YHF Strategy Paper – 2nd Standard Allocation 2021

Yemen Humanitarian Fund (YHF)
Second Standard Allocation 2021

ALLOCATION STRATEGY PAPER
SECOND STANDARD ALLOCATION (9 November 2021)

Allocation summary

The YHF Second Standard Allocation 2021 (SA2 2021) is issued on 9 November by the Humanitarian Coordinator (HC), in consultation with the Clusters and Advisory Board of the Yemen Humanitarian Fund (YHF). Its main objective is to enhance dignified living conditions for thousands of displaced persons in sites at a time when 5 million vulnerable people are just one step away from famine. A total of US$45m will be available to YHF partners who are kindly asked to submit their proposals by 25 November 2021.

1. Strategic Statement

1. This overall objective of the Second Standard Allocation 2021 is to increase dignified living conditions for people affected by the conflict. It will ensure that people living in IDP sites and nearby community witness an improvement in dignified living conditions through a holistic and integrated response to their needs.

2. This allocation will continue to transition away from emergency gap filling to a more comprehensive response where the YHF prioritizes humanitarian programmes that respond to the specific needs of all vulnerable groups in Yemen, wherever they are, and in a holistic and integrated manner. YHF partners will concentrate their response in frontline and under-served areas with the highest severity of needs in a context where 5.1 million people face immediate risk of famine or avoidable diseases. Focused on improving dignified living conditions, the allocation will target districts where the living conditions in IDP sites are below standard. In addition to looking at these urgent and emergency needs of displaced people and host communities, YHF partners will consider innovative interventions to support durable solutions in targeted districts, including mine action.

3. This allocation is launched towards the end of the year to ensure continuity of service provision into 2022. It will act as a catalyst for additional resources, especially for underfunded interventions focusing on the most vulnerable and marginalized groups.

2. Humanitarian context

1.1 Overview of the humanitarian situation

4. The situation in Yemen – already the world’s largest humanitarian crisis – continues to deteriorate amid a funding crisis that is impeding scale-up of life-saving aid to avert famine. Having endured six years of armed conflict and related violence alongside an economic blockade, the people of Yemen are again facing the specter of heightened food insecurity and potentially the world’s largest famine in over 40 years. Unprecedented levels of humanitarian assistance helped to avert a famine and other disasters in 2019, yet the underlying drivers of the crisis persist.

5. Latest analysis shows that, in 2021, 20.7 million people, two out of every three Yemenis, need some form of humanitarian and protection assistance. Of these, 12.1 million people are in acute need. More than half of the population are facing acute levels of food insecurity with nearly 50,000 people in famine-like conditions, while another 5 million vulnerable people are just one step away from famine. Cases of acute malnutrition among children under five are the greatest ever recorded. Preventable disease is pervasive, and morbidity and mortality are increasing.
6. Health partners are doing everything they can to mitigate and address the spread of COVID-19, while safeguarding the existing health system from collapse. A COVID-19 vaccination campaign launched in Aden on 20 April, targeting 320,000 people, came at a time when Yemen is experiencing a huge surge in COVID-19 cases and associated deaths; more than two-thirds of the 6,500 COVID-19 cases confirmed between the start of the pandemic and 10 May were recorded since mid-February 2021, and some 50 per cent of the total 1,270 COVID-19 associated deaths were recorded over the same 14 weeks.

7. The conflict continues to devastate families, put civilians at grave risk and cause the death and injury of men, women, girls and boys. Escalating hostilities, notably in Ma’rib, Hajjah, Al Hodeidah and Ta’iz continue to drive humanitarian needs and undermine prospects for peace. In Ma’rib, for example, at least 2,870 families have been displaced since fighting intensified in early February 2021. Overall, since its start, the conflict has displaced over 4 million people, making Yemen the fourth biggest internal displacement crisis in the world. Efforts to bring parties to the conflict to agree on peace process remain elusive.

8. The operating environment remains extremely restricted, characterized by extensive access challenges and insecurity that has hindered a principled aid operation. While system-wide efforts resulted in improvements in 2020, work is ongoing to ensure a principled response and to allow humanitarians to reach the people most in need. When principled delivery is at risk, agencies will continue to calibrate assistance to reduce risk levels and strengthen measures to ensure aid goes where it should.

9. Despite these immense challenges, partners have continued deliver assistance and protection support to over seven million people per month during the first quarter of this year. In 2019, aid agencies received $3.6 billion – nearly 90 per cent of what was required – and launched the largest and fastest aid operation reaching 14 million people with life-saving aid. They averted famine and rolled back a cholera outbreak, saving millions of lives. This year, they are asking donors to return to the funding levels of 2019 – at the minimum to avert a looming large-scale famine.

3. Operational strategy

3.1 Operational priorities

10. The SA2 will focus on three priorities:
- **Priority 1:** Improving dignified living conditions for the most vulnerable IDPs in under-served IDP sites and supporting partners’ interventions in new sites lacking services in prioritized sub-districts.
- **Priority 2:** Supporting durable interventions through innovative programming and localized solutions in Al Ashah district in Amran governorate, Al Qahirah and Al Mudhaffar sub-districts in Taiz governorate, Al Zuhrah in Hudaydah governorate, Al Maton and Al Hazm districts in Al Jawf governorate.
- **Priority 3:** Supporting affected communities’ movements and access to services through mine action clearance and RRM.

11. Under **Priority 1**, YHF partners will design specific integrated interventions to meet the specific needs of IDPs living in under-served sites and affected communities. Projects will need to choose the most appropriate activities from the table below based on their needs assessments. Partners are expected to adapt the design of their projects to the specific needs of persons with disabilities, minorities, women and children at risk. Partners are expected to cover as many sites as possible at the sub-district level. Partners are also expected to explain how their interventions will complement other partners’ interventions in a joined-up way. The list of prioritized locations was based on inter-cluster ranking of severity of needs, number of people living in known sites, access issues and availability of information pertaining to IDPs with specific needs. Only interventions in those locations will be considered.

12. As of the end of September 2021, more than 1.3 million Yemenis are displaced in some 2,000 spontaneous sites across the country – some have been newly established while others have been in existence for years. In these spontaneous (self-settled) sites, living conditions are sub-standard and undignified. Due to the un-planned nature of the site-layout as well as overcrowding, flooding, lack of services and assistance
displaced boys, girls, women, and men face elevated levels of protection risks, including those related to child protection and gender-based violence. Difficulties in coping with the situation, including due to a lack of assistance addressing basic needs, families are at increased risk of resorting to harmful coping mechanisms including child labour, child/early, or forced marriage. Moreover, persons with disabilities (as well as older people) and families with members with a disability (and thus providing care) are reportedly facing increased difficulties in coping. In many self-settled spontaneous IDP sites and services aiming to uphold basic rights, either through national systems/institutions and/or provided through NGOs, are unavailable or inaccessible. Only activities specified below will be considered.

13. Under Priority 2, YHF partners will consider programming that go beyond emergency assistance, and will prioritize durable interventions, in particular for vulnerable people that have returned or are trying to return and re-establish themselves in their areas of origin. The list of locations was prioritized based on areas where people have returned, relatively stable areas with secured access so that the implementation of longer-term solutions is feasible and proximity of frontlines from which there was large displacement and to which it is feasible that IDPs will be able to continue returning to. Partners must include the protection activities in their proposal so that they deliver these activities themselves or through a sub-implementing partner. Only activities specified below will be considered.

14. Under Priority 3, YHF partners will support the voluntary movement of vulnerable people through the provision mine action services as an enabling activity. The list of locations for mine action should, as much as possible, be aligned with priorities 1&2, in order to facilitate longer-term interventions. The extent of contamination by mines, UXO (Unexploded Ordnance) and ERW (Explosive Remnants of War) has a great impact on the access to civil-infrastructure and is severely affecting multiple aspects of life of the population across Yemen. By nature, survey, demarcation, and clearance activities are forward-looking interventions with sustainable outcomes (especially in areas seeing reduced active fighting), allowing communities to recover and overcome the impact of the conflict. Through prioritized targeting of locations selected under this allocation, the Mine Action activities contribute to the integrated response across clusters, enabling interventions and reinforcing sustainable outcomes for the affected population. Given the recent wave of IDPs movement throughout the country, especially in Marib, provision is also made to support them with RRM kits.

| 3.1 Overview: |
|---|---|---|---|
| Priorities | Amount allocated | Geographic Location | People Targeted |
| **Priority 1**: Improving dignified living conditions for the most vulnerable IDPs in under-served IDP sites and supporting partners’ interventions in new sites lacking services | $37,000,000 | Hudaydah, Marib, Taizz, Shabwah, Hadramout, Al Jawf | 110,000 |
| **Priority 2**: Supporting durable interventions through innovative programming and localized solutions | $6,500,000 | Al Ashah district in Amran governorate, Al Qahirah and Al Mudhaffar sub-districts in Taiz governorate, Al Zuhrah district in Hudaydah governorate, Al Maton and Al Hazm districts in Al Jawf governorate | 630,000 |
| **Priority 3**: Supporting affected communities movements and access to services through mine action clearance and RRM | $1.5m | Country-wide | 1.4m |
| **Total** | **$45,000,000** | | **2,140,000** |

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1 The envelope was RRM is not yet set and will depend on the availability of other funding sources
### Priority one: Improving dignified living conditions for the most vulnerable IDPs in under-served IDP sites and supporting partners’ interventions in new sites lacking services

#### List of objectives:

1. Provide a comprehensive package of minimum services in prioritized IDP camps to improve dignified living conditions
2. Enhance the protection and safety of IDPs living in sites

#### Education

- Establishment of temporary learning spaces.
- Minor rehabilitation or expansion of schools to increase access to disability- and gender-sensitive WASH facilities.
- Provision of incentives to teachers and volunteer educators.
- Increasing awareness on hygiene practices in schools and temporary learning spaces.
- Prevention from risks of violence by ensuring access to safe and inclusive learning environment.
- Provision of educational supplies
- Provision of teacher/volunteer training

#### FSAC

- Provision of immediate integrated life-saving emergency food assistance each month to acutely food insecure and under-served populations with highest severity of needs

#### Health

- Support to primary and limited support to secondary fixed care facilities and Mobile teams in the selected areas targeting IDPs and host communities to provide the life-saving, essential Minimum Service Package (MSP) and referral support including:
  - IMCI childcare and vaccination
  - Outbreak response and communicable disease management
  - Non-communicable disease care (diagnosis and management)
  - MISP reproductive health care (ANC, safe delivery and PNC)
  - MHPSS secondary care in selected hospitals (including outpatient, admission care and surgical care including CS)
  - Operational support to fixed health facilities (including fuel/solar panel, water, oxygen, HCW financial support, medicines and supplies, essential medical equipment, essential lab supplies, etc.)
  - Cash for health and referral support for limited number of emergency cases
- Ensure GBV Minimum Integrated Service Package for Sexual and Reproductive Health capacity in health centers as well as MHPSS capacity in health centers

#### Nutrition

- Early malnutrition case finding and referrals using MUAC
- Treatment of uncomplicated acute malnutrition through outpatient treatment sites
- Treatment of complicated acute malnutrition through therapeutic feeding centers
- Provision of supplementary feeding services to treat moderate acute malnutrition
- Improving infant feeding and caring practices among mothers of children under the age of 2 years through one-to-one counselling
- Provision of age-appropriate micronutrient supplementation to mothers and children (6-36 months)

#### WASH

- Water trucking as a temporary measure until completion of long-term solution such as rehabilitation of water system and extension of water supply network to IDP sites
- Rehabilitation of existing water supply system including extension of water supply network to IDP sites
- Installation of solar system for reliable water supply services
- Construction of latrines
- Hygiene promotion including RCCE for COVID-19
- Distribution of WASH NFIs and hygiene kits
- Capacity building for maintenance committee to ensure sustainable operation and maintenance of WASH facilities in IDP sites

#### Shelter/NFIs

- Provision of essential household items kits and bedding kits
- Provision of enhanced emergency shelter kits
- Provision of shelter maintenance and upgrade
- Provision of transitional shelters
- Provision of flood prevention & hazard mitigation solutions

#### Protection

- Establishment of and support to community committees representative of age, gender, and diversity
- Setting-up of communal space in each site or grouping of sites to facilitate community committee and other communal activities
- Establishment of child friendly space and organize child resilience and wellbeing/development including through non-focused psychosocial support interventions
- Setting-up of protection helpdesk within each site
- Establishment, regular review and update of referral pathway
• Capacity development of all humanitarian staff active in sites in psychological first aid (PFA), safe response to disclosures and safe referral to specialized services
• Survey/safety audit of the site and distribution points in relation to: 1) GBV risk mitigation measures, 2) child safety, 3) accessibility and inclusion of persons with disabilities, including through engagement with community, and take measures in site planning/establishment of facilities to adhere to applicable IASC/CCCM guidance
• Establishment of land use agreement with landowners of respective sites
• Establishment of community center at the area level to facilitate case management and provision of cash for protection outcomes, including provision of specialized services to GBV survivors, households and children in need/at risk, as well as legal assistance including counselling and referrals on civil documentation.
• Ensure support and linkages to existing child protection systems, including public institutions, to facilitate specialized child protection interventions.

CCCM
• Core Site Management activities
• Mobilization and participation of the inhabitants
• Maintenance of the site, including community-based site risk reduction and maintenance/construction of common infrastructure

Priority Two: Supporting durable interventions through innovative programming and localized solutions in 6 districts

List of objectives:
1. Provide longer-term services to vulnerable groups through the rehabilitation of and support to local infrastructures
2. Facilitate the re-establishment of vulnerable people in areas of return

Education
• Minor rehabilitation or expansion of schools to increase access to disability- and gender-sensitive WASH facilities.
• Provision of school desks and sustaining the mobile workshops repairing school furniture
• Provision of incentives to teachers and volunteer educators.
• Provision of solar panels
• Increasing awareness on hygiene practices.
• Provision of educational supplies.
• Provision of teacher training.

FSAC
• Cash for Work to meet the food needs of the most vulnerable households

Health
• Solar panels support to HFs to reduce their fuel dependance
• WASH support to health facilities:
  o Sustainable water solutions such as linking water sources to networks and storage.
  o Sewerage system support.
  o Medical waste management,
  o Infection prevention and control interventions
• Minor rehabilitation including water network, painting, maintenance of roofs, doors and windows, and ceramic replacement).

WASH
• Rehabilitation of existing water supply system including extension of water supply network for wider coverage of water supply services including institutions such as health facilities and schools
• Hygiene promotion including RCCE for COVID-19 for vulnerable communities, affected population and users of institutional WASH facilities
• Construction of latrines
• Capacity building for LWSC on sustainable operation and maintenance of WASH facilities

Shelter
• Rehabilitation of damaged houses.

Protection
• Livelihood activities/vocational training for women, adolescents, and youth with integrated empowerment and wellbeing activities
• Establish community center
  o Counselling on civil documentation
  o Specialized individual support (GBV, CP, and Protection)
  o Community mobilization activities inclusive of IDPs, returnees, host community to jointly identify problems and suggest solutions
  o Boys, girls, women, men, and persons with disabilities, focused mobilization activities

Priority three: Supporting affected communities movements through mine action clearance

List of objectives
1. Enable free and safe movement of vulnerable people close to IDP sites and in areas of possible return.

Mine Action
• Survey of areas suspected to be contaminated with ERW and release of land not found to be contaminated with ERW.
### 3.2 List of prioritized sub-districts under Priority 1

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<th>Governorate Name</th>
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<td><strong>Prioritised locations to cover under-served sites</strong></td>
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### 3.3 Cross-cutting issues

15. This SA2 will pay particular attention to the following cross-cutting issues which YHF partners are asked to reflect in their proposals:

- **Cash programming**: Cash programming is encouraged but limited only to partners with proven experience and to areas where there are functioning markets. The guidance from the Cash Working Group must be followed.

- **Accountability to the Affected Population (AAP)**: Projects must include a section that outlines how quality and accountability to affected population aspects are mainstreamed through the project. In particular, projects are requested to demonstrate how relevant humanitarian standards (such as the Core Humanitarian Standards and the Humanitarian Standards Partnership) are applied and that complaint and feedback mechanisms are in place so that affected populations (women, girls, boys, men; including the most marginalized and at-risk people among affected communities) are able to provide feedback on their own priorities and concerns around the project, and that these priorities and concerns are considered and addressed in a meaningful way. Projects need to explain how the YHF AAP mechanisms will be disseminated. **Partners must include the standard list of AAP outcome and indicators referenced in the annexed Proposal guide and attached to this allocation strategy.**

- **Gender**: The different needs of women, girls, men and boys, must be prioritized in humanitarian interventions. The conflict in Yemen is disproportionately affecting women and girls and exacerbates pre-existing gender inequalities. They face increased prevalence of, and exposure to, GBV and are often hampered from accessing life-saving services. YHF projects must ensure that gender is integrated throughout all the phases of the project cycle from the project assessment to the final review of the results achieved. The use of the Gender and Age marker tool is compulsory.

- **Protection against Sexual Exploitation and Assault (PSEA)**: In line with the requirement in the grant agreement, partners must ensure that relevant mechanisms are in place to detect PSEA cases both internally and externally. In line with the requirement in the grant agreement, partners must have complaint and feedback mechanisms, with plans in place to identify, prevent and mitigate SEA risks in ongoing activities.

- **Partner presence**: For health and nutrition interventions, partners are expected to demonstrate how they will be continuously present in the facilities they will support. Incentives to health care workers may not be supported to the full extent of the Health Cluster incentive scale.

16. YHF partners who demonstrate a clear effort to include cross-cutting issues in the design of their projects, including by targeting PWD, minority groups, the most vulnerable people, using cash programming where relevant, and working with women-led organizations\(^2\) will receive additional points on the project score card.

### 4. Complementarity with CERF

17. The YHF and CERF complementarity has also been considered for this allocation. In April, the ERC approved

\(^2\) As suggested by the Grand Bargain workstream on localization, this allocation will consider as women-led organizations, “an organization with a humanitarian mandate/mission that is (1) governed or directed by women or; 2) whose leadership is principally made up of women, demonstrated by 50% or more occupying senior leadership positions.
a $40 million rapid response allocation focusing on the scale-up of the response in Ma’rib and Al Jawf. UN projects are expected to be completed by the end of 2021 and early 2022.

5. Eligibility parameters / Guidance to applicants

18. All partners who have successfully completed their due diligence and capacity assessment as of the launch of this allocation are eligible for this allocation.

19. Projects submitted by **24 November 2021 (17:00 Sana’a time)** will be strategically and technically reviewed by the Clusters and OCHA’s Humanitarian Financing Unit (HFU) using a standardized scorecard.

20. Under priority 1&2, YHF partners must submit an integrated proposal that covers all of the needs identified in the table under section 3.1 or partner with another organization which can cover part of the identified needs. Proposals that cover only one of the required interventions or do not clearly articulate how a joined-up approach with another organization will be delivered, will be automatically rejected.

21. YHF partners can only submit 1 proposal per priority and cannot submit a proposal that covers both priorities. YHF partners may submit a maximum of 3 projects in total\(^3\). YHF partners must indicate which priority they are focusing on in the project title itself.

22. YHF partners submitting projects need to ensure that they:
   - are aligned with the strategic priorities of the HRP 2021.
   - meet the strategic priorities and targeted locations of the clusters for this allocation, as endorsed by the AB. Exceptions may be approved by the STRC on a case by case basis.
   - include a recent needs assessment.
   - can be implemented within the period of up to 12 months maximum.
   - include gender and protection mainstreaming components.
   - demonstrate accountability to the affected population.
   - demonstrate inclusive programming.
   - clearly identify risks and outline mitigation strategies.
   - have a clearly elaborated and adequate monitoring plan.
   - demonstrate cost-effectiveness where: (a) for comparable activities and outputs, the total cost is less; (b) the cost per beneficiary ratio is reasonable; (c) support costs are reasonable and in line with accepted levels for a given activity; and (d) the proposed period of implementation represents the best use of resources at that time.
   - take into account the ERC’s four global priority areas set out in January 2019, which include: (a) support for women and girls, including tackling gender-based violence, reproductive health and empowerment; (b) programmes targeting disabled people; (c) education in protracted crises; and (d) other aspects of protection.

23. In addition, Clusters and YHF partners are asked to consider the following:
   - YHF partners must factor in possible delays in project implementation and adjust their workplans and budgets accordingly, including by amending project operational costs to a reasonable timeframe.
   - YHF partners ranked as high-risk should directly implement their programmes and not use sub-implementing partners, while medium- and low-risk partners can use sub-implementing partners. They should minimize any procurement cost, and if obliged, keep it to a reasonable level (i.e. not more than 40-50 per cent of the value of the project above $500,000 or $200,000 for projects less than $500,000).
   - As per the YHF operational modalities, high-risk partners can apply for a maximum of $750,000

\(^3\) Partners who may face ceiling restrictions per project can contact the HFU in advance. Possible variations on numbers of proposal and combinations of parameters will be decided on a case by case basis.
per project (and hold a maximum of $1.5 million in active grants at the same time). Partners who have exceeded that ceiling will have to ensure previous grants have either been closed or are under final reporting or auditing before they can request additional funds. A second grant will be dependent on a rate of ‘good performance’ in the most recent assurance/modality activity and/or the finalization of at least one audit of a YHF project. Partners who have not had an audit finalized will need to have one before applying for a new grant. Ad hoc approvals deviating from these requirements may be exceptionally granted on a case-by-case basis based on the partner’s confirmed access to hard-to-reach areas and assistance to people with the highest level of needs. High-risk partners which have never implemented a YHF project can apply for a maximum amount of $0.5m (total grants) the first time.

- Medium-risk partners can apply for a maximum of $2 million per project while low-risk partners do not have a ceiling. Please refer to the YHF Operational Manual for further details.
- YHF partners will have to report to the clusters on a regular basis and actively participate in the coordination mechanisms in Sana’a and at field level. Projects should have received prior endorsement by the national and sub-national clusters. Partners should submit evidence of this by the time of submission (email to be uploaded in the GMS document depository).
- YHF partners must be legally registered in the geographical area where projects will be implemented.
- The HFU will review projects according to their strategic and programmatic relevance, cost effectiveness, engagement in coordination, mainstreaming of cross-cutting issues and monitoring mechanisms.
- YHF partners can find guidance on clusters’ costing methodology and overview through the following link: [YHF 2nd 2021 SA Costing Documents - Google Drive](https://drive.google.com/file/d/1Hc-O0yZ56mJYh9xZyJWJQdJQzvOZp1Lb/view).

### 6. Process and timeline

#### 6.1 Allocation Strategy Development Process

24. On 19 October, the YHF Advisory Board met to identify priorities under this allocation. Subsequently, clusters were asked to consult with their partners and develop their strategies to respond to the two priorities listed above. The AB endorsed the allocation strategy on 8 November.

#### 6.2 Allocation Timeline

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<th>Steps</th>
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<td>October</td>
<td>Clusters, OCHA, AB</td>
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<td>Step 2. Allocation Launch</td>
<td>9 November</td>
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<td>Step 3. Submission of Project Proposals</td>
<td>24 November</td>
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<td>Step 3. Strategic Review</td>
<td>25 Nov – 6 Dec</td>
<td>Clusters, OCHA</td>
</tr>
<tr>
<td>Step 4. Preliminary Approval by HC</td>
<td>7 Dec</td>
<td>OCHA, HC</td>
</tr>
<tr>
<td>Step 5. Project revisions, technical and financial review</td>
<td>8-23 December</td>
<td>YHF Partners, Clusters, OCHA</td>
</tr>
<tr>
<td>Step 6. Final Approval by HC</td>
<td>Late December</td>
<td>HC</td>
</tr>
<tr>
<td>Step 7. Disbursement</td>
<td>early January</td>
<td>OCHA</td>
</tr>
</tbody>
</table>

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4 Please see the English and Arabic versions online: [https://www.unocha.org/yemen/governance-policy-and-guidance](https://www.unocha.org/yemen/governance-policy-and-guidance)

5 Please reach out to the HFU team if you face any issues.
7. **HFU contacts and complaints**

7.1 **Key contacts**

- Fund Manager: Yannick Martin, [martiny@un.org](mailto:martiny@un.org)
- Programme: Mateusz Buczek, [buzcekm@un.org](mailto:buzcekm@un.org)
- Finance: Natia Elmas, [elmas@un.org](mailto:elmas@un.org)

7.2 **Complaints mechanisms**

25. YHF stakeholders with insufficiently addressed concerns or complaints regarding YHF processes or decisions can at any point in time contact the OCHA Head of Office or write to yemenhpfcollections@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: Budget preparation guidelines, BoQ, sub-IP budget template, BoQ template.