Yemen Humanitarian Fund (YHF)
Second Reserve Allocation 2020 - Strategy

OCHA

YHF Yemen Humanitarian Fund

ALLOCATION STRATEGY PAPER
SECOND RESERVE ALLOCATION
(20 August 2020)

Overview

1. The main objective of this Reserve Allocation is to provide immediate funding to help suppress and mitigate the impact of the COVID-19 pandemic in Yemen. Funding to prevent disruption in the Rapid Response Mechanism and UNHAS services is also included. Four specific programme responses are being prioritized: a) hazard allowances for front-line health workers in COVID ICUs; b) support for mobilizers working in communities across Yemen as part of the Risk Communication and Community Engagement initiative; c) distribution of assistance packages through the Rapid Response Mechanism and d) continuation of UNHAS services.

2. The following pertains:

   - Only proposals that are in-line with this strategy and previously coordinated and discussed with the Clusters will be considered.
   - The "Reserve Allocation" modality has been chosen to accelerate the processes considering the needs on the ground.
   - The envelope for this Reserve Allocation is set at **USD22.5 million**. Proposals must be submitted by 24 August 2020.

Situation overview and response

3. Some 24 million people, 80 per cent of the entire population, require some form of assistance including protection. Close to half of all families are in acute need. Over 230 of Yemen's 333 governorates are food insecure. A total of 10 million people live in areas with the highest severity of needs across sectors. Conditions in these districts are the worst in the country: 103 districts are at risk of famine; 41 districts have malnutrition rates above 15 percent; 54 districts have acute WASH deficits; and 46 districts are at high risk for cholera. Intensifying conflict has compromised access to healthcare in the face of cholera, malaria, dengue and other disease outbreaks; only 50 per cent of health facilities in Yemen are functioning and electricity and power across the country is intermittent.

4. A new Integrated Phase Classification (IPC) analysis released by the World Food Program (WFP), the UN Children's Fund (UNICEF) and the Food and Agriculture Organization (FAO) on 22 July, warns that economic shocks, conflict, floods, locusts and COVID-19 could reverse food security gains in Yemen. The report, which analyzes the situation of 7.9 million people in 133 districts in southern governorates, forecasts an alarming increase in the number of people facing high levels of acute food insecurity (IPC Phase 3 and IPC Phase 4), from 2 million (25 per cent of the population) to 3.2 million (40 per cent of the population) in the next six months, even if existing levels of food assistance are maintained. This would reverse improvements made since the 2018/2019 IPC analysis, when more than half a million people moved below IPC Phase 3, primarily because of a huge scale-up of humanitarian food assistance.

5. As the conflict rages on, the level of civilian suffering is deeply shocking. There are now 43 frontlines across 10 governorates; 10 new front lines have emerged since January 2020. This has also seen an increase in indiscriminate attacks and potential violations of International Humanitarian Law (IHL), putting civilians in the crossfire and hindering access to critical services, livelihood opportunities and health support. As many as 4 million civilians have been displaced including 375,000 during 2019. Some of the highest levels of vulnerability are concentrated in IDP sites where very few services are available. The 422,000 migrants, asylum-seekers and refugees in Yemen are at extreme risk, many of whom are subjected to shocking, inhumane conditions that clearly violation of international norms.

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6. The scale, severity and complexity of need in Yemen is extensive. Five years of continuing economic collapse mean that even if the war was to end now, recovery will take longer and humanitarian needs will remain high as the multiple factors driving the country to the brink of famine remain, with some worsening. Since the start of the conflict, fuel imports have fallen by 70 per cent, medicine by 50 per cent and food by 39 per cent; the average cost of the minimum food basket has more than doubled in the past five years. More than 10 million Yemenis are no longer able to purchase the supplies they need to survive from local markets. Import restrictions, stockpiling of essential commodities and fluctuations in the value of the currency continue to put millions of people across the country at risk of famine.

7. COVID-19 is now threatening to exacerbate these vulnerabilities even further. Based on WHO's global models, even with mitigation measures, an estimated 16.7 million people, 55 per cent of the population, may be infected with COVID-19. More than 42,000 people may die and up to 292,000 patients are likely to require hospitalization. At least 9 million people may lose access to non-COVID primary and secondary healthcare as national resources become increasingly channeled to address the pandemic. Already facilities across the country are struggling to cope with the high demand to treat severe and critical cases of COVID-19. Hospital admissions are expected to be impacted as stigma and fear overwhelm the population. Only half of Yemen's health facilities are functioning, and the country is facing severe shortages of supplies to cope with the pandemic, including swabs, hospital beds, ICU beds, ventilators, oxygen and other equipment.

8. On 10 April, the first COVID-19 case was formally confirmed. There are 1,862 confirmed cases of COVID19 in Yemen as of 15 August 2020[1]. This figure is believed to be under reported as data has been received consistently only from 10 of the southern governorates. In the northern part of the country, only 4 cases have been reported in 1 governorate since the first case was reported in April. Organizations responding to COVID reported numerous cases admitted in different health facilities in Sanaa. Public health officials warn that the combination of extreme vulnerability and low general immunity puts Yemen at exceptional risk. Unless steps to suppress and address COVID-19 are immediately scaled-up, the virus is likely to spread faster, more widely and with deadlier consequences than almost anywhere else.

9. Humanitarian partners are responding to the virus with focus on case management, risk communications and community engagement and safeguarding the wider public health system. A core element of the COVID-19 response strategy for Yemen is case management to help those who become ill.

YHF Strategic Priorities and Activities

10. Between June and December 2020, partners are prioritizing four concurrent lines of effort, known as the 4S strategy: 1) suppressing transmission, including through community action and influence; 2) supplying – securing, transporting and distributing COVID-19 supplies; 3) saving as many lives as possible, including people who are critically ill by boosting COVID-19 critical capacities and 4) safeguarding the health care system ensuring that the continuum of care is still available for patients suffering from non-COVID-19 related illnesses.

11. Based on the current situation assessment, a second Reserve Allocation is being launched to cover key, urgent gaps in the 4S COVID strategy. In addition, this allocations will provide life-line funding for the distribution costs of the Rapid Response Mechanism, which faces imminent closure unless support is received. This allocation will only be opened to grant applications listed below. These include:

12. *Health: Payment of hazard allowances to health workers* (*Unicef*) - $11 million. Activities to include:
    - Payment of hazard allowances for a pre-determined and verified number of health workers in 37 fully or partially operational health facilities with COVID19 ICUs for 6 months. Under this proposal, the number of healthcare workers receiving the hazard allowance are classified as: (a) those staff operating within the ICU and (b) those staff directly supporting ICU operations. ICU staff may include Specialist MDs, General MDs, Anesthetists, RNs; and staff who directly support the ICUs may include laboratory technicians, radiologic technicians, pharmacists, cleaners, admitting clerks, etc. The list of health workers who will receive allowances is based on an identification of 37 health facilities (see Annex 1) to be set up as COVID19 Treatment Centers for Severe/Critical cases conducted by WHO, together with the MoPHP (Sana'a and Aden), in March and April. Of these, 21 were located in the northern governorates, 16 in the south. This list was later expanded to cover 59

[1] https://yemen.immap-mena.info/WHO/covid19_yemen/

HFs including 33 in the north and 26 in the south. As of early August, 37 are reportedly either fully or partially operational[2]. This status is based on WHO-defined parameters demonstrating the operationality status of the ICU. A fully operational ICU can become partially operational when medications and supplies run out, or if new health care workers have been recently assigned and are untrained. The modality for paying hazard allowances will follow a risk-informed approach and benefits from UNICEF's experience in implementing other cash initiatives including the Emergency Cash Transfer Project which delivers unconditional cash transfers to 1.5 million beneficiaries across the country. It will follow a five-step approach to verify the identity and performance of the health workers and cash will be disbursed against the presentation of one of the IDs accepted by the project.
- Contracting of a third-party monitoring organization to monitor the payment of allowances.

13. *Risk Communication and Community Engagement*: *(Unicef)* - $6 m. Activities to include:
    - Mobilization community volunteers and influencers to explain to millions of people across the country what the virus is, how it is transmitted and what can be done to stop its spread.
    - Procurement and distribution of Infection Prevention and Control (IPC) household kits and shielding measures for vulnerable groups.

14. *Rapid Response Mechanism: (UNFPA) - $3m*. Activities to include:
    - Continued provision of emergency kits (IRR, hygiene and dignity kits) to 180,000 individuals that will be newly displaced or stranded during the next three months, including those likely to flee fighting in Marib.
    - Pre-positioning, transportation and distribution of the three kits provided by UNFPA, UNICEF and WFP as well as the coordination of the RRM partners at both central and hub levels.

15. *UNHAS: (WHP) - $2.5m*. Activities to include:
    - Continued provision of humanitarian air services for humanitarian partners for three months.

Priority locations, prioritization of projects and eligibility

16. This YHF Reserve Allocation will cover the entire country.

17. Projects that are submitted within the deadline of 24 August 2020 will be reviewed by Clusters and OCHA's Humanitarian Financing Unit (HFU) using a simplified scorecard and through a combined strategic and technical review committee.

18. YHF eligible partners are expected to align their project proposals with the priorities outlined in this allocation strategy and the technical recommendations provided by the Clusters. YHF partners will have to report on a regular basis to the Clusters and actively participate in the coordination mechanisms in Sana'a and at field level. Projects should have received prior endorsement by the Cluster. Project duration should be 6 months maximum.

Timeline and procedures

19. This YHF Reserve Allocation Strategy is published on 20 August 2020. From this day, eligible humanitarian organisations have until 24 August 2020 (18:00 Sana'a time) to submit project proposals through the YHF online Grants Management System (GMS), accessible at https://cbpf.unocha.org/.

Key Date	Phase	Step	What	Who
19 Aug	**Preparation**	Allocation Strategy endorsed	Allocation Strategy	HC, AB
20 Aug		Launch of Allocation in the GMS	Allocation open	OCHA
24 Aug		Proposal submission deadline	Proposals	Partners

[2] Fully or partially functioning COVID19 ICUs are defined by the following parameters: requirements (e.g. water, electricity, fuel, etc.) assessed, rehabilitated, equipment and supplies provided, staff trained, and ICU ready to accept patients.

25 Aug	**Proposal Development and Review**	Strategic and Technical review	Technical review of projects; feedback to partners	Technical Review Committee, OCHA
26-27 Aug		Proposal revision and adjustments	Partners address feedback, OCHA final clearance	Partners, OCHA
From 31 Aug	**Approval**	Grant Agreement (GA) preparation, HC and Partners signatures	GA prepared/start date agreed with Partners, HC approved project, Partners signs / start of eligibility	OCHA
From 7 Sept	**Disbursement**	Grant Agreement final clearance and first disbursement	GA cleared and signed	OCHA

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Complaints mechanism

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

Annex 1: List of 37 prioritised health centers
Annex 2: Budget preparation guidelines

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Annex 1 - Summary of 37 HFs with COVID19 ICUs, fully or partially operational, August 2020

GOVERNORATE	DISTRICT	HEALTH FACILITY
Abyan	Zingibar	Zunjopar Hospital
Aden	Al Buraiqeh	Al Amal Hospital
Aden	Khur Maksar	Al Jumhuria Teaching Hospital
Al Bayda	As Sawma'ah	As Sawmah Hospital
Al Bayda	Al Bayda City	Al Thawra Hospital
Al Bayda	Rada'	Rada'a Hospital
Al Dhale'e	Ad Dhale'e	Al-Wahdah (Al-Dhalee) Hospital
Al Hudaydah	Al Khawkhah	Al Wa'arah Health Unit
Al Hudaydah	Al Hali	Al Salakhanah Hospital
Al Hudaydah	Al Hawak	Al Thawrah Hospital (Physiotherapy Center)
Al Jawf	Al Hazm	Al Jawf Hospital
Al Maharah	Al Ghaydah	Al Ghidah Hospital
Al Mahwit	Al Mahwait City	Al Jumhuri Hospital
Amanat Al Asimah	At Tahrir	Al Kuwait Hospital
Amanat Al Asimah	Bani Al Harith	Sheikh Zayed Maternity Hospital
Amanat Al Asimah	Bani Al Harith	Ar Rawdah Hospital
Amran	Amran	22 May Hospital
Dhamar	Jahran	Al Wahdah Teaching Hospital
Hadramaut	Al Mukalla City	Al-Shaheed Riad Al-Jariri Fever Hospital/Folok Fever Hospital
Hadramaut	Al Mukalla City	Ibn Sina Hospital
Hadramaut	Sayun	Sayun Hospital
Hadramaut	Al Qatn	Al Haya Center
Hajjah	Hajjah City	Al Jumhuri Hospital
Hajjah	Abs	Abs Residential City
Ibb	Ibb	Al Sahul Technical Institute
Ibb	Jiblah	Jiblah Hospital
Lahj	Al Hawtah	Ibn Khaldun Hospital
Marib	Marib City	New University Al Rodah
Raymah	Al Jabin	Al Thulaia Hospital
Sa'ada	Sahar	Al Talh Hospital
Sa'ada	Sa'adah	Qohzah Health Center
Sa'ada	Haydan	Haydan Hospital
Sana'a	Bani Matar	Al Humyat Center
Sana'a	Jihanah	Al Shaheed Mohamed Al Durra Hospital
Shabwah	Ataq	Ataq Hospital
Socotra	Qulensya Wa Abd Al Kuri	Motherhood and Childhood Health Center
Taizz	Al Qahirah	Al Jumhuri Hospital

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