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Immediate, Integrated and Sustained Response to Avert Famine in Yemen

Standard Project Report 2017

World Food Programme in Yemen (YE)



World Food Programme

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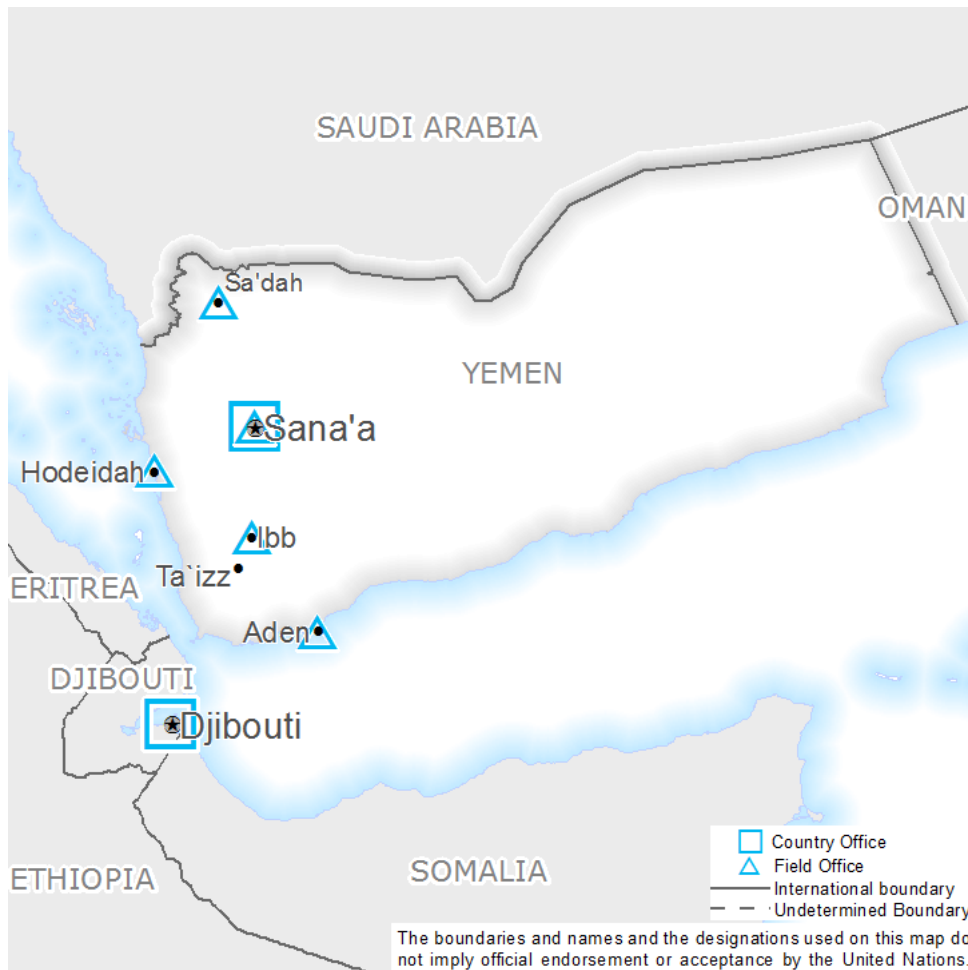
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Country Context and WFP Objectives



Achievements at Country Level

Since the start of the Yemeni crisis in March 2015, WFP has gradually scaled up its food assistance response from less than one million beneficiaries per month to a maximum of 8 million, including 4.1 million men and boys and 4 million women and girls. This was achieved primarily through significantly increased in-kind assistance which, as of May 2017, started to reach beneficiaries regularly on a monthly basis. WFP expanded assistance to 20 governorates, including the ten governorates classified as Phase 4 (emergency) by the March 2017 Integrated Food Security Phase Classification (IPC) analysis.

WFP managed to consistently reach populations in conflict-affected and hard-to-reach areas where food assistance needs were highest, such as Taizz, Hudaydah, Marib, Rayma, Sa'ada, Hajjah, Shabwa and Lahj, using in-kind food and commodity vouchers. WFP Logistics successfully scaled up its capacity to deliver needed commodities to beneficiaries in the targeted locations. Despite severe movement limitations imposed on humanitarian staff, WFP teams successfully conducted monitoring missions to distribution sites in these areas.

The Commodity Voucher through Traders Network (CV-TN) activity provided assistance to beneficiaries in four governorates (Sana'a, Amanat Al Asimah, Taizz, and Hudaydah), reaching a maximum of 863,000 beneficiaries a month out of the planned one million. Introduced in 2016 in Yemen, CV-TN is a market-based modality aimed at leveraging existing food supply networks (wholesalers/retailers) to reach people in need within the context of insecurity and logistical challenges. In addition to providing relief assistance, CV-TN promotes job creation and contributes to revitalizing local economies. The CV-TN activity provides commodity vouchers to beneficiaries and is part of WFP's general food assistance programme.

The food consumption of CV-TN beneficiaries showed a significant improvement. Percentage of households with a poor food consumption score decreased from 22 in the fourth quarter of 2016 to 14 in the fourth quarter of 2017. In addition, the food consumption score of beneficiaries receiving in-kind assistance showed a slight improvement as the percent of households with poor food consumption decreased from 18 in quarter four of 2016 to 17 in quarter four of 2017. The stabilization and improvement in food consumption scores were achieved on account of increased rations and regular monthly distributions during the second half of 2017.

WFP continued to co-lead the Food Security and Agriculture Cluster (FSAC) which introduced, for the first time in Yemen, a Famine Risk Monitoring mechanism at district level, supported by all cluster members. Results of the Famine Risk Monitoring informed the district level prioritization and identified the number of severely food insecure populations in need of general food assistance. Jointly with other clusters, FSAC also identified 107 districts at heightened risk of famine to be supported through inter-cluster programmes.

WFP scaled-up nutrition interventions during the last quarter of 2017. The Treatment of Moderate Acute Malnutrition programme reached 500,100 malnourished children aged 6-59 months as well as pregnant and lactating women (PLW), representing 50 percent of the overall EMOP target. After extensive consultation with key stakeholders and preparations by cooperating partners, distributions under the Prevention of Acute Malnutrition programme began in the fourth quarter of 2017, assisting 93,000 beneficiaries. WFP nutrition interventions have been supported by 22 non-governmental organisation (NGO) partners and by the Ministry of Public Health and Population. WFP started training on Community-based Management of Acute Malnutrition (CMAM) to nutrition coordinators and health staff jointly with the Ministry of Public Health and Population.

In response to the 2017 unprecedented cholera outbreak, WFP -- under its supply chain function -- worked with the World Health Organisation (WHO) to rehabilitate treatment centres and to provide overall logistics support. The cholera response was also supported by the WFP-led Logistics Cluster which continued to fill logistics gaps by facilitating access to a common logistics services platform for the humanitarian community working in Yemen. A key activity of the Logistics Cluster was the facilitation of air transport of humanitarian supplies from Djibouti to Sana'a on WFP-chartered aircraft with the support of the United Nations Humanitarian Air Service (UNHAS). The frequency of airlifts steadily increased in 2017, from almost one airlift per month in the first half of the year to a peak of four flights per week in August 2017. Another critical activity was the transport of both passengers and cargo on board the WFP-chartered vessel VOS Apollo between Djibouti and Aden, which also served as an emergency rescue and evacuation vessel. Overall, 1,391 passengers from 33 organisations and 699 mt of cargo valued at USD 3.3 million on behalf of eight organisations were transported on the VOS Apollo.

The WFP-led Emergency Telecommunications Cluster (ETC) provided security telecommunications and power solutions to support the lifesaving activities of humanitarian organizations in Yemen. Overall, 218 international staff and 1,149 national staff from 21 organizations were supported by ETC connectivity in 2017. The Cluster strengthened the cholera response by establishing IT connectivity in the Emergency Operations Centres at Governorate level.

Finally, the WFP-led UNHAS service continued to provide access for the humanitarian community to vulnerable and conflict-affected populations in Yemen through the transportation of international and national humanitarian staff and urgent light cargo. By providing humanitarian actors with a critical transport link into Yemen, the operation preserved the operational integrity of the international humanitarian response in Yemen. In total, UNHAS transported 9,184 passengers on behalf of 66 organizations. Moreover, UNHAS continued to play a crucial role in undertaking medical evacuations of 55 humanitarian staff from Sana'a to Djibouti.

Country Context and Response of the Government

Three years of conflict and displacement in Yemen, exacerbated by a major cholera outbreak and access constraints, have led to the world's largest humanitarian and food security crisis. Socio-economic indicators for Yemen have sharply deteriorated. The World Bank estimates that the poverty rate in the country has reached 80 percent of the population. According to the 2017 Yemen Humanitarian Response Plan (YHRP), 70 percent of the total population were in need of humanitarian assistance. At the same time, the 2017 Global Hunger Index rated Yemen in the "alarming" category with imminent famine warning.

Since the conflict started in 2015, more than 3 million Yemenis have been displaced. Over 62,000 casualties have been reported, including 9,245 killed [1]. Areas in northern governorates are regularly targeted by airstrikes and in many of the southern governorates the security landscape has been mired with terrorist attacks and occasional improvised explosive devices (IED) explosions. Presence of Al Qaeda in the Arabian Peninsula (AQAP) and Islamic State in some parts of Yemen further compromise the security environment. The United Nations Children's Fund (UNICEF) reports that 2 million children are currently out of school and a significant number of schools are either damaged due to fighting or occupied by the militants. According to the World Health Organization (WHO), only 45

percent of health facilities in Yemen are fully functional and accessible. The recent cholera outbreak, which began at the end of April 2017, affected 90 percent of all districts in Yemen. Over one million people were suspected with cholera and nearly 2,200 Yemenis lost their lives.

The relocation of Yemen's Central Bank from Sana'a to Aden in September 2016 resulted in the suspension of salaries for some 1.2 million public servants, thereby severely affecting their livelihoods and worsening the dire food insecurity situation in the country. The suspension of salaries also hampered significantly the delivery of basic social services in health facilities, schools, etc., since many staff no longer reported to office or irregularly.

Yemen has traditionally been highly dependent on food imports for around 90 percent of its total food needs. The country requires approximately three million tonnes of wheat and 420,000 tonnes of rice annually, of which 70 percent are imported through the Red Sea of Hodeidah and Al Saleef ports and the rest through Aden port. Since the onset of the conflict, restrictions on imports, destruction of port infrastructure, the collapse of the financial and banking sector, security risks and high transport costs were key factors negatively affecting imports and supply of basic goods across Yemen. The November 2017 blockade imposed on ports and airports further exacerbated the situation and led to severe scarcity and steep price increases of basic commodities, including food and fuel. Access constraints have also significantly impacted the presence and movement of humanitarian staff in Yemen.

WFP Vulnerability Analysis and Mapping (VAM) market analysis reports that food prices increased between 30 - 90 percent by the end of 2017 compared to pre-crisis levels. Fuel prices rose by over 150 percent during the same period. The Yemeni Riyal (YER) depreciated by 210 percent. Critical food and energy imports are now facilitated exclusively through private channels without support offered earlier by the Central Bank of Yemen. This has further aggravated inflation in the country. Coupled with rising unemployment, the purchasing power of the local population has been eroded and so has their access to food as well as other essential goods and services.

Conflict and sharp economic decline have severely impacted the food security and nutrition situation in the country. According to the 2016 Emergency Food Security and Nutrition Assessment (EFSNA), 63 percent of households in Yemen had to cope with limited access to sufficient food compared to 41 percent in 2014. Poor food consumption had increased by over 44 percent since 2015, affecting more than one in four households. The Famine Risk Monitoring conducted in the last quarter of 2017 estimated 17.8 million food insecure people of which 8.4 million people severely food insecure, marking a 24 percent increase from the March 2017 Integrated Phase Classification (IPC) results where 6.8 million people were classified in Phase 4 'emergency' and 10.2 million people in Phase 3 'crisis.'

The School Feeding Project and Humanitarian Relief (SFPHR), embedded in the Ministry of Education, remained one of WFP's largest partners under the in-kind food assistance programme in the northern governorates. SFPHR conducted monthly food distributions to some 2.8 million beneficiaries, using the wide network of schools. WFP continued to work closely with SFPHR to build their capacity in programme implementation.

As outlined in the 2017 Humanitarian Needs Overview, malnutrition in Yemen – a chronic challenge – has steadily increased since the escalation of conflict. As a result, about 3.3 million children under five years of age and pregnant and lactating women were acutely malnourished. This included 462,000 children under five suffering from severe acute malnutrition; a 57 percent increase since late 2015.

The Ministry of Public Health and Population continued to be a key partner in WFP nutrition activities. The Treatment of Moderate Acute Malnutrition was exclusively channeled through local health facilities with the overall support of the Governorate and District Health Officials. WFP signed agreements with both the Ministry and the Governorate Health Officials to support the activity implementation.

[1] 2018 Yemen Humanitarian Response Plan

WFP Objectives and Strategic Coordination

The conflict that erupted in March 2015 in Yemen marked WFP's transition from a Protracted Relief and Recovery Operation to an Emergency Operation. EMOP 200890 was launched in October 2015 to address the emergency food and nutrition needs of food insecure women, men, boys, and girls displaced or affected by the crisis. Aligned with WFP's Strategic Objective, the EMOP aimed to save lives and protect livelihoods in emergencies - specifically by increasing food consumption through the scale-up of life-saving emergency food assistance in areas classified as experiencing "emergency" and "crisis" levels of food insecurity by the Integrated Food Security Phase Classification analysis. The EMOP envisaged the provision of an adaptable and flexible response mechanism through both in-kind and Commodity Voucher through Traders Network (CV-TN) assistance. The EMOP further encompassed in-kind assistance for refugees from the Horn of Africa and other vulnerable economic migrants that had previously been assisted under PRRO 200305 with the aim to save lives and maintain adequate dietary standards. In addition, the EMOP aimed to address the needs of children 6 - 23 months at risk of acute malnutrition

through prevention programme. Children 6-59 months and pregnant and lactating women (PLW) affected by moderate acute malnutrition were covered by the treatment programme.

In April 2017, WFP launched a new Emergency Operation, EMOP 201068, aiming to avert famine in Yemen. This operation encompassed many of the same components of EMOP 200890 and scaled up assistance through unconditional resource transfers and nutrition. In line with WFP Strategic Objectives 1 and 2 this operation aimed to provide life-saving food assistance to internally displaced, other severely food insecure populations, refugees and vulnerable economic migrants. It further supported malnutrition prevention and treatment programmes.

Through the special operations 200841 and 200845, WFP-led Logistics and Emergency Telecommunications Clusters were of foremost importance to facilitate access to common services in both Djibouti and Yemen for the entire humanitarian community, supporting Yemen. Alongside the Clusters, UNHAS not only supported the Logistics Cluster air operations, but also ensured humanitarian access to Sana'a and Aden thanks to regular flights from Amman and Djibouti. In addition to co-leading the Food Security and Agriculture Cluster (FSAC) with FAO, WFP has also been an active member of the Nutrition Cluster, the Yemen Gender Group, Cash and Voucher Technical Working Group and Humanitarian Access Work Group.

To respond to the cholera outbreak, WFP, through partnership with the World Health Organization (WHO), led the logistics and emergency telecommunications branches of the cholera response.

Country Resources and Results

Resources for Results

The country office, with support from the Regional Bureau and Headquarters, developed a fundraising strategy and action plan which fed into streamlined fundraising efforts. As a result, funding for the WFP Yemen country office significantly increased in 2017 thanks to increased donor support and confidence. In 2016, WFP Yemen was supported by 12 donors, while in 2017 this number increased to 30, including the World Bank and eight private sector donors. WFP received a total of USD 720.8 million against an estimated requirement of USD 874 million, covering 82 percent of the 2017 funding requirements. Cash contributions represented 65 percent of total funding received and enabled WFP to programme these funds flexibly.

Thanks to generous donor funding, WFP succeeded in more than tripling the amount of food distributed per month and in doubling the number of beneficiaries assisted between January and August 2017. Specifically, an average of 20,000 mt were distributed on a monthly basis during the first quarter of 2017, compared to 70,000 mt by August 2017. The number of beneficiaries increased from 3.5 million in January to 7 million from August 2017 onwards.

Limited predictability of the level and timing of funding posed some challenges to WFP's planning, particularly since it takes WFP in general three to four months lead time for commodities to arrive in country. There were periods when funding gaps were imminent which may have led to an interruption in assistance. The country office was able to prevent these by making extensive use of WFP's advance financing mechanism. Donors confirmed a number of unrestricted contributions which allowed access to the internal loan facility, thereby enabling WFP to purchase against contributions in advance. Keeping donors regularly informed of WFP's funding situation helped address the issue and mobilise additional support.

WFP implemented cost saving measures and significantly improved internal control processes of its operation which led to greater donor buy-in. Since the beginning of the EMOP, WFP relied heavily on procuring food requirements through the Global Commodity Management Facility (GCMF), where GCMF had these commodities purchased and stored at hubs near Yemen (or on the arrival to these hubs). WFP would charter a vessel to bring the commodities into Yemen and/or use liner services. The usage of GCMF enabled WFP Yemen to save up to 1.5 months of lead time -- once funding was confirmed -- and saved WFP Yemen over USD 27 million on commodity costs. Additionally, WFP relied on internal loan mechanisms to enable programming of funds that were still at forecast stage. In 2017, WFP received over USD 81.7 million from the Internal Project Lending Account (IPL). Additionally, in 2017, WFP received USD 5 million from the Immediate Response Account, of which USD 4.6 million was repaid.

Continued advocacy for donor support was undertaken at various levels, ensuring that donor governments and other stakeholder were kept abreast on food assistance needs, programme modalities, the funding situation and any arising challenges. WFP increased communication with donors, including through regular meetings and bilateral conference calls. This allowed donors to coordinate among themselves and make well-informed funding decisions.

Moreover, in 2017, WFP scaled up its donor visibility strategy and embarked upon a social media strategy to create a culture of continuous real-time donor engagement. Two visits by the Executive Director and two working visits by the WFP Regional Director for the Middle East and North Africa to the country office in Sana'a enhanced synergies in resource mobilisation efforts.

Finally, in 2017 the WFP-led UNHAS service and Logistics Cluster provided continuous and transparent information sharing with the international community which led to sustained funding levels to ensure the continuation of the critical services. Under special operation 200841 (Logistics Cluster) and special operation 200845 (UNHAS service), some USD 20 and 10 million were raised, respectively.



Annual Country Beneficiaries

Beneficiaries	Male	Female	Total
Children (under 5 years)	682,816	674,783	1,357,599
Children (5-18 years)	1,486,129	1,397,765	2,883,894

Beneficiaries	Male	Female	Total
Adults (18 years plus)	1,911,886	1,879,753	3,791,639
Total number of beneficiaries in 2017	4,080,831	3,952,301	8,033,132



Annual Food Distribution in Country (mt)

Project Type	Cereals	Oil	Pulses	Mix	Other	Total
Single Country EMOP	528,052	43,693	46,373	7,740	5,901	631,759
Total Food Distributed in 2017	528,052	43,693	46,373	7,740	5,901	631,759



Cash Based Transfer and Commodity Voucher Distribution (USD)

Project Type	Cash	Value Voucher	Commodity Voucher
Single Country EMOP	-	-	55,042,392
Total Distributed in 2017	-	-	55,042,392

Supply Chain

WFP's supply chain in Yemen is highly complex, characterized by a combination of multiple corridors, logistical staging areas and modes of transport, to deliver commodities into the country. In 2017, the importation of cargo was done through the ports of Hodeidah, Al Saleef and Aden. The commercial sector also used overland corridors from Saudi Arabia and Oman. Logistics hubs in Djibouti and Berbera port were used as staging areas for air and sea transport. Djibouti port was also used to transship WFP and Logistics Cluster humanitarian cargo via air or sea. Chartered vessels loaded in Djibouti transshipped commodities to the ports of Aden. In addition, Berbera port in Somalia was used for the bagging and transshipment of bulk and containerized cargo destined for Aden and Hodeidah.

WFP imported 652,624 mt of different food commodities, including fortified vegetable oil, wheat, sugar and pulses. 283,302 mt of these commodities were purchased from the Global Commodity Management Facility (GCMF).

Cereals were procured from Russia and Ukraine, pulses from Turkey and Ukraine. Fortified vegetable oil was procured from Indonesia and sugar from the United Arab Emirates. In addition, WFP received in-kind food donations, amounting to over 339,103 mt, including 272,723 mt of wheat grain.

To support local markets, WFP purchased 109,093 mt of wheat from commercially operated silos in Aden, Hodeidah and Saleef. WFP used the food supply agreement procurement modality (FSA) to maintain reserve stocks of food which could be called forward at any given time. WFP entered into Long Term Agreements with suppliers. A local purchase contract of 35,000 mt of wheat flour had to be cancelled in December 2017 so as not to further strain markets, while the port restrictions had only be partially lifted.

The country office faced extended lead times of three to four months for contributions to be programmed and converted into commodities ready for dispatch. Delays at Yemeni ports presented major challenges for timely dispatches and distributions. At times, vessels carrying WFP-procured food spent up to several weeks waiting for berthing windows at Yemeni ports. At Hodeidah port, conflict related damage to the port's cranes further constrained the port capacity. Recognizing the importance of Hodeidah as the primary access point for humanitarian supplies for Yemen's northern governorates, WFP procured mobile cranes for the port. After extensive negotiations, clearance was received from concerned parties to deliver the cranes to Hodeidah.

Port functioning came to a halt with the closure of all air, land and sea ports on 6 November. The port closure delayed the berthing of a WFP-chartered vessel, carrying 25,000 mt of wheat. Commercial vessels were not able to access Hodeidah and Saleef port for weeks. This led to a sharp increase in market prices and significantly impacted on food and fuel availability. The fuel scarcity disrupted the transportation of goods and services throughout the country and impacted also on milling capacity. WFP was not able to mill sufficient quantities of wheat flour on time for in-kind distributions in December. As a result, food rations had to be reduced to 55 percent in order to serve all beneficiaries during that month.

The continuation of port restrictions forced WFP to divert large amounts of cargo from Hodeidah to Aden port. This diversion not only increased lead times for delivery, but entailed a significant increase in transport costs. In total, it added over USD 3.8 million on Landside, Transport, Storage and Handling (LTSH) costs by year end.

Programme monthly requirements increased significantly over the year from 35,000 mt in May to 75,000 mt in August 2017. In order to manage the scale-up, WFP Supply Chain used a forward hub supply chain concept whereby all food procured was moved to warehouses in five hubs located in Aden, Ibb, Hodeidah, Sa'ada and Sana'a, operated by commercial logistics service providers. Food was dispatched from these warehouses to over 5,000 final distribution points (FDPs) throughout the country. Adherence to a strict programming schedule was required to allow operations to deliver a steady flow of commodities in the most challenging districts. Appropriate tracking tools and standard operating procedure (SOPs) were developed to support this further.

The post-delivery losses during the period were 0.3 percent, well below the corporate threshold of 2 percent. This was achieved by making transporters accountable for any loss en route from WFP warehouse to FDPs. WFP also worked closely with cooperating partners (CPs) to develop the capacity of their staff in terms of warehouse management and commodity handling. A total of 141 staff were trained during 2017.

The country office further invested in the roll-out of the Commodity Vouchers through Trader's Network (CV-TN) modality, by bringing in Supply Chain expertise. The commodity voucher modality relied on retailer networks. It was implemented through a "business-to-business" approach under which large importers guaranteed the steady supply of food commodities to WFP beneficiaries. Beneficiaries redeemed commodity vouchers distributed by WFP's cooperating partners for food rations at the closest retail outlets linked to WFP's Yemeni food suppliers. Thus, CV-TN complemented WFP's own in-kind supply chain and ensured availability of food commodities for beneficiaries.

In view of the unprecedented cholera outbreak, WFP Supply Chain extended support to WHO to rehabilitate Diarrhea Treatment Centres and rural hospitals.



Annual Food Purchases for the Country (mt)

Commodity	Local	Regional/International	Total
High Energy Biscuits	-	305	305

Commodity	Local	Regional/International	Total
Ready To Use Supplementary Food	-	1,380	1,380
Split Peas	-	726	726
Vegetable Oil	-	1,001	1,001
Wheat	58,003	-	58,003
Wheat Flour	40,817	9,607	50,424
Wheat Soya Blend	-	14,755	14,755
Total	98,820	27,774	126,594
Percentage	78.1%	21.9%	

Annual Global Commodity Management Facility Purchases Received in Country (mt)

Commodity	Total
High Energy Biscuits	85
Ready To Use Supplementary Food	3,788
Split Peas	27,092
Sugar	3,926
Vegetable Oil	32,052
Wheat	266,253
Total	333,196

Implementation of Evaluation Recommendations and Lessons Learned

WFP's emergency operation response in Yemen continued to be informed by experience and lessons learned in a unique operational context, characterised by conflict, economic decline and cholera outbreak.

In 2017, insecurity and access challenges negatively affected WFP's ability to provide timely and monthly assistance to affected populations. Transport convoys regularly experienced administrative delays at checkpoints. WFP appointed enumerators and cooperating partners reported at times that access for assessments, the selection of beneficiaries and distribution of assistance were hindered by political interference and conflict at the local level.

WFP continued to rely on a beneficiary call centre to contact randomly-selected beneficiaries to confirm that beneficiaries had received assistance and to monitor their food security status. The use of the call centre proved to be critical in a context like Yemen where physical access to beneficiaries is limited in certain areas due to security concerns. When the security situation allowed, WFP monitored food distributions through its programme staff and/or by engaging WFP contracted third party monitors (TPM).

The country office adopted 2016 audit recommendation to identify an additional TPM partner to be ready to respond to any forthcoming monitoring needs that might emerge as a result of the fragile situation. WFP also adopted the audit recommendations to update beneficiary lists and enhance beneficiary identification through the use of biometrics. Finally, WFP agreed to step up advocacy vis-à-vis cooperating partners on deconfliction of distribution points.

From past experience, WFP had learned that operational scale-up in a complex environment can only be possible through cohesion in the humanitarian response. Famine prevention requires coordinated monitoring and inputs from various sectors, and access can only be maintained and improved through joint and stepped up advocacy. As a

result, WFP increased its inter-agency engagement with the Humanitarian Country Team. Coordination was also stepped up with the Office of Coordination of Humanitarian Assistance (OCHA) on protection and access issues, specifically on the re-opening of Red Sea ports and clearance for bringing in mobile cranes for Hudaydah port to boost the offloading capacity. Moreover, quarterly donor meetings and regular conference calls with donors allowed WFP to establish a dialogue on progress in the emergency response, to align advocacy and to highlight funding gaps.

In terms of programming, WFP stepped up coordination with the Ministry of Public Health and Population and the Ministry of Education among others to inform programme design, strengthen implementation and to nurture local capacity development. WFP strengthened its engagement in various clusters on the review of the district level prioritization, the Community Management of Acute Malnutrition (CMAM) scale-up plan and the forthcoming resumption of a school meals programme. To further support synergies between Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM), WFP started to hold regular bilateral meetings with the United Nations Children's Fund (UNICEF).

Story worth telling

In 2017, Mariam's house, located in the governorate of Hodeidah, Bagel district, was totally destroyed by an airstrike targeting a nearby military camp.

"One day I went with my eight children to visit my friend. A few hours later, we heard warplanes hovering over the area and bombing various sites as usual. After that, I returned to my house but I was astonished to see the damage," said Mariam.

Stunned and homeless, Mariam was not sure what to do to support her eight children. She is a single mother who must independently support her family.

In a moment of despair, she heard that the World Food Programme was distributing monthly food rations to displaced persons in Al-Sukhna district in Hodeidah. Thus, she moved her family from Bagel to Al-Sukhna and registered to be part of WFP's assistance programme in Al-Sukhna and once a month Mariam began to receive a food basket from WFP that consisted of wheat, flour, pulses, salt and oil. She lived with a family friend with whom she shared the rations.

"Without this assistance," said Mariam "My kids would have died. We were in a very desperate situation after our house was destroyed and myself and my children were very much lacking in nourishment."

Project Results

Activities and Operational Partnerships

To respond to the world's largest food security crisis, WFP launched a new emergency operation in April 2017. EMOP 201068 aimed to avert famine in Yemen through an integrated package of food and nutrition assistance with complementary activities implemented through agriculture, livelihoods, water, sanitation and hygiene (WASH) and health partners.

In line with WFP Strategic Objectives 2017-2021, EMOP 201068 aimed to assist a total of 9.1 million beneficiaries: 6.8 million severely food insecure people, 60,000 returnees and 40,000 refugees through unconditional resource transfers (URT), 2.9 million children between the age of 6 and 59 months and pregnant and lactating women with malnutrition prevention and treatment of moderate acute malnutrition activities as well as 60,000 food insecure people through asset creation and livelihood support activities. The calculation of the total number of beneficiaries takes into consideration that some beneficiaries are assisted through more than one activity (e.g. malnourished children and women, some of whom are also recipients of URT).

Activity: Unconditional Resource Transfers (URT) to Support Access to Food

WFP's target was to provide monthly food assistance to 6.8 million severely food insecure people, using in-kind food assistance and Commodity Vouchers through Trader's Network (CV-TN) modalities. CV-TN focused primarily on beneficiaries in selected urban and peri-urban communities with developed retail infrastructure, while in-kind assistance on rural communities. During the second half of 2017, WFP exceeded the monthly target and reached 7.3 million beneficiaries with emergency food assistance. The steady increase in the number of beneficiaries reflected the continued loss of livelihoods and erosion of purchasing power among the conflict affected population which led to an overall increase in the number of severely food insecure people.

WFP and the Food Security and Agriculture Cluster (FSAC) partners designed a district-level prioritization strategy to identify priority districts for assistance and beneficiaries within these districts. The strategy took into account findings of the 2016 Emergency Food Security and Nutrition Assessment (EFSNA) and the March 2017 Integrated Food Security Phase Classification (IPC) of governorates, disaggregated at district level using geo-statistical extrapolation. Districts were classified into highest, high and moderate priorities.

FSAC partners also developed household targeting criteria, focusing on 1) households with pregnant and lactating women and/or children under five years of age registered in treatment activities for severe or moderate acute malnutrition; 2) internally displaced persons (IDPs) without sources of income and no means of accessing food; 3) households from socially and economically marginalized communities; 4) households headed by women who live independently and have no means of income; 5) vulnerable households headed by physically challenged persons; 6) elderly headed households and 7) child-headed households to be identified through a community based targeting approach.

The implementation of the district level prioritization was delayed due to concern expressed by the authorities regarding changes in existing district level of beneficiaries, as well as limited attention to IDP populations in the analysis. In consultation with WFP Headquarters, the country office decided to revalidate the district level of beneficiaries, using findings of the Famine Risk Monitoring collected in the fourth quarter of 2017. WFP also took account of updated population and IDP data at district level. This way, district-level priorities and beneficiary numbers were redefined to inform emergency food assistance targeting.

WFP required on average USD 100 million per month to fully implement EMOP 201068. Due to funding shortfalls, WFP used a prioritisation plan whereby 3.4 million severely food insecure populations in highest priority districts received full 2,100 kcal rations per day and 3.6 million people in high priority districts received partial 60 percent of full rations.

The food basket for in-kind and CV-TN assistance was the same and rations were aligned. The food basket consisted of cereals, pulses, fortified vegetable oil and iodised salt. Cereals were provided in form of wheat grain and fortified wheat flour, while pulses in form of beans and split peas. During the fourth quarter of 2017, WFP no longer distributed wheat grain, since this entailed transaction costs for beneficiaries in terms of milling.

In-kind assistance was also provided to 31,000 refugees from the Horn of Africa, based on beneficiary lists provided by the United Nations High Commissioner for Refugees (UNHCR). Refugees were assisted in Kharaz camp, Lahj governorate, on a monthly basis.

Activity: Treatment of Moderate Acute Malnutrition

WFP scaled-up nutrition interventions during the last quarter of 2017. The Nutrition treatment activities (NTA) aimed to treat Moderate Acute Malnutrition (MAM) among children aged 6 to 59 months as well as pregnant and lactating women (PLW). WFP scaled up MAM treatment in 253 districts where assistance was channeled through approximately 2000 health facilities. To strengthen programme implementation and referral mechanisms between Severe Acute Malnutrition (SAM) and MAM treatment, WFP supported the Ministry of Public Health and Population in conducting Community-based Management of Acute Malnutrition (CMAM) training to nutrition coordinators and health staff.

In total, 500,142 women and children were admitted into the programme based on the results of anthropometric measurements. The children received a ready-to-use supplementary food (RUSF) which provided 535 kcal per day for an average of 90 days. PLW received a monthly 6 kg take-home ration of fortified blended flour, Super Cereal, for an average of six months. The daily 200 g ration of Super Cereal for PLW provided 758 kcal and micronutrients to reduce the gap in nutrient intake. It took into account the likelihood of sharing within the household.

Activity: Malnutrition Prevention

WFP implemented Malnutrition prevention activities (MPA) for children aged 6 to 23 months and PLW. After extensive consultation with key stakeholders and preparations by cooperating partners, distributions began in October 2017, assisting in total 93,000 beneficiaries. All children of the given age group in 95 priority districts received a monthly 1.5 kg ration of a lipid-based nutrient supplement. This ration provided children with 281 kcal per day and essential micronutrients, including iron. All PLW received a monthly 6 kg ration of Super Cereal, starting from the second trimester through six months of breastfeeding to prevent malnutrition and micronutrient deficiencies.

Activity: Asset Creation and Livelihood Support Activities

These activities were not implemented under EMOP 201068 in light of funding constraints and the escalation of conflict towards the end of the year. WFP Yemen prioritized humanitarian relief efforts over early recovery activities.

Operational Partnerships

WFP continued to work in close collaboration with international and national non-governmental organizations (NGOs), government partners, and United Nations agencies to support in-kind, commodity voucher and nutrition assistance. In mid-2017, WFP expanded the number of cooperating partners to 29, including International NGOs, National NGOs, Yemeni government ministries, and the United Nations High Commissioner for Refugees (UNHCR). 21 cooperating partners were involved in nutrition activities and 17 cooperating partners in in-kind and CV-TN activities; some of the partners were also engaged in both activities. In the northern governorates, the Ministry of Education (MoE) was WFP's largest partner implementing in-kind distributions in 12 governorates.

The nature of cooperating partnerships varied depending on the type of intervention and the partners themselves. Given the focus on life-saving assistance, most of WFP's cooperating partnerships were transactional in nature, where WFP provided funds on the basis of food distributed. On the other hand, WFP worked with UNHCR and local partners with no financial implication to WFP other than the provision of food. WFP ensured regular communication and coordination with all partners in order to enhance capacities, learn from operational constraints, promote joint advocacy on access and make informed programme decisions. On several occasions, WFP conducted awareness sessions and trainings in the areas of Protection and Accountability to Affected People, both in the main office in Sana'a and in some field offices.

WFP collaborated closely with the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) on the joint implementation of the community management of acute malnutrition (CMAM) programme. The Ministry of Public Health and Population was WFP's largest partner for the treatment of moderate acute malnutrition across health facilities, complemented by NGO cooperating partners to extend outreach and facilitate reporting.

Cooperation with the Food and Agriculture Organization of the United Nations (FAO) was wide-ranging - not only did WFP co-lead the Food Security and Agriculture Cluster (FASC) with FAO, but the two agencies also implemented nation-wide food security assessments together - the largest being the Emergency Food Security and Nutrition Assessment (EFSNA) implemented with UNICEF as well in 2016.

Moreover, the WFP-led Logistics Cluster entered into a Service Level Agreement with WHO for the provision of equipment and supplies in the fight against cholera. This involved close coordination with the Government of Yemen and the MoPHP to respond to the cholera outbreak.

Results

Under EMOP 201068, WFP assisted in total 7.7 million people through in-kind food distribution, Commodity Vouchers through Trader's Network (CV-TN) and nutrition assistance.

Strategic result one: Everyone has access to food

WFP substantially increased the unconditional transfer of in-kind food assistance to reach up to 6.4 million beneficiaries (107 percent of target). Moreover, 864,000 people were assisted through the CV-TN modality (80 percent of target). In addition, around 31,000 camp-based refugees (85 percent of target), settled in the governorate of Lahj, received WFP assistance.

Based on the monthly remote monitoring (rM&E) surveys, the food consumption level showed a steady improvement since April 2017. The percentage of in-kind beneficiaries reporting poor food consumption dropped by three points and borderline food consumption dropped by another three points. Similarly, there was a drop of two points in the percentage of household consuming inadequate diets among CV-TN beneficiaries. The general improvement in food consumption can be attributed to the scale-up and consistency of monthly assistance.

Despite the gains made in food consumption, beneficiaries continued to depend on coping strategies to maintain appropriate food consumption levels. As a result of the conflict and access constraints, beneficiaries were relying on less preferred foods, reducing portions and/or the number of meals per day, borrowing food or reducing food quantities for adults so that children could eat. The coping strategy index (CSI) for in-kind and CV-TN beneficiaries remained relatively high with minor change measured between April and December 2017. Similarly, beneficiaries adopted livelihood coping mechanisms to face food shortages. The percentage of households recurring to some livelihood coping strategies remained high. Three out of four households reduced essential health expenditure to cope with food shortages, while two out of three households sold their last female animals and one out of three households withdrew their children from school to save money for food.

The food security situation of WFP beneficiaries is affected by internal and external factors and the situation of such vulnerable groups could have been worse without assistance. This was clearly demonstrated after the temporary cessation of CV-TN assistance in Taizz due to dispute over beneficiary lists in December 2017. In absence of WFP assistance, the level of poor food consumption suddenly increased from 13 percent to 24 percent. Furthermore, the average use of coping strategies (CSI) increased by 7 points from 22 to 29.

The deteriorated security situation and the restrictions made on the Red Sea ports of Hodeidah and Saleef have further impacted on beneficiaries' food security situation in the affected areas. Monitoring data collected in Hodeidah showed that the percentage of beneficiary households having acceptable food consumption dropped by five percentage points and the CSI increased by four points between June to December 2017.

Households headed by women receiving CV-TN assistance had very similar food consumption and coping strategies compared to households headed by men receiving the same assistance. Households headed by women that received WFP in-kind assistance on the other hand showed noticeable improvements in their levels of food consumption.

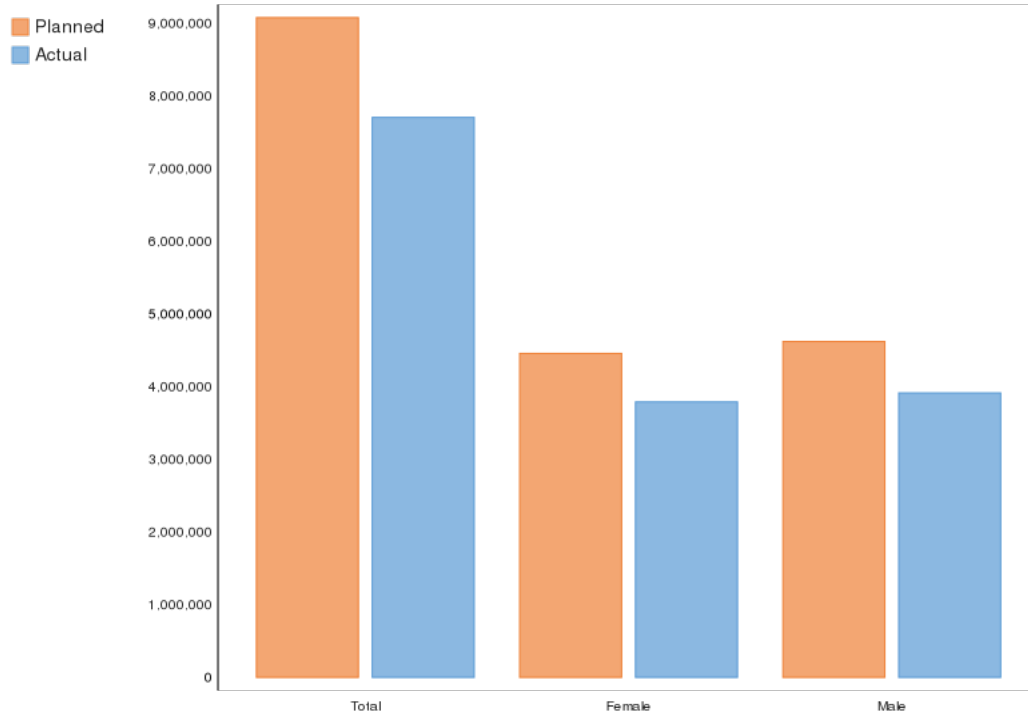
In December 2016, the food insecurity stood at very high levels among the refugee population. This could be attributed to the loss of ad-hoc livelihood opportunities after the conflict started in Aden. Relative stabilization of the security situation and monthly assistance in the first half of 2017 resulted in a significant improvement of the food security situation. The percentage of households with poor food consumption dropped by 20 points between December 2016 and August 2017. Despite the improvement in food consumption score, the use of coping strategies remained at the same levels.

Strategic result two: no one suffers from malnutrition

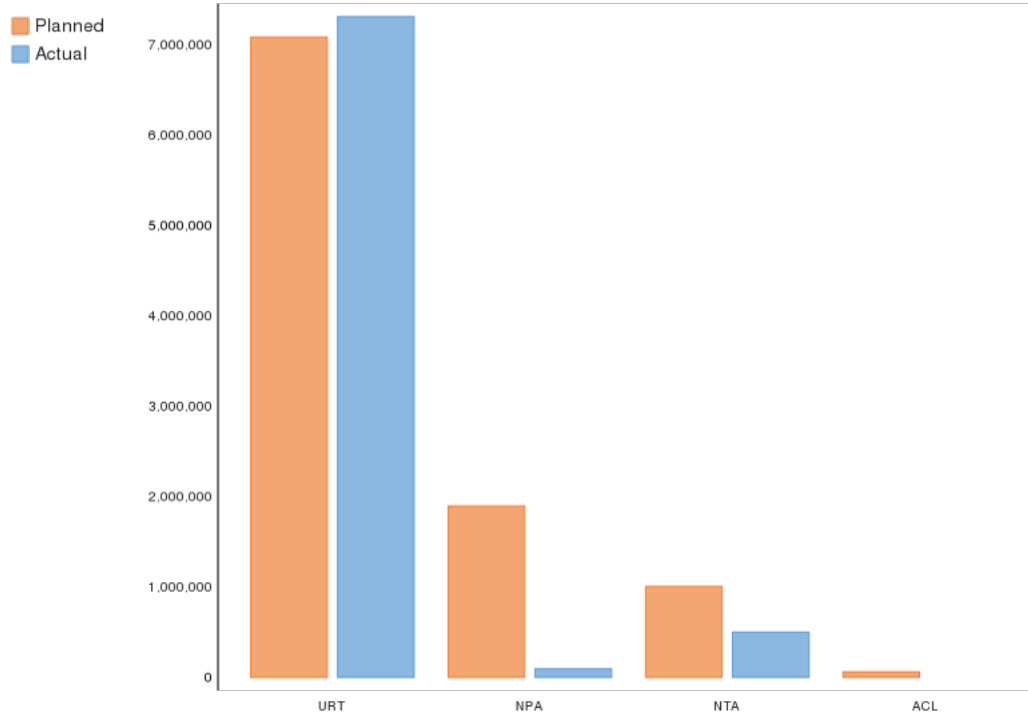
Under the Moderate Acute Malnutrition (MAM) treatment programme, WFP assisted 292,000 children, which represented 38 percent of the planned target, and 208,100 pregnant and lactating women (PLW) (overall 58 percent of target). The Community Management of Acute Malnutrition (CMAM) database reported that MAM recovery, non-response and death rates results met the universal Sphere targets. Specifically, the percentage of cured children reached 76 percent. However, the default rate of 22 percent remained off target, mainly attributed to challenges related to the conflict as well as poverty, which combined prevented sustainable access to health centres.

In October 2017, the malnutrition prevention programme started. WFP reached 47,832 children and 45,058 PLW (overall 5 percent of target). The low implementation was due to the late start of the programme in view of lengthened negotiations with the Ministry of Public Health and Population on the use of Super Cereal Plus. Latest conducted pre-assistance baseline for Prevention of Acute Malnutrition programme which indicated that the percentage of children aged 6 – 23 months with a minimum acceptable diet was 33 percent, while 74 percent were breastfed, including 82 percent of those aged 6 – 11 months.

Annual Project Beneficiaries

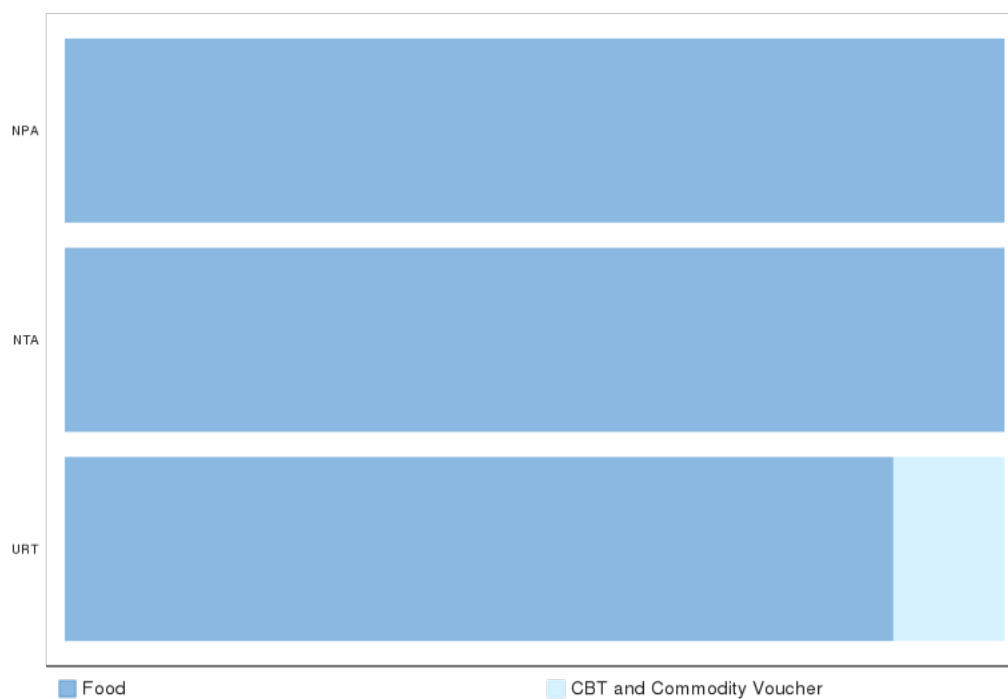


Annual Project Beneficiaries by Activity



URT: Unconditional resource transfers to support access to food
 NPA: Malnutrition prevention activities
 NTA: Nutrition treatment activities
 ACL: Asset creation and livelihood support activities

Modality of Transfer by Activity



URT: Unconditional resource transfers to support access to food
 NTA: Nutrition treatment activities
 NPA: Malnutrition prevention activities



Annual Project Food Distribution

Commodity	Planned Distribution (mt)	Actual Distribution (mt)	% Actual v. Planned
High Energy Biscuits	28	240	867.4%
Iodised Salt	4,087	-	-
Lentils	-	1,924	-
Ready To Use Supplementary Food	15,882	2,380	15.0%
Rice	-	0	-
Split Lentils	4	45	1,041.3%
Split Peas	87,499	38,944	44.5%
Sugar	20,434	5,106	25.0%
Vegetable Oil	64,389	39,262	61.0%
Wheat	-	152,629	-
Wheat Flour	670,697	321,000	47.9%
Wheat Soya Blend	65,951	3,206	4.9%
Total	928,971	564,737	60.8%

Cash Based Transfer and Commodity Voucher Distribution for the Project (USD)

Modality	Planned (USD)	Actual (USD)	% Actual v. Planned
Commodity Voucher	112,848,073	47,888,446	42.4%
Total	112,848,073	47,888,446	42.4%

Performance Monitoring

In 2015, the country office developed a Monitoring and Evaluation strategy. The strategy informed the establishment of an M&E system that facilitated the strategic and operational decision-making and contributed to knowledge building and learning. Furthermore, the strategy ensured that beneficiary feedback was reported and mainstreamed into planning and delivery of activities.

WFP relied on different tools and partners to conduct monitoring activities. In accessible areas, monitoring visits were conducted by WFP staff. However, with the security limitations imposed due to widespread conflict, monitoring activities were complemented through third party monitors (TPM). In late 2017, WFP started the contracting of a second TPM company to ensure sustainability of monitoring activities in case of access constraints by the currently-contracted TPM. In addition, a call center in Jordan conducted remote post-distribution monitoring through mobile phone surveys in order to reach large numbers of beneficiaries in inaccessible areas.

WFP M&E function covered all programme activities:

First, monitoring the number of beneficiaries who benefited from WFP assistance. On a monthly basis, beneficiary numbers were shared by WFP cooperating partners and data was consolidated by the M&E team. Validated data were entered into the Country Office Tool for Managing (programme operations) Effectively (COMET) database. Reporting on beneficiary numbers for nutrition depended partially (13 percent) on commodity dispatches, given the difficulties encountered by the Ministry of Public Health and Population in compiling timely distribution reports;

Second, WFP staff monitored the distribution process at final distribution points (FDPs) in 67 districts and TPMs in 248 districts, parts of the same districts were monitored by both WFP staff and TPM. On average, 177 field visits were conducted monthly (131 by TPMs and 46 by WFP field monitors). During the field visits information about programme activities were collected and reported to the country office. The M&E team analyzed the on-site monitoring findings and shared them with relevant field offices for follow-up actions;

Third, WFP monitored the use of assistance and its contribution to household food security. On a monthly basis, a representative sample of 1,600 beneficiaries was interviewed for this purpose. The data were analyzed and disaggregated by sex and modality to be presented in a quarterly monitoring report. Data derived from various monitoring activities and findings were triangulated. In addition to the monthly call surveys, one face-to face post distribution monitoring (PDM) exercise was conducted in August on a sample of 1,594 beneficiaries to make sure that feedback from beneficiaries, who do not have mobile phones (approximately 20 percent of population) or electricity to charge their phones, was included. WFP field monitors and partners used digital data collection tools. All partners were using electronic platforms to collect data and upload questionnaires on a secure server.

All WFP monitoring partners employed both male and female data collectors and all monitoring tools were designed to collect data disaggregated by sex, modality, ration size and vulnerability status. Reaching women through phone based surveys continued to be challenging. Gender perspectives were captured through other data collection methods including face-to-face interviews and beneficiary contact monitoring at the FDPs.

A toll-free Beneficiary Feedback Mechanism "Hotline" was launched in 2016 to give beneficiaries the opportunity to complain or give feedback. The hotline number was posted in all distribution sites and printed on all commodity vouchers. On average, 591 calls were monthly received by the hotline. Calls were received from all targeted governorates. On average, 97 calls were made by women each month. The hotline included female and male operators to encourage women to use the service. All concerns were tracked to ensure follow up actions were taken.

Nutrition outcome monitoring for Moderate Acute Malnutrition treatment performance was calculated using secondary data from the Community Management of Acute Malnutrition (CMAM) database. Concurrently, the baseline value for infant and young child Minimum Acceptable Diet was collected through primary data collection,

using the infant and young child feeding (IYCF) survey. The survey covered a sample of 509 caregivers in five governorates (Hodeidah, Amran, Lahj, Taiz, and Ad Dale). Information about food consumption and breastfeeding practices of young children aged 6-23 months were collected.

Progress Towards Gender Equality

Gender inequality in Yemen is amongst the worst in the world. The 2016 United Nations Development Programme (UNDP) Human Development Index (HDI) Report ranked Yemen 134 out of 151 in terms of gender inequality. According to the Integrated Food Security Phase Classification (IPC) of 2016, women and children are most affected by the scarcity of resources, including food, fuel and safe drinking water. They are also subjected to longer travel distances to meet their basic needs. The burden on women and children is much higher in areas that are affected by the ongoing conflict, such as Taiz, Hodeidah and Sa'ada. Moreover, according to the 2017 Humanitarian Needs Overview (HNO), 10.3 percent of IDP households are headed by women, of which 2.6 are child headed. In view of these statistics, a gender lens was included into EMOP 201068 and mainstreamed into all activities to ensure that everyone who needs assistance is included.

With a 2A gender marker, EMOP 201068 included a gender equality section into the logical framework to affirm its importance as an integral cross-cutting outcome of the project.

In addition, mobile Vulnerability Analysis and Mapping (mVAM) and remote Monitoring and Evaluation (rM&E) took into consideration gender indicators. Over 4,000 surveys were collected monthly from different geographical areas and vulnerable groups. All indicators were disaggregated by sex, geographical area and modality to verify that assistance was reaching all the populations in need.

Gender criteria were integrated into the selection and evaluation of cooperating partners to ensure that they are paying attention to gender concerns in their operations. Additionally, given the extremely vulnerable state of women and children, WFP coordinated with the protection cluster to ensure that protection concerns are addressed in the implementation of the emergency response, including distribution arrangements, in partnerships, gender situation analysis and accountability to the affected populations.

WFP encouraged the inclusion of women in the implementation of both the in-kind and commodity voucher assistance. For example, at some food distribution points, ration cards were issued in the name of women, giving them a leverage to make decisions on the apportioning of food for the family.

In terms of country office management, continued efforts were made to identify opportunities for women to fully participate in positions of responsibility. This is still a work in progress, considering that women's participation and engagement in public roles and responsibilities continues to be hampered by social and cultural norms. Moreover, the country office appointed gender coordinators and a gender results network (GRN) focal point and participated for the first time in the 16 days of activism advocacy activities on gender-based violence as well as in the Masculinity "Training of Trainers" module in Rome. Finally, WFP committed to the implementation of the newly rolled out gender transformative programme (GTP); a tool that is supporting country offices to integrate gender equality and women's empowerment into all of its work and activities. As a first step to the GTP implementation, Yemen completed the baseline assessment.

Protection and Accountability to Affected Populations

In a context of ongoing insecurity, mitigating measures were taken by WFP to enable the continued provisions of food and nutritional assistance while remaining mindful of the safety, dignity and integrity of beneficiaries in line with the "do no harm" principle.

To strengthen transparency of WFP operations and accountability towards WFP beneficiaries, a feedback mechanism was set up through the establishment of a toll-free hotline to enable communities and beneficiaries to raise issues and feedback related to WFP interventions. Specifically, WFP used the hotline to gather beneficiary feedback about the quantity and quality of assistance and to enable them to report protection incidents, when necessary. The Hotline has female operators to make sure that the complaints mechanism is easily accessible to women.

In addition to the toll-free hotline, WFP engaged a private company to conduct remote monitoring surveys, which also obtained beneficiaries' feedback on safety, protection and accountability issues. Such surveys were conducted monthly from a statistically representative sample of 1,600 beneficiaries. Both male and female operators conducted

the monthly survey. Both tools referred to above dealt with priority cases, including security and protection cases, by following a fast-tracked process to address such issues in a faster manner, compared to other cases.

The findings obtained through the above-mentioned mechanisms, as well as WFP monitoring, showed women were exposed to more protection concerns than men. Reported protection issues were as follows: 1) occasional crowdedness at distribution points; 2) issues with armed individuals entering distribution points and occasional shooting; 3) beneficiaries were asked to pay money to receive food entitlements; 4) female beneficiaries were physically abused for not sharing their food entitlements to others.

Following WFP's collection of complaints, especially those related to safety and security, WFP analyzed key information and took steps to adjust and improve programming to ensure they were implemented in a safe and dignified manner and that distribution points were accessible to the most vulnerable in need. In this respect, WFP worked with cooperating partners (CPs) to disseminate key information through the provision of awareness raising messages and publicity materials such as banners and posters placed in strategic locations at distribution sites.

In addition, WFP encouraged CPs to resolve the food distribution points to enhance security of the beneficiaries and WFP's commodities during the distribution process. WFP has also requested CPs to introduce help desks and/or female complaints assistant roles at final distribution points dedicated to address and record complaints in a more gender-aware environment. Finally, WFP regularly engaged with CPs to ensure that the provisions of the Field Level Agreements on protection and accountability to affected population (AAP) are well understood and correctly implemented by CPs. This included training and awareness sessions for CPs staff on personal data protection and privacy guidelines.

WFP continued to participate in inter-agency discussions to ensure that protection concerns were addressed in the implementation of the emergency response. This included active participation in the Humanitarian Access Working Group, Community Engagement Working Group, and Protection Cluster.

WFP will continue to deepen its engagement with the authorities on protection and AAP areas. In some concrete instances where WFP did not have access to a specific area for security reasons, WFP provided written guidance to local authorities on how to communicate about the type of assistance to be provided beneficiaries, the timing and location of distributions and beneficiaries' eligibility for food assistance.

Figures and Indicators

Data Notes

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Children benefiting from WFP's monthly food assistance.

Overview of Project Beneficiary Information

Table 1: Overview of Project Beneficiary Information

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Total Beneficiaries	4,621,466	4,458,035	9,079,501	3,914,651	3,791,354	7,706,005	84.7%	85.0%	84.9%
By Age-group:									
Children (under 5 years)	765,402	743,611	1,509,013	655,010	647,304	1,302,314	85.6%	87.0%	86.3%
Children (5-18 years)	1,678,800	1,580,741	3,259,541	1,425,611	1,340,845	2,766,456	84.9%	84.8%	84.9%
Adults (18 years plus)	2,177,264	2,133,683	4,310,947	1,834,030	1,803,205	3,637,235	84.2%	84.5%	84.4%
By Residence status:									
Refugees	18,486	17,832	36,318	15,659	15,165	30,824	84.7%	85.0%	84.9%
Internally displaced persons (IDPs)	1,497,355	1,444,403	2,941,758	1,268,347	1,228,399	2,496,746	84.7%	85.0%	84.9%
Residents	3,105,625	2,995,800	6,101,425	2,630,645	2,547,790	5,178,435	84.7%	85.0%	84.9%

Participants and Beneficiaries by Activity and Modality

Table 2: Beneficiaries by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Unconditional resource transfers to support access to food	6,008,837	1,075,410	7,084,247	6,446,639	863,814	7,310,453	107.3%	80.3%	103.2%
Asset creation and livelihood support activities	60,000	-	60,000	-	-	-	-	-	-
Nutrition treatment activities	1,006,079	-	1,006,079	500,142	-	500,142	49.7%	-	49.7%
Malnutrition prevention activities	1,894,710	-	1,894,710	92,890	-	92,890	4.9%	-	4.9%

Annex: Participants by Activity and Modality

Activity	Planned (food)	Planned (CBT)	Planned (total)	Actual (food)	Actual (CBT)	Actual (total)	% Actual v. Planned (food)	% Actual v. Planned (CBT)	% Actual v. Planned (total)
Unconditional resource transfers to support access to food	6,008,837	1,075,410	7,084,247	6,446,639	863,814	7,310,453	107.3%	80.3%	103.2%
Asset creation and livelihood support activities	60,000	-	60,000	-	-	-	-	-	-
Nutrition treatment activities	1,006,079	-	1,006,079	500,142	-	500,142	49.7%	-	49.7%
Malnutrition prevention activities	1,894,710	-	1,894,710	92,890	-	92,890	4.9%	-	4.9%

Participants and Beneficiaries by Activity (excluding nutrition)

Table 3: Participants and Beneficiaries by Activity (excluding nutrition)

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Unconditional resource transfers to support access to food									

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
People receiving resource transfers	3,606,077	3,478,170	7,084,247	3,721,021	3,589,432	7,310,453	103.2%	103.2%	103.2%
Total participants	3,606,077	3,478,170	7,084,247	3,721,021	3,589,432	7,310,453	103.2%	103.2%	103.2%
Total beneficiaries	3,606,077	3,478,170	7,084,247	3,721,021	3,589,432	7,310,453	103.2%	103.2%	103.2%
Asset creation and livelihood support activities									
People participating in asset creation and livelihood support activities	24,000	36,000	60,000	-	-	-	-	-	-
Total participants	24,000	36,000	60,000	-	-	-	-	-	-
Total beneficiaries	24,000	36,000	60,000	-	-	-	-	-	-

Nutrition Beneficiaries

Nutrition Beneficiaries

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Nutrition treatment activities									
Children (6-23 months)	209,590	194,065	403,655	78,268	75,347	153,615	37.3%	38.8%	38.1%
Children (24-59 months)	186,302	186,302	372,604	70,674	67,754	138,428	37.9%	36.4%	37.2%
Pregnant and lactating women (18 plus)	-	229,820	229,820	-	208,099	208,099	-	90.5%	90.5%
Total beneficiaries	395,892	610,187	1,006,079	148,942	351,200	500,142	37.6%	57.6%	49.7%
Malnutrition prevention activities									
Children (6-23 months)	402,038	386,272	788,310	24,394	23,438	47,832	6.1%	6.1%	6.1%

Beneficiary Category	Planned (male)	Planned (female)	Planned (total)	Actual (male)	Actual (female)	Actual (total)	% Actual v. Planned (male)	% Actual v. Planned (female)	% Actual v. Planned (total)
Pregnant and lactating women (18 plus)	-	1,106,400	1,106,400	-	45,058	45,058	-	4.1%	4.1%
Total beneficiaries	402,038	1,492,672	1,894,710	24,394	68,496	92,890	6.1%	4.6%	4.9%

Project Indicators

Outcome Indicators

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
SR1 Everyone has access to food				
Maintained/enhanced individual and household access to adequate food				
Consumption-based Coping Strategy Index (Average) / Female				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<10.40	10.40	-	12.40
Consumption-based Coping Strategy Index (Average) / Male				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<13.20	13.20	-	12.40
Consumption-based Coping Strategy Index (Average) / Overall				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<11.90	11.90	-	12.40
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Female				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<24.50	24.50	-	28.10
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Male				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<29.00	29.00	-	34.10
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Overall				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<26.90	26.90	-	33.30
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Female				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<61.70	61.70	-	46.90

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Male				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<65.40	65.40	-	45.10
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Overall				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<63.90	63.90	-	45.30
Livelihood-based Coping Strategy Index (Average) / Female				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<2.80	2.80	-	4.70
Livelihood-based Coping Strategy Index (Average) / Male				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<2.90	2.90	-	5.70
Livelihood-based Coping Strategy Index (Average) / Overall				
<i>REFUGEES, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.08, WFP survey, PDM</i>	<2.90	2.90	-	5.60
Consumption-based Coping Strategy Index (Average) / Female				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<25.70	25.70	-	24.20
Consumption-based Coping Strategy Index (Average) / Male				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<23.30	23.30	-	24.00
Consumption-based Coping Strategy Index (Average) / Overall				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<23.50	23.50	-	24.00
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Female				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<32.60	32.60	-	27.80
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Male				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<30.20	30.20	-	27.40
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Overall				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<30.00	30.00	-	27.40
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Female				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<12.00	12.00	-	13.30

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Male				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<13.30	13.30	-	13.90
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Overall				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<13.00	13.00	-	13.80
Livelihood-based Coping Strategy Index (Average) / Female				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<13.90	13.90	-	11.80
Livelihood-based Coping Strategy Index (Average) / Male				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<14.30	14.30	-	12.90
Livelihood-based Coping Strategy Index (Average) / Overall				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<14.20	14.20	-	12.80
Consumption-based Coping Strategy Index (Average) / Female				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<24.40	24.40	-	23.90
Consumption-based Coping Strategy Index (Average) / Male				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<22.40	22.40	-	22.40
Consumption-based Coping Strategy Index (Average) / Overall				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<22.50	22.50	-	22.50
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Female				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<37.60	37.60	-	24.00
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Male				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<32.30	32.30	-	29.50
Food Consumption Score / Percentage of households with Borderline Food Consumption Score / Overall				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<32.00	32.00	-	29.20
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Female				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM</i>	<30.40	30.40	-	15.00

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Male				
YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM	<20.30	20.30	-	17.00
Food Consumption Score / Percentage of households with Poor Food Consumption Score / Overall				
YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM	<21.00	21.00	-	16.90
Livelihood-based Coping Strategy Index (Average) / Female				
YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM	<13.70	13.70	-	12.20
Livelihood-based Coping Strategy Index (Average) / Male				
YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM	<13.70	13.70	-	12.90
Livelihood-based Coping Strategy Index (Average) / Overall				
YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, WFP programme monitoring, PDM, Latest Follow-up: 2017.12, WFP survey, PDM	<13.70	13.70	-	12.80
SR2 No one suffers from malnutrition				
Improved consumption of high-quality, nutrient-dense foods among targeted individuals				
MAM Treatment Default rate / Female				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, Secondary data, CP Report, Latest Follow-up: 2017.04, Secondary data, CP Report	<15.00	18.00	-	22.10
MAM Treatment Default rate / Male				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, Secondary data, CP Report, Latest Follow-up: 2017.04, Secondary data, CP Report	<15.00	18.00	-	22.10
MAM Treatment Default rate / Overall				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, Secondary data, CP Report, Latest Follow-up: 2017.04, Secondary data, CP Report	<15.00	18.00	-	22.10
MAM Treatment Mortality rate / Female				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, Secondary data, CP Report, Latest Follow-up: 2017.12, WFP programme monitoring, CP Report	<3.00	0.30	-	0.10
MAM Treatment Mortality rate / Male				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, Secondary data, CP Report, Latest Follow-up: 2017.12, WFP programme monitoring, CP Report	<3.00	0.30	-	0.10
MAM Treatment Mortality rate / Overall				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, Secondary data, CP Report, Latest Follow-up: 2017.12, WFP programme monitoring, CP Report	<3.00	0.30	-	0.10
MAM Treatment Non-response rate / Female				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, Secondary data, CP Report, Latest Follow-up: 2017.04, Secondary data, CP Report	<15.00	1.20	-	1.40

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
MAM Treatment Non-response rate / Male				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, <i>Secondary data, CP Report, Latest Follow-up:</i> 2017.04, <i>Secondary data, CP Report</i>	<15.00	1.20	-	1.40
MAM Treatment Non-response rate / Overall				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, <i>Secondary data, CP Report, Latest Follow-up:</i> 2017.04, <i>Secondary data, CP Report</i>	<15.00	1.20	-	1.40
MAM Treatment Recovery rate / Female				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, <i>Secondary data, CP Report, Latest Follow-up:</i> 2017.12, <i>WFP programme monitoring, CP Report</i>	>75.00	81.00	-	76.40
MAM Treatment Recovery rate / Male				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, <i>Secondary data, CP Report, Latest Follow-up:</i> 2017.12, <i>WFP programme monitoring, CP Report</i>	>75.00	81.00	-	76.40
MAM Treatment Recovery rate / Overall				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.04, <i>Secondary data, CP Report, Latest Follow-up:</i> 2017.12, <i>WFP programme monitoring, CP Report</i>	>75.00	81.00	-	76.40
Proportion of children 6—23 months of age who receive a minimum acceptable diet / Female				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.12, <i>WFP programme monitoring, Baseline Survey</i>	>34.00	34.00	-	-
Proportion of children 6—23 months of age who receive a minimum acceptable diet / Male				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.12, <i>WFP programme monitoring, Baseline Survey</i>	>32.00	32.00	-	-
Proportion of children 6—23 months of age who receive a minimum acceptable diet / Overall				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2017.12, <i>WFP programme monitoring, Baseline Survey</i>	>33.00	33.00	-	-
Proportion of eligible population that participates in programme (coverage) / Female				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2016.12, <i>Secondary data, Desk-based, Latest Follow-up:</i> 2017.12, <i>Secondary data, Desk-based</i>	>50.00	55.60	-	57.00
Proportion of eligible population that participates in programme (coverage) / Male				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2016.12, <i>Secondary data, Desk-based, Latest Follow-up:</i> 2017.12, <i>Secondary data, Desk-based</i>	>50.00	55.60	-	57.00
Proportion of eligible population that participates in programme (coverage) / Overall				
YEMEN NUTRITION, Project End Target: 2018.03, Base value: 2016.12, <i>Secondary data, Desk-based, Latest Follow-up:</i> 2017.12, <i>Secondary data, Desk-based</i>	>50.00	55.60	-	57.00
Proportion of target population that participates in an adequate number of distributions (adherence) / Female				
YEMEN NUTRITION, Project End Target: 2018.03	>66.00	-	-	-

Outcome	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of target population that participates in an adequate number of distributions (adherence) / Male				
<i>YEMEN NUTRITION, Project End Target: 2018.03</i>	>66.00	-	-	-
Proportion of target population that participates in an adequate number of distributions (adherence) / Overall				
<i>YEMEN NUTRITION, Project End Target: 2018.03</i>	>66.00	-	-	-

Output Indicators

Output	Unit	Planned	Actual	% Actual vs. Planned
CRF SO1-SR1: Asset creation and livelihood support activities				
Number of assets built, restored or maintained by targeted communities and individuals	asset	104	-	-
CRF SO1-SR1: Unconditional resource transfers to support access to food				
Number of retailers participating in cash-based transfer programmes	retailer	1	-	-
CRF SO2-SR2: Malnutrition prevention activities				
Number of institutional sites assisted	site	179	31	17.3%
CRF SO2-SR2: Nutrition treatment activities				
Number of institutional sites assisted	site	2,521	1,507	59.8%

Gender Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions jointly made by women and men				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>58.00	58.00	-	50.60
Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions jointly made by women and men				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>61.80	61.80	-	60.20
Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by men				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	<23.00	23.00	-	42.70

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by men				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	<20.70	20.70	-	31.30
Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by women				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>19.10	19.00	-	6.70
Proportion of households where women, men, or both women and men make decisions on the use of food/cash/vouchers, disaggregated by transfer modality / Decisions made by women				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>17.50	17.50	-	8.50

Protection and Accountability to Affected Populations Indicators

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Female				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>80.00	2.60	-	13.00
Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Female				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>80.00	3.70	-	18.90
Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Male				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>80.00	5.00	-	17.90
Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Male				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>80.00	7.60	-	21.40
Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Overall				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>80.00	4.90	-	17.60
Proportion of assisted people informed about the programme (who is included, what people will receive, length of assistance) / Overall				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>80.00	7.20	-	21.20

Cross-cutting Indicators	Project End Target	Base Value	Previous Follow-up	Latest Follow-up
Proportion of targeted people accessing assistance without protection challenges / Female				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>90.00	94.80	-	95.00
Proportion of targeted people accessing assistance without protection challenges / Female				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>90.00	97.00	-	96.10
Proportion of targeted people accessing assistance without protection challenges / Male				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>90.00	97.90	-	96.10
Proportion of targeted people accessing assistance without protection challenges / Male				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>90.00	97.80	-	97.90
Proportion of targeted people accessing assistance without protection challenges / Overall				
<i>YEMEN GFD, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>90.00	97.70	-	96.00
Proportion of targeted people accessing assistance without protection challenges / Overall				
<i>YEMEN CV-TN, Project End Target: 2018.03, Base value: 2017.04, Latest Follow-up: 2017.12</i>	>90.00	97.70	-	97.80

Resource Inputs from Donors

Resource Inputs from Donors

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Australia	AUL-C-00258-01	Wheat	-	3,924
Australia	AUL-C-00265-04	Vegetable Oil	-	1,127
Belgium	BEL-C-00135-01	Wheat	-	4,909
Canada	CAN-C-00546-07	Wheat	-	7,447
China	CHA-C-00053-04	Wheat	-	9,572
Czech Republic	CZE-C-00024-01	Vegetable Oil	-	127
Denmark	DEN-C-00211-01	Wheat	-	2,850
European Commission	EEC-C-00642-01	Ready To Use Supplementary Food	-	1,191

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
European Commission	EEC-C-00642-01	Split Peas	-	3,693
European Commission	EEC-C-00642-01	Sugar	-	1,160
European Commission	EEC-C-00642-01	Vegetable Oil	-	8,255
European Commission	EEC-C-00642-01	Wheat	-	3,967
European Commission	EEC-C-00642-01	Wheat Flour	-	7,374
Germany	GER-C-00668-01	Split Peas	-	2,176
Germany	GER-C-00668-01	Sugar	-	1,237
Germany	GER-C-00668-01	Vegetable Oil	-	5,247
Germany	GER-C-00668-01	Wheat	-	50,350
Germany	GER-C-00668-01	Wheat Flour	-	2,222
Germany	GER-C-00688-02	Date Bars	-	333
Germany	GER-C-00688-02	High Energy Biscuits	-	160
Germany	GER-C-00705-02	Split Peas	-	192
Germany	GER-C-00705-02	Wheat	-	7,736
Germany	GER-C-00705-03	Wheat	-	20,164
Italy	ITA-C-00214-01	Wheat	-	2,245
Japan	JPN-C-00558-01	Split Peas	-	3,553
Japan	JPN-C-00558-01	Vegetable Oil	-	3,112
Japan	JPN-C-00558-01	Wheat	-	11,254
Japan	JPN-C-00584-01	Ready To Use Supplementary Food	-	151
Japan	JPN-C-00584-01	Split Peas	-	144
Japan	JPN-C-00584-01	Vegetable Oil	-	1,001
Japan	JPN-C-00584-01	Wheat	-	3,910
Japan	JPN-C-00584-01	Wheat Soya Blend	-	900
Japan	JPN-C-00588-01	Split Peas	-	384
Japan	JPN-C-00588-01	Wheat Soya Blend	-	617
MULTILATERAL	MULTILATERAL	High Energy Biscuits	-	85
Netherlands	NET-C-00131-01	Split Peas	-	6,450
Netherlands	NET-C-00131-01	Wheat	-	1,390
Norway	NOR-C-00360-02	Wheat	-	2,534
Private Donors	WPD-C-03963-01	Date Bars	-	70
Private Donors	WPD-C-04053-01	Wheat	-	2,163
Private Donors	WPD-C-04097-01	Date Bars	-	177
Private Donors	WPD-C-04099-01	Vegetable Oil	-	19

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
Private Donors	WPD-C-04103-03	Date Bars	-	58
Private Donors	WPD-C-04117-01	Vegetable Oil	-	91
Private Donors	WPD-C-04128-01	Vegetable Oil	-	147
Saudi Arabia	SAU-C-00102-05	Wheat	-	15,969
Saudi Arabia	SAU-C-00102-05	Wheat Flour	-	6,012
Sweden	SWE-C-00278-01	Ready To Use Supplementary Food	-	24
Sweden	SWE-C-00278-01	Wheat	-	422
Sweden	SWE-C-00278-01	Wheat Soya Blend	-	1,939
Switzerland	SWI-C-00580-05	Sugar	-	839
Switzerland	SWI-C-00580-05	Wheat	-	4,109
UN CERF	001-C-01605-01	Ready To Use Supplementary Food	-	403
UN CERF	001-C-01605-01	Vegetable Oil	-	2,504
UN CERF	001-C-01605-01	Wheat	-	15,228
UN CERF	001-C-01605-01	Wheat Soya Blend	-	1,446
UN Common Funds and Agencies (excl. CERF)	001-C-01627-01	Ready To Use Supplementary Food	-	2,038
UN Common Funds and Agencies (excl. CERF)	001-C-01627-01	Split Peas	-	321
UN Common Funds and Agencies (excl. CERF)	001-C-01627-01	Vegetable Oil	-	637
UN Common Funds and Agencies (excl. CERF)	001-C-01627-01	Wheat	-	6,090
UN Common Funds and Agencies (excl. CERF)	001-C-01627-01	Wheat Soya Blend	-	4,265
United Kingdom	UK -C-00359-01	Split Peas	-	792
United Kingdom	UK -C-00359-01	Vegetable Oil	-	788
United Kingdom	UK -C-00359-01	Wheat	-	9,980
United Kingdom	UK -C-00359-01	Wheat Flour	-	5,000
United Kingdom	UK -C-00359-01	Wheat Soya Blend	-	4,851
United Kingdom	UK -C-00359-02	Split Peas	-	2,160
United Kingdom	UK -C-00359-02	Vegetable Oil	-	890
United Kingdom	UK -C-00359-02	Wheat	-	24,930
United Kingdom	UK -C-00384-01	Split Peas	-	2,496
United Kingdom	UK -C-00384-01	Wheat	-	4,836
USA	USA-C-01301-01	Split Peas	8,800	-
USA	USA-C-01301-01	Vegetable Oil	6,570	-

Donor	Cont. Ref. No.	Commodity	Purchased in 2017 (mt)	
			In-Kind	Cash
USA	USA-C-01301-01	Wheat	67,260	-
USA	USA-C-01301-02	Split Peas	18,540	-
USA	USA-C-01301-02	Vegetable Oil	16,230	-
USA	USA-C-01301-02	Wheat	126,580	-
USA	USA-C-01331-01	Wheat Flour	-	31,816
USA	USA-C-01331-02	Split Peas	-	4,462
USA	USA-C-01331-02	Vegetable Oil	-	3,796
USA	USA-C-01331-02	Wheat	-	30,357
USA	USA-C-01381-01	Split Peas	10,920	-
USA	USA-C-01381-01	Vegetable Oil	7,010	-
USA	USA-C-01381-01	Wheat	86,970	-
		Total	348,880	375,267