



Tamdeen  
Youth Foundation  
مؤسسة تمدين شباب

# 2018 M&E REPORT

MEAL UNIT

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<b>Projects Titles</b>	<p>1) Integrated Emergency Health, Nutrition and WASH Assistance for most vulnerable population in Mawiyah and As Silw districts of Taiz Governorate.</p> <p>2) Emergency food assistance project for the most affected families in the district of Damnat Khadir, Taiz.</p> <p>3) Multi sectoral lifesaving assistance to conflict affected IDPs and host communities in targeted districts of Taiz Governorate in targeted districts of Taiz Governorate.</p> <p>4) General Food distribution</p>
<b>Targeted Locations</b>	<b>Taiz Governorate</b>
<b>Clusters</b>	<p><b>Health</b></p> <p><b>Nutrition</b></p> <p><b>Food Security and livelihood</b></p> <p><b>WASH</b></p>
<b>Report period</b>	<b>This report covers 2018</b>

## **Executive summary**

Monitoring and evaluation take a significant part within TYF programmes and project activities as to ensure the assistance provided quality, improve programming, ensure commitment before stakeholders, ensure the accomplishments of designed programmes, projects and activities. TYF carried out M&E activities internally and externally. Internally through fixed recruited staff within projects and externally through consultants and TPM assigned by donors. It has planned for MEAL activities while projects designing. CRM is a significant part of the M&E system in which channels for beneficiaries and affected communities can participate and deliver their complaints directly. The community participation and involvement within the M&E process and activities was ensured through the establishment of proper and safe accessible tools at the targeted areas. Stakeholders also at the governmental related bodies such as the MoPHP, GHO and DHO were participated in the monitoring and evaluation by completing field monitoring visits. The reporting mechanism utilized within these projects has ensured the accountability and information sharing of project teams to update related clusters and partners and donors. The output of these projects is well documented and accessible for any requirements.

## **TYF programs**

### **Health and Nutrition**

The aim of the program is to treat and prevent acute (moderate and severe) malnutrition among children under five years of age and pregnant and lactating mothers. Tamdeen Youth foundation works to build health workers' capacities and change behavior towards nutrition and hygiene to reach a healthy society.

### **Relief and shelter**

Tamdeen Youth foundation has a rapid and effective emergency response network that provides emergency relief and provides safe shelter for those affected by disasters and conflicts while ensuring healthy living conditions of privacy and dignity. It also has experience in distributing relief and food items to people in emergency situations.

### **Food security**

The Food Security and Livelihoods Program focuses on projects that break the cycle of poverty and meet emergency food needs. It also aims to implement program to promote economic and social development. It helps in mobilizing resources to generate income and improve the living conditions of the most vulnerable groups and promoting the sustainable use of available resources.

### **Volunteering and community participation**

Tamdeen Youth foundation works in the spirit of one team and its vision is to promote a sense of social responsibility and to spread a culture of volunteering. Through volunteering management and

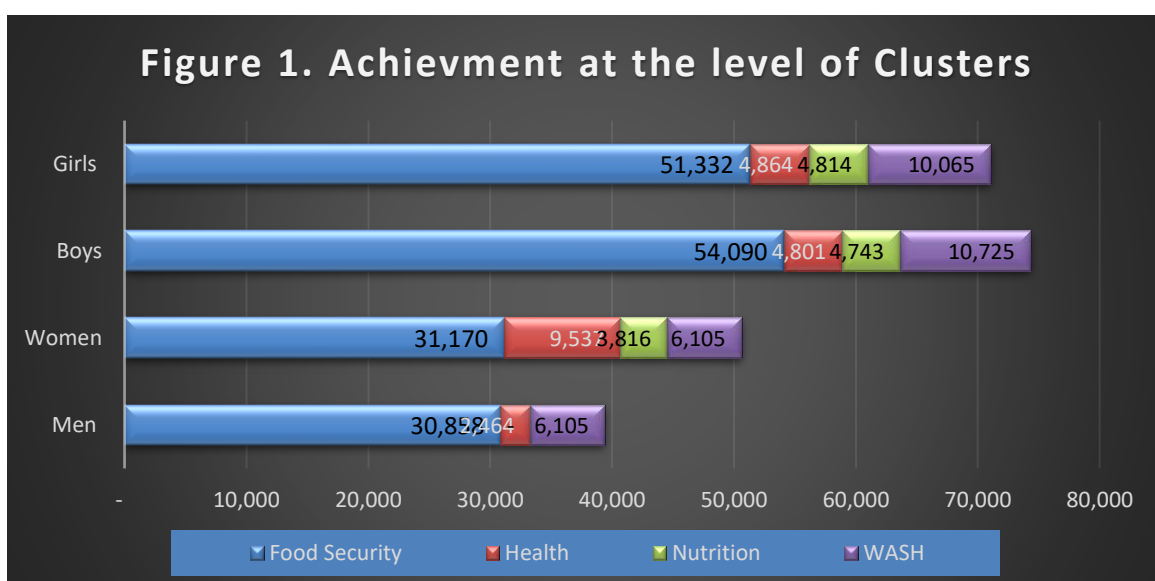
community participation, the Foundation aims to attract volunteers to benefit from their experiences and providing them with voluntary work opportunities, as well as adopting voluntary initiatives in various fields.

### Water and environmental sanitation

The Water and Environmental Sanitation Program aims to ensure sustainable access to water and sanitation facilities, and works to provide clean water for drinking, cooking and personal hygiene in order to maintain a healthy life and reduce disease transmission transmitted by polluted water. It also provides assistance to vulnerable families to ensure access to safe water for use in a clean environment with improved hygiene and sanitation facilities through deliberate and other interventions sustainable development. The Tamdeen Youth Foundation Water and Sanitation Program has a rapid response network, especially in emergency situations or displacement through rapid needs assessment, coordination with partners, and response.

### Actual achievement and contribution to Clusters objectives

Cluster	Achieved beneficiaries				
	Men	Women	Boys	Girls	Total
<b>Food Security</b>	30,858.	31,170.	54,090	6,541	122,659
<b>Health</b>	2,464	9,537	4,801	4,864	21,666.
<b>Nutrition</b>	0	3,816	4,743	4,814	13,373
<b>WASH</b>	6,105	6,105	10,725	10,065	33,000
<b>Total</b>	39,427	50,628	74,359	71,075	235,489



# Summary of the projects

## Activities & Outputs against projects work plan

### 1. Emergency Nutrition and Food Security Project

Status	Completed
Objective	The project objective was to provides life saving services to affected population in Taiz governorate, Al Silw and Mawyah districts
Activity schedule	Completed on time
Outputs created	29,191 of the affected population were assisted through emergency nutrition and food assistance. The project contributed to the reduction of mortality rate among children and women. It has contributed in the capacity building of 12 HWs and 40 CHVs on the community management of acute malnutrition.

### 2. Integrated Health and Nutrition Project

Status	Completed
Objective	Provide lifesaving health and nutrition services
Activity schedule	Completed on time and project workplan.
Outputs created	26, 298 of affected population received health and nutrition services

### 3. IEHNW project

Status	The project is still on going in relation to coordinating with local authorities and in implementing the activities of the project; however, there are some challenges faced to extract authorizations from local authorities.
Objective	To increase access to emergency nutrition, health and WASH services for 42,916 individuals, this number is dis-aggregated as (13,952 men, 14,388 women, 7,063 boys, 7,513 girls) in Mawiyah & As Silw districts of Taiz Governorate.
Activities schedule	The activities are not on schedule.
Progress	The activities are being delayed.
Outputs created	Conduct orientation workshop for the project team.

### 4. EFSA project

Status	The project is still on going in relation to coordinating with local authorities and in implementing the activities of the project side by side with our partners RDP ; however, there are some challenges faced to extract authorizations from local authorities.
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Objective	To improve the access to emergency food assistance for 13160 individuals disaggregated (2579 men, 2685 women, 3869 boys, and 4027 girls) of the most vulnerable families for 10 months confirming to sphere standards.
Activity schedule	The activities are on schedule.
Progress	Some of the activities are being delayed while others are ongoing.
Outputs created	<ol style="list-style-type: none"> <li>1. Conduct orientation workshop for the project team including the sub implementing partner.</li> <li>2. Form community stakeholder committees with representation of 20% women and induct them about the project taking in to account gender and protection aspects.</li> <li>3. Conduct training for 20 participants (10 male and 10 females) of the registration team with 50% of the team are women.</li> </ol>

## 5. GFD project

Status	The project has been successful finished.
Objective	To improve immediate household availability of and access to Food for the most vulnerable families for 14 months in Jabal Habashy and Al-Misrakh districts in Taiz governorate.
Activity schedule	The project is on schedule.
Progress	The project has been finished.
Outputs created	21658 households have receive their food baskets according to the plan.

## 6. ECHO project

Status	The project is on progress in implementing the project activities with side by side with our partners care.
Objective	<ol style="list-style-type: none"> <li>1) Vulnerable and conflict affected communities have improved access to food, WASH services, household NFI assistance, and protection services through emergency humanitarian assistance.</li> <li>2) Targeted IDP households and host communities in the project operational districts have access to cash, WASH services, household NFI assistance, and protection services to meet their basic needs.</li> <li>3) Care, under this proposed action, will address the critical humanitarian needs of people that have been affected by the recent Red Sea Coast conflict in targeted districts of Taiz Governorate through provision of: emergency cash; comprehensive WASH assistance; household NFI assistance; rapid, multi sectoral response to new displacements; and protection assistance. As much as is possible and practicable, integrated services cutting across the three sectors: food security, WASH, and household NFI will be offered.</li> </ol>
Activity schedule	The activities are on schedule.
Progress	The activities are ongoing.
Outputs created	<ol style="list-style-type: none"> <li>1) Identify 30 community hygiene volunteers (50% or more females, 50% or less males) of the target groups.</li> <li>2) Conduct training workshop "4 days training at least" for targeted 20 community hygiene volunteers in the field of nutrition and basic hygiene awareness.</li> </ol>

## 7. GAC project

Status	<b>The project has been successfully finished.</b>
Objective	<b>Improve affected communities hygiene practices and raise awareness about communicable diseases and outbreak.</b>
Activity schedule	<b>The project is on schedule.</b>
Outputs created	The project ended while accomplished its designed goals by the CARE int which is the project owner. Activities given to TYF were implemented in participation with concerned authorities and affected communities. The targeted communities Hygiene practices and awareness raining were enhanced and improved though the implementation of



## Summary of activities and outputs

### 1. Emergency Nutrition and Food Security project

Cluster	Activity Code	Activity	Activity status
<b>Nutrition</b>	1.1.1	Support 4 OTP (health facilities) for provision of free nutrition services in targeted districts.	Completed
<b>Nutrition</b>	1.1.2	Training on Community based management of acute malnutrition for health workers.	Completed
<b>Nutrition</b>	1.1.3	Training on MUAC screening, community outreach and sensitization for community health volunteers.	Completed
<b>Nutrition</b>	1.1.4	MUAC Screening for boys and girls from 6 to 59 months for identification of malnourished children under 5 by CHVs and health workers in health facilities.	Completed
<b>Nutrition</b>	1.1.5	Provision of nutrition services for malnourished children under five with severe acute malnutrition (SAM) admitted to OTP.	Completed
<b>Nutrition</b>	1.1.6	Provision of nutrition services for malnourished children under five with moderate acute malnutrition (MAM) admitted to TSFP.	Completed
<b>Nutrition</b>	1.1.7	MUAC screening for PLW for identification of women with moderate acute malnutrition (MAM).	Completed
<b>Nutrition</b>	1.1.8	Provision of nutrition services for PLW with moderate acute malnutrition (MAM) admitted to TSFP.	Completed
<b>Nutrition</b>	1.1.9	Conduct field visit to monitor the provision of free nutrition service in health facilities in the targeted areas,	Completed
<b>Nutrition</b>	1.1.10	Establish and implement a complain and feed back mechanism in health facilities	Completed
<b>Nutrition</b>	1.1.11	Conduct orientation workshop for the project team.	Completed
<b>Nutrition</b>	1.1.12	Conduct introductory meetings/ sessions for the beneficiaries.	Completed
<b>Nutrition</b>	1.2.1	Conduct IYCF counseling to caregivers of children under two years and PLW through health workers at 4 health facilities.	Completed
<b>Nutrition</b>	1.2.2	Conduct a baseline and an endline KAP survey in the targeted districts to assess program participants' knowledge, attitude and practices around IYCF.	Completed
<b>FSAC</b>	1.1.1	Coordination with all related stakeholders/partners.	Completed
<b>FSAC</b>	1.1.2	Formation of community stakeholder committees and induct them about the project.	Completed
<b>FSAC</b>	1.1.3	Conduct a training session for the registration and verification team.	Completed
<b>FSAC</b>	1.1.4	Registration and verification of beneficiaries based on FSAC HHs vulnerability criteria.	Completed
<b>FSAC</b>	1.1.5	Establish and implement a complaint and feedback mechanism.	Completed
<b>FSAC</b>	1.1.6	Provision of food voucher assistance to most vulnerable households targeting 3000 HHS /round for 3 rounds conforming to FSAC standards in terms of food basket composition, quantity of commodities, amount of voucher YER 24000 per household.	Completed
<b>FSAC</b>	1.1.7	Conduct post distribution monitoring (PDM)	Completed
<b>FSAC</b>	1.1.8	Conduct field monitoring visit.	Completed
<b>FSAC</b>	1.1.9	Conduct Introductory meetings/ sessions for the beneficiaries.	Completed
<b>FSAC</b>	1.1.10	Conduct orientation workshop for the project team.	Completed

### 2. Integrated Health and Nutrition Project

<b>Cluster</b>	<b>Indicator Code</b>	<b>Indicator description</b>	<b>Activity Status</b>
<b>Nutrition</b>	1.1.1	Training on MUAC screening, community outreach for Community Health Volunteers (CHVs).	Completed
<b>Nutrition</b>	1.1.2	Training on community-based management of acute malnutrition (CMAM) for health workers.	Completed
<b>Nutrition</b>	1.1.3	MUAC screening for children under five for identification of malnourished children under five.	Completed
<b>Nutrition</b>	1.1.4	Provision of nutrition services for malnourished children with SAM cases admitted to OTPs.	Completed
<b>Nutrition</b>	1.1.5	Provision of nutrition materials to malnourished Children from 6 months to 59 months with SAM cases until being cured.	Completed
<b>Nutrition</b>	1.1.6	Follow up defaulter SAM cases of malnourished children under five.	Completed
<b>Nutrition</b>	1.1.7	MUAC screening for PLW for identification of malnourished PLW.	Completed
<b>Nutrition</b>	1.1.8	Treat moderate acute malnutrition PLW through enrolling them in the targeted supplementary feeding program.	Completed
<b>Nutrition</b>	1.1.9	Treat moderate acute malnutrition children under five through enrolling them in the targeted supplementary feeding program.	Completed
<b>Nutrition</b>	1.1.10	Establish a complaint and feedback mechanism in the supported health facilities.	Completed
<b>Nutrition</b>	1.1.11	Conduct field monitoring visit during the project implementation by project team and the Government Health Office.	Completed
<b>Nutrition</b>	1.1.12	Conduct awareness sessions on nutrition, health, and hygiene and IYCF key messages and provide IYCF support for mothers.	Completed
<b>Nutrition</b>	1.1.13	Conduct awareness sessions on nutrition, health, and hygiene and IYCF key messages and provide IYCF support for mothers.	Completed
<b>Health</b>	1.1.1	Provision of minimum health services through health facilities adhering to the minimum service package approved by health cluster.	Completed
<b>Health</b>	1.1.2	Procurement of medicines to support health facilities with essential drugs and medical supplies in the targeted districts.	Completed
<b>Health</b>	1.1.3	Provide reproductive health services by the mid-wives in the health facilities.	Completed
<b>Health</b>	1.1.4	Establish a complaint and feedback mechanism in the supported health facilities.	Completed
<b>Health</b>	1.1.5	Conduct awareness sessions on health, hygiene messages, outbreak diseases.	Completed
<b>Health</b>	1.1.6	Monitoring visits to collect summarize and disseminate stories from the field including success stories, lessons learned and articles.	Completed

### 3. IEHNW project:

		<b>Activity status</b>
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Activity Code	Activity	Initiated	Not Initiated	On progress	Completed
<b>1) Health Component.</b>					
1.1.1	Conduct orientation workshop for the project team, during the orientation workshop the project team will be introduced to the humanitarian principles, project objectives, outcomes, outputs, project outcomes, targets, activities conflict sensitivity, Code of Conducts and Protection from Sexual Exploitation and Abuse (PSEA), Accountability to Affected Population (AAP).	Completed			
1.1.2	Provision of free minimum initial service package for most affected people in 6 health facilities.	Not initiated			
1.1.3	Provision of general services and Trauma care including, basic Life Support at all facilities, trauma care	Not initiated			
1.1.4	Provision of medicines and medical supplies to 6 supported health facilities for the provision of free health services.	Not initiated			
1.1.5	Provision of free communicable diseases control and management including, malaria management in the relevant areas, and Management of common infectious diseases (measles, AWD, etc...).	Not initiated			
1.1.6	Conduct awareness sessions on outbreak diseases (AWD, diphtheria, Malaria etc....) as a prevention for communicable disease.	Initiated			
1.1.7	Provision of routine immunization according to national guidelines.	Not initiated			
1.1.8	Provision of solar systems to 6 health facilities.	Not initiated			
1.1.9	Conduct monthly introductory sessions to beneficiaries by project team on Beneficiaries rights, Accountability to Affected Population (AAP) and Complaint Feedback Mechanism (CFM).	Not initiated			
1.1.10	Antenatal care, focusing on the most useful components: distribution of micronutrients, and identification and management of conditions such as infections, anaemia, etc. at all levels.	Not initiated			
1.1.11	Antenatal care, focusing on the most useful components: distribution of micronutrients, and identification and management of conditions such as infections, anaemia, etc. at all levels.	Not initiated			
1.1.12	Provide post natal care in 6 health facilities in targeted areas.	Not initiated			
1.1.13	Provide free normal deliveries under attendance of well-trained mid-wives at 6 health facilities in targeted areas.	Not initiated			
1.1.14	Monitoring visits to collect, summarize and disseminate stories from the field including success stories, lessons learned and articles.	Not initiated			

Activity Code	Activity	Activity status			
		Initiated	Not Initiated	On progress	Completed

## 2) Nutrition Component.

1.1.1	Conduct training on Community based Management of Acute Malnutrition targeting health workers	Initiated
1.1.2	MUAC screening for boys and girls from 6 to 59 months for identification of malnourished children under 5 by CHVs and health workers in health facilities.	Not initiated
1.1.3	Provision of nutrition services for malnourished children under five with severe acute malnutrition (SAM) admitted to OTP.	Not initiated
1.1.4	Established and implement a complaint and feedback mechanism.	Not initiated
1.1.5	Conduct field visit to monitor the provision of free nutrition service in health facilities in the targeted areas,	Not initiated
1.1.6	Selection & training for 24 Community Health Volunteers (CHVs) in As silw district on community mobilization and MUAC screening.	Not initiated
1.1.7	Conduct IYCF counselling to caregivers of children under two years and PLW through health workers at health facilities.	Not initiated
1.1.8	Establish 6 IYCF corner in targeted areas for provision of IYCF counseling to caregivers.	Not initiated

Activity Code	Activity	Activity status			
		Initiated	Not Initiated	On progress	Completed

## 3) WASH Component

1.1.1	Conduct training for Community Volunteers (CVs) on community mobilization, delivery of messages on cholera awareness and improved hygiene practices activities to affected targeted HHs. One in Mawiyah district of Taiz governorate	Initiated
1.1.2	Conduct training for 120 water points' chlorinators to disinfect 60 water points in the affected locations.	Initiated
1.1.3	Community engagement and mobilization activities for cholera awareness and improved hygiene practices of targeted HHs' on key messages.	Initiated
1.1.4	Provision affected HHs with chlorine NaDCC 33 mg tablets with proper education on water treatment at HH level.	Not initiated
1.1.5	Conduct water quality monitoring activities to check the FRC at 60 communal water tanks in the most affected areas with high risk of cholera outbreak.	Not initiated
1.1.6	Provide reported cholera/AWD cases and surrounding HHs with Cholera WASH prevention kits.	Not initiated
1.1.7	Conduct cleaning campaigns including solid waste management in coordination with the Cleaning Funds and local authorities.	Not initiated
1.1.8	Conduct training for Rapid Response Team (RRT) to enhance immediate response to cholera outbreak increment at community level.	On progress
1.1.9	Coordination with DTCs, ORCs, EOCs and Health offices at different levels to ensure that data is available at district level rather than waiting for EOC data at national level.	Initiated
1.1.10	Conduct campaigns of cleaning tanks at hotspot areas using 5% concentrated chlorine solution.	Not initiated
1.1.11	Conduct a sensitization workshop for community leaders and key influencing community members to include awareness messages	Initiated

1.1.12	Established and implement a complaint and feedback mechanism.	Not initiated
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#### 4. EFSA project:

Activity Code	Activity	Activity status			
		Initiated	Not Initiated	On progress	Completed
<b>1) Food Component.</b>					
1.1.1	Coordination with relevant stakeholders including (FSAC, NGOs, local authorities).			On progress and have challenges	
1.1.2	Conduct orientation workshop for the project team including the sub implementing partner.			Completed	
1.1.3	Form community stakeholder committees with representation of 20% women and induct them about the project taking in to account gender and protection aspects.			Completed	
1.1.4	Conduct training for 20 participants (10 male and 10 females) of the registration team with 50% of the team are women.			Completed	
1.1.5	Registration of beneficiaries based on FSAC households vulnerability criteria.			Initiated	
1.1.6	Conduct introductory meetings or sessions for the beneficiaries considering gender and protection related issues.			On progress	
1.1.7	Conduct training for 18 participants (9 male and 9 females) the verification team 50% women.			Not Initiated	
1.1.8	Verify the registered beneficiaries adhering to FSAC households criteria.			Not Initiated	
1.1.9	Prepare bill of quantities and advertise the bid in public newspaper.			On progress	
1.1.10	Select the best bidder based on comparative process and selection criteria.			Not Initiated	
1.1.11	Establish and implement a Complaint and Feedback Mechanism (CFM) and inform beneficiaries about it.			On progress	
1.1.12	Community sensitization about the project.			Initiated	
1.1.13	Inform beneficiaries about the distribution location and date			Not Initiated	
1.1.14	Provision of food voucher assistance to the most vulnerable households targeting 1,880 households with 13,160 individuals dis aggregated 2,579 Men, 2,685 Women, 3,869 Boys and 4,027 Girls /round for 6 rounds to the same household conforming to FSAC standards in Dimnat Khadir district in Taiz.			Not Initiated	
1.1.15	Conduct Post Distribution Monitoring (PDM).			Not Initiated	
1.1.16	Conduct field monitoring visits during the project implementation.			On progress	
1.1.17	Conduct training for 18 participants (9 male and 9 females) the distribution team 50% women.			Not Initiated	
1.1.18	Conducting baseline and end-line survey to assess the food security status of the targeted HHs before and after the intervention.			Not Initiated	

#### 5. GFD project:

Activity Code	Activity	Activity status
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Activity Code	Activity	Activity status			
		Initiated	Not Initiated	On progress	Completed
<b>Food Component</b>					
1.1.1	Induction workshop for project staff.				Completed
1.1.2	Coordination with local authorities - Governorate at district level.				Completed
1.1.3	Formation of community stakeholder committee at sub-district and district level and inform them of beneficiaries' selection criteria.				Completed
1.1.4	Training for registration team.				Completed
1.1.5	Inform beneficiaries of selection criteria.				Completed
1.1.6	Registration & verification of household in Jabal Habashy and Al Misrakh Districts.				Completed
1.1.7	Establish a complaint mechanism and inform beneficiaries about it.				Completed
1.1.8	Issue identification cards and distribute them to eligible households.				Completed
1.1.9	Identify and inspect proper Food Distribution Point (FDP) in accordance to sphere standards.				Completed
1.1.10	Organize warehouses, logistics, Food items, and security at warehouses.				Completed
1.1.11	Request and receive food at food distribution points (FDPs)				Completed
1.1.12	Identify food distribution Schedule to targeted beneficiaries and inform Beneficiaries of distribution schedules.				Completed
1.1.13	Provision of food assistance to most vulnerable households.				Completed
1.1.14	Monitoring during distribution cycle by project staffs.				Completed

## 6. ECHO project:

Activity Code	Activity	Activity status			
		Initiated	Not Initiated	On progress	Completed
<b>WASH Component</b>					
1.1.1	Distribution of 1320 Basic hygiene kits will be delivered to 1320 beneficiary IDP household.				<b>Not initiated</b>
1.1.2	Distribution of 1320 consumable hygiene kits will be delivered to 1320 beneficiary IDP households after 3 months from the distribution of hygiene kits.				<b>Not initiated</b>
1.1.3	Distribution of 44000 Purification tablets strips to 1320 IDPs and 880 Host community HHs.				<b>Not initiated</b>
1.1.4	Identify 20 community hygiene volunteers (50% or more females, 50% or less males) of the target groups.				<b>Completed</b>
1.1.5	Conduct training workshop "4 days training at least" for targeted 20 community hygiene volunteers in the field of nutrition and basic hygiene awareness.				<b>Completed</b>
1.1.6	Print the advised IEC materials (brochures, leaflets, posters.) That will be used during Hygiene promotion / Nutrition awareness, in coordination and approval of Care.				<b>Not initiated</b>
1.1.7	By Coordination with community committees and local partners to mobilize and identify households to receive Basic/ Consumables NFIs kits and Chlorine tabs according to the agreed criteria.				<b>Not initiated</b>

1.1.8	Conduct 363 Hygiene awareness sessions among the target beneficiaries according to the outputs of training workshop, 18900 individuals.	<b>Not initiated</b>
1.1.9	Conduct 2 Hygiene and Nutrition campaigns	<b>Not initiated</b>
1.1.10	Prepare and submit the final reports (narrative and financial).	<b>Not initiated</b>

## 7. GAC project:

Activity Code	Activity	Activity status			
		Initiated	Not Initiated	On progress	Completed
<b>WASH Component</b>					
1.1.1	Recruitment process for Tamdeen Youth Foundation staff.				<b>Completed</b>
1.1.2	Orientation and kick-off meeting (Workshop).				<b>Completed</b>
1.1.3	Preparation of Project Plans, Indicators and Reports Types.				<b>Completed</b>
1.1.4	Coordination with Local Authorities.				<b>Completed</b>
1.1.5	Selecting the community hygiene promoters volunteers CHPVs.				<b>Completed</b>
1.1.6	Conducting` the training for the selected community hygiene promoters volunteers CHPVs.				<b>Completed</b>
1.1.7	Preparing and Printing of IEC Materials.				<b>Completed</b>
1.1.8	Starting the awareness activities by community hygiene promoters volunteers CHPVs.				<b>Completed</b>
1.1.9	Distribution of Basic, Transit and consumable Hygiene kits.				<b>Completed</b>
1.1.10	Solid Waste Disposal.				<b>Completed</b>
1.1.11	Conducting of hygiene awareness campaigns				<b>Completed</b>

## Results/Indicators

**INSTRUCTIONS:** Complete the following table with the latest results for your key indicators. Focus on outcome / goal indicators if possible, rather than activities and outputs which are already described in the previous section. Choose a status for each indicator (achieved, in progress, challenges or not started).

### Emergency Nutrition and Food Security Project

Cluster	Indicator	Project Target	Project Progress	% Achieved
<b>Nutrition</b>	Indicator 1.1.1: # of functional Outpatient Therapeutic Program (OTP) centres	4	4	100%
<b>Nutrition</b>	Indicator 1.1.10: # of PLW screened for acute malnutrition	2390	2,830	118%
<b>Nutrition</b>	Indicator 1.1.11: # of PLW with MAM admitted in Targeted Supplementary Feeding Program (TSFP)	617	493	80%
<b>Nutrition</b>	Indicator 1.1.12: % of assisted people satisfied with the assistance received	90	86	96%
<b>Nutrition</b>	Indicator 1.1.13: % of households aware of the complaints and feedback mechanism	80	50	63%
<b>Nutrition</b>	Indicator 1.1.14: % of beneficiaries know their rights	90	86	96%
<b>Nutrition</b>	Indicator 1.1.15: # of introductory meetings/sessions for the beneficiaries	8	11	138%
<b>Nutrition</b>	Indicator 1.1.16: # of following up visits	9	13	144%
<b>Nutrition</b>	Indicator 1.1.17: # of success stories developed	4	5	125%
<b>Nutrition</b>	Indicator 1.1.2: # of health workers trained in the management of acute malnutrition	20	20	100%
<b>Nutrition</b>	Indicator 1.1.3: # of community health volunteers (CHVs) trained on MUAC Screening, community outreach and sensitization	40	40	100%
<b>Nutrition</b>	Indicator 1.1.4: # of boys and girls 6-59 months screened for acute malnutrition	5497	5,911	108%
<b>Nutrition</b>	Indicator 1.1.5: # of boys and girls 6-59 months with SAM admitted to OTP	277	259	94%
<b>Nutrition</b>	Indicator 1.1.6: # of boys and girls 6-59 months with SAM cured	235	217	92%

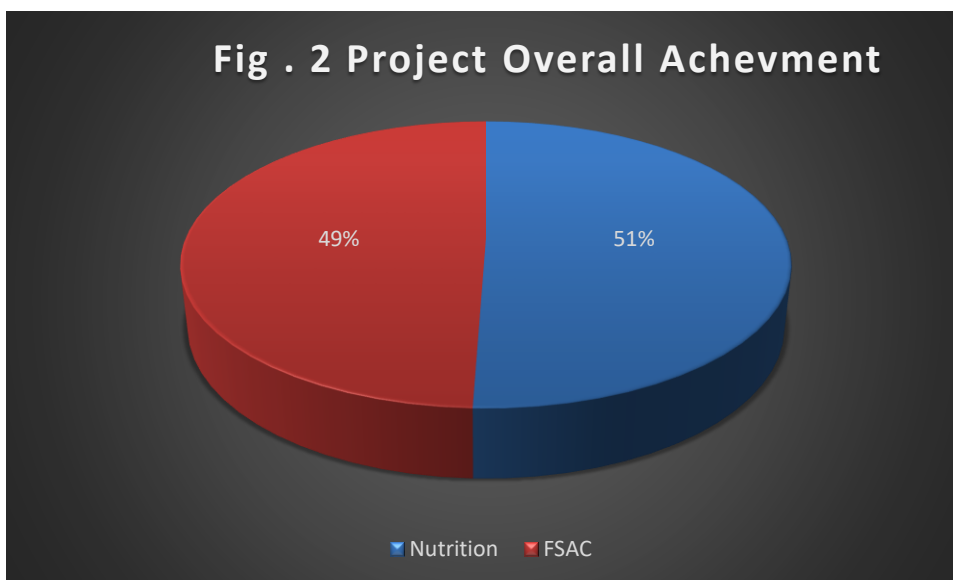


<b>Nutrition</b>	Indicator 1.1.7: # of boys and girls 6-59 months with SAM defaulted	42	11	26%
<b>Nutrition</b>	Indicator 1.1.8: # of boys and girls 6-59 months with MAM admitted to TSFP	944	885	94%
<b>Nutrition</b>	Indicator 1.1.9: # of boys and girls 6-59 months with MAM cured	802	696	87%
<b>Nutrition</b>	Indicator 1.2.1: # of mothers that received Infant Young Child Feeding (IYCF) support	3584	3,977	111%
<b>FSAC</b>	Indicator 1.1.1: # of individuals benefiting from food assistance (general food distribution)	21000	20,450	97%
<b>FSAC</b>	Indicator 1.1.2: % of targeted households with food consumption score of >42	75	55	73%
<b>FSAC</b>	Indicator 1.1.3: % of distribution staff that are women	50	50	100%
<b>FSAC</b>	Indicator 1.1.4: % of targeted individuals with Individual Dietary Diversity Score (IDDS) of at least 5	75	71	95%
<b>FSAC</b>	Indicator 1.1.5: % of households aware of the complaints and feedback mechanism	80	89	111%
<b>FSAC</b>	Indicator 1.1.6: % of beneficiaries know their rights	90	85	94%
<b>FSAC</b>	Indicator 1.1.7: # of introductory meetings/sessions for the beneficiaries	3	3	100%
<b>FSAC</b>	Indicator 1.1.8: % of the beneficiaries satisfied of the provided assistance	90	78	87%
<b>FSAC</b>	Indicator 1.1.9: # of following up visits	9	9	100%
<b>FSAC</b>	Indicator 1.1.10: # of success stories developed	3	3	100%
<b>FSAC</b>	Indicator 1.1.11: # of Post Distribution Monitoring (PDM) missions conducted	3	3	100%

**Project overall achievement and standard deviation**

The project planned indicators and targets were achieved by 98 % as an overall achievement. The nutrition component was accomplished by 98% and the food security component was achieved by 96%.

**Fig . 2 Project Overall Achevment**

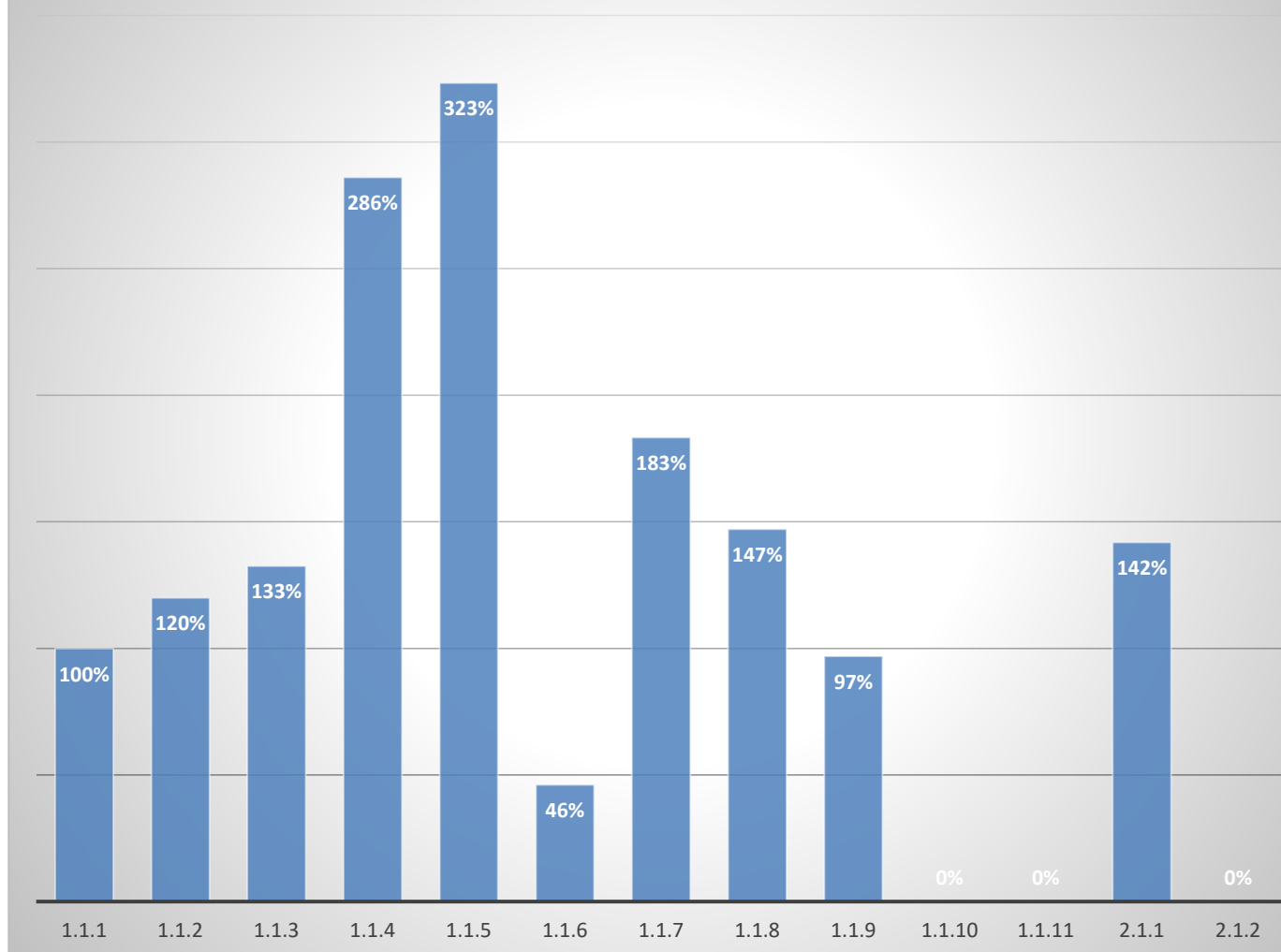


**Integrated Health and Nutrition project**

Cluster	No. of indicator	Indicator	Target	Achieved	% Achieved
Nutrition	1.1.1	# of Community health Volunteers trained on MUAC screening and Community outreach	30	30	100%
Nutrition	1.1.2	# of health workers trained in the management of acute malnutrition	10	12	120%
Nutrition	1.1.3	# of boys and girls 6-59 months screened for acute malnutrition	2,764	3,664	133%
Nutrition	1.1.4	# of boys and girls 6-59 months with SAM admitted to OTP	86	246	286%
Nutrition	1.1.5	# of boys and girls 6-59 months with SAM cured	73	236	323%
Nutrition	1.1.6	# of boys and girls 6-59 months with SAM defaulted	13	6	46%
Nutrition	1.1.7	# of PLW screened for acute malnutrition	869	1,593	183%
Nutrition	1.1.8	# of PLW with MAM admitted in Targeted Supplementary Feeding Program (TSFP)	217	319	147%
Nutrition	1.1.9	# of boys and girls 6-59 months with MAM admitted to TSFP	415	402	97%
Nutrition	1.1.10	% of households aware of the complaints and feedback mechanism	0.8	0	0%

<b>Nutrition</b>	<b>1.1.11</b>	% of assisted people satisfied with the assistance received	0.8	0	0%
<b>Nutrition</b>	<b>2.1.1</b>	# of mothers that received Infant Young Child Feeding (IYCF) support	695	986	142%
<b>Nutrition</b>	<b>2.1.2</b>	% of assisted people satisfied with the assistance received	1	0	0%
<b>Health</b>	<b>1.1.1</b>	# of healthcare workers incentivized in hospitals or health facilities	12	12	<b>100%</b>
<b>Health</b>	<b>1.1.2</b>	# of patients provided with healthcare services	15,362	15,960	<b>104%</b>
<b>Health</b>	<b>1.1.3</b>	# of children vaccinated	1,045	979	<b>94%</b>
<b>Health</b>	<b>1.1.4</b>	# of health facilities supported with drugs and medical supplies	24	26	<b>108%</b>
<b>Health</b>	<b>1.1.5</b>	# of women provided with reproductive health services	1,535	1,672	<b>109%</b>
<b>Health</b>	<b>1.1.6</b>	% of households aware of the complaints and feedback mechanism	1	0	<b>0%</b>
<b>Health</b>	<b>1.1.7</b>	# of public information products developed on project (i.e. human-interest stories, articles, case studies)	1	3	<b>300%</b>
<b>Health</b>	<b>1.1.8</b>	% of assisted people satisfied with the assistance received	1	0	<b>0%</b>

## Nutrition Component overall achivemnt



### 3. EHNW project

Codes	Indicator	Planned Target	Actual achievement	Of target %
<b>1) Health component.</b>				
1.1.1	# of health care facilities received kits or medicines /supplies	6	0	0%
1.1.2	# of health facilities supported with solar system.	6	0	0%
1.1.3	# of medical consultations conducted.	22248	0	0%
1.1.4	# of children under one year of age received Penta 3.	495	0	0%
1.1.5	# of children under 18 months of age received measles vaccination.	495	0	0%
1.1.6	# of awareness sessions conducted on health, hygiene and outbreaks	200	0	0%
1.1.7	# Antenatal care visits.	640	0	0%
1.1.8	# Postnatal care visits.	319	0	0%

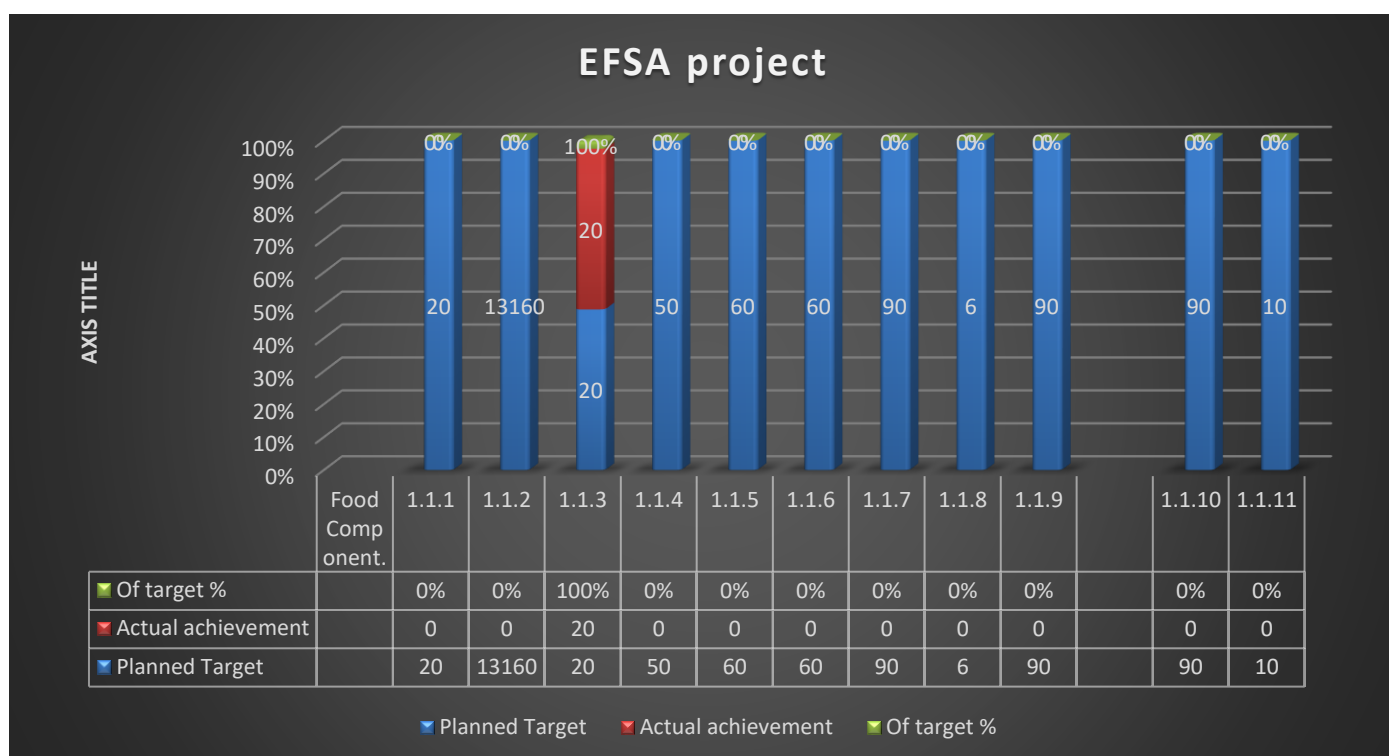
Codes	Indicator	Planned Target	Actual achievement	Of target %
1.1.9	# of women provided with family planning services.	1319	0	0%
1.1.10	# Deliveries conducted by skilled birth attendants.	11	0	0%
1.1.11	% of households aware of the complaints and feedback mechanism.	80	0	0%
1.1.12	% of assisted people satisfied with the assistance received.	80	0	0%
1.1.13	# of introductory meetings conducted for beneficiaries on their rights, AAP & CFM.	10	0	0%
<b>2) Nutrition component.0</b>				
1.1.1	# of boys and girls aged 6-59 months screened for acute malnutrition and referred for treatment if needed	3731	0	0%
1.1.2	# of boys and girls aged 6-59 months admitted for SAM treatment without complications.	259	0	0%
1.1.3	% of recovery rate.	75	0	0%
1.1.4	% of defaulter rate	75	0	0%
1.1.5	# of health workers trained on CMAM	12	0	0%
1.1.6	# of CHVs trained on community mobilization & MUAC screening	24	0	0%
1.1.7	# of AAP reports submitted to the Nutrition Cluster.	2	0	0%
1.1.8	# of caregivers of infants and children aged 6-23 months received health education	4000	0	0%
1.1.9	# of IYCF corner established.	6	0	0%
1.1.10	# of mothers that received Infant Young Child Feeding (IYCF) support	495	0	0%
1.1.11	# of awareness sessions conducted on IYCF, health, hygiene and outbreaks (Cholera / Diphtheria).	200	0	0%
<b>3) WASH component.</b>				
1.1.1	# of Community Volunteers (CVs) trained on community mobilization, delivery of messages on cholera awareness and improved hygiene practices activities to affected targeted HHs.	15	0	0%
1.1.2	# of chlorinators trained on chlorination at communal water tanks and water tankers/water trucking providers.	120	0	0%
1.1.3	# of people reached with hygiene promotion and community engagement activities.	16937	0	0%
1.1.4	# of HHs provided with NaDCC 33mg chlorine tablets.	2785	0	0%
1.1.5	% of tested chlorinated water points at community level checking Free Residual Chlorine > 0.2 ppm (mg/l) and Turbidity < 10 NTU.	90	0	0%
1.1.6	# of HHs provided with cholera prevention kits.	1740	0	0%
1.1.7	% of new cholera confirmed cases and surrounding 20 HHs received Cholera prevention kits.	100	0	0%

Codes	Indicator	Planned Target	Actual achievement	Of target %
1.1.8	% of newly reported confirmed cases and surrounding 20 HHs received awareness key messages.	100	0	0%
1.1.9	# of cleaning campaigns conducted.	8	0	0%
1.1.10	# of Communal storage tanks chlorinated/disinfected.	120	0	0%
1.1.11	# of community leaders and community influencing people oriented on cholera key awareness messages.	30	0	0%

## 2. EFSA project

Codes	Indicator	Planned Target	Actual achievement	Of target %
<b>Food Component.</b>				
1.1.1	% of Female Headed Households that have benefited from emergency food assistance (unconditional voucher transfers).	20	0	0%
1.1.2	# of individuals benefiting from emergency food assistance (unconditional voucher transfers).	13160	0	0%
1.1.3	% of women in leadership positions in food management committees.	20	20	100%
1.1.4	% of distribution team members that are women.	50	0	0%
1.1.5	% of targeted households with Food Consumption Score of >42.	60	0	0%
1.1.6	% of targeted households with Household Dietary Diversity Score (HDDS) of at least 6.	60	0	0%
1.1.7	% of households aware of the complaints and Feedback mechanism.	90	0	0%
1.1.8	%of Post Distribution Monitoring (PD) missions Conducted.	6	0	0%

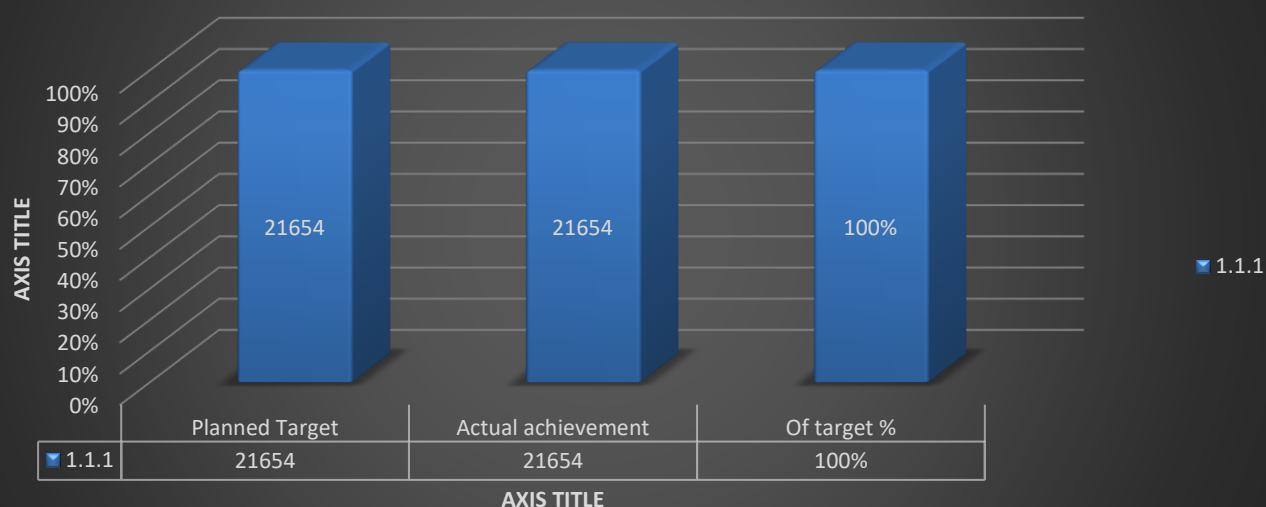
Codes	Indicator	Planned Target	Actual achievement	Of target %
<b>Food Component.</b>				
1.1.9	% of assisted people satisfied with the assistance Received.	90	0	0%
1.1.10	% of beneficiaries aware of their rights.	90	0	0%
1.1.11	%of Households interviewed/consulted during assessments/ survey	10	0	0%



### 3. GFD project

Codes	Indicator	Planned Target	Actual achievement	Of target %
1.1.1	% of 21000 food assistance.	21654	21654	100%

## GFD project

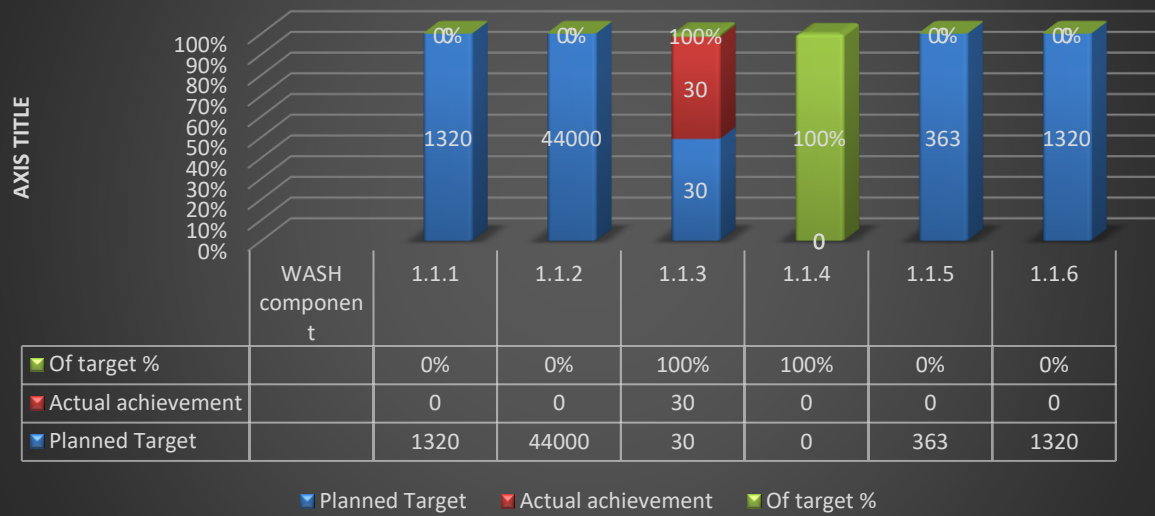


## 4. ECHO project

Codes	Indicator	Planned Target	Actual achievement	Of target %
<b>WASH component</b>				
1.1.1	% of 1320 Basic and consumable hygiene kits distributed.	1320	0	0%
1.1.2	% of 44000 Purification tablets distributed>	44000	0	0%
1.1.3	% of TYF Select & train 30 <b>CHPVs</b> , in collaboration with the relevant stakeholders, identify from each targeted sub-district (50% or more females, 50% or less males) of the target groups. TYF will conduct training workshops for selected volunteers in the field of nutrition and basic hygiene awareness.	30	30	100%
1.1.4	% of TYF with close coordination with CARE to Prepare IEC materials (posters, brochures and leaflets) that are related to nutrition & hygiene to be used by community volunteers to disseminate hygiene / Nutrition awareness messages.	Done	Done	100%
1.1.5	% of Once trained the community hygiene promoters, they will conduct hygiene awareness activities house-to-house visits. Field visits (spot checks) will also be conducted 2 hygiene and nutrition campaigns.	363	0	0%
1.1.6	% of 1320 NFIs kits distributed.	1320	0	0%



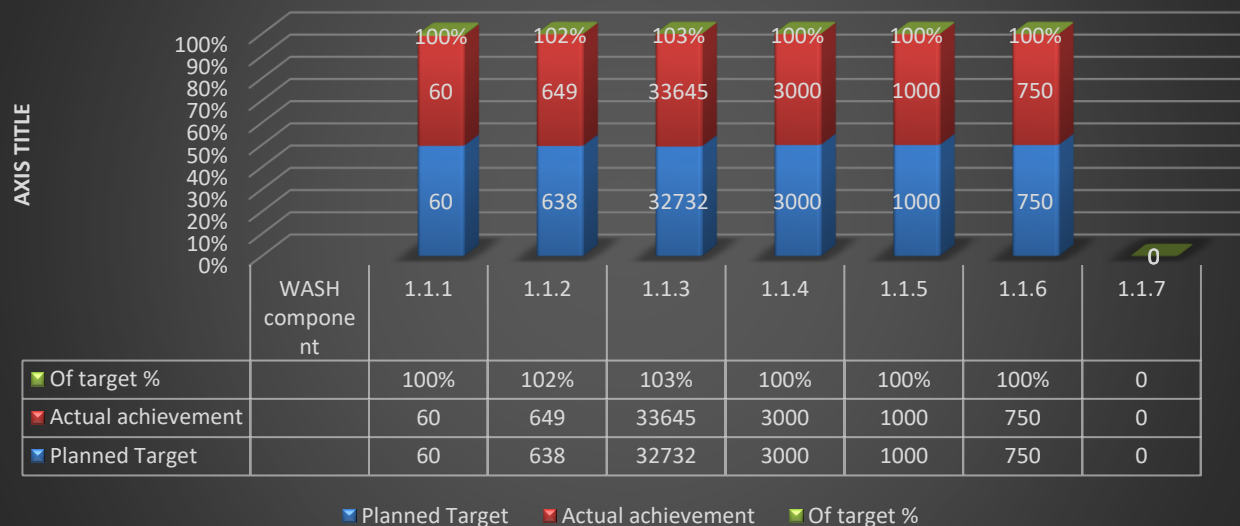
## ECHO project



## 5. GAC project

Codes	Indicator	Planned Target	Actual achievement	Of target %
<b>WASH component</b>				
1.1.1	# of select and train 60 CHPs (50% Men and 50% Women)	60	60	100%
1.1.2	# of awareness Session implemented.	638	649	102%
1.1.3	# of individuals participated in awareness sessions.	32732	33645	103%
1.1.4	# of posters printed.	3000	3000	100%
1.1.5	# of booklets printed.	1000	1000	100%
1.1.6	# Of basic & transit kits distributed.	750	750	100%
1.1.7	# Solid waste disposal implemented.	0	0	0

## GAC project



## Partners & Stakeholders

The following table summarises our relationship with key partners and stakeholders during the reporting period:

Partner / Stakeholder	Relationship update
<b>1) EHNW project :</b>	
Partners we work with are local authorities and Beneficiaries.	We coordinate with local authorities in the intervention area we are working in so that they facilitate the process of implementation for us, and we work to provide beneficiaries with all the services that the project provides.
<b>2) EFSA project:</b>	
Partners we work with are RDP, local authorities and Beneficiaries.	We and our partners RDP are coordinating with local authorities in the interventions area we are working in so that they facilitate the process of implementation for us, and we work to provide beneficiaries with all the services that the project provides.
<b>3) GFD project:</b>	
Partners we work with are local authorities and Beneficiaries.	The project is done.
<b>4) ECHO project:</b>	
Partners we work with are Care, local authorities and Beneficiaries.	We and our partners Care are working side by side to implement the activities.
<b>5) GAC project:</b>	
Partners we work with are Care, local authorities and Beneficiaries.	We and our partners Care have worked side by side to implement the activities until we finished the project.

## Challenges & Lessons Learned

The following table summarises the challenges we have faced during the reporting period and the lessons learned / solutions for each challenge.

Challenges	Lessons learned / solutions
<b>1) EHNW project :</b>	
<ol style="list-style-type: none"> <li>1. The project team didn't achieve observed progress until the reporting date in the project activities and indicators.</li> <li>2. The project team faces challenges and feel frustrated as they do not have any options available since they cannot conduct field visits to the targeted HFs in order to conduct project activities and planned trainings, they lack coordination from the Sana'a office.</li> <li>3. Mawiyah field office insecure statues due to disagreement over the building</li> <li>4. Project team do not have wok permissions to start implementing the activities of the project.</li> <li>5. Project team do not have TYF IDs or jackets.</li> <li>6. Project team faced some security issues on the road by the checkpoints during their field visits.</li> <li>7. Project team faced a lot of problems transporting between the villages and the roads were very bumpy.</li> </ol>	<ol style="list-style-type: none"> <li>1. Coordinating with the local authorities should be done before the project team star implementing the activities.</li> <li>2. Logistic should rent a field office which has no problems or issues with the community.</li> <li>3. Project team should be provided with TYF visibilities such as jackets, caps, IDs before going to the field.</li> <li>4. Project team should have medicines for emergency cases that are faced during the field visits or the assessments.</li> </ol>

8. Project team faced some cases of diarrhea in Al Qudat sub- district and its villages and there was some cases were suspected of cholera.	
<b>2) EFSA project:</b>	
1. The project team is facing challenges in coordination with NAMCHA in Sana'a Office. 2. The team project do not have paper permissions to continue the project activities.	1. Coordinating with the local authorities should be done before the project team start implementing the activities.
<b>3) GFD project:</b>	
<b>4) ECHO project:</b>	
1. Project team do not have TYF IDs or jackets. 2. Project team do not have a field office in Al-turba district. 3. Project team had some problem in transportation between the villages to choose the community hygiene volunteers. 4. Time of the training workshop was not enough and it was supposed to be in 4 days at least.	1. Any training workshop in the future should have enough time. 2. TYF must have field office.
<b>5) GAC project:</b>	

## Accountability

### 1. CRM

The following table shows the number of complaints received, documented, and solved during the reporting period.

		% complaints Received	% sensitive complaints	% solved complaints	% Not solved complaints	% suspended complaints
		<b>CFRM EHNW project</b>	0	0	0	0
	Remarks: There are no complaints received in the EHNW yet.					
1	<b>CFRM EFSA project</b>	% complaints Received	% sensitive complaints	% solved complaints	% Not solved complaints	% suspended complaints
		3	0	0	0	0
	Remarks:					
	<b>CFRM GFD project</b>	% complaints Received	% sensitive complaints	% solved complaints	% Not solved complaints	% suspended complaints
		78	3	47	31	0
	Remarks: Most of the complaints received were categorized as normal and related to the amount of assistance provided as large number of complainants need to be included in the beneficiaries list.					

## 2. Information Sharing:

**1) EHNW project:** we shared our information and documents such as (Coordination note, project information, complaints database and reports,) with TYF management and local authorities.

**2) EFSA project:** we shared our information and documents such as (Coordination note, project information, complaints database and reports,) with TYF management, our partners (RDP), and local authorities.

**3) GFD project:** we shared our information and documents such as (Coordination note, project information, complaints database and reports,) with TYF management and local authorities.

**4) ECHO project:** we shared our information and documents such as (Coordination note, project information, complaints database and reports,) with TYF management, our partners (Care), and local authorities.

**5) GAC project:** we shared our information and documents such as (Coordination note, project information, complaints database and reports,) with TYF management, our partners (Care), and local authorities.

### Recommendations

- Selection of accessible and safe areas for targeting
- Establishment and activation of strong and organized hard and electronic archive for TYF activities and projects