RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS
YEMEN
RAPID RESPONSE
POLIO OUTBREAK

RESIDENT/HUMANITARIAN COORDINATOR	**Mr. Johannes Van Der Klaauw**

REPORTING PROCESS AND CONSULTATION SUMMARY

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

YES ☒ NO ☐

An After Action Review was conducted on 23 April, 2014.
The meeting participants were the International Organization for Migration (IOM), the World Health Organization (WHO), the United Nations Population Fund (UNFPA), the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP) and the Food and Agriculture Organization of the United Nations (FAO).

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

YES ☒ NO ☐

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

YES ☒ NO ☐

This CERF report is a consolidated report of the achievements, challenges and lessons learned by UN agencies and their implementing partners which received funding through the CERF rapid response window. These agencies have approved the final report.

I. HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 8,112,892		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,000,492
	COMMON HUMANITARIAN FUND/ EMERGENCY RESPONSE FUND (*if applicable*)	499,875
	OTHER (bilateral/multilateral)	1,500,009
	TOTAL	**4,000,376**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 25-Jul-13			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	13-RR-CEF-076	Health	258,405
WHO	13-RR-WHO-042	Health	1,742,087
TOTAL			**2,000,492**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	2,000,492
Funds forwarded to NGOs for implementation	0
Funds forwarded to government partners	0
TOTAL	**2,000,492**

HUMANITARIAN NEEDS

On 18 April 2013, Somalia reported a first polio case in the Banadir area in the rural areas around Moghadishu. The virus quickly spread and another 11 cases were reported in the same area soon afterwards. The virus further spread to surrounding areas and one case was reported from Lower Shabelle Bay each. In all, 14 cases of wild polio virus (WPV) were confirmed in Somalia from 10 districts: Hama Jabjab, Heliwa, Hodan, Hamarweyne, Danyile, Dharkenley, Yaqshid, Madina (Banadir region), Burhakaba (Bay region) and Afgoi (Lower Shabelle). The WPV also spread to Kenya, where two cases were reported in the Hagadera Somali refugee camp, Dadaab. This epidemiological pattern of spread indicated an explosive circulation of the WPV. More cases were expected since around 62 suspected cases of Acute Flaccid Paralysis (AFP) were from South Central Somalia to which Banadir belongs.

Many people migrate from the Horn of Africa, especially from Ethiopia and Somalia to Yemen. The migrants often arrive after a perilous boat journey to Yemen across the Arabian Sea or across the Red Sea, hoping to reach the wealthier Gulf countries. As of May 2013, the

United Nations High Commissioner for Refugees (UNHCR) estimated that 46,417 refugees and migrants from the Horn of Africa arrived in Yemen, mainly Ethiopians and Somalis. The number of arrivals is estimated to have doubled between 2010 and 2012. After reaching the shores, the migrants travel from south to north to reach the border of Saudi Arabia hoping to enter and find jobs. IOM has established reception points in Abyan and Shabwah Governorates and established a camp in the north in Haradh close to the Saudi border. In Haradh town, near the Saudi border, thousands of stranded migrants faced harrowing conditions with limited access to food, health care or sanitation. Therefore, IOM established a camp for them outside the town. In southern Yemen, 200 migrants were living in the Basateen area in Aden.

As of July 2013, UNHCR had registered 240,371 refugees from Horn of Africa, while the Government of Yemen claimed that there were more than 800,000 Somali refugees residing in the country. The Somali refugees are concentrated in a number of governorates, including Aden, Abyan Shabwah and Hajjah, but they were also spreading all over the country, since they could provide cheap labour. This intensive movement increased the risk of the spread of WPV into Yemen through the adult migrants or refugees. The WPV can sustain intensive circulation in a community where the immunity is low. There was a big gap in the immunity against WPV among children in Yemen. The immunity gap occurred because of the low routine immunization for children, especially during 2011 and 2012. Civil unrest, which prevailed during 2011 and 2012, led to a severe deterioration of social services including vaccination. As a result, routine polio vaccination coverage declined to 81 per cent in 2011 and 82 per cent in 2012.

Polio is a paralyzing disease caused by WPV affecting especially unimmunized children under five years. Polio might also cause death if the respiratory muscles are affected. In Yemen, with pockets of low coverage of oral polio vaccine (OPV), sub-optimal population immunity and a large influx of refugees, plus the deterioration of social services including vaccination leading to a decline in the routine polio vaccination coverage, the risk remains high for unimmunized children to contract the disease.

This CERF project aimed to increase the immunity profile among children under five years, to minimize the increasing risk of WPV importation, especially from Somalia.

Polio eradication is a global goal of the WHO to be achieved by 2014 which means that the last case should be at the end of 2014. Therefore, the World Health Assembly declared polio eradication an 'Emergency for Global Public Health in May 2012.'

In addition, , the planned supplementary immunization activities (SIAs) to compensate the low routine coverage were not implemented in 2011 and were only partially implemented in 2012, which widened the immunity gap among children under five years of age. Based on a WHO Risk Assessment, Yemen was ranked as being at the highest risk for importation and circulation of polio among the Horn of Africa (HoA) countries, or in the Middle East.

II. FOCUS AREAS AND PRIORITIZATION

Given the above scenario and based on recommendation of a Technical Advisory Group (TAG) comprised of WHO, the Center for Disease Control (CDC), UNICEF and other stakeholders, a decision was made to conduct a polio vaccination campaign in 13 high-risk governorates and groups through a house-to–house strategy, to be implemented in October-December 2013. Areas where refugees and migrants enter the country and where they live were also included, i.e. most coastal areas. In total, 231 of the country's 333 districts were included in the campaign, equalling an estimated population of 3 million children under five years. Conducted by WHO and UNICEF, the campaign included the following activities: social mobilization, micro-planning, technical assistance, on-the-ground vaccination and independent monitoring.

Coverage of hosting communities for refugees and migrants was also a vital part of the vaccination campaign. This was in addition to the very low immunization areas, where people were deprived of vaccination in the last few years, causing them to easily sustain the circulation of the WPV.

Through the CERF grant, the recipient partners were able to cover the most affected governorates in the country: Aden, Abyan, Shabwah, Al Mukalla, Lahj, Taizz, Al Hudaydah, Hajjah, Sa'ada, Al Jawf, Amran, Al Bayda and Al Amana Governorates. Part of the funds was used for the operational cost and the other part for social mobilization activities for the polio response. The remaining activities were funded by other partners (WHO, UNICEF and the Ministry of Health).

WHO also received $500,000 in funding for the polio vaccination campaign from the Emergency Response Fund, which OCHA manages locally. Thus, the CERF and ERF were used in a complementary way. The ERF funding was disbursed in November 2013, and thus

allowed for the polio response to continue for a longer time than would have been possible with CERF funding alone, for which projects – under the Rapid Response window – are limited to 6 months. Complementary use of the two pooled funds was therefore achieved mostly with regard to the timing of the funding and response.

All children under five years were targeted in these areas, as well as all refugees and migrants of all ages. Boys and girls were given equal chance to be vaccinated. In Yemen, there is no history of discrimination of vaccination between boys and girls.

III. CERF PROCESS

Subsequent to the start of polio outbreak in Somalia, by the time of application for CERF funding, Headquarters, regional and country offices of WHO and UNICEF, in consultation with the Horn of Africa (HoA) Technical Advisory Group (TAG) countries, developed an emergency plan to combat and minimize the risk of WPV importation into Yemen.

The emergency plan was developed for the period of 2013 and 2015 and covers the HoA countries where the outbreak is ongoing. It comprises two main components:
1. Enhance immunity
2. Accelerate AFP surveillance

Based on a detailed analysis of every country in the Horn of Africa at the lowest administrative level, it was decided by the HoA TAG, WHO, and UNICEF to implement a mass vaccination campaign in the highest risk areas (where refugees and migrants are concentrated), and also to include host communities.

The CERF secretariat, the Emergency Relief Coordinator, OCHA Headquarters and the Humanitarian Coordinator and OCHA in Yemen were approached and briefed on the urgent situation and they were supportive of the preparation of a CERF proposal to avert this potential crisis. On 25 July 2013, the HC submitted the CERF rapid response application for US$2 million to the CERF secretariat.

The CERF funds were obtained and disbursed on time, allowing implementation of the planned immunization activities within the specified duration. The prioritization of the critical situation to maintain a polio-free status of Yemen and to avoid unnecessary morbidity and mortality in children under five resulted in an immediate response. The CERF funds were used to complement $500,000 provided for the polio vaccination campaign by the local Emergency Response Fund.

In line with the 'Pooled Funds Complementarity Guidance' note,[1] the CERF application was supported by the Humanitarian Financing Unit of OCHA-Yemen, i.e. the same unit that serves as a secretariat for the ERF. Since the CERF application was limited in scope to polio response, the Health Cluster was involved in the process. This is similar to the ERF process, where proposals are also first reviewed by the relevant cluster. Funding from the ERF and CERF was used jointly (i.e., both for polio response) and strategically (staggered, in order to cover a longer timeframe than would have been possible with CERF funding alone). Thus, at least some of the 'best practices' suggested in the guidance note were followed in Yemen.

[1] Available at https://docs.unocha.org/sites/dms/CERF/Draft%20Guidance%20Note%20-%20Harmonization%20of%20CERF%20and%20Country-based%20Pooled%20Funds.pdf

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR				
Total number of individuals affected by the crisis: 4,589,280				
The estimated total number of individuals directly supported through CERF funding by cluster/sector	**Cluster/Sector**	**Female**	**Male**	**Total**
	Health	1,534,709	1,474,525	3,009,234

BENEFICIARY ESTIMATION

WHO and UNICEF vaccinated 3 million children under five years.

The number of children in need nationwide was identified as 4.6 million while those targeted under this CERF grant were 2,962,105. The total number of beneficiaries reached in the targeted governorates was 3 million as some health workers probably covered children over the age of 5 years due to the fact that it is quite difficult to exactly estimate a child's age, particularly while in the field.

The following table provides details of the targeted and reached beneficiaries.

TABLE 5: PLANNED AND REACHED DIRECT BENEFICIARIES THROUGH CERF FUNDING		
	Planned	**Estimated Reached**
Female	1,510,674	1,534,709
Male	1,451,431	1,474,525
Total individuals (Female and male)	2,962,105	3,009,234
Of total, children under five	2,962,105	3,009,234

CERF RESULTS

The activities and results accomplished by agencies through the polio 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 2013.

CERF Achievements in 2013
WHO / UNICEF:

- A total of 3,009,234 children were vaccinated in the targeted 14 governorates thereby achieve a coverage of 101.6 per cent of planned beneficiaries.
- Number of under 1 year-olds was 538,528, i.e., 92 per cent coverage
- Number of houses covered was 1,982,719, reaching 99 per cent coverage

CERF's ADDED VALUE

a) Did CERF funds lead to a fast delivery of assistance to beneficiaries?
YES ☒ PARTIALLY ☐ NO ☐

The unfolding situation was critical and required an urgent response if the country was to be saved from a polio outbreak with potentially devastating outcomes. CERF funding ensured immediate implementation of the social mobilization, micro-planning, training, vaccination, supervision (through WHO and Ministry of Public Health and Population (MoPHP) supervisors) and monitoring (through independent monitors). The CERF funding has enabled Yemen to be on track along the HoA TAG recommendations, thus paving the way for the country to proceed with its scheduled immunization campaigns.

b) Did CERF funds help respond to time critical needs[2]?
YES ☒ PARTIALLY ☐ NO ☐

The speed of delivering CERF funds enabled the recipients to respond rapidly in the targeted governorates.

The wild polio virus thrives in environments of poor sanitation and where hygiene practices are inadequate. However, the early detection of any potential imported WPV is very crucial to enable immediate action. For every one case of paralytic polio there are 200 asymptomatic cases. Those cases are considered as the source of the disease spread. These cases can shed the virus into the community for months unless interrupted through prompt house to house polio campaigns. Moreover, polio-free countries need to ensure strong vaccination coverage to maintain this status and prevent the importation of the virus into the country. The CERF funding enabled Yemen to comply with the HoA TAG recommendations of implementing the immunization campaign at the scheduled period of four times a year (two national campaigns and two sub-national campaigns) and it mitigated the risks of a potential outbreak. For the first time, 55,000 children or more have been reached in very remote areas.

c) Did CERF funds help improve resource mobilization from other sources?
YES ☒ PARTIALLY ☐ NO ☐

The CERF grant provided to WHO and UNICEF acted as a leverage to ensure Government compliance with their share of the budget for the immunization campaign on time. As both WHO and UNICEF received funding at the same time from CERF, anticipated delays in the routine process of obtaining funds from the Government were minimized and the campaign went through as scheduled. According to the division of labour between WHO and UNICEF in polio eradication efforts, WHO is responsible for operational costs while UNICEF is responsible for vaccines procurement and social mobilization. The availability of CERF funds persuaded the Saudi Government to provide funds for the polio vaccine of about $600,000. (The Saudi government supported UNICEF globally with funds to procure polio vaccines for many countries, including Yemen. These funds were processed by UNICEF headquarters and the UNICEF supply division in Copenhagen. Once the polio National Immunization Days (NID) were planned, the UNICEF supply division provided the campaign with the required vaccines using the Saudi funds. The total contribution received was US$ 2,600,492, of which about $600,000 was used for Yemen.) The CERF funding, which was disbursed in late August 2013, was followed by an additional $500,000 from the Emergency Response Fund to WHO for the polio vaccination campaign, for a project that started in November 2013.

d) Did CERF improve coordination amongst the humanitarian community?
YES ☒ PARTIALLY ☐ NO ☐

In general, immunization campaigns are always the result of coordinated efforts between WHO, UNICEF and the Ministry of Health. CERF funding played a key role in ensuring and enhancing the coordination of these efforts through developing the proposal jointly based on an agreed division of labour and in the planning, implementation and monitoring of activities. It resulted in the swift implementation of the vaccination campaign, both a life-saving and time-critical intervention. Following the CERF response, no WPV cases have been registered from the HoA or the Middle East, where there are outbreaks ongoing. The immunity profile has been strengthened due to the implementation of this campaign in the highest risk areas.

[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, etc.).

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

N/A

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF funding enabled WHO/MoPHP and UNICEF to reach the hard-to-reach areas in a timely manner	Timely prioritization and disbursement of funds enabled quick and efficient intervention. Continuing in the same manner will support future interventions, helping Yemen retain its polio-free status	OCHA country office, CERF Secretariat
CERF and ERF funding helped to leverage other funding. CERF and ERF funds were successfully used to complement each other.	Continue using CERF and ERF in a complementary way, and to leverage other funding.	OCHA country office, CERF Secretariat

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
CERF funding leverages coordination. Early joint planning and coordination between UNICEF, WHO and MoPHP led to an effective and timely response. The communication and social mobilization team needs to equally set up a similar mechanism especially in identifying problematic areas	Continue the joint coordination and planning for future responses. Set up a planning group responsible for social mobilization and communication.	MoH, specifically the health education department, is responsible for all social mobilization activities with the help of UNICEF and local NGOs.
Polio eradication and other disease control efforts fall under rapid response and underfunded windows. It is a great opportunity to control outbreaks of these diseases through urgently obtaining the required funds, similar to what happened during the 2005 polio outbreak.	Continue to consider CERF for funding a response to polio, measles and other communicable diseases especially those with a global eradication and elimination goal in fragile states whose support to routine programmes has collapsed.	OCHA, UNICEF, WHO

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	UNICEF WHO	5. CERF grant period:	23 Aug 2013 to 22 Feb 2014
2. CERF project code:	13-RR-CEF-076 13-RR-WHO-042	6. Status of CERF grant:	☐ Ongoing ☒ Concluded
3. Cluster/Sector:	Health		
4. Project title:	Risk reduction of polio disease through house to house vaccination in the highest risk areas including in particular the refugees migrants areas		

7.Funding				
	a. Total project budget:	US$ 8,112,902	d. CERF funds forwarded to implementing partners:	
	b. Total funding received for the project:	US$ 1,500,009	▪ *NGO partners and Red Cross/Crescent:*	US$ 0
	c. Amount received from CERF:	US$ 2,000,492	▪ *Government Partners:*	US$ 0

Results

8. Total number of direct beneficiaries 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	1,510,674	1,534,709	The campaign reached 101.6 per cent of the planned beneficiaries.
b. Male	1,451,431	1,474,525	
c. Total individuals (female + male):	2,962,105	3,009,234	
d. Of total, children under age 5	2,962,105	3,009,234	

9. Original project objective from approved CERF proposal

Minimize the risk of importation of wild polio virus from the Horn of Africa through vaccinating more than 95 per cent of children under five years, especially in the highest risk areas, via house to house vaccination strategy.

10. Original expected outcomes from approved CERF proposal

Expected Outcomes:

- Reduced risk of avoidable paralytic polio disease due to any wild polio virus to be imported.
- Increased immunity among children under five year and among refugees/migrants.

Indicators:

- No indigenous polio cases to be reported.

- Imported cases to be contained.
- Attain coverage of more than 95 per cent in the targeted areas.

11. Actual outcomes achieved with CERF funds

- Achieved 101.6 per cent coverage of target beneficiaries Independent monitors could verify a rate of 92 per cent based on recall.
- No WPV case has been registered in Yemen, thus polio has not been imported from HoA.
- During the October round, around 33,227 refugees were vaccinated inside and outside the camps and out of them around 11,683 were more than 5 years old or adults. 10,810 IDPs were also vaccinated inside and outside the camps.
- An intensive awareness campaign accompanied the campaign through the mass and local media. All satellite Yemeni channels belonging to different parties participated in this campaign. Religious leaders from different groups also participated actively in this campaign.
- The nationwide coverage was 89 per cent while that in the target governorates was 66.59 per cent
- No indigenous polio cases have been reported

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

N/A (the number of children vaccinated was in line, and slightly higher, than the planning figure)

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

If 'YES', what is the code (0, 1, 2a or 2b): 2a. Girls and boys were given equal chance to be vaccinated. In Yemen, there is no history of discrimination of vaccination between boys and girls.

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

As part of the verification of the results given through the administrative reports by MoPH&P, WHO conducted an evaluation of the campaign through a household Independent Monitor survey (IMS). The surveyors visited rural and urban areas, including the remote areas, according to random sampling done by a WHO statistician. 23,973 children were screened and 10,164 households.

As part of verification of the result given through the administrative reports, 79 independent monitors were selected from six medical colleges: Sana'a, Dhamar, Al Hudaydah, Taizz, Aden and Sa'ada and Health institution) to cover 18 governorates. Unfortunately, the medical students from the medical college in Hadramaut did not participate in this survey due to security issues and the time was tight to take action with some other health institution which left 4 governorates without this survey.

178 (81 per cent) out of 219 Districts were randomly selected in WRO in Sana'a.

Every cluster contained 60 households (20 from urban and 40 from rural areas) which were randomly included in every district.

In summary: the sample size was as follows:
- A total 178 districts were screened out of 219, representing 81 per cent
- A total of 23,973 (0.80 per cent) children less than 5 years out of 3,004,954 were screened.

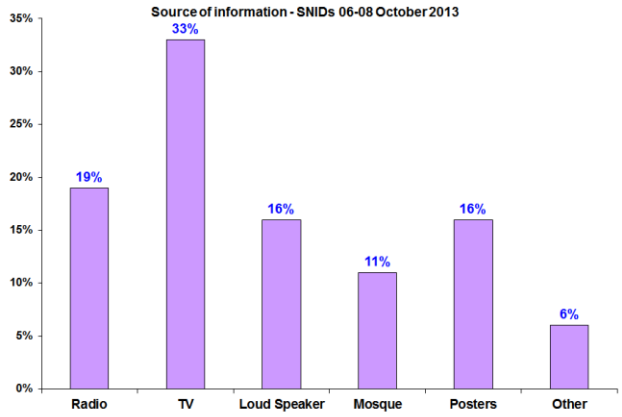
The IM survey results showed that the campaign achieved a high coverage, which subsequently minimized the risk of importation of WPV.

The results for the target governorates, showing the Administrative coverage by the Ministry of Public Health and Population (MoPHP) and the IMs coverage by recall, showing parents awareness of the campaign, were as follows:

Gov.	Admin coverage	IMS coverage by recall
Abyan	93%	77%
Sana'a city	105%	95%
Al Baida	102%	98%
Al Jawf	75%	NA
Al Hodaida	97%	96%
Al Mahara	91%	93%
Taiz	100%	87%
Hajjah	99%	94%
Al Mukalla	93%	95%
Shabwa	95%	95%
Sa'ada	90%	83%
Aden	97%	94%
Amran	94%	96%
Lahj	97%	90%
Total	98%	92%

The IMs also assessed the awareness of the communities as well as the source where this information was obtained, as shown below.

The results of Social Mobilization activities indicated that 80 per cent of parents were aware about the polio campaign, while the main indicator for the other mentioned activities including micro-planning, training, vaccination, etc. is the percentage of target beneficiaries reached with polio vaccine, i.e., 101.6 per cent



ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

N/A

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AFP	Acute Flaccid Paralysis
CDC	Center for Disease Control
CERF	Central Emergency Response Fund
FAO	Food and Agriculture Organization of the United Nations
HoA	Horn of Africa
IOM	International Organization for Migration
IMS	Independent Monitor survey
MoPHP	Ministry of Public Health and Population
OPV	oral polio vaccine
OPV3	oral polio vaccine, 3rd dose
TAG	Technical Advisory Group
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNOCHA	United Nations Office for Coordination of Humanitarian Affairs
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WPV	wild polio virus