



ALLOCATION STRATEGY PAPER – 1st RESERVE ALLOCATION (April 2019)

A. Overview

- The objective of this Reserve Allocation is to mitigate the impact of the recent cholera outbreak, reduce its transmission and prevent the loss of lives.
- For this Reserve Allocation, the following programmatic responses will be considered:
 - i. procurement and distribution of cholera kits, and supplies;
 - ii. establishment of Diarrhea Treatment Centers (DTCs) for proper case management and Oral Rehydration Corners (ORCs);
 - iii. training of health staff on infection prevention and control, and health education at DTCs;
 - iv. provision of incentives to health workers;
 - v. scale-up of life-saving and preventative WASH assistance in priority areas to control and stem the rapid spread of cholera;
 - vi. continuation of safe water supply through fuel provision;
 - vii. WASH and community education programs to improve communication and public information;
 - viii. deployment of Health/ WASH rapid response teams to investigate and respond to alerts;
- Only Health and WASH proposals that are in-line with this strategy and previously coordinated and discussed with the Clusters will be considered. Partners must have the capacity, experience and presence in prioritized districts to immediately start the activities as soon as the Grant Agreement is signed which includes pre-financing capacity.
- The Allocation Paper provides strategic and technical direction and a timeline for the allocation process.
- The “Reserve Allocation” modality has been chosen to accelerate the processes considering the needs on the ground.
- The envelope for this Reserve Allocation is set at **US\$28.5 million**. Proposals must be submitted by **9 April 2019 at 18h00 Sana’a time**.

B. Allocation Strategy and rationale

a. Situation overview and response

Since the beginning of the year, over 109,000 cases of severe Acute Watery Diarrhea and suspected cholera have been reported with 190 total associated deaths in 261 affected districts. Nearly one third of the reported cases are children under the age of five years old. This comes two years since Yemen witnessed the world-largest outbreak when more than 1 million cases were reported.

A total of 413 DTCs and ORCs are operational in all 147 priority districts while more than 25 districts need DTCs. Partners are repairing water and sanitation systems. In the past weeks, chlorination activities scaled up to disinfect water in 95 priority districts and provided fuel and spare parts to keep going water supply and sanitation networks. A round of Oral Cholera Vaccine campaign reached over 400,000 people in several districts. Meanwhile, community-based awareness raising reached 600,000 people in house-to-house campaigns since early 2019 to provide families with hygiene practices and improve reporting symptoms and seeking treatment.

Several factors can explain this recent outbreak, including an early start to the rainy season; increased awareness leading to increased willingness to seek testing and care; enhanced surveillance; use of untreated sewage water for farming irrigation and fertilization of crops; lack of maintenance of sewage disposal systems in many of the affected districts; and recent IDP movements to/from high priority districts.

A national Cholera task force has been established where MOPHP, MOWE, MOA, Ministry of local administration, Ministry of Public Works, ministry of Electricity, WHO, UNICEF, UNOPS, Health/WASH Cluster partners coordinate their joint activities.

C. YHF Strategic Priorities and Activities

Based on the current situation assessment, within the overall framework of the Humanitarian Response Plan (HRP), and the YHF objective to fund priority humanitarian needs, a first Reserve Allocation is being launched to support the emergency response to the latest cholera outbreak. This allocation will only be opened to grant applications from operational Health and WASH partners already involved in cholera prevention and management efforts and who have the capacity of providing the immediate services:

Health - \$13.5m

The World Health Organization (WHO) requires \$10 million by mid- April to deliver urgent healthcare assistance including efforts to stop further spread of cholera. This funding requirement is to cover the next 3 months operations for the procurement and distribution of cholera kits, the establishment of DTCs, as well as the provision of incentives to health workers. If WHO does not receive the supplies, entire communities will be left more vulnerable and at higher risk of deadly diseases; the already overstretched health system will face further disruption (functional and operational), in particular 73 DTCs (60% of the total number active DTCs in Yemen) will not be able to continue their services.

An additional \$3.5m are required for 5-6 frontline Health partners to support ORCs/DTCs in priority districts, train health workers and conduct health education.

WASH - \$15m

The Humanitarian WASH Response in Yemen requires \$15 million for the next 3 months to stop further spread of cholera. This includes \$8.5m to UNICEF and \$6.5m to seven WASH partners. These funds will ensure the functioning of 750 Rapid Response Teams, continuation of safe water supply through fuel provision, procurement and distribution of key cholera supplies to scaleup life-saving and preventative WASH assistance in priority areas to control and stem the rapid spread of cholera.

Without successful mobilization of funds for UNICEF and WASH Partners, there is great risk of rapid spread of cholera, impacting most vulnerable populations, especially women and children, and risking further loss of life. In the subsequent three months more than 3 million people will not have access to safe drinking water in major cities across the country. Moreover, Rapid Response Teams, the front-line cholera responders, will not be able to reach over 3 million people at household level to contain the outbreak by providing water disinfectants and basic hygiene items.

Cholera control can only be ensured through WASH actions that will stop transmission by ensuring access to treated safe water and core items, like soap, without which the disease will rapidly spread. WASH Rapid Response Teams and a sustained safe water supply must remain operational and functional, as well as strong household level awareness and communication, in order to stop the cholera outbreak further spreading at rapid rates and averting a public health disaster.

D. Priority locations

This YHF Reserve Allocation will focus on 147 priority districts (see map p.4) in 14 governorates affected by cholera outbreak and where the population is most at risk.

E. Prioritization of Projects and Eligibility

Projects that are submitted within the deadline of 9 April 2019 will be reviewed by the Clusters and OCHA's Humanitarian Financing Unit (HFU) using a simplified scorecard and through a combined strategic and technical review committee.

YHF eligible partners must align their project proposals with the priorities outlined in this allocation strategy and the technical recommendations provided by the Clusters. YHF partners will have to report on a regular basis to the Clusters and actively participate in the coordination mechanisms in Sana'a and at field level.

Projects should have received prior endorsement by the Cluster.

Project duration should be 6 months maximum.

F. Timeline and Procedures

This YHF Reserve Allocation Strategy is published by the HC on 5 April 2019. From this day, **eligible humanitarian organisations have until 9 April 2019 (18:00 Sana'a time) to submit project proposals** through the YHF online Grants Management System (GMS), accessible at <https://cbpf.unocha.org/>.

Key Date	Phase	Step	What	Who
4 April	Preparation	Allocation Strategy endorsed	Allocation Strategy	HC, AB
5 April		Launch of Allocation in the GMS	Allocation open	OCHA
9 April	Proposal Development and Review	Proposal submission deadline	Proposals	Partners
11 April		Strategic and Technical review	Technical review of projects; feedback to partners	Technical Review Committee, OCHA
12-15 April		Proposal revision and adjustments	Partners address feedback, OCHA final clearance	Partners, OCHA
From 16 April	Approval	Grant Agreement (GA) preparation, HC and Partners signatures	GA prepared/start date agreed with Partners, HC approved project, Partners signs / start of eligibility	OCHA
From 19 April	Disbursement	Grant Agreement final clearance and first disbursement	GA cleared and signed	OCHA

G. Contact Information

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H. Complaints Mechanism

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 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: Budget preparation guidelines

Map of priority districts

