

## ALLOCATION STRATEGY PAPER – FIRST STANDARD ALLOCATION (April 2017)

**DEADLINE for submissions of concept notes: 6<sup>th</sup> May 2017 at 18:00 Sana'a time**

**A maximum of two project proposals by partner will be accepted. Projects not coordinated with the respective cluster will be automatically rejected.**

The Humanitarian Fund for Yemen (YHF) was established in early 2015 under the leadership of the Humanitarian Coordinator (HC). The objectives of the YHF are to promote needs-based assistance in accordance with humanitarian principles, respond to the most urgent needs, strengthen the cluster coordination system and reinforce the leadership of the HC. OCHA's Country-Based Pool Funding (CBPFs) mechanism ensures that timely and flexible funding is available in Yemen to address the most immediate and critical needs while reinforcing coordinated and integrated humanitarian action.

This allocation strategy is the result of consultations with stakeholders from March 2017 onwards, including HCT members, Clusters, sub-clusters, Area HCT and OCHA Hubs at Governorate level. Initial consultation with Cluster Coordinators in Sana'a started on 18th March. Based on preliminary recommendations on the methodology, Cluster Leads and ICCM members agreed to focus on two thematic, adopt a data driven approach based on the food severity level in the country and the vulnerability of the protracted and newly IDPs, returnees as well as host communities.

Priority districts for the first envelop are based on bilateral consultations on the food severity level were carried out with Health, Food Security, Nutrition and WASH Cluster Coordinators. The IPC (Integrated Food Security Phase Classification) data released on 16 March estimated that 7 Governorates are in Emergency IPC Phase 4, representing 60% of the total population. Since the IPC data do not drill down to the district level, the ICCM has requested the Nutrition and Food Security Clusters to provide an analysis at district level. Priority districts for the second envelop have been selected based on shelter/NFI/CCCM clusters recommendations and analysis. Both lists have been reviewed at field level by AHCT and sub-clusters.

This strategy paper outlines the sectors, geographical areas and activities recommended for funding under this allocation. Submissions that do not respond to the priorities outlined in this paper will be automatically rejected.

### A. FINANCING OVERVIEW

The Arab Gulf Development program, Canada, Germany, Ireland, Netherlands, Sri Lanka, Sweden and The United Kingdom have generously contributed to the Fund to date with a total of \$45 million. The YHF has also carried-over \$22 million from 2016. Thanks to these generous contributions a total of **US\$50 million** will be made available from the Yemen Humanitarian Fund under the First Standard Allocation, representing 2.4 per cent of the humanitarian funding requested under the 2017 Yemen Humanitarian Response Plan (HRP).

As of 17 April 2017, OCHA's Financial Tracking System (FTS) has already recorded paid contributions of US\$234 million against the 2017 Yemen HRP, representing 11.2 per cent of the US\$ 2.1 billion requested,

with an additional US\$ 63 million in outstanding pledges. This brings the total to US\$ 297million or 14.4 per cent of the total 2017 requirements.

The total amount of funding available for this First Standard Allocation 2017 allocation is US \$ 50 million.

## **B. Broad objectives of the allocation strategy**

Within the overall framework of the Humanitarian Response Plan, the main strategic objectives of the First Standard Allocation 2017 are as follows:

- 1) Addressing the immediate causes of food insecurity and malnutrition by ensuring adequate access to** Food, Nutrition, health and WASH to the most vulnerable through an integrated approach
- 2) Integrated Response for the most vulnerable IDP, Returnees families and host communities** by ensuring access to a minimum package which include Shelter, NFI, CCCM, Food Security, wash, health, nutrition and protection services.

*Any potential duplication within the two main responses is averted through an integrated screening process of the projects submitted to the Fund during the Technical Review Committee stage.*

## **C. Allocation Envelopes and Specific Priorities**

**Envelope One:** Addressing the immediate causes of food insecurity and malnutrition by ensuring adequate access to Food, Nutrition, health and WASH to the most vulnerable through an integrated approach

**SECTOR:** NUTRITION, FOOD SECURITY, HEALTH and WASH

The first Envelope of this Allocation aims to prevent the increase of food insecurity and malnutrition levels through an integrated approach with life-saving assistance of food and livelihoods, nutrition, health and water, sanitation and hygiene given priority.

Since the start of the military campaign in March 2015 by Coalition forces, over 7,600 Yemenis have been killed, more than 42,000 injured and over 3 million displaced. The disruption of services through the Sana'a International Airport and the restriction to the country's Al Hodeidah Port on the west coast, resulted in a drastic reduction in national imports, notably essential foodstuffs. Social services have almost ceased to function and one quarter of the population has been affected by the irregular payment of civil servants salaries.

Ordinary people bear the brunt of the conflict with an estimated 8 million Yemenis having lost their livelihoods or living in communities with minimal to no basic service provision. An estimated 14.8 million people lack access to basic healthcare, including 8.8 million people living in severely under-served areas. The agricultural sector and fishing industry shrunk by at least 50 per cent while the GDP per capita is estimated to have contracted by 35 per cent since 2015.

Considering the blocking of import mechanisms and the disruption to supply chains of food and medicines, the severity of the food insecure population is alarming: recent IPC (Integrated Food Security Phase Classification) data estimate that 7 Governorates containing 60 per cent of the country's population are now at IPC Phase 4- Emergency. This means 17 million Yemenis are not able to feed themselves adequately and are frequently forced to miss meals and/or eat food of poor nutritional value.

The geographic priorities identified within this Envelope are based on the IPC data as well as the vulnerability criteria developed by the Food Security and Nutrition Clusters which led to the development of a list of priority districts<sup>1</sup> at risk of famine. The list of districts will be further specified through consultations with Hubs and AHCTs.

For the prioritized districts, please refer to Annex 1 of this Strategy Paper.

Allocation Envelope 1	Associated SRP Strategic Objective	Amount Allocated
	Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.	US\$ 35 M
Nutrition	<ul style="list-style-type: none"> <li>Objective 1: Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women.</li> <li>Objective 2: Contribute to prevention of malnutrition by enhancing BSFP, micro-nutrient support and IYCF.</li> </ul>	
Food Security	<ul style="list-style-type: none"> <li>Objective 1: Improve availability of food and access to food for the most vulnerable.</li> <li>Objective 2: Improve food security by supporting agricultural, livestock and fishery systems and assets.</li> </ul>	
Health	<ul style="list-style-type: none"> <li>Objective 1: Provide integrated primary secondary and referral health services, surveillance and response and medical supplies in priority districts.</li> <li>Objective 2: Strengthen reproductive, maternal, new born, child and adolescent health (RMNCAH) interventions, including violence against women.</li> </ul>	
Wash	<ul style="list-style-type: none"> <li>Objective 1: Restore or maintain sustainable water and sanitation systems to improve public health and resilience.</li> <li>Objective 2: Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality</li> </ul>	

The integrated interventions under this Envelope will aim to:

**Food security:**

- Scale up food aid and emergency livelihoods assistance to the most affected vulnerable families supporting the general food distribution through complementarity activities;

**Nutrition:**

- Treat and prevent malnutrition for children aged 0-59 months and pregnant and lactating women through the community management of acute malnutrition;
- Monitor the nutrition situation by conducting SMART survey

**Health:**

- Support capacity of fixed health facilities to provide essential and live saving services.

<sup>1</sup> IPC data released on 16 March based on criteria from the Health, Food Security, Nutrition and WASH clusters identified governorates at IPC Phase 4 “Emergency”, while “famine” will correspond to the ICP Phase 5 and it is declared on the following conditions: at least 20 per cent of households have a complete lack of food and starvation is evident, acute malnutrition prevalence exceeds 30 per cent, and the daily mortality rate exceeds two per every 10,000 people.

- Support health services through Emergency Mobile Medical team (EMMT) to provide minimum package of health services.
- Support Reproductive Health services including Emergency Obstetric, new born and SGBV care.
- Support routine/outreach immunization, Integrated Management of Childhood Illness(IMCI) and vaccine preventable disease surveillance.
- Support to trauma cases (life-support, proper management, medicines, supplies, capacity building, deployment of surgical teams, rehabilitation).

**Wash:**

- Provide targeted and tailored WASH assistance to “mother/caretaker- child” in connection with health and nutrition interventions.
- Support health services by ensuring access to WASH services and facilities to staffs, patients and caretakers
- Ensure that men, women, boys and girl have access to safe water and provision of adequate sanitation and hygiene in connection with health and nutrition interventions.

*For the specific Cluster’s standardized activities, please refer to cluster technical recommendations.*

**Envelope Two: Integrated Response for the most vulnerable IDP, Returnees families and host communities by ensuring access to a minimum package** which include adequate Shelter, NFI, CCCM, Food, wash, health, Nutrition and protection services.

**SECTOR: SHELTER, NFI, CCCM, PROTECTION, NUTRITION, FOOD SECURITY, HEALTH and WASH**

In line with the Yemen HRP 2017, this Envelope aims to support the most vulnerable displaced families living in camp like settlements and collective centres as well as the newly conflict induced IDPs. As stated above, since March 2015, almost 3 million people have been forcibly displaced. Of the total IDPs population, around 1 million returned to their places of origin<sup>2</sup> (returnees) while 2 million individuals still remain displaced, including the newly conflict induced IDPs affected by the intensification of the conflict in the Western Coast. Based on the first assessments' findings of the ES NFI and CCCM clusters' partners, 21 per cent of protracted IDP families live in collective centres or spontaneous settlements. The centers include schools, mosques, health Facilities and government buildings. A total of 477 collective centers and 116 settlements have been mapped at Governorate level by the Cluster, while a verification exercise conducted by the ES NFI CCCM Cluster's partners in some of the sites showed that a total of 34,392 individuals live in 336 collective centers and 83,719 in 73 settlements. This envelop will provide the most needed assistance to the most vulnerable but does not intend to start an "in-camp" policy.

Analysis on humanitarian assistance is ongoing through a first phase ES- NFI-CCCM Cluster project funded by the Pooled Fund in 2016, whereby a common multi-cluster tool is used to assess the needs of families by site. The data from this assessment revealed that the majority of the families have never received any humanitarian assistance since the time of their initial displacement due to:

- Absence of a humanitarian community camp policy suggesting that no IDP informal settlements and related humanitarian needs existed at all;
- Lack of resources and data to identify the centres/settlements of displacements;
- Lack of access;

Living conditions within the camp-like settings are below basic international standards, with no access to basic services, clean water, health, and a high exposure to protections issues, including abuse and GBV related cases.

In 2017 humanitarian partners committed to respond to the most vulnerable families through an integrated approach employing a minimum standard for Shelter solutions, WASH and GBV referral systems.

The comprehensive response package targeting the most vulnerable families was strategized as the main focus of the Emergency Shelter/NFI - CCCM Cluster, working with other clusters.

**The geographic priorities identified under this Envelope** are based on recent ES-NFI-CCCM Cluster data which informs the prioritization matrix used to identify the most vulnerable sites across Governorates based on the specific clusters' need assessments' findings and field offices recommendations. Additional humanitarian needs assessments shall be used for the integrated response to the basic needs of newly IDPs.

*To further identify the ranking at district level, please refer to the Index in Annex 1*

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<sup>2</sup> The number of returnees up to date is 1,048,896 individuals.

Associated SRP Strategic Objective		
Allocation Envelope 2	SO1: Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.	Amount Allocated  US\$ 15 M
	SO2: Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to men, women, boys and girls.	
Shelter, NFI, ICCM	<ul style="list-style-type: none"> <li>Objective 1: Provide life-saving and life-sustaining shelter solutions and non-food items to the most vulnerable in liveable and dignified settings.</li> <li>Objective 2: Ensure access to basic services for the most vulnerable women and men living in collective centres and spontaneous settlements.</li> </ul>	
Protection	<ul style="list-style-type: none"> <li>Provide life-saving protection assistance and service to vulnerable conflict affected individuals, including children and GBV survivors.</li> </ul>	
Nutrition	<ul style="list-style-type: none"> <li>Objective 1: Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women.</li> <li>Objective 2: Contribute to prevention of malnutrition by enhancing BSFP, micro-nutrient support and IYCF.</li> </ul>	
Food Security	<ul style="list-style-type: none"> <li>Objective 1: Improve availability of food and access to food for the most vulnerable.</li> <li>Objective 2: Improve food security by supporting agricultural, livestock and fishery systems and assets.</li> </ul>	
Health	<ul style="list-style-type: none"> <li>Objective 1: Provide integrated primary secondary and referral health services, surveillance and response and medical supplies in priority districts.</li> <li>Objective 2: Strengthen reproductive, maternal, new born, child and adolescent health (RMNCAH) interventions, including violence against women.</li> </ul>	
Wash	<ul style="list-style-type: none"> <li>Objective 1: Restore or maintain sustainable water and sanitation systems to improve public health and resilience.</li> <li>Objective 2: Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality</li> </ul>	

Interventions under this Envelope will aim to:

**Shelter/NFI and CCCM:**

- Ensure that Men, women, boys and girls living in informal settlements and in the host communities have access to basic services
- Support site management in the targeted settlements
- Ensure that new IDPs have their basic needs covered
- Ensure that the most vulnerable returnees have access to a minimum package

**Protection:**

- Establishment and/or support to Community-Based Protection Networks (CBPNs)
- Provide legal assistance for the most vulnerable
- Ensure case management, medical, psycho-social support and safe space for GBV survivors.
- Ensure case management, Psycho-social support for conflict-affected children
- Ensure MRM on grave child rights violations

**Wash:**

- Ensure that IDPs and Host communities have safe and equitable access to a sufficient quantity of safe water for drinking, cooking, personal and domestic hygiene.
- Ensure that men, women and children of all ages (IDP's and host communities targeted) are mobilized to adopt measures to prevent the deterioration in hygienic conditions, to use and maintain the facilities provided.
- Ensure that men, women and children of all ages (IDP's and host communities targeted) have access to sanitation facilities and live in a healthy environment free of contamination.

#### FSAC:

- Scale up food aid and emergency livelihoods assistance to the most affected vulnerable families supporting the general food distribution through complementarity activities;

#### Nutrition:

- Treat and prevent malnutrition in children aged 0-59 months and pregnant and lactating women through the community management of acute malnutrition;

#### Health:

- Support capacity of fixed health facilities to provide essential and life saving services.
- Support health services through Emergency Mobile Medical team (EMMT) to provide minimum package of health services.
- Support Reproductive Health services including Emergency Obstetric, new born and SGBV care.
- Support routine/outreach immunization, Integrated Management of Childhood Illness(IMCI) and vaccine preventable disease surveillance.
- Support to trauma cases (life-support, proper management, medicines, supplies, capacity building, deployment of surgical teams, rehabilitation).
- Strengthening prevention and the management of communicable disease.
- Surveillance system re-established for early detection and timely response to diseases outbreaks.
- Improve access to quality curative nutrition services through systematic identification and treatment of severe acute malnourished cases according to national standards.

#### Multi-sector:

- Provide multi-purpose cash/voucher assistance for vulnerable IDPs. *Multi-purpose cash/voucher assistance should only be implemented where appropriate following an assessment regarding the possibility of this modality causing on-site tension or protection concerns. Each intervention has to include a detailed and comprehensive risk analysis.*

*For the specific Cluster's standardized activities, please refer to cluster technical recommendations.*

### **D. Principles and others cross cutting issues to consider for both envelopes**

At the center of an integrated response are protection, gender equality and accountability to the affected population as outlined in the Yemen HRP 2017 Strategic Objective 2 "Ensure that all assistance promotes the protection, safety and dignity of affected people and is provided equitably to men, women, boys and girls".

Recent surveys revealed that more than 50 per cent of the affected population part of the survey, including 1000 affected individuals, was unaware of information related to the humanitarian assistance: criteria for the selection of beneficiaries, type of assistance provided, mechanisms for the delivery of aid including location and procedures for complaint mechanisms. The analysis showed that 35 per cent of the surveyed beneficiaries were female with lack of awareness on how to access humanitarian aid.

The CBPFs mechanism aim to avoid any discrepancy between the assistance provided and priority needs of the population, ensuring the respect of the principle of **accountability to the affected population (AAP)**.

The implementing partners submitting proposals under the two envelopes of this Allocation are required to:

- I. Conduct needs assessment through focus group discussions with men and women in the affected communities, to support dialogue with male and female community's leaders regularly in order to understand their prospective on needs and priorities, to collect information and develop messages to improve communication with the communities;
- II. Establish mechanisms to keep different age and gender groups well informed on the humanitarian principle, international humanitarian law and human rights and to tailor and disseminate messages in an appropriate way;
- III. Demonstrate the interventions and the humanitarian assistance provided is tailored to the needs of different groups in coordination with the communities, the leaders and all stakeholders on the ground.
- IV. Establish a responsive complaints mechanisms and activate feedback systems during all stage of the program cycle;
- V. On a monthly basis make available community level information on perceptions, priorities, and needs and communicate these with HCT, ICCM, through the Humanitarian Communication network (HCN)<sup>3</sup>.

CBPFs are also committed to ensure **protection mainstreaming** and **gender equality** will be promoted in each phase of the program cycle. In order to respect the above principles, guiding documents are made available for the implementing partners applying for grants under this allocation.

As part of the technical review process for project proposals, the Technical Review Committees will review all approved proposals for accountability elements, assessing the project designs, needs assessments, and monitoring mechanisms for their incorporation of AAP standards. The reviews will also analyze the gender mainstreaming elements using the IASC Gender Marker. Successful proposals will be expected to complete Gender and Age Marker for Monitoring (GAMM) during implementation.

*Please, refer to the Allocation Guidelines 2017 in Annex 2.*

## E. Timeline and Procedures

This YHPF Allocation Strategy is published by the HC on Thursday 19<sup>th</sup> April 2017. From this day, **eligible humanitarian organisations with projects aligned to the allocation envelopes have 12 working days, i.e. until Saturday 6<sup>th</sup> May 2017 (18PM), to submit project proposals** through the YHF online Grants Management System (GMS), available at <https://cbpf.unocha.org/>

<b>Thursday 19<sup>th</sup> April</b>	The HC publishes the First Standard Allocation 2017 strategy paper
<b>Sunday 6<sup>th</sup> May</b>	Deadline for interested organisations to submit project proposals through the OCHA online database (GMS)
<b>7<sup>th</sup> -15<sup>th</sup> May</b>	Proposals submitted are reviewed and scored by the respective Strategic Review Committee (SRCs) – a pre-list of recommended projects is finalized
<b>16-20<sup>th</sup> May</b>	Clusters and OCHA provide technical comments on pre-selected projects
<b>21<sup>st</sup> – 25<sup>th</sup> May</b>	Partners provide a final version of pre-selected projects - Revised proposals are submitted through the GMS for a second review
<b>26<sup>th</sup> May</b>	OCHA based on cluster recommendation finalize a list of recommended projects
<b>29<sup>th</sup> May</b>	Advisory Board meets and HC decides on proposals to be funded
<b>1<sup>st</sup> - 8<sup>th</sup> June</b>	OCHA HQ finance section provides feedback on proposal budgets
<b>9<sup>th</sup> June</b>	First partners have finalized their proposals and grant agreements are signed
<b>10<sup>th</sup> June</b>	Disbursement process begins

<sup>3</sup> The HCN is co chaired by OCHA and a rotating NGO.

## F. Eligible Partners and Partnership Arrangements

Support to NGOs through this allocation will be prioritised, based on their access and experience in the prioritised geographical areas. However, the decision to fund either an NGO or UN agency through this allocation will be determined by the demonstrated comparative advantage of each organisation to deliver the articulated response.

<b>Eligible Partners</b>	<ul style="list-style-type: none"> <li>- In line with the HPF Operational Manual (revised September 2016)<sup>4</sup> and eligibility guidance documents<sup>5</sup> that govern the management of the Yemen HPF, OCHA can only fund active national and international NGOs who have been <u>confirmed as eligible partners</u> to the HPF and finalised their capacity assessment, as well as UN Agencies.</li> </ul>
<b>NGO Funding Ceiling</b>	<p><u>Total USD Ceiling</u> (see detailed revised Operational Modalities under Annex I):</p> <ul style="list-style-type: none"> <li>- <b>For LOW risk partners</b> = An individual NGO with a low risk rating is allowed to hold a maximum total amount of <b>\$5 million USD</b> in active grants at any one time.</li> <li>- <b>For MEDIUM risk partners</b> = An individual NGO with a medium risk rating is allowed to hold a maximum total amount of <b>\$3.5 million USD</b> in active grants at any one time.</li> <li>- <b>For HIGH risk partners</b> = An individual NGO with a high risk rating is allowed to hold a maximum total amount of <b>\$2 million USD</b> in active grants at any one time.</li> </ul> <p>The cutoff date for the on-going grant will be 31<sup>st</sup> of July 2017. Project funded under the reserve allocation will not be considered for determining the ceiling.</p> <p>Partners which does not have a qualified audit in 2015 and 2016 <b>AND</b> which have positive monitoring reports for projects implementing in 2016 or 2017 (Outstanding performance, Good performance, underperforming but justified) will have the possibility to increase their ceiling with an additional 500,000 USD plus an additional 500,000 USD if this last additional envelope is transferred to one or several local organizations not eligible for receiving YHF funds or eligible but has never receive YHF funds.</p>
<b>Sub-implementing Partners</b>	<ul style="list-style-type: none"> <li>- <u>Partnership between the UN and international NGOs with national NGOs is strongly encouraged and partners who take on a national NGO partner will be given a higher number of points during the scoring process</u> - clear and identifiable coaching, mentoring, and capacity building activities should be integrated as much as possible. However whilst these activities can form a sub-set of the overall outcome of the project, they cannot represent the main output of the project.</li> <li>- Organisations that are not currently eligible can be sub-implementing partners to an eligible organisation. However the eligible organisation will bear full responsibility for the work and actions of their sub-implementing partner.</li> <li>- In-line with YHF 2017 strategic priorities to increase the cost-efficiency of the fund, YHF partner should avoid unnecessary multilayers partners approach.</li> </ul>

- Any questions or concerns with regards to eligibility and/or partnership arrangements can be directed at OCHA HFU: Robin Glinka, Programme Officer, [glinka@un.org](mailto:glinka@un.org), +962 79 656 716

## G. Guidance on Selection of Projects

The following criteria will be used by the Strategic Review Committees (SRC) when reviewing potential projects. Partners who wish to be successful in getting their respective project funded should consider demonstrating adherence to the following guidance in their proposals.

<b>Submission of Proposals</b>	Organisations must use the HPF Grant Management System (GMS) to submit proposals in the English language ( <a href="http://cbpf.unocha.org">cbpf.unocha.org</a> ). Proposals submitted outside the GMS will not be considered.
<b>Duration of Projects</b>	Maximum 12 months per project
<b>Number of Projects by Partner</b>	<u><b>A maximum of two project proposals by partner will be accepted.</b></u> Partners can however submit proposals covering multiple sectors by using the multi-

<sup>4</sup> Available for download in English at: <http://www.unocha.org/yemen/governance-policy-and-guidance>

<sup>5</sup> Available for download in English and Arabic at: <http://www.unocha.org/yemen/about-hpf-yemen>

	cluster option in the GMS.
<b>Coordination</b>	<b><u>Projects that are not coordinated (discussed) with the respective cluster coordinator(s) ahead of time will be automatically rejected.</u></b> This is to help strengthen coordination efforts and avoid duplications, as well as limit the number of proposals received that are not aligned to the cluster's strategy.
<b>Gender Mainstreaming</b>	Projects must demonstrate an analysis of relevant gender issues, activities designed to address gender differences, and targets/indicators that will enable reporting on distinct benefits to males and females (Gender Marker Code 2) <sup>6</sup> .
<b>Gender Monitoring Tool (GAMM)</b>	Successful applicants will be asked to complete the IASC Gender & Age Marker for Monitoring. This is a new monitoring tool that assesses programme quality with respect to gender, age and accountability.
<b>Protection Mainstreaming</b>	Projects must demonstrate how protection will be included in programming, including (a) avoid causing harm; (b) meaningful access; (c) participation and empowerment; and (d) accountability. Projects must also demonstrate how protection issues for different groups will be identified, monitored, referred and addressed throughout implementation <sup>7</sup> .
<b>Communication</b>	All partners will be required to commit to the delivery of communication materials around the deliverables of the project (i.e. human interest stories, pictures, videos, case studies etc.) in line with the Communication & Visibility Guidelines <sup>8</sup>
<b>Accountability to the Affected Population</b>	Accountability to affected people (AAP) is an intrinsic and inseparable from all humanitarian work. AAP offers a people-centred and rights-based framework that is concerned with respect the rights, dignity and safety of affected women, men, girls and boys. It reiterates that affected communities are the primary stakeholders of humanitarian response and they have a basic right to participate in decisions that affect their lives (participation), receive information they need to make informed decisions (information provision) and to complain if the assistance they received is not adequate or has unwelcomed consequences (feedback/complaints mechanisms).
<b>Communication with beneficiaries</b>	This communication effort promotes a two way communication between humanitarian leadership and the community. On the one hand, the "inform" component will disseminate evolving humanitarian messaging and on the other, the "listen" component will collect community perceptions on the evolving humanitarian response. The overall purpose of this effort is to use community based information to influence humanitarian decision making, at all levels. The entity at the center of the information flow (between community and humanitarian leadership) will be the Humanitarian Communications Network, chaired by OCHA and a revolving NGO representation.

1. *Assessments*: Projects should be based on recent assessments with detailed information provided on gaps in assistance together with a justification for the programming approach selected.
2. *Beneficiary prioritisation and selection*: Project beneficiaries are selected based on strict vulnerability criteria with a demonstrated verification process.
3. *Monitoring and Reporting*: Projects demonstrating clear linkages between their monitoring methodology and geographic/programme requirements will be favourably weighted.
4. *Innovative approaches to work*: the use of innovative methodologies or modalities for aid delivery, which are relevant to the beneficiary group, geographic specificities or programmatic approach.
5. *Value for Money*: Projects that can demonstrate a high degree of cost effectiveness (i.e. maximum output and beneficiary reach for every dollar invested) relative to the project budget will be prioritised.
6. *Crosscutting Issues*: Projects demonstrating attention to the impact on the environment and propose appropriate mitigation measures, the centrality of protection, and equitable benefits for males and females will be favourably weighted.
7. *Coordination*: Strong participation in national and regional coordination mechanisms is a requirement.

<sup>6</sup> IASC Gender Handbook in Humanitarian Action, 2006. See Section B "Areas of Work", starting page 41.  
[http://www.globalprotectioncluster.org/\\_assets/files/tools\\_and\\_guidance/IASC\\_Gender\\_Handbook\\_EN.pdf](http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/IASC_Gender_Handbook_EN.pdf)

<sup>7</sup> Global Protection Cluster's (GPC) Sector Checklists (which are part of the Protection Mainstreaming Training Package):  
[http://www.globalprotectioncluster.org/\\_assets/files/aors/protection\\_mainstreaming/Protection\\_Mainstreaming\\_Training\\_Package\\_SECTORGUIDANCE\\_November\\_2014.pdf](http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/Protection_Mainstreaming_Training_Package_SECTORGUIDANCE_November_2014.pdf)

<sup>8</sup> The Communication & Visibility Guidelines can be downloaded on: <http://www.unocha.org/yemen/governance-policy-and-guidance>

8. *Accountability to Affected Populations:* Projects have to demonstrate strong linkages with beneficiary communities and have to include a documented feedback and complaints mechanisms. Projects which provide a detailed methodology for implementing their feedback and complaints mechanisms in line with the HCT recommendations will be favourably weighted.

## H. Contact Information

Interested organisations should liaise with the respective clusters to ensure their proposed intervention is aligned to the HRP 2017 priorities and the guidance provided by this allocation strategy paper and is properly coordinated with other stakeholders:

Cluster / Working Group Advisers	Name	E-Mail
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## I. Complaints Mechanism

HPF stakeholders with insufficiently addressed concerns or complaints regarding Yemen HPF processes or decisions can at any point in time contact the OCHA Head of Office or write to [yemenhpfcomplaints@un.org](mailto:yemenhpfcomplaints@un.org) with these concerns. Complaints will be compiled, reviewed and raised with the HC, who will then take a decision on necessary action(s). The HC will share with the Advisory Board any such concerns or complaints and actions taken thereof.

## Annex 1

- PRIORITY GEOGRAPHIC AREAS – ENVELOP 1

Governorate	District
Dhamar	Jabal Al-Sharq
Dhamar	Wesab Alsafil
Sana'a	Sa'fan
Sana'a	Manakhah
Shabwa	Habban
Shabwa	Al-Rawdha
Shabwa	Ataq
Sa'ada	Saqayn
Sa'ada	Qatabir
Sa'ada	Monabbih
Sa'ada	Al Dhaher
Sa'ada	Baqim
Sa'ada	Ghamr
Sa'ada	Razih
Sa'ada	Haydan
Al Jawf	Barat Al Aana
Hajjah	Wadhra
Hajjah	Hajjah
Hajjah	Al-Shaghaderah
Hajjah	Koaidenah
Hajjah	Bani Qais
Hajjah	Aflah Al-Yaman
Hajjah	Qufi Shammar
Hajjah	Aslam
Hajjah	Khairan Al-Moharraq
Hajjah	Abs
Hajjah	Hayran
Hodeidah	Al-Khawkha
Hodeidah	Al-Tohaita
Hodeidah	Al-Hajjayla
Hodeidah	Bura'
Hodeidah	Al-Sokhnah
Hodeidah	Bait Al-Faqeeh
Hodeidah	Bajil
Hodeidah	Alqanawes
Lahj	Al-Qabaitah
Taiz	Shara'b As Salam
Taiz	Shara'b Ar Rawnah
Taiz	Al Wazi'iyah
Taiz	Al Qahirah

Taiz	Salh
Taiz	Mawiyah
Taiz	At Ta'iziyah
Taiz	Jabal Habashy
Taiz	As Silw
Taiz	Al Misrakh
Taiz	Al-Ma'afer
Taiz	Ash Shamayatayn
Ibb	Hazm AL-Odain
Ibb	Al-Odain
Ibb	Al-Rhadhama
Ibb	Fara Al-Odain
Abyan	Khanfar
Abyan	Zonjobar
Abyan	Ahwar
Abyan	Sarar
Abyan	Sabbah
Abyan	Rosod
Al-Dale'e	Jehaf
Al-Dale'e	Al-Azareq
Hadhramout	Al-Mukalla
Hadhramout	Amd
Hadhramout	Adh Dhli'ah
Hadhramout	Ghail Bawazeer
Hadhramout	Yabuth
Hadhramout	Al-Abr
Hadhramout	Sae'on
Hadhramout	Rakhyah
Lahj	Al-Maqatera
Lahj	Al-Melah
Lahj	Al-Mosaimeer

- PRIORITY GEOGRAPHIC AREAS – ENVELOP 2

Governorate	District
Ibb	Dhi Sufal
Ibb	Mudhaykhirah
Ibb	As Sayyani
Ibb	Far Al Udayn
Ibb	Hazm Al Udayn
Ibb	Jiblah
Taizz	Al Mudhaffar
Taizz	At Ta'iziyah
Taizz	Al Waziyah
Taizz	Maqbanah
Taizz	Dimnat Khadir

Taizz	Al Mukha
Taizz	Dhubab
Aden	Dar Sad
Aden	Al Buraiqeh
Aden	Al Mualla
Lahj	Al Qabbaytah
Lahj	Al Hawtah
Lahj	Tuban
Al Dhale	Dhalea City
Shabwa	Ataq
Hajjah	Abs
Hajjah	Hayran
Hajjah	Mustaba
Hajjah	Ku'aydinah
Hajjah	Aslem
Hudaydah	Az Zuhrah
Hudaydah	Az Zaydiyah
Hudaydah	Al Luhya
Hudaydah	Aljarrahi
Hudaydah	Hays
Hudaydah	Alkhawkhah
Mahweet	Bani Saad
Sa'ada	Kitaf
Sa'ada	Majz
Sa'ada	Saqayn
Sa'ada	Sahar
Sa'ada	Haydan
Al Jawf	Bart Al Anan
Al Jawf	Khabb wa ash Sha'af
Al Jawf	al Maton
Marib	Marib City
Marib	Medghal
Marib	Majzar
Marib	Marib
Sana'a	Hamdan
Amran	Houth
Amran	Khamir
Amran	Kharif
Sana'a	Sanhan
Amran	Amran
Sana'a	Bani Matar