

Yemen - Humanitarian Pooled Fund (HPF) Strategy Paper - 2016 Second Standard Allocation



Humanitarian
Pooled Fund

ALLOCATION STRATEGY PAPER – SECOND STANDARD ALLOCATION (September 2016)

DEADLINE for submissions of proposals: Sunday 16th October 2016 at 18PM Amman & Sana'a time
A maximum of two project proposals by partner will be accepted. Projects not coordinated with the respective cluster/working group will be automatically rejected.

This allocation strategy paper is the result of consultations held with stakeholders in September 2016 including the Humanitarian Country Team (HCT), the Inter-Cluster Coordination Mechanism (ICCM), the Area Humanitarian Country Teams (AHCTs), national and international NGOs and UN agencies. The HPF Advisory Board (AB) provided feedback on the strategy paper before the final endorsement by the HC.

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

Canada, Ireland, Germany, the Netherlands, Spain, Sweden, Switzerland and the United Kingdom have generously contributed to the Fund to date with a total of \$87.7 million. The HPF has also carried-over \$11.6 million from 2015. Thanks to these generous contributions a total of **US\$60 million** will be made available from the Yemen HPF under the Second Standard Allocation, representing 3.8 per cent of the humanitarian funding requested under the revised [2016 Yemen Humanitarian Response Plan](#) (HRP).

As of 28 September 2016, OCHA's Financial Tracking System (FTS) has already recorded contributions and pledges of US\$682.6 million against the 2016 Yemen HRP, representing 41.8 per cent of the US\$1.6 billion requested, with an additional US\$175.8 million in outstanding pledges. This brings the total to US\$858.4 million or 53.6 per cent of the total 2016 requirements.

B. Broad Objectives of the Allocation Strategy

Within the overall framework of the Humanitarian Response Plan (HRP), the main strategic objectives of the Second Standard Allocation 2016 are as follows:

1. Promote integrated multi-cluster programming around nutrition outcomes by ensuring adequate access to nutrition, food, health, shelter / NFI, CCCM services and water and sanitation services to the most vulnerable.
2. Support innovation, partnership and learning by encouraging organisations to explore new response modalities and invest in strengthening the capacities of their sub-supplementing partners.

The HPF allocation strategy should be fully aligned with the strategic priorities and assessed needs presented in the revised 2016 HRP (August 2016)¹.

¹ http://reliefweb.int/sites/reliefweb.int/files/resources/YHRP_2016_Revision_FINAL_30%20August%202016.pdf

C. Allocation Envelopes

| Envelope | HRP Revised Requirements in US\$ | % HRP Covered (as per FTS) | HPF Amount Allocated in US\$ | HPF Amount compared to HRP Requirement |
|-----------------------------|----------------------------------|----------------------------|------------------------------|--|
| Nutrition | \$102.9m | 52% | \$15m | 14.5% |
| Food Security & Agriculture | \$746m | 36% | \$12m | 1.6% |
| Health | \$182.3m | 35% | \$13m | 7.1% |
| WASH | \$141.1m | 23% | \$10m | 7% |
| Shelter, NFI & CCCM | \$158.3m | 9% | \$8m | 5% |
| Assessments | N/A | N/A | \$2m | N/A |
| TOTAL | | | \$60M | |

D. Eligible Geographical Areas

Geographical locations presented below are the result of consultations that have taken place with the Area Humanitarian Country Teams (AHCTs) in Aden, Sana'a, Saa'da, Al Hudaydah and Ibb in between 26-27th September.

| Governorate | Conflict IDPs (Individuals) | Conflict Returnees (Individuals) | Projected Population 2016 |
|-------------|-----------------------------|----------------------------------|---------------------------|
| Abyan | 20,064 | 10,218 | 557,000 |
| Al Dhale | 13,776 | 18,618 | 653,999 |
| Al Hudaydah | 107,538 | 28,422 | 3,097,000 |
| Al Jawf | 39,660 | 6,732 | 576,000 |
| Amran | 94,032 | 8,958 | 1,040,000 |
| Dhamar | 129,594 | 32,208 | 1,862,000 |
| Hajjah | 444,372 | 41,694 | 2,072,000 |
| Ibb | 98,214 | 3,864 | 2,778,000 |
| Lahj | 54,792 | 64,074 | 961,000 |
| Marib | 43,812 | 26,418 | 321,000 |
| Sa'ada | 48,516 | 23,160 | 1,044,000 |
| Sana'a | 227,892 | 1,614 | 1,133,000 |
| Shabwah | 8,616 | 63,024 | 591,001 |
| Taizz | 532,992 | 87,426 | 3,117,000 |

E. Allocation Envelopes and Specific Priorities

SECTOR: NUTRITION

| Allocation Envelope 1 | Associated SRP Strategic Objective | Amount Allocated |
|-----------------------|---|------------------|
| Nutrition | Objective 1: Scale up equitable, high-quality life-saving services for acutely malnourished children and mothers | \$15 million |
| | Objective 2: Prevent under-nutrition among children and mothers in priority governorates | |
| | Objective 3: Strengthen capacity of relevant authorities and local partners to ensure effective nutrition response | |

The on-going conflict has negatively impacted access to food for millions of vulnerable people. Supply of essential food commodities has been limited, leading to a rise in the prices of basic commodities. This is further complicated by a decline in purchasing power linked to the devaluation of the Yemeni Riyal. Inadequate nutrition coupled with limited access to clean water and sanitation and healthcare services can lead to increased morbidity, especially of children. The continuous rise in the number of internally displaced persons (IDPs) is only exacerbating an already very severe situation.

Overall, nutrition partners now estimate that nearly 3 million people require urgent nutrition assistance. About 2.1 million people are currently acutely malnourished, including 1.5 million children - 370,000 of whom are suffering from Severe Acute Malnutrition (SAM). This represents a 65% rise in people in need since late 2014. Post-crisis national level nutrition information is not available and hence governorates level SMART survey results are used to inform the nutrition situation. SMART nutrition surveys have been conducted in Al Bayda, Sanaa, Saada, Hajjah, Al Hodeida, Aden, Taiz and Lahj in 2015 and 2016. All Global Acute Malnutrition (GAM) levels were well above the 15% critical emergency threshold. SAM rates were also above the 2% crisis threshold in most governorates, reaching 9% in Al Hodeida.

With no end in sight to the conflict in Yemen and a malnutrition situation getting worse more resources are urgently needed to ensure that adequate nutritional supplies are in place and that life-saving malnutrition treatment and preventative services can be maintained and expanded. To address the above situation, Nutrition cluster partners have developed a Community Management of Malnutrition (CMAM) scale-up plan early 2016 including Infant and Young Child Feeding (IYCF) interventions. Unfortunately funding for the nutrition response has not kept pace with the scale and scope of the nutrition crisis.

Nutrition Eligible Programme Areas:

- Provide integrated package of nutrition services for children 6-59 months and pregnant and lactating mothers with severe and moderate acute malnutrition in close collaboration with FSAC, health and WASH clusters.
- Prevent malnutrition in children 6-24 months through the provision of micronutrient supplementation, deworming, as well as iron/folate supplementation to pregnant and lactating mothers.
- Provide counselling on IYCF practices for care-takers and build capacity of local technical authorities.
- Enhance needs analysis of nutrition situation through the strengthening of information management systems and assessments.

SECTOR: FOOD SECURITY

| Allocation Envelope 2 | Associated SRP Strategic Objective | Amount Allocated |
|--------------------------|---|---------------------|
| FSAC | Objective 1: Improve availability of and access to food for the most vulnerable | \$12 million |
| | Objective 2: Ensure equitable access and protection for women, girls, boys, and men in all activities | |
| | Objective 3: Strengthen capacity of partners, communities and authorities on preparedness and response | |

The immediate causes of undernutrition (malnutrition) are inadequate dietary intake and disease. A child's dietary intake and exposure to disease are affected by several underlying factors, chief among them being household food insecurity unavailability of food lack of access to food, and utilization of a diverse diet. Nutrition security for a healthy and active life for all household members can only be achieved when treatment and addressing underlying causes (food insecurity) are tackled simultaneously. Evidence in Yemen has shown that optimal nutritional status results when children have access to affordable, diverse and nutrient-rich food as well as treatment of already malnourished (SAM and MAM) and there is no way to achieve household nutrition security without concurrently tackling food insecurity. The cross-cutting and multi-dimensional nature of under-nutrition/malnutrition thus entails the need for promotion of a holistic and integrated approach that addresses the treatment and underlying causes concurrently.

FSAC will target locations determined by nutrition cluster CMAM caseloads both at governorate and district levels. Considering that food insecurity is one of the major underlying causes of undernutrition/ malnutrition, it is worthwhile to note that all the nutrition cluster priority governorates and districts correspond to the FSAC priority locations as well. Within the nutrition cluster priority locations, FSAC will only be targeting households with any under-five child admitted in a CMAM program (SAM or MAM) and/or a Pregnant and Lactating Woman (PLW) registered in the CMAM program.

The FFW/T, unconditional cash, production of highly nutritious vegetables and supplementary feeding will be very instrumental in preventing moderately malnourished (MAM) children from becoming severely malnourished (falling into SAM). It will also ensure that those children discharged from CMAM program do not face a relapse since FSAC will be addressing the underlying causes (food insecurity) simultaneously with the treatment provided in the CMAM programs by our Nutrition cluster counterparts.

Food Security and Nutrition partners will utilize their ongoing nutrition/food security intervention platforms to ensure complementary and addressing of other underlying factors e.g. behaviour change communication, Infant and Young Child Feeding practices, hygiene and health promotion, breastfeeding, immunization, etc. A joint Food Security, Nutrition, Health and WASH surveillance system will also be set up to assist with integrated monitoring, coordination, learning and accountability.

FSAC Eligible Programme Areas:

- Supplementary food for PLW and/or parents of a malnourished under-five child admitted in a CMAM program.
- Conditional and unconditional Food for Work/Training (FFW/T) to enhance production of highly nutritionally rich vegetables in order to prevent moderately malnourished (MAM) children from becoming severely malnourished (falling into SAM).

SECTOR: HEALTH

| Allocation Envelope 2 | Associated SRP Strategic Objective | Amount Allocated |
|--------------------------|--|---------------------|
| Health | Objective 1: Provide integrated essential health service delivery, surveillance and medical supplies in priority districts | \$13 million |
| | Objective 2: Strengthen reproductive, maternal, new-born and child health (RMNCH) interventions, including violence against women | |
| | Objective 3: Support community-based health initiatives and sustain the main pillars and infrastructure of the health system | |

The health sector is currently facing an unprecedented crisis, which has been recently exacerbated by the financial crisis faced by the MOPHP and banking system overall. It is currently estimated that about 14.1 million people are in need of health services from ever fewer service providers, with most health facilities under-resourced and over-burdened. There is a chronic shortage of medical supplies including for mass casualty management as well as of essential medicine for chronic diseases. Over 520,000 pregnant women lack access to reproductive health services, whilst two million acutely malnourished children and pregnant and lactating women (PLW) are in need of treatment.

The main provider of humanitarian assistance is the MOPHP. However the MOPHP is facing escalating challenges in meeting the needs, as a result of the deepening political divisions, conflict escalation and more recently drastic budget cuts. Over 30 humanitarian partners are supporting the MOPHP to cope with the additional burden of diseases and excessive conflict mortality.

In order to address the MOPHP and health sector financial crisis the health cluster is seeking to deliver on four prioritised basic health services and programmes in functioning health facilities (46% of facilities according to HeRAMS data), with at least one hospital per governorate together with autonomous hospitals. This support will be coupled with both international and internal advocacy, as well as technical assistance to the MOPHP in restructuring health financing (including introduction of national, community and facility-based risk and resource pooling schemes), together with the strengthening of coordination efforts.

Health Eligible Programme Areas:

- Prevention and control of communicable diseases (immunization, and disease surveillance and outbreak response)
- Essential Health Service Package to be delivered at the district level including maternal and new born health, child health and immunization, nutrition, trauma care, CD and NCD, health education, MHPSS and rehabilitation of facilities.

- Secondary Hospital Package, especially trauma and obstetric care, and of treatment medical and surgical emergencies and NCDs.
- Sustaining essential medical supply pipelines.

SECTOR: WASH

| Allocation Envelope 3 | Associated SRP Strategic Objective | Amount Allocated |
|--------------------------|---|------------------|
| WASH | Objective 1: Restore or maintain sustainable water and sanitation systems to improve public health and resilience | \$10 million |
| | Objective 2: Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality | |
| | Objective 3: Ensure sufficient sectorial coordination and capacity at the national and sub-national levels | |

It is estimated that 19.3 million people are in need of humanitarian assistance to establish or maintain access to safe water and sanitation, with 9.8 million people directly affected because of the conflict. Considering the declining access to safe drinking water and sanitation services, these trends point to a potential public health crisis. If current conditions persist, partners estimate that up to 2.5 million children could be at risk of diarrhoea - compared to pre-crisis estimates of 1.5 million. In Yemen, 88 per cent of diarrhoeal disease incidence is due to unsafe water, poor sanitation and poor hygiene practices. Undernutrition is directly caused by inadequate dietary intake and/or disease and indirectly related to many factors, including contaminated drinking-water and poor sanitation and hygiene. Proven, simple interventions exist to combat undernutrition, such as handwashing with soap, and use of hygienic latrines. However, given the complexity of factors that cause undernutrition, especially lack of access to water and sanitation and poor hygiene, no single intervention alone will achieve effective or lasting results.

The WASH cluster therefore encourages the integration of WASH in health and nutrition interventions. Provision of water, sanitation and handwashing facilities should be prioritized in communities and households with high malnutrition rates, and projects should offer a full WASH package (access to safe water, appropriate latrines and handwashing facilities, including hygiene materials and promotion of key hygiene messages, and appropriate waste management). WASH services and facilities should also be available in health centers, especially in locations where children are treated for undernutrition.

The critical WASH conditions also impact the 2.2 million people that have fled their homes. While the majority is able to stay with relatives or rent accommodation, others have no other option than to reside in collective centers or spontaneous settlements. Without WASH facilities, or existing but non-functional or overburdened infrastructure, these most vulnerable are in immediate need of safe drinking water, toilets and hygiene items. The WASH cluster encourages partners to prioritize those in collective centers or spontaneous settlements in an integrated approach with the shelter, NFI and CCCM cluster.

WASH Eligible Programme Areas:

- Provision of safe drinking water through trucking, installation of water tanks, construction/rehabilitation of water infrastructure, treatment of water resources,

distribution of chlorine tablets, jerry cans and ceramic water filters to households. Cost-effective and sustainable solutions are encouraged.

- Provision of emergency sanitation through the construction and maintenance of appropriate temporary emergency latrines and hand washing facilities for males and females and maintaining environmental sanitation through solid waste management.
- Provision of hygiene kits and hygiene behavioural change interventions focusing on personal, household and community hygiene in addition to training community health volunteers (CHVs).

SECTOR: SHELTER, NFI & CCCM

| Allocation Envelope 4 | Associated SRP Strategic Objective | Amount Allocated |
|---------------------------|--|--------------------|
| Shelter, NFI & CCCM | Objective 1: Provide adequate shelters solutions and non-food items to the most vulnerable | \$8 million |
| | Objective 2: Ensure access to basic services for the most vulnerable living in collective centres and settlements | |
| | Objective 3: Strengthen local stakeholders' capacity for Shelter, NFI & CCCM response | |

The Shelter / NFI / CCCM Cluster has prioritised four critical activities for response in the coming months. This prioritisation is the reflection of the IDP response plans developed by the Hubs in line with the IDP strategy of the Humanitarian Country Team, as well as cluster preparedness plans ahead of winter and in case of any unforeseen emergencies.

As a first priority the Cluster wants to find alternative shelter solutions for IDPs who are currently living in schools. With the start of the school year, IDPs are facing tremendous pressure from the host community and local authorities to vacate the premises. An estimated 280 schools across Yemen are currently occupied by IDPs. The Shelter / NFI / CCCM Cluster's partners have put tremendous efforts in establishing dialogue with the authorities and the IDPs and federating implementing partners around this issue to find solutions together with the Education Cluster. Funding is required urgently to translate talks into action through concrete projects. This activity needs to be implemented in conjunction with the WASH and Food Security Clusters.

Furthermore, in line with the Yemen IDP Strategy and in relation to the first priority, the cluster is looking to set-up the monitoring of Collective Centres (CC) and Spontaneous Sites (SS) currently hosting around 424,600 displaced persons, in order to collect multisector data and respond adequately to their needs. As displacement becomes more prolonged it is likely that the number of IDPs taking refuge in these facilities will rise. Tensions between IDPs and host communities is already on the rise as resources get depleted. Thorough monitoring is essential to assess the level of tension and to plan adequate response in order to mitigate the risk of pressure, threats and exclusion of already vulnerable displaced persons.

As third priority, there is an urgent requirement to procure and warehouse a strategic contingency stock of NFI and emergency shelter kits across the country to serve a minimum of 10,000 vulnerable households in case of a sudden natural disaster related emergency (e.g. floods, storms, hurricanes).

The last flooding events in Yemen have unfortunately demonstrated the lack of available contingency stocks. This activity needs to be implemented in conjunction with the WASH and Food Security Clusters.

And lastly the Cluster will focus on the winterisation plan between October 2016 to March 2017. As at least 57,550 vulnerable households are likely to suffer from cold weather, there is a need for urgent winterisation assistance through the provision of basic non-food items (such as blankets and clothes) and upgrading / repair of shelters.

Shelter, NFI & CCCM Eligible Programme Areas:

- Finding alternative shelter solutions for internally displaced persons (IDP) currently residing in schools and facing pressure from the community to vacate the premises.
- Developing decentralised contingency stocks for NFI and emergency shelter kits for rapid response in case of natural disaster related emergencies (i.e. flood, storm, hurricanes).
- Monitoring of Collective Centres (CC) and Spontaneous Sites (SS) to determine and respond to urgent needs and gaps in assistance for some of the most vulnerable IDPs.
- Providing winterisation support to the most vulnerable affected population.

SECTOR: ASSESSMENT

| Allocation Envelope 5 | Associated SRP Strategic Objective | Amount Allocated |
|-----------------------|---|--------------------|
| Assessment | • Objective 1: Improving information management (IM) and strategic assessments in priority areas | \$2 million |

In Yemen, the availability of high quality, accurate and reliable data for evidence-based planning is quite scarce. This is particularly due to restricted physical access, population movements, insecurity and limited partner capacity and resources. The development process of the Humanitarian Needs Overview (HNO) has reiterated that assessments clearly linked to programme planning are limited. For example, while several assessments were completed during the year, only few were directly related to the information needed for planning as defined by clusters.

The current context requires a harmonized assessment approach, in which multiple assessments are completed and contribute to commonly defined information needs. Simultaneously, this approach maximises the contribution of every assessment to planning, maximises efficiency of resources and minimises the burden on the affected community. Recognizing these challenges, the Assessment/Monitoring working group, a technical working group of the ICCM, has made significant progress to ensure that assessments contribute to planning, are designed based on agreed formats and sound methodologies, implemented in accordance with humanitarian principles and needs (accountability), and that the analysis relates to key humanitarian planning processes.

Funding under this envelope, will support addressing the identified information needs as defined by the HNO severity indicators and the cluster needs indicators. While specific sectoral assessment strategies (including capacity building) can be supported by this allocation, it is expected that each funded initiative will contribute to the coordinated assessment approach of the response. This should include: timely implementation and dissemination of results, participating in relevant coordination meetings and adherence to any quality standards agreed upon by the ICCM.

Assessment Eligible Focus Areas:

- Multi-sectoral assessments, with direct linkages to HNO and cluster information needs, including emergency assessments.
- Assessments in areas with limited assessments conducted during 2016 (i.e. Sa'ada).
- In-depth sectoral assessments that require specific and highly technical capacity to conduct (i.e. SMART survey, coverage assessments etc.).

F. Timeline and Procedures

This HPF Allocation Strategy is published by the HC on Sunday 2nd October 2016. From this day, **eligible humanitarian organisations with projects aligned to the allocation envelopes have 10 working days, i.e. until Sunday 16th October 2016 (18PM), to submit project proposals** through the HPF online Grants Management System (GMS), available at <https://cbpf.unocha.org/>

| | |
|---|---|
| Sunday 2nd October | The HC publishes the Second Standard Allocation 2016 strategy paper |
| Sunday 16th October | Deadline for interested organisations to submit project proposals through the OCHA online database (GMS) |
| 19-26th October | Proposals submitted are reviewed and scored by the respective Strategic Review Committee (SRCs) |
| 27-30th October | Bilateral discussions take place in between the cluster leads and the OCHA to define a final list of projects to be recommended |
| Tuesday 1st November | Advisory Board meets and HC decides on proposals to be funded |
| 6-8th November | Partners with recommended projects are provided with detailed technical feedback on their proposals for their revisions |
| 17th November | Revised proposals are submitted through the GMS for a second review |
| 20th-22nd November | OCHA HQ finance section provides feedback on proposal budgets |
| 23rd-30th November | Partners finalise their proposals and grant agreements are signed |
| 1st December | Disbursement process begins |

G. 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.

| | |
|----------------------------------|---|
| Eligible Partners | - In line with the HPF Operational Manual (revised September 2016) ² and eligibility guidance documents ³ 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. |
| NGO Funding Ceiling | <u>Total USD Ceiling</u> (see detailed revised Operational Modalities under Annex I): - For LOW risk partners = An individual NGO with a low risk rating is allowed to hold a maximum total amount of <u>\$5 million USD</u> in active grants at any one time. - For MEDIUM risk partners = An individual NGO with a medium risk rating is allowed to hold a maximum total amount of <u>\$3.5 million USD</u> in active grants at any one time. - For HIGH risk partners = An individual NGO with a high risk rating is allowed to hold a maximum total amount of <u>\$2 million USD</u> in active grants at any one time. |
| Sub-implementing Partners | - <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. - 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. |

- 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, +962 79 656 716

H. 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.

| | |
|--------------------------------------|--|
| Submission of Proposals | Organisations must use the HPF Grant Management System (GMS) to submit proposals in the English language (cbpf.unocha.org). Proposals submitted outside the GMS will not be considered. |
| Duration of Projects | Maximum 12 months per project |
| Number of Projects by Partner | <u>A maximum of two project proposals by partner will be accepted.</u> Partners can however submit proposals covering multiple sectors by using the multi-cluster option in the GMS. |
| Coordination | <u>Projects that are not coordinated (discussed) with the respective cluster coordinator(s) ahead of time will be automatically rejected.</u> 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. |
| Gender Mainstreaming | 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) ⁴ . |

² Available for download in English at: <http://www.unocha.org/yemen/governance-policy-and-guidance>

³ Available for download in English and Arabic at: <http://www.unocha.org/yemen/about-hpf-yemen>

⁴ 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

| | |
|--------------------------------------|--|
| Gender Monitoring Tool (GAMM) | 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. |
| Protection Mainstreaming | 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 ⁵ . |
| Communication | 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 ⁶ |

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.
8. *Accountability to Affected Populations*: Projects that demonstrate strong linkages with beneficiary communities and documented feedback and complaints mechanisms will be favourably weighted.

⁵ 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

⁶ The Communication & Visibility Guidelines can be downloaded on: <http://www.unocha.org/yemen/governance-policy-and-guidance>

I. Contact Information

Interested organisations should liaise with the respective clusters to ensure their proposed intervention is aligned to the HRP 2016 priorities and the guidance provided by this allocation strategy paper and is properly coordinated with other stakeholders:

| Cluster/Working Group/Adviser | Name | E-Mail |
|-------------------------------|---------------------|--|
| Nutrition | Jemal Seid Mohammed | jsmohammed@unicef.org |
| FSAC | Gordon Dudi | Gordon.Dudi@fao.org |
| WASH | Marije Broekhuijsen | mbroekhuijsen@unicef.org |
| Health | Khalid Shibib | khalidwork@yahoo.com |
| Shelter, NFI & CCCM | Sahdia Khan | khansah@unhcr.org |
| Assessments | Stephanie Laryea | laryeas@un.org |

OCHA Humanitarian Financing Unit Contacts

- Laurianne Leca, leca@un.org, +962 79 7126163
- Liisamaria Keates, keates@un.org, +962 79 6713982 or +967 71 2222810
- Pascal Mounier, mounier@un.org, +962 79 6137157 or +967 71 2222821
- Robin Glinka, glinka@un.org, +962 79 656 716
- Ghada Hassan, hassan51@un.org +967 712 222 822
- Ghassan Nasser, nasserg@un.org, +967 712 222 843

J. 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 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 I - Operational Modalities and Control Mechanisms for NGO Partners

| Risk level | Project duration (months) | Project value (thousand USD) | Maximum amount per project* (thousand USD) | Disbursements (in % of total) | Financial reporting | | | Narrative reporting | | Monitoring | | Audit |
|------------|---------------------------|------------------------------|--|-------------------------------|---------------------|------------|-------|---------------------|-------|---------------|----------------------|-------|
| | | | | | For disbursements | 31 January | Final | Progress | Final | Field visit** | Financial spot check | |
| High | Less than 7 | ≤ 250 | | 60-40 | Yes | Yes | Yes | 1 (interim) | Yes | 1 | 1 | Yes |
| | | > 250 | 500 | 40-30-30 | Yes | Yes | Yes | 1 (interim) | Yes | 1 | 1 | |
| | Between 7-12 | ≤ 250 | | 60-40 | Yes | Yes | Yes | 1 (quarter) | Yes | 1 | 1 | |
| | | > 250 | 750 | 40-30-30 | Yes | Yes | Yes | 1 (quarter) | Yes | 2 | 1 | |
| Medium | Less than 7 | ≤ 250 | | 100 | - | Yes | Yes | No | Yes | - | - | |
| | | > 250 | 750 | 60-40 | Yes | Yes | Yes | 1 (interim) | Yes | 1 | - | |
| | Between 7-12 | ≤ 250 | | 100 | - | Yes | Yes | 1 (interim) | Yes | 1 | - | |
| | | > 250 | 1,500 | 60-40 | Yes | Yes | Yes | 1 (interim) | Yes | 2 | 1 | |
| Low | Less than 7 | ≤ 400 | | 100 | - | Yes | Yes | No | Yes | - | - | |
| | | > 400 | | | - | Yes | Yes | No | Yes | - | - | |
| | Between 7-12 | ≤ 400 | | 100 | - | Yes | Yes | 1 (interim) | Yes | - | - | |
| | | > 400 | | 80-20 | Yes | Yes | Yes | 1 (interim) | Yes | 2 | 1 | |

* Total USD Ceiling of Active Grants:

For HIGH risk partners = An individual NGO with a high risk rating is allowed to hold a maximum total amount of \$2 million USD in active grants at any one time. Active grants are defined as grants still under implementation at the time the HC decides to grant additional funds as part of an allocation. Partners that have exceeded the ceiling will have to ensure previous grants have ended and under reporting / auditing before they can request additional funds.

For MEDIUM risk partners = An individual NGO with a medium risk rating is allowed to hold a maximum total amount of \$3.5 million USD in active grants at any one time. Active grants are defined as grants still under implementation at the time the HC decides to grant additional funds as part of an allocation. Partners that have exceeded the ceiling will have to ensure previous grants have ended and under reporting / auditing before they can request additional funds.

For LOW risk partners = An individual NGO with a low risk rating is allowed to hold a maximum total amount of \$5 million USD in active grants at any one time. Active grants are defined as grants still under implementation at the time the HC decides to grant additional funds as part of an allocation. Partners that have exceeded the ceiling will have to ensure previous grants have ended and under reporting / auditing before they can request additional funds.

Third Party Monitoring

OCHA reserves the right to contract a service provider who will be tasked with carrying out direct field monitoring visits to HPF funded projects on behalf of the agency. NGO partners will however be notified of this arrangement.