

ALLOCATION STRATEGY PAPER – SECOND STANDARD ALLOCATION (September 2017)

DEADLINE for submissions of projects: 30th September 2017 at 24:00 Sana'a time

A maximum of two project proposals by partner will be accepted. Projects not coordinated with the respective cluster will be automatically rejected.

The Humanitarian Fund for Yemen (YHF) was established in early 2015 under the leadership of the Humanitarian Coordinator (HC). The objectives of the YHF are to promote needs-based assistance in accordance with humanitarian principles, respond to the most urgent needs, strengthen the cluster coordination system and reinforce the leadership of the HC. OCHA's Country-Based Pool Funding (CBPFs) mechanism ensures that timely and flexible funding is available in Yemen to address the most immediate and critical needs while reinforcing coordinated and integrated humanitarian action.

This allocation strategy is the result of a consultation process launched by the Humanitarian Coordinator on 31st August 2017. HCT members, Clusters, sub-clusters, Area HCT and OCHA Hubs at Governorate level were involved in this process. The document was shared by email with the YHF Advisory Board (AB) on 11th September 2017 with feedback been received by 13th September 2017 ensuring the process's inclusiveness. The final draft was endorsed by the Humanitarian Coordinator on 15th September 2017.

Based on preliminary recommendations on the methodology, Cluster Leads and ICCM members agreed to focus on same thematic envelopes as the first 2017 allocation. addressing the humanitarian community's alert on the risk of famine. Since the first standard allocation no major changes been recorded, the most vulnerable remain at risk, with additional, 2 million persons remaining displaced and are living in particular difficult conditions with limited access to basic services.

In order to maximise the impact of this allocation, while complimenting the first Standard Allocation, YHF partners are requested to focus on the most affected / underserved areas and to promote a multi-cluster approach.

This strategy paper outlines the sectors, geographical areas and activities recommended for funding under this allocation. Submissions that do not respond to the priorities outlined in this paper will be automatically rejected.

A. FINANCING OVERVIEW

To date, 17 donors have generously contributed to the Fund, summing a total of \$116 million. Furthermore, the YHF had carried-over funds of \$22 million from contributions that were submitted in December 2016. Thanks to these generous contributions a total of **US\$70 million** will be made available from the Yemen Humanitarian Fund under the Second Standard Allocation, representing 3 per cent of the humanitarian funding requested under the 2017 revised Yemen Humanitarian Response Plan (YHRP).

As of 6 September 2017, OCHA's Financial Tracking System (FTS) has already recorded paid contributions of US\$ 976.5 million against the 2017 Yemen HRP, representing 41.8 per cent of the US\$ 2.3 billion requested, with an additional US\$ 91.4 million in outstanding pledges. This brings the total to US\$ 1.5 billion or 33.8 per cent of the total 2017 requirements.

B. Broad objectives of the allocation strategy

Within the overall framework of the Humanitarian Response Plan, the main strategic objectives of the Second Standard Allocation 2017 are as follows:

- 1) **Addressing the underlying and immediate causes of food insecurity and malnutrition** by ensuring adequate access to Food, Nutrition, health and WASH to the most vulnerable through an integrated approach (USD 45 million)
- 2) **Integrated Response for the most vulnerable IDP, Returnees families and host communities** by ensuring access to a minimum package which include Shelter, NFI, CCCM, Food Security, wash, health, nutrition and protection services. (USD 20 million)
- 3) **Support YHF partners in continuing the on-going Cholera response projects funded under the YHF second Reserve allocation** (USD 5 million)

Any potential duplication within the two main responses is averted through an integrated screening process of the projects submitted to the Fund during the Technical Review Committee stage.

C. Allocation Envelopes and Specific Priorities

Envelope One (USD 45 million): Addressing the underlying and immediate causes of food insecurity and malnutrition by ensuring adequate access to Food, Nutrition, health and WASH to the most vulnerable through an integrated approach

SECTOR: NUTRITION, FOOD SECURITY, HEALTH and WASH

The first Envelope of this Allocation aims to prevent the increase of food insecurity and malnutrition levels through an integrated approach with life-saving assistance of food and emergency livelihoods, nutrition, health and water, sanitation and hygiene given priority.

Since the start of the military campaign in March 2015 by Coalition forces, over 8,389 Yemenis have been killed, more than 47,741 injured and over 2.2 million displaced. The economic strangulation of the country continues and is part of the tactics used in the Yemen conflict. The banking sector has been affected, key imports such as fuel, food and medicines are interrupted owing to the closure of Sanaa airport and limited operations in Hodaidah port. With salaries not paid regularly for over a year, and many small medium enterprises no longer functioning, people's purchasing power has diminished significantly at a time of increased costs.

Ordinary people bear the brunt of the conflict with an estimated 8 million Yemenis having lost their livelihoods or living in communities with minimal to no basic service provision. An estimated 14.8 million people lack access to basic healthcare, including 8.8 million people living in severely under-served areas. The agricultural sector and fishing industry shrunk by at least 50 per cent while the GDP per capita is estimated to have contracted by 35 per cent since 2015.

Considering the restrictions on imports and the disruption to supply chains of food and medicines, the magnitude of food insecurity is alarming across the country: the most recent Integrated Food Security Phase Classification (IPC) results indicate that 17 million people are estimated to be in Crisis (IPC Phase 3) and Emergency (IPC Phase 4) and require urgent humanitarian assistance. This corresponds to 60% of the population and represents a 20% increase compared to the results of the last IPC Analysis conducted in June 2016. This essentially means 17 million Yemenis are not able to feed themselves adequately and are frequently forced to miss meals and/or eat food of poor nutritional value.

The geographic priorities identified within this Envelope are based on the IPC data as well as the vulnerability criteria developed by the Food Security and Nutrition Clusters which led to the development of a list of 95 priority districts¹ at risk of famine. The list of districts will be further refined based on consultations with Hubs and AHCTs. It is imperative though that this process is evidence driven and not “perception based”.

For the prioritized districts, please refer to Annex 2 of this Strategy Paper.

	Associated SRP Strategic Objective	Amount Allocated
Allocation Envelope 1	SO 1: Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.	US\$ 45 M
Nutrition	<ul style="list-style-type: none"> • YHRP Obj 1: Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women. • YHRP Obj 2: Contribute to prevention of malnutrition by enhancing BSFP, micro-nutrient support and IYCF. 	
Food Security	<ul style="list-style-type: none"> • YHRP Obj 1: Improve availability of food and access to food for the most vulnerable. • YHRP Obj 3: Improve food security by supporting agricultural, livestock and fishery systems and assets. 	
Health	<ul style="list-style-type: none"> • YHRP Obj 1: Provide integrated primary secondary and referral health services, surveillance and response and medical supplies in priority districts. • YHRP Obj 2: Strengthen reproductive, maternal, new born, child and adolescent health (RMNCAH) interventions, including violence against women. 	
Wash	<ul style="list-style-type: none"> • YHRP Obj 1: Restore or maintain sustainable water and sanitation systems to improve public health and resilience. • YHRP Obj 2: Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality 	

The integrated interventions under this Envelope should be in line with the HCT IDP response strategy and will aim to:

Food security:

- Scale up emergency food aid and emergency livelihoods assistance to the most affected vulnerable families supporting relief food/ general food assistance through complementary activities;

Nutrition:

- Treat and prevent malnutrition for children aged 0-59 months and pregnant and lactating women through the community management of acute malnutrition;
- Monitor the nutrition situation by conducting SMART survey

Health:

- Support capacity of fixed health facilities to provide essential and life saving services.
- Support health services through Emergency Mobile Medical team (EMMT) to provide minimum package of health services.
- Support Reproductive Health services including Emergency Obstetric, new born and SGBV care.
- Support routine/outreach immunization, Integrated Management of Childhood Illness(IMCI) and vaccine preventable disease surveillance.
- Support to trauma cases (life-support, proper management, medicines, supplies, capacity building, deployment of surgical teams, rehabilitation).

Wash:

- Provide targeted and tailored WASH assistance to “mother/caretaker- child” in connection with health and nutrition interventions.
- Support health services by ensuring access to WASH services and facilities to staffs, patients and caretakers
- Ensure that men, women, boys and girl have access to safe water and provision of adequate sanitation and hygiene in connection with health and nutrition interventions.

For the specific Cluster’s standardized activities, please refer to cluster technical recommendations.

Envelope Two (USD 20 million) : Integrated Response for the most vulnerable IDP, Returnees families and host communities by ensuring access to a minimum package which include adequate Shelter, NFI, CCCM, Food, wash, health, Nutrition and protection services.

SECTOR: SHELTER, NFI, CCCM, PROTECTION, NUTRITION, FOOD SECURITY, HEALTH and WASH

In line with the Yemen HRP 2017 and the revise document published in August 2017, this envelope aims to support the most vulnerable displaced families living in camp like settlements, spontaneous settlement and collective centres, newly displaced conflict induced IDPs, as well as the most vulnerable returnees in particular persons with specific needs, such as women, children, older persons, minorities or persons with disabilities.

Since March 2015, almost 3 million people have been forcibly displaced. Of the total IDP population, around 1 million returned to their places of origin (returnees) while 2 million individuals remain displaced, including the new conflict induced IDPs affected by the intensification of the conflict in the Western Coast and other active frontlines. Based on the first assessments’ findings of the Shelter/NFI/CCCM cluster partners, 23% (up from 21%) of protracted IDP families live in collective centers or spontaneous settlements. The centers include schools, mosques, health Facilities and government buildings. A total of 863 collective centers and 398 spontaneous settlements have been mapped at Governorate level by the Cluster, while a verification exercise conducted by the Emergency Shelter, NFI, CCCM Cluster’s partners in some of the sites showed that a total of 101,093 individuals live in 823 collective centers and 78,398 in 397 spontaneous settlements.

The first set of 364 sites in 4 Governorates as part of the IDP Hosting Site (CCCM) baseline assessment have been analyzed and prioritization completed. The results indicate that 68% of the sites have no site management organization present at the site although 76% of families indicated that they intended to stay at

these sites for at least the next three months due in large part to lack of security in their places of origin. Close to three quarters of the sites report water shortage, almost none of the sites have access to electricity or had problems with wiring which is a fire hazard. Only about half of the sites have access to latrines and showers, and just under half of the sites had access to a primary healthcare provider.

In 2017 humanitarian partners committed to respond to the most vulnerable families through an integrated approach in IDP Hosting Sites employing a minimum standard for Shelter solutions. The Protection Cluster recently developed a referral form for other Clusters to refer protection cases. This approach needs to be widened to include other Clusters.

The geographic priorities identified under this Envelope are based on recent Shelter/NFI/CCCM Cluster data which informs the prioritization matrix used to identify the most vulnerable sites across Governorates based on the specific clusters' need assessments' findings and field offices recommendations. Additional humanitarian needs assessments shall be used for the integrated response to the basic needs of newly displaced IDPs.

To consult the list of eligible districts, please refer to the Index in Annex 2

Associated SRP Strategic Objective		Amount Allocated
Allocation Envelope 2	<p>SO1: Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response</p> <p>SO2: Ensure that all assistance promotes the protection, safety and dignity of affected people, and is provided equitably to men, women, boys and girls.</p>	US\$ 20 M
Shelter, NFI, ICCM	<ul style="list-style-type: none"> • <u>YHRP Obj 1</u>: Provide life-saving and life-sustaining shelter solutions and non-food items to the most vulnerable in livable and dignified settings. • <u>YHRP Obj 2</u>: Ensure access to basic services for the most vulnerable women and men living in IDP Hosting Sites. 	
Protection	<ul style="list-style-type: none"> • <u>YHRP Obj 2</u>: Provide life-saving protection assistance and service to vulnerable conflict affected individuals, including children and GBV survivors • <u>YHRP Obj 3</u>: Strengthen capacity of partners, service providers, authorities and communities to assess, prevent, mitigate and respond to protection needs and risks 	
Food Security	<ul style="list-style-type: none"> • <u>YHRP Obj 1</u>: Improve availability of food and access to food for the most vulnerable. • <u>YHRP Obj 3</u>: Improve food security by supporting agricultural, livestock and fishery systems and assets. 	
Health	<ul style="list-style-type: none"> • <u>YHRP Obj 1</u>: Provide integrated primary secondary and referral health services, surveillance and response and medical supplies in priority districts. • <u>YHRP Obj 2</u>: Strengthen reproductive, maternal, new born, child and adolescent health (RMNCAH) interventions, including violence against women. 	
Nutrition	<ul style="list-style-type: none"> • <u>YHRP Obj 1</u>: Deliver quality, life-saving interventions for acutely malnourished girls and boys and pregnant or lactating women. • <u>YHRP Obj 2</u>: Contribute to prevention of malnutrition by enhancing BSFP, micro-nutrient support and IYCF. 	

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- Wash**
- **YHRP Obj 1: Restore or maintain sustainable water and sanitation systems to improve public health and resilience.**
 - **YHRP Obj 2: Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality**
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Interventions under this Envelope will aim to:

Shelter/NFI and CCCM:

- Ensure that Men, women, boys and girls living in IDP Hosting Sites and in adjacent host communities have access to basic services
- Support site management in the targeted settlements
- Ensure that new IDPs have their basic needs covered
- Ensure that the most vulnerable returnees have access to a minimum package

Protection:

- Provide protection assistance and services to vulnerable, conflict-affected individuals, including women and children.
- Develop and support community-based responses in order to prevent, mitigate or address protection needs and risks, particularly those related to food insecurity and malnutrition, including protection awareness and enhancing individual and community coping strategies.
- Ensure case management, medical, psycho-social support and safe space for GBV survivors.
- Ensure case management, Psycho-social support for conflict-affected children
- Ensure MRM on grave child rights violations

Wash:

- Ensure that IDPs and Host communities have safe and equitable access to a sufficient quantity of safe water for drinking, cooking, personal and domestic hygiene.
- Ensure that men, women and children of all ages (IDP's and host communities targeted) are mobilized to adopt measures to prevent the deterioration in hygienic conditions, to use and maintain the facilities provided.
- Ensure that men, women and children of all ages (IDP's and host communities targeted) have access to sanitation facilities and live in a healthy environment free of contamination.

FSAC:

- Scale up food aid and emergency livelihoods assistance to the most affected vulnerable families supporting the general food distribution through complementarity activities;

Nutrition:

- Treat and prevent malnutrition in children aged 0-59 months and pregnant and lactating women through the community management of acute malnutrition;

Health:

- Support capacity of fixed health facilities to provide essential and live saving services.
- Support health services through Emergency Mobile Medical team (EMMT) to provide minimum package of health services.
- Support Reproductive Health services including Emergency Obstetric, new born and SGBV care.
- Support routine/outreach immunization, Integrated Management of Childhood Illness (IMCI) and vaccine preventable disease surveillance.
- Support to trauma cases (life-support, proper management, medicines, supplies, capacity building, deployment of surgical teams, rehabilitation).
- Strengthening prevention and the management of communicable disease.

- Surveillance system re-established for early detection and timely response to diseases outbreaks.
- Improve access to quality curative nutrition services through systematic identification and treatment of severe acute malnourished cases according to national standards.

Multi-sector:

- Provide multi-purpose cash/voucher assistance for vulnerable IDPs. Multi-purpose cash/voucher assistance should only be implemented where appropriate following an assessment regarding the possibility of this modality causing on-site tension or protection concerns. Each intervention has to include a detailed and comprehensive risk analysis.

For the specific Cluster’s standardized activities, please refer to cluster technical recommendations.

Envelope Three: (USD 5 million) Support YHF partners in continuing the on-going Cholera response projects funded under the YHF second Reserve allocation.

SECTOR: HEALTH and WASH

Remarks: Preference will be given to National NGOs

Despite a massive humanitarian response, the cholera outbreak continues to affect thousands of people in Yemen. As of 6 September, suspected cholera cases reported since 27 April have reached 624,379 with 2,055 associated deaths. The international community have mobilised funds and resources in order to try to contain the outbreak. National NGOs are part of the response and it appears that most of YHF partners which are responding under the 2nd YHF Reserve Allocation will have to stop their intervention if they do not receive additional financial support. The Humanitarian coordinator has decided to dedicate the 3rd envelope of this allocation to National NGOs which are already implementing a YHF cholera response project in order to give them the possibility to continue their action.

Associated SRP Strategic Objective		Amount Allocated
Allocation Envelope 3	SO1: Provide life-saving assistance to the most vulnerable people in Yemen through an effective, targeted response.	US\$ 5 M
Health	<ul style="list-style-type: none"> • <u>YHRP Obj 1:</u> Provide integrated primary secondary and referral health services, surveillance and response and medical supplies in priority districts. 	
Wash	<ul style="list-style-type: none"> • <u>YHRP Obj 1:</u> Restore or maintain sustainable water and sanitation systems to improve public health and resilience. • <u>YHRP Obj 2:</u> Provide emergency WASH assistance to the most vulnerable so as to reduce excess morbidity and mortality 	

Interventions under this Envelope will aim to:

- **Implement early/rapid response activities** enabling a quick response as soon as suspected cases are reported in an area. Some of these rapid responses include enhance early warning surveillance, timely laboratory confirmation, improved case management and infection control, strengthen water, sanitation and hygiene, and provision of essential supplies;
- **Integrated response activities** are based on the epidemiological analysis of the course of the outbreak, including contact tracing, incidence, case fatality rate, attack rate and mapping areas with contaminated water at household level.
- **Integrated prevention activities** are characterized mainly by WASH, Health and Communication for Development (C4D) strategy to protect people at all levels even those live in unaffected but at high-risk areas from AWD/cholera

For both sector, wash and health, YHF partners have to comply with the Cholera response plan strategy and technical recommendations.

YHF partners will have to report on a regular basis to both cluster and to actively participate to cholera response coordination meeting in Sana'a and at field level.

Only National N-NGOs with an on-going YHF cholera response project will be considered.

Only partners which have demonstrated their capacity to implement cholera response projects will be considered.

For the specific Cluster's standardized activities, please refer to the cholera response plan.

D. Principles and others cross cutting issues to consider for both envelopes

At the center of an integrated response are protection, gender equality and accountability to the affected population as outlined in the Yemen HRP 2017 Strategic Objective 2 "Ensure that all assistance promotes the protection, safety and dignity of affected people and is provided equitably to men, women, boys and girls".

Recent surveys revealed that more than 50 per cent of the affected population part of the survey, including 1000 affected individuals, was unaware of information related to the humanitarian assistance: criteria for the selection of beneficiaries, type of assistance provided, mechanisms for the delivery of aid including location and procedures for complaint mechanisms. The analysis showed that 35 per cent of the surveyed beneficiaries were female with lack of awareness on how to access humanitarian aid.

The CBPFs mechanism aim to avoid any discrepancy between the assistance provided and priority needs of the population, ensuring the respect of the principle of **accountability to the affected population (AAP)**.

The implementing partners submitting proposals under the two envelopes of this Allocation are required to:

- I. Conduct needs assessment through focus group discussions with men and women in the affected communities, to support dialogue with male and female community's leaders regularly in order to understand their prospective on needs and priorities, to collect information and develop messages to improve communication with the communities;
- II. Establish mechanisms to keep different age and gender groups well informed on the humanitarian principle, international humanitarian law and human rights and to tailor and disseminate messages in an appropriate way;
- III. Demonstrate the interventions and the humanitarian assistance provided is tailored to the needs of different groups in coordination with the communities, the leaders and all stakeholders on the ground.
- IV. Establish a responsive complaints mechanism and activate feedback systems during all stage of the program cycle;

- V. On a monthly basis make available community level information on perceptions, priorities, and needs and communicate these with HCT, ICCM, through the Humanitarian Communication network (HCN)¹.

CBPFs are also committed to ensure **protection mainstreaming** and **gender equality** will be promoted in each phase of the program cycle. In order to respect the above principles, guiding documents are made available for the implementing partners applying for grants under this allocation.

As part of the technical review process for project proposals, the Technical Review Committees will review all approved proposals for accountability elements, assessing the project designs, needs assessments, and monitoring mechanisms for their incorporation of AAP standards. The reviews will also analyze **protection and gender mainstreaming elements** using **relevant protection mainstreaming indicators** and the IASC Gender Marker. Successful proposals will be expected to complete Gender and Age Marker for Monitoring (GAMM) during implementation.

Please, refer to the Allocation Guidelines 2017.

E. Timeline and Procedures

This YHF Allocation Strategy is published by the HC on Fridayday 15th September 2017. From this day, **eligible humanitarian organisations with projects aligned to the allocation envelopes have 10 working days, i.e. until Saturday 30th September 2017 (12:00 PM), to submit project proposals** through the YHF online Grant Management System (GMS), available at <https://cbpf.unocha.org/>

Friday 15th September	The HC publishes the Second Standard Allocation 2017 strategy paper
Saturday 30th September	Deadline for interested organisations to submit project proposals through the OCHA online database (GMS)
1st and 2nd October	Received Proposals circulated to Hubs and Clusters
3rd to 5th October	OCHA Hubs Review & Cluster Review
8th to 10th October	Proposals submitted are reviewed and scored by the respective Strategic Review Committee (SRCs) – a pre-list of recommended projects is finalized
11th to 12th October	Based on the TRC results, recommended projects, received feedback and review the proposals accordingly
15th – 22nd October	Preselected Implementing Partners re-submit revised Proposal in GMS
23rd – 27th October	FCS (NY) review of budget on rolling basis
28th October	HC will review the recommended projects for the final approval
29th October	HC present the Chapeau to the AB (AB meeting)
29th – 31st October	First grant agreements are signed by the HC
1st – 4th November	First contracts signed by Executive Officer and disbursement process start

F. Eligible Partners and Partnership Arrangements

Support to NGOs through this allocation will be prioritised, based on their access and experience in the prioritised geographical areas. However, the decision to fund either an NGO or UN agency through this allocation will be determined by the demonstrated comparative advantage of each organisation to deliver the articulated response.

Eligible Partners	- In line with the YHF Operational Manual (Updated September 2017) ² and eligibility guidance documents ³ that govern the management of the Yemen Humanitarian Fund,
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¹ The HCN is cochaired by OCHA and a rotating NGO.

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

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

	the YHF can only fund active national and international NGOs who have been <u>confirmed as eligible partners</u> according to the Fund's Eligibility Process.
NGO Funding Ceiling	<p>Total USD Ceiling (see detailed revised Operational Modalities under Annex I):</p> <ul style="list-style-type: none"> - For LOW risk partners = \$8 million USD in active grants at any one time. - For MEDIUM risk partners = \$5 million USD in active grants at any one time. - For HIGH risk partners = \$3 million USD in active grants at any one time. <p>The cutoff date for the on-going grant will be 31st of December 2017. Project funded under the reserve allocation will not be considered for determining the ceiling.</p> <p>Partners which does not have a qualified audit in 2015, 2016 and 2017 AND which have positive monitoring reports for projects implementing in 2016 or 2017 (Outstanding performance, Good performance, underperforming but justified) will have the possibility to increase their ceiling with an additional 1,000,000 USD plus an additional 1,000,000 USD if this last additional envelope is transferred to one or several local organizations not eligible for receiving YHF funds or eligible but has never received YHF funds.</p> <p>Remarks: A specific ceiling apply for new partners or partners which have never implemented a YHF project: Low Risk: \$4 million USD; Medium Risk: \$2.5 million USD and High Risk: \$1 million.</p>
Sub-implementing Partners	<ul style="list-style-type: none"> - Partnership between the UN and international NGOs with national NGOs is strongly <u>encouraged</u> and partners who take on a national NGO partner will be given a higher number of points during the scoring process when clear and identifiable coaching, mentoring, and capacity building activities are provided in the project proposal. However, whilst these activities can form a sub-set of the overall outcome of the project, they cannot represent the main output of the project. - Organisations that are not currently eligible are encouraged to can be sub-implementing partners to an eligible organisation. However, the eligible partner as the signatory organisation will bear full responsibility for the work and actions of their sub-implementing partner. A maximum of 4 sub-implementing partners will be accepted for INGOs and N-NGOs. - In-line with YHF 2017 strategic priorities to increase the cost-efficiency of the fund, YHF partner should avoid unnecessary multilayers partner approach.

- Any questions or concerns with regards to eligibility and/or partnership arrangements can be directed to OCHA HFU: **Georgios Alexandratos**, Humanitarian Affairs Officer, alexandratos@un.org

G. Guidance on Selection of Projects

The following criteria will be used by the Strategic Review Committees (SRC) when reviewing potential projects. Partners who wish to be successful in getting their respective project funded should consider demonstrating adherence to the following guidance in their proposals.

Submission of Proposals	Organisations must use the YHF Grant Management System (GMS) to submit proposals in the English language (cbpf.unocha.org). Proposals submitted outside the GMS will not be considered.
Duration of Projects	Maximum 12 months per project
Number of Projects by Partner	A maximum of two project proposals by partner will be accepted. Partners can however submit proposals covering multiple sectors by using the multi-cluster option in the GMS.
Coordination	Projects that are not coordinated in writing with the respective cluster or sub-cluster coordinator(s) ahead of time will be automatically rejected. This is to help strengthen coordination efforts and avoid duplications, as well as limit the number of proposals received that are not aligned to the cluster's strategy.
Integration	Partners should ideally integrate different sectors in the proposal IF the partner has the capacity to do so. If the partner has limited capacity, then the partner should coordinate with another partner and align the proposal so that a coalition of partners will jointly implement an integrated response.

Gender Mainstreaming	Projects must demonstrate an analysis of relevant gender issues, activities designed to address gender differences, and targets/indicators that will enable reporting on distinct benefits to males and females (Gender Marker Code 2) ⁴ .
Gender Monitoring Tool (GAMM)	Successful applicants will be asked to complete the IASC Gender & Age Marker for Monitoring. This is a new monitoring tool that assesses programme quality with respect to gender, age and accountability.
Protection Mainstreaming	Projects must demonstrate how protection will be included in programming, including (a) avoid causing harm; (b) meaningful access; (c) participation and empowerment; and (d) accountability. while ensuring protective impact. Projects must also demonstrate how protection issues for different groups will be identified, monitored, referred and addressed throughout implementation ⁵ ..
Communication	All partners will be required to commit to the delivery of communication materials around the deliverables of the project (i.e. human-interest stories, pictures, videos, case studies etc.) in line with the Communication & Visibility Guidelines ⁶
Accountability to the Affected Population	Accountability to affected people (AAP) is an intrinsic and inseparable from all humanitarian work. AAP offers a people-centred and rights-based framework that is concerned with respect the rights, dignity and safety of affected women, men, girls and boys. It reiterates that affected communities are the primary stakeholders of humanitarian response and they have a basic right to participate in decisions that affect their lives (participation), receive information they need to make informed decisions (information provision) and to complain if the assistance they received is not adequate or has unwelcomed consequences (feedback/complaints mechanisms).
Communication with beneficiaries	This communication effort promotes a two ways communication between humanitarian leadership and the community. On the one hand, the "inform" component will disseminate evolving humanitarian messaging and on the other, the "listen" component will collect community perceptions on the evolving humanitarian response. The overall purpose of this effort is to use community based information to influence humanitarian decision making, at all levels. The entity at the center of the information flow (between community and humanitarian leadership) will be the Humanitarian Communications Network, chaired by OCHA and a revolving NGO representation.

1. *Assessments*: Projects should be based on recent assessments with detailed information provided on gaps in assistance together with a justification for the programming approach selected.
2. *Beneficiary prioritization and selection*: Project beneficiaries are selected based on strict vulnerability criteria with a demonstrated verification process.
3. *Monitoring and Reporting*: Projects demonstrating clear linkages between their monitoring methodology and geographic/programme requirements will be favorably weighted.
4. *Innovative approaches to work*: the use of innovative methodologies or modalities for aid delivery, which are relevant to the beneficiary group, geographic specificities or programmatic approach.
5. *Value for Money*: Projects that can demonstrate a high degree of cost effectiveness (i.e. maximum output and beneficiary reach for every dollar invested) relative to the project budget will be prioritized.
6. *Crosscutting Issues*: Projects demonstrating attention to the impact on the environment and propose appropriate mitigation measures, the centrality of protection, and equitable benefits for males and females will be favorably weighted.
7. *Coordination*: Strong participation in national and regional coordination mechanisms is a requirement.
8. *Accountability to Affected Populations*: Projects have to demonstrate strong linkages with beneficiary communities and have to include a documented feedback and complaints mechanisms. Projects which provide a detailed methodology for implementing their feedback and complaints mechanisms in line with the HCT recommendations will be favorably weighted.

⁴ IASC Gender Handbook in Humanitarian Action, 2006. See Section B "Areas of Work", starting page 41.
http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/IASC_Gender_Handbook_EN.pdf

⁵ Global Protection Cluster's (GPC) Sector Checklists (which are part of the Protection Mainstreaming Training Package):
http://www.globalprotectioncluster.org/_assets/files/aors/protection_mainstreaming/Protection_Mainstreaming_Training_Packag_e_SECTORGUIDANCE_November_2014.pdf

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

H. Contact Information

Interested organizations should liaise with the respective clusters to ensure their proposed intervention is aligned to the HRP 2017 priorities and the guidance provided by this allocation strategy paper and is properly coordinated with other stakeholders:

Cluster / Working Group Advisers	Name	E-Mail
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- Safwan Al-Sagheer, al-sagheer@un.org, +967 712 222 831 (Programme Officer)
- Hani Al-Haddad, al-haddad2@un.org, + 967 712 222 810 (Monitoring and Evaluation Officer)

I. Complaints Mechanism

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

Annex 1: List of 2017 YHF donors



\$116 million received

\$84.20M Paid amount
\$31.8 M Pledged amount

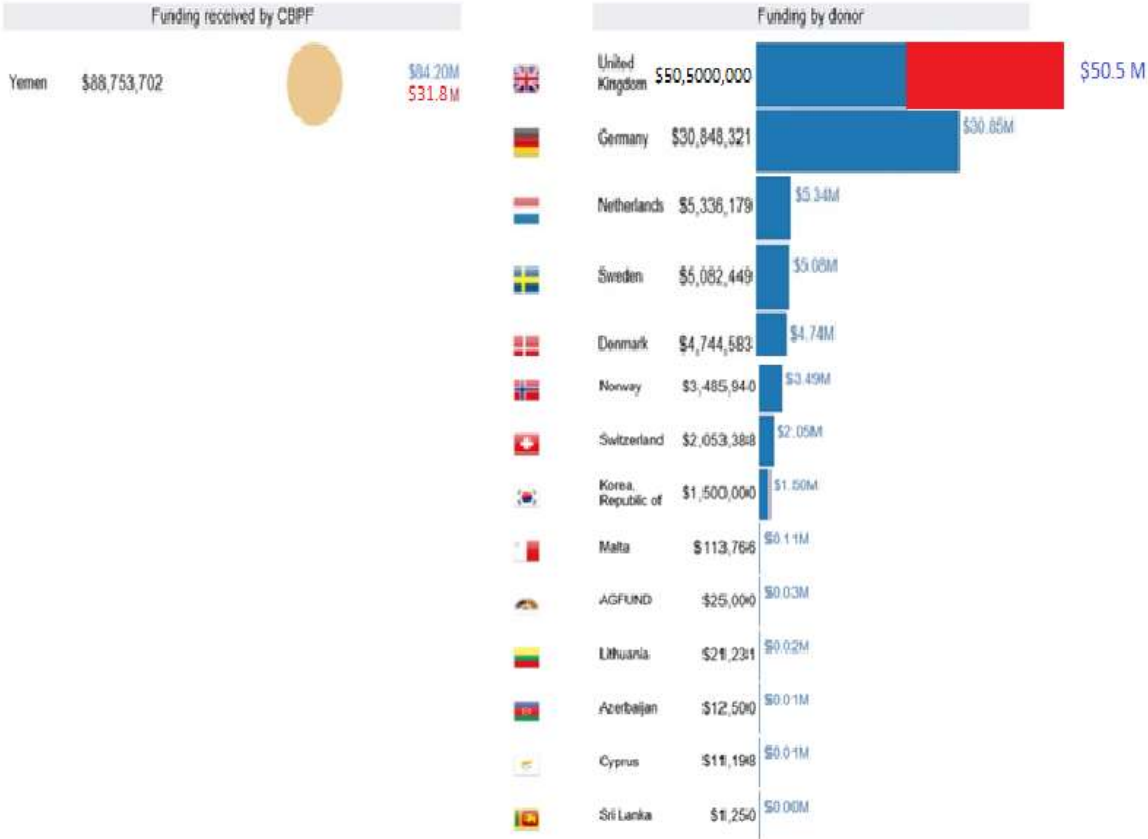
17

Donors

1

CBPFs

(Select a donor to filter Pooled Fund contributions)



Annex 2:

- PRIORITY GEOGRAPHIC AREAS – ENVELOP 1

Number	Governorate code	Governorate	District Code	District
1	11	Ibb	1109	Hazm Al-Odain
2	11	Ibb	1111	Al-Odain
3	11	Ibb	1117	Modhaikhera
4	12	Abyan	1205	Sabbah
5	12	Abyan	1206	Rosod
6	12	Abyan	1207	Sarar
7	12	Abyan	1209	Ahwar
8	12	Abyan	1210	Zonjobar
9	12	Abyan	1211	Khanfar
10	15	Taiz	1501	Mawiyah
11	15	Taiz	1502	At Ta'iziyah
12	15	Taiz	1503	Shara'b As Salam
13	15	Taiz	1504	Shara'b Ar Rawnah
14	15	Taiz	1515	Ash Shamayatayn
15	15	Taiz	1516	Al Wazi'iyah
16	15	Taiz	1519	Al Qahirah
17	15	Taiz	1520	Salh
18	15	Taiz	1521	Al Ma'afer
19	15	Taiz	1505	Maqbanah
20	15	Taiz	1513	Khadir
21	15	Taiz	1518	Al Mudhaffar
22	17	Hajjah	1704	Abs
23	17	Hajjah	1705	Hayran
24	17	Hajjah	1711	Khairan Al-Moharraq
25	17	Hajjah	1712	Aslam
26	17	Hajjah	1713	Qufi Shammar
27	17	Hajjah	1714	Aflah Al-Yaman
28	17	Hajjah	1722	Koaidenah
29	17	Hajjah	1723	Wadhra
30	17	Hajjah	1724	Bani Qais
31	17	Hajjah	1725	Al-Shaghaderah
32	17	Hajjah	1729	Hajjah
33	17	Hajjah	1706	Mustaba
34	18	Hodeidah	1811	Al-Hajjayla
35	18	Hodeidah	1812	Bura'
36	18	Hodeidah	1815	Al-Sokhnah
37	18	Hodeidah	1817	Bait Al-Faqeeh
38	18	Hodeidah	1820	Al-Khawkha

39	18	Hodeidah	1826	Al-Tohaita
40	18	Hodeidah	1807	Al-Zaidiah
41	18	Hodeidah	1808	Al-Mighlaf
42	18	Hodeidah	1810	Bajil
43	18	Hodeidah	1813	Al-Marawe'ah
44	18	Hodeidah	1816	Al-Mansoriah
45	18	Hodeidah	1825	Al-Jarrahi
46	19	Hadhramout	1906	Al-Abr
47	19	Hadhramout	1910	Sae'on
48	19	Hadhramout	1917	Ghail Bawazeer
49	19	Hadhramout	1920	Rakhyah
50	19	Hadhramout	1921	Amd
51	19	Hadhramout	1922	Adh Dhlia'ah
52	19	Hadhramout	1923	Yabuth
53	19	Hadhramout	1930	Al-Mukalla
54	19	Hadhramout	1903	Al-Qaf
55	19	Hadhramout	1904	Zamakh wa Manwakh
56	19	Hadhramout	1905	Hagr As Sai'ar
57	19	Hadhramout	1924	Hajr
58	19	Hadhramout	1928	Huraidha
59	20	Dhamar	2003	Jabal Al-Sharq
60	20	Dhamar	2005	Otmah
61	20	Dhamar	2006	Wisab Al-A'ali
62	20	Dhamar	2007	Wisab Al-Safel
63	20	Dhamar	2011	Dhawran Anes
64	21	Shabwa	2113	Ataq
65	21	Shabwa	2114	Habban
66	21	Shabwa	2115	Al-Rawdha
67	22	Sa'ada	2201	Baqim
68	22	Sa'ada	2202	Qatabir
69	22	Sa'ada	2203	Monabbih
70	22	Sa'ada	2204	Ghamr
71	22	Sa'ada	2205	Razih
72	22	Sa'ada	2207	Al Dhaher
73	22	Sa'ada	2209	Saqayn
74	22	Sa'ada	2206	Shada'a
75	22	Sa'ada	2210	Majz
76	22	Sa'ada	2213	Al Hashwah
77	22	Sa'ada	2214	Kitaf wa Al Boqe'e
78	23	Sana'a	2310	Manakhah
79	23	Sana'a	2311	Sa'fan
80	25	Lahj	2508	Al-Melah
81	25	Lahj	2509	Al-Mosaimeer

82	25	Lahj	2510	Al-Qabaitah
83	25	Lahj	2512	Al-Maqatera
84	25	Lahj	2507	Radfan
85	25	Lahj	2514	Al-Hawta
86	25	Lahj	2515	Toban
87	27	Al Mahweet	2703	Al-Rojom
88	27	Al Mahweet	2707	Bani Sa'ad
89	29	Amran	2909	Debeen
90	29	Amran	2919	Khamer
91	29	Amran	2920	Bani Soraim
92	30	Al Dale'e	3007	Jehaf
93	30	Al Dale'e	3008	Al-Azareq
94	30	Al Dale'e	3009	Al-Husha
95	31	Raymah	3101	Bilad Al-Ta'am

- PRIORITY GEOGRAPHIC AREAS – ENVELOP 2



List of the Critical
Priority Districts (68
Districts)

Gov_Name	District_Name	PIN GAP Score	PIN SCORE	Choler a score	PWSN	% IDPs & IDP returnees / HC	# of IDPs Hosting Sites (final result)	Total Score	Prioirt y
Taizz	Ash Shamayatayn	4	8	1	20	16	12	60.5	Critical
Marib	Marib City	4	6	1	20	16	9	56.0	Critical
Hajjah	Mustaba	4	8	2	20	16	0	49.5	Critical
Amanat Al Asimah	As Sabain	4	8	1	20	16	0	49.0	Critical
Hajjah	Abs	4	8	1	20	16	6	55.0	Critical
Shabwah	Ataq	4	8	1	20	16	3	51.5	Critical
Hajjah	Bakil Al Mir	3	6	1	20	16	3	49.0	Critical
Sana'a	Nihm	4	6	2	20	16	0	48.0	Critical
Amran	Khamir	2	4	2	20	16	6	49.5	Critical
Al Dhale'e	Ad Dhale'e	4	4	2	20	16	3	49.0	Critical
Hadramaut	Brom Mayfa	4	4	1	20	16	6	50.5	Critical
Sa'ada	Sahar	4	6	1	20	16	0	46.5	Critical
Marib	Sirwah	4	2	1	20	16	12	54.5	Critical
Hajjah	Aslem	3	4	1	20	16	3	47.0	Critical
Aden	Dar Sad	4	8	2	15	16	3	48.0	Critical
Al Jawf	Al Maton	4	2	2	20	16	12	55.5	Critical
Hajjah	Hayran	4	4	1	20	16	3	47.5	Critical
Hajjah	Khayran Al Muharraq	3	6	2	20	12	6	48.5	Critical

Marib	Medghal	4	2	1	20	16	9	51.5	Critical
Ibb	Dhi As Sufal	2	6	1	20	12	12	53.0	Critical
Al Hudaydah	Az Zuhrah	1	6	1	20	16	0	44.0	Critical
Lahj	Tuban	4	4	1	20	16	3	48.0	Critical
Amran	Harf Sufyan	4	2	2	20	16	12	56.0	Critical
Al Jawf	Al Hazm	4	2	2	20	16	6	49.5	Critical
Hajjah	Kushar	4	8	2	15	16	0	44.5	Critical
Shabwah	As Said	4	4	1	20	16	0	44.5	Critical
Shabwah	Rudum	4	2	1	20	16	6	48.5	Critical
Sana'a	Arhab	3	6	2	20	12	3	45.5	Critical
Sana'a	Bani Dhabyan	4	4	1	20	16	0	44.5	Critical
Hajjah	Kuhlan Ash Sharaf	4	6	2	20	12	0	44.0	Critical
Dhamar	Wusab As Safil	4	8	1	20	12	0	45.0	Critical
Amran	Amran	4	4	2	20	16	3	49.0	Critical
Al Dhale'e	Al Hussein	4	2	2	20	16	0	44.0	Critical
Amanat Al Asimah	Assafi'yah	4	8	2	15	16	0	44.5	Critical
Sana'a	Attyal	4	2	2	20	16	0	43.5	Critical
Al Bayda	Al Bayda City	4	2	2	20	16	3	47.0	Critical
Shabwah	Usaylan	4	2	1	20	12	12	50.5	Critical
Al Mahwit	Bani Sa'd	4	4	2	20	12	0	42.0	Critical
Dhamar	Wusab Al Ali	4	8	2	20	8	0	41.5	Critical
Sa'ada	Sa'adah	1	4	1	20	16	0	41.5	Critical
Hajjah	Al Miftah	2	4	1	20	12	0	39.0	Critical
Sana'a	Hamdan	4	6	2	20	8	3	43.0	Critical
Amran	Al Madan	3	2	2	20	12	3	42.0	Critical
Al Dhale'e	Damt	4	2	2	20	12	3	43.0	Critical
Al Jawf	Al Maslub	4	2	1	15	16	6	44.0	Critical
Al Jawf	Al Ghayl	1	2	2	15	16	3	39.0	Critical
Hajjah	Al Jamimah	4	6	2	20	8	0	40.0	Critical
Sa'ada	Kitaf wa Al Boqe'e	4	2	1	20	16	0	43.0	Critical
Shabwah	Nisab	1	2	1	20	12	3	38.5	Critical

Marib	Harib Al Qaramish	2	2	1	15	16	6	41.5	Critical
Amran	Jabal Iyal Yazid	4	4	2	20	12	0	41.5	Critical
Dhamar	Utмах	4	8	2	10	16	3	43.0	Critical
Aden	Craiter	4	8	1	10	16	0	39.0	Critical
Amran	Raydah	2	2	2	20	12	3	41.0	Critical
Taizz	Dhubab	2	8	1	20	4	12	46.5	Critical
Sa'ada	Majz	4	4	1	20	12	0	40.5	Critical
Lahj	Al Qabbaytah	2	6	1	10	16	6	40.5	Critical
Amran	Huth	4	2	2	15	16	6	45.0	Critical
Amran	Al Ashah	4	2	2	20	8	6	42.0	Critical
Al Dhale'e	Jahaf	4	2	2	20	8	6	42.0	Critical
Ibb	Mudhaykhirah	4	4	1	15	12	6	41.5	Critical
Taizz	Dimnat Khadir	4	8	1	5	16	12	45.5	Critical
Al Jawf	Al Khalq	4	2	1	20	8	6	41.0	Critical
Amran	Al Qafлах	4	2	2	15	12	6	41.0	Critical
Taizz	Hayfan	3	8	1	5	16	6	38.5	Critical
Amanat Al Asimah	Bani Al Harith	4	8	2	10	12	3	39.0	Critical
Marib	Marib	4	2	1	10	16	12	45.0	Critical
Amran	Suwayr	3	2	2	5	16	12	40.0	Critical