

ANNUAL REPORT 2016

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CONTENT

highlights

page 15 page 11 WASH Water, Sani-Emergency Response to AWD/ tation & Hygiene Cholera Outbreak Projects page 22 page 27 Health & Nutrition Food & Livelihood Program page 38 page 33 Protection and EDUCATION Gender Program page 42page 45Emergency Shel-Governance &

Emergency Shelter & Non-Food Items



Program

2016 Humanitarian Context

1. Humanitarian Situation in 2016:

More than 24 months of concentrated conflict, civilian airstrikes and restrictions on basic-needs resources has led Yemen to a large-scale humanitarian crisis, which has pushed the country towards social, economic and institutional collapse. According to the UN Office for the Coordination of Humanitarian Affairs' (OCHA) Humanitarian Needs Overview (HNO) published November 2016, of the 27 million (M) people in Yemen, 18.8 M are in need of protection or assistance to meet their basic needs, 10.3 M of which are in acute need.

As a result of the conflict, 14.7 M people lack adequate healthcare, 14 M are food insecure (7 M of which are severely food insecure), 3.3 M people are acutely malnourished, and 14.4M lack access to potable water and water, sanitation and hygiene (WASH) facilities. The total number of internally displaced persons (IDPs) has increased by 800%. Unemployment has risen 60%, and civil servants, which make up 30% of the population, are either receiving their salaries irregularly or not at all from the government. Most houses have been demolished or destroyed, and 1600 schools are unfit for use leaving about 2 M children out of school. Only 45% of hospitals are working yet still receive numerous casualties and face severe shortages in medicines, equipment, and staff, and critical WASH facilities and infrastructures continue to be targeted and destroyed, making shelter, healthcare, medical supplies, and water options extremely limited.

2. Priority Humanitarian Needs:

According to the HNO, civilian protection is the first and most important humanitarian issue that needs to be addressed. A severe protection crisis is exposing civilians to serious risks regarding their health, safety, and basic human rights. Child-rights violations and gender-based violence (GBV) incidents are rapidly increasing. Since the onset of the conflict in March 2015, 44,000 people have been killed or injured and more than 3 M people have been forced from their homes. Parties involved in the conflict have attacked private and public civilian infrastructure, including 325 verified attacks on schools, health facilities, markets, and roads.

The collapse of livelihood opportunities and the private sector is another major concern. The conflict has caused severe restrictions on imports and financial transactions which have devastated the Yemeni economy an pushed millions of people to depend on humanitarian aid or negative coping strategies. Basic commodity prices are on average 26% higher than before the crisis, and most goods are only sporadically available in markets. Humanitarian partners cannot replace a functioning commercial sector, which is continuously being undermined.

An estimated 14 M people are currently food insecure, which includes 7 M people who do not know where their next meal will come from. This represents a 33% increase since late 2014. In addition, an estimated 14.4 M people require assistance to ensure access to safe drinking water and sanitation, 8.2 M of which are in acute need. This represents an increase of 8% since late 2014, and the severity of need has intensified.

Regarding the health situation, an estimated 14.8 M people lack access to basic healthcare, including 8.8 M people living in severely under-served areas. Medical materials are chronically in short supply, and only 45 % of health facilities are functioning.

Moreover, about 3.3 M children and pregnant or lactating women are acutely malnourished, including 462,000 children under 5 suffering from severe acute malnutrition. This represents a 63% increase since late 2015, which threatens the lives and life-long prospects of those affected.

Furthermore, an estimated 4.5 M people need emergency shelter or essential household items, which includes IDPs, host communities and initial returnees. Ongoing conflict-related displacement and initial returns by IDPs are the driving factors behind these needs, but the fact that 8 M Yemenis have lost their jobs or are living in communities with minimal to no basic services are also contributing to this need for shelter. As such, these communities require support to promote resilience and survival. Finally, 11.3 M people need assistance to protect their safety, dignity or basic human rights, and the 2.9 M people living in acutely affected areas are in particular need of this assistance. Most of these people require legal, psychosocial and health care services that include child protection and gender-based violence prevention and response.

3. Programs Achievements in 2016:

Since its establishment in 2012, NFDHR has implemented 41 projects with the help of 12 humanitarian partners. Our projects have been spread over our 6 core programs and reached a total of 863,196 beneficiaries.

4. Key facts and figures for NFDHR Humanitarians response in 2016:



The Percentage of Beneficiaries of all Programs by Gender up to 2016



The Number of Beneficiaries by Program up to 2016



Total Beneficiaries by Program in 2016

5. Humanitarian Financing:

Contributions:

In 2016, NFDHR spent a total of \$ \$ 3,282,329.28 in funding from 8 donors. These numbers represent both an increase in the total number of donors and the amount of contributions compared to the previous year.

2016 NFDHR SPENT FUND BY DONOR





2016 NFDHR Allocated fund by program

TOTAL 3,282,329.28

NFDHR Allocated fund by Program 2013-2016



TOTAL 8,259,570.82

ALLOCATION OVERVIEW 2016



6. Capacity Building:

NFDHR mobilizes and coordinates humanitarian action in partnership with national and international actors in order to alleviate human suffering in disasters and emergencies, advocate for the rights of people in need, promote preparedness and prevention, and facilitate sustainable solutions. NFDHR constantly aims to build the capacity of its staff with the help of humanitarian donor and partners in order to deliver efficient and relevant humanitarian aid.

NFDHR's approach to capacity building:

One of NFDHR's emphases is to expand its assistance delivery through collaborating with other local organizations while investing in building its institutional, technical and operational capacities. NFDHR is able to do this by:

- 1. Adhering to donor grant agreements, which include integrating capacity-building objectives inside work plans.
- 2. Conducing internal and external training sessions that aim to build NFDHR employees' capabilities such as formulating logical frameworks, budgeting, monitoring and reporting mechanisms, and proposals.
- 3. Supporting initiatives, which aim to support other local NGOs in developing programmatic, organizational, sector/cluster and coordination skills.
- 4. Hiring qualified staff who can professionally contribute to the success of projects implementation.

7. NFDHR 2016 Staff:

In 2016, NFDHR enlarged its staff members to 497 employees and volunteers due to program expansion, a desire for improved service provision, and a renewed commitment to meet deadlines assigned for every project. NFDHR now has the following staff members: 60 in office employees, 3 advisors, 3 lawyers, 394 volunteers, 6 custodians, 12 security guards, 20 medical staff.





8. Monitoring & Accountability:

The NFDHR monitoring framework is based on regular field visits and progress reports that are enforced with photographic evidence of ongoing and completed project activities. These reporting requirements aim to generate quality performance information. NFDHR aims to ensure adequate verification of reported results at the project level, thereby contributing to increased accountability. In 2016, NFDHR M&E team visited 000 projects 00 of which were found delayed for administrative reasons.

In addition to regular reports and field visits, NFDHR has an established call center to carry out Remote Call Monitoring, which consists of calling beneficiaries to verify they received the proper and needed assistance and receiving complaints from beneficiaries that need to be urgently resolved. Complaints are recorded and shared with specialized entities in order to facilitate response and follow-up with these beneficiaries.



WASH Water, Sanitation & Hygiene

WASH Water, Sanitation & Hygiene

Objective:

To respond to YHRP 2016, issued/lunched by clusters and HCT team, NFDHR implemented three WASH projects contributed to fulfill/achieve the strategic objectives of the WASH cluster. NFDHR WASH Program has concentrated its interventions to contribute to the YHRP 2016 WASH strategic objectives:

- 1. Restore or maintain sustainable water and sanitation systems to improve public health and resilience
- 2. Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality
- 3. Ensure sufficient sectorial coordination and capacity at the national and sub-national levels.

Allocation:

In 2016, NFDHR received a fund of 1,274,899.98 USD form three donors UN-OCHA, UNICEF and OXFAM International. The amount allocated to WASH program represents 38.8% of total fund received in 2016. Through the year, five projects were implemented, three of which were funded by UNOCHA. The five projects were executed in three governorates- Amran, Al Jawf and Al Baydha and has reached 30,175 HHs, 211,227 beneficiaries prioritizing the most affected communities and IDPs. The first project titled Aljawf Integrated Emergency Support Project, which started on April 4, 2015 and ended on February 3, 2016. This integrated project was 52% wash and 48 % health. The amount that was allocated for this WASH was 52,366.42 USD. The second project was Al Bayda Emergency WASH Project, which started on November 11, 2015 and ended on April 4, 2016. 222,534.87 USD was allocated for this project for the period in 2016. The third project was the Emergency WASH project in AI Jawf governorate. This project started in March 15 2016, ended in November 15 2016, and was funded by UNICEF with an amount of 765,701.56 USD. The Fourth project titled The Integrated WASH & Emergency Response Project in Al Bayda'a governorate. This project was funded by UNOCHA with 210,838.89 USD, which is only 50.5% of the total allocated amount while 49.5 % of the

received fund was allocated for FSL Program. This project started in July 1 2016 and will continue up to February 28 2017. The final Project in 2016 was implemented in partnership with OXFAM international as a part of DFID Humanitarian Assistance and Resilience Building Project in Yemen. This project started in November 1 2016 will continue up to March 30 2017. The amount allocated for this project in 2016 was 23,458.24 USD.



Achievements and Challenges:

WASH program reached 211,227 beneficiaries with various water sanitation and hygiene activities implemented in 2016. Specifically, NFDHR provided sustainable access to safe water in Amran, Al Jawf and Al Baydha to 109,776 people, temporary access to safe water to 15,910 people and hygiene promotion for 7,252 people. In addition, 84,503 people were assisted to safely access sustainable sanitation through construction of communal/family latrines, rehabilitation of sewage systems in institutions and safe disposal of solid waste through cleaning campaigns and promotion. In addition, 5,019 HHs were provided with Emergency WASH Items in targeted areas.

Al Jawf Governorate achieved activities:

- HP training course to 20 volunteers for 3 days.
- Transportation and distribution of 2000 BHKs, 2000WFs & 6000 CHKs to 14000 CACs & IDPs.
- C4D Awareness sessions for vulnerable 4284 CACs and IDPs through 63 sessions in two districts.
- Provision of Water Trucking for 12,031 conflict affected communities and IDPs for 2 months.
- Improvement of sanitation situation for 1,186 individual IDPs occupied open areas through installing temporary 130 latrines with covered sewage drainage pits.
- Rehabilitation and maintenance of piped water supply systems in 8 Water Schemes for 18467 IDPs vulnerable groups and conflict affected people.
- Provision of Fuel/ Diesel for Water Projects for 10411 beneficiaries.
- Rehabilitation and maintenance of Sanitation and Sewage systems in 5 health facilities for 69195 IDPs, vulnerable groups of IDPs and conflict affected people.
- Conducting 5 Cleaning Campaigns for 9940 IDPs.

Al Bayda'a Governorate achieved activities:

• Distributing hygiene kits using cash-

based approach for 1,019 HHs.

- #3,879 individuals (were provided with) / had access to at least 15 lpd of safe drinking water from water trucking to public water tanks.
- HP training course to 20 volunteers on WASH emergency key messages.
- In 36 sessions, 2968 individuals received the HP awareness key messages in WASH.
- # 13,891 individuals benefited from safe disposal of solid waste in 5 Cleaning Campaigns.

Khamir, Amran Governorate achieved activities:

- #11,156 people benefited from the awareness sessions in schools on the WASH key messages.
- #49,606 people were assessed to access to safe drinking water through rehabilitation of water projects.
- Assessments for IDP camps in Khamer, Huth and Bani Surim districts about WASH situation.

Targeted Beneficiaries:

- Al Baydha Project reached 42,014 individuals (8,234 men, 8,571 women, 12,352 boys, 12,857 girls)
- WASH project in Al Jawf has served 119,918 (23,430 men, 25,127 women, 35,014 boys and 36,346 girls), 17,020 HHs.
- OXFAM Project have reached 49,295 individuals (Women 23,662 and Men 25,633).

Challenges:

It is known that the whole situation in Yemen is unstable and the implementation of humanitarian activities has been fraught with risks, and difficulties that faced NFDHR field staff. In AI Jawf governorate, NFDHR field team had to travel through conflict areas to reach the targeted areas and provide the needed support and assistance planned in the projects. Not only conflicts on the ground were posing threat to the team, but also air strikes that targeted trucks that transport water and fuel for the water points and water schemes which provided safe drinking water for most vulnerable conflict affected communities and IDPs in AI Jawf governorate. NFDHR field team in AI Baydha city also had its share of the risk; the most predominate of all was suicide pumper who exploded himself in Rada'a city when the field team were in a coordination meeting with local authorities, luckily , no one was hurt , but everyone was terrified. Other explosions and suicide pumpers happened in Rada'a city during the project life, which affected the implementation of activities and caused a delay in the implementation of project.



A Successful Story

Pumping Water brings life back to Al-Bayda City!

Since the war started in 2015, it has left a destructive impact on the development of the country. Most of not all the developmental project has stopped. One of most vital projects that has been ceased due to the prevailing situation is water projects. Lack of water has been an issue since the beginning of this war. It has been a commonplace that people stand in long queues with their jerry cans waiting for water.

One of the most effected governorate by lack of water and the cessation of water project is Albayda City. People in Albayda suffered a lot due to the lack of maintenance and diesel provided to the water project in their city. Water tanks prices has reached into 13000 Y.R., which is by far more than what people in Albayda can offer. Many water tanks were distributed in different areas of the city, but it was impossible to cover the needs of all the opulation.

After conducting the necessary assessments to determine the required interventions, and coordinating with local authority in Albayda City, NFDHR contributed to solve the problem by implementing the Integrated WASH & Emergency Response Project, which was funded by (OCHA) Office for the Coordination of Humanitarian Affairs.

The activities of the project included rehabilitating of two electric generators, extending and maintaining the core water network by 300 meter, regulating water distribution to the city, and rehabilitating the city reservoir, which can accommodate up to 120 cubic meters.

By the end of December 2016, all the rehabilitation and maintenance of the project was finalized. Water started pumping again to the city, but Water and Sanitation Authority in the city was not able to provide diesel to the project and is currently incapable to provide any operational budget to the project. Therefore, NFDHR provided the project with diesel for the period of three months at a rate of 120 liters per day to ensure the continual of the project during its period. By the time the project ends, the local authority will have accumulated the necessary revenues from beneficiaries to purchase diesel and have a periodic maintenance to the generators and the network, which would assure the onstop working of the water pumping.

It is worth mentioning that the Water Project in Albayda provides clean and safe drinking water to 39,345 people, including 7712 men, 8026 women, 11568 boys, and 12039 girls.





Emergency Response to AWD /Cholera Outbreak Projects

Emergency Response to AWD/Cholera Outbreak Projects

Objective:

These projects contribute to the WASH and Health Cluster strategic objectives and particularly to the objectives of the Integrated Cholera/Acute Watery Diarrhea (AWD) Outbreak Response Plan in Yemen, which is to provide a framework for optimal preparedness and effective response in case of acute diarrheal disease outbreaks among the affected population.

The overall aim of the project is to test and put into place a framework for improving water, sanitation and hygiene in order to effectively and sustainably prevent cholera and AWD cases.

Allocation:

In 2016, 92,547.05 USD were allocated to two projects that aimed to address Yemen's WASH and health care needs. The funds were donated by two of our main donors: OCHA and UNICIF. UNICEF donated 30,697.27 USD, while UNOCHA donated 59,061.50 USD. Both projects aimed to eliminate AWD/cholera outbreaks in the Sana'a, Dhamar, and AI Bayda governorates in response to the cholera outbreaks first detected in October 2016.

Before proceeding with the projects, NFDHR conducted a base line assessment in each of the targeted governorates mentioned above. The first base line assessment was conducted in Al Bayda. Here, NFDHR's WASH team visited the cholera affected areas and met with governorate leadership as well as General Health Office (GHO) leadership and surveillance staff to get a briefing of the situation and prepare for the assessment. The WASH team found two AWD cases during the base line study: The first case affected a 40-year-old woman, and the second case affected her father. The women who displayed symptoms of watery diarrhea was taken to the Rada'a Health Center but died before she arrived due to cholera. This was later confirmed by laboratory testing. The day after the woman's death, her father started experiencing severe diarrhea and vomiting and then died within the next 4 hours. His body was taken to the health center in Rada'a for

diagnoses but was referred to the Health Center in Sana'a, where laboratory results also confirmed that he had cholera. In response to witnessing these cholera cases, NFDHR's WASH team wrote and submitted multiple proposals to implement two WASH/health projects, which they hoped would quickly respond to the cholera outbreak. The first project proposed a three month integrated Emergency Response to AWD/Cholera Outbreak in the Al Bayda governorate, which started on November 15th, 2016 and will continue until February 15, 2017. This project is being funded by OCHA with 60% of the funds going towards WASH activities and 40 % towards health activities. The second project proposed was an Emergency WASH Response to the cholera outbreaks in Dhamar, Al Bayda and Sana'a Governorates, which started on November 1st, 2016, and will finish on March 15th, 2017. In close cooperation with the government, represented by the health ministries, local authorities, and executive unities, NFDHR has engaged in active case identification, and health and hygiene promotion activities in the cholera/AWD affected areas. Additionally, NFDHR has distributed hygiene kits and jerry cans to affected populations as preventive measures.

This cooperation has enabled NFDHR to expand its interventions and use enhanced awareness raising activities which have:

Contributed to increased public aware-

ness about cholera (signs and symptoms, transmission risk factors, actions for suspected cases, prevention and control measures) for 277,196 people at risk in the affected districts.

- Contributed to improve early detection, and reporting and referral of suspected cholera cases through community based disease surveillance mechanisms.
- Improved access to safe water and increased awareness around sanitation and hygiene practices for 277,196 in the affected areas, specifically around hand washing practices and use of latrines.

NFDHR would like to extend thanks to all donors for their generous contributions and help for assuring the successful implementation of these projects.

Achievements and Challenges:

In October 2016, NFDHR started its implementation plan for the elimination of cholera by outlining health and WASH activities necessary to eliminate diarrheal diseases, including cholera. NFDHR prioritized key short-term activities for projects funded by OCHA and UNICIF in Al Bayda, Sana'a and Dhamar governorates. The most prominent activity implemented was the establishment of cholera treatment centers (CTCs) in Al Shariah and Mukayras districts in Al Bayda. Both CTCs started operating in November 2016 and have since received 300-suspected cases of acute diarrhea and cholera. Additionally, NFDHR has expanded on its interventions and paired them with enhanced awareness raising activities. As such, it has contributed to increasing the awareness of 161,400 persons on cholera prevention, and it has enabled safe water and improved sanitation and hygiene for the most vulnerable families in affected area. The interventions have also contributed to improved early detection, and reporting and referral of suspected cholera cases through community based disease surveillance mechanisms. NFDHR's projects have also improved access to safe water through the chlorination of 94 water





sources in affected areas and through awareness activities around sanitation, hygiene, and water chlorination practices, which reached 277,196 people.

To implement the activities listed above, NF-DHR recruited community-based volunteers from the affected areas, which were trained to support the program and raise community awareness around cholera prevention, response and control measures. Thanks to these volunteers' efforts, in collaboration with NFDHR's staff and partner organizations, the project's intended outcomes were met.

Health Response:

Forty percent of the funds received by OCHA (162,653.90 USD) for the Integrated Emergency Response to AWD/Cholera Outbreak project was allocated to the cholera health response in Al Bayda. This project included many activities that focused on treating suspected Cholera cases in the governorate through the use of the established CTCs in Al Shariah and Mukayras districts. One of the most effective activities that has been implemented by NFDHR to constraint the outbreak of Cholera in Al Bayda is the two CTCs (Cholera Treatment centers) that has been operating in Al Shariah and Mukayras district. The two centers received a total of 300-suspected that were treated successfully. NFDHR provided the two CTCs with equipment, medicine and supplies to assure its 24/7 operation during the time of the project. NFDHR also hired 11 medical teams (5 in Mukayras and 6 in Al Shariah) to run the CTCs. Laslty, NFDHR provided the doctors and nurses working in these two centers with incentives to assure that they work around the clock.

WASH Response:

Sixty percent of the funds received from OCHA (243,980.80 USD) for the Integrated Emergency Response to AWD/Cholera Outbreak project in Al Bayda were allocated for WASH activities. This was in addition to the Emergency WASH Response to Cholera Outbreak funds (145,113 USD) received by UN-ECIF targeting Dhamar, AI Bayda and Sana'a. In these two projects, NFDHR provided a wide range of activities including mass media messages, community mobilization, training community volunteers, building latrines, rehabilitating walls, establishing hand-washing points and hygienic materials, distributing water filters and hygiene kits, chlorinating suspected water sources, and conducting awareness sessions.

Rapid assessment of water sources was initiated in villages where cholera positive cases had been reported. To ensure quick response to cholera outbreaks, NFDHR established a local taskforce in Al Bayda with guidance from the National taskforce. NFDHR coordinated with key stakeholders, which included local Water Authorities and General Health Offices in Al Bayda, and health officials in the districts where AWD and cholera was/ is suspected. The task force facilitates the coordination, ensures quicker response, and provides updates on the cholera situation in Al Bayda.

Unprotected water sources are often contaminated; therefore, NFDHR arranged the protection of water sources as an important measure for reducing the risk of contamination. As such, the projects have ensured the protection of two water sources and the total rehabilitation of one well in Al Bayda.

Chlorinating Water Sources:

If there is an outbreak of cholera, the best way to prevent it from spreading through the community is to go right to the source. For this reason, NFDHR has chlorinated many water sources in the targeted areas as a part of this project.

- 130 water sources were chlorinated in Al Bayda (in Mukayras and Al Shariah districts).
- 78 water sources were chlorinated in Sana'a: 16 in Arhab distrcits, 5 in Bani Hushaysh, 1 in Sanhan, and 56 in Sa'fan.
- 24 water sources were chlorinated in Dhamar.

In Sana'a, 6,599 men, women, boy and girls benefited from the chlorinated water sources, and in Dhamar, 161,055 men, women, girls and boys benefited. Additionally, a total of 2066 houses, schools, and mosques also had their water sources chlorinated, which benefit 13,792 men, women, boys and girls.

Safe Water Supply:

Other than chlorinating the main water sources, NFDHR distributed water purification supplies so as to assure that all water sources in the targeted areas could be declared cholera free. For that to be accomplished, NFDHR's cholera team needed to distribute the following in Sana'a, Dhamar, and Al Bayda:

- (188400) 0.33g water purification tablet to 9938 people.
- (5815) 1.65g water purification tablets to 5115 people.

Each household received tablets to cover 60 days of purification for 20-liter jerry-cans of drinking water. The distributions of tablets were done by volunteers and NFDHR's teams trained to demonstrate the use of the purification tablets and promotion of safe water storage. These tablets were then used by beneficiaries to chlorinate water tanks or any water regardless of the quantity that had been stored in houses. Jerry cans were also distributed as 1600 jury cans were distrusted in Dhamar for 5055 beneficiaries, and 1224 jury cans for 4644 beneficiaries in Sana'a Governorate.

Safe Sanitation:

To ensure safe sanitation, NFDHR built 112 latrines in Al Bayda for 450 HH as part of the Integrated Emergency Response to AWD/ Cholera Outbreak that was funded by OCHA. This activity benefit 3150 people. Moreover, one water well in the village of Al Maghari in Al Bayda was completely rehabilitated, while two other wells were protected from contamination. This was in addition to maintaining seven WASH vehicles and equipment related to cleaning fund in Rada'a and Al Bayda as part of the Emergency WASH Response to Cholera Outbreak funded by UNCIF.

Training:

As a key part of the WASH/health projects, NFDHR trained 50 volunteers in Al Bayda, and 128 in Sana'a and Dhamar as public health engineers and public health promoters. Specifically, these volunteers were trained on chlorinating water sources, cholera prevention and response (in line with the WHO guidelines), and precautionary measures needed for staff to protect themselves during an outbreak. The trainings were jointly conducted with District Health Offices and proved to be very unifying. Apart from sharing expertise during the trainings, participation from the different stakeholders created a sense of involvement and solidarity in combating the spread of cholera through supportive ideas and joint participation. By the end of 2016, all trainings and orientations had been concluded and volunteers had been deployed immediately to conduct rigorous hygiene promotion upon their return to their communities. Volunteers conducted 200 awareness sessions, providing chlorine and soap for schools, restaurants, markets and public gatherings; however, these sessions targeted a small number of people per session (15-30).

Health and Hygiene Promotion:

A network of volunteers was mobilized and trained to carry out health and hygiene activities using a variety of methods (i.e. houseto-house visits, focus group discussions) to promote hand washing, safe water management, and cholera transmission prevention, among other things. The volunteers also disseminated informational flyers and posters, soap, hygiene kits, and jerry cans. In order to reduce the risk of infection among extremely vulnerable populations who could not afford hygiene and sanitation materials, NFDHR procured and distributed to them the following: water supply containers for maintenance of safe water chain, water purification chemicals to temporarily

provide safe water, and soap for enabling hand washing practices. Furthermore, an additional 662 hygiene kits were distributed to schools and households for promoting hand washing practices. hygiene kits transported and delivered for the registered and verified beneficiaries, and 1424 jerry cans were distributed to vulnerable households. Lastly, all health and hygiene promotion activities were accompanied with information on safe water storage and a demonstration on how to construct hand-washing facilities.

Challenges:

In some of the districts, the lack of infrastructure and maintenance of roads provided logistical challenges during the operation, and delayed the delivery of the key WASH items like security situation.

Recommendations / lessons learned:

• Sensitization sessions about hygiene and sanitation should be ongoing in the communities as prevention in longer-term

project. This has also been requested by the communities and district leaders.

- Strong coordination with local authorities and health offices in the targeted districts are important in delivering success in instances of disease outbreaks and these structures need to be developed as part of preparedness plans.
- Regular health inspection and surveillance of potential cholera outbreak in the community is important for averting future outbreak in these poor district.
- The community based approach of identifying volunteers to intervene in emergencies within their own community set up was very useful, in that it actively involved the communities to address the issue and take responsibility of finding solutions and resources.



2016 Allocated Fund for Cholera Intervention



2016 NFDHR ALLOCATION SUMMARY



Men	Women	Girls	Boys			
66,527	72,071	66,527	72,071			
TOTAL BENEFICIARIES 277,196						

A Successful Story

An Awareness Session Saved a Child Life from Cholera

Wadie' Mohammed Ali Al'othmany , a 10year-old child From Safan District , Sana'a Governorate. Wadie' woke up on January 4, 2017 midnight, in agony of severe pain on his stomach that was followed by diarrhea and vomiting. He hastily woke his mother up telling her about his pain. His mother tried to alleviate her son fear by assuring him that he will feel better in the morning.

Shortly before, NFDHR outreach team had conducted an awareness session about the symptoms of cholera and ways of treating it in Wadie' School; informing everyone that there is a cholera treatment center inside Safan health center. Wadie' told his mom about what he has learnt in the school, which also help his mom recalling another awareness session she attended which was conducted to different women in Safaan district on how to prepare homemade (ORS) Oral Rehydration Solution.

As a result, his mom ran to prepare the ORS and asked him to drink it. Unfortunately, Wadie' situation did not get better as diarrhea and vomiting continued throughout the night. In the morning, he told his mom that they must go to the health center in Safan, but his mom hesitated, as the tough, ragged roads and absence of cars will make it difficult to reach the health center that is about 10 kilometer far from where they live, Qarn Hashim Village.

Surprisingly, Wadie' couldn't wait and decided to ride a donkey and cross the valley, 10 kilometers up and down the mountain in order to reach Safan Health center were cholera is treated. After three hours of traveling, Wadie' eventually arrived to the center where the belief that he can find people who can save his life. He was welcomed to the treatment center and was given the necessary medication in order to recover. Wadia went back home happy that he is back to normal thinking that he can just be as normal as his friends. However, when he went back to school, Wadie' was chocked knowing that the principle of the school will not let him in and his friends will not allow him to sit beside them. Everyone was terrified of being effected by the cholera.

NFDHR team knew about what happened to Wadie', and decided to visit the school. They talked to the principals, teachers and students assuring everyone that Wadie' is just as fine as others and that he has completely recovered. Finally, Wadie' went back to school with a big smile on his face that is not likely withdraw.





Health & Nutrition

Health & Nutrition

Objective:

Improve access of IDPS and other vulnerable groups to life-saving health and nutrition services and information in Amran, Sa'ada, and Aljawf governorates. Strengthen maternal, newborn and child health interventions, through rehabilitation and/or support of health facilities in remote areas with essential equipment and supplie.

Allocation:

From January to December 2016, NFDHR disbursed 491,000.83 USD, funded by OCHA (Office for Coordination of Humanitarian Affairs), for three main health projects through the standard and reserve allocation windows. In the first project, which started in December 2015 and ended on June 1. 2016. an amount of 308,459.31 USD was devoted to running three mobile health clinics, providing comprehensive health services including primary health care, maternal and child health in Amran and Sa'ada governorates. The second project, which was an extension to the first project, started on July 1, 2016 and will continue until February 28, 2017. This project includes even more activities. With a total budget of 134,203.29 USD, this project focuses on improving access to health care through the provision of medicines and medical equipment, and the support of comprehensive primary health care with an emphasis on maternal and child health. Additionally, the project will focus on strengthening health systems by building staff capacity and rehabilitating health centers in targeted areas. The third project was Aljawf Integrated Emergency Support Project, which started in July 4th, 2015 and ended on February 3th, 2016 and amount of 48.338.23 USD was allocated for this project in 2016.

Achievements and Challenges:

In 2016, NFDHR-funded health projects reached 79,776 beneficiaries, which was largely achieved through implementing two main projects using mobile medical teams (MMTs). The first project funded by OCHA, focused on supporting primary health care and maternal and child health services to 56,952 beneficiaries in 7 districts in Amran and one districts in Sa'ada. Amran beneficiaries were reached through the support of 2 MMTs and Sa'ada with the help of 1 MMT. The second project, also funded by OCHA, was conducted in the same governorates but provided essential medical supplies and equipment to five health centers, which benefited 20,500 beneficiaries as well as comprehensive health services including primary health care for 31,000 individuals, and maternal and child health for 2.343 women and children in 4 districts in Amran and one in Sa'ada with the help of 3 MMTs. This part of the project benefited 22,770 beneficiaries. Finally, the second project also built staff capacity of 40 heath care providers in providing emergency health services and mobilizing communities to increase utilization of health services.

More specifically, NFDHR delivered emergency medical services to host communities and IDPs, which included immunization, emergency primary health care, and referrals, evacuation of trauma cases, and control and response of communicable disease outbreaks. The MMTs received an average number of about 90 to 100 cases a day. However, due to the permanent high level of insecurity in Yemen, the prevailing fighting, and the security threats that health facilities and health workers face, NFDHR naturally faced some challenges in implementing the two projects mentioned above. Procuring medicines and medical supplies, as well as deploying them to remote areas, proved, at times, to be difficult. In addition, several districts served by MMTs were repeatedly targeted by airstrikes - in some instances, very close to communities serviced in Sa'ada and Amran. Still, the biggest challenge was that many areas in Sa'ada and various targeted districts were hit by several airstrikes, disrupting MMTs providing health care services. As such, NFDHR urged the MMTs to provide services in places far from military bases and known militia locations. Nevertheless, MMTs continued to provide free medical services by moving discretely through targeted areas, allowing them to successfully reach 79,776 beneficiaries including 15,636 men, 16,274 women, 24,412 girls, and 23,454 boys in Amran, Aljawf and Sa'ada.

Along with insecurity and instability in the country, there were challenges in coordination with national and local authorities and in implementation across several projects. Military attacks in Sa'ada and Amran meant MMTs were often forced to take detours, and the limited ambulatory services available meant medical referrals were slowed down or impaired in some weeks. Effective implementation reproductive health and family planning services was also hampered both by insecurity and misunderstanding of local health officials and leaders.

More broadly, medium and long-term strategic funding for health and nutrition interventions remained a huge challenge. Due to the limited funding for health projects, NFDHR could not continue the services in districts of Aljawf and was not able to scale up the health and nutrition services to new districts and governorates.

The health and nutrition program spent long time conducting needs assessment, meeting with local health offices, and planning for nutrition services, however, most of the plans were not funded with no feed-back from some donors.

This section highlights results achieved for 2015 and 2016 projects at the interim reporting stage, completed between November 1st 2015 and June 31st 2016.

2016 OUTPUT INDICATORS	PLANNED	ACHIEVED	PERCENTAGE
Number of operating mobile clinics	6	6	100%
Number of Health facilities rehabilitated and/or furnished and equipped	20	20	100%
Number of beneficiaries served by each medi- cal team in each targeted district	78000	79776	158%
Number of people with serious conditions referred to higher level health facilities (dis-ag-gregated by age and sex)	120	220	183%
Number of pregnant women provided with at least one antenatal care visit	600	1137	190%
Number of three - day training courses for health professionals in outbreak investigation in crises.	20	20	100%
Number of five - day training courses for com- munity volunteers on main health messages.	25	25	100%

Health & Nutrition





2016 NFDHR ALLOCATION SUMMARY



Men	Women	Girls	Boys			
15,636	16,274	24,412	23,454			
TOTAL BENEFICIARIES 79,776						

A Successful Story

The Quality and Dedication That Saved a Person's Life

Two years ago, a 48-year- old man in Sa'adah governorate went to one of the doctors after suffering from a severe pain on his chest.

The patient has been in agony for about two years. He has visited many doctors and each one of them has his own diagnoses to patient case. They finally convinced him that he has one of the chronic heart diseases that he is not likely to recover. Accordingly, The doctor proscribed some medicine for him, but the patient was in a trauma that he has to go and buy the medicine that he could barely offer.

The patient took the medicine for about two years, but his situation got even worse. His health deteriorated and he also lost much fat due to the medicine side effects.

During November of 2016, the patient decided to visit NFDHR Medical team in Al'Safra'a District, Sa'ada governorate. He then explained his health issues to the medical team members who spent nearly 20 minutes listening and talking to him. After conducting the necessary checkups and reviewing labs report, the diagnosis showed that he had been taking the wrong medication for the last two years. The report also showed that the patient merely has issues on his thyroid gland due to an increase on the Thyroxine hormone that controls the gland function.

Therefore, the clinical team members prescribed the right medication needed for the patient. Later, he was referred to Al Salam Hospital in Sa'ada' city so that he can go on a surgery that would end his suffering for years. Based on the team follow up, the patient completely recovered in two weeks from the operation and is now living his life away from medicines he had to buy for two years.

The wrong diagnosis the patient got could have destroyed his life and led to fatal consequences, but due to the quality and standards NFDHR's medical team follows during patients' checkup and the time they dedicate to every patient to make sure that they understand each patient complaint, saved a person's life.





Food & Livelihood Program

Food & Livelihood Program

Objective:

NFDHR-funded Food Security and Livelihood (FSL) projects responded to two Food Security Cluster objectives from the 2016 Humanitarian Response Plan, which are:

- Provide immediate improved household access to food to people in 'emergency' throughout the year, and those in 'crisis' during the livelihood lean season, and vulnerable households through safety nets.
- Provide seasonally appropriate and livelihood-specific inputs to increase the productive capacity of rural livelihoods; invest in the construction and/or restoration of household and community productive assets to build resilience to withstand future shocks and prevent further deterioration.

Allocation:

In 2016, NFDHR received a total of 1,215,995.06 USD to fund four FSL projects. The funding came from three different donors for 26171 house hold, which accounted for 37% of the total funding NFDHR received for all its programs in 2016. The United Nation's Food and Agriculture Organization (FAO) provided 64, 447.56 USD for a project which provided farming interventions for improving livelihoods during emergencies. This project started February 2016 and lasted until August 2016. It targeted the most vulnerable to conflict and food insecurity in the Al Hudaydah governorate.

The Office for the Coordination of Humanitarian Affairs (OCHA) provided NFDHR with 417,502.76 USD for the Integrated WASH & Emergency Response Project, 206,663.86 USD of which was devoted for Food security and Livelihood activities. According to the letter of agreement between OCAH and NFDHR, 50.5 % of the allocated fund was allocated for Water, Sanitation and Hygiene activities while 49.5% of which was allocated to FSL activities in Rada'a and Al Bavda. This project started running July 7th, 2016 and continued until February 2nd, 2017. Besides 207,692.47 for the Food and livelihood project in AI Amanh which started the 1st November 2015 until January 31st ,2016. 1000 HH benefited from this project.

The final project was funded by the World Food Program (WFP) with an amount of 737,191.17 USD and used for an emergency food assistance project in Amran and Aljawf governorates. This project was launched on January 14th,2016 and will continue through March 31st, 2017.

In the last year, NFDHR has focused on improving immediate access to food and safety nets for people experiencing acute food insecurity. They have done this by supporting key livelihood activities in agricultural areas affected by the conflict, specifically targeting internally displaced persons (IDPs) and host communities in the following districts of the Al Hudaydah governorate: Az Zaydiyah, AZ Zuhrah, Al Qanawis and Alluheyah. These districts were targeted because of the significant surge in prices on basic commodities which have greatly affected households' access to food. As such, NFDHR prioritized livelihood activities that aimed at mitigating the deteriorating food security situation. These activities included the provision of seasonal support to vulnerable households and community support in the creation of livelihood assets through cash for work. The cash for work mode of implementation enhanced the purchasing power of targeted households to access essential food items and services.

Achievements and Challenges:

The activities implemented through the NF-DHR projects included targeted distribution of food, provision of food through a voucher system, and rehabilitation of community livelihood assets using the voucher modality. An average of 187993 people (36846 Men, 38351 Women , 57526 Girls and 55270 Boys) benefited from these three projects, which enhanced food and livelihood security among vulnerable communities in drought prone areas by increasing practical opportunities for improved food production and livelihoods in rural districts.

The projects target socio-economically vulnerable groups, which include poor women, men, and children and those who now fall under the poverty line due to the effects of the war.

The core elements of the projects include:

- Sustainable food production and agricultural innovation.
- Small livestock production.
- Natural resource management and opportunities for value addition through

training and awareness sessions. Integrated and participatory initiative mechanisms were used to increase local resilience and coping mechanisms. Through community-based planning, the implemented projects identified, adapted and disseminated sustainable food security and livelihoods approaches appropriate to the needs and priorities of the target groups. Training and delivering of information inputs to farmers was also provided to mainstream participatory approaches by other extension support organizations so as to make them more responsive to the needs and priorities of vulnerable households.

Baseline and Feasibility studies for funded activities:

In a separate initiative, for projects with financing from FAO, OCHA, or WFP, comprehensive baseline studies were designed, carried out and finalized before the beginning of the projects. The baseline surveys generated enough data to ensure that impact on poverty, income generation, malnutrition and vul-



Food & Livelihood Program



nerability could be measured accurately. In 2016, baseline studies were implemented for FAO and WFP funded projects in Amran, Al Jawf, and Al Hudaydah. In Al Bayda, besides the baseline assessment, NFDHR conducted a feasibility study to compare the use of voucher and cash modality. The results of this study showed beneficiaries preferred using vouchers rather than receiving cash. As a result, we shared these outputs with other agencies and experts to promote measuring poverty in communities before beginning projects and to exchange ideas about these different approaches.

Impacts:

Through the implementation of 2016 FSL projects, NFDHR did its best to integrate every project's objectives into its field activities and indicators. This is a point of particular importance for NFDHR, as this program significantly contributes to the NGO's main vision of alleviating poverty in Yemen. We are

gald to report that most of the projects had positive impacts on beneficiaries.

Al Hudaydah Governorate:

The farming intervention project in Al Hudaydah, funded by FAO with an amount of 62,000 USD, was successfully implemented. A total of 3,845 households (HH) equaling a total of 28,563 men, women and children in the four targeted districts of Alzaidia, Alzahra, Alqanawes and Allehia benefit from this project. Many received farming materials which included 2318 bags of animal feed concentrate , 2997 bags of okra seeds, 892 bags of melon seeds, 895 agriculture tools (spades and shovels), 894 gray million seeds, 1790 boxes of onion seeds, 1790 tomato seeds, 895 20kg-bags of corn seeds, and 332 50kgbags of fertilizer.

Amran & Al Jawf Governorates:

The Emergency Food Assistance Project in Amran & Al Jawf was one of our most

remarkably implemented projects in 2016. Despite the dangerous situations in these two governorates, NFDHR still prevailed in accessing and providing food to those most in need. The project, which was financed by WFP, was implemented in two phases. The first phase was carried out between January 2016 and March 2016. This project's objective was to immediately reduce severe food insecurity and widespread under-nutrition among the 25,980 vulnerable and conflict-affected people in Al Jawf and Amran. Four districts in Al Jawf were targeted (Barat Al Anan, Al Khalg, Al Hazm, Al Matammah) and one district in Amran was targeted (Shaharah). NFDHR distributed food baskets that included: 50kg of wheat grain, 5kg of pulses, 4.5-liters of vegetable oil, 0.5kg of salt, 15kg of Wheat Sova blend (WSB) and 2.5kg of sugar. Beneficiaries were divided into three categories based on age: less than 5 years, 5 to 18 years, and older than 18 years. 31 food distribution point (FDPs)were also allocated to all the targeted districts to ensure appropriate, organized distribution, avoid conflict, and preserve beneficiaries' dignity. In Shaharah, for instance, 9 FDPs were distributed to 3,693 HH, reaching a total of 30,785 men, women, girls and boys. A total of 24,291 baskets with 1564.366 Metric Tons (MT)of distributed food during 2016. In Al Jawf, 22 FDPs were allocated among the 6 targeted districts, amounting to 57,606 baskets- 3682.0226 MT which were distributed to 16,614 HH and reached 114,403 men, women, boys, and girls.

Al Bayda Governorate:

The Integrated WASH & Emergency Response Project in Al Bayda, which was implemented in Rada'a and Al Bayda City, was funded by OCHA and took place between June 1st, 2016 and February 2nd, 2017. This project was designed for both WASH and food security, as 50.5% of the received funding was allocated to WASH and 49.5% was allocated to food security. A total of 1,019 HH including 8,437 men, women, boys and girls benefit from this project. As the food secuityr part of this project, NFDHR distributed 1,019 food baskets using a voucher system, as this was the preferred modality expressed by the beneficiaries.

Challenges:

This project, like any other, had its set of challenges that we had to overcome; however, considering that Yemen is a war-torn country, challenges that we faced were mostly due to this conflict. Difficulties we encountered were:

- Finding a safe and secure warehouse in the targeted districts. Either property owners were concerned about being targeted by air strike or successfully rented warehouses were repossessed by property owners even after signing a rental agreement.
- There was no statistics or data available regarding agricultural activities practiced by IDPs in the targeted areas.
- We faced delays distributing materials due to district managers' engagements with businesses and request to wait for their agreement and coordination to distribute materials.

Lessons learned:

Many lessons were learned in the implementation of the projects mentioned above, but most importantly we realized the need to preserve livelihood materials such as seeds, fertilizer and animal feed for poor families and IDPs. By making this a priority, we received a welcome reaction by local authorities and community members expressing their happiness with the project's contribution to sustainability. They expressed satisfaction with the idea of being provided tools to make a means for themselves as opposed to passively depending on and waiting for external aid. This project took advantage of the available resources and energy of targeted families, which will be sustainable thanks to the distribution of farming and agricultural materials.



A Successful Story

Challenges vs. Ambitions

NFDHR always attempts to provide assistance to the most vulnerable beneficiaries regardless of the consequences or challenges it might encounter on its way to the targeted districts. Thus, NFDHR considers its experience in AI Joaf Governorate as a real challenge that was converted into a successful story of a solid experience. AI Jawf, which is about 170 km far from the Capital, Sana'a, is a governorate that is controlled by both sides of conflict so the governorate is always exposed to many clashes any airstrikes during the day.

In 2016, NFDHR started its intervention through its Emergency Food Assistance Project which was funded by WFP targeting 14129 House Hold in six districts- Al Hazm District, Al Humaydat District, Al Khalq District, Al Matammah District, Al Maton District and Bart Al Anan District. Both sides of conflict controls these districts; therefore, to make the project successful NFDHR had to coordinate with both sides. For instance, Al Maton District is one of those districts that is being controlled by both sides of conflict yet NFDHR successfully coordinated with both sides to make sure that food aids reach the targeted beneficiaries regardless to their affiliation.

That was not easily accomplished as NFDHR team had to pose themselves into danger in order to reach to some beneficiaries. Airstrikes and armed clashes were almost everywhere. "In August, 2016 I was injured by shrapnel from an airstrike during my return from the distribution center. The security situation is really unstable due to constant airstrikes and armed clashes. I am glad that I am still alive" Fadhel Al'Riami said, one of NFDHR team member in Al Sarhat distribution center.

The continuous coordination with the local authorities, district directors, and security supervisors of both sides made it easier for NFDHR to accomplish the distribution process on time. In addition, the long hours that were dedicated by our field officers and all team members have defeated all challenges and made the impossible possible. To alleviate the danger the might accrue to beneficiaries during the distribution process, 22 distribution centers were open in different places for beneficiaries of all targeted districts. This number of centers assuaged beneficiaries stampede as well as smoothen the disbursement process. For transparency and accountability, beneficiaries' lists were posted on the doors of the centers along with complaint box and number, which was available for anyone to call.

During the project, 57,606 food baskets were distributed to 16,614 HH. 136 men and women from AI Jawf were hired to help NFDHR team accomplish the objectives of the project. With everyone's contribution, the project won the satisfaction of beneficiaries, local authorities, community and auditing firm reports that commend NFDHR commitment to financial and accounting standards in all its operations.




Protection and Gender Program

Protection and Gender Program

Objective:

- To improve the access of SGBV survivors (including IDPs, women, children and other vulnerable groups) to protection information and quality protection prevention and response services.
- To improve women access to legal support
- To improve the access of women and children affected by the conflict to psycho-social support services.

Allocation:

In 2016, NFDHR allocated 156,502.14 USD to two main protection and gender projects. For the first project, Ensuring a Protective Environment for Boys and Girls Affected by Armed Conflict in Selected Governorates in Yemen, we received 9,900.06 USD from the Danish Refugee Council (DRC). This project started November 2015 and lasted until March 30, 2016 and targeted the Amanat Al Asimah, Sana'a, and Al Bayda governorates. The project's aim was to address the six grave child rights violations that can occur during armed conflict.

Most specifically, for this project NFDHR focused on implementing the Monitoring and Reporting Mechanism (MRM) on grave violations of children's rights in situations of armed conflict. MRM of six grave child rights violations was carried out in seven districts in in Amanat Al Asimah (Ma'ain, Shu'aub, At Tahrir, As Sabain, Ath'thaorah, Az'zal, Bani Al Harith), in seven districts in Sana'a (Arhab, Sanhan, Bani Hushaysh, Sanhan & Bani Bahlool, Bani Matar, Khwlan, Hamdan) and in eleven district in Al Bayda (Rada'a, Al A'rsh, Ar Ryashyyah, Sabah, As Sawadiyah, Ash Sharyah , Al Bayda city, Wald Rabi', Al Quraishyah, Dhi Na'im).

For the second project, Integrated Protection Response, NFDHR was provided a total of 146,602.08 USD by the Office for Coordination of Humanitarian Affairs (OCHA). This project targeted three districts within the governorate of Sa'ada, which are As Safra, Sa'ada city, and Sahar, and the project was implemented between July 2016 – April 2017 The Integrated Protection Response project focused on providing the most vulnerable populations (IDPs, women, children and marginalized groups) with protection services such as psychosocial, legal support, and cash for protection.

Achievements:

Activities successfully implemented through our projects included: establishing and training Community Child Protection Committees (CCPC) on MRM, implementing MRM following six grave child rights violations in targeted governorates, and raising community awareness on child rights and protection issues. As a result of these activities, 198 child rights violation cases were monitored and reported by the CCPCs in Amanat Al Asimah, Sana'a and Al Bayda, and access to protection services among IDPs, returnees and other vulnerable groups (women, men, girls, boys and elderly people) was improved. A total of 9,768 most vulnerable people affected by conflict benefit from the Integrated Protection Response Project in Sa'ada.

Impact:

Through the implementation of protection and gender projects in 2016, NFDHR put an emphasis on having their specific objectives be reflected in their activities and indicators. This is because NFDHR acknowledges that by alleviating inequality and gender-based violence (GBV) in Yemen we can become closer to attaining our vision of a peaceful and stable Yemen with no poverty. More specifically, by improving the access to protection services among most vulnerable groups affected by conflict, NFDHR can contribute to these communities' stability.

Amanat Al Asimah, Sana'a & Al Bayda Governorates:

The implementation of Ensuring a Protective Environment for Boys and Girls Affected by Armed Conflict in Selected Governorates in Yemen was a collaborative work between DRC and NFDHR. NFDHR signed an agreement with DRC on the 1st of November, to monitor and report the six grave child rights violations in conflict-affected areas in Amanat Al Asimah, Sana'a and Al Bayda. In order to fulfill the agreement, NFDHR had to establish CCPCs to implement the MRM as well as raise community awareness on child rights and protection issues. CCPCs were trained on the MRM so they could then report the child rights violation cases to DRC, and DRC could, in turn, verify the reports and pass them along to UNICEF. This was all done in order to provide life-saving health assistance

to maimed children.

The project was implemented in three stages. Stage I consisted of forming and training CCPCs. Stage II consisted of CCPCs carrying out monitoring, reporting and awareness raising activities in their respective communities, and Stage III consisted of NFDHR and DRC conducting regular meetings with CCPCs.

The six grave children rights violations, which are monitored and reported, are:

- 1. Killing or maiming of children.
- 2. Recruitment or use of children by armed forces or armed groups.
- 3. Attacks on schools or hospitals.
- 4. Rape or other sexual violence against children.
- 5. Abduction of children.
- 6. Denial of humanitarian access to children.

As a result of this project, 157 members Community Child Protection Committees received capacity building, 198 cases of child rights violations were reported, and 149 youth benefit from the awareness sessions. *Sa'ada governorate:*

The Integrated Protection Response project



implemented in Sa'ada aimed to improve the access of 14,652 IDPs, returnees and vulnerable women, men, girls, boys and elderly people to protection services in As Safra, Sa'ada city, and Sahar districts over 10 months. The project, which was designed according to the Rapid Protection Assessment implemented in the targeted areas, provided direct protection services and referrals to protection services that complemented already existing health interventions in the area. The project targeted 14,652 of the most vulnerable IDPs, host communities, and returnees especially women and children through the following activities:

- Mapping of service providers and type of protection services in areas including health, legal assistance, psychological support and shelter.
- Building partnerships with selected stakeholders and protection service providers and conducting monthly meetings to ensure beneficiaries have access to protection services.
- Referring protection-violation cases to the appropriate services using the service providers' guide, and then following up with the protection violation cases to ensure they access the services they seek.
- Train service providers and volunteers (15 men and 15 women) on the Standard Operating Procedures (SOPs) of protection interventions.
- Establishing three Protection Committees within the three targeted districts and training them on the following:

* Women and girls' protection issues (conducted 12 discussion sessions).
* How to conduct awareness on protec-

tion, child protection and mine risk, to which they conducted 504 awareness sessions.

- * How to support the self-referral.
- * How to refer cases to service providers.
- Establish two mobile Psycho-social support units and conduct 640 psycho-social sessions.
- Provide legal protection support to 180 women including case assessment and

management through social conciliation.

 Provide protection cash assistance to 390 beneficiaries in urgent need to protection.

Challenges:

Considering that the two projects mentioned above took place at a time of conflict, we expected to confront various challenges, and certainly did. Some of the challenges we dealt with were:

- Coordinating with local authority in the areas of implementation due to constant instability of authorities.
- Gaining full support and understanding from local authorities due to the sensitive nature of protection activities.
- Raising awareness among conservative communities proved difficult as many were less inclined to understand the significance and impact of protection activities.
- Assisting child victims of child rights violations due to limited medical assistance.

Lessons Learned:

A few of the lessons we learned as a result of planning, implementing and evaluating these projects are:

- When designing a protection project, it is important that it be integrated with other more culturally acceptable assistance, such as WASH, food, health and shelter.
- When focusing on child protection project, it is important to have fixed child-friendly spaces in order to reach more children in the place and ensure a safe space for offering psychosocial support.
- If conducting MRM activities that report children who need immediate medical and psychosocial assistance, it is essential that the project either provide that needed medical and psychosocial support or that the project collaborate with a program that can provide this assistance in order to "do no harm".



A Successful Story

Afrah Tailored her Life with a Sewing Machine!

Afrah, 18, an IDP in Sa'ada City. Afrah had to flee from AlSaqayn District in Sa'ada to Amran Governorate before she, with her family, moved back to Sa'ada City.

Afrah has two brothers; one is a soldier while the other is disabled since he was born. She also has one sister who is younger than she is. They all live with their parents in a rented house.

Afrah's elder brother became psychologically unstable after bombing a facility where he resides. Her father also got a stroke after the family's living condition had deteriorated due to the war that has had distractive impact on most of the families living in Sa'ada. After the cessation of Afrah's elder brother Salary, her mother assumed responsibility for supporting the family, but that did not last for long as her mother psychological condition worsened. Afrah then found herself responsible for the whole family.

"My family lived in a miserable life. They were the worst days of my life. Mom, Dad, and my brother needed the medicine they take every day, besides life expenses and the rent," Said Afrah. "I suffered from a lot of depression especially when it reached to the stage of not being able to provide the necessary medicine and food to my family" Afrah explained, "I always asked the neighbors for help and always waited for people who might hear about our situation and provide some assistance," She added.

NFDHR provided financial assistant to Afrah and her family as part of the Integrated Protection Project which was implemented by NFDHR and funded by OCHA. Once Afrah got the cash assistance, her eyes welled with tears, the tears of happiness, and the vision of a better future.

Afrah used part of the money to buy a sewing machine, sewing kits, and fabric in addition to buying medicine to her parents and brother.

The cash assistance Afrah and her family got had a significant impact in improving her economic and living condition. In fact, The sewing machine has contributed in providing a source of sustainable income to Afrah that enabled her to support the needs of her family.

"Alhamdellah I began working on the sewing machine, I sew dresses for young girls and sell them to clothing stores, besides sewing custom- made clothes for women. I work all afternoon and most of the night, but despite the fatigue due to long working hours, I am now happy that I can provide the daily needs of my family, buy the medicine, and pay all our debts back" Afrah Said. to the stage of not being able to provide the necessary medicine and food to my family".





EDUCATION

EDUCATION

Objective:

NFDHR-funded projects responded to one Education Cluster objective in the 2016 Humanitarian Response Plan:

To ensure vulnerable children (girls and boys) and youth affected by emergencies have access to safe and protected learning environments that encourage retention and increased enrolment in learning.

Allocation:

In 2016, a total of 14,420.23 USD was allocated for two education projects funded and implemented by NFDHR. This funding was devoted to the I Miss My School campaign and the establishment of the Education Watch mobile application.

Despite the difficulties encountered by students to access education and the increasing deterioration of the Yemeni education system since the escalation of conflict, NFDHR received almost no funding for education purposes in 2016. This is due to the fact that donors are focusing on immediate humanitarian response rather than sustainable responses or development projects. To keep NFDHR's education program running in 2016, we managed to accumulate a minimal amount of funding through Al Kabous Group and NFDHR to run the I Miss my school campaign besides NFDHR's fund to establish the Education Watch mobile application.

Accomplishment and Challenges:

I Miss My School Campaign: The I Miss My School campaign was designed to support education in conflict-affected areas and among displaced communities. The campaign's aim was to facilitate education in these areas for students by providing them with school bags and school supplies. In total, 932 schools bags were distributed to





549 boys and 383 girls in Ad Dali', Sana'a and Taiz. The bags included pens, pencils, notebooks, sharpeners, colored pens, erasers and rulers. By distributing these items NFDHR hoped to facilitate education continuation for children in mainly primary schools and to alleviate educational costs for families.

Education Watch App:

In 2016, NFDHR launched the Education Watch mobile app for smart phones. This app can be downloaded from Google Play and, once downloaded, can be used with or without internet. Its aim is to encourage and involve communities in monitoring and reporting educational problems that affect students. staff and educational infrastructure in order to help solve problems and stop violations that hinder learning. This is accomplished when app users send a report through the app regarding the specific educational problem they or their children have experienced within a certain school or region in the country through. These reported grievances are then delivered to the decision-makers and actors in the field of education who have the power to change and improve education quality. This way stakeholders can properly evaluate the progress

of the education system and limit damages, violations and problems that affect students and teachers. The ultimate goal of Education Watch is to reduce the causes of educational problems and find the appropriate, alternative solutions.

Objectives and use of Education Watch:

- To report zones in Yemen that lack accessible or functional schools. For example areas where schools have been destroyed, closed or inhabited by refugees and displaced families.
- To report schools that need renovations, or basic resources, such as water, sanitation, latrines, books, and qualified teachers.
- To report areas with children deprived of education and reasons for this.
- To support educational facilities and children in need of education through a donation link which facilitates giving for donors.
- To discuss problems and find solutions via a discussion forum.
- To facilitate learning for students through the provision of downloadable text book materials from elementary school through high school.



932

A Successful Story

The Beam of Light Glows Back in Al Najah School !

122 Children among them 51 girls were deprived of going to their only school in Al Najd village, Sharia District, Al Bayda Governorate. The school was shut since cholera outbreak was declared in their village.

On February 12 Th, 2016, the first cholera case in Al Najd village was declared for a female child living next to Al Najah School who died in the same day. Another male child who also lives in the same area died shortly after. These two incidents left the whole village in a trauma and a fear that conquered everyone residing in the same area. The stunned residents of the village were enforced to make the hard choice of closing the school on February 22 nd until things get back to normal.

In December of the same year, NFDHR started its intervention in AI Najd village, and sent the quick response team to do the necessary procedures of combating and eliminating the outbreak of the epidemic. Therefore, chlorinating wells and tanks was the team's top priority. NFDHR team did the appropriate test for all suspected tanks and wells, and if positive, NFDHR specialized team chlorinated the suspected recourse. In addition, many sessions were conducted in the village for men, women and children. The sessions were conducted by hygiene promoters using the (fear, shame, horror) approach of building awareness among communities.

The sessions also sent critical messages on hand washing, safe water storage, and the right way of solid waste garbage disposal. NFDHR also established the first CTC (Cholera Treatment Center) at AI Wafa Health Center in AI Sharia district on the 19 th of December,2016 as part of the cholera quick response project which was implemented by NFDHR and funded by OCHA (Office for the Coordination of Humanitarian Affairs (United Nations).

Shortly after, NFDHR team managed to curb the epidemic as the number of effected cases has dropped to minimum. However, Najah School remained closed as the fear of the epidemic was beyond expectation, and parents were still skeptical and could not risk sending their children back to school. Therefore, NFDHR took the initiative of resolving the issue. The team conducted several meetings with parents and the administration of the school attended by the Director of Health and population Office and the director of the health center so as to convince parents that the health situation is under control and that there is no longer need for fear, as the health center is able to deal with any infected cholera cases especially after it was rehabilitated and provided with medicine supply that were distributed free of charge to patients. Moreover, NFDHR team talked to the Mosques' preachers to urge people to send their kids back to school.

On January 3th, 2017, Al Najah School was reopened, but only four children attended on the first day. The team did not give up, and went to talk to parents again convincing them that situation is back to normal and that the light of beams should glows back to the school. Surprisingly, the second day, on January 4th, 2017, all children were back to school doing their regular morning exercises and singing the national anthem before heading to their classes. We could see the smile and joy drawn at those children faces as hope for a better future is back.

The positive impact the team has made in the village motivated its members to continue having their awareness sessions to teachers and students on personal hygiene and ways of preventing any potential infection of acute watery diarrhea.



Emergency Shelter & Non-Food Items

Emergency Shelter & Non-Food Items

Objective:

NFDHR-funded projects supported the two following 2016 Human Response Planning Shelter/NFIs Cluster objectives:

- Provide displaced people with emergency assistance packages.
- Provide IDPs with relevant shelter and non-food items.

Allocation:

In 2016, NFDHR allocated 9,016.68 USD along with the UNHCR's in-kind support to support the Distribution of Winter Blankets and Solar Lanterns Project by implementing activities in one of many shelters hosting IDPs. This project, which started on November 1st, 2015 and continued until December 31st, 2016, was implemented in collaboration with 32 humanitarian support partners throughout the country. NFDHR's contribution to this project was accomplished through NFDHR's operational funds and UNHCR's in-kind support.

The allocation Fund for project conducted in 2016 focused on emergency and sustainable

shelter solutions for about 69,496 displaced people in Sana'a and Sa'dah, targeting 10 districts in Sana'a and 3 in Sa'dah governorate.

Achievements and Challenges:

As a part of the Distribution of Winter Blankets and Solar lamp Project, NFDHR achieved the following:

- 1. The distribution of 52,507 winter blankets and 7,300 solar lamp in Sana'a.
- 2. The distribution of 16,989 winter blankets and 2,426 solar lamp in Sa'dah.
- 3. Conducting a workshop for 32 organizations and foundation partners emphasizing the distribution and reporting mechanism.



4. Coordinating with executive unites and local authority in the targeted governorates.

Supervising participated organizations that were in charge of the blankets and solar lamps distribution.

The total of 8253 – 52,695 men, women, girls and boys benefited from this project in Sana'a while 2426 house hold – 16,990 beneficiaries in Sa'dah. Of these beneficiaries, 10% were men, 20% were women, 30% boys and 40% girls.

Some of the challenges faced by the implementing partners during this project include: the registration and verification process of vulnerable households due to the big number of targeted district; movement of supplies and registration in Sa'dah due to the lack of roads and difficult terrains, including mountains; and distribution and allocation of materials due to the fact that the organization in charge of distribution wanted to distribute the materials according to a list of names scanned by them. To overcome the problem it was agreed with the executive unites that 20% of the materials will be distributed according to the names verified by the partners and 80% of the materials will be distributed based on the names of provided by the executives unites and verified by the partners. Finally, the shortage of the project time has led to a high pressure during the process of the verification and moving the materials from one place into other. In case the teams did not find the names verified by the Executives unites due to IDPs moving from one place into another, the team asked the executive unite to bring an alternative list.



2016 NFDHR ALLOCATION SUMMARY

Men	Women	Girls	Boys
6950	13899	27798	20849
TOTAL BENEFICIARIES 69,496			



Communication for Development (C4D)

Communication for Development (C4D)

Objective:

- To improve the access of SGBV survivors (including IDPs, women, children and other vulnerable groups) to protection information and quality protection prevention and response services.
- To improve women access to legal support
- To improve the access of women and children affected by the conflict to psycho-social support services.

Allocation:

NFDHR has allocated an amount of 15,469.44 USD funded my UNICEF for C4D activities which stared on December 8, 2015 ended on March 3, 2016 in two governorate Amran and Mareb. Though achieving these activities, NFDHR accomplished important successes with the support of UNICEF for Communication for Development (C4D), particularly in the areas of WASH and Health. C4D activities focus on developing C4D approaches, particularly aimed at addressing social norms due to the acute need for capacity building of provincial and district governments in C4D.

In 2015, C4D activities in Amran and Mareb governorates. These activities included 24 training courses for 24 volunteers, 2592 home visits to 17617 individuals, holding 144 awareness sessions to 4936 beneficiaries, conducting 12 advocacy campaigns for 2227 people.

Achievements and challenges:

Functioning mechanism of the project underwent three phases.

First phase:

Selecting 12 messages and then present them to UNICEF for approval and then submitting these messages to the graphics. By the end of this phase, approved messages are printed out in a form of manual, posters, and flyers.

Second phase:

Informing UNICEF of the budget reprogram, and changing the targeted area from Badbadah District to Juba district in Mareb governorate. The approval from UNICEF was taken. Selecting a coordinator for the program signing a contract. Signing coordination agreement with the local authority and implementing partner in Mareb. Finally Submitting publications and items concerning the implementation of activities.

Third phase:

Selecting the volunteers for the program, Holding training sessions for selected volunteers in (Marib, Amran) signing contracts with volunteers and sending them to the targeted areas. Starting activities according to the action plan, finally preparing the final reports of the project.

Achieved Activities:

Training course to build the capacity of volunteers in the delivery of health messages and raising awareness:

Training was performed separately in both of Marib and Amran , two days for each session, to build the capacity of 12 volunteers in the field of communication, education and delivering health and educational messages to the beneficiaries.

Home visits:

The 12 volunteers were divided into six teams so that each team includes volunteers of both gender to carry out field home visits. 5511 visit were conducted in this district.

Implementing awareness sessions:

According to the project plan in the two districts- Al Sudah in Amran , and Juba in Al Mareb , 144 awareness session (72 Marib , 72 Amran) have conducted to 1158 beneficiaries in Amran , and 1551 in Juba. These awareness sessions were conducted in schools, centers and public gatherings.

Advocacy Campaign:

At the end of the project, 12 advocacy campaigns have been implemented to advocate and support 12 health, hygiene, and education messages in order to gain support from community leaders, preachers, women leaders, and educators. These campaigns were conducted to ensure the continuation of awareness campaigns and shows the importance of these messages and their impact in communities. 1551 people attended the advocacy campaign in As sudah – Amran while 1551 attended the advocacy campaign in Juba , Mareb.

There were some challenges occurred will conducting the C4D project for 2016. The team encountered these challenges mainly due to the prevailing situation the country has been going through especially in the two targeted districts. These challenges can be summarized as follows:

- The inability to implement the project in Badbadah District due to the security situation.
- Many people asked for food aid as a priority rather than awareness considering the fact that the country is facing a period of wars and conflicts.
- Delays in the transfer of items due to the roads too many checkpoints between Sana'a and Mareb.
- The project implementation was delayed until the signing of the agreement.







Governance & Peace-building Program

Governance & Peace-building Program

Objective:

To promote a more inclusive and sustainable post-conflict stabilisation and peace process in Yemen.

Allocation:

In 2016, NFDHR allocated an amount of 2,471.45 USD, which represents 0.1% of 2016 allocations. This amount was funded by Saver World to support the Enhancing Women's Role in Peace and Security in Yemen Project, which started in March 1, 2016 and will continue up to August 31, 2018 targeting Sana'a and Hajah Governorates. The main objective of the project is to empower women activists and civil society organizations (CSOs) to engage in local peace-building processes and initiatives and raise awareness of women's peace and security concerns.

Achievements and challenges:

Although this project is still in its formative stage, many activities were conducted in 2016 including the following:

- Launching a workshop, designing, and planning meetings in Amman from March 13, 2016 – March 21, 2016.
- Coordination mailings and signing of MOU (Memorandum of Understanding): May 2016 – July 2016.
- Community mapping in Aldhihar and Dhi Assifal districts, Ibb governorates, September 4, 2016.
- Risk assessment session with Safer World to discuss the risk analysis tool in September 25, 2016
- Activity planning meetings for implementation of a workshop "Women Local Leadership in Humanitarian Response", November 2, 2016 & November 13, 2016.
- Designing concept notes on "Women Local Leadership in Humanitarian Response" workshop and sending it to Safer World for agreement: November 16, 2016.
- Planning meeting for capacity building

activity for Safer-World partners and then participation in the training in "Strategic Planning", which hold by Safer World Organization: December 6, 2016 - December 8, 2016.

- Continuous communicating with Safer-World for the implementation of the mentioned planned workshop.
- Participation in 7 days workshop in "Enhancing Women's Role in Community Peace" December 18, 2016 – December 26, 2016.
- Three Days Planning of next stages of the project plus designing action plan for the coming 6 months of the project: December 27, 2016 December 29, 2016

There are not any record of challenges in 2016 as this project as it is still in its formative stage.





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