United Nations CERF Central Emergency Response Fund

RESIDENT / HUMANITARIAN COORDINATOR REPORT ON THE USE OF CERF FUNDS YEMEN RAPID RESPONSE CHOLERA 2016

RESIDENT/HUMANITARIAN COORDINATOR	**Jamie McGoldrick**

REPORTING PROCESS AND CONSULTATION SUMMARY

Tip! Prepare this section as the last part of the reporting process.

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

Due to the restricted presence in Yemen and irregular staff relocation during the programme cycle, the project reports were remotely collected from the recipient agencies and project delivery discussed over the phone and email exchange with United Nations Children's Fund (UNICEF), and World Health Organization (WHO) respective programme managers and reporting officers.

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

YES ☒ NO ☐

The Resident Coordinator (RC)/Humanitarian Coordinator (HC) final report was shared with the Humanitarian Country Team (HCT) on 14 June 2017 for comments that were incorporated in the final report.

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

YES ☒ NO ☐

The full report was shared on 11 June 2017 with the CERF recipient agencies, cluster coordinators and the Humanitarian Country Team for comments and approval. The final version was shared with the HCT before submission to the CERF Secretariat.

HUMANITARIAN CONTEXT

TABLE 1: EMERGENCY ALLOCATION OVERVIEW (US$)		
Total amount required for the humanitarian response: 22,342,142		
Breakdown of total response funding received by source	**Source**	**Amount**
	CERF	2,000,000
	COUNTRY-BASED POOL FUND (*if applicable*)	2,343,737
	OTHER (bilateral/multilateral)	2,100,000[1]
	TOTAL	**6,343,000**

TABLE 2: CERF EMERGENCY FUNDING BY ALLOCATION AND PROJECT (US$)			
Allocation 1 – date of official submission: 14/10/2016			
Agency	**Project code**	**Cluster/Sector**	**Amount**
UNICEF	16-RR-CEF-117	Water, Sanitation and Hygiene	1,300,000
WHO	16-RR-WHO-044	Health	700,000
TOTAL			**2,000,000**

TABLE 3: BREAKDOWN OF CERF FUNDS BY TYPE OF IMPLEMENTATION MODALITY (US$)	
Type of implementation modality	**Amount**
Direct UN agencies/IOM implementation	
Funds forwarded to NGOs and Red Cross / Red Crescent for implementation	154,826
Funds forwarded to government partners[2]	414,67
TOTAL	**2,000,000**

HUMANITARIAN NEEDS

Cholera is an acute intestinal infection caused by ingestion of food or water contaminated with the bacterium Vibrio Cholerae. It can quickly lead to severe dehydration and death if treatment is not promptly given. 8 cholera cases in Sana'a city were confirmed by the Yemen's Ministry of Public Health and Population (MOPHP) on 12 October 2016. In addition to 7 more laboratory-confirmed cases were detected in Sana'a (3) and in the neighbouring Al Bayda (4). As of 12 October, fifteen (15) cholera cases were confirmed in two governorates of Yemen, and 186 suspected cases were identified across the country. Altogether, 7.6 million people were at risk of cholera in Yemen by the end of October 2016 including 4.5 million people in six governorates (Sanaa, Taizz, Al Hodeydah, Aden, Lahj and Al Bayda) with confirmed or suspected cases.

[1] As per WHO final report.

2 The government partners were the cleaning fund, Emergency unit-GARWSP, MOPHP, Social Services Center (SSC), Health Education Center and Health Office.

The cases in Sana'a were immediately admitted to Al-Sabeen Hospital in Sana'a and received intensive treatment. The outbreak was confined to the Al-Nasr neighborhood of Sana'a city located in the district of Sho'ob and in the city of Baudha in Al Bayda. Results of laboratory tests of suspected cholera cases in Aden, Lahj, Taizz and Al Hudaydah were yet to be announced by the MOPHP

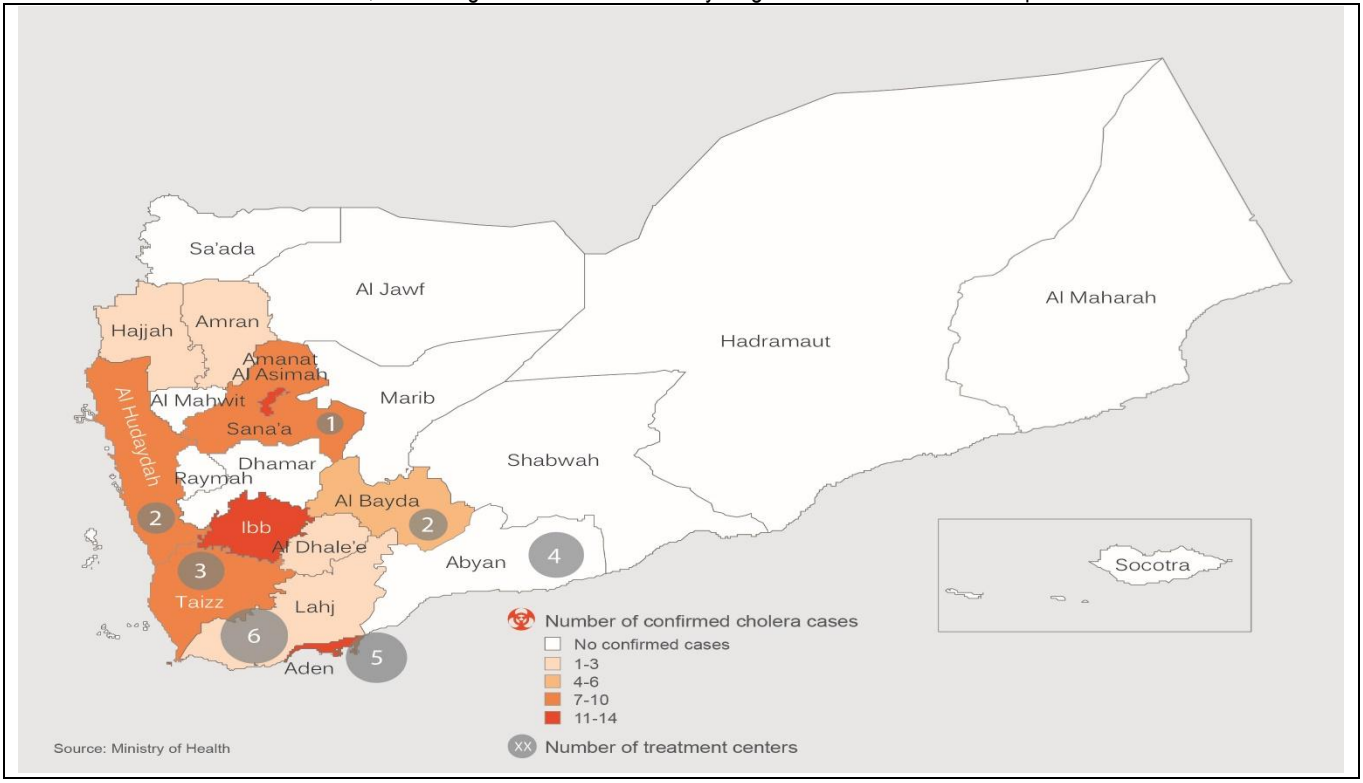
The outbreak posed a significant threat given the drastic deterioration of the health care infrastructure in the country. Based on latest data,[3] only 45 % of health facilities were functional. The national health system's capacity to respond to the cholera outbreak, already was seriously compromised by the escalation of the conflict and further exacerbated by the inadequate sanitary conditions, especially in the cities, where uncollected garbage and the collapse of the municipality services system remained key causes of the spread of cholera.

Two-thirds of Yemen's population do not have access to clean water supply. The 2.1 million internally displaced population of concern and additional 1 million returnees were particularly vulnerable to the outbreak. WHO estimated that 76,018 people were at risk of attack with Acute Watery Diarrhea and Cholera in 15 governorates in October 2016. During 2016 Health Cluster partners targetted 3.8 million people at risk through surveillance, health promotion, and laboratory and treatment/case management.

The Ministry of Public Health and Population and Ministry of Water in partnership with WHO, UNICEF, Health and WASH partners mobilized a rapid WASH and Health response, including a public outreach campaign. An Integrated Cholera Response Plan that encompasses a comprehensive health, WASH and communication interventions was endorsed by the health authorities. The plan identified the funding required to scale up this response in areas where confirmed cases were reported and other high risk areas. Among the planned interventions, there are:

- The establishment of 15 Cholera Treatment Centres,
- The strengthening of surveillance system, water treatment and hygiene and sanitation campaigns in Abyan, Aden, Amran, Al Bayda, Al Dhale, Dahmar, Hadramaut, Hajjah Al Hudaydah, Ibb, Lahj, Sa'ada, Sana'a – including Sana'a city - and Taizz governorates.

Given the overall situation in Yemen, containing the outbreak at an early stage was critical to avoid the spread of the disease.



3 Ministry of Public Health and Population in Yemen

II. FOCUS AREAS AND PRIORITIZATION

As mentioned above, two-thirds of Yemen's population did not have access to clean water supply. The 2.1 million internally displaced population of concern and additional 1 million returnees were particularly vulnerable to the outbreak, this includies the WHO estimation of 76,018 people at risk of attack with Acute Watery Diarrhea (AWD) and cholera in 15 governorates as per WHO data.
The response strategy is aligned to the main objective of the Integrated Cholera Response Plan developed by the health authorities, which is to reduce to zero the attack rate and the case fatality rate of AWD and cholera in Yemen. The main objective of the Health Cluster was therefore to provide the health authorities with support to respond to the AWD and cholera outbreak with three strategic objectives including; Supporting treatment/case management; Surveillance and laboratory services; Prevention.
The initial period for the response was estimated to be three months and the geographical priorities for the response plan were based on the governorates affected by the AWD and cholera outbreaks, population density, outbreak history and population of concern, including IDPs and returnees.

The WASH planned objective was to reduce morbidity related to poor water, sanitation and hygiene and the aim of the Cluster was to reach out 500,000 individuals, vulnerable to the Acute Watery Diarrhea and Cholera in the priority targeted governorates.
The Communication for Development (C4D) overall goal is to contribute to reduce morbidity and mortality due to the outbreak of AWD and cholera in Yemen.

Health: Health Sector focused on the following:

1. Strengthening surveillance system established for early detection and response to diseases outbreaks in all locations, including those hosting displaced population;
2. Provision of access to health care services, including provision of essential medicines for AWD and cholera case management;
3. Providing support for central public health laboratories on capacity building, equipment, reagents and transport media;
4. Improving knowledge of people at risk with providing public health information about cholera and AWD.

WASH: WASH sector focused on:

1. Improvement in quality and quantity of water supply in most affected areas. It included some infrastructure improvement, but mainly concerned on improved care;
2. Improvement in environmental hygiene through solid waste collection and disposal, sanitation/drainage improvement at household, community and city level;
3. Availability and use of hygiene materials i.e. soap, water utensils, and washing utensils for personal and households' hygiene improvement;
4. Improved knowledge on hygiene and collective action to improve overall hygiene conditions of specific target areas.

Health and WASH clusters developed an Integrated Cholera Response Plan providing an integrated response to the outbreak of cholera and acute watery diarrhea. It outlined emergency health, WASH and communications activities in 15 governorates, including six governorates where cholera cases were confirmed or were suspected.
Risks were compounded by the fact that confirmed and suspected cases were occurring in congested urban areas with insufficient WASH facilities and contaminated water sources. The maint cause of the previous outbreak was the poor quality of water which then became contaminated through various sources and poor sanitation behaviours including the absence of service delivery.

III. CERF PROCESS

The total estimated cost of immediate WASH and Health interventions in the six priority governorates was $10.5 million, to which the CERF RR grant contributed with $2 million.The resource mobilization of the remaining $8.5 million was therefore still required
OCHA activated a complementary $2 million allocation under the Reserve emergency window of the Yemen Humanitarian Fund (YHF) in support of the humanitarian organizations (International and National NGOs) engaged in the cholera response.
Additional financing sources from other donors were also mobilized: OCHA engaged with DFID, ECHO, USAID and King Salman Centre (KSC) in order to explore opportunities for additional funding.
The CERF application project required $2 million and focused on six priority governorates, targeting 4.5 million people at risk. Two projects were included: WHO $700,000 for Health and UNICEF $1,300,000 for WASH. The response aimed at the establishment of Cholera Treatment Centre (CTC) in inaccessible areas, diarrheal disease kit distribution, training, strengthening surveillance system, environmental interventions and community awareness.

The Plan was shared with Cluster partners, and presented to the HCT on 10 October, where it was agreed that WHO and UNICEF - as leading UN agencies of the cholera response -, should apply for CERF funding to enable immediate response. Area response plans were being prepared at field offices (hub level) and AHCTs across Yemen.

Funds to Health were allocated to reduce morbidity and morbidity related to AWD and Cholera. Reported cases of AWD increased sharply limited access to safe water, and poor hygiene and sanitation practices. WHO and MoPH were vigilantly looking at the situation and strengthening Electronic Disease Early Warning System (eDEWS) services all over the country. WHO started response with providing Diarrhoeal Disease Kit(DDK), essential medicine, and strengthening surveillance services and established cholera task force that chaired by MoPHP.

Funds allocated to WASH aimed at supporting the most vulnerable communities living in public buildings, collective shelters and high priority displacement areas. UNICEF targeted IDPs who did not have access to hygiene items, and host communities where additional strain on infrastructure felt down . Activities included the chlorination of wells, provision of water, Distribute and communicate at households level the use of Aqua tabs, latrine disinfection and other preventive measures, water trucking, distribution of bottled water, sanitation services, hygiene kits and hygiene education, in addition to rehabilitation of public water infrastructure in areas of high IDP concentration, and solid waste/cleaning campaigns. The response included technical assessments, cost estimation for rehabilitation, and works. The project focused to be on the same locations as the Health cluster is targeting, for IDPs in collective shelters and temporary settlements.

Upon the HCT approval and the finalisation of the plan, the HC applied for the CERF Rapid Response to kick-start the cholera response with total estimated cost of $10.5 million for emergency WASH and health activities. With advice from CERF Secretariat, the HC applied for an overall amount covering the10 per cent of the Integrated Plan's requirements. As mentioned above, the requested funding would cover health interventions with US$700,000 and WASH interventions with US$1,300,000, implemented by WHO and UNICEF respectively. This division of fund reflected proportionally the original requirements of the two Clusters within the Plan.

IV. CERF RESULTS AND ADDED VALUE

TABLE 4: AFFECTED INDIVIDUALS AND REACHED DIRECT BENEFICIARIES BY SECTOR[1]

Total number of individuals affected by the crisis: 155,038

Cluster/Sector	Female			Male			Total		
	Girls (< 18)	Women (≥ 18)	Total	Boys (< 18)	Men (≥ 18)	Total	Children (< 18)	Adults (≥ 18)	Total
Health	35,102	26,629	**61,731**	36,313	22,998	**59,311**	71,415	49,627	**121,042**
Water, Sanitation and Hygiene	10,344	11,809	**22,153**	11,293	11,654	**22,947**	21,637	23,463	**45,100**

[1] *Best estimate of the number of individuals (girls, women, boys, and men) directly supported through CERF funding by cluster/sector.*

BENEFICIARY ESTIMATION

The beneficiary estimation indicated in the report refers exclusively to the beneficiaries reached through the CERF allocation granted under the Rapid Response Cholera 2016. The CERF funding supported three main areas; supporting treatment/case management, surveillance and laboratory services, and prevention. The allocation reached more than the planned beneficiaries.

WHO is embedding gender equality criteria in the planning of the project. The total beneficiary figure was recorded.
The gender breakdown figure has been verified through the project cycle, documentation at facility level and through E-DEWS system. WHO printed posters and flyers to be distributed in IDPs sites, water points and community gathering locations in order to encourage women and girls to seek health treatment On the monitoring mechanism, WHO contracted a Third Party Monitoring(TPM)Company in order to conduct unannounced hospital visits and perform spot checks on the records to assess the numbers of women and girls benefiting from the project. The TPM conducted investigations around the figure of female beneficiaries assisted in case of a low percentage and it applied mitigating measures to the intervention. The entire intervention was a conscious step from WHO to address gender inequality in Yemen. The agency devoted special attention for promoting and encouraging this component as an active best practice to be followed and further elaborated in future projects.

UNICEF project targeted boys and girls, women and men equally in rapid response and prevention of the current Cholera outbreak, provision of wash health services and awareness raising.

TABLE 5: TOTAL DIRECT BENEFICIARIES REACHED THROUGH CERF FUNDING[2]

	Children (< 18)	**Adults** (≥ 18)	**Total**
Female	45,446	38,438	83,884
Male	47,606	34,652	82,258
Total individuals (Female and male)	93,052	73,090	166,142

[2] *Best estimate of the total number of individuals (girls, women, boys, and men) directly supported through CERF funding The total is calculated with exclusion of overlapping figures.*

CERF RESULTS

The key CERF outcomes of both WHO and UNICEF US$ 2,000,000 projects were achieved and the overall number of reached beneficiaries also exceeded the target result. For details of achievements against the original logical framework targets, please refer to the Paragraph VI, table 8, by project.

CERF's ADDED VALUE

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

CERF fund enabled the rapid response to the cholera outbreak, and led to the fast delivery of assistance to more than 166,000 individuals in high risk cholera areas in Yemen. The allocated funds were critical in curtailing the Cholera outbreak in the most affected governorates. WHO established 10 Diarrhoea Treatment Centres/Cholera Treatment Centres (DTC/CTC), trained 120 health workers on case management and infection control, procured essential medicine and disseminated information on safe water, sanitation and hygiene practices among population.

While UNICEF was able to provide assistance to more than 45,100 people in Cholera hotspots in 15 governments throughout Yemen.

b) Did CERF funds help respond to time critical needs[4]?
YES ☒ PARTIALLY ☐ NO ☐

CERF fund was the first funding WHO received to respond to the cholera outbreak. UNICEF and WHO partners were able to focus on the most affected district. Population at risk was assisted in the prioritized districts of Taiz, ,Hajjah, Al Dhale, Abyan, Shabwah, Lahj, Dhamar, Al Bayda and Sana'a governorates, reducing the number of cases reported weekly and therefore having a positive impact in limiting further spreading of the disease in those areas. This grant contributed to reduce the number of cholera cases in particular at a time when resource mobilization was extremely difficult. Unfortunately, few donors scale up their support. As a consequence, cholera once again spread in new areas in April 2017 in particular in the locations where UNICEF and humanitarian partners did not have the possibility for implementing the adequate level of response. This new outbreak highlights the necessity to tackle the root causes of cholera in order to prevent a new outbreak next year.

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

After receiving the CERF fund, Health and WASH clusters had further developed their integrated plan to contain the spread of acute watery diarrhea/cholera in Yemen and launched a joint appeal to implement the integrated cholera response plan. OCHA organized several donors briefing on the integrated cholera response plan in order to mobilize more resources but only 20% of requirements received funding. CERF funding was instrumental both in initiating the cholera emergency response and also in mobilizing other resources. UNICEF prepared a detailed action plan with a holistic approach in collaboration with the WASH cluster. Based on this plan, UNICEF was able to reprogram available funding from donors such as OFDA and DFID for complementing the CERF cholera response interventions. In addition, UNICEF was granted with critical resources through the YHF reserve allocation in order to ensure essential supplies which contributed in scaling-up the response.

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

CERF funding helped in the development and implementation of the integrated WASH and Health plan to respond for cholera outbreak. It also facilitated the work of the Cholera Reponses Task Force, which included different partners such as MoPHP, Governorate Health Offices (GHO), UN agencies (WHO, UNCIEF) and other Health/WASH cluster partners.
The CERF funds represented an opportunity for the establishment of a good coordination mechanism with partners and government authorities (e.g. MoPHP, Cholera Taskforce, GARWSP EU, etc.) under the leadership of the Yemen WASH Cluster. The National cholera taskforce was created early in the outbreak in October 2016 to coordinate health, WASH and C4D activities as part of cholera/AWD response plan. Having CERF funds contributed to better planning and timely response.

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

As over mentioned, within the WHO intervention, the Third party monitoring (TPM) was used for the CERF-funded project, this ensuring a quality assurance of health services at the DTC/CTC.
TTPM company verified that the medicines reached the intended 10 health facilities and that infection control mechanisms and proper case management were in place, using standardized WHO monitoring tool for cholera response.

On the other hand, UNICEF has worked closely with implementing partners through regular monitoring and supervisory visits by its staff members. Where security conditions did not allow, third party monitors covered monitoring visits. Implementing partners were also actively involved in monitoring. Supplies distribution was supported by UNICEF and monitored by UNICEF Field Officers as well as Governorate Health Offices (GHOs).

[4] 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.).

f) **In general, did CERF funds improve monitoring in your agency?**

CERF funds allowed (UNICEF) to conduct all required quality assurance activities for the project and has helped build the capacity of Government and local partners in the area of M&E.

V. LESSONS LEARNED

TABLE 6: OBSERVATIONS FOR THE CERF SECRETARIAT		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
WASH and Health Cluster Coordination	It is worth to note that the WASH and Health clusters were not strongly coordinating prior the outbreak, while the CERF fund represented an opportunity to enhance such collaboration and coordination among partners. It has been shown already in the new recent Cholera outbreak in 2017 that a "pre-existing" grounded coordination approach may safe time, funds and therefore be the key for a rapid response to an emergency.	WHO and UNICEF in collaboration with OCHA to continue coordinating under the Cholera response plan throughout the year.

TABLE 7: OBSERVATIONS FOR COUNTRY TEAMS		
Lessons learned	**Suggestion for follow-up/improvement**	**Responsible entity**
WHO payment of surveillance MoPH officers regularly	HC and HCT should strongly recommend the surveillance process never stop and work with WHO Country Representative for a continuous support to the MoPH to ensure regular and accurate collection of data and reporting.	HCT/WHO/MoPH
WASH and Health Cluster Coordination	It is worth to note that the WASH and Health clusters were not strongly coordinating prior the outbreak, while the CERF fund represented an opportunity to enhance such collaboration and coordination among partners. It has been shown already in the new recent Cholera outbreak in 2017 that a "pre-existing" grounded coordination approach may safe time, funds and therefore be the key for a rapid response to an emergency.	WHO and UNICEF in collaboration with OCHA to continue coordinating under the Cholera response plan throughout the year.

VI. PROJECT RESULTS

TABLE 8: PROJECT RESULTS			
CERF project information			
1. Agency:	UNICEF	**5. CERF grant period:**	10/10/2016 - 09/04/2017
2. CERF project code:	16-RR-CEF-117	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Water, Sanitation and Hygiene		☒ Concluded
4. Project title:	Integrated Health – WASH - C4D response to Cholera/AWD outbreak in Yemen		

7.Funding				
	a. Total funding requirements[5]:	US$ 13,462,000	d. CERF funds forwarded to implementing partners:	
	b. Total funding received[6]:	US$ 1,300,000	▪ *NGO partners and Red Cross/Crescent:*	US$ $154,826
	c. Amount received from CERF:	US$ 1,300,000	▪ *Government Partners:*	US$ $414,677

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	11,000	11,500	22,500	10,344	11,293	21,637
Adults (≥ 18)	11,000	11,500	22,500	11,809	11,654	23,463
Total	**22,000**	**23,000**	**45,000**	**22,153**	**22,947**	**45,100**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs		9,020
Host population		
Other affected people	45,000	36,080
Total (same as in 8a)	**45,000**	**45,100**

[5] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[6] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	No significant discrepancies between planned and reached beneficiaries.

CERF Result Framework			
9. Project objective	Support the Yemen government to reduce the attack rate and the case fatality rate due to AWD/ Cholera		
10. Outcome statement	Lifesaving and emergency WASH interventions and Hygiene awareness are provided to 45,000 people at risk of AWD/Cholera contamination		
11. Outputs			
Output 1	Sustainable water and sanitation systems and solid waste management systems are maintained and/or restored to prevent water born AWD/Cholera mortalities		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	# of affected population (men, women, boys and girls) provided with solid waste management services to reduce morbidity and mortality by water-borne diseases, developing, rehabilitating and maintaining/resumption of the functions of cleaning funds.	45,000	45,100
Indicator 1.2	# of affected population (men, women, boys and girls) with access to safe water	45,000	45,100
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Chlorination of water sources (Water trucks, storage facilities and sources) Including deployment of technical teams to monitor chlorine level.	LWSC and NGO	General Authority for Rural Water Supply And. Sanitation of Yemen - Emergency Unit (GARWSP EU), National Foundation for Development and Humanitarian Response (NFDHR)
Activity 1.2	Distribute and communicate at households level the use of Aqua tabs, latrine disinfection and other preventive measures	LWSC and NGO	GARWSP EU, NFDHR
Output 2	Most vulnerable groups receive emergency WASH assistance to prevent AWD/Cholera related morbidity and mortality.		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of Cholera Treatment Centers Provided with WASH facilities	6	3
Indicator 2.2	# of affected people provided with standard consumable hygiene kits	45,000	5,545

Output 2 Activities	Description	Implemented by (Planned)	Implemented by (Actual)
Activity 2.1	Provision of emergency safe water supply through water trucking with complete treatment to most affected households, CTCs (Cholera Treatment Centres) vulnerable groups (including IDPs) and affected populations	LWSC and LNGO	GARWSP EU, NFDHR
Activity 2.2	Provide WASH to 01 CTC established by WHO	LWSC	GARWSP
Activity 2.3	Distribute consumable hygiene kits (10 of 80 grams soap, 2 kilos powder/ family) and 2 jerry cans at household's level in affected areas.	GARWSP	NFDHR
Output 3	Strengthen Community Mobilization for hygiene promotion and behaviour change through IPC approaches and IEC advocacy		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# of TV and radio spots produced	5	7 radio spots produced and broadcast in 16 radio stations (public and private) 5 TV flash produced and broadcast in 7 TV stations (public and private) In addition to production of social media messages (audio-visual) for WhatsApp, Facebook.
Indicator 3.2	# of community members or affected populations provided with information on risk related to family separation and referral	5000	42,431 people (# of community members or affected populations provided with information on cholera-related risks)
Indicator 3.3	# of duty-bearers who receive information through outreach awareness	400	637In addition, orientation was provided to 5,607 community volunteers, 2,428 Community leaders, 2,768 Religious Leaders and 486 School health teachers to conduct cholera outreach at community level.
Indicator 3.4	# of community volunteers are trained in cholera key messages and how to deliver them	200	207
Indicator 3.5	# of households in high risk populations provided with key	100 % (aprox. 50,000	42,431 people

	messages	people)	
Indicator 3.6	# of cases reported and referred	400	NA
Indicator 3.7	# of people reached through social media messages (audio-visual) for WhatsApp, SMS	500,000	SMS messages disseminated through telecommunication companies (Sabafon /Yemen Mobile/ Y & MTN), reached about 8,000,000 people
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Mobilize trained community volunteers, community and religious leaders to conduct counselling and health education sessions on cholera awareness, prevention, management	UNICEF-NGO	NFDHR
Activity 3.2	Deliver messages on cholera awareness, health referrals, through household and community activities including Reporting and Referral of cases and incidences of AWD/Cholera	UNICEF-NGO	NFDHR
Activity 3.3	Review existing messages and IEC materials for relevance, develop new key messages and produce new materials	UNICEF-NGO	Health Education Center (HEC)
Activity 3.4	Production of radio flashes and programmes	UNICEF-NGO	Health Education Center (HEC)
Activity 3.5	Production of TV flashes	UNICEF-NGO	Health Education Center (HEC)
Activity 3.6	Production of social media messages (audio-visual) for WhatsApp, SMS	UNICEF-NGO	Health Education Center (HEC)
Activity 3.7	Orientation of community volunteers on accurate messaging, and responding to public concerns on cholera	UNICEF-NGO	Health Education Center (HEC)
Output 4	Strengthen and improve AWD/Cholera surveillance for early detection and response		
Output 4 Indicators	**Description**	**Target**	**Reached**
Indicator 4.1	# of orientation conducted for EMMT, CHVs, CMWs in priority areas completed	5	4

Indicator 4.2	# of ORS procured	1,360,000	5,184,000
Indicator 4.3	#of Diarrheal kits procured	100	7
Output 4 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 4.1	Increase surveillance sensitivity on AWD/ Cholera through inclusion of additional reporting sites (mobile clinics, community health volunteers and community mid-wives)	UNICEF-NGO	This area of work was covered by WHO with own resources
Activity 4.2	Provide ORS and Diarrheal kits for health centres and mobile clinics	UNICEF-NGO-MoPHP	Ministry of Public Health and Population (MoPHP)
Activity 4.3	Provide Operational and overhead cost for implementation for health centres	UNICEF-MoPHP	MoPHP

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

CERF funds have significantly contributed to the development of an Integrated Response Plan for the Yemen cholera and acute watery diarrhoea (AWD) outbreak. CERF funds have also contributed to the development of Standard Operating Procedures to implement WASH interventions to mitigate the Cholera outbreak. The CERF project was implemented by UNICEF in close coordination with the Ministry of Public Health and Population (MoPHP)-led Cholera Taskforce - which comprises MoPHP, Health Cluster, WASH Cluster and GARWSP EU. The project was implemented with no significant discrepancy between planned and actual outcomes, outputs and activities.

The following key results have been achieved over a 6 months period in Cholera Hotspots throughout the country:

- Using CERF funds, UNICEF with GARWSP and NFDHR have chlorinated more than 700 water sources in districts with confirmed Cholera cases including: Taiz (Al Husha, Habban, Al Hota, Tuban, Ibn Khaldon and Qattaba'a districts), Hajjah (Al Azareq district), Al Dhale (Dhale and Khanfer districts), Abyan (Zinjubar, Rousd, Sabbah, Lawder and Ahwar districts), Shabwah (Al Rawdah and Radoum districts), Lahj (Mayfa'a district), and other key districts located in Dhamar, Al Bayda and Sana'a governorates. A total of 45,100 people have been reached through this critical intervention. Most water sources in the targeted areas were contaminated with solid waste materials, dead animals' carcasses, human excreta and other contaminating substances.
- CERF funds have also been used to improve the management of solid waste and minimize vector breeding sites around populated areas. This includes the provision of 100 (1 m^3) garbage steel bins to support cleaning campaigns in eight cholera affected districts in Aden, for the benefit of 10,000 people. In Aden, UNICEF also supported the Cleaning Fund through the provision of spare parts for solid waste collection vehicles as well as equipment and tools for the mobile solid waste truck workshop. This has allowed regular collection of solid waste in the city. NFDHR - funded by UNICEF - has also started maintenance support for seven vehicles belonging to the Cleaning Fund of Rada'a district (Al Bayda governorate) based on a needs assessment provided by the Cleaning Fund and verified by an NFDHR mechanical engineer.
- CERF funds were also used to rehabilitate damaged or non-functional water and sanitation systems in cholera-affected governorates and districts. In Aden, UNICEF in partnership with GARWSP has repaired existing sewer pumps in Al-Mmadarh and Al Mansoura pumping stations and restored the sewer network in Dar Sad district. The health centre of Alsakania in Dhamar was also rehabilitated by NFDHR in coordination with the Dhamar Health Office. The rehabilitation efforts have benefitted to more than 45,100 people living in Cholera Hotspots throughout Yemen.
- Community-based interventions to stop the progression of cholera were also implemented using CERF funds. NFDHR - funded by UNICEF - distributed hygiene kits and jerry cans for the most vulnerable people in target areas where cholera cases had been reported. The needed quantities were requested from GARWAP stores after UNICEF's approval. More than 5,545 people have benefitted from this intervention in Dhamar, Al Bayda and Sana'a governorates. In the same governorates, 207 Community volunteers were chosen in close coordination with the local Health and Water offices in

targeted districts. After the official selection of the volunteers, NFDHR trained them on hygiene promotion messaging, cholera outbreak facts and self-protection against cholera. The Community Volunteers have conducted a significant number of Cholera Awareness sessions. The awareness sessions were conducted in the form of meetings and home visits with the community members including men, women, children, and girls. A total of 8,103 men, 9,224 women, 12,869 boys and 12,235 girls were reached through these activities.

- As part of the integrated cholera response plan, 5 million sachets of Oral Rehydration Salts (ORS) have been procured, based on actual needs. ORS national stock was distributed immediately once the outbreak was declared to ensure that all health facilities, mobile teams and integrated outreaches teams had sufficient quantities. CERF funds were key to replace the national stock and to scale up the response. Seven Diarrhoeal kits were procured and distributed through this grant along with kits provided by other sources and as the WHO kits. However, few donors increased their support and despite the positive impact of this grant number of cholera cases increased again in April 2017.
- Two national workshops (with nearly 100 participants per workshop[7]) were conducted in Sana'a and Aden convening all stakeholders participating in the cholera response. Including representatives from the Primary Health care (PHC) and Health Education teams at MoPHP and Governorate Health Offices; GARWAP, Ministry of Water and Environment (MWE) along with their governorates branches; as well as NGOs and INGOs working on cholera response. These workshops aimed at reviewing the cholera response, identify gaps and lessons learnt, and update the preparedness and response plan for waterborne diseases, with especial focus on cholera.

Overall, the CERF funds have contributed significantly to the control of the Cholera outbreak in both northern and southern Governorates. CERF funds have also contributed to the strengthening of in-country coordinating mechanisms for disease outbreak response.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring[8]:

Regular project updates (progress monitoring) were published by GARWSP and NFDHR, using the communities' preferred communication methods. Moreover, project components have been validated with community members through discussions and a strong negotiation processes.

In partnership with GARWSP and NGO partners, UNICEF observed the critical needs of project areas' rights holders throughout the project, from conceptualization through final delivery. Accordingly, UNICEF through implementing partners carried out rapid assessments at conceptualization phase for better guidance to the IPs. This resulted in ensuring the accountability to the affected population all phases of the intervention.: affected communities[9] were engaged in the design and implementation of project interventions through partners, UNICEF field staff and third-party monitors leading to a fine-tuning of project interventions. UNICEF employs various quality assurance measures and monitoring mechanisms such as UNICEF staff field visits, third party monitoring to closely follow up on project implementation to ensure compliance with the shifting situation and needs on the ground as a key accountability measure to affected populations.

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
The project has not been evaluated. However, UNICEF technical team from relevant Field Offices - in conjunction with implementing partners - carried out regular monitoring visits to follow up the implementation status and quality of work for CERF funded activities.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

7 Over 100 each workshop from MOH, GHOs. NGOs and INGOs partners working on cholera response in health, WASH and C4D

8 Moniting findings : as the planned response was an emergency life-saving intervention, therefore no specific detailed analysis was conducted at pre-project level. The findings as of rapid assessment survey and health reports was the rapid increase on the cases. The planned interventions addressed the needs through an integrated response which contributed in reduction of the cases.

9 Communities, through local councils, elders and water management committees were engaged in all phases. This approached worked well by adopting the awareness campaigns as per the needs of the communities.

TABLE 8: PROJECT RESULTS

CERF project information

1. Agency:	WHO	**5. CERF grant period:**	06/10/2016 - 05/04/2017
2. CERF project code:	16-RR-WHO-044	**6. Status of CERF grant:**	☐ Ongoing
3. Cluster/Sector:	Health		☒ Concluded
4. Project title:	Response to cholera outbreak through strengthening surveillance, laboratory, case management/treatment and health promotion		

7.Funding		
a. Total funding requirements[10]:	US$ 11,358,500	d. CERF funds forwarded to implementing partners:
b. Total funding received[11]:	US$ 2,800,000	▪ *NGO partners and Red Cross/Crescent:*
c. Amount received from CERF:	US$ 700,000	▪ *Government Partners:*

Beneficiaries

8a. Total number (planned and actually reached) of individuals (girls, boys, women and men) directly through CERF funding (provide a breakdown by sex and age).

Direct Beneficiaries	***Planned***			***Reached***		
	Female	***Male***	***Total***	***Female***	***Male***	***Total***
Children (< 18)	31,911	33,012	64,923	35,102	36,313	71,415
Adults (≥ 18)	24,208	20,907	45,115	26,629	22,998	49,627
Total	**56,119**	**53,919**	**110,038**	**61,731**	**59,311**	**121,042**

8b. Beneficiary Profile

Category	***Number of people (Planned)***	***Number of people (Reached)***
Refugees		
IDPs	44,016	44,016
Host population	66,022	77,026
Other affected people		
Total (same as in 8a)	**110,038**	**121,042**

[10] This refers to the funding requirements of the requesting agency (agencies in case of joint projects) in the prioritized sector for this specific emergency.

[11] This should include both funding received from CERF and from other donors.

In case of significant discrepancy between planned and reached beneficiaries, either the total numbers or the age, sex or category distribution, please describe reasons:	N/A

CERF Result Framework			
9. Project objective	Prevent mortality and morbidity from AWD/Cholera outbreaks among the affected population through case management, increased surveillance and response, and prevention/community mobilization		
10. Outcome statement	Reduce the cholera morbidity and mortality in the population of Yemen by treating, controlling and preventing the current and future outbreaks		
11. Outputs			
Output 1	Surveillance system established for early detection and response to diseases outbreaks in all locations including those hosting displaced population		
Output 1 Indicators	**Description**	**Target**	**Reached**
Indicator 1.1	Proportion of alerts responded to within 48-hour time frame	100%	100 %
Output 1 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 1.1	Investigate cases and identify sources of infection, risk factors contact tracing and follow up of cases	MoPH/WHO	MoPH/WHO
Activity 1.2	Establish community based surveillance through community health volunteers and community members	MoPH/WHO	MoPH/WHO
Activity 1.3	Strengthening vertical and horizontal e-DEWS for early detection of AWD/cholera cases	MoPH/WHO	MoPH/WHO
Activity 1.4	Activate Rapid Response Teams and inform partners	MoPH/WHO	MoPH/WHO
Output 2	Provision and access to health care services, including provision of essential medicines for AWD/Cholera		
Output 2 Indicators	**Description**	**Target**	**Reached**
Indicator 2.1	# of DDK kit procured	10	100
Indicator 2.2	# of Cholera Treatments Center established	6	10
Indicator 2.3	# of health workers trained on case detection and infection prevention	100	120
Output 2 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 2.1	Establish Cholera Treatment Centers(CTC)	MoPH/WHO	MoPH/WHO
Activity 2.2	Rehydrate and treat patients as per WHO protocol	MoPH/WHO	MoPH/WHO
Activity 2.3	Infection control in health care facilities, including CTCs	MoPH/WHO	MoPH/WHO

Activity 2.4	Joint preparedness and planning through establishing an inter-sectoral AWD/Cholera emergency task force	MoPH/WHO	MoPH/WHO
Activity 2.5	Support laboratory specimen collection, packaging, storage and transportation	MoPH/WHO	MoPH/WHO
Activity 2.6	Provide training and enhance capacity of health workers and lab staff.	MoPH/WHO	MoPH/WHO
Activity 2.7	Procure diarrheal kits for case management.	WHO	WHO
Activity 2.8	Procure essential medicine for case management.	WHO	WHO
Output 3	Practicing proper water, sanitation and hygiene with the means available		
Output 3 Indicators	**Description**	**Target**	**Reached**
Indicator 3.1	# times key message disseminated through media outlet	13	10
Indicator 3.2	# of chlorine tablets procured and distributed	2,000,000	4,000,000
Output 3 Activities	**Description**	**Implemented by (Planned)**	**Implemented by (Actual)**
Activity 3.1	Develop and utilize IEC material (posters, leaflets banners)	MoPH/WHO	MoPH/WHO
Activity 3.2	Develop and disseminate key messages through media outlets like TV, radio, newspaper and text messaging	MoPH/WHO	MoPH/WHO
Activity 3.3	Procure chlorine tablets and distribute	MoPH/WHO	MoPH/WHO

12. Please provide here additional information on project's outcomes and in case of any significant discrepancy between planned and actual outcomes, outputs and activities, please describe reasons:

Changes under Output 2. Provision and access to health care services, including provision of essential medicines for AWD/Cholera:

- DDT kits were replaced with Central Cholera Kits (module 1.1), since the DDT kit is no more part of the WHO catalogue item;
- 10 instead of 6 planned DTC/CTC were established due to lower actual costs for DTC/CTC rehabilitation and maintenance; the saving was therefore utilized to establish additional 4 CTC/DTCs.
- Double of the planned amount of chlorine tablets was procured to meet higher demand and to support larger number of the DTC/CTCs; due to low unit cost (USD 0.003314/unit) it did not result in any significant changes in the overall budget/budget line B (Supplies, Commodities, Materials)

The above modifications did not hamper achieving planned outputs and outcomes but actually allowed to cover higher number of beneficiaries.

13. Please describe how accountability to affected populations (AAP) has been ensured during project design, implementation and monitoring:

Third Party Monitoring Company contracted by WHO conducted unannounced DTC/CTC visits and interviews with beneficiaries. A feedback and complaints mechanism was also established through Focus Group Discussions at each DTC/CTC centre. The MoPH and GHOs were involved throughout the life of the project and were receiving timely information on the implementation of the interventions

14. Evaluation: Has this project been evaluated or is an evaluation pending?	EVALUATION CARRIED OUT ☐
An evaluation of the WHO project has not been conducted.	EVALUATION PENDING ☐
	NO EVALUATION PLANNED ☒

ANNEX 1: CERF FUNDS DISBURSED TO IMPLEMENTING PARTNERS

CERF Project Code	Cluster/Sector	Agency	Partner Type	Total CERF Funds Transferred to Partner US$
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$35,986
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$6,906
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$150,639
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$14,375
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$40,208
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	NNGO	$144,826
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$66,421
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$9,525
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$10,718
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$10,000
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$4,276
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$1,716
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$18,150
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$5,996
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	NNGO	$10,000
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$14,762
16-RR-CEF-117	Water, Sanitation and Hygiene	UNICEF	GOV	$24,998

ANNEX 2: ACRONYMS AND ABBREVIATIONS (Alphabetical)

AHCT	Area Humanitarian Country Team
AR	Attack Rate
AWD	Acute Watery Diarrhea
C4D	Communication for Development (C4D)
CFR	Case Fatality Rate
CTC	Cholera Treatment Centre
DDK	Diarrhoeal Disease Kit
DFID	Department for International Development
DTC	Diarrhoea Treatment Centres
ECHO	European Commission's Humanitarian aid and Civil Protection Department
eDEWS	Electronic Disease Early Warning System
GARWSP EU	General Authority for Rural Water Supply And. Sanitation of Yemen - Emergency Unit
GHO	Governorate Health Offices
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HEC	Health Education Center
ICCM	Inter-Cluster Coordination Mechanism
IDP	Internally Displaced Prson
IEC	Information, Education, and Communication
INGO	Iternational None governmental Orgaization
IOM	International Organization for Migration
IPC	Inter-Process Communication
KSC	King *Salman* Center
LNGO	Local None governmental Orgaization
LWSC	Local Water Supply Cooperation
M&E	Monitoring & Evlauation
MOPHP	Ministry of Public Health and Population
NFDHR	National Foundation for Development and Humanitarian Response
NGO	None governmental Orgaization
OFDA	Office of U.S. Foreign Disaster Assistance
ORS	Oral Rehydration Salts
PHC	Primary Health Care
RC	Resident Coordinator
SMS	Short Message Service
TPM	Third party monitoring
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization
YHF	Yemen Humanitarian Fund