Care services package to new IDPs		
7. Funding	a. Total project budget:	US\$ 2,942,500	
	b. Total funding received for the project:	US\$ 385,080	
	c. Amount received from CERF:	US\$ 796,709	
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	33,915	32,558	No significant discrepancy.
b. Male	32,585	31,282	
c. Total individuals (female + male):	66,500	63,840	
d. Of total, children <u>under 5</u>	11,837	11,364	
9. Original project objective from approved CERF proposal			
<p>General objective: To avoid excess morbidity and mortality among IDPs through delivery of primary health care and life saving essential package of healthcare services.</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> To operate mobile health clinics for the provision of life saving and PHC services in the affected governorates of Hajja, Aden, and Lahj. To prevent and respond to outbreaks of communicable diseases in the newly displaced IDP and hosting communities. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Prevent avoidable mortality and morbidity among the target population Improved access to life saving essential package of primary health care services for IDPs Timely prevention and control of outbreaks 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> Crude mortality rate among IDPs did not exceed the national average Seven mobile health clinics operational in the target area 90% of outbreaks investigated within 24 hours 100% coverage of target population by mobile health clinics 			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
No significant discrepancy			

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): 2a If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL: Fill in	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	23/08/12–28/02/13
2. CERF project code:	12-FPA-035	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Health and Protection		
4. Project Title:	Implementation of Minimum Initial Service Package for Reproductive health as well as Prevention and Response of Sexual and Gender based violence among newly displaced population in Abyan, Aden, and Lahj Governorate.		
7. Funding	a. Total project budget:	US\$2,055,450	
	b. Total funding received for the project:	US\$ 429,081	
	c. Amount received from CERF:	US\$ 429,081	
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	52,250	65,000	The figures includes Reproductive health services provided to women and men by mobile clinics and hospitals and health centres supported by this very programme as well as health education for sexually transmitted infections, family planning services, antenatal and postnatal care and importance of safe delivery in health facilities. It also includes number of beneficiaries reached by SGBV awareness creation campaigns, shows and messages. It also includes women who received dignity kits.
b. Male	41,800	46,400	
c. Total individuals (female + male):	94,050	111,400	
d. Of total, children <u>under 5</u>	0	0	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> To reduces excess maternal and neonatal mortality and morbidity associated with reproductive health issues in the current crisis situation particularly among women in IDP population in the three governorates of Abyan, Lahj and Aden. Alleviate the impact of the conflict and protection on the most vulnerable displaced groups (women, girls, and boys). 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> Three hospitals will be equipped with lifesaving medical supplies and equipment and will be able to provide obstetric and neonatal emergencies treatment. The supplies will last for 6 months. Six health centers will receive medical supply and equipment for treatment of reproductive ill health. Six existing health centers will be supplied with family planning commodities including male condoms for 6 months. 50% of obstetric and neonatal Emergencies estimated to occur in the coming 6 months will be referred to appropriate level of care in the 3 governorates. 50% of sexual survivors will receive timely, appropriate and compassionate care from the 6 health centers and 2 mobile clinics. Three Minimum Initial Service Package (MISP) orientation workshop will be conducted. Procurement and distribution of dignity kits, including appropriate dress code and personal hygiene items. 			
11. Actual outcomes achieved with CERF funds			

- Procurement and Distribution Reproductive Health (RH) kits to 3 hospitals 6 health The purchase of the RH kites was concluded and UNFPA received the RH kits in June 2013. Thus, UNFPA thought there was no need to requesting no cost extension In the meantime, UNFPA has distributed RH kits from the warehouse to these facilities. The RH kits has hospital consumable supplies, drugs and equipment and as well family planning commodities which enables the 6 health centres to provide family planning services for IDP's, returnees and affected host communities.
- A total of 245 pregnant women with complications during delivery were also referred to al-Razi hospital for life-saving treatment at hospital level by the mobile clinics.
- Reproductive health services were given by 2 mobile clinics in two districts of Abyan governorate: Khanfar and Zanjibar. The mobile clinics provide all range of RH services including treatment and prevention of STIs, family planning council and services, antenatal care follow ups and health education on birth preparedness and institutional or skilled birth attendance, and provision of iron and folic acid for pregnant women. The health centers and hospitals also provide reproductive health care services during antenatal services; they also provide maternity services for laboring mothers.
- A total of 5,500 dignity kits were provided. These kits were for women in the areas of displacement of the events in Abyan and returnee areas of displacement, and they were designed by UNFPA according to needs assessment findings. A total of 10 field work women teams were formed; each team consists of 3 persons (responsible of distribution, responsible of delivery, and driver).
- Conducting meeting with fieldwork teams and set up a mechanism for distribution which determine the time period and the neediest areas for distribution. Implementing inauguration ceremony which was attended by General Director of khanfar distract ,head of CSSW branch in Abyan , social leaders, as well as journalists and media professionals.
- A total of 5,500 dignity kits were distributed to IDP girls and women in Abyan Ja'ar district in 55 locations.
- A total of 50 awareness shows were implementing in places of the mobile clinics and distribution of the dignity kits. The total number of beneficiaries on this activity reaches 86,750 beneficiaries.
- 6,750 awareness brochures, posters and caps on RH, Reproductive Right, and prevention of SGBV were distributed.
- Formed team which consisted of 10 educators: 5 males and 5 females who were trained on successful awareness skills and how to administrate educational shows. A total of 50 awareness shows were implemented targeting women and men, covering GBV, RH, safe motherhood and care of the pregnant mother.
- Three MISP for Reproductive Health crisis trainings were conducted for Abyan, Lahj and Aden Governorate health workers. A total of 100 participants, mostly women health workers, attended the MISP training. The trainings were given by TOT trainers who were trained in Cairo by UNFPA for 5 days. These trainings satisfy the standard outlined in the SPRINT MSIP training guidelines. Participants acknowledged the importance of the training and also expressed that the training gave them knowledge and skill for providing RH services in crisis situation.
- The implementing partner also conducted Clinical management of Rape training for 37 health workers from the three governorates: Aden, Lahj and Abyan.
- GBV in Humanitarian setting training was conducted in Sana'a for 25 participants from different local and international NGOs: NGOs participating in this training includes CARE, CSSW, Intersos, Islamic relief, DRC, YFCA and ADRA.
 - Training on Identification of SGBV survivors was conducted for 34 participants. The participants are mainly Community based network members as well as women groups who are directly involved in identification of SGBV survivors at district and village level.
 - Psycho-social support training for counselors and individuals involved in providing psycho-social support for survives was conducted for 45 participants who are involved in provision of this service.

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

There was no significance discrepancy between planned and actual outcome. In the project proposal we wanted to recruit international consultant as trainer for training of MISP but we source it out from the country using the same amount in the budget, and this were able to save time

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

YES NO

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

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

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

YES NO

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNFPA	5. CERF Grant Period:	17/04/12– 17/10/12
2. CERF project code:	12-FPA-019	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Protection/GBV sub cluster		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection and support of women and girls in conflict affected areas of Yemen.		
7. Funding	a. Total project budget:		US\$ 900,000
	b. Total funding received for the project:		US\$ 280,276
	c. Amount received from CERF:		US\$ 180,276
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	10,000	30,600	
b. Male	10,000	20,000	
c. Total individuals (female + male):	20,000	50,600	
d. Of total, children <u>under 5</u>			
9. Original project objective from approved CERF proposal			
<p>Alleviate the impact of the conflict and protection on the most vulnerable displaced groups (women, girls, boys).</p> <p>Specific objectives:</p> <ul style="list-style-type: none"> • Address basic dignity needs of vulnerable women and girls in camps and the IDPs gathering such as hygiene and proper clothing. • Provide psycho social support to highly traumatized and distressed displaced women and their families. • Protect women and girls against violence, abuse and exploitation. • Ensure coordination among humanitarian partners to respond to the specific needs of women and girls in conflict affected areas. • Raising awareness on GBV issues. 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> • A total of 10,000 dignity kits will be provided. • Awareness of the community improved of the GBV issues. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> • A total of 10,600 dignity kits procured and distributed to vulnerable women and girls. • Awareness of the community improved of the GBV issues. • 20,000 IEC materials (brochure and posters) on issues of GBV developed and distributed. 			

12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
UNFPA through implementing partners received deals on adding 600 dignity kits for free in addition to the planned procurement. The additional 600 dignity kits were a donation made to UNFPA by the supplier.	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b):2b If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL:	

TABLE 8: PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	09/04/12 – 09/10/12
2. CERF project code:	12-HCR-024	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	<u>Shelter/NFIs</u>		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Protection, shelter and NFI assistance to newly displaced persons in Hajja, Lahj and Aden governorates.		
7. Funding	a. Total project budget:	US\$ 17,575,237	
	b. Total funding received for the project:	US\$ 15,185,085	
	c. Amount received from CERF:	US\$ 1,724,089	
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	26,215	26,215	N/A
b. Male	27,285	27,285	
c. Total individuals (female + male):	53,500	53,500	
d. Of total, children <u>under 5</u>	8,346	8,346	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Monitor the protection situation of persons of concern through community based protection networks and provide adequate response through individual support. Provide families with essential NFI and shelter support. 			
10. Original expected outcomes from approved CERF proposal			
<u>Protection monitoring and response:</u> <ul style="list-style-type: none"> 350 extremely vulnerable persons (EVI) are provided with cash grant assistance. At least 40 volunteers are involved in community based networks monitoring At least 2 trainings for field workers are organized. <u>Shelter and NFI:</u> <ul style="list-style-type: none"> Each household and individual amongst the new arrivals is provided with sufficient basic domestic items: 1 kitchen set and 1 plastic sheet per family, 2 mats and 2 water buckets per family, 1 mattress and 1 blanket per person. 100% of new arrivals household meet their emergency shelter needs: in Hajja, 1 tent is provided per family. 			
11. Actual outcomes achieved with CERF funds			
<ul style="list-style-type: none"> NFI packages (containing mattress, sleeping mat, blanket, plastic sheet, kitchen set and water bucket) were procured and distributed as follows: <u>Hajja:</u> 5,500 displaced households received NFI packages. 2,500 tents were procured and 585 tents were distributed. The balance of tents was kept in stock for the continuous need to replace tents due to the severe weather in Hajja. The left 			

over tents after distribution to all needy IDPs, was stock piled to replace the existing tents since the extreme weather conditions does cause the tents not to last for its life duration. The left over was a result of over estimation because the CERF proposal was based on rapid need assessment.

Aden: 2,493 displaced households received NFI packages.

• **Protection Activities**

Hajja: 9 CBPN were established. They were composed by 48 volunteers from both IDPs and local communities. For the CBPN members, a total of 5 training on the protection monitoring and SGBV prevention were conducted, enabling CBPN volunteer to effectively conduct monitoring of displaced population in Hajja.

Aden: 6 CBPN were established. They were composed by 36 volunteers from both IDPs and local communities. For the CBPN members, 3 training on the protection monitoring and SGBV prevention were conducted, enabling CBPN volunteer to effectively conduct monitoring of displaced population with focus on collective centres in Aden.

Furthermore, 350 extremely vulnerable individuals received *one time cash grant assistance* in order to couple with immediate housing needs after the displacement.

350 EVIs are provided with cash grant assistance to subsidize the rental cost in Aden before they moved back to Abyan where they were displaced by the conflict.

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

Regarding the Protection component, and specifically the CBPN, UNHCR initiated a total of 15 CBPN composed by 84 volunteers and conducted 8 trainings in both the North and South of Yemen, thus a higher number than the initial proposal.

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

YES NO

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

If 'NO' (or if GM score is 1 or 0): The protection monitoring was a tool to gather information about the entire population screened. On the other hand, assistance was provided based on vulnerability criteria that benefited equally men and women unless falling into specific gender based criteria (e.g. vulnerable single mothers).

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

YES NO

If yes, please describe relevant key findings here and attach evaluation report or provide URL:

UNHCR's monitoring and evaluation is part of regular activities carried out by UNHCR's offices in Aden, Haradh and Sana'a which generally encompass an ongoing performance monitoring and a financial monitoring, particularly when activities are implemented by implementing Partners. All procurement follows strict procedures through UNHCR's internal operational system (MSRP) and it is sourced internationally through a centralized Supply Management Service (SMS).

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	UNHCR	5. CERF Grant Period:	02/08/12 – 02/02/12
2. CERF project code:	12-HCR-038	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Shelter/NFIs		
4. Project Title:	Life-Saving Assistance through NFIs and Emergency Shelter Repair Kits for Returning IDPs in the South of Yemen		
7. Funding	a. Total project budget:		US\$ 12,800,000
	b. Total funding received for the project:		US\$ 9,225,870
	c. Amount received from CERF:		US\$ 2,400,023
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	82,661	53,422	The number of households reached was 10,000 for NFIs kits and 10,952 shelter kits respectively as per initial planning, thus some 20,952 families. It is of note that the family size in Abyan resulted of 5 instead of 6 persons for family as initially envisaged (average of Yemeni population) and the unit costs per shelter kit higher when compared with previous procurements (\$62.5vs. \$40 per kit).
b. Male	79,419	51,327	
c. Total individuals (female + male):	162,080 (27,080 HHs-cumulative NFIs & shelter)	104,749 (20,952 HHs)	
d. Of total, children <u>under 5</u>	8,140	6,285	
9. Original project objective from approved CERF proposal			
<ul style="list-style-type: none"> Enabling 17,080 IDPs families (102,080 individuals) to live in proper shelters by providing them the tools to carry out basic repairs to their homes damaged during the conflict (Emergency Shelter Repair Kits: 2 plastic sheet, 1 hammer, 1 saw, 1 digger, 1 shovel, 1 construction rubber bucket, 1 trowel, 2 ropes). Assisting 10,000 IDPs families (60,000 individuals) in restoring their normal life upon return through core household items (NFIs: mattresses, sleeping mats, blankets, kitchen sets, water bucket, plastic sheet). 			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 10,000 returnee families / 60,000 persons are enabled to restore their daily life through the provision of a core Package (Standard or Minimum) of NFIs (mattresses, sleeping mats, blankets, kitchen sets, water bucket, plastic sheet). 17,080 returnee families / 102,480 persons are enabled to repair their damaged houses and restart their life in the areas of return through the provision of key means and tools (Emergency Shelter Repair Kits: 2 plastic sheet, 1 hammer, 1 saw, 1 digger, 1 shovel, 1 construction rubber bucket, 1 trowel, 2 ropes). 42 IDP communities and/or up to a maximum of 252 vulnerable individuals provided with a tent for common use or for shelter. 			

11. Actual outcomes achieved with CERF funds	
<ul style="list-style-type: none"> As of the end of December 2012, UNHCR assisted 23,157 households/103,872 individuals in total through the provision of NFIs and distributed some 10,950 shelter kits benefiting nearly 54,800 returnees. The following outcomes were reached: <ul style="list-style-type: none"> 10,000 families (some 50,000 persons) out of 20,901 families (94,487 individuals) assisted by UNHCR were enabled to restore their daily life through the provision of a core Package of NFIs (mattresses, sleeping mats, blankets, kitchen sets, water bucket, plastic sheet). Some 10,952 shelter kits (est. 54,750 ps/s) were procured and distributed and thus enabled to repair their damaged houses and restart their life in the areas of return through the provision of key means and tools (Emergency Shelter Repair Kits: 2 plastic sheet, 1 hammer, 1 saw, 1 digger, 1 shovel, 1 construction rubber bucket, 1 trowel, 2 ropes). Although 256 tents were procured, tents were not distributed during the life span of the project as returnees preferred to start repairing their shelters or reconstruct them, and also for most vulnerable individuals they were not in demand. These tents will be utilized at a further stage for community based initiatives. Conversely, the stock piled tents were the left over after distribution to IDPs. The surplus resulted from over estimation of needs, since the needs were based on rapid assessment the shelter repair kits proved to be of essence and UNHCR was the only provider of such kits in the initial response in 2012 and early 2013. 	
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:	
<p>Originally, the key planning figure assumption was that the average family size consisted of 6 members based on the average of Yemeni Society. However, it was later revealed that the average family size of returnees to Abyan was of 5 members per family; therefore while the number of beneficiaries at the household levels remained the same (10,000 and 17,080 – 27,080), the total number of individuals who benefited from the project was of 20,952 households/104,750 individuals in lieu of 162,480 (27,080 HHs-cumulative NFIs and shelter). Additional households were reached through a subsequent ECHO funding for which the CERF had a catalytic effect.</p> <p>In addition, although the target of shelter kits was of 17,080 kits, there was an increase in the cost of the items which increased the unit price per kit from \$40 to \$62.5 each. Therefore, only 10,952 kits could be made available.</p>	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): The protection monitoring as well as the IDPs verification and registration followed by a process of IDPs de-registration and returnees registration set up with WFP and the Executive Unit for IDPs were aimed at gathering key information about the entire population screened and constantly verify and update the statistics of IDPs and returnees.</p> <p>On the other hand, the entire assistance was initially provided to returnees that spontaneously went back and progressively linked with the registration of returnees in the areas of origin, thus benefiting the entire returnee households.</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<p>If yes, please describe relevant key findings here and attach evaluation report or provide URL:</p> <p>UNHCR's monitoring and evaluation is part of regular activities carried out by UNHCR's offices in Aden, Haradh and Sana'a which generally encompass an ongoing performance monitoring and a financial monitoring, particularly when activities are implemented by partners. All procurement follows strict procedures through UNHCR's internal operational system and it is sourced internationally through a centralized Supply Management Service (SMS).</p>	

TABLE 8: PROJECT RESULTS

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CERF Project Information			
1. Agency:	UNDP	5. CERF Grant Period:	31/07/12-31/12/12
2. CERF project code:	12-UDP-009	6. Status of CERF grant:	<input type="checkbox"/> Ongoing
3. Cluster/Sector:	Non		<input checked="" type="checkbox"/> Concluded
4. Project Title:	Eliminate impact of mines.		
7. Funding	a. Total project budget:	US\$ 4,000,000	
	b. Total funding received for the project:	US\$ 3,943,367	
	c. Amount received from CERF:	US\$ 250,000	
Results			
8. Total number of <u>direct beneficiaries</u> planned and reached through CERF funding (provide a breakdown by sex and age).			
<i>Direct Beneficiaries</i>	<i>Planned</i>	<i>Reached</i>	<i>In case of significant discrepancy between planned and reached beneficiaries, please describe reasons:</i>
a. Female	106,451	103,000	
b. Male	103,452	101,000	
c. Total individuals (female + male):	209,903	204,000	
d. Of total, children <u>under 5</u>	13,374	12,000	
9. Original project objective from approved CERF proposal			
To protect returnees and communities from landmines and UXO.			
10. Original expected outcomes from approved CERF proposal			
Contribute to the safe return of the local population and IDPs in the crisis affected areas in Abyan and other southern governorates to their normal livelihoods activities as a result of operations conducted on emergency lifesaving landmine/UXO survey and clearance.			
11. Actual outcomes achieved with CERF funds			
The CERF contribution was fully and timely utilized as planned for the purchase of life-saving demining equipment. Soon after the government's recaptured the capital of the governorate and other main towns that started in mid June 2012, the project's emergency survey, clearance, victim's assistance and mine risk education were deployed to these devastated localities, including Ja'ar, Zinjbar and Al-kod. The successful results played a critical role in facilitating not only the quick return of most IDPs but also the ability of the UN humanitarian agencies and INGOs to access the cleared areas and directly provide their humanitarian service to the local population; the total delivery is 100%.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			

N/A	
13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If 'YES', what is the code (0, 1, 2a, 2b): If 'NO' (or if GM score is 1 or 0):	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL: N/A	

TABLE 8: PROJECT RESULTS

CERF Project Information			
1. Agency:	WFP	5. CERF Grant Period:	07/05/12- 07/11/12
2. CERF project code:	12- WFP-033 (YEM-12/F/47411)	6. Status of CERF grant:	<input type="checkbox"/> Ongoing <input checked="" type="checkbox"/> Concluded
3. Cluster/Sector:	Food and Agriculture		
4. Project Title:	Emergency Food Assistance to Conflict –Affected Persons in Yemen		
7. Funding	a. Total project budget:	US\$ 113.6 million	
	b. Total funding received for the project:	US\$ 92.2 million	
	c. Amount received from CERF:	US\$ 2,611,919	
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	33,117	33,117	
b. Male	33,383	33,383	
c. Total individuals (female + male):	66,500	66,500	
d. Of total, children <u>under 5</u>	13,500	13,500	
9. Original project objective from approved CERF proposal			
Assist 9,500 IDP families that have been displaced from Hajjah, Abyan and Lahj Governorates over the first three months of 2012 with general food rations covering their food security needs for a three month period, thereby meeting their most urgent needs and improving their coping mechanisms.			
10. Original expected outcomes from approved CERF proposal			
<ul style="list-style-type: none"> 9,500 new IDP households receive three cycles of monthly food distributions. Food rations were calculated to cover 2,130 Kcal per person/day based on an average household size of seven members. The distributions covered by CERF will cover three months requirements allowing for continued fund mobilization efforts. 			
11. Actual outcomes achieved with CERF funds			
Actual outcomes were the same as the expected outcomes.			
12. In case of significant discrepancy between planned and actual outcomes, please describe reasons:			
NA			

13. Are CERF-funded activities part of a CAP project that applied an IASC Gender Marker code?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
<p>If 'YES', what is the code (0, 1, 2a, 2b):</p> <p>If 'NO' (or if GM score is 1 or 0): (i) Promotion of female ration card holders, (ii) separate queues for men and women, (iii) encouraged representation of women in IDP representation committees</p>	
14. M&E: Has this project been evaluated?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If yes, please describe relevant key findings here and attach evaluation report or provide URL:	

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/ Sector	Agency	Partner Name	Partner Type	Total CERF Funds Transferred To Partner US\$	Date First Installment Transferred	Start Date Of CERF Funded Activities By Partner	Comments/ Remarks
12-FPA-019	Protection/GBV sub cluster	UNFPA	Yemen Family Care Association.	NNGO	269,000	25/05/12	01/07/12	-
12-FPA-035	Health /GBV	UNFPA	Charitable Society for Social welfare	NNGO	265,460	01/10/12	01/10/12	-
12-WFP-033	Food & Agriculture	WFP	Islamic Relief Yemen	INGO	51,728	20/08/2012	01/07/12	Cash amount for distribution of food to IDPs
12-HCR-024	Shelter/NFI	UNHCR	Al Amal	NNGO	100,300	02/06/12	09/04/12	-
12-HCR-038	Shelter/NFIs	UNHCR	SHS	NNGO	126,782	12/08/2012	02/08/12	Activities started with NFIs distribution in areas of return (NFIs advanced from stock of items for IDPs/refugee assistance)
12-CEF-092	Child Protection Sub-Cluster	UNICEF	Danish Refugee Council (DRC)	INGO	156,852.94	12/12/2012	15/12/2012	
12-CEF-034	WASH	UNICEF	Oxfam	INGO	1,354,554	05/07/12	01/06/12	There was a problem in access
12-CEF-091	WASH	UNICEF	OXFAM	INGO	1,465,289.38	27/11/12	01/12/ 12	This was for rehabilitation of WASH facilities in schools and health centres
12-CEF-028	Health	UNICEF	MoPHP	GOV	719740	20/03/12	11/03/12	The amount transferred to the Government was used to procure the vaccines

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

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