



Tamdeen  
Youth Foundation  
مؤسسة تمدين شباب

# Annual Report 2017

## Tamdeen Youth Foundation

29/12/2017



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## Humanitarian Situation in Yemen 2017:

More than two and half year, conflict in Yemen has escalated due to airstrikes, armed clashes and attacks on civilian infrastructure have pushed Yemen into a downwards spiral enabling unprecedented scale. Yemeni people have forced to bear the ongoing hostilities and economic decline which has led Yemen to humanitarian crisis that remains extremely widespread . According to the UN Office for Coordination of Humanitarian Needs Overview(HNO) published in December 2016, an estimated 18.8 M people need humanitarian assistance in at least one sector protection assistance-including 10.3M who require immediate assistance to save or sustain their lives .

As a result of the escalation conflict, more than 7 M people do not know when they will eat again, and more than 8 M face acute shortages of clean water and sanitation. Over half of health facilities are not functioning. Nearly 3.3M people – including 2.1 M children – are acutely malnourished on average, the conflict kills or injures nearly 75 people every day. The rapid deterioration of the economy has likely affected many more. Violence since mid-March 2015 has forced more than 3 M people from their homes, including 2 M who remain internally displaced as of January 2017. These numbers are so alarming that they challenges comprehension.

### **1. High propriety 2017:**

According to HNO, initial results from the Emergency Food Security and Nutrition Assessment(EFSNA) indicate that 17.1M people are food insecure and 85% of agricultural households report an emergency need for agricultural inputs.

In health, an estimated 14.8 M people lack access to basic health care, including 8.8 M living in severely underserved areas. Medical materials are in chronically short supply, and only 45% of Health facilities are functioning .

Nutrition sector, about 3.3 M children and pregnant or lactating women are acutely malnourished, including 462,000 children under 5 suffering from severe acute malnutrition.

An estimated 14.5 M people require assistance to ensure access to safe drinking water and sanitation, including 8.2 M who are in acute need.

An estimated 4.5 M people need emergency shelter or essential household items, including IDPs, Host communities and initial returns.

Protection, about 11.3M people need assistance to protect their safety, dignity or basic rights, including 2.9 M people living in acutely affected areas.

Furthermore, about 2 M school-age children are out of school and need support to fulfil their right to education . More than 1600 schools are were currently unfit for use due to conflict related damage, hosting ,IDPs, or occupation by armed groups.

Finally, an estimated 8 M Yemenis have lost their livelihoods or are living in communities with minimal to no basic services.

## TYF Project Achievements in 2017:

Since Emergency humanitarian response has been began in 2015, TYF has implemented 20 projects, the total beneficiaries 419,235.

Fact Figures and percentage for TYF Humanitarian Response in up to 2017:

*The percentage of Beneficiaries of all sectors of implementing Projects by Gender up to 2017:*

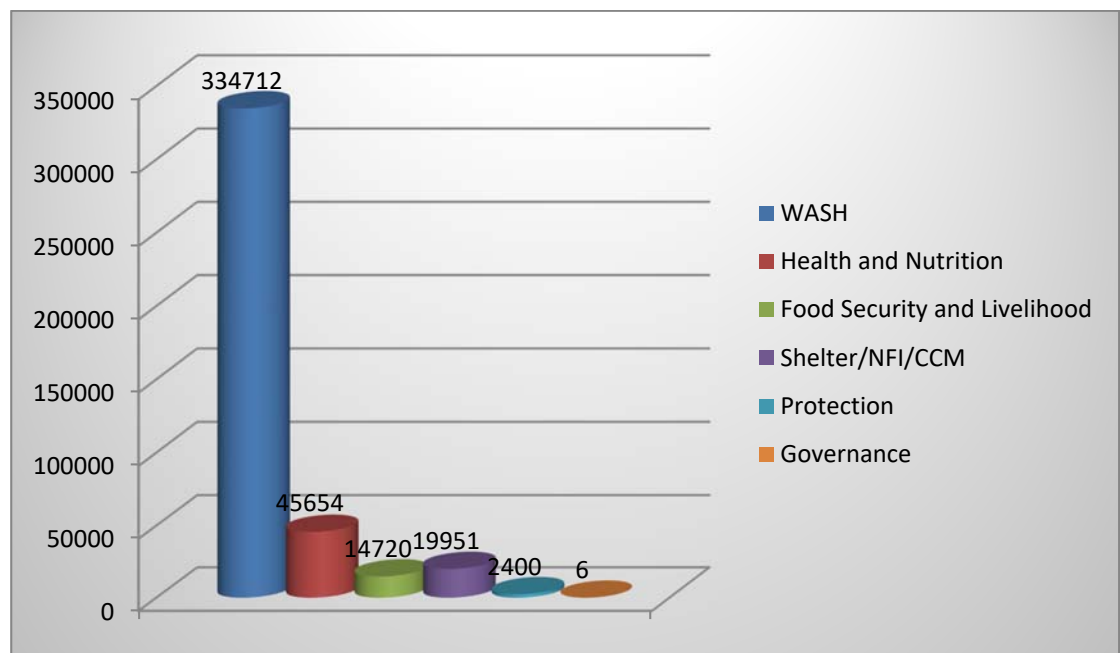
**Boys : 10% (41954)**

**Men: 38% (160096)**

**Women:42% (176035)**

**Girls :10%1**

*The number of Beneficiaries by Sectors of implementing projects up to 2016 :*



**WASH :334712**

**Health and Nutrition :45654**

**Food Security and Livelihoods:14720**

**Shelter/NFI/CCCM: 19951**

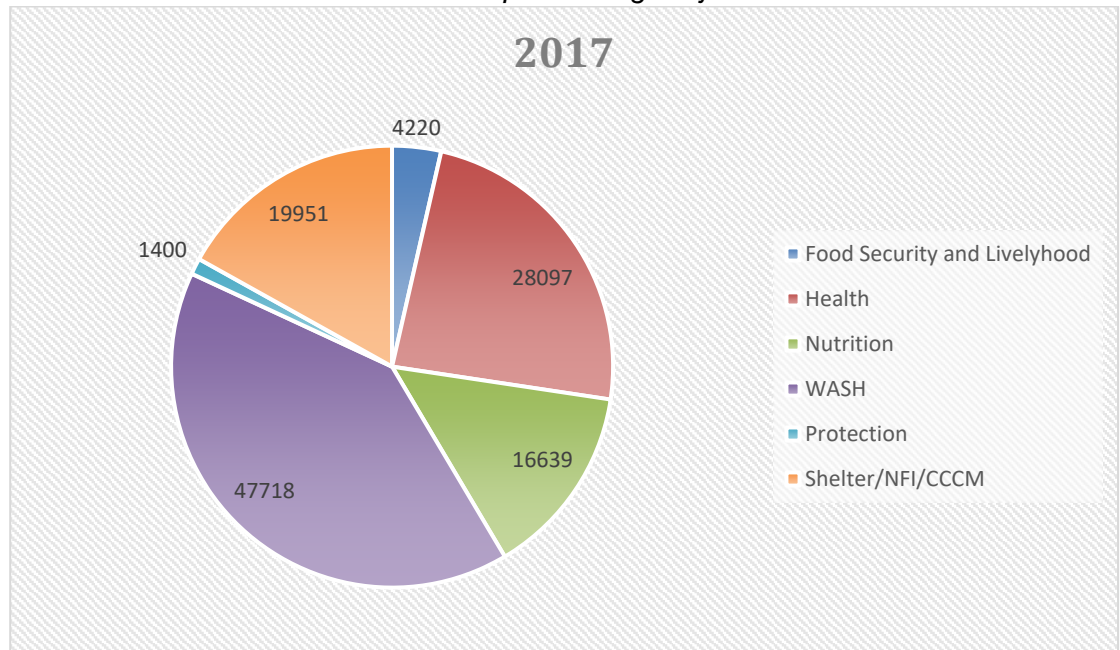
**Protection :2400**

**Governance :6**

**Donors Contribution by Projects : DISGN tyf with writing the percentage only**

GRWA funded by UNICEF : 386445\$ 18%  
 UNICEF:500000\$ 2%  
 Care Int. funded by OCHA : 132460.96\$ 6%  
 SOS Zoo and Rescue Initiative: 69160.74\$ 3%  
 IOM : 3977\$ 0.181%  
 Direct Aid : 3940\$ 0.179%  
 YDN funded by OCHA: 525328.06\$ 24%  
 NED : 20000\$ 1%  
 OCHA : 1.000.241.43\$ 46%  
 TYF :1400 0.06%  
 Total : 2,192,952.23\$

*Total Beneficiaries in all sectors of implementing Projects in 2017:*



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### Humanitarian Financing:

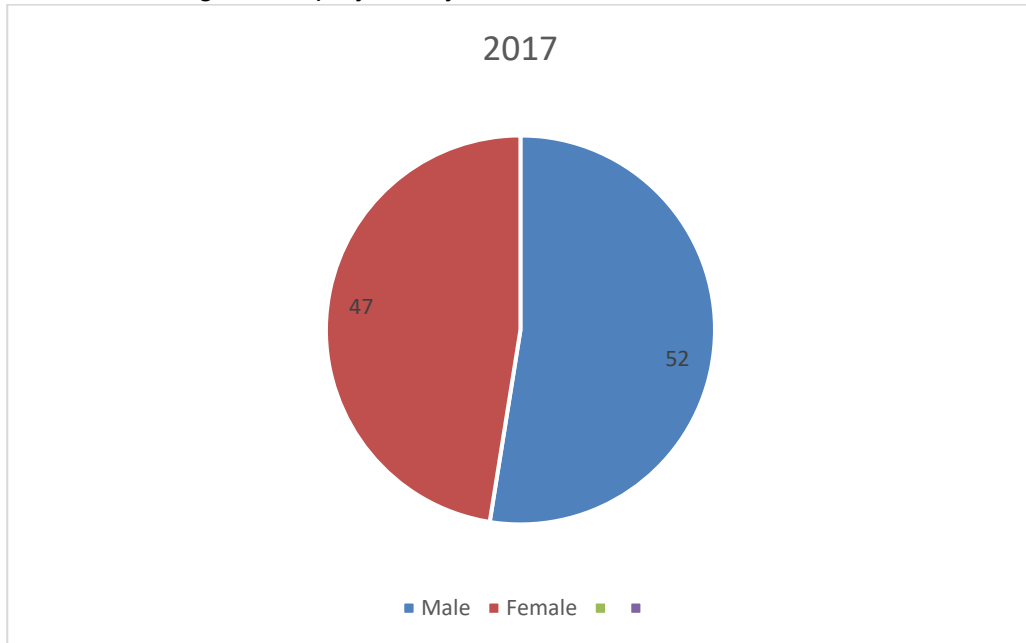
In 2017, TYF spent a total 60,000,059,626,941 funded by 5 Donors and contributions by the board of trustee. These numbers represent both an increase in the total number of donors and amount of contributions compared to the previous year.

We need the financial report of health and nutrition up to 31 December 2017

### TYF 2017 Office and Staff:

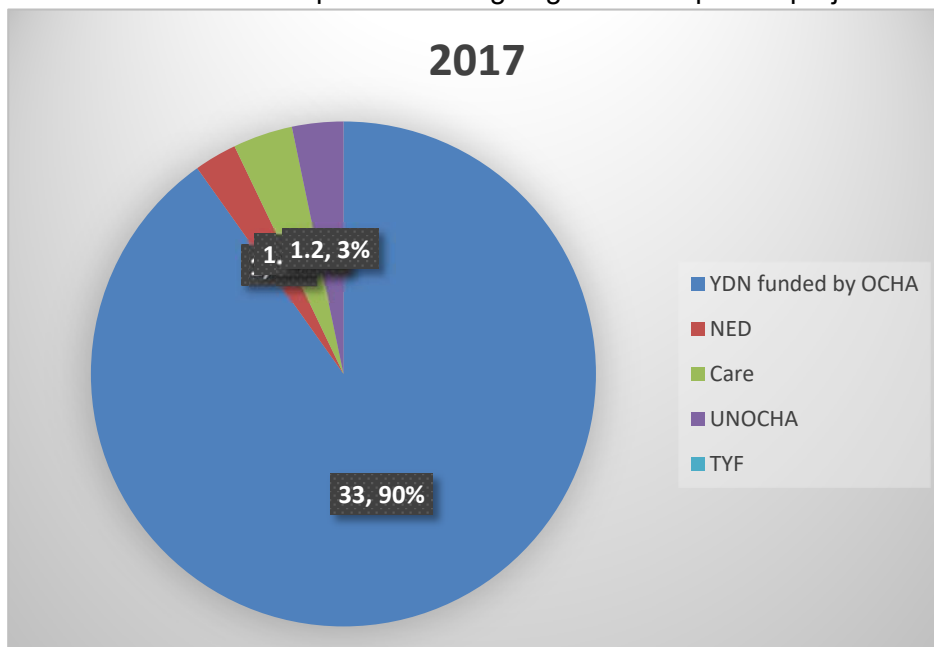
In 2017, TYF enlarged its branches and staff. It was opened headquarter in Sana'a Gov. in order to enlarged its activities around Republic of Yemen which is affected that the number of staff members is increase to employees and volunteers. TYF has following members 21 In office employees, 4 consultant ,100 volunteers, 5 Security guards , 4 medical staff.

### 2017 Percentage of Employees By Gender:



### Monitoring & Accountability :

The TYF Monitoring is based on regular filed visits and progress reports that are documented with photos of ongoing and completed project activities .



These reports and with their documented photos aim to measure the quality of implementing activities and performance . TYF have specialized team , they have done filed visit to ensure about that.

TYF has develop its Monitoring mechanism by used hotlines in its implementing projects, Complain boxes and has implemented sessions to the community how they can used them .

Food Security and Livelihood Sector:

### **Food security response for most affected and vulnerable Households:**

**Objective:** Increase response for food for most affected and vulnerable households.

#### **Allocation:**

In July 2016 , TYF received at total of 1160223.58 to fund **Food security response for most affected and vulnerable Households** project , in partnership with YDN funded by UNOCHA. The project started from July 2017 and lasted until December2017. It targeted 1035 Households in three rounds of the most vulnerable HHs conforming to FSAC standards in the targeted districts in terms of food basket composition, quantity of commodities, amount of cash per household per month during in As Silw district, Taiz Gov.



During that period October, November and December2017, TYF distributed 671 vouchers to beneficiaries in targeted sub-districts Dobah, Dahreen, Mashjab, Qaradah, Qabelah and Odor .

TYF methodology in selecting the beneficiaries to registries them depended on two specific criteria which they are the households with children suffering Malnutrition SAM and MAM, and the beneficiaries list resulted from registration and verification contained 560 HHs.

### **Obstacles and Challenges:**

-Delay of preparing some commodities (Oil) by the trader despite the pre coordination with the trader before the distribution has taken place.

- -The location of baskets distribution point did not mentioned in vouchers due to the delay of store engagement, so the project team started printing vouchers for save the day. (

solution : the distribution team leader designed and printed small carts, during the distribution implementing, in which he specified the store address and the date of receiving baskets for every sub district Separately)

- The commodities were not available in the trader warehouse when the vouchers distributors had finished vouchers' distributing.

- Despite of that the trader has specified 5 January for beginning of commodities provision, he requested again after the end of vouchers' distribution to inform beneficiaries that the commodities provision will be delayed into 7 January.

Solutions :

- .Determine the suitable suppliers of food baskets in Assilw as soon as possible

- Agree on the vouchers form between YDN and TYF in order to print them and facilitate dealing between traders and beneficiaries

- The commodities were not available in the trader warehouse when the vouchers .distributors had finished vouchers' distributing

- Despite of that the trader has specified 5 January for beginning of commodities provision, he requested again after the end of vouchers' distribution to inform beneficiaries that .the commodities provision will be delayed into 7 January

Informing the beneficiaries about the change of commodities receiving date by the Vocal Points selected on every targeted village.

## Sucess Story:

### Winter without starvation .... Winter without war

Rawia \* is a forty-year-old woman, who and her family belong to the colored people. After her husband had been detained a year ago, the family lost their only breadwinner. Rawia's family consists of six members – she and five children, all under the age of 15 except for the eldest son, who is 19 years old. He had been working on daily wage in Taiz city before the war broke out in Yemen. unfortunately like all Yemenis, their lives have turned upside down since the outbreak of the bloody war in Yemen, which has claimed lives, swept away all means of livelihoods and sources of income, salaries and food. Millions of low-income people and daily wage laborers lost their income consequently as well as public sector employees and a large .percentage of private sector employees

Rawia is from Addabah – a rural sub-district in Asselw district, Taiz governorate. Two of her children – one is four years old and the other under the age of two years – suffer from acute malnutrition. They have no food at home and Rawia, their mother, is the only head of the family of six members. They all live in a single room, which is also used as a kitchen, and a very small bathroom next to it, containing small pots filled with water for cooking and cleaning purposes.



Yet, this misery is not the big problem for this family. The lack of food is the basic dilemma for Rawia and all those who live the same conditions of poverty, war and hardship

To provide food for her family, Rawia had to save money, and to save money she had to work and face all the obstacles that hindered her from moving forward in her struggle to provide a living for her miserable family. She says she was, and is still, struggling to provide food to her five children in the absence of her imprisoned husband

I work in the village farms with my eldest son for six hours a day for a small wage, sometimes “for some wheat and rice”, Rawia says. She confirms that most of the families who own these farms let her work not because they really need her service but as a kind of solidarity and support for her though they are themselves poor and hardly provide for themselves

The pay she receives from her work does not give her much. She hardly provides two meals for her children. Moreover, farming is seasonal during the rainy season. In cold winter, they have only one meal – lunch. People in Rawia’s village cultivate their farms only once a year during summer season. It is a village inhabited primarily by poor families, whose poverty has increased drastically since the war began three years ago. In this village and everywhere in Yemen, there are tragedies and untold stories of human suffering. There are people, no one knows about their misery, face the danger of death from starvation and instinctively struggle to survive in spite of the calamities of the harsh reality

In spite of the suffering they endured in order to provide a living and malnutrition resulting from “the small share of food received by family members , especially children, this winter was different as the food vouchers offered by TYF enabled the family to get their needs of food” – Rawia says. She adds that She has been able to provide three meals for her children instead of one as they have been since the father’s absence

Rawiya’s hope is not only that food will be available to her children in winter next year, but also that the war will end so that Yemenis can return to their work to meet their families’ needs and repair what has been destroyed by the war

## Health and Nutrition Sectors:

### Objective:

Improve access of IDPs and vulnerable groups to life-Saving health and Nutrition services in .Asilw district, Taiz Gov

.Support Health Facilities in nutrition and healthcare services in Asliw district

### Allcotion:

In ealier 2017; TYF has started implementing intergerated projects in health and nutriton sectors through signed sub-agreements with YDN funded by OCHA.From January to December 2017; the total fund was received for implementing these projects estimated by ( .( USD 365,113.83



The first project was Integrated Emergency Nutrition and Health Services in Ibb and Taiz. Its total budget was 236,321.83USD, which started in January and ended August 2017. In this project; TYF had Medical team worked as mobile health clinic. It focused in providing nutrition and health services through provision of medicines and Nutrition supplies in six sub-districts, they are Al Mashjab, Al Dubah, Al Dahireen, Karadh, Al Kablah and Al Odor, in second and third cathment, in Asliw district. The second project is Integrated Health and Nutrition Project; which has started in July 2017 and will continue until June 2018. This project includes even more activities, with total budget of USD, It is targeted three health facilities in As Silw district, they were Al Dahreen 128,792.00

Health Unit, Al Dubah Health Center and Al Mashjab Health Center through providing health care for patients and nutrition services for SAM and MAM cases with supporting them by providing medicines and furniture

### Achievements and Challenges:-

In 2017, TYF reached 28,097 beneficiaries ( 7,484 Girls, 7278 boys, 9670 women and 3665 Men) in health sector. In nutrition sector, the total number benefited 16657 beneficiaries (5349 girls, 4897 boys, 6,407 women and 4 Men) in Nutrition



.implementation period of two projects

The first project reached 28,463 beneficiaries, which was achieved through using mobile medical team(MMT).It focused on supporting primary health care and provision nutrition services for SAM Cases in As Silw district

The second project has been conducted in the same district in Taiz but has provided essential medical supplies and furniture and provision Nutrition services in three Health facilities which benefits 16,291 beneficiaries in 2017. The second project built staff capacity of 32 of nutrition and health care providers in providing Integrated Nutrition and Health services and mobilizing community to increase utilization of Health and Nutrition Services

More specially, TYF has delivered health and nutrition services to host communities and IDPs, which includes free health care services , reproductive health for mothers, provide children

with vitamin A and de-worming and awareness and control and response of communicable disease outbreaks

This section highlights results achieved for 2017 two projects at the interim reporting until December.

## Emergency Integrated Nutrition and Health Services" project

### 1.1 Health Component

#	Indicator	Men	Women	Boys	Girls	Achieved
1.1.1	Provision of free health services to people through medical mobile team	751	2165	1874	1831	6621
1.1.10	Provide mothers with pre-natal care		548			548
1.1.11	Provide children with immunization services			447	449	896
1.1.3	Provide mothers with reproductive health		1224			1224
1.1.4	Number of critical cases successfully referred	4	4	3	2	13
1.1.6	Provide children with vitamin A supplementation			828	722	1550
1.1.7	provided children with de-worming			1817	1804	3,621
1.2.1	Rehabilitate and equip two health facilities					2
1.2.2	Number of community health workers trained on CMAM	5	9			14
1.2.3	Generate disease alerts and respond to them					1
1.2.4	Conduct awareness sessions in the targeted communities	1,546	1,362			2908

### 1.2 Nutrition Component

Cluster	Indicator Code	Indicator Description	Target	Achieved
Nutrition	1.1.2	# of boys and girls 6-59 months with SAM admitted to OTP	3795	6645
Nutrition	1.1.3	# of PLW screened for acute malnutrition	484	453
Nutrition	1.1.4	# of health workers trained in the management of acute malnutrition	1997	2,391
Nutrition	1.1.5	# of boys and girls 6-59 months with SAM cured	14	14
Nutrition	1.1.6	# of mobile nutrition teams deployed	363	414
Nutrition	1.1.7	# of boys and girls 6-59 months with SAM defaulted	1	1
Nutrition	1.1.8	# of PLW with MAM admitted in Targeted Supplementary Feeding Program (TSFP)	73	2
Nutrition	1.1.9	# of public information products developed on project (i.e. human interest stories, articles, case studies)	100	0
Nutrition	2.1.1.	# of CHVs trained in community mobilization and screening for IYCF support	20	20

<b>Nutrition</b>	<b>2.1.2</b>	# of health & nutrition promotion sessions conducted (covering IYCF & Hygiene topics)	1	1
<b>Nutrition</b>	<b>2.1.3</b>	# of mothers that received Infant Young Child Feeding (IYCF) support	80	145

## " Integrated Health and nutrition project"

### 2.1 Health Component

<b>Cluster</b>	<b>No. of indicator</b>	<b>Indicator</b>	<b>Target</b>	<b>Achieved</b>
<b>Health</b>	<b>1.1.1</b>	# of healthcare workers incentivized in hospitals or health facilities	16	12
<b>Health</b>	<b>1.1.2</b>	# of patients provided with healthcare services	15,362	9,476
<b>Health</b>	<b>1.1.3</b>	# of children vaccinated	1,045	561
<b>Health</b>	<b>1.1.4</b>	# of health facilities supported with drugs and medical supplies	9	9
<b>Health</b>	<b>1.1.5</b>	# of women provided with reproductive health services	1,535	679
<b>Health</b>	<b>1.1.6</b>	% of households aware of the complaints and feedback mechanism	1	0
<b>Health</b>	<b>1.1.7</b>	# of public information products developed on project (i.e. human interest stories, articles, case studies)	1	0
<b>Health</b>	<b>1.1.8</b>	% of assisted people satisfied with the assistance received	1	0

### 2.2 Nutrition Component

<b>Cluster</b>	<b>No. of indicator</b>	<b>Indicator</b>	<b>Target</b>	<b>Achieved</b>
<b>Nutrition</b>	<b>1.1.1</b>	# of Community health Volunteers trained on MUAC screening and Community outreach	30	30
<b>Nutrition</b>	<b>1.1.2</b>	# of health workers trained in the management of acute malnutrition	10	12
<b>Nutrition</b>	<b>1.1.3</b>	# of boys and girls 6-59 months screened for acute malnutrition	2,764	3,410
<b>Nutrition</b>	<b>1.1.4</b>	# of boys and girls 6-59 months with SAM admitted to OTP	86	190

<b>Nutrition</b>	<b>1.1.5</b>	# of boys and girls 6-59 months with SAM cured	73	123
<b>Nutrition</b>	<b>1.1.6</b>	# of boys and girls 6-59 months with SAM defaulted	13	0
<b>Nutrition</b>	<b>1.1.7</b>	# of PLW screened for acute malnutrition	869	1,341
<b>Nutrition</b>	<b>1.1.8</b>	# of PLW with MAM admitted in Targeted Supplementary Feeding Program (TSFP)	217	0
<b>Nutrition</b>	<b>1.1.9</b>	# of boys and girls 6-59 months with MAM admitted to TSFP	415	0
<b>Nutrition</b>	<b>1.1.10</b>	% of households aware of the complaints and feedback mechanism	0.8	0
<b>Nutrition</b>	<b>1.1.11</b>	% of assisted people satisfied with the assistance received	0.8	0
<b>Nutrition</b>	<b>2.1.1</b>	# of mothers that received Infant Young Child Feeding (IYCF) support	695	592
<b>Nutrition</b>	<b>2.1.2</b>	% of assisted people satisfied with the assistance received	1	0

## A successful Story

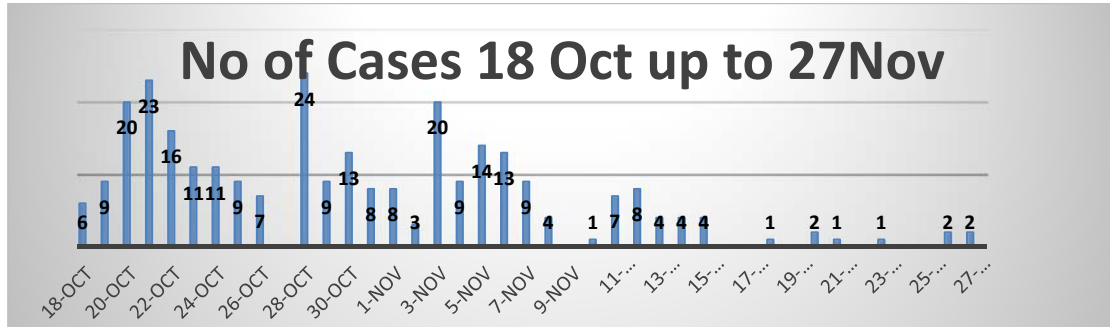
As we're providing health and nutrition services in As Ahmed Poor and Acutely Malnourished As Silw district and follow up cases admitted in the CMAM program, we received a child called Ahmed Abdllraof in Al Qabilla sub-district.

Ahmed is one of those children in As Silw district with severe acute malnutrition (SAM). He aged 22 months. When he admitted his MUAC was 10.5 as it appears in the following photo, height was 68, and weight 6.1 that is WFH <-3. We in the MMT through the "Integrated emergency health and nutrition project" funded by the YHPF provided nutrition services to children with SAM. Nutrition services including SAM treatment, IYCF support, nutrition assessment and capacity building were provided in the targeted district. We asked Ahmed's mother different questions regarding his situation and livelihood. She answered that he's in such case because "we only have pieces of bread and tea and nothing else left" Ahmed's mother further explained how she was afraid about his health deteriorating and losing weight. She said she wasn't able to do anything and thanked the MMT and those support them. "They saved my boy's life" she said. We followed up the case giving RUTF, routine medicines and providing his mother IYCF support. By the end and after two months of treatment his MUAC as the picture shows changed into 13, weight 69, and Z-score <0. He recovered from SAM.

## Cholera Rapid Response

In 17 October coinciding of implementing Integrated Health and Nutrition Project in As Silw district; TYF was informed through its volunteers and community committee reporting the outbreak of suspected cholera in Al Wadur sub-district

Waddi Jahafy villagein considering it is the only implementg partner in that areas .  
 Concequently, TYF sent an appeal to the HC, GHO at the level  
 of Taiz governorate and As Silw district, UNICEF and other stakeholders for an  
 integrated rapid response to prevent cholera outbreak and morbidity in As Silw  
 therefore equipped a qualified medical team and provided medicine to Al Dhabba HF  
 and started receiving cases infected with AWD.



. Chart No 5 Number of AWD received and treated



**Acivements and Challengues:**

After TYF recived an appeal for humanitarian assistance and lifesaving services from locals in Wadi Jahafi, TYF Conducted an early rapid response to detect the in incidence of suspected cases as to minimize morbidity and fatality rateOn. 18 Oct it equipped a medical team and Provided Al Dhabba and Al Mashhjab HFs with cholera medicines and requirements and opened Al Dhabba HF to receive cases infected with AWD and treat them.Then, TYF sent an appeal to the HC, WHO, GHO, UNICEF and other stakeholders for an integrated rapid response to prevent cholera outbreak and morbidity in As Silw district Tamdeen’s team conducted a site visit to the infected area interviewed community leaders and some infected cases .It had

conducted awareness sessions in Wadi Jahafi area about Cholera transmission ways, causes, sources, treatment and prevention

As part of TYFs planfor responding to the outbreak, it had coordinated with the WASH cluster Taiz/IBB hub and conducted WASH needs assessment in AS Silw district and in particular infected areas and shared the assessment with the WASH cluster and stakeholders. TYF had coordinated with the surveillance team and conducted a site visit . WHO and the GHO provided Al Dhabba HF with cholera medicines( IV fluids, antibiotics, ORS ) and furniture .

From 17 Oct until 27 November , the total number of cases was 277 , 118 male and 159 females out of them 101 are children under five years . The total 15 RDTs have been performed and .showed positive results while 5 showed negative results 10

## A successful Story

In addition to what the war brought about of displacement, deprivation and hunger, fear and non-schooling, deterioration of health and loss of sponsors, lack to butter and breed and shortage in drinkable water, the gloomy of what was unexpected came to the scene, cholera a germ negative bacteria transmitted by water and food contamination cause AWD which can .lead to death

In a rural area located to the south of Al Silw district Taiz city which contains a number of isolated remote mountainous villages sprinkled on the hills of Wadi Jahafi valley. The whole area reflects a rural dry wintry pale complexion sunny at day hours and harsh at night. Rocky small houses stand together lean before the mountains. Rampant Houses' walls guarded by thorny plants. In Al Dhabba area, an infected district, and in particular a small village called Hufrah inhabited by a social class starving named Muhamsheen. They're dwelling small shelters built of rock and mud thatched with tents. These small places have no windows neither bathrooms and their doors are closed with wrapped blankets while animals' ore spread in front of them and around. Sponge and blankets for sleeping are spread outside in the open air .exposed to animals waste and dirt

While Tamdeen(NGO) implementing its activities related to its "Integrated Health and Nutrition Project" which is unexpanded program within three HFs and Al Dabba is one of those HFs, suspected cholera outbreak has been reported to its team on 17 Oct 2017. Hereby it initiated responding to the famine the thing imposed the organization to suspend its health and nutrition activities and prevent the spread of cholera and decreasing the morbidity rate among infected people by providing cholera medicines(IV fluids, antibiotics and ORS) together with the pre-selected medical team and CHWs to treat suspected cholera cases. The organization had exerted mammoth efforts covering requirements on its own at first then WHO and GHO had a remarkable role providing medicine to the targeted HF. GARWP also gave a helping hand providing chlorine tabs and hygiene kits to the infected cases.

Tamdeen was the first NGO responded to the cholera outbreak. AS part of its emergency response it coordinated with the GHO and surveillance team in As Silw district therefore received and treated 150 cases in Al Dabba HF. The foundation provided the HF with medicine on Wed 18 Oct and prepared the HF to receive cases through a Medical doctor, Midwife and a pharmacist). Awareness sessions conducted by Tamdeen's CHVs. The HGO responded to the outbreak hereby provided Al Dhabba HF with cholera medicines on Thursday 19 October 2017. Tamdeen coordinated with the surveillance team and completed a site visit on Friday 21 October. On Sun Oct 22, 2017 Tamdeen in coordination and together with the local council conducted an awareness session by its health and nutrition manager and a CHV. It also conducted WASH need assessment in As Silw district.

Al Wadur Wadi Jahafi and Al Dhabba district are the two areas from where at least 140 cases suspected with cholera 6 of them have been confirmed by the RDT. The cholera catastrophic impact appeared at first On 15 October, 2017 when locals transferred 23 suspected cases with cholera to MSF hospital in Al Huban city. A 3 year girls had been reported as an associated



death. The very next day Tamdeen team was informed through its community committee in the affected sub district reporting number of cases with AWD the thing necessitated a rapid response and life-saving treatment. The number of cases received has been increasing day by day and general wretchedness widen the overload of affected malnourished children and elders.

Cholera disease added insult to the injury for most of the affected cases. It's the main reason behind these children and women morbidity. As most of them are food insecure, malnourished children and mothers and unemployed fathers. The impact of these crises resulted in deteriorated health system because there was not any running HF in the infected district. They faced life threatening challenges in the first place. Second is the financial problem which prevent them from even admitting themselves to the hospital. Throughout site visits, they need health care, rehabilitation of water resources, awareness sessions and hygiene kits.

This intervention can be more effective if the HF initiated and supported as a DTC or what is applicable to WHO standards and the stakeholders. It's better to initiate an integrated Cholera and WASH response in the infected district mainly focusing on awareness sessions.

Opinion))

Waseem is one of those cases for whom RDT has been performed and showed positive result, a 12 years boy an IDP from Al Siaar sub-district which is the front line of armed confrontations between the two warring parties in As Silw district where he used to live. On Oct 29, 2017, the moment he was admitted to Al Dhabba HF, his face was pale and bloodless after 8 hours of AWD. He was wearing a sport brown T-shirt and a light red jeans with shabby sandals. Cholera had left Waseem very weak and exhausted.

He couldn't walk and stammered when asked about how often motion occurred to him and the color of stool per an hour. After admission for one day, he was given the required health care he started to talk as usual Laughing asking why everybody wear masks and gloves the thing .he insisted to do the moment he gone as his photo clearly shows

## WASH Water, Sanitation & Hygiene Sector

Objective: To provide life-saving humanitarian relief to reduce vulnerability of crisis-affected people and improved living conditions especially for women and children other key vulnerable groups and population that affected by sustained armed conflict

In Oct 2017; TYF has started to implement this project in partnership of CARE Yemen for seven month, which will end in April 2018